A Solitary Problem, but a Bridge of Solutions: Addressing the epidemic of loneliness and social isolation in older adults'

How might we decrease older adult (65+) loneliness and social isolation within the Calgary community?

Cindy Calderon, SN4
Fellow of the Mount Royal University Catalyst Fellowship

Mount Royal University
School of Nursing & Midwifery
ccald414@mtroyal.ca

Since 2019, there are over 6,000,000 Canadians aged 65 years and older, and over 10,000 centenarians. In Calgary alone, there are over 615,000 older adults 65 years and older. Mayor Nenshi states that the 76% increase of the older adult population in the last decade

"has huge implications on every single thing that we do whether it's health care, education, community services and so on".

As the older adult population increases, so does the risk for said population to experience the implications of loneliness and social isolation. It is highlighted that vulnerable populations such as older adults are currently at higher risk for experiencing loneliness and social isolation with the current coronavirus global pandemic due to the risk of a "social recession". For these reasons, loneliness and social isolation experienced by older adults is a community issue affecting all Calgarian's.

Definitions

Social isolation is an objective state, where the individual has limited or no social connection with other individuals.

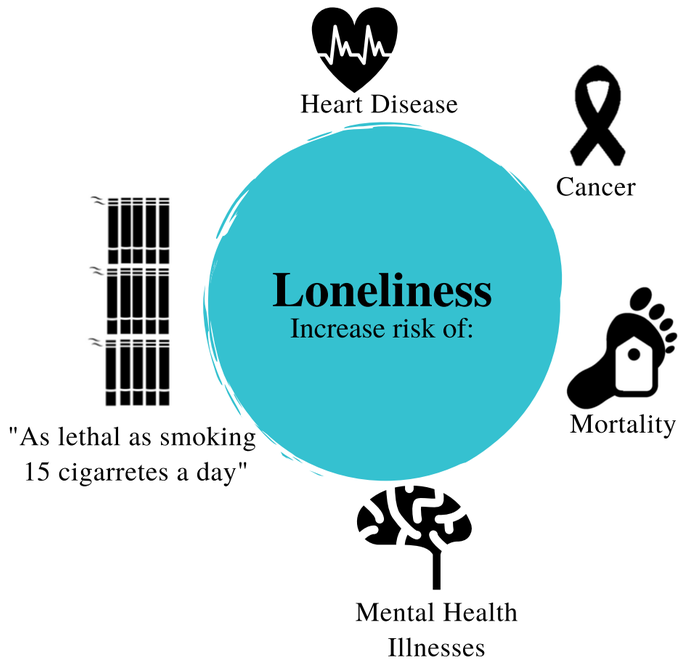
Loneliness can be distinguished from social isolation, as it is a subjective state, the result of feeling distressed from being socially isolated

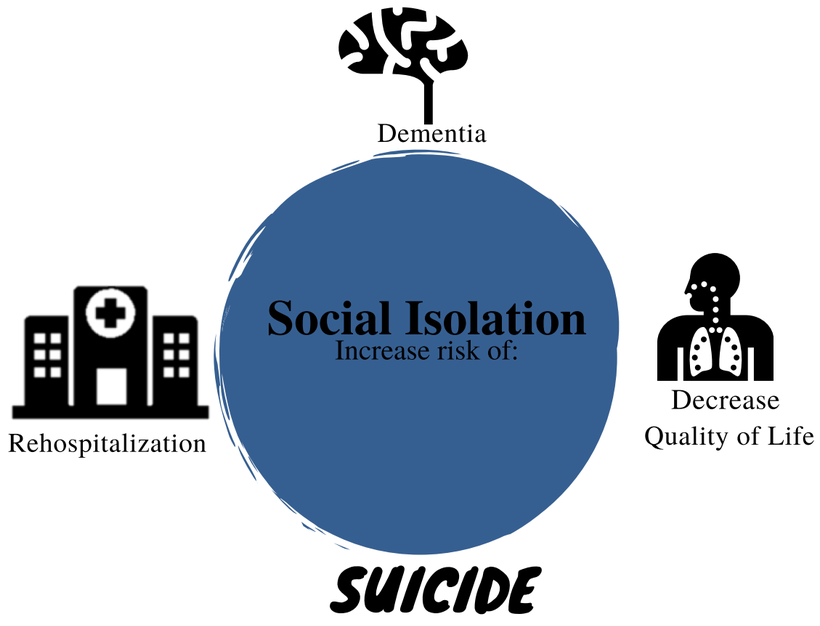
Vulnerable populations are defined as those that are at greater risk for poor health, reduced health care access, and are at greater risk for social isolation. This quality improvement project focused on indigenous, immigrants, and low income older adults within Calgary.

Older Adults at Risk for Experiencing Loneliness and Social Isolation

- Widows
- Little or no social support network
- Decrease social contact
- Low socioeconomic status
- Indigenous
- Immigrants
- Multiple chronic diseases
- Decrease access to transportation
- Language Barriers

Risk Factors



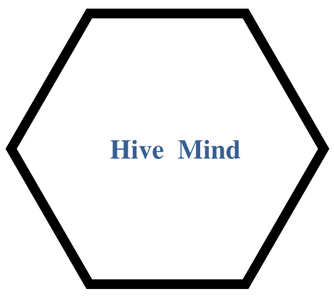


Methodology

Semi-Structured Interview

Community Conversation

Surveys



Hive Mind

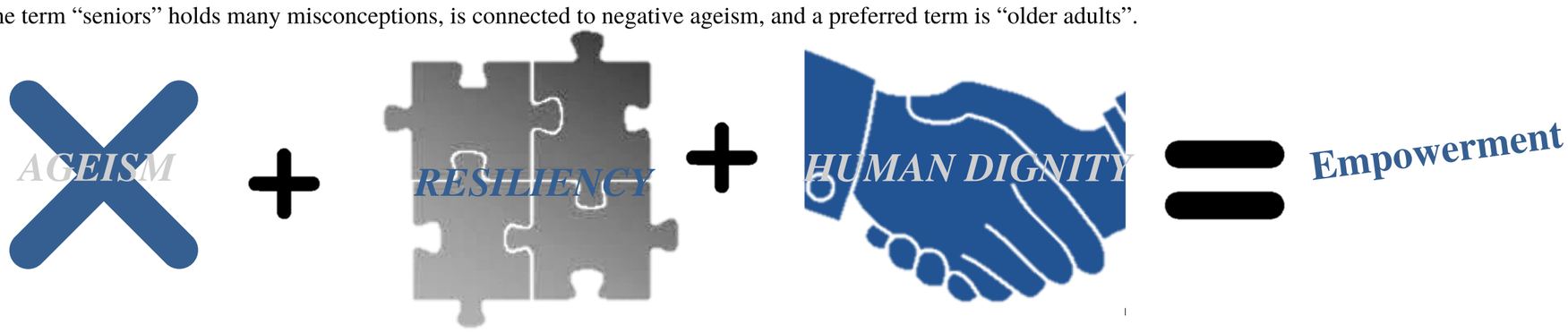
This mixed method quality improvement project drew on a variety of preparatory activities and data collection formats. A conversation was held with 4 Blackfoot Elders who were also Residential School survivors, 2 Sri Lankan Elders whose family experienced Civil War; guest listeners included, MRU professors from Nursing, Journalism and Child Studies & Social Work Department. A semi-structured interview was held with full time instructors from within the MRU Community. Online surveys were circulated to MRU faculty, students, and frontline healthcare providers. A heat map was generated using Simply Analytics. A community conversation with 26 key agency stakeholders was organized. A Hive Mind presentation was convened at the Trico Changemaker Studio, where twenty participants ranging from MRU faculty, Silvera for Seniors representative, students from different academic disciplines, and MRU employees were present.

