Assessment and Practical Solutions for Social Connectedness within Clinical and Community Settings

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Definitions (related but different)

SOCIAL ISOLATION (~25% ages 65+)

- Objective measure
  - Lack of social contacts
  - Limited interaction with others

- *Associated with*
  - Social network, family/household structure
  - Mobility, impairments, transportation, etc.

LONELINESS (~43% ages 65+)

- Subjective measure
  - Feeling isolated or alone
  - Lacking companionship
  - Feeling misunderstood or of limited value

- *Associated with*
  - Social network, family/household structure
  - Quality and meaningful interactions

SOCIAL CONNECTEDNESS

Interactions: inclusion, support, cohesion, integration

Source: 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) report: "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System."

Risk Factors

- Social disconnectedness can impact all individuals
  - Ages, backgrounds, socioeconomic status levels, and geographic regions
- Known risk factors include:
  - Ages 18 to 50
  - Household size and structure
  - Employment status
  - Impairments (mobility, visual, hearing, cognitive)
  - Complex chronic disease profiles
  - Transportation
  - Technology access
  - Marginalized identity
  - Language and communication barriers
- Associated with
  - Premature mortality
  - Negative physical, mental, psychological effects
  - Health-related behaviors

Source: 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) report: "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System."

COVID-19 Social Connectivity Paradox

SOCIAL ISOLATION RISK
LONELINESS RISK
CONNECTIVITY RISK

COVID-19 INFECTION RISK

LEVEL OF SOCIAL INTERACTION

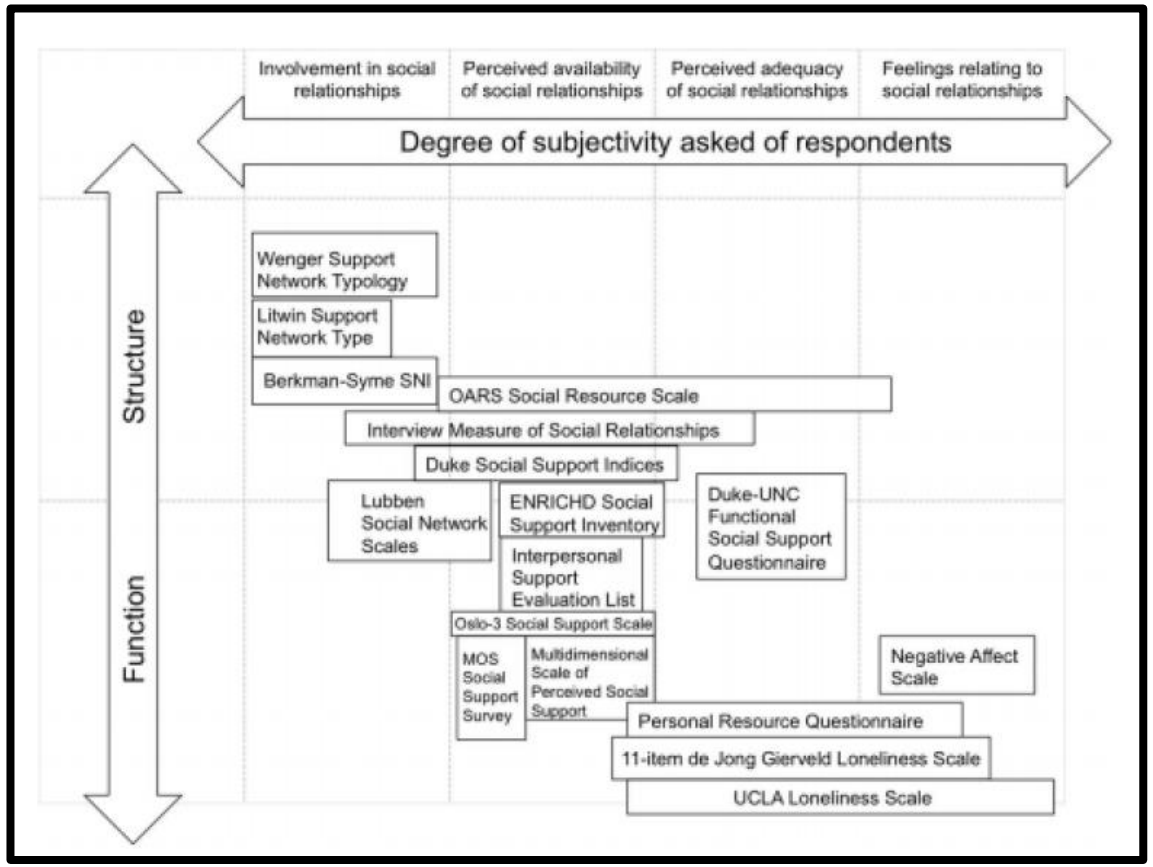
Source: Smith, M. L., Steinman, L. E., & Casey, E. A. (2020). Combatting social isolation among older adults in a time of physical distancing: The COVID-19 Social Connectivity Paradox. Frontiers in Public Health, 8, 403. doi:10.3389/fpubh.2020.00403

