Welcome to webinar #464

January 27, 2016  1:00 –2:30 PM Eastern Time
(Teleconference open for participants at 12:50 ET)

How Age-Friendly Communities Can Reduce Social Isolation

Façon dont les collectivités-amies des aînés peuvent aider à réduire l’isolement social chez les personnes âgées
Housekeeping: how a webinar works...

Step #1: Teleconference
   All Audio by telephone
   • If your line is ‘bad’ – hang up and call back in
   • Participant lines muted
   • Recording announcement

Step #2: The Internet Conference (via ‘ADOBE CONNECT’)
   No audio via internet
   • SEE the PowerPoint being shown.
   • Post your comments/questions.
   • See postings from your colleagues.
   • Join in the interactive polls.

Difficulties? You can still participate! (use the back up PowerPoint - post your comments via email)

Step #3: Back up PowerPoint Presentation
   www.chnet-works.ca

For assistance: animateur@chnet-works.ca
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Joining in by Telephone + Adobe Connect Internet Conference

*Use the text box*

Joining by Telephone + Backup PowerPoint

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- Organization
- Location
- Group in Attendance?

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What province/territory are you from?

RSVP via Adobe Connect Poll
OR
RSVP to access instruction email

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PEI
- NL
- YK
- NWT
- NU
- Other
Who is joining in?

Adobe Connect Poll
OR RSVP to access instruction email

✓ What sector are you from?
  ✓ Public Health
  ✓ Education
  ✓ Research
  ✓ Govt/Ministry
  ✓ Health practitioner
  ✓ NGO
  ✓ Community Leader
  ✓ Other?
Who is joining in?

Adobe Connect Poll
OR RSVP to access instruction email

• What is your role?
  – Research
  – Practitioner
  – Manager
  – Decision Maker
  – Policy Maker
  – Community Leader
  – Other
Call for Abstracts!

CAG2016.ca Montreal

October 20-22, 2016

Fostering Innovation in Research on Aging
• Welcome: by Public Health Agency of Canada

• Introduction of Presenters
Advisors on Tap

Dr. Nancy Newall
Assistant Professor in Psychology,
Brandon University and,
Research Affiliate, Centre on Aging,
University of Manitoba

Ms. Annwen Loverin
Executive Director
Silver Harbour Seniors’ Activity Centre
North Vancouver, British Columbia

Mr. Ted Hobson,
Member of the Board of Directors,
Mahone Bay Seniors Centre,
Nova Scotia
Dr. Nancy Newall

Nancy Newall is an Assistant Professor in Psychology at Brandon University and a Research Affiliate with the Centre on Aging at the University of Manitoba.

Her work has examined some of the causes of loneliness as well as the consequences of loneliness for older Manitobans in terms of health and longevity.

Most recently, she has turned her attention to exploring what types of services or interventions might help people become less lonely or isolated and more socially connected.
OUTLINE

• Loneliness and social isolation
  • Definitions
  • Pathways into social isolation and loneliness (causes)
  • Role of Age-Friendly Communities in addressing barriers to social participation

• Get Connected Project
  • Age & Opportunity (A &O): Support Services for Older Adults
  • Exploring barriers to participation for extremely isolated

• Who’s at MY Door project
  • Finding the extremely isolated in our communities
GO BOLD OR GO HOME

UK Campaign
http://www.campaigntoendloneliness.org/

Manitoba Campaign
DEFINITIONS
## DEFINING ISOLATION AND LONELINESS

<table>
<thead>
<tr>
<th>SOCIAL ISOLATION</th>
<th>LONELINESS</th>
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<tr>
<td>Concerns the <strong>objective</strong> situation of a person and refers to the absence of social relationships and contact (de Jong Gierveld et al. 2006).</td>
<td>A negative <strong>subjective</strong> experience resulting from a perceived discrepancy between our <strong>desired</strong> vs. <strong>actual</strong> social relationships (Peplau &amp; Perlman, 1982).</td>
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### Lonely in a crowd?

