
Little Brothers Friends of the Elderly

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Introduction



- Health Concern/Focus: Social isolation/loneliness among older residents at senior housing facilities
- Harmful stereotypes, stigmas, and misinformation surrounding geriatric care further the issue
 - Inaccurate focus on prolonging life over increasing current quality of life
 - Shortage of geriatric care professionals
 - Beliefs that elderly residents are a “burden”
- Little Brothers Friends of the Elderly (LBFE) aim to alleviate these isolating feelings
- Aim to improve mental/physical health and health/tech literacy

Discipline Perspective

Ashritha

- Fintech
 - Important to educate the older population about scam prevention, increase digital literacy
 - Stereotypes of naivety, wealth, cognitive vulnerability
 - Telemarketing/internet fraud is detrimental: older population has limited time/opportunity to earn losses back

Anisha

- Computer Science
 - Technology for social connections
 - FaceTime
 - Text message
 - Translating services
 - Ease communication between residents/staff in case of language barrier
 - Personal experience at LBFE
 - Online services can alleviate boredom

Discipline Perspective

Rosemarie

- Biology (premed)
 - Not direct care, but shows SDOH for various populations
 - Potential field I would like to specialize in
 - Interacting with different levels of cognition and physical abilities

Lloydia

- Nursing
 - Frequent interactions with geriatric population
 - Development of care plans
 - Nursing education works together with exposure through volunteering

Community Analysis

Mission Statement

“Little Brothers-Friends of the Elderly is a national network of non-profit volunteer-based organizations committed to relieving social isolation and loneliness among the elderly. We offer to people of goodwill the opportunity to join the elderly in friendship and celebration of life.”



Community Served

Connect older adults who are living in public/affordable housing centers with college students in the Boston Area

- Farnsworth House
- Jackson Square
- Patricia White Apartments
- Smith House

Community Analysis: Health Issues

- Health coverage/bills
 - Low access to close hospitals
 - High costs
- Transportation
 - Unreliable public transportation
- Health and Technological Literacy
 - Outdated tech use
 - No programs that target health literacy



SUMMARY OF INPATIENT SERVICES	
Description	Amount
Audiology	\$206.00
Blood	600.00
Cardiology	2,182.86
Laboratory	31,784.26
Pharmacy	60,637.25
Professional or Physician Fee	662.15
Pulmonary Services	9,057.35
Radiology	9,353.10
Respiratory Therapy	67,092.55
Room and Care	428,733.00
Therapy Services	99.95
Total Patient Services	\$610,408.47

Community Analysis: Root Causes

Root Causes of Geriatric Isolation:

- Loss: of family, friends, purpose, cognitive/physical abilities, freedom
- Shortage of healthcare workers in the Geriatric field
- Language barriers
- Stigmatization
- Decrease access to care: financial, physical, cognitive, cultural barriers



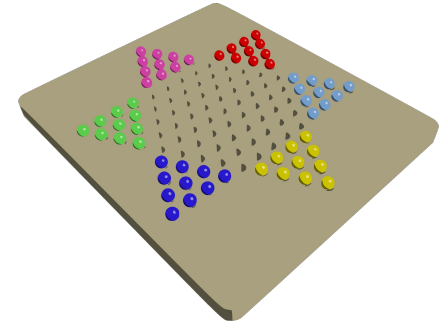
Community Analysis: Needs

- Greater social interaction, both intergenerational and among peers to reduce loneliness
- Physical activity and greater interaction with nature/green spaces to create a change of pace
- Reliable transportation services
 - Consistent transport to appointments
- Mentally stimulating activities that are accessible for all residents
 - Cater to various physical disabilities and facilitate inclusion

Community Analysis: Assets and Constraints

Assets

- Student volunteers
- Recreational rooms within the service site
- Recreational activities brought by the service site coordinator
 - Painting
 - Card games
 - Origami
 - Board games
 - Bingo



Constraints

- Transportation
- High risk of health issues among residents
- Language barriers

Action

Goal #1:

- Increase social interactions among residents of the apartment complex
- Increase intergenerational interactions between the residents and the volunteers

Recreational Activities:

- Playing numerous games
- Arts and crafts
- Friendly conversation

Goal #2:

- Improve technology literacy of residents

Examples:

- Answering questions regarding their personal devices
- Raising awareness of telehealth opportunities
- [Tech cafe](#)



Impact

Plan: obtain multiple perspectives on the impact of LBFE through asking the program manager and team leaders.

