**SIL Screening Pilot Work Group: Angie Sullivan, Sara Richie, Pam VanKampen, Barb Michaels & Sally Flaschberger, Christine See, Megan Timm, Allison Butler**

**7.6.22 Notes – (Attendees – Angie, Allison, Sara, Christine and Barb)**

* Allison provided an overview of the interest level from different parts of the Sheboygan County ADRC in regards to participation in the pilot. Transportation, Nutrition, I & A/Options Counseling, Dementia Care Specialist, Caregiver Coordinator. Lots of interest – Benefits Specialist were unsure how it would work into its existing system but would be open to exploring how it may work. Barb recommended that we include caregiving, transportation, and Dementia Care to the list of possible workflows on the Debrief form.
* The group discussed the Isolation and Loneliness Debrief form – Add prefer not to answer; make it clear that the demographic questions are optional. Angie will send to Carrie Kroetz to see how the demo questions are integrated into Wellsky/SAMS.
* The group decided to change the August sessions to a program overview, and then have a more detailed training for those partners who are interested. Angie will send an invite to Aging Units/ADRC’s that wrote a goal in their 2022-2024 Aging Unit Plan. Those interested in attending the info session will be asked to complete a registration form.
* The info session slide deck has been started; Sara volunteered to complete the rest of the slides and open it up to the group for comments.
* The timeline will remain essentially the same, with the exception of adding a row for the partner training. Barb suggested during the pilot training to invite someone to do a role play of motivational interviewing. The group loved that idea.
* Other – add a question to the focus group “If you had someone decline to participate in the screening, did they give a reason?”
* **Action Items: Sara** = complete slides 8-16 of the info session, **Angie**= invite partners to attend info session, share demo questions with Carrie K. to get thoughts on any hiccups with data entry, add “prefer not to answer” to debrief form. **All=** Please take time to review the pilot documents on the google drive – especially the work flow diagram.

**5.25.22 Notes- (Attendees – Angie Sullivan, Barb Michaels, Sally Flaschberger, Christine See, Megan Timm, Allison Butler)**

* The work group welcomed two new members: Megan Timm, Community Health Director for SSM Health in Wi Region & Allison Butler, CHW at Sheboygan County ADRC. Welcome 😊
* Angie updated the group on the fidelity of the scoring on the UCLA 3-Item Loneliness Scale - The Three-Item Loneliness Scale is an interviewer-administered questionnaire developed from the Revised UCLA Loneliness Scale. Each question is rated on a 3-point scale: 1 = Hardly Ever; 2 = Some of the Time; 3 = Often. **All items are summed to give a total score**
* Several Aging Units/ADRC’s have reached out to participate, including our tribal Aging Unit Partners.
* The group started reviewing the four documents that have been created for the pilot:
  + 1. Overview of Project – used as supplemental education for interviewers in addition to a virtual meeting to describe pilot. **Action Item:** Angie will take all edits/comments and update document. **Action Item:** All team members please forward any feedback on any of the documents by end of day on May 31.
  + 2. 1-Pager Screening Tool and Scoring – this document would be used along with the data collection form with every individual screened. The group liked that it was a separate page.
  + 3. Data Collection Form- The group discussed what demographic info should be included on this form and why. The following changes were agreed to be made; replace Name with Organization ID, remove address & phone number, delete DOB and replace with age group categories, add a question regarding if they have a disability. Under Income Status include an option “Prefer not to answer” **Action Item:** Christine and Sally will send Angie with a question regarding identifying a individual with a disabilityin the demographic info**. Action Items:** Angie will make above changes
  + 4. Flow Chart – will be reviewed at the next work group meeting. The suggestion was made to split resources into a Statewide Category (with just a few resources) and link to WCESIL website and add a local section that could be left blank for an organization to customize. This would allow the flowchart to be high level and simple.
* The group briefly discussed how to determine where the screening would “fit” into existing processes at Aging Units/ADRC’s. To allow flexibility and choice, it will be up to each partner where it would fit the best. Barb discussed how she asked ADRC staff how the screening would or wouldn’t fit into their existing workflow. It is our hope through this pilot that we see trends on where the screening would be integrated most efficiently. We will discuss with identified partners on how to assess where to implement in their Aging Unit/ADRC. **Action Item:** Barb will send Angie the questions she asked Brown County ADRC staff; Allison will utilize those questions within the ADRC of Sheboygan County.
* Other Items: Angie encouraged work group members to review the PowerPoint presentation on older adults and suicide from the National Council on Aging. She expressed a need to have a plan for if an individual being screened has suicidal ideations. The group will discuss more at the next work group meeting. **Action Item: All work group members will review the PP presentation on Older Adults and Suicide.**