Results

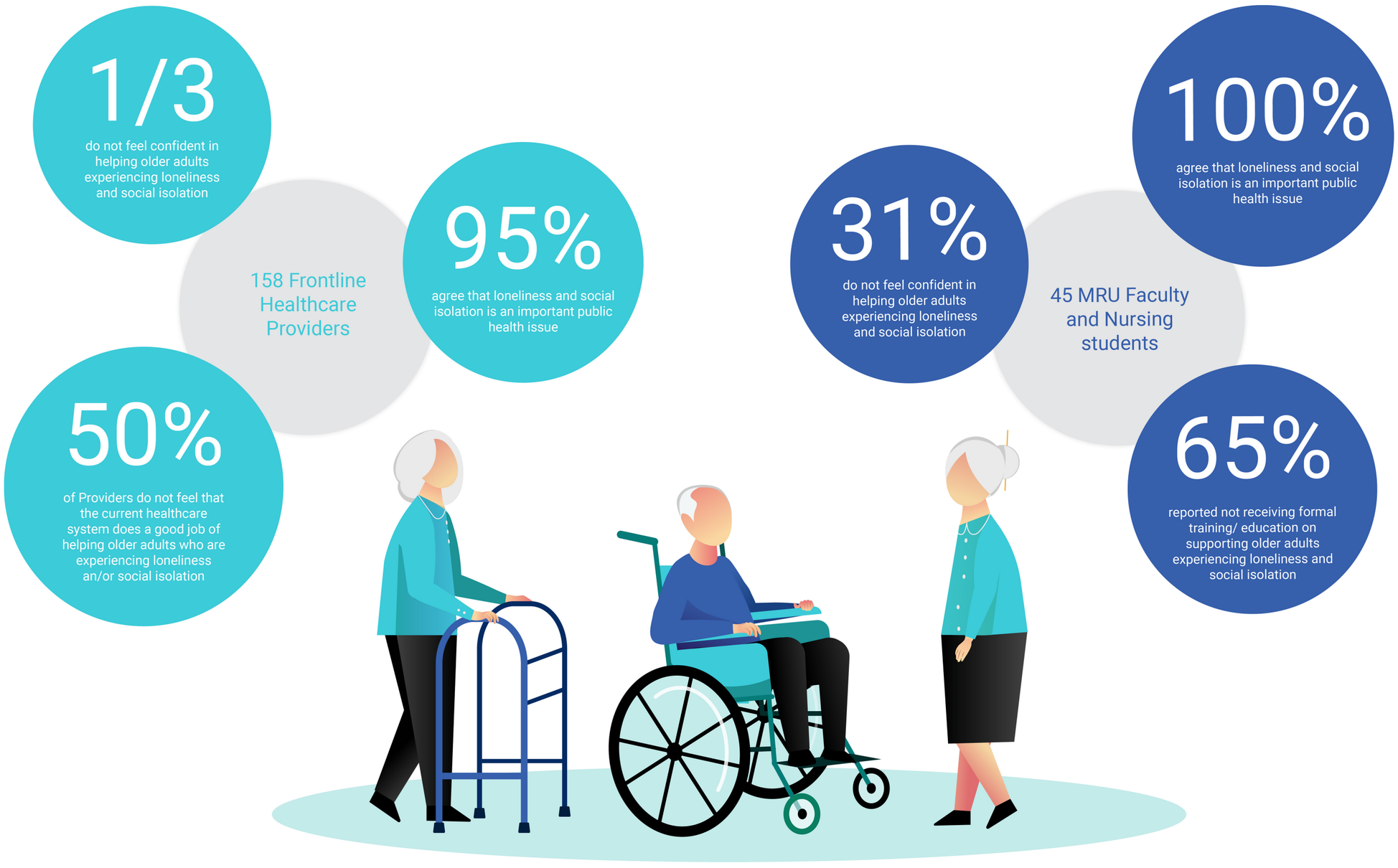
Elders highlight that promoting resiliency and human dignity is essential for older adults in the community.

"When one diminishes another in any way shape or form there is an assault on the dignity of both humans"

Having intergenerational gatherings enables a greater understanding of resiliency and empowers human dignity for all participants. Community Health Nursing full-time faculty highlight that the term "seniors" holds many misconceptions, is connected to negative ageism, and a preferred term is "older adults".



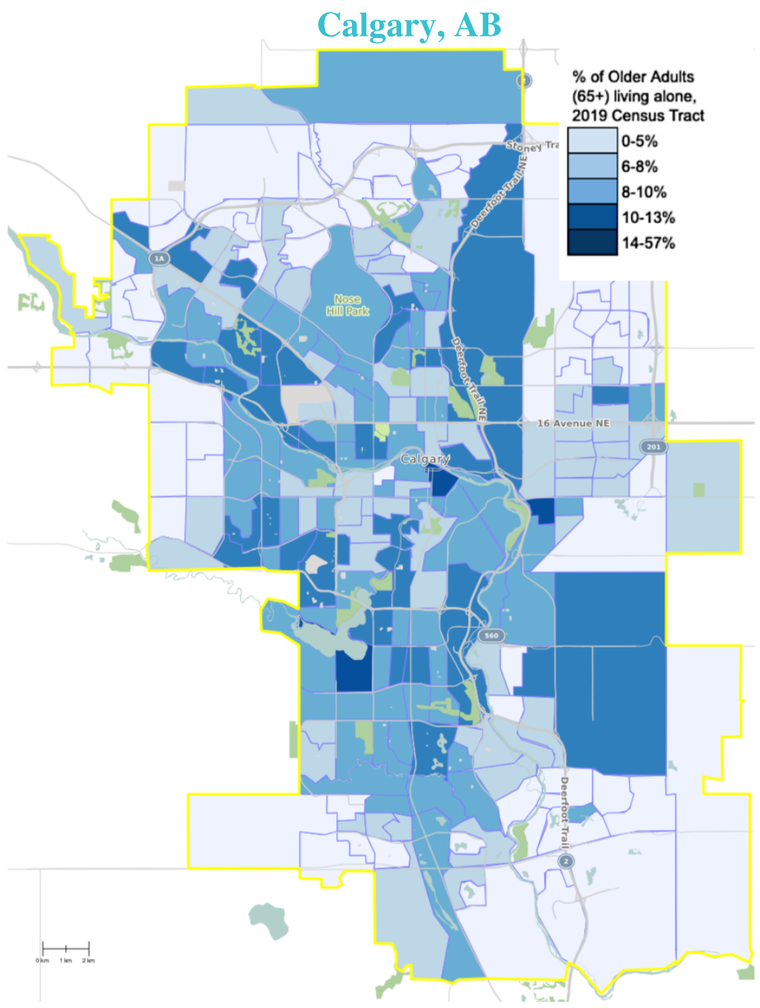
Surveys:



Heat Map

The heat map highlights the top ten Calgary communities with the highest percentages of older adults living alone. These communities were:

- Chinatown/East Village (28%)
- Southview (23%)
- Palliser-Bayview-Pumphill (21%)
- Riverbend-Southeast Calgary (20%)
- Varsity (17%)
- North Haven (17%)
- Signal Hill (15%)
- Vista Heights-Harvest Hills-Coventry Hills (15%)
- Bridgeland-Riverside (14%)

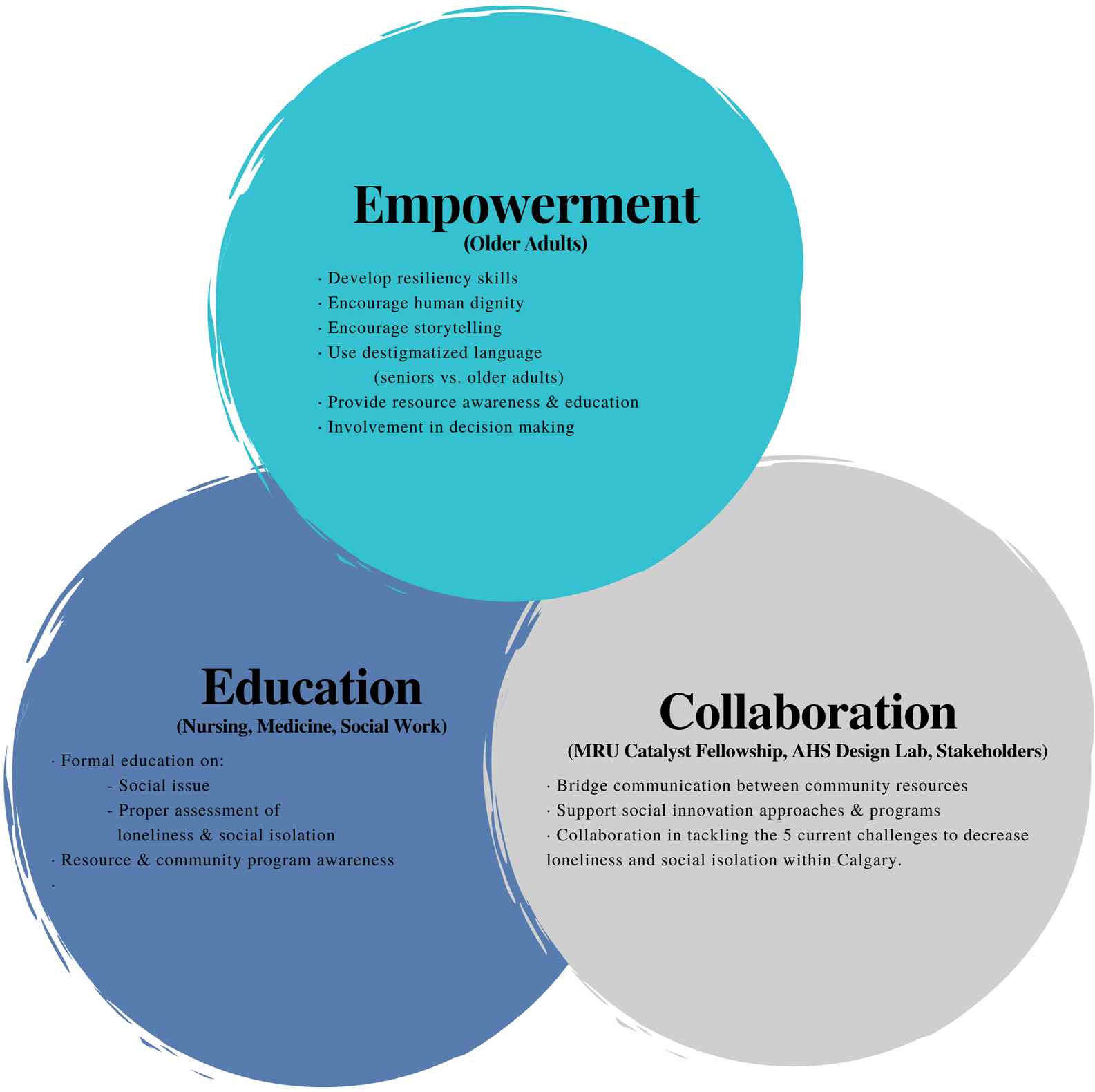


Top 5 current challenges in Calgary in tackling older adult loneliness and social isolation:

1. Community Engagement/Awareness
2. Medical Health Model
3. Culture/Society
4. System Navigation/Integration
5. Funding/Resources

Recommendations

The following recommendations are not meant to be prescriptive, but rather are offered as guideposts for action related to *Empowerment*, *Education* and *Collaboration*:



These three key recommendations are aligned with the United Nations 17 Sustainable Developmental Goals in achieving “a better and more sustainable future for all”.

Implications

This is an introductory exploration to this issue, and does not intend to solve this issue; rather this project attempted to create understanding and drive change with existing resources. There is room for continued collaboration with data analysts, the City of Calgary data department, and the review of data in order to generate a more interactive and concrete heat map to make informative data available to the public.

Full Report, References & Creative Piece

Calderon, C (2020). A Solitary Problem, but a Bridge of Solutions: Addressing the epidemic of loneliness and social isolation in older adult’s.

Older Adult Loneliness & Social Isolation. Creating meaningful change within the calgary community. https://arcg.is/zLTeS

Contributors & Supporters:

Andrea Kennedy
Faculty Mentor
Associate Professor
School of Nursing and Midwifery
akennedy@mtroyal.ca

Muhammad Ali Abid
Community Partner
Design Consultant
AHS Design Lab, QHI
ali.abid@ahs.ca

Barb Davies
Social Impact Lead
Mount Royal University Institute
for Community Prosperity
bdavies@mtroyal.ca

James Stauch
Director
Mount Royal University Institute
for Community Prosperity
jstauch@mtroyal.ca

D4AHS Lab

CATALYST
A FELLOWSHIP FOR EMERGING CHANGEMAKERS

Alberta Health Services

https://storymaps.arcgis.com/stories/bda3aa2cb87a423ca22f4e7a64a2ac10

A Solitary Problem, but a Bridge of Solutions:

Addressing the epidemic of loneliness and social isolation in older adults

Cindy Calderon
MRU Catalyst Fellowship

Table of Contents

Appendices

Acknowledgments

I would like to share my appreciation to the Mount Royal University (MRU) Catalyst Fellowship leads Barb Davies and James Stauch for enabling the opportunity to be a fellow within this self-transformative program. To my faculty mentor Andrea Kennedy, and Alberta Health Service (AHS) Design Lab community mentor, Muhammad Ali Abid, for the incredible learning opportunities, positive influences, and constant support throughout this project. To the Elders, their wives, and MRU faculty who shared their life experiences, wisdom, and kindness. To all participants, stakeholders, family and friends who shared their depth of experiences, feedback, and support towards this project. Lastly, I will forever be grateful to my friend (who will be known as Nurse Becky) that opened up about her personal experience of loneliness and social isolation that has made one of the greatest impacts in my overall nursing education and career goals.

