

“Stuck at Home”: Empowering Homebound Older Adults

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ABSTRACT

Homebound older adults are a highly vulnerable and isolated population that social workers serve. The objective of this study is to understand the daily needs and challenges of this group to understand how social workers can empower this population to enhance well-being and help meet basic human needs. Existing data was accessed from assessment forms at a local senior center to understand more about 502 home-delivered meal recipients. Quantitative and qualitative data were analyzed to see common characteristics and prevalent needs in the sample. Logistic regression analysis reveals that those who are living alone are 2.1 times more live-in poverty than those who live with someone. Likewise, those who are living alone are 8.4 times more at high nutritional risk than those who live with someone. Qualitative data revealed the importance of agency services and strong social supports to help older adults meet basic human needs on a daily basis. This article discusses what further can be done to support homebound older adults by identifying problem areas relating to living and eating alone.

Introduction

Homebound older adults are one of the most vulnerable and isolated groups living in any given community in the United States. It is estimated about 19%–20% of US older adults are homebound (Choi, Sullivan, & Marti, 2019, p. e407). This is especially true amidst the Coronavirus (COVID-19) pandemic which has bound even more older adults to their homes. Some homebound older adults live with others, while some are stuck at home alone. Some homebound older adults can function well through the activities of daily life, while others do so with great difficulty. Some homebound older adults have family support, while others have none. The field of social work is essential in empowering this extremely vulnerable population through community engagement and social services. By looking at a local sample of this population, much insight can be gained into the daily needs and challenges of homebound older adults. In Ohio, it is projected that by 2030 the number of adults ages 65 and above will make up 20 percent of the population (Kunkel, Mehri, Wilson, & Nelson, 2019, p. 6). Since the older adult population is growing rapidly social workers need to understand more about the most vulnerable subset of this population, homebound older adults.

The Social Work Code of Ethics states, "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers, 2017). Although homebound older adults are exceptionally vulnerable, they can be empowered by the use of social services. Senior centers are major service providers to community-dwelling older adults. In the rural county where the sample lives, homebound older adults are supported by a local social services agency that operates the eight local senior centers. These senior centers help provide essential services like giving information and referrals, medical transports, socialization, programing, and a nutrition program. Senior centers provide a place where older adults can receive necessary services while also connecting older adults with other members of the community. However, there is a subset of this older adult population that has a harder time getting to the senior centers. One of the many ways the agency empowers these homebound older adults is by providing a home-delivered meal program. This program meets

nutritional needs while empowering independence in older adults so that they can have assistance meeting their basic needs while living independently in the community.

To qualify for the meal program, one must be at least 60 years of age, a resident of the rural county, and be homebound. Before the pandemic, "homebound" was defined by the agency as, "one that does not leave his/her home under normal circumstances or without assistance from others" (L. Myers, personal communication, August 10, 2020). In the last year, the older adult population became increasingly vulnerable when the Centers for Disease Control and Prevention identified members of this group at an "increased risk for hospitalization or death" if they contract COVID-19 (2020). This classification of "homebound" is now more broadly applicable to all older adults who are sheltering at home. The agency had to close its doors to high-risk older adults and move to teleservices. The home-delivered meal program grew exponentially during this time. As opposed to other programs the agency does not charge participants for meals or other services. This agency is funded via private donations and the Area Office on Aging which is funded by the Older Americans Act of 1965. This program helps reduce food insecurity by broadly serving homebound older adults including those living in poverty.

While the home-delivered meal program is an essential service that meets the nutritional needs of older adults, this study sought to know what other needs and challenges homebound older adults are facing. The scholarly questions this study sought to answer include: What are the common characteristics (age, gender, income level, household size) of the older adults receiving home-delivered meals in this rural county? What are the prevalent needs and challenges of this vulnerable population (nutrition risk, functional ability, depression prevalence)? Is there a link between depression and functional ability in this group? How is the agency empowering this population and what more can be done?

Literature Review and Theoretical Background

An essential way the social work field can empower older adults is by helping them "age in place". The Center for Disease Control defines the phrase "age in place" as, "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level" (2009). Senior centers have been central supporters of the "age in place" movement for the last 40 years. Many community-dwelling older adults are only able to live independently with the support of social services like the agency provides. In the book, *Social Work with Older Adults*, Kathleen McInnis-Dittrich writes:

The dominant philosophy in gerontological social work and in much of the aging services network is the importance of facilitating "aging in place." This approach emphasizes that older adults function best and have the best mental health when they age in a place they feel is best for them...the most important thing is that they get to decide where they want to grow older, even if it means they will need additional environmental supports to stay in that place (2014, p. 344).

