Focus on quality of life with older adults receiving mobile footcare and social



support services at home

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HELP WITH 'THE LITTLE THINGS' GOES A LONG WAY

Introduction

In New Brunswick, Canada:

- 2nd oldest population with 21.9% aged over 65 (1-3)
 - With a prediction of 31% by 2038 (4)
- 3rd highest percentage of rural-dwelling citizens. (2,3)
- 1 in 9 older adults lives below the poverty line (5)
- 2nd highest household food insecurity (6).
- 30% increased use in local food banks in the past year (6)

The Mobile Seniors' Wellness Network (MSWN) is a person-centered, multi-disciplinary mobile health and social support service aimed to address social isolation, frailty, and vulnerability while supporting aging in place for seniors living in New Brunswick. Rural living compounds stressors for older adults such as home maintenance, transportation, food insecurity, financial constraints, lack of social support, and decreased access to healthcare services.





Results

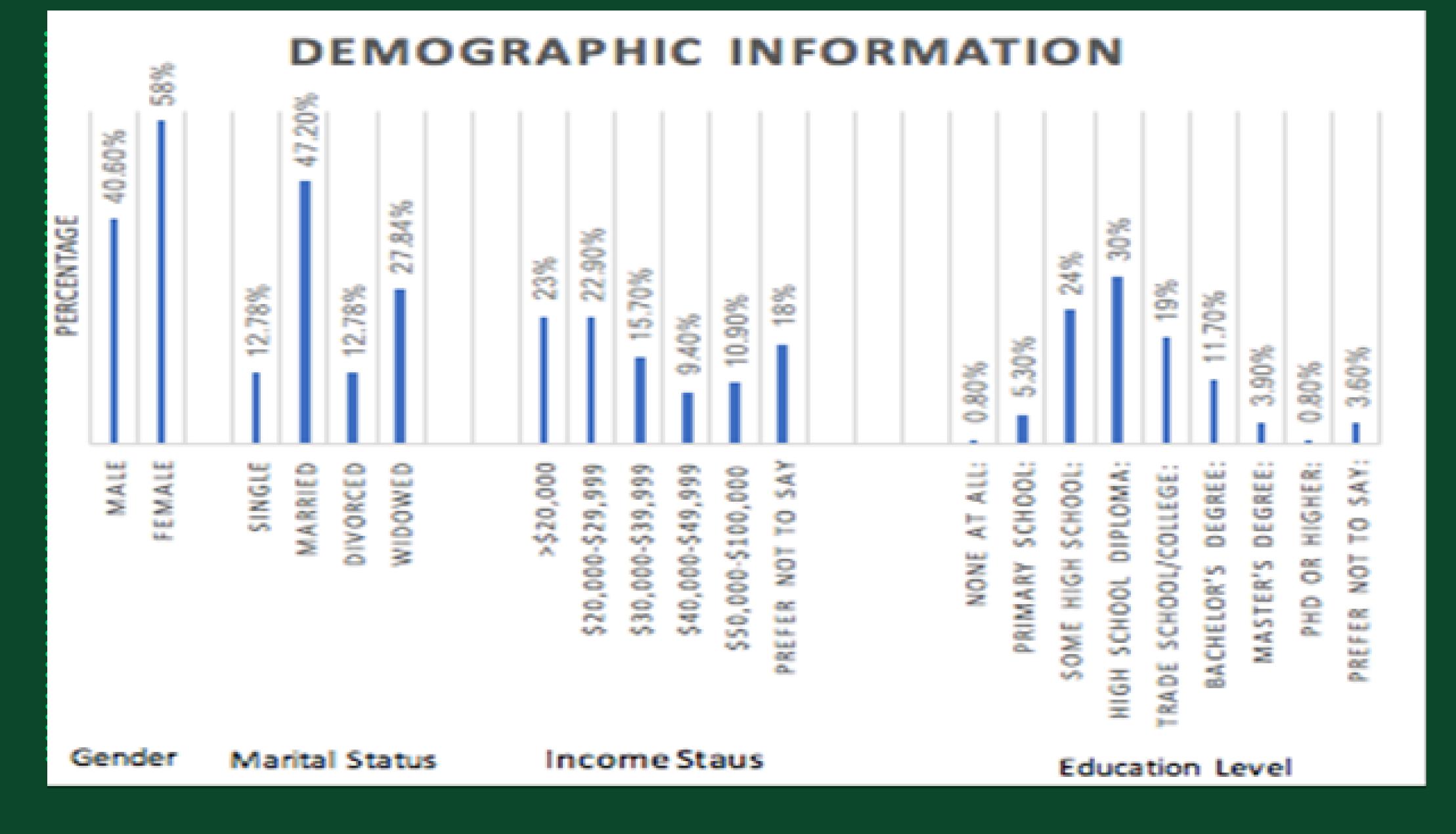
- 366 older adults enrolled, 313 completed with a mean age 75.6 (95% CI +/- 0.89)
- Using the Brief Patient Health Questionnaire, depression scores changed from mild to none/ minimal, t (229) = 2.1, p = .04
- The WHO-QoL-100 Score increased from baseline, though not statistically significant (72.50), mean difference= 3.61, t (89) = 1.5, p=14
- Overall anxiety and quality of life scores improved with the team's interventions.

"The social worker was very helpful and made me feel like I wasn't going to be left behind or that I wasn't falling through the cracks."

Methods

This intervention study enrolled older adults aged 55 years plus living in rural communities within a 90-minute drive of the province's capital city during the COVID-19 pandemic.

The Certified Foot Care Nurse (CFCN) visited the older adults six times with an interval of four-six weeks while Registered Social Workers (RSWs) visited at baseline, three-months, and six-months post-enrollment, and as needed. The CFCN and RSW assessed the older adults' health status and collected data using validated tools including the InLow 60-Second Diabetic Foot Screen (InLow), World Health Organization- Quality of Life Survey (WHO-QOL), MIMOSA Foot Scanner, Brief Patient Health Questionnaire (Brief PHQ), Geriatric Anxiety Inventory (GAI-20), The Falls Efficacy Scale, deJong Gierveld Loneliness Scale, Pictorial Fit-Frail Scale, and The Diabetes Knowledge Questionnaire. Referrals were made to services within the community through the collaboration of the CFCN and RSW.



Conclusions

With the mobile interdisciplinary team collaboration, older adults had positive outcomes when connected to services and programs supporting aging in place. These new connections included services and programs to assist them to age in place safely including home repair grants, food baskets, transportation, home assistive devices, community support, and social engagements. All of which enhanced their confidence to remain at home longer. In the current healthcare crisis, deploying an MSWN model provides quality in-home support to older adults and is cost-effective.



This program was funded by the Healthy Seniors Pilot Project

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