**5.11.22 Notes- (Attendees – Angie Sullivan, Sara Richie, Christine See, Barb Michaels)**

**Action Items from 5.11.22:**

* When the group finalizes the required data to be collected by the pilot partners, Sara will create a Qualtrics link to capture the data.
* Angie will reach out to the tribal aging units to recruit a tribe to pilot the screening tool.
* Everyone please review the two work flow drafts and provide comments to me prior to our check-in call on 5.25.22
* Angie will provide a list of potential pilot partners on our next update call.

**4.27.22 Notes**

1. Sample Size Discussion
   1. Proposed:  **7 Aging Units/ADRC’s, 10-15 screenings per site = Approximately 70-105 responses**
   2. Time period-   3 months with a check in once a month; monthly debrief form (Qualtrics); flexibility within the 3-month window (staffing challenges, etc.)
   3. Participant ID change to Organization ID so it’s clear this is not an in-depth research study that requires consent – great idea
2. Create a 1-pager for Aging Units/ADRC’s to use in their pilot…
   1. Do we want to include demographics? Yes, Angie will provide demographics that are collected for OAA participants
   2. Add open ended questions – Did you refer them to a service (yes/no)
   3. Create a flow sheet (simple) to assist in guiding interviewers in appropriate responses and referrals. Next step after score? (Add space to document participants response)

\*Intermediate step --- how do you feel about the questions, etc./affirmations/questions

\*Extension Guide – 3-5

\*6 and over --- resource guide & extension guide

**Action Items from 4.27.22:**

* Sally will draft flow sheet (see attached) – **Thank you to Sally for creating a workflow for the screening tool. The group wasn’t clear if each question on the 3-question UCLA Screening tool could be scored, or it must be a composite score for valid scoring of the tool.**
* Barb will create follow-up questions as an intermediate step (see attached) –**Thank you Barb! The work group discussed creating areas of the document for users to customize,**
* Sara will edit extension guide to fit our purposes – **moved to the agenda for our next check-in call.**

Angie will identify 7 Aging Units/ADRC’s to include in pilot (Urban (Milwaukee or Dane) & Tribal Aging Unit – **Angie reviewed 3-year AU plans to identify Aging Units/ADRC’s who created a goal around social isolation and loneliness. The goal is to have an Aging Units/ADRC’s from all regions of the state and include underserved populations**

Discuss at next meeting:

* Other – See Barb’s comments below and see attached document (Expand Your Circles)

***I wonder if the workgroup should have an objective added that is part of the pilot that states something to the effect of prepare a brochure that is ready to go that organizations that are piloting can also provide as an informational resource and help gauge opportunities and barriers to doing so.  I liken it similar to the one attached (just for example purposes) but instead modifying for the UCLA 3 question.  It would reinforce the importance of addressing I/L for the customer as part of overall health, and also could serve as a tool for folks to self-identify and do a self-referral into I&A, or pass it on to others.  We have used this attached tool to help education our ADRC pool of volunteers just as an example.  Or maybe the creation of this brochure fits with the public/awareness work group to align and support the pilot effort?***

* Discuss initial step of assessing Aging Unit/ADRC staff on utilizing the screening tool

**4.13.22 Notes**

* Reviewed our goal and strategies

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| --- |
| **Goal #1:** **Identify older adults and adults with disabilities that are experiencing effects of isolation and loneliness.** |
| **Objective #1.1:** Create training materials on how and why the screening tool is being administered (objective 1.2-1.4) |
| **Objective #1.2:** Pilot identified screening tool within the Living Well Grant (Sally) |
| **Objective #1.3:** Explore pilot within a member population at Inclusa (MCO) |
| **Objective #1.4:** Pilot identified screening tool at 3-5 Aging Unit/ADRC’s (representative of populations served among: older adults, adults with disabilities, caregivers, etc.) |
| **Objective #1.5:** Create a template for resources and interventions to be utilized at a local level based on identified risk of older adult. |
| **Objective #1.7:** Conduct focus groups regarding pilot experience and provide learnings and recommendations. |

* Strategy: We are not piloting the validity of the screening tool (that has already been established) we are pilot testing if Aging Units/ADRC’s/Living Well grant recipients are interested in embedding the questions into an existing process, does it work, and what area does it work the best? (See Barb’s questions in the Supplemental Information at the end of this document.)