Introduction

Since 2019, there are over 6,000,000 Canadians aged 65 years and older, and over 10,000 centenarians ("Canada's population, July 1 2019," 2019). In Calgary alone, there are over 615,000 older adults 65 years and older ("Civic census results 1958-2019," 2019). Mayor Nenshi states that the 76% increase of the older adult population in the last decade "has huge implications on every single thing that we do whether it's health care, education, community services and so on" ("Greying of Calgary: 2019 census shows the city is becoming 'more like Winnipeg'," 2019). As the older adult population increases, so does the risk for said population to experience the implications of loneliness and social isolation ("Resources to help seniors age in their community," 2020). It is highlighted that vulnerable populations such as older adults are currently at higher risk ("Coronavirus disease 2019 (COVID-19)," 2020) for experiencing loneliness and social isolation with the current coronavirus global pandemic due to the risk of a "social recession" (Klein, 2020). For these reasons, loneliness and social isolation experienced by older adults is a community issue affecting all Calgarian's. The aim of this quality improvement project was to answer the following question:

- How might we reduce loneliness and/or social isolation in older adults (65+) within the Calgary community?

Definitions, Risk Factors, Vulnerable population

Social isolation is an objective state, where the individual has limited or no social connection with other individuals (Campaign to End Loneliness, 2015). United Way reports that older adults are at higher risk for lacking social ties and becoming socially isolated, and that one in four seniors in Calgary live alone ("Social isolation," 2019). The lack of social relationships places older adults at higher risk for health implications, mental health challenges (dementia), and a decrease in their overall quality of life (Cacioppo et al., 2014). Experiencing social isolation is comparable to other risk factors such as lack of exercise, unbalanced diet, smoking, or excessive alcohol consumption (Villar, 2015). Furthermore, it places older adults at greater risk for depression, rehospitalisation, and suicide (Cornwell et al., 2011, p. 6).

Loneliness can be distinguished from social isolation, as it is a subjective state, the result of feeling distressed from being socially isolated (Campaign to End Loneliness, 2015). Loneliness is gaining recognition as a public health concern and an important social determinant of health (Pimlott, 2018, p. 166). It has also been described as an epidemic, and associated with higher risks for heart disease, diabetes, and cancer ("British People Are So Lonely That They Now Have a Minister for Loneliness," 2018). Loneliness is associated with poor mental health, physical health, sleep disturbances, and as lethal to smoking 15 cigarettes a day (Sullivan et al., 2016, p. 168).

Vulnerable populations are defined as those that are at greater risk for poor health, reduced health care access, and are at greater risk for social isolation (Employment and Social Development Canada, 2019). For the purposes of this quality improvement project, the older adult vulnerable populations that were focused on were Indigenous, immigrants, and low income individuals within Calgary.

Older Adult Strengths & Challenges

While many studies emphasize the impact that the aging population has on the healthcare system, economy, and resources, it is imperative to highlight that older adults play many essential roles in our Calgary community (Report on the social isolation of seniors 2013-2014, 2014, p.7). Socially engaged older adults are vital to Calgary as they work, volunteer, and contribute valuable knowledge, skills, and life experience to families, communities, and organizations ("Resources to help seniors age in their community," 2020). Many of these older Calgarian's are resilient, survived civil wars, Residential Schools, immigrating, overcoming poverty, homelessness, suicidal ideation, trauma, and other hardships (A. Kennedy, personal communication, 2019). Many built the school, streets, homes, hospitals, and communities we live in today and are an asset to Calgary (Employment and Social Development Canada, 2019).

Older adults should be empowered, and aided in mitigating the daily challenges they may face (Pimlott, 2018, p. 166). Older adults also face certain barriers, gaps, and difficulties that may impede the ability to be socially engaged and place them at greater risk for loneliness and social isolation ("Social isolation, loneliness in older people pose health risks," 2019). Certain factors that place older adults at greater risk for loneliness and social isolation are: living alone, widowed, lack of transportation, language barriers, a weak support system, low socioeconomic status, physical environment, illness, or retirement (Campaign to End Loneliness, 2015). As the number of risk factors rises, the likelihood of experiencing loneliness or social isolation increases, and currently approximately 30% of older Canadian adults are at risk of becoming socially isolated (Government of Alberta, n.d., p.1). These findings highlight that at one point or another, anyone, regardless of age can be in contact with someone experiencing the side effects of these issues.

Systems Thinking

Systems thinking is defined as a framework that identifies various components and their interrelationship to understand the broader complex system. In doing so, systems thinking leads to deeply informed research and enables the ability to identify the root causes of a social issue (Johnson et al., n.d., p. 21). In understanding the complexity of older adult loneliness and social isolation within Calgary, it was imperative to use a systems thinking lens to understand this overall social issue (p. 21). The Existing Landscape of Solutions Efforts Model was utilized to identify existing actors, which impact or contribute to this issue, and also to identify the gaps (p. 22).

Global Efforts

On a Global scale, Britain was found to be the leading capital of loneliness in Europe ("Minister for loneliness," 2018). The United Kingdom has since made this social issue a priority by implementing The Campaign to End Loneliness, appointing a Minister of Loneliness and a 55+ Silver Line call center to reduce the implications that this places on their economy, health care system, country, and communities (Campaign to End Loneliness, 2011). In China it is estimated that by 2050 there will be more than 90 million lonely older adults in the country. Government officials have been working on implementing programs and resources to target this growing concern ("Senior loneliness epidemic, n.d.). Another promising global effort in progress are the World Health Organization (WHO) Decade of Healthy Ageing, WEF's work on mental health that provides information resources to the public ("Global Health," 2019). Among the successful programs that target loneliness in older adults, some examples that stand out are: Singapore's gardening program ("Grey fingers: Ageing Singapore uses gardening to fight loneliness," n.d.), the Netherlands intergenerational living program with university students ("third of U.S. adults are lonely - here's how we can help," n.d.), Australia's Coalition to End Loneliness, and the United States Coalition to End Isolation and Loneliness ("Global Health," 2019).