Questions:

1. Have you received any feedback from the residents or site directors that you think would be helpful for volunteers to use in improving sessions at their site?
2. What changes have you seen over the years concerning the service sites and the program overall? Which changes were beneficial or impactful, and which do you think were more harmful or unhelpful?
3. How would you describe the overall engagement and turnout at the service sites overall? What are some methods that you have used to increase engagement?
4. Personally, were there any improvements that you were hoping to see in the program?

What we've seen as volunteers:

- Residents voice happiness with LBFE and appreciate the hour
 - Look forward to weekly meetings
- Appreciate the diverse activities provided to them
- Residents overall open to expressing what they want, talking about themselves and their stories
- The importance of expanding programs like LBFE

Plan for Sustaining: Taking A Note from *Being Mortal*

Suggestions for the Future:

- Potentially expand volunteer demographic beyond only college students
 - Introduce program to all age groups
 - Raises awareness about this not widely known cause
- “Those little kids are charmers,” said Rita Kahn. Her relationship with the children was one of the two most gratifying parts of her days, she told me.” (Gawande, 2014, pg. 156)
- Ex: Patricia White Apartments
 - within a 5 minute walk of the elementary school Baldwin Pilot Academy



Conclusion

- SDOH and the geriatric community
- Complex interrelated web of issues
- Domino effect → cycle of issues
- Many barriers to finding solutions
- Quadruple aim

STATE OF THE GERIATRICIAN WORKFORCE

Geriatricians are physician experts in pioneering advanced illness care for older people, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons.

As we live longer, access to a geriatrics-trained workforce will be key to ensuring we can contribute to our communities for as long as possible. According to the Health Resources & Services Administration, which tracks data on the workforce we need as we age, the supply of geriatricians is projected to decrease modestly between 2018 and 2030 but demand will grow more steeply.

Research shows that 30% of people 65-years-old and older need care from a geriatrician, and that each geriatrician can care for up to 700 patients. This translates to a larger demand for geriatricians—both nationally and region by region across the U.S.

FAST FACTS

Older Adult Population (2020)

52.4M

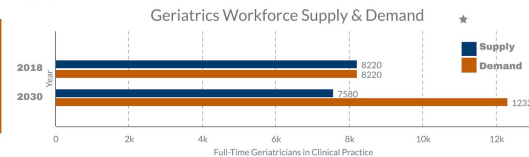
Certified Geriatricians ▲

7,123

Full-Time Practicing Geriatricians ★

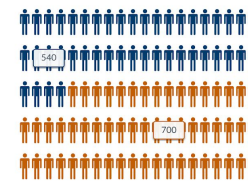
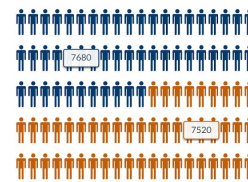
8,220

50% INCREASE in demand for geriatricians, 2018-2030 ★

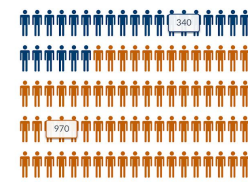
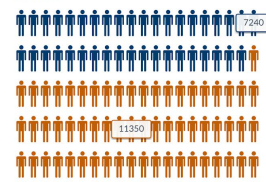


RURILITY SUPPLY & DEMAND ★

2018



2030



Baseline demand above is constructed from the current need for, and not the utilization of, geriatricians nationwide. Much of the data above are based on projections from the Health Resources and Services Administration's (HRSA's) National Center for Health Workforce Analysis (NCHWA) interactive Workforce Projections Dashboard.

Questions?

Works Cited

1. Boamah S A, Weldrick R, Lee T J, Taylor N. Social isolation among older adults in long-term care: a scoping review. *Journal of Aging and Health*. 2021;33:7-8:618-632. <https://doi.org/10.1177/08982643211004174>
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4. Understaffed nursing homes are a huge problem, and Biden's promised fix "sabotaged." NPR. Published September 2023. Accessed September 17, 2023. <https://www.npr.org/sections/health-shots/2023/09/01/1197074873/nursinghomes-staff-ratio-biden-medicare-medicare>