SOCIAL ISOLATION AMONG OLDER ADULTS DURING TO THE PANDEMIC

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DEFINING LONELINESS AND SOCIAL ISOLATION

Social Isolation

- "A lack in quantity and quality of social contacts" and "Involves few social contacts and few social roles, as well as the absence of mutually rewarding relationships" (Keefe et al., 2006, p.1)

Loneliness

- "Defined as a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships" (Hawkley & Cacioppo, 2010, p.1)

CONCEPTUALIZATION

- Social isolation and loneliness have been conceptualized as overlapping and unique

- A systematic review of 54 articles by Valtorta et al. (2016) resulted in a mapping of two dimensions: structure versus function (vertical axis), and degree of subjectivity of social isolation and loneliness (horizontal)

- Viewed as multidimensional

THE PANDEMIC, SOCIAL ISOLATION & LONELINESS

- Social isolation and loneliness have been exasperated due to pandemic policies
- Affected older adults in profound ways
- Physical distancing, LTC lock down, and COVID-19 risk perception, morbidity and mortality
- Government, community organizations, researchers had to pivot (e.g., use of innovative methods to support older adults, new volunteer approaches, close programs, crisis modalities, etc.)
- Revealed the cracks in the system
- Silver lining

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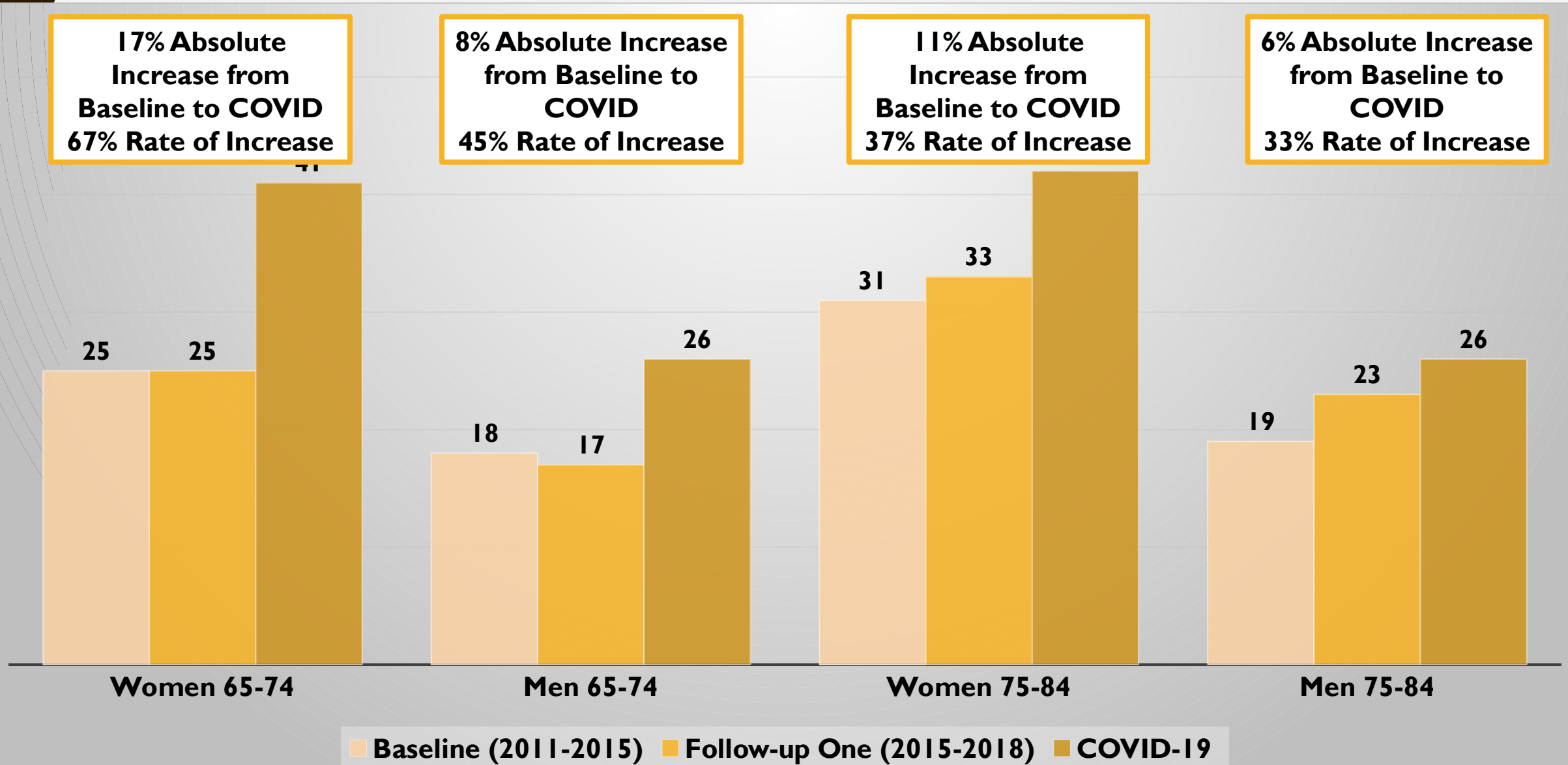
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CANADIAN LONGITUDINAL STUDY ON AGING

