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Healthy Aging of Older Adults in Lansing, Michigan

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Older Adults, Healthy Aging, Prevention, Positive Psychology, Lansing, Michigan

Healthy Aging of Older Adults in Lansing, Michigan

Goal Statement: This prevention project aims to increase awareness of the mental health issues that impact older adults in the Lansing area and identify healthy aging measures to prevent future mental health issues within the elder population to keep this demographic out of long-term psychiatric care facilities.

Significant Findings: The older adult demographic is growing and becoming more diverse (Kampfe, 2015). Older adults will outnumber children under 18 for the first time in United States history by the year 2034 (U.S. Census Bureau, 2019). Individual and community risk factors and increasing discrimination, ageism, and isolation pose a greater risk of suffering from mental distress and diagnoses for older adults (Burnes et al., 2019). It has been found that Positive Psychology measures prove invaluable to help older adults' lead healthier, more fulfilling lives (Jeste & Palmer, 2013; Shukla, 2015; Gough & Cassidy, 2017). Prevention measures and advocacy efforts will undoubtedly increase healthy aging practices in Lansing, Michigan

Objectives/Strategies/Interventions/Next Steps: Objectives will be to increase awareness of the growing aging population's mental health needs and implement positive psychology prevention measures to utilize protective factors within the individuals and the community.

There will also be an aim to increase professional knowledge about older adults' mental health

care needs. The use of collaboration and outreach within the community will increase participation and the likelihood of successful prevention programming. Initiatives like “The Art of Happiness” will draw from older adults’ positive attributes and promote healthy aging practices. Utilization of existing community resources, like the Tri-County Office on the Aging, will ensure collaboration efforts benefit older adults in Lansing, Michigan.

INTRODUCTION

Healthy Aging of Older Adults in Lansing, Michigan

The United States population is growing older as the last of the Baby boomers are turning 65, and medical advancements are extending life expectancy (Kampfe, 2015). It is crucial to ensure older adults are well taken care of, both physically and mentally, in communities all over the U.S. Prevention measures can ensure that older adults within communities have a high quality of life satisfaction through healthy aging, keeping them out of inpatient psychiatric care facilities. Older adults are a marginalized group in the U.S., thus making prevention programs even more relevant for this demographic (Vera & Kenny, 2013). Lansing, Michigan, is one such community that could benefit from focusing on the geriatric population’s mental well-being. Focusing on prevention rather than intervention will safeguard the older adults from increased mental distress and the many implications that can follow (Conyne et al., 2013).

PART 1: SCOPE AND CONSEQUENCES

Healthy Aging of Older Adults in Lansing, Michigan

Lansing, Michigan has a population of 116,677; older adults, ages 65 and older, make up 13% of this population (Censusreproter.org, n.d.). The aging population will only continue to

grow as life expectancies expand because of medical advancements, and the last of the Baby Boomers turn 65 (Kampfe, 2015). The U.S. Census Bureau (2019) predicts that older adults will outnumber children under the age of 18 for the first time in U.S. history by the year 2034. There is beginning to be a substantial demographic shift, which will ensure that Lansing's elder adult inhabitants will continue to increase in numbers. With this influx of aging citizens, it will be advantageous to address mental health from a preventative perspective. With few mental health resources available for older adults in the Lansing area, prevention is crucial to keeping the geriatric population mentally healthy, out of psychiatric care facilities, and in their own homes.

Lansing has three geriatric inpatient psychiatric care options. With the rise in older adults in the community, there will undoubtedly be a rise in mental health issues as well as opportunities to prevent these issues from occurring or worsening. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Administration on Aging (AOA) (2012) reported that almost five percent of Michigan's older adults were admitted to mental health facilities. According to the United Health Foundation, the frequency of mental distress experienced by older adults in Michigan has risen from seven percent in 2016 to 7.3% in 2018, with 23.9% of older adults reporting depressive symptoms; social isolation is also on the rise in all of Michigan as well as the Lansing area (United Health Foundation, n.d.).

The consequences of these statistics mean the older adult population of Lansing, if left unserved or underserved, will cease to thrive. Quality of life will surely decrease, and hospitals will begin to have an influx of geriatric inpatient attendees. As this demographic grows, so will the mental health problems that can plague this generation if preventative measures are not put into place. This generation is unique in its diversity and mental health challenges (Kampfe, 2015), which will warrant prevention activities specifically designed for older adults. The goal of

this prevention project is to increase awareness of the mental health issues that impact older adults in the Lansing area and identify healthy aging measures to prevent future mental health issues within the elder population to keep this demographic out of long-term psychiatric care facilities.

