Social isolation in older adults: A student-led response to fill the gap

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Abstract

While the COVID-19 pandemic forced some Canadians into "lockdown" for the first time, the experience of social isolation was already a reality for many older adults. Public health restrictions intensified social isolation during the pandemic and, while the rest of the world transitioned to using technology to meet their social needs, the older adult population was largely left behind. With focus on immediate medical and financial need, efforts to mitigate social isolation were diverted to community and volunteer agencies. The combination of inadequate action on the part of government and absence of an organized community strategy provided an opportunity for grassroots advocacy projects to address new or existing issues related to the COVID-19 pandemic. The Student-Senior Isolation Prevention Partnership (SSIPP) is one such project. It serves to connect health professional students with older adults for regular telephone visits to promote social connection and health literacy. In addition to the immediate and lasting benefits for older adults, SSIPP has expanded to become an educational tool for experiential learning and advocacy training. In this article, we describe the circumstances that led to the emergence of a national advocacy project for Canadian medical students and its potential for enhancing medical education.

Keywords: social isolation; geriatrics; advocacy; COVID-19

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Introduction - isolation in older adults

A lack of social connection (social isolation) and the subjective feeling of being alone (loneliness) are both experienced in greater proportions by older adult populations.[1,2] Loneliness has also been identified as a major risk factor for cardiovascular disease and stroke, and has been found to increase general mortality by 26-50%.[3,4] Isolation and loneliness are both risk factors for, and consequences of, poor health. The factors that contribute to loneliness among older adults are many and diverse: gender, culture, family structure, geography, technology accessibility, and health status among others. All contribute to a complex and multifaceted social context that predisposes older adults to loneliness.[5–8] Data suggests that the life circumstances often associated with aging such as single or widowed status, living alone, having a lower household income, or functional impairment particularly increase this risk.[9]

During the COVID-19 pandemic, physical distancing and public health measures to prevent infection have also led to decreased in-person social interactions. While this is considered a necessary intervention for individual and public safety, it carries a devastating emotional impact. Older adults are already at increased risk for loneliness, anxiety, and depressive symptoms. Provincial public health orders limit access from friends, family, volunteers, and non-essential healthcare workers, particularly for congregate living such as assisted living and in long-term care.[10–12] The Canadian Frailty Network has recommended using technology where possible to mitigate the effects of social isolation and loneliness.[13] For older adults in the community this is not always possible due to limited household income, the need for in-person support to navigate electronics, lack of confidence learning new technology, and lack of infrastructure connectivity in rural settings. In the long-term care setting, barriers to enhanced social connectedness via technology are related to financial and staffing demands, as increased staffing is often needed to help manage the technology .[14] In addition, the technological dexterity necessary to operate these new programs may be a barrier for many older adults who are unfamiliar with them. The resulting lack of accessibility widens social gaps experienced by this demographic.

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Government and community response to seniors' issues and COVID-19

As of November 24, 2020, approximately 75% of COVID-19 deaths in Canada occurred amongst Canadians living in long-term care or assisted living facilities, and almost 97% of the COVID-19 deaths in Canada were of individuals aged 60 years or older.[13,15] The government's response to issues faced by older adults during the pandemic has focused on financial resources, which have been largely inadequate.[16] A one-time refundable tax credit of $200 from the Manitoba provincial government and a second payment of a maximum of $500 from the federal government have been the only tangible economic supports for seniors in our province.[17,18] While many younger Canadians have relied on the Canadian Emergency Recovery Benefit (CERB), this program is only available to adults with a pension whose part-time work has been disrupted as a result of the pandemic.[19] Other strategies include extensions to the Guaranteed Income Supplement and Allowance payments and reducing minimum withdrawals for Registered Retirement Income Funds.[20] While addressing the financial reality of low-income seniors during the pandemic is an important step, short-term socioeconomic stability does little to address ongoing social issues.

Government response to the consequences of social isolation in older adults is lacking. This role has been informally delegated to community groups, not-for-profits, and volunteer agencies. Some of these groups existed prior to the pandemic and others have emerged to address the burgeoning crisis of loneliness in the older adult population. For example, Age and Opportunity (A&O) is an organization aimed at providing specialized programs and services to older adults in Manitoba that acknowledges a broad definition of health and well-being.[21] The organization's Seniors Resource Finders provide telephone and e-mail services that connect older adults with specialized services in their own neighborhood. Other organizations, such as the University of Manitoba Centre on Aging and the Canadian Frailty Network, have also served as sources of information about community resources that can offset social isolation for seniors and the general public.[22,23] Prior to the pandemic, A&O's Senior Centre Without Walls already provided social connection and recreation over the phone. During the pandemic, it has expanded their programming and added a Daily Hello program. Numerous seniors' councils, cultural organizations, and church groups have also started informal phone-based support. Other newly structured virtual social services include the Reach Isolated Seniors Everywhere (RISE) program and the Student Senior Isolation Prevention Partnership (SSIPP).[24,25]

As essential social services transitioned to a virtual platform, they also became less accessible for older adults. Many older adults have relied on referral to these organizations from health professionals such as physicians, nurses, social workers, mental health clinicians, home care, specialized geriatric services, and outreach teams. Healthcare represents a critical entry point for older adults to gain access to social support services. However, in the context of the pandemic there has been reduced contact with providers, delayed visits for chronic disease management, and an emphasis on virtual care. All of these can mask issues related to social isolation and loneliness. Strict visitation restrictions in hospitals, long-term care facilities, and congregate living spaces also represents a significant challenge. This has contributed to loneliness, depression, worsened cognition, and contributed to dehydration and malnutrition in the long-term care sector. With the second wave of the pandemic, Shared Health amended both its long-term care and hospital visitation policies to allow for "essential care partners," citing the Canadian Patient Safety Institute national policy guideline on the role of essential caregivers.[26] Policies are only just now being updated to reflect the essential role that caregivers occupy on the healthcare team for older adults.

