

## Reducing Social Isolation to Improve Health Outcomes in the Elderly

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### INTRODUCTION

Socially isolated seniors are prone to a variety of illnesses including chronic lung disease, hypertension, arthritis, cardiovascular issues, increased hospitalizations and overall increased mortality.<sup>3</sup> Psychologically, they also suffer from hopelessness, depression, and suicidal ideation.<sup>3,4</sup> In 2012, the International Federation of Ageing stated, “the number one emerging issue facing seniors in Canada is keeping older people socially connected and active.”<sup>1</sup> Research by AGE WELL, a federally funded aging network, found that up to 43% of seniors living in the community feel socially isolated.<sup>2</sup> Hence, it is a prevalent and preventable issue with significant consequences to population and individual health. A better longitudinal system of care prioritizing social connectedness is required to reduce the adverse effects of social isolation in seniors.

Social isolation amongst the Canadian elderly population results from a convergence of social and practical factors. Practically, older individuals may live far from their loved ones, making it difficult to attain emotional support and companionship.<sup>5</sup> These practical limitations, like being home-bound or unable to drive, can also preclude them from accessing resources and social programs that are located at remote distances in the community. The sense of isolation that seniors feel may also be exacerbated if they are living alone. They may be grieving the passing of their close friends and family members while simultaneously grappling with their own ageing and mortality.<sup>6,7</sup> Our current healthcare system does not provide the isolated elderly with adequate accessible supportive resources. Acute hospitalizations related to social isolation—for example, due to lack of effective longitudinal care from social workers or other social supports—exist in the senior population.<sup>3</sup> Furthermore, while home care has gained recognition, hospitalizations for acute conditions among seniors are still significant as a leading cost in the Canadian healthcare system.<sup>8</sup> Improving social relationships has been shown to improve physical and mental health outcomes, along with decreasing overall mortality risk.<sup>3</sup> This paper aims to recommend longitudinal, preventative policies to support this vulnerable population in order to improve the quality of life for the older citizens of our province and reduce overall healthcare expenses as a result of hospitalizations and care demands.<sup>9,10,11</sup>

## PRINCIPLES

The Ontario Medical Students Association puts forward the following principles to guide recommendations for addressing social isolation in elderly populations:

1. Ontario's elderly populations deserve to be an active and integrated part of their communities.
2. Marginalized sub-populations of the elderly demographic such as those who are homebound, unable to speak English, or from LGBTQ+ communities deserve programs and policies that address their unique social needs.
3. Ontario's elderly populations should have access to support services and recreational programs that promote social well-being.

## RECOMMENDATIONS

The Ontario Medical Students Association recommends the following:

**Recommendation 1: The Ontario government should improve the working conditions for personal support workers (PSWs) to enable them to invest more time into building healthy relationships with their clients, in order to counteract social isolation.**

It is essential that our provincial healthcare system places emphasis on the establishment and development of social relationships between PSWs and the elderly, as PSWs often spend a large amount of each day with elderly patients and are thus in a position to significantly impact their mood, levels of social isolation, and quality of life. Considering that personal support care accounted for 74% of homecare services provided in 2015-16, PSWs are in an ideal position to provide care that addresses social isolation amongst the elderly.<sup>12</sup> Unfortunately, a recent survey of Ontario PSWs comprising of 13,400 responses indicated that 79% were dissatisfied with their work.<sup>12</sup> Issues such as inconsistencies in staffing, low pay scales, and unsafe work environments were cited as major reasons for this dissatisfaction.<sup>13</sup> With such grievances, it is evident that most PSWs do not get the opportunity to focus on cultivating effective working relationships with their patients.

In order for PSWs to be able to play a significant role in addressing social isolation amongst the elderly, the aforementioned issues should be addressed. Firstly, the Ontario government should allocate funds to increase and standardize funding to all PSWs working in public organizations. Currently PSWs are forced to manage a large clientele base with only a few hours allocated to each individual for the performance of vital functions. In these conditions, they are not able to devote attention to building rapport and strong relationships with their clients to reduce feelings of social isolation. An increase in wages and client scheduling practices will not only promote job satisfaction, address occupational barriers, and reduce turnover, but also establish an incentive for PSWs to form meaningful social relationships with their clients.<sup>13</sup> Moreover, care coordinators should place an emphasis on the formation of longitudinal relationships with elderly clients through promoting continuity of care when assigning health professionals that are involved in home care. Designation of PSWs to clients should be executed by care coordinators in a longitudinal manner as much as possible in order to establish trust and familiarity with the elderly patients. Furthermore, with the introduction of the first phase of the Ontario Personal Support Worker Registry, the provincial government should utilize this register as a means to disseminate resources on issues such as managing burnout, ensuring best practices for providing care, as well as fostering healthy social relationships amongst PSWs and their clients. This registry should also aim to serve as a resource

where PSW's can support one another and provide new PSWs opportunities to gain mentorship and advice from experienced PSWs.