**Pilot 3-Question UCLA Loneliness Screening Tool Agenda 3.30.22**

 I.                 Welcome and quick recap of previous meeting – seen notes above

II.                Action Items from previous meeting – progress

* Requirements for fidelity of screening tool: questions can be added, but the 3 UCLA questions should be analyzed separately because that’s how they’ve been studied.
* Sampling size will be 3-5 aging units
  + Discussion on how to offer it – do we offer to new intake, or give ADRCs the flexibility to screen who they choose? Do we have the survey administered or allow for self-administration? Self-administration has several limitations and if provided the option could become the standard. Where can ADRCs imbed this into disability clientele?
  + Barb: *“I have input from our ben specialist dept, Information and Assistance Dept, Nutrition Dept, Prevention dept on how/where they would utilize and I can summarize that and send. As well as quantity estimate per week from our I&A unit. This may be helpful to determine sample size needed per ADRC.”*  ***(See Supplemental info section at end of notes)***

III.  Survey structure – should we add open ended questions/what should those questions be; where should we integrate the screening questions?

* The group discussed who should be screened. New clients? The discussion focused around expanding the screening to new clients or existing since older adults’ needs are resources are constantly changing. We also want to allow as much choice and flexibility in the process for local Aging Units/ADRC’s.
* Angie and Sara will discuss questions from Extension, as well as any other questions sent by team, to create a list of potential questions to add. Will bring to team next meeting.

IV.              Begin to discuss recruitment of Aging Units and ADRC’s (I attached a document that briefly

summarizes SIL strategies from 2022-2024 Aging Unit Plans.

* Difficult to recruit until we determine sample size
* Request that Aging Units/ADRC’s do a similar internal survey to see where the screening would fit best into existing structures.
* Do outreach until we get enough to commit
  + Ask volume of ADRCs when they sign on

V.               Designate action steps for next meeting

* Group to determine additional questions at next meeting
* Determine sample size to share with ADRC
  + The group agreed that it would be beneficial to have pilot testing partners do a survey of their staff about interest and the screening tool can embedded into one of their existing processes) This will generate buy-in from staff.
  + Discussed having the screening tool on a separate document (1/2 page) where they could collect the answers with a participant ID and include some demographic information.
  + We also discussed having a debrief form for the site to complete immediately after they have collected all of their sample size. Gather information while it is top of mind, and not wait until we have a debrief call.
  + Pam also brought up the idea of having a “flow sheet” for interviewers on how to respond to responses.
  + Extension has a template for resources that we could adapt for our use – we don’t want to do the screening if we are not able to connect them to resources.
  + Reviewed responses from work group on sample size and open-ended questions (see attachment for responses)

Next Steps:

* Agree on sample size
* Create a 1-pager for Aging Units/ADRC’s to use for pilot
  + Do we want to include demographics? If so, what?
  + Do we want to add open-ended questions?
  + Establish a flow sheet to help guide interviewers in appropriate responses and referrals
* Identify Aging Units/ADRCs to invite to participate
* Update extension’s resource template for our use

**Notes 3-14-22**

**Q. Who, what and why are we screening?**

Notes: Utilizing the UCLA 3-item Loneliness Scale at 3-5 Aging Units/ADRC’s to determine the effectiveness of screening tool at local Aging Units/ADRC’s.

* % of Aging Units who use the screening tool
* % of participants to accept or decline to be screened
* % of participants who accept a referral to Aging Unit/ADRC resources

**Q. How are we going to collect and analyze data?**

Notes: We discussed embedding the UCLA 3-Question SIL Screening tool into existing intake processes such as the functional screen or administer it independently. **Action Item: Angie will research the fidelity requirements to administer the screening tool.** To keep the data confidential, we would assign a number to the participant. Data will be entered into Qualtrics via a link that can be completed by interviewers, or a hard copy submitted and entered by the extension. Once all data has been collected the extension will analyze.