Measuring Risk

- Social connectedness is a complex issue with a multitude of contributing factors
  - Impact millions of adults
  - Often ‘invisible’ and unidentified
  - May present differently based on setting

- Social isolation, loneliness, disconnectedness, social network, social support, social resources…
  - Depression, anxiety, negative affect, optimism, resilience

- **Important to identify the goals and aims of an initiative, then match with the most appropriate measure(s) to accomplish objectives**



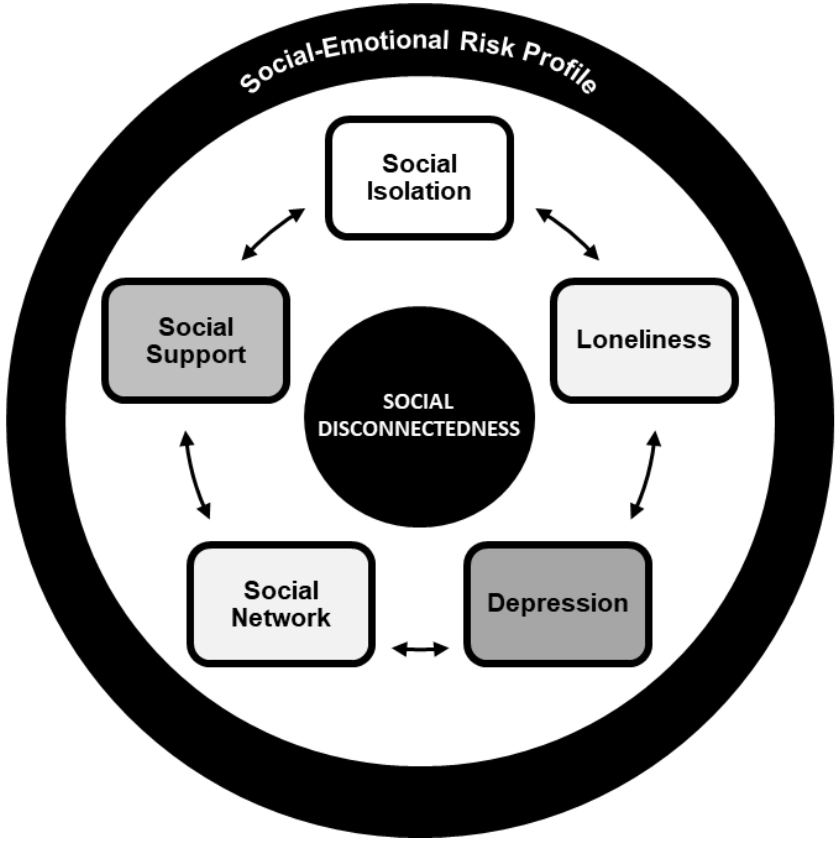
Source: 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) report: “Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.” (originally from Valtorta et al., 2016)

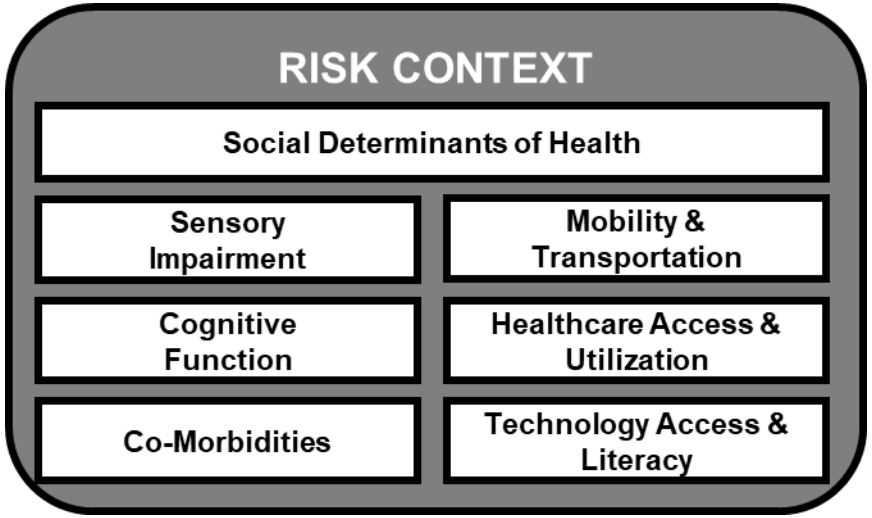
Contextualizing Risk & Solutions

- Offering appropriate solutions requires an understanding of the issue(s)