The Ontario Medical Students Association should aim to advocate to the provincial government on these issues by supporting the increase in PSW wages, promoting longitudinal assignment of PSWs to patients, and encouraging the use of the Ontario Personal Support Worker Registry for improving the PSW profession in terms of worker burnout and quality of care.

**Recommendation 2: The Ontario government should create a province-wide strategy focused on the research, funding, and development of accessible interventions to combat social isolation in the elderly, particularly in home-bound and marginalized populations, as well as those who are unable to speak English.**

Ontario's Action Plan for Seniors in 2017 discusses a number of excellent strategies aimed at improving communities for seniors, such as supporting the creation of age-friendly communities through a grant program, increasing home-care access, investing in seniors' active living centres and community arts programs for seniors, and linking youth volunteers to seniors to build their understanding of technology and promote mentorship.<sup>16</sup> However, Ontario lacks a clear strategy in terms of reducing social isolation for seniors, and this is especially notable when considering the nuanced needs of homebound, non English-speaking, and marginalized populations, which may not be able to benefit from many of the community-based initiatives discussed in the Action Plan. We recommend that the Ontario Medical Students Association advocate to the provincial government for the formation of such a strategy.

The provincial government should draw from examples of globally successful models in order to devise an integrated strategy. For instance, The Campaign to End Loneliness in the United Kingdom has gained international recognition for its coordinated efforts to reduce isolation by disseminating information to stakeholders, and researching/funding effective interventions.<sup>17</sup> Modelling this structure, a provincially-coordinated program in Ontario could fulfill a similar purpose, with the intent to increase accessible interventions targeting the aforementioned populations. For example, initiatives such as South Shore Helping Hands in Nova Scotia provides social comfort to seniors in their homes using volunteers, while Silver Line in the UK provides convenient social support over the phone.<sup>18,19</sup> Furthermore, programs targeting marginalized populations, such as Opening Doors London, brings together elderly adults identifying as LGBT+ to provide companionship and help navigate barriers in healthcare.<sup>20</sup> With a coordinated strategy, the Ontario government could provide a channel to research and evaluate the effectiveness of similar programs, disseminate information about isolation, and promote development of accessible and inclusive programs through grant funding.

**Recommendation 3: The Ontario government should enable the building of age-friendly communities and prevent social isolation by implementing key suggestions outlined in the AFRRCI, and launching a similar initiative in urban cities to determine unique challenges that our elderly populations face.**

The Global Age-Friendly Cities Project was introduced by the World Health Organization in 2005 and involved 33 cities.<sup>21</sup> The objective was to gather information from various stakeholders (seniors, senior care providers, advocacy groups) to help inform and guide the design of age-friendly communities. Eight key domains of community life were identified, among them: social participation, respect & social inclusion, transportation, and housing. It was observed that access to transportation enabled seniors to participate in social, cultural, volunteer, and recreational activities. Canada then launched a similar initiative in 2006, the Age-Friendly Rural/Remote Communities Initiative (AFRRCI), which generated a plethora of valuable suggestions ranging from increasing lighting across neighbourhoods and trails, to

setting up indoor walking clubs during periods of poor weather conditions, to ensuring buildings have non-slip flooring.<sup>22</sup>

To better advocate for seniors and prevent social isolation, using an upstream approach, our recommendation is for the Ontario Medical Students Association to advocate to provincial policy makers to review the AFRRCI guide and take action by implementing several of the proposed suggestions, while considering practical barriers such as logistics and cost. Since the AFRRCI's focus was mainly on rural/remote communities, it would be meaningful to conduct a similar project looking at the age-friendly features and challenges perceived by our elderly populations residing in urban cities. Developing both rural and urban age-friendly communities in Ontario would be a crucial step towards combating social isolation in the elderly.

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