PART 2: SOCIAL-ECOLOGICAL MODEL

Healthy Aging of Older Adults in Lansing, Michigan

Social-ecological elements undoubtedly influence older adults' mental health well-being in Lansing, including protective and risk factors. Protective and risk factors affect, and are affected by, individuals and the society in which they live; reducing risk factors can be the focus of prevention measures while strengthening protective factors identified within the community (Hage & Romano, 2013; Swearer & Hymel, 2015). By assessing multiple points of risk and protective factors, those at the individual, relational, community, and societal levels, prevention measures and programs will have the potential for more substantial and sustaining change (Swearer & Hymel, 2015).

There are individual risk factors for older adults, like the stigma many older adults hold about receiving mental health services. However, Clement et al. (2015) found that stigma creates a small to moderate barrier for older individuals who consider seeking or need mental health services. Other individual risk factors include socioeconomic status, living conditions, cognitive functioning, and physical health. In Lansing, as of 2013, 30% of older adults have an income below \$20,000, with the average retirement income being \$21,483, 36% are living alone, and 15% did not complete high school (Seniorcare.org, n.d.). Michigan ranks number 21 in the country for poor mental health days among older adults and 31 in cognition, and ranks number

26 for quality of life and quality of care (Seniorcare.org, n.d.). According to the Alzheimer's Association (n.d.), there are 190,000 older adults in Michigan living with Alzheimer's or dementia. These numbers will surely increase due to the upcoming demographic shift mentioned earlier. Prevention measures that encompass multiple layers of risks for older adults would be more beneficial and impact the community.

Again, stigma has the potential to be a risk factor on a societal level within the community. Many times serious mental health issues are overlooked in geriatric populations as mere symptoms of old age, like mental distress, isolation, and a lack of interest; mental health issues may present differently in older adults (Kampfe, 2015). With the lack of programs designed for older adults, this population does not get proper care when mental health wellness is crucial. Other community risk factors include limited access to essential resources, such as lack of transportation or personnel devoted to older adults' welfare. Many areas of Lansing are getting redeveloped with younger adults in mind; high rise apartments, mixed-use space, and limited parking are among the features that may deter older adults from utilizing these new facilities. Being marginalized within their community is a real mental health risk that would be addressed in prevention measures.

Protective factors that surround older adults are also important to evaluate when considering prevention measures in the community. These factors help the aging population in Lansing maintain healthy mental and physical well-being making for a greater quality of life. Protective factors that many older adults possess include positive attitudes about the aging process and individual mental capacities (Kato et al., 2016). They may exhibit resilience and a drive to share their wisdom with others in the community. Strong bonds among friends in the same generation act as protective factors, like community senior groups and activities provided

by Lansing's parks and recreations division; many of these activities are facilitated by older adults who reside in Lansing.

Beyond these protective factors, Lansing's diversity offers many protective factors for older adults' diverse population. Older residents of Lansing are also in typically good physical health; Michigan ranks number three in the country for having health professionals dedicated to the care of older adults and geriatrics (Seniorcare.com, n.d.). Indeed, these protective factors can be built upon to ensure prevention measures are meaningful and lasting. The protective factors may not be enough to prevent many mental hardships older adults in Lansing encounter; still, they can increase the likelihood of positive outcomes from prevention programs and measures (Hage & Romano, 2013).

PART 3: THEORIES OF PREVENTION

Healthy Aging of Older Adults in Lansing, Michigan

Instituting healthy aging practices in Lansing, Michigan, as a precautionary measure aligns with the positive psychology theory of prevention. Positive psychology encourages individuals and communities to focus on positive attributes rather than what the population may be lacking (Hage & Romano, 2013). Concentrating on and emphasizing positive attributes will ensure the use of protective factors to promote healthy aging in the individual and community at large (Hage & Romano, 2013). These healthy aging initiatives will ensure the older adult population has the resources necessary to thrive and keep this demographic healthy mentally and physically.

Many research and journal articles point to the validity of using positive psychology as a preventative therapy for older adults (Jeste & Palmer, 2013; Shukla, 2015; Gough & Cassidy, 2017). Shukla (2015) expressed that besides healthy aging, other terms are used to promote older adults' well-being, such as active, productive, and positive aging. All these terms aim to prevent physical and mental health problems in the aging population and seek to emphasize a happier, healthier quality of life by using positive psychology methodologies (Shukla, 2015). In this article, spirituality and religion are the focus of intervention used to promote positive aging through prayer, mindfulness, and meditation (Shukla, 2015).

Positive psychology not only aids in promoting healthier and happier lifestyles, but it can also undoubtedly lower health care costs and stimulate the growth of necessary mental health professionals caring for older adults (Jeste & Palmer, 2013). Longevity is impacted by the attitudes of the individual and their resilience in older age, often through self-evaluation of healthy aging and success (Jeste & Palmer, 2013). Positive psychology interventions such as those focusing on reducing social isolation risk can help prevent depressive symptoms in older adults (Jeste & Palmer, 2013). Besides working with preventative measures within the aging population, Jeste and Palmer (2013) suggest educating the general public about ageism and the benefits of healthy aging as a positive psychology intervention model within the community.

