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Betsy Oropeza
California State University, Monterey Bay

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Isolation at Junsay Oaks

Betsy Oropeza

CHISPA, Ruth Rodriguez and Kathleen Alba

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

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Author Note

Betsy Oropeza, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by Community Housing Improvement Systems and Planning Associations. Correspondence concerning this article should be addressed to Betsy Oropeza, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: boropeza@csumb.edu.

Abstract

Isolation of seniors with mental/physical disabilities is a social problem that can cause mental health deterioration and even death. Community Housing Improvement Systems and Planning Association (CHISPA) is a non-profit organization that develops low-income senior housing in Monterey County. The causes of isolation are lack of mental health aide and lifestyle. The consequences are mental health deterioration and death. The capstone project is gathering data on the residents that live in the Junsay Oaks housing not taking advantage of the services that are being offered to them. I conducted a survey of questions that would give us results of who was already receiving services off site and who still needed assistance with finding resources. Of the respondents, more than 50% were already receiving a type of service regarding healthcare and food insecurity. It is recommended that CHISPA follows up with the Monterey County Health Department for onsite case management services. This can be beneficial for all residents as a community so that CHISPA can achieve its mission of building healthy neighborhoods.

Keywords: Seniors, CHISPA, mental health, gap in services, needs assessment

Agency & Communities Served

The agency is Community Housing Improvement Systems and Planning Association (CHISPA). The mission is to, “Improve people's lives and create healthy neighborhoods by developing, selling, owning and managing affordable homes” (CHISPA, 2014 a, para. 1). This means that this non-profit organization aspires to build affordable housing for low income residents and families. The specific department that I worked in is referred to as the Community Services Department within the organization. It offers onsite educational and recreational programs for the residents at the rental properties. These programs are provided through partnerships with local community organizations (non-profits) and individual instructors, including YMCA, Sol Treasures, Alisal Center for the Fine Arts, Arts Council for Monterey County, and Alliance on Aging. Some of the services provided are after-school activities, music classes, financial literacy, computer classes, and food bank distribution.

The communities served are mainly low-income families and seniors. According to CHISPA's housing infographic from 2014, the percentage of Adults was 44% (18-54), Seniors 11% (55- and over), Youth 20% (11-17), and Children 25% (0-10). The top three main sources of income for families are Employment income (59%), Unemployment (12%), and Social Security (8%) (CHISPA, 2014 b, para. 2). The three main sources of income for Seniors are Social Security (53%), Supplemental Security Income (24%), and Pension (9%). This tells us that the community is low-income families.

Problem Model Background and Literature Review

Problem Statement

Isolation of seniors with mental/physical disabilities is a social problem that can cause mental health deterioration, eviction and even death. According to the U.S. Department of Health

and Human Services, “28% of older adults in the United States or 13.8 million people, live alone” (U.S. Department of Health and Human Services, 2019, para. 3). “Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer’s disease, and even death” (U.S. Department of Health and Human Services, 2019, para. 5). On the other hand, people who engage in communal activities that serve a shared purpose tend to live longer and be healthier and happier. Biologically, the immune system appears to be stronger in those who are not isolated.

During the pandemic various socio-cultural factors of elderly abuse were increased leading to a social anxiety pandemic (Sibal, 2020). COVID-19 gradually increased the isolation of seniors in their homes, and this has affected them with health risks (Center for Health & Research Transformation, 2022). The risks of isolation that were already present before the pandemic became an even bigger problem during the past few years.

Figure 1. Below shows the problem model including the contributing factors that lead to the overall problem and the consequences following.

Figure 1: Problem Model

Contributing Factors	Problem	Consequences
Lack of mental health aide	Isolation of Seniors with mental/physical disabilities	Mental Health deterioration
Lifestyle		Death

Contributing Factors

Lack of mental health aide

A shortage exists within professionals to provide services for seniors (Miller, 2022; Rural Health Information Hub, 2019; Thomas, 2009). Medicare services are especially in short supply.

Less than 50% of elders with substance abuse and mental health conditions receive treatment. Untreated mental health and substance abuse disorders make it difficult for elders to participate socially causing isolation. Shortages in mental health aides can start at the referral stage up to the point of a client receiving services. This will make it difficult for seniors to receive the adequate services that they need.

