

Healthy Ageing 101 Presents:

# Social Isolation and Older Adults: Getting Older and Coping with Ageing

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# Defining Social Isolation and Loneliness

## 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)

# New England Journal of Medicine, Social Isolation and Loneliness as Medical Issues, Holt-Lunstad & Perissinotto, 2023

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- National Academies of Sciences, Engineering, and Medicine (NASEM) 2020 report shows association between SI/L and cardiovascular disease
- Linked to mortality
- Mental and functional health

# Conceptual Frameworks

## Socio-ecological (SE) Theory

- Individuals, social systems, and the environment are interrelated and interdependent (Bronfenbrenner, 1994; Stokols, 1992)
- Encourages examination of nested ecological domains (e.g., individual, interpersonal, organizational, community, policy) to understand aging experiences

## Complex Systems Approach to Resilience

- Approach 1) Links and quantifies the different individual and environmental-level spheres of influence observed within existing SE framework; and 2) Applies a resilience lens whereby focus is placed on how and why individuals and systems respond to adversity (Klasa et al. 2021a; Wister et al., 2022)



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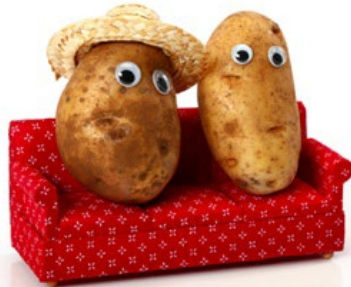
# The “Big Five” Lifestyle Risk Factors