National Efforts & Local Efforts

United Way partnered with Canada for the prevention of loneliness and social isolation in older adults ("Vulnerable Seniors," 2020). The Government of Canada has participated in the National Seniors Council in a variety of platforms (i.e. regional and national roundtables and online consultations) to understand the topic of social isolation, current resources, and to determine gaps (National Seniors Council, 2016). National promising programs are the 211 resource line, and www.senior.gc.ca that connect the public to resources. In Ontario, there is the Housecalls program, the Niagara Gatekeepers referral and public education program, and the Community Camp Sunshine program for older adults (National Seniors Council, 2016).

Calgary is host to many organizations that utilize innovative ways to empower, support, and reduce risk factors for the older adult population. A few of these organizations are: Alberta Health Services (AHS), LINKages, Kerby Center, Calgary Seniors, Immigrant Service Calgary, Brenda Stafford Foundation, CARYA, Greater Forest Lawn 55+ Society, The Calgary Chinese Elderly Citizens' Association, Dementia Network Calgary, Calgary Homeless Foundation, JFSC, United Way and Silvera. The Kerby Center has a Seniors Directory of Services available to the public, as a hard copy or online that contains hundreds of resources within the Calgary community ("Calgary directory of seniors services and programs - Produced by Kerby centre," 2019). Other examples of Calgary programs that empower older adults are Volunteer Connector webpage, THIRD ACTion Film festival that celebrates older adults, Calgary Meals on Wheels, PALS Pet Access League Society, Seniors Secret Service, MRU Community Garden, and Coffee Meet ups (A. Young, personal communication, March, 2020). The AHS Design Lab also uses design thinking to design healthcare solutions, and has a research team focused on older adult loneliness and isolation (Alberta Health Services, n.d.).

Aim and Research Methods

Preparation & Team Engagement

MRU's Catalyst Fellowship paired myself, a senior level MRU nursing student with faculty mentor Andrea Kennedy, Associate Professor of the School of Nursing and Midwifery, and community partner Ali Abid, with AHS Design Lab, to provide the platform and means for this quality improvement project. The project team collaborated often in conference meetings, online Zoom calls, brainstorming sessions, and preparation for the semi-structured interviews, MRU Nursing and Midwifery presentation, and community conversation.

Purpose

The aim of this quality improvement project is to provide current evidence and a critical evaluation of recent findings. The most representative studies and grey literature have been used in this report. Furthermore, the aim is to improve older adults' quality of life by consulting with key stakeholders to share a synthesis of updated quality evidence, invite expert feedback, explore ideas, and generate recommendations on a collaborative approach to address older adult loneliness and social isolation.

Literature Review

A literature search identified scholarly articles focusing on loneliness and social isolation in the older adult population. The MRU library database was used to search articles pertaining to the topics, using broad search terms (loneliness OR social isolation), (older adults* OR seniors) and when needed more specific terms were applied (e.g. risk factors, suicide, comorbidities). Studies were used when they examined older adults, defined loneliness and/ or social isolation, highlighted risk factors, strengths, challenges, and were written in English. Mendeley was also utilized to maintain a catalogue of said articles.

Elders Guidance (December 1, 2019)

An unstructured community conversation was held to understand the meaning of resiliency and human dignity. These older adults volunteered to meet with the Catalyst fellow and faculty mentor to assist with creating a foundational understanding of this issue from the perspective of older adults themselves from a strengths-based approach. Questions included: What does resiliency mean to you? What is human dignity? This conversation focused on responses from 4 Blackfoot Elders who were also Residential School survivors, 2 Sri Lankan Elders whose family are survivors of Civil War; guest listeners included MRU professors from Nursing, Journalism and Child Studies & Social Work Department.

Ethics and Recruitment

Ethical approval was obtained by the ARECCI Ethics Guideline Tool with Alberta Innovates (AHS) for all semi-structured interviews, stakeholder community conversation, data collection, data analysis, and sharing of findings (Appendix A). Consent forms detailed data collection purpose and disclosure of project information (Appendix B). For interviews and surveys, recruitment was through email with a consent form, and survey link when fitting. An approved email was circulated to participants by the MRU Nursing office, with a consent form that clearly informed participants of the purpose of the survey and the ability to withdraw. AHS Design lab representatives circulated a survey to Frontline Healthcare providers, and community agencies all around the Calgary area.

Data Collection

A mixed-method research paradigm was used for data collection to enable a depth of understanding, and findings of the quality improvement project question (Jakubec & Astle, 2017, p. 30). A community consultation approach was utilized to explore the community issue through design thinking, by sharing relevant data synthesis (oral & visual) and open discussion to further empathize (seek stories), define (frame/ re-frame) and ideate (brainstorm) how to address this issue (design thinking process, n.d.). A systems thinking lens was also utilized to understand the complexity of this overall social issue, and help identify gaps to better identify pertinent data collection (Johnson et al., n.d., p. 21).

Data collection was obtained by field notes of interviews, stakeholder comments, project team observations, written survey responses to open-ended questions, graphic recording, photographs of collaborative brainstorming systems mapping (post-it notes, flip charts, creative concept mapping). A faculty mentor and community partner with extensive experience facilitated data collection and thematic analysis of key concepts.

Focus Group Interview with Nursing Faculty (January 22, 2020)

Semi-structured interview of five open-ended questions with MRU community instructors was held to understand their perceptions of older adult loneliness and social isolation. Additionally, this method was used to understand their insights on current nursing curriculum, and their feedback for the MRU students, faculty, and frontline providers survey (Appendix C).

Online Survey with Nursing Faculty and Students (February 1, 2020)

A survey was circulated to MRU Nursing faculty and students to understand their perceptions of older adult loneliness/and or social isolation. This survey was created and circulated with Google Form, contained thirteen closed ended and four open ended questions (Appendix D). 45 voluntary participants took the survey (n = 45).

Online Survey with AHS Frontline Providers and Administration (February 1, 2020)

A survey was circulated to frontline healthcare providers to also understand their perceptions of older adult loneliness and/or social isolation (Appendix E). This survey was created and circulated with Google Form, containing twelve closed-ended and four open-ended questions. A consent form outlining purpose and availability to withdraw at any time was attached to the email. 158 participants took the survey (n = 158).

Heat Map

Consultations and emails with MRU Data Librarian were utilized to gather 2019 Calgary Census Data, data collection from the City of Calgary, statistical data, and interpretation of said data. A heat map was generated using Simply Analytics that used the Census Tracts filter to map out estimates of highest percentages of communities with older adults living alone (Appendix F). Printed heat maps were provided to stakeholders at the community conversation.

Community Conversation with Key Agency Stakeholders (February 24, 2020).