**NOT ISOLATED, BUT LONELY**

- Quality or quantity of **actual** relationships **do not match** desired relationships
- Dissatisfaction with quantity or quality of relationships

### The life-long isolate?

**ISOLATED, BUT NOT LONELY**

- Quality or quantity of actual relationships **matches** desired relationships
- Satisfaction with quantity and quality of relationships
CAUSES: PATHWAYS INTO LONELINESS OR ISOLATION
PATHWAYS INTO LONELINESS AND ISOLATION: APPROACHES

1. Demographic and Health Approach
2. Psychological approaches
3. Community-level approaches: Age-Friendly
DEMOGRAPHIC & HEALTH APPROACHES TO LONELINESS AND ISOLATION

• Role transitions (retirement, widowhood, caregiver)
• Health trends (declines in physical health)
• Risk factors: living alone, widowhood, health declines, relocating

These approaches alert us to important health factors and life transitions that could put people AT RISK for becoming isolated or lonely such as widowhood.
PSYCHOLOGICAL APPROACHES TO LONELINESS AND ISOLATION (INDIVIDUAL-LEVEL)

• Discrepancy Theory (Peplau & Perlman, 1982)
• Social needs approach (Weiss, 1973)
• Socioemotional Selectivity theory (Carstensen, et al., 1999)
• Expectations/aspirations
• Convoy model (Antonucci, et al., 1987)
• Perceptions of control (various theories)

These approaches can alert us to how perceptions and beliefs (psychological factors) can impact people’s feelings of loneliness and their motivation to change their social situation.
COMMUNITY-LEVEL APPROACHES TO LONELINESS AND ISOLATION: AGE-FRIENDLY PERSPECTIVE

• Brings a discussion of loneliness and isolation to the level of community responsibility, policy
• Recognizes that there are factors in the environment that could place individuals on pathways to isolation and loneliness
• A premise and promise of age-friendly communities is that they foster social participation, health and a sense of security (WHO, 2007)

An approach like the Age-Friendly perspective can alert us to factors in the social and physical environment that may be barriers for older adults being socially active.
Do our cities isolate?
Do our policies and community services impede, ignore, or foster social participation? Can we create age-friendly communities that connect us and care?
NOT AGE-FRIENDLY = BARRIERS TO PARTICIPATION

• **NOT** Age-Friendly:
  • Outdoor Spaces and Public Buildings *(inaccessible)*
  • Transportation *(too expensive; lack of options)*
  • Housing *(lack of options; must relocate)*
  • Social Participation *(programs not appropriate for population…)*…etc.
  • Respect and Social Inclusion
  • Civic Participation and Employment
  • Communication and Information
  • Community Support and Health Services

If we address Age-Friendly, we address loneliness, isolation?

Causes = solutions
Do any of the following prevent you from being as socially active as you would like?

<table>
<thead>
<tr>
<th>SOCIAL BARRIERS</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>a. Lack of convenient and accessible transportation</td>
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<tr>
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<td>c. Lack of income/money (i.e. activities too costly)</td>
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Another way of understanding why someone might be isolated is to get a sense of their barriers to being socially active. Creating Age-Friendly communities will theoretically address some of these barriers.
CAMPAIGN TO END LONELINESS: EVALUATING WHAT’S WORKING

Report released last year: see http://www.campaigntoendloneliness.org/
EXTREME?
DEFINING AND MEASURING *EXTREMES*

LONELINESS

How would you categorize yourself?

1 not lonely

2 moderately lonely

3 severely lonely/extremely lonely

SOCIAL ISOLATION

Little to no contact with relatives or friends (even no relatives/friends)
EXTREME?

Those who might be so isolated that no one even knows they are there.
A & O: SUPPORT SERVICES FOR OLDER ADULTS

- Non-Profit helping organization
- Winnipeg, Manitoba
- Three Pillars of service delivery:
  1. Social engagement of older adults (CONNECT program, etc.)
  2. Safety and security (Elder abuse, hoarding, etc.)
  3. Counselling (legal, support groups, general)
A & O’S CONNECT PROGRAM

• (Extremely) isolated individuals referred to A & O to CONNECT program
• Has a friendly visitor component
• One-on-one assistance and support from a social worker
• Referrals to counselling, other supports as needed
GET CONNECTED PROJECT: MAIN AREAS OF FOCUS

1. Understanding the extent of the problem of extreme isolation:
   • How many people are referred to CONNECT over 9-12 months?
   • What is the main reason for referral, who is referring?
   • What degree of isolation/loneliness are people experiencing (baseline)

2. Understanding the pathways into (and out of) extreme isolation:
   • What are some main social barriers for the extremely isolated?
   • How do people’s levels of isolation/loneliness change over time as they are assisted within the CONNECT program (follow-up)?
   • What barriers may be particularly difficult to help overcome?
   • What’s working and for whom? (age groups, gender, health)
### Demographic, Health, Social, Psychological, Environmental Barriers

**Social Barriers**

Do any of the following prevent you from being as socially active as you would like?