- National longitudinal study on aging that is following a cohort of Canadians aged 45-85 for 20 years

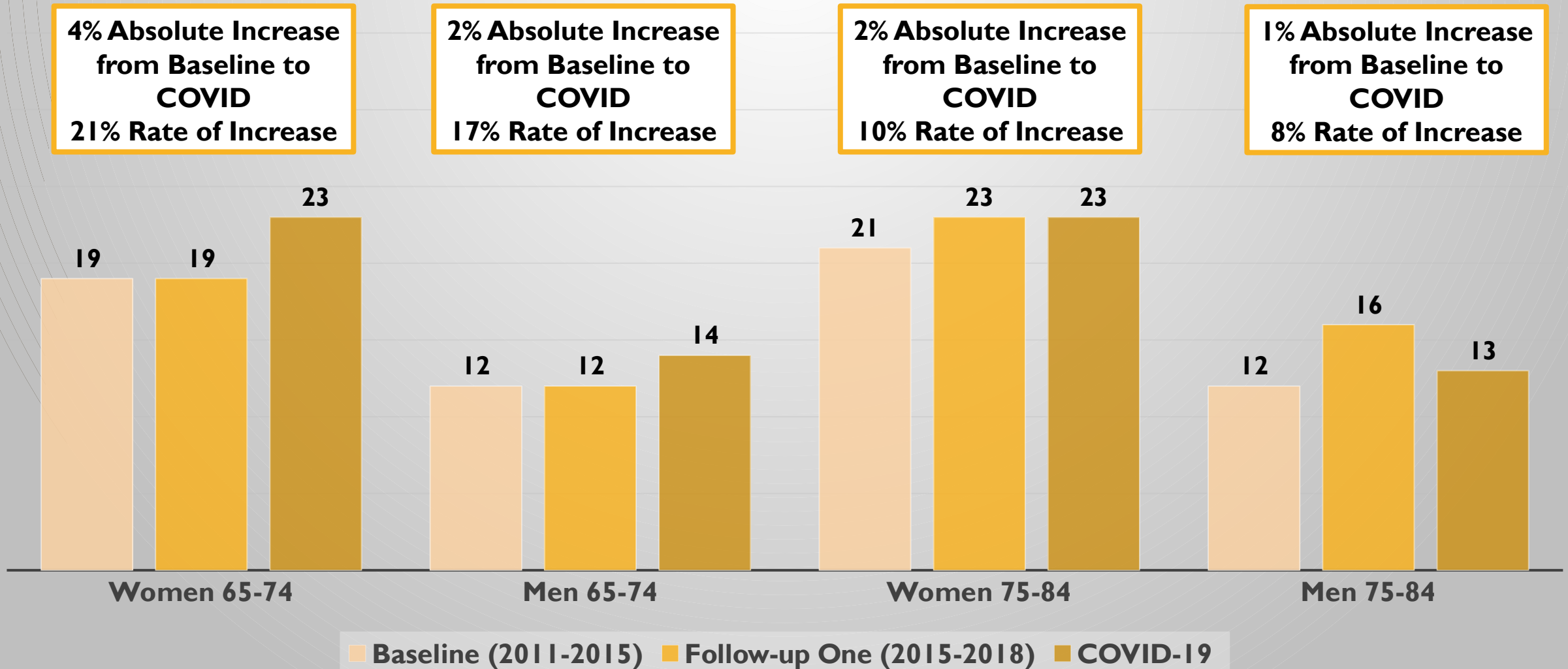- Data collection every 3 years for 20 years (2032)

CLSA DATA ANALYSIS

- Analyzed prevalence of loneliness using CLSA data from three timepoints:

  – Baseline data: Collected 2011-2015 (n=51,338)

  – Follow-up One data: Collected 2015-2018 (n=44,817)

  – CLSA COVID-19 Study: Collected April to December 2020 (n=28,559)

- Loneliness Measure: Single loneliness item comprising the CES-D depression scale, with participants reporting being lonely some of the time, occasionally, or all of the time deemed to be lonely (compared to rarely/none of the time)

- Depression Measure: CES-D 10 scale and the 10+ cut point

% OF OLDER ADULTS LONELY AT LEAST SOME OF THE TIME

% OF OLDER ADULTS DEPRESSED

4% Absolute Increase from Baseline to COVID
21% Rate of Increase

2% Absolute Increase from Baseline to COVID
17% Rate of Increase

2% Absolute Increase from Baseline to COVID
10% Rate of Increase

1% Absolute Increase from Baseline to COVID
8% Rate of Increase

Women 65-74: 19, 19, 23

Men 65-74: 12, 12, 14

Women 75-84: 21, 23, 23

Men 75-84: 12, 16, 13

Baseline (2011-2015) ■ Follow-up One (2015-2018) ■ COVID-19

GRAY LITERATURE SCAN OF INTERVENTIONS TO REDUCE LONELINESS AND SOCIAL ISOLATION

- Scan of gray literature (e.g., newspapers, organizational websites, reports, etc.) conducted to identify programs being implemented/utilized in Canada to reduce social isolation and loneliness among the older adult population during the pandemic

- Search conducted between February and March 2021

- Programs identified via a Google Search of the news, searches of organizational websites, and information shared by contacts

PROGRAMS TO REDUCE LONELINESS AND SOCIAL ISOLATION IN CANADA (1)

Befriending Programs: Volunteers are matched with isolated older adults and engage in regular in-person or remote visits.