Because there is beginning to be a demographic shift, where older adults outnumber younger generations, there needs to be support for older adults' mental and physical health; prevention is the best defense and most cost-effective means of care (Gough & Cassidy, 2017). By promoting healthy aging through positive psychology, individuals and the community will learn about resilience, brain health, quality of life, and ageism; these things indeed lead to greater positive self-perceptions and longevity (Gough & Cassidy, 2017). Gough and Cassidy (2017)

found the benefits of using peer-led initiatives as a means of positive psychology prevention interventions. There is a recognizable growing need for prevention programs to aid older adult populations in the U.S. and worldwide.

Recognizing this need to further research and positive psychology initiatives for older adults, Greenawalt et al. (2019) conducted a study of a positive psychology program in senior centers. The 8-week intervention was called “The Art of Happiness,” including once per week 90-minute classes with different topics including defining and reflecting on happiness, compassion and connection, forgiveness, stress management, mindfulness, and humor drawn from the teachings of the Dalai Lama (Greenawalt et al., 2019). Homework assignments, handouts, and books were also incorporated into the 8-week course (Greenawalt et al., 2019). Assessments were administered before and after the program, including measures for life satisfaction, gratitude, happiness, depression, stress, and mindfulness using Likert scales and other self-reporting quantitative ratings; a qualitative assessment was also administered at the end of the 8-week sessions (Greenawalt et al., 2019).

The researchers, participants, and senior center staff saw significant improvements resulting from “The Art of Happiness” sessions (Greenawalt et al., 2019). The assessment results showed a substantial upturn of scores for subjective happiness, life satisfaction, stress, depression, mood, and mindfulness due to the 8-week course (Greenawalt et al., 2019). The individuals involved in the sessions expressed a reduction of stress and overall calmer states of well-being and improved subjective happiness, and lower symptoms of depression (Greenawalt et al., 2019). The senior center staff also noticed improvements in the demeanor of the other individuals who did not participate in the study; those who did participate were talking about and teaching others about what they had learned (Greenawalt et al., 2019). The researchers

recognized that positive psychology programs provide engagement toward older adults' positive mental health by decreasing negative affect and increasing positive mental awareness (Greenawalt et al., 2019).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Healthy Aging of Older Adults in Lansing, Michigan

The elder adult population is becoming increasingly diverse; race, culture, ethnicity, sexual identity, and socioeconomic status are among the multiple diversities of the growing older adult demographic (Kampfe, 2015). Beyond this, older adults span an extensive age group, spanning over forty years from age 65 to age 105 or more (Kampfe, 2015). The older adults in Lansing, Michigan, are, indeed, a diverse blend of many minority groups and statuses. Since the older adults' population is so diverse, there are many ethical considerations to consider when creating a specified prevention program.

As of 2012, Michigan's older adult demographic was predominately White at 86%, with Black elders topping out at merely 10% (SAMHSA & AOA, 2012). Among that 10%, 8,9% of Black elder Michiganders reported significant mental distress, compared to 6.7% of Whites (United Health Foundation 2018). These percentages have likely shifted and will continue to show greater diversity as the rest of the Baby Boomer generation turns 65. It is projected that nearly one in five U.S. residents will be 65 or older by the year 2030, and the minority population will become the majority by the year 2042 (Vincent & Velkoff, 2010). Black and other minority older adults are at greater risk of mental distress and disorder (Trinh et al., 2019).

Minority subgroups of older adults must have adequate representation and care as they are especially vulnerable to mental health issues.

Mechanisms to increase the cultural relevance of a prevention program for minority older adults in Lansing, Michigan, will help bring the community together through outreach and collaboration (Vera & Kenny, 2013). Outreach as a mechanism is most valuable when other community members' help is enlisted to ensure the prevention program meets the needs of the minority members of society (Vera & Kenny, 2013). Outreach efforts will break down barriers to mental health consultation and integrate the prevention programs' multicultural adaptations. By consulting with minorities in the community, this collaboration will help focus on the strengths of those older adult citizens (Vera & Kenny, 2013) and assess any language barriers that exist in the community. Through the outreach and collaboration, community members, stakeholders, and the Black and other minority elder adult population of Lansing, Michigan, will take ownership in the prevention program. Many intersectionality factors can influence individuals' mental health and the presentation and causes of psychiatric symptoms (Trinh et al., 2019), thus making outreach and collaboration necessary for a local prevention program. This ownership will translate into a greater sense of belonging, and pride and confidence in the community (Vera & Kenny, 2013).