*Response from Cory Steinmetz, “Yes, you can certainly add questions, and I think that’s a great idea to get some open-ended responses to learn more about their circumstances and what’s causing the isolation.”*

*You can add other multiple-choice style questions too, if you want, just make sure we do not analyze the results by summing up any new multiple-choice questions with the existing 3 questions to create an expanded (4- or 5- item) and novel scale. When creating a scale to score someone’s loneliness level, we want to keep those 3 UCLA questions together because they’ve been studied so rigorously that way.*

**Q. Will we have the screening tool self-administered or by an interviewer (virtual, in-person, phone)?**

We discussed allowing the individual Aging Unit/ADRC a choice in how they would like to deliver the screening tool. We will provide oversight and training on all available options prior to implementation. We will offer a choice on how they submit the data to our work group; via Qualtrics link or send in hard copies and we will enter the data into Qualtrics.

* In-person and telephone unsure about self-report
* See attached file for an example of a protocol for administering the tool

**Q. What will our sample size be and how do we ensure a diverse set of participants?**

Notes: We will recruit Aging Units representative of rural, urban, suburban, and tribes. We need to do more research on how to sample**. Action Item: In future meetings we need to discuss the sample size, sampling frame and strategy.**

* See the attached document for WI Aging Units/ADRC’s that have identified in their 3-year Aging Unit Plan that they will be working on an action item towards social isolation and loneliness.

**Q. What type of resources should the Aging Unit/ADRC distribute?**

Notes: The extension created a resource document shortly after COVID began. A recommendation was made to make edits to that document and make it available to participants. Interviewers will also be trained on making referrals, as appropriate, to the resources their agency offers to older adults.

**Other items to consider/comments:**

* Add open ended questions at the end of the screening to gain more insight on root causes.
* Do we need to gain informed consent from participants?
* Should we recruit a researcher to assist ad hoc?
* We will gain a lot of insight when we conduct focus groups on the interviewers
* Dane County AAA is already administering a screening tool – will they share some of their data?
* Scoring? Can Qualtrics do that?

Supplemental Information

**ADRC of Brown County – Depts of ADRC interest in implementing Screening Tool**

**Input from our ben specialist dept, Information and Assistance Dept, Nutrition Dept, Prevention dept on how/where they would utilize, and I can summarize that and send. As well as quantity estimate per week from our I&A unit. This may be helpful to determine sample size needed per ADRC**

**quick summary of the inquiry and responses regarding use of the I/L screening tool within a few of our ADRC Depts.  Maybe this can be helpful or provide insight for shaping questions to ADRCs considered for the pilot, time length of pilot based on volume of data needed:**

**a.) Would the UCLA Isolation Loneliness Screening (with conversation) be a natural fit within your dept (yes/no)**

--Nutrition:  Yes, Assessments (average 20/week), Reassessments (varies a bit based on start dates, but average of 25/month).  Would want to know where/who to direct individual too as a referral if scores indicative of need otherwise would prefer not to pilot until that piece is ready for referral to I&A for example.

--**Information and Assistance:** Yes, as part of options counseling, estimate approximately an average of 8-10 are completed per week.  The team would be willing to support a pilot.

--**Benefit Specialist**:  No, not a natural fit unless it is benefit related.  But can provide an information flyer including screening questions (what/who/where) as this would be similar to how the team would help inform about availability of memory screens.

--**Prevention Dept**: not a natural fit upon front end registration process for classes but can provide an informational flyer including screening questions at classes (what/who/where) for individual based on individuals self-scoring).

b.) **Offer screening tool to customer to complete as part of anonymous return for data collection purposes:**

--Nutrition Dept:  if general data collection this is already being done as part of nutrition survey

--Information and Assistance: yes.

--Benefit Specialists:  yes.

--Prevention:  yes, 2 i/L type questions currently collected anonymously post class as part of class evaluation (but not full UCLA 3 question tool).  Exception UCLA 3 question tool collected anonymously in brain health classes and in certain research/grant projects.