- Anecdotally, it has been reported that befriending programs form positive connections between older adults and volunteers and there is high demand for these programs (e.g., Campbell, 2020; Parsons, 2020).

Telephone Help and Information Lines: Callers can receive emotional support, friendly conversation, and referrals or information on services.

- Anecdotal evidence suggests rising call volumes to these lines during the pandemic (e.g., Ireland, 2020, Szperling, 2020).

Telephone Outreach: Staff or volunteers call vulnerable or isolated older adults to offer check-ins, emotional support, and referral to needed services.

- Anecdotally, programs are described as providing opportunities for socialization and unmet social needs to be addressed (e.g., Sault Area Hospital, n.d.; Volunteer Toronto, 2020)

Senior Centres Without Walls: SCWW offer a wide array of social and educational programs to older adults virtually or by telephone.

- Anecdotally it has been reported that participants are very isolated prior to participation (e.g., Healthy Aging CORE British Columbia, 2020a) and high demand has led to more sessions being offered (e.g., Zillich, 2020).

PROGRAMS TO REDUCE LONELINESS AND SOCIAL ISOLATION IN CANADA (2)

Practical Assistance: Provide assistance such as meal delivery, transportation, and wellness check-ins. Outreach and friendly conversation are often informal components of these programs.

- There is high demand for services (e.g., Hannah, 2020) and anecdotally providers reports they believe these efforts help to alleviate loneliness (e.g., Healthy Aging CORE British Columbia, 2020b).

Remote Health Promotion and Wellness Programs: Programs such as caregiver support groups, physical activity programs, and adult day programs have transitioned to remote delivery during the pandemic.

- Some remote programs are based on pre-pandemic in-person/remote interventions that had evidence suggesting their effectiveness at reducing social isolation or loneliness

Technology Access and Training Programs: Programs train and educate older adults on how to use digital technology. Some also include access components and loan/gift to older adults digital technology and internet access.

- Anecdotal reports suggest programs are successful at facilitating access to digital technology, and that older adults use the digital technology for social activities and interactions (e.g., Palamarchuk, 2020)

PRE-PANDEMIC EVIDENCE OF PROGRAM EFFICACY AT REDUCING SOCIAL ISOLATION AND LONELINESS

- Small amount of pre-pandemic evidence supports the efficacy of the identified types of programs to reduce social isolation and/or loneliness. For example:

  - Interviews with staff and users of a seniors helpline revealed that older adults often called to alleviate loneliness (Preston & Moore, 2019)

  - Findings from two US studies (RCT and quasi-experimental study) suggest that meal/grocery delivery programs can be effective at reducing loneliness (Wright et al., 2015; Thomas et al., 2016)

  - Reviews of the impacts of digital technology use on older adults suggest it has positive impacts on components of social isolation; however, evidence of the effects on loneliness has been equivocal (Chen & Schulz, 2016; Ibarra et al., 2020).

  - In a process evaluation of a Manitoba SCWW program participants reported feeling more connected and less lonely

DISCUSSION

- The increased levels of loneliness observed during the pandemic in Canada among the older adult population aligns with the experiences of other jurisdictions (e.g., Krendl & Perry, 2021; Macdonald & Hülür, 2020)
- Both high (e.g., digital technology) and low-tech technology (e.g., telephone) play key roles in programs to reduce social isolation and loneliness
- Based on the gray literature scan it is apparent that non-profits are at the forefront of delivering programs to address social isolation and loneliness
  - Partnerships and volunteers also played important roles in the delivery of programs

LIMITATIONS OF RESEARCH

- COVID-19 survey data were only available in secondary descriptive form on the CLSA website, thus data could only be used as individual cross-sectional samples showing age-sex patterns in loneliness pre-pandemic and during the pandemic
  - CLSA data only represents the experiences of older adults in the early stages of the pandemic

- Gray literature scan provides a snapshot of available programs, but there may have been some that were missed in the scan

CONCLUSION

- The increased levels of loneliness and depression observed among older Canadians during the pandemic point to the need for programs to mitigate their negative effects

- While there is some anecdotal and pre-pandemic evidence of the effectiveness of the programs identified in this scan, overall there has been limited evaluation of the types of program identified, suggesting the need for further research to better understand their impacts

- Future research will examine inter-individual and intra-individual patterns using both Baseline and Exit time points in the CLSA COVID-19 survey, as well as pre-pandemic CLSA data.

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