Covid-19 increased the shortage of aid and increased isolation. “COVID-19 pandemic has resulted in significant increases in anxiety and depressive disorders among older adults. Between 25-30% (or 20 million) older adults have reported these mental health disorders since April 2020” (Miller, 2020, para. 5). This means that since COVID-19 it has been harder for seniors to be able to socialize due to health concerns. It has been shown that the mandatory physical distancing has caused many seniors to develop other health stressors such as mental health issues. Anxiety, depression, and social anxiety are procreations of isolation.

Lifestyle

Substance abuse leads to the increase in homelessness which then leads to a higher risk of isolation for seniors (National Coalition for the Homeless, 2009). Being homeless will make them forget how it feels to be a part of society and what it means to have a stable home and relationships with their loved ones. This should be seen as an issue that if it isn't resolved can then develop into chronic illnesses which will lead to isolation. Addiction has been seen as a negative stigma by society and will lead people to think that just because they are substance abuse users that they aren't able to be a part of the community. These disorders will also lead them to becoming chronic homeless and derange the relationships they have with family, partners, and friendships.

There is an increasing rate of homelessness among adults of ages 65 and older (Kushel, 2020). In fact, “People ages 65 and older are the fastest growing age group of people who are

homeless; by 2030 their numbers will triple” (Kushel, 2020, para. 2). Aside from homelessness, they must also deal with losing their relationships with loved ones, career, property, and in many circumstances their health. Being homeless deprives people from the experience of living and experience of being in a community. Oftentimes, the people who are homeless are the ones who are experiencing the most poverty. The lack of affordable housing will unfortunately need people to decrease their spending on other necessities like healthcare. It is important that people have access to primary care to reduce or prevent mental health deterioration.

Consequences

Mental Health deterioration

Social isolation, loneliness, and depression can cause a self-perpetuating cycle of mental health deterioration. “Difficulties in generating and maintaining social connections in depression might be explained by increases in rejection sensitivity, maladaptive social cognition, decreases in social self-efficacy, and disruptions in social skills, among other behaviors and predispositions” (Ahmed et al., 2023, para. 22). Mental health is a vicious cycle that is thought to be the primary cause of high mortality rates. Loneliness and mental health dysregulates the brain and throws off the neural pathways such as the hypothalamic-pituitary-adrenal (HPA) which works with the human nervous system. The persistent stressor of loneliness strains the body's neuroendocrine, immunological, and metabolic systems and causes the physical and mental illnesses linked to social isolation. As a result, it is believed that loneliness originated as an alarm signal, similar to hunger or thirst, to encourage social interaction and ensure survival.

Death

“Loneliness, or perceived social isolation, is a leading predictor of all-cause mortality and

is increasingly considered a public health epidemic” (Ahmed et al., 2023, para 1). The risk of death is increased by mental health disorders, chronic stressors have been proven to lead to isolation. Isolation activates parts of the brain that alter it in a way where it deregulates the hormones. Loneliness has shown to be a risk factor of many health and physical diseases, it has been proven to be exhibited more in the adolescent and elderly population. Hypertension can be one of the factors that can develop from senior isolation which would lead to a stroke resulting in death.

“Social connections have potent influences on health and longevity, and lacking social connection qualifies as a risk factor for premature mortality” (Holt-Lunstad, 2021, para. 1). Humans were born to be around others and have been acclimated to depend on others throughout the lifespan. Social relationships are seen to be as much as important as food, water, and shelter. They are also key in helping develop into long-term permanent relationships. Social relationships are primary nourishment for humans mentally and physically.

Project Description and Implementation Process

Project Proposal

I researched and found a need for intervention for seniors at resident housing, Junsay Oaks. This residential housing is a senior housing community that consists of 46 units in which 20 of those units are filled by Monterey County Health Department per contract agreement. The remaining units are filled by CHISPA. I conducted a needs assessment on why more than half of the CHISPA residential housing sites were not taking advantage of the services that were being offered to them by CHISPA. Examples of CHISPA services include: Senior lunch program, food bank, and extracurricular activities like painting, piano classes, guitar classes, zumba classes. Through the needs assessment I found out whether the Monterey County Behavioral Health and

CHISPA residents were receiving any outside services. The way that I did this research was by gathering information from the residents.