<table>
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WHO’S AT MY DOOR PROJECT
WHO’S AT MY DOOR PROJECT
HOW ORGANIZATIONS FIND AND ASSIST SOCIALLY ISOLATED OLDER ADULTS

Nancy Newall, PhD
August 2015

Centre on Aging | University of Manitoba

http://umanitoba.ca/centres/aging/pubs/624.html
WHO’S AT MY DOOR: WHY?

• Personal frustration at trying to understand how to help the extremely isolated
• Talking to community organizations, people, about the issue
  • How do we find the extremely isolated?
  • Who is in a position to encounter extremely isolated?
  • What are the challenges when we do find people and they want help?
WHO’S @ MY DOOR PROJECT: RESEARCH QUESTIONS

1) Which groups/organizations might encounter extremely socially isolated/lonely individuals?

2) Do these groups recognize that they are in such a position? [Is isolation or other related concerns important to their organization?]

3) If yes, what might they do about isolation or related concerns? Is there a process of identifying, assisting, tracking?

4) Challenges?
WHO’S @ MY DOOR PROJECT: WHICH GROUPS?

Those who might encounter isolated in own homes: @ the Door

• Meals on Wheels
• Winnipeg housing
• Police
• Paramedics

(RCMP, Homecare)
WHY @ THE DOOR?

Winnipeg Housing
HOUSING – EVICTION?

Meals on Wheels
SERVICE-FOOD DELIVERY

Police and Paramedics
EMERGENCY
“In some cases, we are the only people clients speak to.”
(Meals on Wheels)

(Example of flooding) “[The tenant] had no one to call for help. No support.” (Winnipeg Housing)

“The isolation component is not something we get the first call for, but we would find that as a contributing factor that leads them to where they find themselves now.” (Winnipeg Police)

“Social isolation may result in frequent use of 911.... So addressing social isolation is a preventative approach for us in terms of illness and future callers.” (Paramedics)
WHO’S @ MY DOOR PROJECT:
COMMON THEMES

• Strong Partnerships
• Social response
• Innovation is happening
• Training, tracking, assisting, referral (police, paramedics)
WHO’S @ MY DOOR PROJECT: CHALLENGES

- Mental Health
- Working in Silos
- Privacy Laws, closing the loop
- Too Many 911 Calls: 611?/Social Emergency

“A call to 911 might not be the appropriate way to get help for this person.” (Police)

“Dealing with these types of calls are not part of our primary training as police officers. We are not in a service of dealing with someone who is hoarding or has dementia, or anxiety attacks. Our frustration comes from not having the right tools to respond or to give that type of service.” (Police)
QUESTIONS

1) What is the extent of social isolation? Extreme Isolation?
2) What are we doing about it? (Age-Friendly community initiatives)
3) Is what we are doing working? (Assessment & Evaluation)
4) Challenges?

5) Prevention of (extreme) social isolation (AFC)
6) Link between mental health and social isolation
7) Factors leading to (extreme) isolation
THANKS!

Contact me:
Nancy Newall
Email: NewallN@brandonu.ca
Ms. Annwen Loverin

Annwen Loverin is the Executive Director of Silver Harbour Seniors’ Activity Centre. The Centre provides a gathering place and 70 different recreational activities and social services for seniors in North Vancouver.

Annwen comes to this work with a Master of Arts in Community Planning from the University of British Columbia and a commitment to community development. Her career has particularly focused on engaging seniors in activities that support their health, well-being, and independence.
Seniors’ Transportation

Annwen Loverin, Executive Director,
Silver Harbour Seniors’ Activity Centre, North Vancouver, BC
A Bit About Silver Harbour

• Silver Harbour’s vision is a community that supports and encourages the well-being of adults 55 plus

• We offer a welcoming gathering place and 70 recreational programs and social services, including transportation

• Silver Harbour is a busy Centre, with over 600 instances of participation a day, and is heavily supported by more than 200 volunteers
Why is Seniors’ Transportation Important

• Effective and accessible transportation is a one of the essential features of an age-friendly community and is foundational to other features (social participation, social inclusion, civic participation, community & health services)