- Prioritize what is important and who should be assessed
  - Varies by setting and client base
  - Varies by organization, staff, services provided
  - Varies by partners and referral sources

- “Love/Hate” relationship with data
  - Balance value/meaning with burdens
  - Leverage existing sources and partners
  - Data sharing and feedback





Coordinating Tailored Solutions

- Common issues across settings/organizations
  - Increased risk because of COVID-19
  - No ‘one-size-fits-all’ solution
  - Competing demands (organization and client)
  - Need to diversify offerings (bike, swim, jog)
- Above the surface
  - Lighter touch
  - Greater reach
  - First step (gateway)
- Below the surface
  - Heavier lift
  - Behind the scenes
  - More activation energy
- **Harmonized selection and implementation of complementary solutions (social care coordination)**

distanced connectivity noun

dis·tanced con·nec·tiv·i·ty | \ ˈdi-stən(t)st (ˌ)kä-ˌnek-ˈti-və-tē

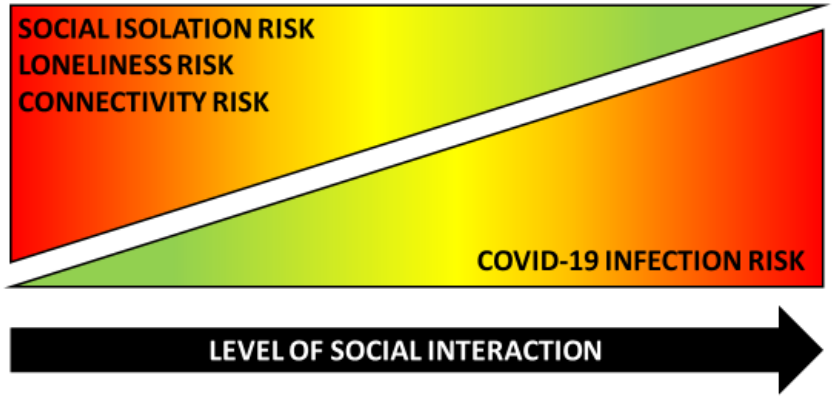
1 a : Efforts to maintain and repair the fractured or diminished structural, functional, and quality aspects of ***physical*** social connectedness through the telephone, computer, or other smart devices.

1 b : Innovative and practical solutions to foster safe and meaningful interactions among older adults and others in their network(s).

Source: Smith, M. L., Steinman, L. E., & Casey, E. A. (2020). Combatting social isolation among older adults in a time of physical distancing: The COVID-19 Social Connectivity Paradox. Frontiers in Public Health, 8, 403. doi:10.3389/fpubh.2020.00403

Distanced Connectivity Examples

- Get friendly phone calls from a peer (wellness and reassurance)
- Attend virtual programs about health and wellness
- Join a support group
- Talk with a trained professional
- Attend social clubs and activities (also faith)
- Volunteer to help others
- Distribute pre-populated tablets with Wi-Fi

