The Social Support Networks of Elderly Home and Community-Based Service Recipients

Kari M. Nilsen*, Rachel Smith, Samuel Ofei-Dodoo, Missy Curry, Rochelle Webber
Faculty: Louis J. Medvene, PhD

Abstract. One goal of the current research was to apply a previously developed method of assessing social support networks (SSNs) to a relatively unstudied population: “frail” elderly Medicaid-eligible home and community-based service (HCBS) recipients, and to evaluate the effect of isolation on SSNs and perceived quality of the network members. This population is of interest because many states are shifting the site of care from long term facilities, such as nursing homes, to the private homes of Medicaid eligible elderly. Forty personal interviews were carried out. Results show that less isolation is associated with larger SSNs ($r = -0.618$), as well as higher perceived quality of relations ($r = -0.366$).

1. Introduction

This research applies previously developed methods of assessing the social support networks of elderly persons to a relatively unstudied group: “frail”, Medicaid-eligible elderly persons who receive services in their homes. The specific goals of this exploratory study were to (a) develop a research instrument that could be used to assess structure, function, and perceived quality of the social support networks (SSNs) of elderly, Medicaid-eligible home and community-based care (HCBS) customers and (b) explore the interrelationships among these different aspects of their support networks. More specifically, this study involved:

1. Carrying out four pilot interviews with HCBS customers. These pilot interviews helped to finalize the instrument, which was used to collect information about customers’ social support networks.
2. Personalized interviews were completed using the final version of the research instrument. Researchers interviewed an additional 36 randomly selected elderly, Medicaid eligible HCBS customers living in Sedgwick County, KS, for a total of 40 participants.
3. Information collected was used to assess the structural characteristics of HCBS customers’ SSNs such as size, composition (e.g. family; friends, etc.) and structure; assess some of the functional characteristics of SSNs, such as isolation and quality; and assess how structural and functional characteristics are associated.

2. Experiment, Results, Discussion, and Significance

Participants were randomly selected from the caseload of the Central Plains Agency Area on Aging (CPAA) HCBS population in Sedgwick County. Approval for the study was also obtained from the Kansas Department for Aging and Disability Services (KDADS). Participants were all aged 65 and older. Additional approval for the study was granted by Wichita State University’s Institutional Review Board. Customers were screened so that participants would only include those who were receiving HCBS services in their homes, were cognitively able to complete the interview, and who had adequate proficiency at written and spoken English in order to be able to understand the interview. Recruitment procedures that protected HCBS customers’ rights to confidentiality and guaranteed the voluntary nature of their participation were negotiated with KDADS and CPAA. Participants were paid a total of $50 for their participation in one 90-minute interview.

Participant social support networks were measured using self-report surveys, and interview responses. A survey entitled the “Social Support Network Survey” included basic demographic items, as well as questions about network structure and functional limitations. The bulk of the survey involved the use of several instruments developed in past research: Antonucci’s Hierarchical Mapping Technique to determine social convoys [1], Lubben’s
Social Network Scale to measure isolation [2], and questions regarding perceived quality of relations, as well as basic demographic information were asked.

Antonucci’s Hierarchical Mapping Technique involved showing participants a board with four concentric circles on it. The innermost circle had the word “YOU” written in it, and participants were asked to place individuals they have contact with into one of the other three circle categories according to closeness. Demographic and structural characteristics such as gender and relation to participant were collected for each network member named by participants.

Lubben’s Social Network Scale (LSNS) includes 10 questions that ask about the frequency and nature of contact with friends and family, confidant relationships, and helping others. Based on their responses to the LSNS, elderly persons can be categorized as “Isolated”, at “High Risk for Isolation”, at “Moderate Risk for Isolation”, and at “Low Risk for Isolation.” The LSNS has been shown to provide a composite measure of social networks and it has demonstrated adequate internal consistency for research purposes (Cronbach alpha = .70), and has correlated significantly with physical and mental health variables. These questions were on a 5-point Likert scale, with higher scores indicating more isolation.

Perceived quality was measured using items derived from previous research [3]. Perceived quality of support questions asked the degree to which the participant felt loved and cared for by their children, spouse, friends, relatives, and caregivers. These questions were on a 5-point Likert scale, with 1 being “not at all” and 5 being “a great deal” (Cronbach alpha = .64). Perceived negative relations questions asked the degree to which the participant felt their social support network was demanding or critical (Cronbach alpha = .69). These items have been shown to affect well-being in different social network types.

Socio-demographic characteristics of the sample will be shown in Table 1. A large majority of the sample was found to be at low risk (30%) or moderate risk (27.5%) for social isolation. Seventeen and a half percent were at high risk for isolation and 25% were rated as isolated. The relationship between social isolation and living arrangements was not related. To assess the relationship between isolation and total social network, as well as isolation and overall perceived quality of relationships, Pearson product-moment correlation coefficients were computed. There was a negative correlation between isolation and network size ($r = -.618$, $n = 40$, $p < 0.01$), which indicates that as participants’ network size increased, their isolation decreased. There was a negative correlation between isolation and perceived quality ($r = -.366$, $n = 40$, $p < 0.05$), which indicates that as participants’ perceived quality of relationships increased, isolation decreased. A one-way between groups ANOVA was conducted to compare the effects of overall perceived quality of relations with caregiver type (family, friend, or agency paid worker), and the results were not significant.

3. Conclusions

This research was motivated by the long-term goal of promoting the welfare of HCBS customers by identifying important and measurable aspects of their social support networks. This study will facilitate identification of connections between HCBS customers’ social support networks and their wellbeing. The findings indicate that isolation could be influenced not only by SSN size, but also the perceived quality of their relationships. These findings could lead to larger scale studies to verify these findings with other populations, as well as potentially lead to the development of interventions that enhance HCBS customers’ social networks and well-being. Future interventions with HCBS customers, and other “frail” older persons, could focus on increasing the quality of social relationships by determining their level of isolation and designing specific interventions for their needs, with a focus on the elderly who are at high risk or are isolated.

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