It is ideal for older adults to be able to age in place. However, for many, support is necessary to age successfully and safely in place. Maintaining adequate nutrition in addition to participating in "Activities of Daily Living" and "Instrumental Activities of Daily Living" can become more challenging with age. Loneliness and depression also pose major threats to older adults aging successfully. According to previous research that observed older adults in Spain, China, and South Korea, depression is more prevalent in older adults who are socially isolated, had a lower functional ability, was frail, and was less physically healthy (Gu et al., 2020; Molés et al., 2019; Nam et al., 2019). Homebound older adults are especially vulnerable because oftentimes they can be more socially isolated and are homebound due to ambulatory difficulties. Looking at local research, the Scripps Gerontology Center at Miami University in Oxford, Ohio published a report in 2019 of "Projections and Characteristics of the 65+ Population in Wood County". According to the report, "Projections and Characteristics of the 65+ Population in Wood County," about 25.8% of the 65+ population lives alone and 48.2% of the 75+ population have functional difficulties (Kunkel et al., 2019, p. 6).

According to Activity theory, "older adults who maintain active and reciprocal relationships with their social environment are those most likely to age successfully...if older adults withdraw from social activities, they are more likely to become depressed and dissatisfied with old age" (McInnis-Dittrich, 2014, p. 71). Many barriers keep older adults from staying active socially because of physical health issues, socioeconomic issues, and the natural disengagement that occurs between older adults and society. Currently, during the COVID-19 pandemic, the barriers have become even larger because older adults do not have as many options to engage in society safely.

Homebound older adults are exceptionally vulnerable especially living in the context of the coronavirus disease (COVID-19) pandemic. This study aims to provide vital information to the social work field so it can work to further enhance human well-being and help meet the basic human needs of homebound older adults.

Research Method

Existing data was used from assessment forms already conducted by the senior center agency purposes. This assessment serves as an intake process and a continuing needs assessment for older adults on the home-delivered meal program. It helps the agency identify risks among individual older adults and what additional services to offer and what resources to give. The assessment screens for depression, nutrition risk, activities of daily living, and instrumental activities of daily living. Although data needed to be entered from paper forms, it was already collected by the agency. This was an inexpensive and time-efficient way to access data from a sample of local homebound older adults.

Data Collection and Analysis

Available data was gathered from assessments that the agency conducts each time a participant joins the program. This assessment is also conducted on an annual basis for older adults who are continuing on the program. The sample is made up predominately of homebound older adults and some spouses of those who are homebound. All who are on the program are over 60 years of age and are residents of a rural county in northwest Ohio. The assessment included demographic information (age, gender, race, income level), medical history information, activities of daily living assessment, instrumental activities of daily living assessment, nutrition risk assessment, depression screen, and qualitative notes.

With permission from the director of the agency, access was given to the available data that had already been collected by the agency on paper assessment forms from the Summer of 2019 to the Spring of 2020. An Institutional Review Board (IRB) application was submitted and approved as exempt under category #4 "Secondary Research" from a middle-sized university in northwest Ohio. This data was then entered by undergraduate students recruited to help with data entry. All personal identifiers were excluded, an ID number is given for each individual, and volunteers signed a confidentiality statement. Volunteers were recruited by attending an "Introduction to Social Work" class and presenting the research project as a volunteer opportunity. All pre-social work students need several volunteer hours to apply to the program, so this was a good opportunity for them and cost-efficient for the project. Volunteers were permitted to continue entering data during the pandemic. The agency remained open but, they closed their doors to serving high-risk older adults in person. Although the number of individuals on the home-delivered meal program grew exponentially this year, the data used for this project was from the sample of individuals who were considered "homebound" before the pandemic.

The assessment contained qualitative and quantitative data. A codebook was developed for the volunteers to use while they entered data. For example, for yes/no responses, numeric codes were used (1=Yes, 0=No). Once all the data entered, it was analyzed using IBM Statistical Package for the Social Sciences, Version 26.0 (SPSS Inc., Chicago, IL) for quantitative data analysis. Descriptive statistics (mean, standard deviation (SD), and frequency) were computed to describe sample characteristics. Correlations were processed to see the strength and direction of the association between two variables. Logistic regression was used to explain the relationship between one dependent binary (Yes/No) variable and one nominal independent variable (Adler & Clark, 2015; Szumilas, 2015). Open and focused codings

were used to extract common themes from the qualitative data. First, authors individually review the qualitative responses and then collectively find themes that are related to the main research questions (Watkins, 2017).