A community conversation was organized with expert stakeholders that were invited by AHS Design Lab to build relationships, address the issue, present they survey data results, heat map. Also collaboratively discuss challenges in addressing gaps (Appendix G). 26 stakeholders from health, social, municipality, and community were present from the following organizations: Alberta Health Services, Foothills Primary Care Network, Foothills Hospital, Brenda Stafford Foundation, Dementia Calgary, Greater Forest Lawn 55+ Society, Calgary Homeless Foundation, Linkages, United Way, Calgary Immigration Services, Calgary Chinese Association, CARYA, Kerby Center, Senior Resource Society, City of Calgary, University of Calgary, and Mount Royal University. A graphic recorder was present and created a visual representation of the community conversation (Appendix H), and a summary was shared by AHS Design lab to all participants (Appendix I). Stakeholders were invited to share thoughts and collaborative efforts from the community conversation to their social media platforms (Appendix J).

Hive Mind (February 28, 2020)

A Hive Mind presentation was convened at the MRU Changemaker Studio, where twenty participants ranging from MRU Faculty, Silvera for Seniors representative, students from different academic disciplines, and MRU employees. The question posed: How can I [researcher]/team best demonstrate our findings to a broader audience (campus/ healthcare sector/community) to create more awareness about loneliness and social isolation in the older adult community within Calgary?

Data Analysis

A mixed-methods research paradigm was used for data analysis to enable a wealth of information, data collection, and accuracy in interpretation (Jakubec & Astle, 2017, p.35) Community conversations, interviews and open-ended survey comments were qualitatively analyzed for key themes (p. 36). Closed-ended survey items were quantitatively analyzed with descriptive statistics (p. 36). Data was analyzed using the data summary within Google Forms. Data from surveys was also exported from Google Form to an Excel spreadsheet for preliminary data findings by analysing comparisons, and differences between Frontline Healthcare Providers responses.

Results

Elders highlight that promoting resiliency and human dignity is essential for older adults in the community. “When one diminishes another in any way shape or form there is an assault on the dignity of both humans” (personal communication, December 1, 2020). Vulnerable populations need to be “assisted by academia and industry to open pathways and ease their pain” (personal communication, December 5, 2020). Having intergenerational gatherings enables a greater understanding of resiliency and empowers human dignity for all participants.

Community Health Nursing full-time faculty highlight that the term “seniors” holds many misconceptions, and is connected to negative ageism (personal communication, January 22, 2020). A preferred term is “older adults”, and surveys/ conversations/meetings should use this more empowering term (personal communication, January 22, 2020). Faculty suggest that a gap in the MRU Nursing Education system is not sufficiently providing students earlier on in the program with resources, assessment tools, and training for older adults experiencing loneliness or social isolation (personal communication, January 22, 2020). Another gap identified is the need for advocacy for the older adult population within all levels of the healthcare system, MRU, and community (personal communication, January 22, 2020). Valuable feedback was received for proper language, upstream thinking approach questions, and suggested assessment questions in the surveys circulated to MRU faculty & students and frontline healthcare providers.

MRU faculty and nursing students participated in the nursing educators and student nurses’ perceptions of older adults experiencing loneliness and/or social isolation survey. 75% of participants were MRU students, of which 75% of these are currently second year or senior level students. 25% of participants were faculty, and of these 50% have over ten year experience within the nursing profession. 100% of participants agree that loneliness and social isolation is an important public health issue. 65% reported not receiving formal training/education on supporting older adults who are experiencing loneliness and social isolation. 31% of participants do not feel confident in their ability to help older adults who are experiencing loneliness and social isolation. A common response to how the nursing education program would better support nurses to care for older adults who are experiencing loneliness and/or social isolation, was to provide education, create awareness, and provide resources earlier.

Frontline healthcare providers participated in the healthcare providers’ perceptions on older adults experiencing loneliness and/or social isolation survey. 75% of overall responses were from physicians, registered nurses, licensed practical nurses, healthcare aids, and paramedics. 95% of participants believe loneliness and social isolation is a public health issue. 50% of frontline healthcare providers do not feel that the current healthcare system does a good job of helping older adults who are experiencing loneliness and/or social isolation. Only one in four providers formally assess for loneliness and/or social isolation. One out of three providers report not feeling confident in their ability to help older adults experiencing loneliness and/or social isolation. 50% of participants are unsatisfied with the level of support they/team are able to provide older adults who are experiencing loneliness and/or socially isolated.

The heat map highlighted the top ten Calgary communities with the highest percentages of older adults living alone. These communities were Chinatown/East Village (28%), Southview (23%), Palliser-Bayview-Pumphill (21%), Riverbend-Southeast Calgary (20%), Varsity (17%), North Haven (17%), Signal Hill (15%), Vista Heights-Harvest Hills-Coventry Hills (15%), and Bridgeland-Riverside (14%).

Stakeholders identified the top five current challenges in Calgary to further explore and identify opportunities in tackling older adult loneliness and social isolation, these are:
1.Community Engagement/Awareness
2.Medical Health Model
3.Culture/Society
4.System Navigation/Integration
5.Funding/Resources (Appendix I).

Individual organizations volunteered to help address these challenges and gaps, and continue the collaboration with follow up conversations, meetings, and ongoing research (Appendix I).

Discussion

Ageism is an everyday challenge that is just as detrimental as racism and discrimination, furthermore, it has many implications on the health and well being of older adults ("Ageism," n.d.). Older adults continue to be stereotyped as grey haired, frail, out of touch, dependent, and a burden to society ("Aging and life course," n.d.). Promoting resiliency has been shown to promote successful ageing, and human dignity (MacClain et al., 2018). Intergenerational storytelling has also been found to empower all participants, and older adults feel they make a valuable contribution to society (Weststrate et al., 2018, p. 586). This supports the importance of providing platforms for older adults to share their life experiences and participate in decision making, which acknowledges the importance of their continued contribution to our society.

Living alone places older adults at greater risk for loneliness and late life suicide (Cornwell et al., 2011, p. 5). This project found that stakeholders, MRU faculty, MRU students, and individuals in the community find it valuable to have a heat map, findings, and education that supports research about the risk factor of Calgary older adults living alone.

Studies support these project findings that current health care workers are not trained to assess loneliness, alongside other comorbidities older adults are facing (Gerst-Emerson & Jayawardhana, 2015, p. 1018). Students and health care workers should be aware of, assess, and consider loneliness as a factor when seeing patients in their practice (p. 1019). Furthermore, continued educational programs for frontline healthcare providers have been shown to increase knowledge, skills, and keep them informed about current healthcare advances (Chaghari et al., 2017, p. 31). This is necessary because 1 in 10 older adults visit medical offices due to loneliness, rather than for other health complications (Gerst-Emerson & Jayawardhana, 2015, p. 1018).

This project found that stakeholders and other changemakers who are currently working with the community on this issue agree that Calgary already has many programs and resources available to target loneliness and social isolation (personal communication, February 22, 2020). However, it was identified that there is a need to bridge the communication by said resources and make them more accessible to target audiences (Appendix I). This project also found that there is a need for continued research where older adults participate in decision making on how to best have access to Calgary resources and programs. These findings support the Government of Alberta's position that a reason of older adults currently experiencing loneliness and social isolation is not being aware of community resources (Government of Alberta, n.d., p.1). Many studies support our findings that creating public awareness about this community issue, community services, and programs has the potential to bridge the gap between those suffering and the resources that currently exist in decreasing loneliness and social isolation experienced by older adults (Social isolation of seniors, n.d., p.3).