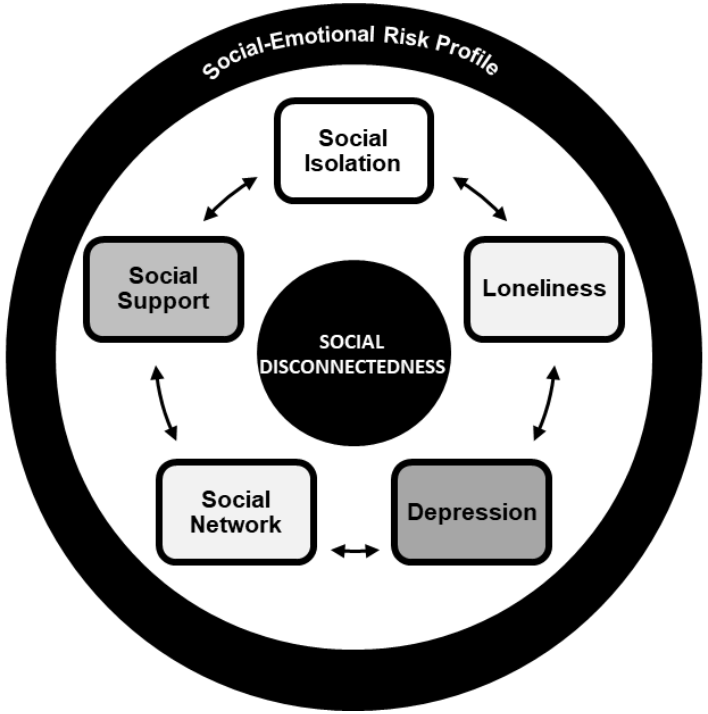


- <u>Opportunities</u>
  - Safe
  - Overcome geospatial barriers
  - Convenience of participation and expertise
  - Low cost (growing market)

- <u>Challenges</u>
  - Digital divide
  - Technological literacy
  - Punctuated
  - Unknown impact relative to face-to-face programs and services

Current Efforts & Models

- Emerging feasible and effective approaches (Williams et al., 2021)
  - Educational programs
  - Befriending interventions & social facilitation
  - Leisure/skill development
  - Animal interventions
  - Health and social care provision
  - Psychological therapy
- Array of measures, aims, and objectives
  - UCLA Loneliness Scale
  - De Jong Gierveld Loneliness Scale
  - Campaign to End Loneliness Measurement Tool
  - Upstream Social Interaction Risk Screener (U-SIRS)
  - Duke Social Support Index (DSSI)
  - Berkman-Syme Social Network Index
  - Patient Health Questionnaire (PHQ)

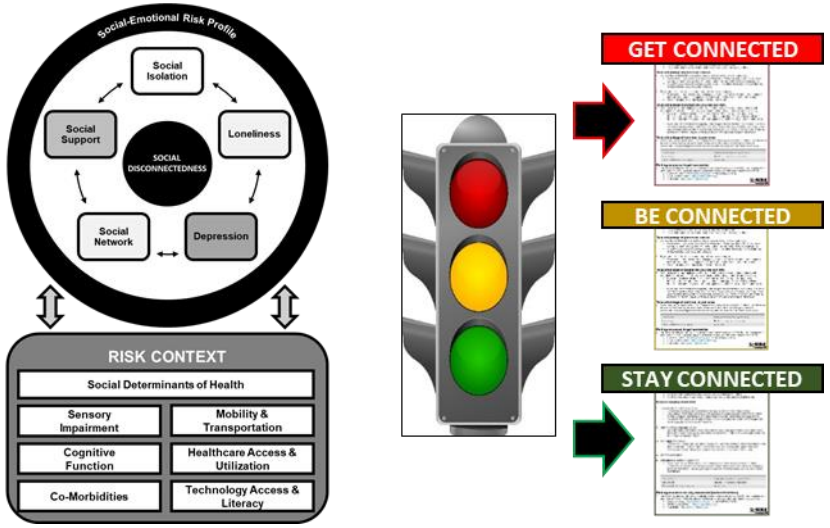


Setting	Personnel	Solution
Area Agency on Aging (AAA)	Staff/EBP Leaders	Wellness calls, virtual EBPs, tablets
Healthcare	CHW	Case management with community and faith partners
Community-based organizations (CBO)	Staff/Volunteers	Virtual programming/virtual congregate meals
University	Students	Friendly calls, screening, referrals
Assisted Living	Staff/Technicians	Friendly calls, virtual programming
Industry	Technology	Mass screening and care referrals/tablets

Making Tailored Connections

“NO WRONG DOOR”

ROBUST SCREENING



MAKING TAILORED CONNECTIONS

Services, Resources, & Programs (SRP)

- Utilize “no wrong door” system
- Conduct robust screening for social isolation risk
- Utilize community and faith services to make tailored connections

Distanced Connectivity Recommendations

- Maintaining client and staff safety is paramount
- Data are important to guide our efforts and document successes
- Identify ways to introduce *meaningful* interactions in different settings
  - Incorporate telephonic or internet-based services and programs
- No need to 'recreate the wheel'
  - Assess effectiveness of existing interventions for 'unintended benefits'
- Share successes and lessons learned

Resources for getting connected at safe distances during COVID-19

- Administration for Community Living: https://acl.gov/COVID-19
- National Council on Aging: https://www.ncoa.org/professionals/health/center-for-healthy-aging/evidence-based-programs
- AARP Foundation: https://connect2affect.org/ and https://committoconnect.org/

Thank you!

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