The student-senior isolation prevention partnership

The Student-Senior Isolation Prevention Partnership (SSIPP) is a national collaboration of medical students seeking to address the issue of social isolation in older adults that has been exacerbated by the COVID-19 pandemic. The program pairs student volunteers with an older adult in the community who has been referred by a healthcare provider based on their risk of social isolation. The student and older adult engage in a weekly phone call with the primary goal of fostering a friendship as opposed to providing medical or mental health services. Initially founded at the University of Toronto, SSIPP quickly expanded to 12 of Canada's 17 medical schools since March 2020. Later that same year, the organization was approved as a certified non-governmental organization. Since the beginning of the pandemic, the Manitoba chapter has received more than 170 referrals from community healthcare providers, recruited over 300 student volunteers, and provided over 500 hours of volunteer phone calls. Most active student-senior pairs have engaged in weekly calls for more than four months, with the average call length of approximately 45 minutes. The individual impact has been evident in responses heard from participants and referral sources, which indicates significant changes in feelings of social isolation:

> "I got linked up... with an amazing student ... She calls on time, every time. She recorded a song on her piano and played it back to me on the phone... it was delightful and thoughtful, what an amazing program and human being. She is not only intelligent, but she is also intuitive and insightful. **My soul and spirit awakened as well as my hope.**" – SSIPP Client

> "It was our second conversation. The senior was sharing their experience of their last moment with their deceased partner and we both started crying. By the end of our conversation, we were laughing about how wild our hair was going to look when the pandemic is over. It was nice to go through this spectrum of emotions over the phone. Their demeanor at the beginning of the call and at the end was significantly improved. **This is already proving to be a rewarding experience.**" – SSIPP Volunteer

The volume of referrals as well as the responses received from participants demonstrates that SSIPP is fulfilling an essential need in the community. Its success also proves that student advocacy projects can provide meaningful improvements to community and population health. However, SSIPP also offers a unique service to medical students by facilitating experiential learning opportunities. Early contact and, in particular, contact over time have positive impacts on health profession student attitudes towards working with older adults.[27,28] Experiential learning builds on curricular teaching, adds important perspective, and can serve to fill gaps in pre-clerkship curricula. In September 2020, SSIPP was approved as an official Service Learning organization through the University of Manitoba Max Rady College of Medicine. This allows students to earn curricular recognition for their role as volunteers. To date, 25% of the first-year class and 20% of pre-clerks at the University of Manitoba have met their volunteer requirements either in part or entirely through SSIPP. We are hopeful that exposure to programs like SSIPP will inspire students to pursue careers in the field of geriatrics. We plan to focus on this as an area of future research.

SSIPP as a tool for experiential learning

The proportion of older adults in Canada is growing rapidly. In 2012, one in seven Canadians were over the age of 65. By 2030, the same figure is projected to increase to one in four.[29] Interest in the field of geriatrics among medical students has not kept pace with the anticipated needs of our population. A systematic review examining the reasons behind this lack of interest demonstrates that lack of exposure to geriatrics is a key factor.[30] Relevant teaching in the preclinical years focuses on the Geriatric 5Ms, a communication framework that describes the core competencies in Geriatrics. These include: Mind (dementia, delirium, depression), Mobility, Medication (including polypharmacy), Multi-Complexity (referring to multimorbidity and the biopsychosocial holistic approach) and Matters Most (individual goals of care). While the 5Ms help to guide clinical approaches, they are unlikely to teach students about the lived-in experiences of older adults if they are presented without the personal context and perspectives of these patients. Examples of important considerations include the impact of medication dosing for a patient with polypharmacy, impacts of sensory and cognitive impairment on medication management, and the intersection between social isolation and cognitive decline. These topics are difficult to address in a two-year pre-clerkship curriculum, and even more difficult to illustrate without the patient context.

SSIPP provides a unique experience for medical students to learn first-hand about the lived-in experience of older adults. They gain meaningful exposure to difficult-to-teach concepts such as the impact of losing a spouse, social isolation, cognitive decline, medication management, and how these challenges can be further compounded by sensory impairment or mobility issues. SSIPP provides students with the opportunity to understand these challenges on a personal level. Students receive standardized training through SSIPP to help guide older adults toward supports available within the community. This experience educates students on the challenges faced by older adults and supports available to them. Furthermore, it can also help students identify gaps in community supports and in the healthcare system where older adults may be falling through the cracks.

Medical students as health advocates

Medical students are taught early on that one of the roles of a physician is to be a health advocate. However, health advocacy is a skill. Like any other skill, it requires practice. Programs like SSIPP provide opportunities for students to practice advocating for older adults at the individual level, as well as how to engage in large-scale advocacy work. Advocating for the individual can transform into population-level advocacy efforts. This can ultimately inspire medical students to carry health advocacy for older adults forward into their future careers.

Conclusion

Though there is much work yet to be done, SSIPP has helped to mitigate some of the isolation felt by older adults during the COVID-19 pandemic. The program sets an example for how health professional students can contribute to meaningful change in their communities, thereby complementing government and community initiatives to provide essential services to populations in need. SSIPP is also an important example of how experiential learning can enhance medical education and contribute to skill development in health advocacy. These opportunities allow health profession students to affect change now and give them the skills they need to advocate for their own patients in the future.

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