Limitations

This is an introductory exploration to this issue, and does not intend to solve this issue; rather this project attempts to create understanding and drive change with existing resources. While this project produced statistically significant results, some limitations may have impacted results. There is room for continued collaboration with data analysts, the City of Calgary data department, and the review of data in order to generate a more interactive and concrete heat map to make informative data available to the public.

Recommendations

This project respects the complexity of loneliness and social isolation with older adults. The following recommendations are not meant to be prescriptive, but rather are offered as guideposts for action related to Empowerment, Education and Collaboration:

1. Empowerment: It is important to co-develop empowerment with vulnerable or marginalized populations to decrease their risks of the negative impacts of loneliness and social isolation (Campaign to End Loneliness, 2015). Developing resiliency skills with the community of older adults, and encouraging storytelling are compelling ways to empower this population. Furthermore, community agencies and health care providers are encouraged to use destigmatized language when referring to the older adult population to support the dignity and respect of older adults as an empowered group.

2. Education: Loneliness and social isolation may not be routinely screened or intervened with older adults, yet this widely experienced concept is teachable and more treatable than other chronic conditions (Citation source, p. 1019). Therefore, it is recommended that higher education training programs (such as nursing, medicine, social work) and frontline healthcare providers be offered the necessary education, skills, and awareness of community resources in efforts to decrease older adult loneliness and social isolation within the Calgary community.

3. Collaboration: Social innovation approaches and programs such as the MRU Catalyst Fellowship, AHS Design Lab, and ongoing stakeholder engagement should be supported to address the current five challenges to decrease loneliness and social isolation at a Calgary community level. We need to work together to make a difference; developing initiatives in silos is contrary to the aim of addressing social isolation in our community.

These three key recommendations are aligned with the United Nations 17 Sustainable Developmental Goals in achieving “a better and more sustainable future for all” (“About the sustainable development goals,” 2018).

Conclusion

The purpose of this quality improvement project was to identify ways to decrease loneliness and social isolation in the Calgary community. The results of this project demonstrate how essential vulnerable older adults are to our society, and the current gaps in providing supportive measures. This project emphasizes much research of the impacts of loneliness and social isolation, and also adds a greater understanding of its pertinence within the Calgary community. Many recommendations have been suggested, and all aid in mitigating the damaging effects of older adult loneliness and social isolation. While tackling loneliness and social isolation is a complex social issue, there is great potential in making a difference in Calgary. This is accomplished by working collaboratively with the education, health, and community sectors to empower the older adult population by enabling their contributions in creating a more just society.

References

About the sustainable development goals. (2018, May 17). United Nations Sustainable Development. https://www.un.org/sustainabledevelopment/sustainable-development-goals/

Ageism. (n.d.). World Health Organization. https://www.who.int/ageing/ageism/en/

Aging and life course. (n.d.). World Health Organization. https://www.who.int/ageing/features/misconceptions/en/

Alberta Health Services. (n.d.). AHS Design Lab. https://www.albertahealthservices.ca/about/Page13721.aspx

Backgrounder: Social isolation and the value of community connection. (n.d.). https://cfccanada.ca/CFCC/media/assets/CFCC-Social-Isolation-and-Community-Connection-Backgrounder-02092018.pdf

British People Are So Lonely That They Now Have a Minister for Loneliness. (2018, January 18). Time. https://time.com/5107252/minister-for-loneliness-uk/

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. Social and Personality Psychology Compass, 8(2), 58-72. https://doi.org/10.1111/spc3.12087

Calgary directory of seniors services and programs - Produced by kerby centre. (2019, September 18). Issuu. https://issuu.com/kerbycentre/docs/kerbysd-2019_nov_14

(2011, April 21). Campaign to End Loneliness. https://www.campaigntoendloneliness.org/

Canada's population, July 1 2019. (2019, September 30). Statistics Canada: Canada's national statistical agency / Statistique Canada : Organisme statistique national du Canada. https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019061-eng.htm

Celebrating ageing and older adults. (2020). THIRD ACTion Film Festival. https://thirdactionfilmfest.ca/

Chaghari, M., Saffari, M., Saffari, A., & Ameryoun, A. (2017). Empowering education: A new model for in-service training of nursing staff. Journal of Advances in Medical Education & Professionalism, 1(5), 26-32.

Civic census results 1958-2019. (n.d.). Open Calgary | Open Calgary. https://data.calgary.ca/Demographics/Civic-Census-Results-1958-2019/rmai-qvzh

Cornwell, Y., Orden, K., & Caine, E. (2011). Suicide in older adults, 342(2), 451–468. https://doi.org/10.1016/j.psc.2011.02.002

Coronavirus disease 2019 (COVID-19). (2020, March 26). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html

The design thinking process [Video]. (n.d.). YouTube. https://www.youtube.com/watch?time_continue=111&v=_r0VX-aU_T8&feature=emb_logo

Employment and Social Development Canada. (2017, April 26). Who's at risk and what can be done about it? A review of the literature on the social isolation of different groups of seniors. Canada.ca. https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2017/review-social-isolation-seniors.html

Employment and Social Development Canada. (2019, August 13). Minister Tassi announces investment in project that fosters social inclusion for seniors. Canada.ca. https://www.canada.ca/en/employment-social-development/news/2019/08/minister-tassi-announces-investment-in-project-that-fosters-social-inclusion-for-seniors.html

Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a public health issue: The impact of loneliness on health care utilization among older adults. American Journal of Public Health, 105(5), 1013-1019. https://doi.org/10.2105/ajph.2014.302427

Global Health. (2019, November 22). World Economic Forum. https://www.weforum.org/agenda/2019/11/the-new-care-model-to-tackle-the-senior-loneliness-epidemic/

Government of Alberta. (n.d.). You are not alone social isolation. Alberta elder abuse awareness council. https://open.alberta.ca/dataset/44824bfa-f675-40ea-902d-b240c30708a3/resource/6d04591b-26e5-47f3-a68c-1e6603a4ecbe/download/sh-seniors-social-isolation-card.pdf

Grey fingers: Ageing Singapore uses gardening to fight loneliness. (n.d.). World Economic Forum. https://www.weforum.org/agenda/2019/07/singapores-elderly-take-to-gardening-to-combat-loneliness-epidemic/

The greying of Calgary: 2019 census shows the city is becoming 'more like Winnipeg'. (2019, September 9). MSN. https://www.msn.com/en-ca/news/canada/the-greying-of-calgary-2019-census-shows-the-city-is-becoming-more-like-winnipeg/ar-AAGKBcO

Gul, S. N., Chishti, R., & Bano, M. (2019). Impact of educational qualification on social support, social isolation and social and emotional loneliness: A study of senior citizens. Peshawar Journal of Psychology and Behavioral Sciences (PJPBS), 4(2), 153-170. https://doi.org/10.32879/picp.2018.4.2.153

Jakubec, S., & Astle, B. (2017). Research literacy for health and community practice. Canadian Scholars' Press.