Project Justification & Benefits

The lack of access to mental health aid is the contributing factor that causes isolation of seniors with mental/physical disabilities which this project was intended to address. The primary purpose of this project was to understand the challenges of isolation and lack of mental health services that seniors experience which were made worse when the pandemic occurred. The agency expected to learn more about the background of the residents and what was holding them back from socializing with one another and to find out what specific needs each individual might have based on the surveys that were conducted. The issue that was addressed was the isolation of seniors including those with mental/physical disabilities after COVID-19. Mental health services were not being offered on site by the Monterey County Health Department to their residents. The agency did not have information regarding whether the Monterey County Department of Health residents were receiving services some other way. It was also unclear why CHISPA residents were not fully participating in CHISPA provided programs.

The long term benefits that CHISPA expected to result from this data gathering project were that the agency would be able to increase the participation of the seniors living at Junsay Oaks. In the short term, the agency could benefit from knowing what services are actually needed and CHISPA could respond by making sure that services are provided.

Expected Outcomes & Assessment Plan

The expected outcome was survey data collected from residents who were not participating in CHISPA activities and from residents who were not receiving on site services from Monterey County.

My assessment plan was to measure whether I gathered the information needed for CHISPA to respond to any gap in services. Measurements include: 1) the attendance numbers at the event where Health Projects Center service were presented and surveys were distributed, 2) the final percent of respondents to the needs assessment survey from the pool of residents after going door to door, and 3) the response from the agency regarding the benefit to CHISPA of the information gathered.

Implementation Process

This project idea was first started in December of 2022. I initiated it by building rapport with residents at the start of my internship in 2022. I would report back to my mentors that this site in particular was one of the sites that had the least amount of participation. After this, my mentors agreed that it was a good idea to gather information on what residents might be lacking. We hypothesized that a gap in services was ultimately a boundary that prohibited residents from mentally/physically participating in programs provided by CHISPA. My next step was to create a needs assessment which is available in Appendix C. I then needed to meet with the manager at Junsay Oaks in order to better understand the community that lives at this site. I was able to receive a lot of information on previous occasions when I helped at some of the programs. See Appendix A for more details in the Project Implementation Plan. Afterwards, I came to the conclusion that I was going to collaborate with my colleague Melissa, who interned at HPC. We were able to successfully have inquiries after the presentation and needs assessment were conducted. My mentors were excited to see the amount of responses that we had received from the presentation and collaboration that was done. My last step was to have a meeting with Karina where she shared some new information that she had learned about. She was also ecstatic to

know about the results I had received from the residents. Karina said that my Capstone project has been extremely beneficial to CHISPA and its communities. .

Project Results

My overall plan and goal for this needs assessment project that I presented was to gather as many surveys as possible to find what services the population at this site was missing. Junsay Oaks is a senior housing community that consists of 46 units in which 20 of those units are filled by Monterey County Health Department per contract agreement. The remaining units are filled by CHISPA. The Health Projects Center services presentation event result was that six people attended. Because of the low attendance, a Health Projects Center intern, the CHISPA Community Services Coordinator, and I went door to door to survey the residents. The needs assessment result was that I gathered responses from 11 out of the 20 Monterey County Health Department units and 16 responses out of the 26 CHISPA units. The survey findings showed that most were already receiving some type of service such as food bank, food stamps, medicare/medicaid, counseling, case management. I also found that residents struggle to find reliable transportation. Following the survey and presentation one person signed up for services and two more inquired. After meeting with my mentors and presenting my findings from the survey, they were very surprised at the results. We assumed that only mental health services were needed and found that transportation was a missing resource for the residents. Kathleen, my mentor, said that the needs assessment was extremely useful because it informed CHISPA of a missing resource that they can now follow up with. After my project was completed, Karina Ramirez (Assistant Housing Director) wanted to meet with me individually to discuss some of the new information that had been brought to their attention. She said that it is important that this issue had been addressed because now they know that mental health can affect all of CHISPA

community sites. This can include bringing awareness to family and senior sites because mental health can be something that is oftentimes neglected. She also thanked me because now CHISPA will take more of an importance on this issue because it is something that they will need to manage long-term.

Appendix B shows that I was able to gather data from the pool of 46 units when asked if they were already receiving services such as: food bank, EBT, health coverage, and/or counseling. In graph 1 all of the 26 assessment responses answered “yes” to one or more services that they were already receiving aside from the services that CHISPA provides. Graph 2 shows that there were some respondents that still wanted more information on some of the services mentioned in the questions. In graph 3, there were a couple of services mentioned that they would hope to receive more information about.

