BRIDGING THE GENERATION GAP: A SOCIAL EXPERIMENT IN INTERGENERATIONAL LIVING

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Objectives:
1. Demographic shifts in US society
2. Implications of age segregation
3. Intergenerational residential model
4. Impact on students
5. Impact on older residents
6. Lessons learned
The Great Transformation
The number of Americans ages 65 and older is projected to more than double from 46 million today to over 98 million by 2060.

The 65+ age group’s share of the total population will rise to from 15 to nearly 24 percent.

(Population Reference Bureau, 2016)
Percent of population younger than 15 and 65 and older in the U.S.


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An Aging World
Percentage of the Population Age 65+ in 2015 and 2050

2015

2050

Percent
28.0 or more
21.0 to 27.9
14.0 to 20.9
7.0 to 13.9
Less than 7.0

World percent
2015: 8.5
2050: 16.7

United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: U.S. Census Bureau,
2013 International Data Base and
2014 U.S. population projections
1. Geriatric Workforce Shortage

“Unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future.”

(The Institute of Medicine’s (IOM) Retooling for an Aging America: Building the Health Care Workforce, 2008)
Nearly 3.5 million *additional* health care professionals and direct-care workers will be needed by 2030.
2. Age Segregation

- Most individuals lack exposure to an age representative cross-section in US neighborhoods. (Moorman, Stokes & Robbins, 2016)

- Older and younger adults are moderately segregated at the similar level as segregation between Hispanics and non-Hispanic Whites. (Winkler, 2013)

- More than half of respondents (53%) reported that aside from family members, few of the people they regularly spend time with are much older or much younger than they are.

- Young adults (ages 18-34) appear to be the most isolated from other generations, with 61 percent reporting a limited number of much older or much younger acquaintances.
3. Loneliness and Social Isolation

- Approximately 11% across the life course
- Curvilinear – Highest in adolescence
- Increasing prevalence
  - A 2016 General Social Survey estimates 1 in 4 have no confidant
  - 1 in 2 without a close contact if exclude family members
The rate of Americans who live alone has grown steadily.

1920 - 5% lived alone
2013 – 27% lived alone

(Current Population Survey, Census Bureau)

Risk factors for social isolation in later life include: advanced age, widowhood, male, functional impairments (physical and mental), limited mobility, rural.
Dutch Model

- Humanitas - Netherlands
- Students spend 30 hours per month acting as a good neighbor
  - Watch sports, celebrate birthdays, companionship to seniors when they are ill.
- Started following student complaints of noise and poor conditions in student housing
- 6 students/160 seniors
Design

Sample of convenience

- Letter out to all students – 5 initial interest
- Interviews including staff and residents
- Time frame of study (initially thought shorter)
Design

Measures

- Age Semantic Differential (ASD)
- Semi-structured interview baseline, 6, 12, & 19 months with residents, staff and students.
- Quip App
- Monthly meetings with students; intermittent meetings with staff.
Design

Student benefits

- Room and board (2 meals/day)
- Utilities, wifi, parking

Expectations

- Activities
  - *Group and individual activities, mealtime, conversation*
- 30 hours per month
- Good neighbor
- Follow facility guidelines
Student Reflections: Living in an Assisted Living Facility

- Friendship
- Perspectives on Aging
- Implications for Occupational therapy
- View of the ALF culture
• You are not entitled to friendships, friendships take time.
• Don’t be a hero
• The power of touch
• Take care of yourself
Positive outlook is critical
Health status impacts loneliness
People stick to what they know
The unknown is scary
• A culture of learned helplessness and a lack of independence.
• Activities aren’t necessarily tailored to client needs.
• Residents engaging in occupations.
• Staff support groups.
• Creating roles amongst staff.
• Creating a mission that employees can buy into.
Activities should be tailored to client needs

ALFs are at risk of having a culture of learned helplessness and a lack of independence

Role continuation leads to greater fulfillment
What we have learned!

- Private rooms
- Better communication with broader staff
- Ensuring clear expectations regarding students’ roles and responsibilities
- The specific facility culture shapes perceptions and experiences for the students beyond individual relationships.
Influences

Culture

Residents  Students
Culture of Institutional Living

- Isolation (each other and families)
- Pride – willingness to accept help
- Level of disability/ability to engage/not conducive to independent living (physical/cognitive/depression)
- Lack of control (meals, fire, snow removal)
- High SES
Future Expectations

- Uncertain!
Questions???