• Age-related conditions can reduce our mobility and level of activity (1/3 of seniors 65-74 & 1/2 of seniors 75+)

• Mobility problems and activity limitations can create barriers to good health, quality of life, and independence
Why is Seniors’ Transportation Important

- On North Shore, ½ of seniors are less likely to go out if they don’t have transportation
- Transportation facilitates increased connections to community-based programs and services which are tightly correlated with better physical, mental, and emotional health in seniors
What Makes for Good Seniors’ Transportation

• Five A’s of senior-friendly transportation
  • Availability
  • Acceptability
  • Accessibility
  • Adaptability
  • Affordability

• Menu of seniors’ transportation options that are integrated, adequately resourced, and well-publicized
• Planning ahead for driving cessation (where to live, connections to keep, how to get around)
• Knowing the transportation options (active transportation, friends and family driving, public transportation, HandyDART, seniors’ buses, car ride programs, user-pay private transportation, etc.)
• Ride-matching
Seniors Go Bus

- Three-day-a-week service providing door-through-door transportation to frail and isolated seniors in our densest neighbourhoods
- Picks up seniors where they live and takes them to the activity or service of their choice, routing the bus based on regular riders’ schedules
- Can accommodate 40-80 one-way rides per day
Seniors’ Rideline

The Seniors’ Rideline provides transportation information, matching to existing rides, and car rides.

- Car ride programs by our partners provide over 50 round-trip rides a month using volunteers in their own cars.
- Seniors’ Rideline fills in with an additional 50 round-trip rides a month using volunteers in their own cars and paid drivers in a driving service’s fleet of cars.
- Typically, riders are:
  - 70-90 years old
  - ¾ women
  - going to health-related appointments in other areas
  - needing some extra support due to cognitive declines
  - benefitting from the social time the ride provides.
Take-aways

- Rationale for seniors’ transportation
- Planning for getting around without driving
- Menu of choice for seniors
- Ensuring transportation services are effective, efficient, and integrated as well as adequately resourced
Mr. Ted Hobson

Ted Hobson was in the Canadian Foreign Service for 30 years, with postings in Pakistan/Afghanistan, Geneva, Paris, Washington, and Saudi Arabia, where he was Ambassador. He and his wife Sherry retired to Mader’s Cove, Nova Scotia in 2001.

He serves on the Board of Directors of the Mahone Bay Centre, where in 2006 he initiated the Mahone Bay Area Seniors Project, with the objective of promoting “independent and active living in a supportive community”.

In May 2014, Ted, along with ten other Nova Scotians, received the Governor General’s “Caring Canadian” Award, at a ceremony at the Mahone Bay Centre, for his work with seniors.
How Age-Friendly Communities Can Reduce Social Isolation: A Rural/Semi-rural Case Study in Atlantic Canada
Introduction

• Snap shot of South Shore demographics, etc
• Mahone Bay Centre Seniors Project
  – Origins, rational
  – Early successes
  – Early failures
• Seniors Helping Seniors/Helping Hands takeoff
• Lessons Learned
Demographics of South Shore NS

• Lunenburg and Queens Counties
  – Population 58,000; density 11/sq km
  – 40% over 55; 22% over 65
  – Income and education levels lower than averages
  – No public transportation
  – High risk of social isolation
  – Conservative society; averse to new ideas, change
  – Yet, rich community life: churches, fire depts, etc
  – Active retiree (CFA) community
Figure 2: Population Pyramid for SSDHA (DHA 1) for 2006 and 2021
Mahone Bay Centre

... Preserving Our Past

... Enriching our Present

... Growing for Our Future
The Seniors Project (2006)

• How can the Centre contribute more to the community, what are the needs?
• Mahone Bay realities: an old and aging population: one third over 65, going higher
• Can we do something on seniors?
• The concept of “project”, like the French projet, an idea, a “rough draft”
• Lots of ideas, but nothing fixed
• Let’s see what needs/interests are; what works
Three Areas to Explore

1. Social, recreational, lifelong learning activity; “positive aging” – get out, be active, mix

2. Info and discussion sessions

3. “Seniors Helping Seniors”: mobilize seniors volunteers to help older seniors with chores which were becoming too difficult or unsafe, to allow them to stay longer, safer, in their own homes
Social Activities
Lifelong Learning
Broadway Musical
Recreation: Badminton/Walking
Recreation: CentreFit
Seniors Helping Seniors (2008)