The measures that were used to assess my project’s “success” were that I was able to receive over fifty percent of responses from the site. Ruth Rodriguez, said that it was a great turnout and that the amount of responses was surprising. She also mentioned that it brought up “red flags” to other staff. Kathleen, my mentor, said it was great information that could be used to improve services.

The project achieved its expected outcome because I ultimately wanted to raise awareness of the lacking resources that the community has. I was able to partner with the Health Projects Center and was able to share a resource for the residents. Through the presentation that Melissa West Kevan presented, we were able to achieve 2 sign-ups and one follow up.

Conclusion & Recommendations

Lack of mental health aid and lifestyle can negatively impact a person which can lead to isolation. Senior isolation can develop into mental health deterioration, and death. The capstone

project gathered data on the residents that live in the Junsay Oaks housing not taking advantage of the services that were being offered to them. The survey provided results of who was already receiving services off site and who still needed assistance with finding resources.

As I learned about the needs of the community, what I really wanted to happen was to bring on-case management services to this community. I then realized that it was a process that was out of my hands. The process was very difficult and not having the right contacts made the process seem rather difficult. Also, there were different organizations that were responsible for the on site case management services.

It is recommended that CHISPA considers establishing partnerships with other organizations such as, Health Projects Center. This will help CHISPA expand to the resources that are already in place. The Health Projects Center is able to help with referrals to those who are not already receiving services. It would also be beneficial for CHISPA to advocate for the residents in any way they can in order to make sure that residents needs are being met, they are receiving services, or they are referred to a resource where they are able to receive further assistance. It is my suggestion to CHISPA that someone from the organization follows up with the Monterey County Health Department in order to know how on-site case management services can be provided. Another recommendation would be to possibly suggest that future interns consider taking this as a potential follow-up capstone project.

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Appendix A

Project Implementation Plan

Tasks	Timeline/Deadline	Supporting Staff	Materials Services Needed	Deliverables
Spoke with one of my mentors regarding ideas	December 15, 2022	Mentor	N/A	Spoke changes needed
Met with Dana Clergy and my mentor	December 16, 2023	Mentor and Finance Director	Laptop Notebook Pen	Notes on the background information of Junsay Oaks
Attend meeting with mentors to finalize project	February 20, 2023	Mentors, and Capstone Professor	Laptop Notebook	Project finalized
Emailed site manager to set a meeting to meet 1-1	March 1, 2023	Mentors and Junsay Oaks Property Manager	Laptop	Meeting set
Met to discuss site and county contact	March 2, 2023	Junsay Oaks Property Manager and myself	Laptop Notebook Pen	Meeting set
Draft survey	March 5, 2023	Myself	Laptop Notebook Pen	Survey draft
Email Needs Assessment to Dr. Navarro for any feedback/suggestions	March 13, 2023	Mentors and Dr. Navarro	Laptop Notebook Pen	Survey improvements
Finalize needs assessment	On or before March 17, 2023	Mentors and Capstone Professor	Survey draft	Final survey
Collaborate with HPC Melissa to set a date to go to site and conduct surveys	March 6, 2023	HPC Intern, Junsay Oaks Manager, and mentors	Laptop Notebook Pen	Date planned
HPC conducted presentation and needs assessment was presented to residents	March 20, 2023	HPC Intern, and Junsay Oaks Manager	Surveys	Completed surveys
Analyze data and make graphs to add to Capstone	April 5, 2023	Mentors	Laptop Notebook Pen	Chart
Presented data to mentors	April 10, 2023	Mentors	Data and Graphs	Graphs

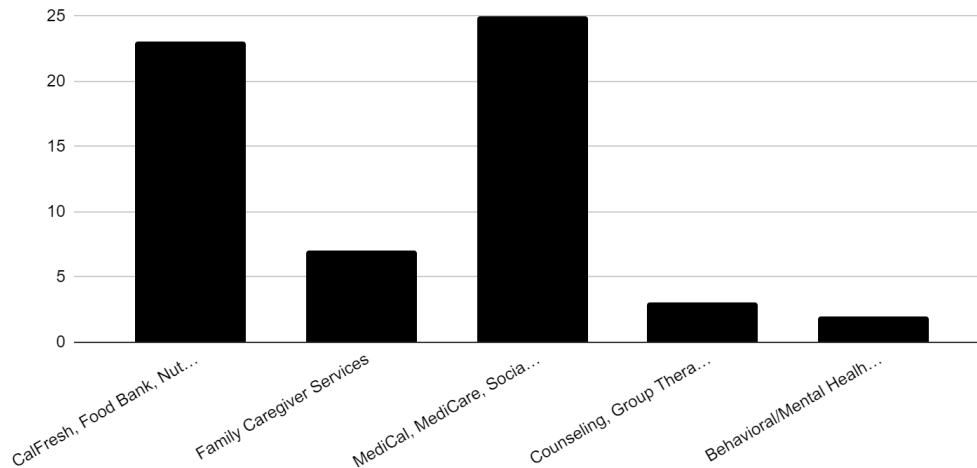
Met with Karina	May 1, 2023	Mentor and Housing Assistant Director	Notebook and Pen	Notes on new information
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Appendix B