Smoking



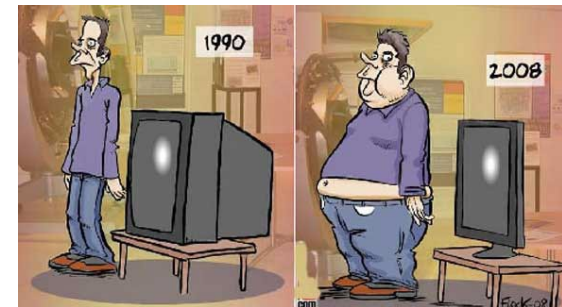
Heavy Drinking



Inactivity



Stress



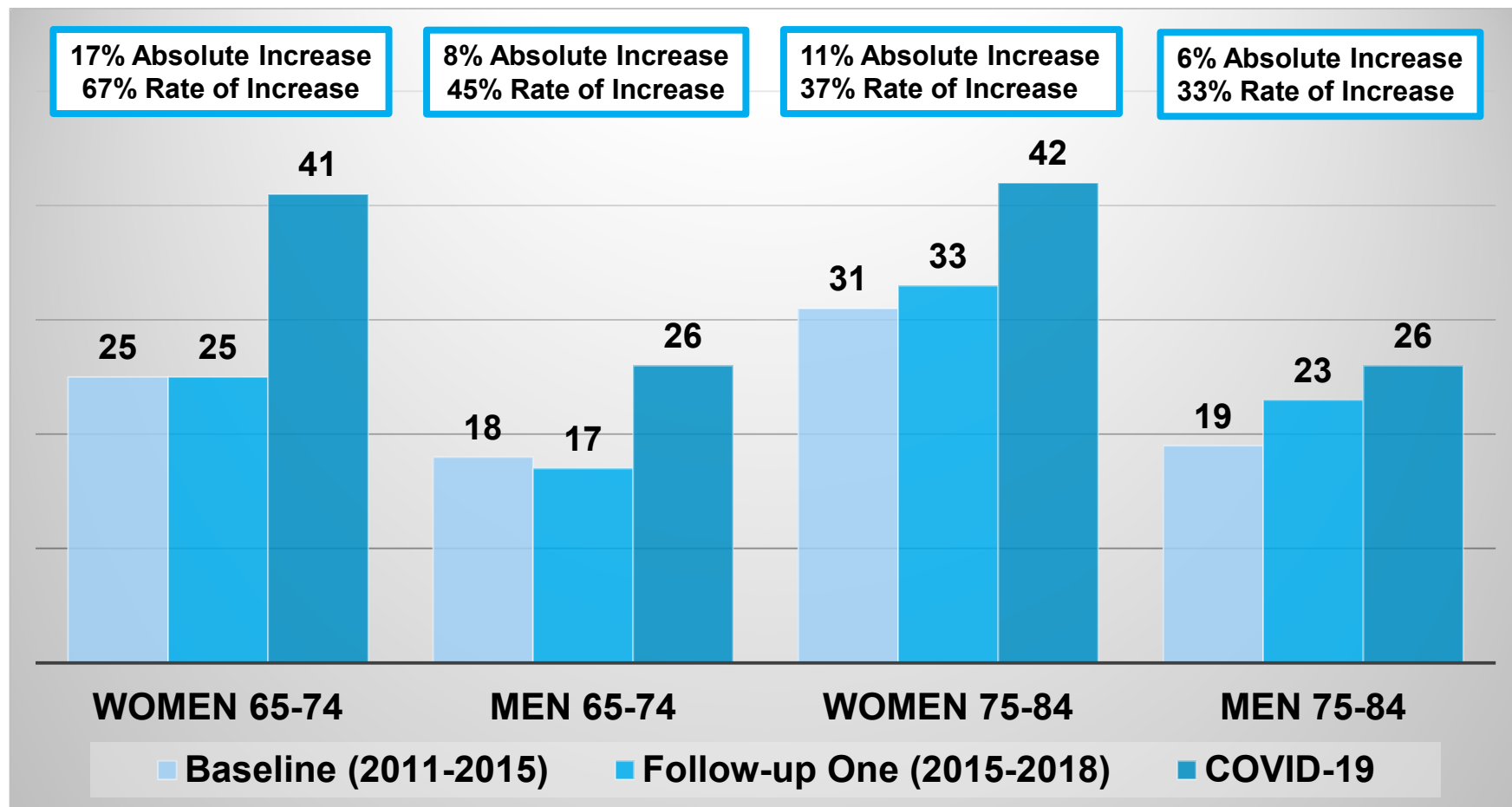
Obesity

# Canadian Longitudinal Study on Aging

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- National longitudinal study on aging that aims to follow Canadians aged 45-85 for 20 years
- 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)

# % of Older Adults Lonely at Least Some of the Time



# Scoping Literature Review

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- Report for FPT Forum of Ministers Responsible for Seniors (Wister & Kadowaki, 2021)
- Searched for articles that reported on:
  - 1) Patterns (e.g., prevalence, changes, associated factors, effects) of social isolation or loneliness among older adult populations during the COVID-19 pandemic
  - 2) Strategies or interventions (recommended or implemented)
- Literature search week of January 11th, 2021, with two supplementary searches conducted the weeks of February 15th and March 8<sup>th</sup>
- A total of 67 relevant journal articles



# Pre- and Peri-Pandemic SI/L Risk Factors

## Box 2. Risk Factors and Groups Associated with Social Isolation

- advanced age
- living alone
- low income or poverty
- lack of affordable housing and shelter and care options
- loss of sense of community
- widowhood
- episodic or lifelong physical and mental health issues (including seniors with Alzheimer's disease or other related dementias, frailty, sensory loss, or multiple chronic illnesses)
- challenges relating to technology (access to WiFi, costs, literacy, comfort) including telephone systems, computers, social media
- those living in rural or remote areas
- immigrant and/or ethnic older adults – especially visible minorities
- Indigenous elders
- lesbian, gay, bisexual, or transgender seniors
- caregivers with heavy burden

Sources: De Jong Gierveld et al. (2015); Kirkland et al. (2015); Newal et al. (2015); National Seniors Council (2014a; 2014b; 2016); Wister et al. (2018); Wister & Kadowaki (2021).

# Factors Associated with SI/L During the Pandemic

## Individual Level Factors

- Mixed findings for age and gender
- Positive associations found for several factors associated with COVID-19 circumstances (e.g., experiencing personal losses, COVID-19 anxiety)

## Interpersonal Level Factors

- Living alone
- Interpersonal level protective factors (e.g., social support, strong social network)

## Policy Level Factors

- Pandemic-related restrictions and changes to social behaviour (e.g., self-isolating, reduced interactions) were positively associated with loneliness in a small number of studies

# Scoping Review Findings: Strategies and Interventions to Reduce Social Isolation and Loneliness

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- 20 articles discussed potential strategies for reducing social isolation/loneliness
  - Most discussed strategies to address social isolation, loneliness, and related concepts in conjunction
  - Literature primarily focused on technology-based strategies
- 9 articles reported on interventions actually implemented

# Key Strategies to Reduce Social Isolation and Loneliness

## Individual Level Strategies

- Provide digital technology training/access to increase older adults' resilience and access to social support, information, and resources during the pandemic
- Use psychological interventions specifically to address loneliness

## Interpersonal Level Strategies

- Support older adults to engage in “distanced connectivity” and provide opportunities for remote interactions
- Programs that foster intergenerational connections
- Encourage non-human companionship (i.e., pets, social robots)

## Organizational Level Strategies

- Provide volunteering opportunities to older adults
- Adapt traditional approaches for prevention and identifying at-risk groups

## Policy Level Strategies

- Ensure access to low-cost, high-speed internet for all older adults

# Interventions to Reduce Social Isolation and Loneliness

**Befriending Programs:** Match volunteers (often university students) with older adults for regular telephone or virtual calls

**Telephone Outreach Programs:** Staff or volunteers conduct check-ins with isolated older adults

**Zoom-Based Group Interventions:** Group interventions that provide opportunities for activities/social interactions/interventions

# EAR Framework for Addressing Social Isolation and Loneliness (Holt-Lunstad & Perissinotto, 2023)

E	Educate	<ul style="list-style-type: none"> <li>▪ Social connection is part of a healthy lifestyle.</li> <li>▪ Affect risks for illness and death.</li> <li>▪ Help patients maintain their health, manage existing medical conditions, and adhere to medical regiments.</li> </ul>
A	Assess	<ul style="list-style-type: none"> <li>▪ Document social support, isolation, and loneliness in the electronic health record.</li> <li>▪ Identify patients at risk with the use of validated measures of social isolation and loneliness.</li> <li>▪ Track risk and progress over time.</li> </ul>
R	Respond	<ul style="list-style-type: none"> <li>▪ Reinforce the need for social connection alongside other health risks and protective factors.</li> <li>▪ Integrate psychosocial support from all members of the care team (e.g., clinicians, volunteers, family or caregivers).</li> <li>▪ Offer referrals tailored to patients' needs and partner with local community resources.</li> <li>▪ Reassess patients regularly for changing circumstances and needs.</li> </ul>

# Prevention Recommendations for Clinicians

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- Clinicians could/should use their role, as an agent of change, to help inform and educate patients/clients. There are statistics that indicate older adults have a high level of trust with primary care physicians and allied health professionals.
- Clinicians could/should recognize that a new diagnosis or a chronic condition might result in a rise in SI/L.
- Clinicians could/should ask questions about changes in lifestyle (hearing loss, death of a spouse, loss of a drivers license) that would lead to SI/L.

# Prevention Recommendations for Clinicians

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- Clinicians should have knowledge of major risk factors of social isolation to identify older adults who may benefit from interventions, and to triage patients.
- Clinicians should have knowledge of major modifiable risk factors of social isolation to identify older adults who can benefit most from interventions.
- Medical schools (and allied health professional programs) should include risk factors for social isolation among older adults.
- CME credits should include social isolation among older adults.
- Risk factor fact sheets could be developed for practicing clinicians.



# Prevention Recommendations for Clinicians

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- If there are indicators of social isolation and loneliness, clinicians should be proactive and anticipatory.
- Clinician can ask older adults if they have a Health Advocate (this may also be showing up in Screening & Assessment).
- There are established scales to identify loneliness and social isolation: Hughes UCLA Short 3 item Scale, etc.

# Conclusions

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- SI/L is a complex and multifaceted problem that connects the social, psychological, and broader environment, including the health care system.
- SI/L is a partially invisible issue and the most serious cases are the most difficult to identify.
- SI/L has significant health outcomes. The pandemic has taught us a lot about SI/L.
- The role of those in clinical settings can be enhanced, but other approaches at the community/organizational/policy level are also needed.

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