• Mobilize volunteer resources to help seniors maintain themselves in their own homes:
  • Better off in their own homes, communities
  • Make life easier, safer: help with chores
  • Facilitate errands, drive to appointments
  • Help ease pressures on provincial continuing care
  • Help ease pressures on long-term care costs
  • Capitalize on free human resources
800 pound gorillas

- Sensitivities abound in addressing these issues
  - You do not talk about this outside family
  - Pride, dignity, self-esteem, denial
  - Indignities of old age
  - Reluctance to seek and accept help
  - “Don’t institutionalize informal kindness and support”
  - Aversion to “strangers”
  - Mental health: depression, dementia, etc
  - Finances
  - DEATH
Poll Question #1

• Have others encountered reluctance or outright resistance of seniors to acknowledging and accepting help from others?
Poll Question #2

• Have others developed strategies and techniques to overcome such resistance, or found ways to get through to those who need help and will accept it?

• If so, can you describe your strategies in the “chat box”? 
Seniors Helping Seniors 2007/10

- Examined Timebanks, other models
- Explored legal questions, standards
- Developed questionnaire, collected data from 50 respondents
- 23 say they could use some help
- 40 say they would like to help
- Couple of “example” cases (in home safety, little “fix-it” chores)
Seniors Helping Seniors: 2010-11

- Two Dal OT grad students for two months
- Institution building: first steps
  - Match people up (from 2009 survey)
  - Set up a data base of “helpers” and “helpees”
  - Security checks
  - Training for helpers
  - First volunteer manual
  - Ad blitz: flyers, fridge magnets, mail-out, churches
  - Further publicity push in 2011
SHS 2007 to 2012: Report Card

• “I’m OK for now”
• Disappointing, discouraging, frustrating
• “It seemed like a good idea at the time...”
• “An idea whose time has not yet come...”
• “The program has yet to gain traction ...”
• Step back from pro-active promotion
• Volunteer organization withered on vine
What was the Problem?

• 800 pound gorillas?
• The Centre in a conservative town?
• “Can you hear me now?”
• How do you get through to those who have needs and are willing to accept a “helping hand”? 
SHS 2012: Breakthrough Year

• Desperation: kidney dialysis

• **Referrals from healthcare system**
  – Transportation: woman being discharged from hospital, early Alzheimer’s, losing license: “Can you drive her for groceries?”
  – Halifax Rehab Centre: Can you move an amputee?
  – Care Coordinator: Can you drive in winter to social club?
  – Can you visit a deaf woman who needs company?
2013/15: Developing a New Model

- Mahone Bay/Lunenburg: pop. 5,000
- 2012: one help events/week
- 2015: 14 help events/week
- 2013: 30 volunteers, 45 clients
- 2015: 61 volunteers, 77 clients
- Increased cooperation with official system
- 36 clients referred since 2012
- 710 help events 2015, 319 with referrals
What Do We Help With?

- “Whadda ya got?” (Marlon Brando)
- From changing light bulbs to transportation and companionship
- Of 710 help events in 2015, 510 were for driving for various reasons, including
- 281 for medical appointments
- 284 for companionship, in home and outings
- Yard work, firewood, minor repairs, snow, etc
South Shore Helping Hands Project

• Federal New Horizons for Seniors Pilot Project
• $54,000 NH + $25,000 health authority
• Test Centre/SSH innovative model for government/volunteer partnership in 3 other communities; hire full time community coordinator, new groups now established
• Centre has led a coalition of 15 organizations on the South Shore for NH Pan Canadian effort
• “South Shore Grassroots Social Inclusion Project”
Lessons Learned

• This “one-on-one” approach to SI takes time
• Be open to meeting many needs, new doors
• Persist, “hang around”, pursue opportunities
• Link up with ground troops in system, gain their confidence, establish “creds”
• Find a niche (e.g., transportation) need, serves as “foot in the door”
• Address SI by stealth
• Volunteers “get more than they give”
• Thank you for joining us!

• Your feedback is important. Stay tuned for an evaluation form in your email.

• For more information on the Age-Friendly Communities, contact Simone.Powell@phac-aspc.gc.ca or Kathie.Paddock@phac-aspc.gc.ca
Call for Abstracts!

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