Results

Demographic Overview

A total of 502 cases (n=502) were analyzed from the existing database of the home-delivered meal assessment within a rural county in northwest Ohio. About 60% of cases are females with a mean age of 79.49 (SD=10.66) and White (95.4 %) cases are the majority, followed by Hispanics (1.8%) and African Americans (0.6%). Predominantly, 92.6% are homebound and 58.5% live alone or at least two people (33.8%) live together living in poverty (about 42.5%) (see Table 1).

Table 1. General Characteristics of Participants (n=502)

Variable		Percent
Age	Mean 79.49 SD (10.66)	
Gender	Male	40.3
	Female	59.7
Ethnicity	White	95.4
	Hispanic	1.8
	African American	0.6
Homebound	Yes	92.6
	No	6.9
Live Alone	Yes	58.5
	No	41.5
In-poverty	Yes	42.5
	No	57.5
High nutritional risk	Yes	39.7
	No	60.3

Quantitative Results

Quantitative data reveal that 39.7% are at high nutritional risk with 59.3% eat alone and 95% are physically disabled, 76.1% have at least one through five Activities of Daily Living (ADL) issues (e.g., eating, toilet use, dressing, transfer/mobility, walking in home, walker) with 57.3% have two to three ADL issues. 42.3% have five Instrumental Activities of Daily Living (IADL) issues (e.g., meal preparation, managing money, heavy housework, shopping, transportation, managing medications, and telephone use) with 91.3% have five more IADL issues (see Table 2).

Table 2. ADLs and IADLs of Participants (n=502) & Correlation

No. of ADLs & IADLs	ADLs %	IADLs %
0	22.5	1.1
1	8.2	6.0
2	28.0	2.3
3	29.3	0.4
4	6.0	4.2

5	4.5	42.3
6+	1.4	49.0
Total	100	100
<u>Correlation</u>		
IADL-Managing Money	Depression Pearson Correlation	.102*
	Sig. (2-tailed)	.030

Note: * $p < .05$ Depression Q2

Services they are receiving include homemaking/cleaning, emergency response system, home health aide, and PT/OT. For some services, only one spouse can get the services. Family is the main source of support systems. There are no correlations (p -value is higher than .05) between living alone and depression. There is no correlation between ADLs and depression, however, do IADLs. For instance, IADL- Managing money is correlated to Depression 2 screening question ($p = .03$) (During the last two weeks have you been bothered by feeling down, sad, or hopeless?). Additionally, IADL - Shopping is slightly correlated to Depression 1 screening question ($p = .04$) (During the last two weeks have you often been bothered by having little interest or pleasure in doing things?) and Depression 2 screening question ($p = .04$) (see Table 2). Logistic regression analysis reveals that those who are living alone are 2.1 times more live in poverty than those who live with someone. Likewise, those who are living alone are 8.4 times more at high nutritional risk than those who live with someone (see Table 3).

Table 3. Living Alone and Poverty & High Nutritional Risk (Variables in the Equation)

Variable	B	SE	Wald	df	Sig.	Exp (B)/Odds Ratio
In Poverty	.752	.232	10.538	1	.001**	2.122
High nutritional risk	2.136	.243	76.981	1	.000***	8.469

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Qualitative Results

The home-delivered meal assessment forms included a section for additional comments and notes. This qualitative data revealed four central themes in the sample of homebound older adults: (1) meals, (2), transportation (3), support systems, (4) loneliness. Concerning the first theme, many recipients expressed how thankful they were for the meals and how receiving meals helped them to manage diabetes. Even more prevalent were comments related to difficulty standing long enough to cook or prepare meals. This agrees with the quantitative data that revealed 95% of homebound older adults in the group are physically disabled. This is a primary reason why these older adults are homebound and require vital services such as home-delivered meals. Without services, many would face food insecurity and greater nutrition risk.

The second theme centered around transportation. Many comments related to homebound older adults no longer being able to drive. This was expressed in phrases like: "had to give up driving", "doctor restricted driving", "no longer drives". Other comments about transportation-related to seeking transportation from the agency and mentioning some social supports who help with transportation. For most older adults in the sample, transportation is a big difficulty. Since this sample lives in a rural county, public transportation is not available which is another barrier to homebound older adults.

The third theme that emerged related to social supports. There were several words noted that relate to social supports like family, spouse, wife, husband, daughter, son, sister, brother, neighbor, and friend. Much of the help, assistance,

and caregiving is provided by these social supports. According to the Journal of Aging and Social Policy, “Caregivers provide a significant amount of often highly specialized care to functionally impaired individuals in the community” (Reckrey et al., 2020). The article explains the vital support of paid caregivers and unpaid (family, social support). Services provided by the agency alone would be difficult to sustain the complex needs of homebound older adults without the assistance of caregivers.

