



Social Isolation to Social Connection Project Summary

February 2021

Overview

Social isolation is a public health crisis that affects approximately 12% of Canadian seniors¹. Some researchers have declared an epidemic of loneliness and social isolation². Seniors who are socially isolated are at a higher risk of high blood pressure, depression, cognitive decline, premature mortality, and overall lower quality of life³. The COVID-19 pandemic has undoubtedly created more barriers to social connection and exacerbated the effects of isolation among the marginalized and chronically isolated seniors⁴. Addressing the needs of socially isolated seniors living in the community continues to be essential to address not only their physical needs but also their mental and social health.

The “Social Isolation to Social Connection” project responded to the concerns about social isolation before and during the COVID-19 pandemic among frail community-dwelling seniors and their caregivers in Peterborough, Ontario. The objectives of this project align with the Age-friendly Peterborough (AFP) Building Relationships Working Group’s (WG) strategic direction to ensure that outreach and engagement programs can support older adults to re-engage in their communities and mitigate the negative effects of isolation⁵.

Summary

This was a three-part project, comprised of:

1. **The Health and Housing Navigation Study** built on the directory developed in 2019. AFP produced a complete list of services to help a senior age in place and a list of housing options. The directory identified what is available in the greater Peterborough area and how it meets the needs of our current population. The 2020 project team:
 - Created a demographic profile of residents who live in the City of Peterborough, County of Peterborough, and First Nations. It identified the health and housing needs among older adults in Peterborough now and in 5 and 10 years.
 - Conducted a gap analysis between the directory and demographic profile that identified there is and continues to be a critical shortage in health services and affordable housing options. The gap analysis outlines our future needs.
 - Identified promising practices used locally and in other communities to meet the needs of seniors highlighted in the demographic profile. These are creative solutions to bridge the gap between what we currently have and what we need.

2. **Improved Communication & Access to Supportive Services** that aimed to:
 - Ensure that seniors and service providers are aware of key services that promote healthy aging and social inclusion within the greater Peterborough area.
3. **Participatory Action Research** titled *Social Isolation to Social Connection: Community-Based Participatory Research with Community-Dwelling Seniors and their Familial and Formal Caregivers - Response to COVID-19* aimed to:
 - Critically examine the holistic health impact of COVID-19 and related social isolation experienced by seniors and their caregivers;
 - Identify promising practices, programs, and policies that will address social isolation among seniors and their caregivers;
 - Collaboratively develop effective ways of sharing information that will foster multi-stakeholder engagement in preventing and mitigating the negative impacts of social isolation during and post COVID-19.

Exemplary Quotes from Research Participants

Well, I think what it's done to me is you're kind of isolated. You're away from your friends and your family. And, you know, it's a lonely life really, when you're all by yourself. – Diane (Senior)

It's often emotionally draining when you take care of vulnerable people, especially if you're involved long term with people, which I am. You have connections with them, and it's difficult when they're having struggles and maybe you're not able to resolve the issues for them. – Carol (Formal Caregiver)

In July, my mother's memory started to go downhill. And she was the one who had been administering the medication for my dad and for my mom. And I could not rely on her memory for that. So since the end of July, I've been staying overnight, making sure to get them the right medications in the morning. - Eric (Family Caregiver)

I am looking forward to as I age... that I can age at home if that is what I wish and that I will have the support to do that. – Natasha (Senior)

What I found really hard was there was no communication or no contact for months with our community nurse or social service administrator or between the health administrator and the client. The client had no clue what was going on. They weren't given any information. They weren't kept in the loop. – Laura (Formal Caregiver)

They aren't paying us for what is reflective of what we are doing in the community, while we are also keeping people in their own homes and out of institutions as per individual preferences.” – Molly (Formal Caregiver)

I'll get home at the end of the day driving home in the dark and I say to my husband, I don't know how much more I can do this. I can't physically lift her. She's too heavy for me, you know I come home and my back's killing me – Hailey (Family Caregiver)

Key Project Findings

1. Peterborough has the largest proportion of seniors (22.2%) in any major city in Ontario and the second largest in any major city in Canada⁶. This proportion is projected to increase to 29.1% by 2040 with 50,791 residents in the City of Peterborough being aged 65 and older⁷.
2. The availability, affordability, and accessibility of holistic health supports, and housing options need to be addressed to ensure that seniors can maintain their health and well-being in the Peterborough region, especially as the proportion of seniors increases.
3. Thirty-nine individual promising practices were identified and evaluated as potential strategies to recommend to stakeholders to prevent and mitigate social isolation among seniors including home-sharing models, physical infrastructure, and programs that build social networks and access to health and social services.
4. Altered social relationships and mental strain were the dominant health experiences among seniors, family, and formal caregivers during the pandemic.