At the core of the American Counseling Association's (ACA) (2014) Code of Ethics, code A.1.a. is the counselors' primary responsibility to respect the client's dignity and promote their welfare. Older adult minority groups must be treated and cared for to ensure they get the proper care and prevention opportunities. As code A.2.c. states, considering the demographic shift of older adult minority groups will persist, counselors must strive to continue developing their multicultural sensitivity (ACA, 2014). Counselors are obligated to practice cultural humility

and continuously challenge themselves to understand their own biases, strive to understand their clients' worldview, act genuinely in forming a therapeutic relationship with their clients, and advocate on behalf of their clients (Ratts et al., 2016). It will be up to the counselor to make sure the minority older adults' voice in Lansing, Michigan, is heard by all, including the stakeholders and collaborators. ACA (2014) ethical code A.1.d. stresses the importance of such collaboration, the counselor must understand how social support groups can be used as positive and appropriate resources for clients.

Informed consent, confidentiality, and stakeholder collaboration are essential things to consider when developing a prevention program for older adults. Informed consent and confidentiality are two things that are often difficult to obtain and assure during prevention initiatives. Obtaining informed consent from all parties involved is essential to ensure autonomous participation (Hage & Romano, 2013). Confidentiality is also important, yet difficult to obtain during prevention programs; the potential risks of confidentiality must be communicated with participants and stakeholders, and confidentiality must be protected where reasonable to protect those involved (Hage & Romano, 2013). Stakeholder collaboration must be consistent before, during, and after the prevention program; they are collaborators that will help ensure the interventions have lasting effects and help make insightful, meaningful contributions to the prevention initiative and the community (Hage & Romano, 2013).

PART 5: ADVOCACY

Healthy Aging of Older Adults in Lansing, Michigan

Advocating for the older adult population of Lansing, Michigan, will ensure preventative interventions and programs have the opportunity to establish lasting effects on the community

(Pirog & Good, 2013). Isolation and ageism are two vital barriers to consider when looking at advocacy efforts to support older adults in Lansing, Michigan. Ageism is negative stereotypes, prejudice, and discrimination based on age (Burnes et al., 2019). Isolation affects many older adults as spouses, siblings, and friends pass, and children, grandchildren, and other relatives move away (Kampfe, 2015); Isolation has become an increasingly dangerous factor for older adults' mental health during the current pandemic (Miller, 2020). The two barriers of ageism and isolation can be addressed through institutional, community, and public policy initiatives.

Ageism can take many forms; lackings in adequate health care or geriatric care, access to medical or mental health benefits, elder justice, worker discrimination, and technology accessibility are some of the ways ageism is maintained (Blancato & Ponder, 2015). Isolation can follow and be a direct effect of ageism; when older adults are discriminated against, social isolation becomes even more prominent and devastating (Brooke & Jackson, 2020). For instance, at the institutional level, hospitals in Lansing, Michigan, are ill-equipped to serve the older adult and geriatric population; this leaves their access to physical and mental health care sparse. There is an apparent shortage of medical and mental health professionals specializing in older adult and geriatric care due in part to lack of funding for training and educational programs and a shortage of persons interested in working with older adults (Fullen, 2018). This produces negligible focus on geriatric medical and mental health care and research, causing a lack of professional knowledge (Fullen, 2018). Lansing also lacks resources and opportunities to serve the older adult population at the community level. Few age-specific programs and senior centers, especially during the pandemic, leave many aged residents isolated. Beyond that, public policies often dismiss issues that specifically concern and impact older adults (Blancato & Ponder, 2015). Not

responding to the ageism and isolation of older adults is in and of itself a contributing factor to these barriers.

Advocacy efforts must be collaborative to help break down ageism and isolation barriers for older adults in Lansing, Michigan, working together to address the norms and values that keep these oppressive barriers in place (Ratts et al., 2015). Systemic barriers can also be broken down by enacting change to local, state, and federal laws that have oppressive language and consequences for the aging population (Ratts et al., 2015). Institutional and community collaboration with medical and mental health care professionals to gain insight into the unique physical and psychological health challenges older residents face and recognize and treat these concerns (Blancato & Ponder, 2015; Fullen, 2018). Collaboration will go beyond the local level to the public policy level, allowing more attention to be brought to the ageist and isolation practices that harm older adults in order to help bring awareness about these barriers and help make services more accessible to the aged population.

Advocacy starts at home; Lansing can begin to better serve the older adult residents by involving them in decisions that directly affect their well-being and bringing more attention to their specific physical and mental health needs. Collaborating with older adults in the community to break down ageism stereotypes and bring more awareness to the contributions the older generation can still provide; enlisting older adults to become ambassadors for their generation will help advocacy efforts. Advocating for more specialized care and professional expertise will ensure aged citizens' health and safety, both institutionally and community-wide (Fullen, 2018). Joining counseling associations like the ACA and their Association for Adult Development and Aging (AADA) division to support grassroots and lobbying efforts helps push crucial public policy initiatives that affect older adults both locally and around the nation (Fullen, 2018).

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