The last theme that emerged in the qualitative data related to loneliness. Several comments related to loneliness and depression. These ideas were expressed by phrases, “very lonely”, “self-described ‘loner’”, “hates to eat alone”, and “depression since wife passed away”. According to social work researcher Brené Brown, Ph.D., “We are hardwired to connect with others, it's what gives purpose and meaning to our lives, and without it, there is suffering” (Brown, 2013). Homebound older adults are exceptionally vulnerable to loneliness simply because they are “stuck at home”. Lack of functional ability, transportation, and living alone are all barriers to human connection. A study in the *Journals of Gerontology* found that “individuals who received home-delivered meals would have lower loneliness scores compared with the control group that did not receive meals” (Thomas et al., 2015). The human contact from receiving home-delivered meals may already be working to address loneliness in this sample. More research is needed to determine the prevalence of loneliness in this group.

The four themes that emerged from the qualitative data all related to old adults’ basic human needs, including the need for human connection. It appears the primary challenge that homebound older adults face is how to get their basic needs met from day to day. Social services and social supports are two pillars that empower older adults to get these basic human needs met and reduce suffering.

The implication for Social Work Practice

The results of this study inform social work practice so the workers can understand how to better help homebound older adults. The median age for homebound older adults is 79.49 which shows this group is comprised of older, older adults. Homebound older adults in this rural Ohio county are predominately white and the population shows little diversity.

Findings did not show a correlation between living alone or activities of daily living and depression. The depression prevalence in this group was not significant. This could have been because it was underreported on the self-assessments. According to, *Social Work with Older Adults*, “depression is one of the most underdiagnosed and undertreated mental health problems of older adults” (McInnis-Dittrich, 2014, p. 111). Sometimes it can manifest in somatic symptoms which is why it goes unreported. Other times older adults don’t answer assessments accurately for fear of losing independence.

It appears the most vulnerable of this vulnerable group are homebound older adults who live alone. Older adults living alone are 2.1 times more likely to live in poverty and 8.4 times more likely to have a high nutrition risk. This shows social workers working with homebound older adults living alone should pay close attention to this group to ensure their basic needs are being met. Focus attention on nutritional needs is necessary and ensuring these older adults are aware of services such as the SNAP benefit, transportation to grocery shopping, and other benefits. Homebound older adults who are living alone are at a higher risk for loneliness which could be leading to nutrition risk. A recent study showed that negative emotions such as loneliness were harmful to eating behavior (Knippen, Lee, Ford, & Welch, 2020). The agency has a friendly visitors' program where volunteers would go visit homebound older adults weekly to help combat loneliness. This program was paused from early spring to late Fall 2020 due to the coronavirus pandemic. Since then, the program has started again, under the conditions that COVID-19 safety precautions are followed and if both parties are comfortable with a visit. The agency also received support from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. This has enabled the agency to call homebound clients 3 times a week as a wellness check and for socialization. The CARES Act also funded the purchase of some tablets and hotspots so older adults can participate in virtual programming. These are just some of the ways homebound older adults are being

supported by social services. More research needs to be done to determine how to better support homebound older adults living alone to ensure their socioeconomic, nutritional, social, and mental health needs are being met. Another significant finding to note is that approximately half of the whole homebound older adult group eat alone. According to a research article studying Japanese older adults, "eating alone is associated with a decreased quality and quantity of food intake, oral frailty, and depressive symptoms among older adults" (Takahashi et al., 2020, p. 1). Other studies of community-dwelling older adults have shown that, "the presence of others at a meal can enhance food and calorie intake and that people who eat alone are more likely to skip meals" and "having meals alone could be considered a sign of a diminishing support network and social isolation, (Li et al, 2018, p. 687). Although this group of homebound older adults is receiving meals, about half are eating alone and are likely facing additional risks. Social workers can raise awareness about the benefits of eating with others. With increase awareness, homebound older adults with family or friends living nearby can start a new tradition of weekly meals. Once COVID-19 is less of a risk, volunteer visitors can make a point to visit during mealtimes to help lower this risk. If homebound older adults have access to technology, they could virtually eat meals with others. These are just a few ideas for how this issue of eating alone could be addressed.

Conclusion

In conclusion, homebound older adults are a growing vulnerable population that social workers can empower through social services. The more research that is done to understand this group the more social workers can improve services to reach this isolated group. More research will be done by interviewing homebound older adults to gain a more in-depth understanding of the daily needs and challenges of this sample of homebound older adults. Social workers should give special attention to homebound older adults living alone. This the most vulnerable subset of an already vulnerable population. More research and work should be done to increase the ability of homebound older adults to share meals with others. This will benefit their nutritional health as well as their mental health. Social workers can fulfill their mission by helping to enhance the well-being and meet the basic human needs of homebound older adults.

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