Project Recommendations

A set of ten recommendations were developed based on data from each component of the project and through collaboration with community members. These recommendations are structured around the World Health Organization eight age-friendly domains: Community Support and Health Services; Respect and Social Inclusion; Social Participation; Civic Participation and Employment; Housing; Outdoor Spaces and Buildings; Transportation; and Communication and Information. The recommendations are as follows:

1. **Facilitate** respectful, collaborative communication between seniors, caregivers, and health and social service providers.
2. **Promote** emerging technology support and technology-based resources for seniors and caregivers to maintain their social, mental, and physical health in the community (e.g., 211, virtual visiting programs, virtual care options, volunteer opportunities, technology distribution programs, access to medical and care records, and training sessions).
3. **Promote** available services, programs, and policies to support the well-being of seniors and their caregivers (e.g., social prescribing, navigator roles, 211, vulnerable seniors outreach, Senior Connectors, Neighbours for Neighbours).
4. **Promote** public health guidelines (e.g., PPE, Infection Prevention and Control (IPAC), physical distancing, virtual visiting).
5. **Advocate for** enhanced financial and physical resources (e.g., PPE, training for family caregivers, volunteers, and paid staff who support community-dwelling seniors).
6. **Advocate for** incentives to work in the home care sector (e.g., increased wages, paid benefits).
7. **Advocate for** enhanced accessibility to supports and services required by seniors as they age at home.
8. **Promote** rural transportation busing and volunteer driver enhancements (e.g., Community Care driver program and The Link).
9. **Advocate for** expanding safe opportunities for social and physical health activities (e.g., Seniors Centre Without Walls, Community Care and Alzheimer's Society Zoom programs, Walking Groups, Telephone check-ins).
10. **Advocate for** affordable, supportive, communal housing options to meet the needs of vulnerable seniors and mitigate caregiver strain (e.g., Kawartha Commons Cohousing, HomeShare, Abbeyfield, Trent Seniors Village, LHIN supported and Peterborough Housing Corp congregational living - Spruce Corners – Apsley, Bonaccord Transition Facility).

Knowledge Exchange

Knowledge exchange involves interactions between researchers and knowledge users where ideas, data, and expertise can be shared. Knowledge exchange was an important part of this project and was therefore integrated in each of the three project components. Knowledge exchange activities included weekly teleconferencing with the Community of Practice (CoP), the distribution of an infographic, poster and preliminary reports in both virtual and hard-copy formats and presentations to and discussions with the members of Age-friendly Peterborough. A [video about the research project](#) is available at the Trent Centre for Aging and Society website.

[trentu.ca/aging/research]

The following are examples of what the attendees at the Age-friendly Peterborough Working Together meeting (December 2020) identified as challenges and opportunities, and stakeholders who should be involved to act on the recommendations:

Challenges

- Funding/financial resources and restrictions are in place because of the pandemic.
- Given that a lot of communication and engagement is virtual because of the pandemic, there is an added challenge of reaching seniors who do not have the technology or are not comfortable using it.
- There have been mixed messages so seniors (and others) are unclear of ways they can be physically, mentally, and socially healthy.

Opportunities

- Involve seniors and caregivers in the development of resources to meet their needs.
- Trent University and Fleming are in the community therefore, intergenerational programs/services are viable such as leveraging younger volunteers as a source of transportation for seniors.
- AFP has built a foundation and has connections in the senior sector so older adults and organizations can work together. With the emerging Peterborough Health Team and many more community senior organizations to approach, there is the potential for more collaborative action.

Important Stakeholders

- seniors
- service providers (e.g., for-profit, nonprofit, health and social services)
- all levels of government
- Indigenous communities and band councils
- educational and religious institutes
- local businesses
- seniors' organizations (e.g., Probus, Rotary, Retire Teachers Ontario, Peterborough Alumni, Older Women Networking).

Next Steps

The four AFP Working Groups: Basic Needs, Staying Mobile, Building Relationships, and Learning and Contributing will review and prioritize recommended actions and engage community stakeholders and decision-makers to implement these recommendations. The full report is available by request.

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[www.trentu.ca/aging/research]

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