Graph 1: Current Services

Are you currently receiving any of the following services? If yes, please check all that apply

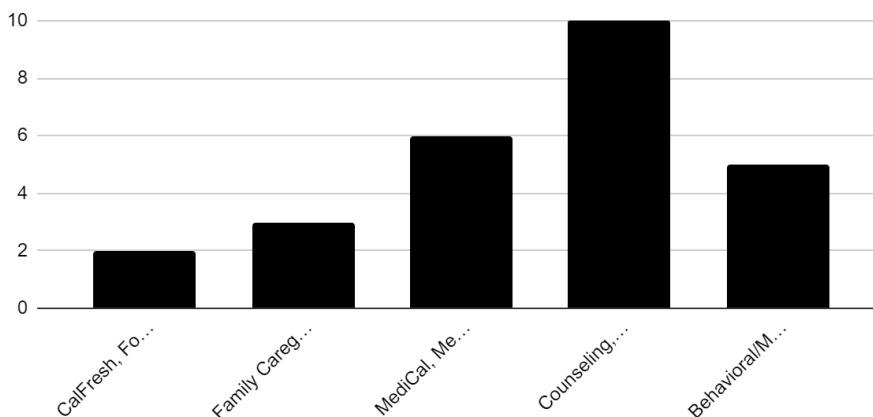
26 responses



Graph 2: Request for Information

Please check any of the services listed below if you would like to receive more information about them

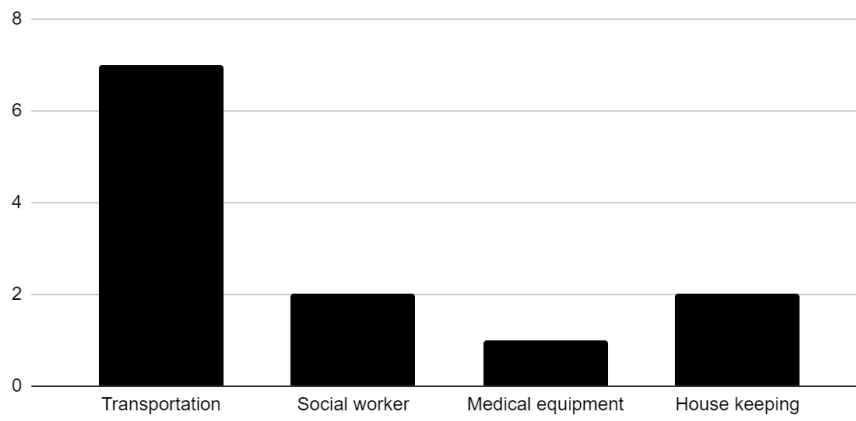
26 responses



Graph 3: Other Service Information

Are there any other services you would like to know about that have not been listed about?

12 Responses



Appendix C

Needs Assessment of Junsay Oaks Residents

1. Apt # _____
2. Are you currently receiving any of the following services? If yes, please check all that apply:
 - CalFresh, Food Bank, Nutrition Services
 - Family Caregiver Services
 - MediCAL, MediCare, Social Security
 - Counseling, Group Therapy, Grief and Loss Therapy
 - Behavioral/Mental Health Resources and Addiction Rehabilitation Services
3. Please check any of the services listed below if you would like to receive more information about them.
 - CalFresh, Food Bank, Nutrition Services
 - Family Caregiver Services
 - MediCAL, MediCare, Social Security
 - Counseling, Group Therapy, Grief and Loss Therapy
 - Behavioral/Mental Health Resources and Addiction Rehabilitation Services
4. Are there any other services you would like to know about that have not been listed above? Please state below:
