What we will cover

- Describe social isolation
  - social determinant of health
  - relation to loneliness & depression
  - impact on overall physical health
- Discuss the impact of ageism and the impact of the pandemic
- Experiences of a community-based organization's response to social isolation & older adults
Loneliness

**REACTIVE LONELINESS**
- Life transitions, such as death of loved one, divorce, move

**CHRONIC LONELINESS**
- Lack of social circle
- Don’t have emotional, mental or financial resources to get out

Chronic loneliness can become problematic and have negative health consequences.

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Loneliness- a fertilizer for other diseases

Social isolation and loneliness are linked to a variety of mental and physical health problems.

From depression to heart disease, these health conditions often get worse when we are alone.

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Adverse health consequences- Loneliness

- Depression & Anxiety
- Poor sleep quality
- Impaired executive functioning
- Accelerated cognitive decline
- Poor cardiovascular function
- Impaired immunity
- Lower physical activity, overweight, increased smoking and alcohol use
- Nursing home placement
- Mortality
Loneliness - Magnitude of health risk

Loneliness’ impact on health compares to:

- Obesity
- Smoking
- Lack of access to care
- Physical inactivity

Risk factors for loneliness

**Increased Risk:**
- Social isolation
- LGBT status
- Mental illness
- Low income
- Urban environment

**Decreased Risk:**
- Increased age
- Marriage
- Hobbies
- Good sleep
- Social network

Factors with little/no effect: Education, Race/Ethnicity and Gender

Social Isolation increasing in America

- ¼ population lives alone
- ½ population is unmarried
- Decreased # children per household
- Volunteerism has gone down
- Increased % report no religious affiliation
- 2020-21 - pandemic
Super-charged Environmental Factors

- Anxiety and depression
- COVID-19
- Concern over natural events (hurricanes, floods, fires)
- People driven – “Which side are you on??”
  (protests, elections, holiday celebrations, financial)

Let’s help prevent suicide

### Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Taking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge

- Acting recklessly or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there’s no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Older adults won’t get online…

Yes, they do!

- While 32% of adults 65 and older do not have an internet subscription, 68% do
- 18% of adults with annual income less than $30,000 do not have internet
- 24% of all ages living in rural areas report having “major problem” with internet access

Source: The Gerontological Society of America, 2020

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Older adults in rural areas

- Older on average than urban areas
- More underlying health conditions
- Fewer economic resources
- Fewer services

2017 report AARP & Impaq international

More than 1/3 of older adults in rural areas have multiple unmet needs

- Food insecurity
- Inadequate transportation
- Loneliness
- Strained financial resources

Older Adults Rural areas – COVID impact

Loss of social connectedness and increased loneliness, further complicated by challenges of meeting daily needs:

- Grocery shopping
- Errands
- Access to health care
- In-home assistance
- Workforce shortages
- Transportation
- Limited access to internet
Outreach help available in NH for depression/anxiety/substance use:

**REAP Program**
(Referral, Education, Assistance, & Prevention Program)

1-866-634-9412
or
Community Mental Health Center

What can we do?

- Screen for depression
- Educate older adults about depression – “normalize” treating symptoms like other medical symptoms
- Address stigma, including self-stigma
- Advocate for efforts to address older adult mental health issues
- Help older adults connect to virtual platforms
- Encourage interaction when safe to do so

Social Isolation and Loneliness
Interventions

• Validate the valid (emotions are always valid)
  • Affirm that feelings of loneliness are reasonable
  • Validate related feelings of sadness, emptiness, and longing

• There are things we can do to improve connectedness, but be careful about how it is introduced
  • Do not force people to be positive, look on the bright side, etc.
  • This IS difficult, this IS sad and no one should be made to feel like it is not

References

• Understanding Ageism and COVID-19, Gerontology Society of America, May 2020

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• Henning-Smith, Cara, PHD, MPH, MSH; The Unique Impact of COVID-19 on Older Adults in Rural Areas, Journal of Aging & Social Policy, 2020, Vol. 32, NOS. 4-6, 396–402
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  https://www.apa.org/monitor/2019/05/ce-corner-isolation


Ageism

What is ageism?
Socially constructed way of thinking about older persons based on negative attitudes and stereotypes about aging. Also any blanket stereotyping strictly based on age or generation.

Ageism may be institutional, person-to-person, or self-directed/internalized.

Studies in multiple countries have found ageism to be present and common- half the world’s population holds ageist beliefs that are negative towards older adults (World Health Organization).
Ageism as a Social Determinant of Health

Outcomes (from Yale School of Public Health systemic review of 422 studies from around the world):

- Negative age stereotypes cause stress to older adults; stress has significant impact on health
- Increase in mental health conditions, including depression
- Shorter life expectancy (7.5 years on average w. internalized ageism)
- Denial of access to healthcare treatments
- Increases risk behaviors such as poor diet, alcohol and nicotine usage, and reduced quality of life
- Loneliness and isolation
- Cognitive Impairment
- Physical illnesses

Did you see or hear any of these?

COVID is a disease old, frail people get; other than nursing home workers, no one needs to take it that seriously.

Does it really matter that much if old people die? They are nearly there anyway.

Old people can just be isolated indefinitely so the rest of us can go about our business as usual.

ICU beds should be used for those who have a chance of surviving and benefitting society.

Why should the young have to bear a burden of protecting the old?

Old people are weak and afraid.

Grandparents should be ok with dying if it means their grandchildren can be happier.

COVID is culling the weak and those who are a drain on society.

#Boomerremover
#Boomerdoomer
Media Portrayal

Resources on Ageism

- LeadingAge
- FrameWorks Reframing Aging project
- Old School Anti-Ageism Clearinghouse
- World Health Organization: Global Campaign to Combat Ageism
- United Nations Decade of Healthy Ageing (2021-2030)
- Harvard’s Project Implicit Aging Implicit Association Test

Were there any positive outcomes?

- Special shopping hours
- Penpal and phone call programs to reduce social isolation
- Delivery of goods so people can maintain social distance
- Development of programs and services to create online programs especially focused on older adults
- Protective policies such as in nursing homes
- Many older adults are able to utilize technology if they have the connectivity and financial resources to do so.

These can be positive and demonstrate that we believe older adults deserve protection and have needs that society must address. However, it can further reinforce beliefs that older adults are frail and helplessly dependent on others.
The Aging Resource Center at the Dartmouth Centers for Health and Aging provides a broad range of programs to any older adult. These include:

- Classes and workshops
- 1:1 Consultations (General and Dementia-specific)
- Support Groups
- Advance Care Planning Facilitation
- Chaplaincy Services
- Exercise Programs

The majority of programs were offered live and in-person, from our Center and in partnership with community-based partners.

We shut our doors March 13, 2020 and all staff began to work remotely.

Immediately convened an interprofessional team from across the Centers to identify highest needs and approaches to meet those needs.

Prioritized programs focusing on reducing social isolation and for dementia care partners initially. Have steadily increased offerings over time.

Developed a strategic approach to get older adult participants oriented to tech platforms for connection before participating in online groups.

- All platforms > Zoom
- Group classes > small group classes > 1:1 tech coaching
- Staff tech support assigned to all classes
- Safety protocols, waiver, and pre-screening for online exercise programs
- Provided friendly phone calls for those who wanted that instead of connecting online.

Impact on Geographic Reach
In person, Pre-COVID (Sept. 2019 — Jan. 2020)

Total Attendance

2721
2452

What we learned

• Older Adults are able and willing to connect to online classes

• Programs developed for full online delivery are more effective for engaging remote participants than streaming live classes

• Orientation to technology in advance improves instructor and participant experience

• Remote learning and socialization programs can be satisfying and effective for older adult participants

• People like online programs!

What the future holds

• Virtual is here to stay!

• Hybrid classes with in-person and virtual participants together would not work well and are not a priority

• Plan to develop a tool to review and rank each program to identify the best way to provide the class — virtual, in-person, or both

• Identify populations/needs that are not being served and move to re-establish those programs as soon as possible
  • Some older adults cannot or will not connect online
  • Dementia engagement
  • Exercise programs
  • Intergenerational programs
It was/is amazingly easy to participate in these classes; I am liking them more than the in-person.
From Exploration in Watercolors

"I did schedule a Zoom session and loved seeing my family, a connection to my well-being during this unusual pandemic time."
"I will try to initiate a meeting with my grandkids. Until now, their parents have had to "invite" me. For my health, I want to feel confident that I can succeed at doing the whole process myself."
From Keeping in Touch with Technology

I am grateful to the Aging Resource Center for staff contributions to the wellbeing of Upper Valley residents. Programming has been and continues to be relevant, helpful, and engaging.
- Program participant

A sincere and heartfelt thank you to you and your staff for keeping us occupied, happy, and engaged.
- Program participant

I find I lose myself in the process, relax, and let go of stress. It's been especially therapeutic during this Covid time and a healthy way to deal with the chaos in the outside world.
- From Mindful Drawing

Being able to learn something new makes me feel good inside and that is bound to have a positive effect on my health.
- Program participant

Case Studies: Mindful Drawing, Caregiver Support

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