Johnson, A., Papi-Thornton, D., & Stauch, J. (n.d.). Student guide to mapping a system (2nd ed.).

Klein, E. (2020, March 12). Coronavirus will also cause a loneliness epidemic. Vox. https://www.vox.com/2020/3/12/21173938/coronavirus-covid-19-social-distancing-elderly-epidemic-isolation-quarantine
MacClain, J., Gullatt, K., & Lee, C. (2018). Resilience and protective factors in older adults [Master's thesis]. ProQuest Dissertations and Theses Global.
Minister for loneliness. (2018, January 17). The New York Times. https://www.nytimes.com/2018/01/17/world/europe/uk-britain-loneliness.html
National Seniors Council. (2016, July 20). Report on the Social Isolation of Seniors. Canada.ca. https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html
PALS (Pet Access League Society). (2020). Facebook. https://www.facebook.com/PetAccessLeagueSociety/
Pimlott, N. (2018). The ministry of loneliness. Canadian family physician Medecin de famille canadien, 64(3), 166.
Report on the social isolation of seniors 2013-2014. (2014). Government of Canada. publicentre.esdc.gc.ca
Resources to help seniors age in their community. (2020, January 14). Government of Alberta - Alberta.ca. https://www.alberta.ca/seniors-resources.aspx#toc-3
Senior loneliness epidemic. (n.d.). World Economic Forum. https://www.weforum.org/agenda/2019/11/the-new-care-model-to-tackle-the-senior-loneliness-epidemic/
Social isolation of seniors (Vol 1). (n.d.). Federal/Provincial/Territorial ministers responsible for seniors. https://open.alberta.ca/dataset/6d39599c-a29c-4716-9fd9-7d985f7db0fe/resource/9ad41e7a-e485-4f37-9afd-4f48d85bb3a9/download/toolkit-volume-1-social-isolation-of-seniors-understanding-the-issue-ab-box.pdf
Social isolation, loneliness in older people pose health risks. (2019, April 23). National Institute on Aging. https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
Social isolation. (2019, January 25). United Way Calgary and Area. https://calgaryunitedway.org/good-platform/social-isolation/
Sullivan, M. P., Victor, C. R., & Thomas, M. (2016). Understanding and alleviating loneliness in later life: perspectives of older people. Quality in Ageing and Older Adults, 17(3), 168-178. https://doi.org/10.1108/qaoa-06-2015-0031
A third of U.S. adults are lonely - here's how we can help. (n.d.). World Economic Forum. https://www.weforum.org/agenda/2019/11/the-new-care-model-to-tackle-the-senior-loneliness-epidemic/
Villar, D. I. (2015). Innovation, creativity and leadership project report 2015 design thinking to reduce loneliness and isolation in older adults [Doctoral dissertation]. https://www.academia.edu/16669817/Design_thinking_to_reduce_loneliness_and_isolation_in_older_adults
Vulnerable Seniors. (2020, January 21). United Way East Ontario - 100% Local Impact. https://www.unitedwayeo.ca/local-issues/vulnerable-seniors/
Weststrate, N. M., Glück, J., & Ferrari, M. (2018). Intergenerational storytelling as a medium for the social transmission of lived wisdom. Innovation in Aging, 2(1), 586-586. https://doi.org/10.1093/geroni/igy023.2173

Appendix A: ARECCI Ethics

ALBERTA INNOVATES

arecci
A tiRoject Ethics Community

Date: January 15, 2020
Project Lead: Ali Abid, AHS Design Lab
Organization: Alberta Health Services

Letter of Review for: [Elderly Loneliness and Isolation]
Type of Project: [Quality Improvement.]
Second Opinion Reviewer(s): Laura Schattle-Weiss

Dear Ali,

Thank you for the opportunity to review your project. This letter is in follow-up to our discussion and confirms a summary of the feedback and suggestions to strengthen your project.

The purpose of the Second Opinion Review (SOR) is to provide project leads and teams with objective suggestions that improve a project's ethical soundness. Any decisions about how the project proceeds remain with you and your organization.

The SOR is based on ARECCI's six ethics considerations and frames the feedback on the key strengths of your project and suggestions to address ethical concerns.

1. How will the knowledge gained from this project be useful?

Your project's purpose is to look at "How might we reduce social isolation and loneliness with low SES seniors to increase social wellbeing and quality of life?" The potential of increasing the social wellbeing and quality of life for seniors supports consultations of key, interdependent stakeholders within seniors care, such as seniors and their families, healthcare providers and community agencies.

Your plans to share the findings with these stakeholders, indicates your intent to collaboratively explore ideas and generate recommendations to address conditions that are holding senior social isolation and loneliness in place.

2. How will the described method or approach generate the desired knowledge?

Your plan surrounding exploring literature review findings and stakeholder expertise through semi-structured interviews and surveys, and brainstorming to generate open-ended discussion with the key stakeholders in order to initiate co-learning among these stakeholders, is very strategic to obtain a diversified understanding of the complexity of the issues contributing to senior social isolation and loneliness with low SES seniors. Analyzing these findings to generate recommendations for positive change, including the empowerment of seniors to address their loneliness, adds to the robustness of the plan.

3. How will you ensure that the participant (or data) selection process is fair and appropriate?

You have clearly indicated that the selected participants will be key stakeholders within the system, based on random sampling from a variety of demographics (seniors, families, nurses, paramedics, nurse educators, and community agencies). Once selected, recruitment will be via a detailed email, providing the participant

ALBERTA INNOVATES

arecci
A tri-Project Ethics Community

information about the purpose of the quality improvement project, a waiver, and clear instructions that they have the ability to decline participation in the project.

4. How will you maximize benefits and minimize or mitigate the ethical risks in the project?

I commend the utilization of Design Thinking Model to maximize the exploration of conditions surrounding this issue by sharing knowledge, skills, attitudes and experiences on the issue of senior loneliness and isolation.

Benefits and risks to the participants and organization have been carefully considered with strategies put in place to mitigate any risks identified.

5. How will the rights of individuals, communities, and populations be respected in this project?

Plans you have put in place for the data collection, sharing of the data, storage and disposal of the data protect the privacy and confidentiality of your participants.

6. Will informed consent be needed in this project?

Your plans for the disclosure of the ethical risks of the project, with a consent form signed prior to anyone participating in the project, are very robust, protecting and respecting your selected participants, and allowing them to choose freely whether they wish to participate.

Again, thank-you for the opportunity to provide this review. Please feel free to contact me for any clarifications. It has been a pleasure discussing this project with you.

I wish you success as you move forward with this project.

Sincerely,

Laura Schattle-Weiss

Laura Schattle-Weiss
ARECCI Second Opinion Reviewer

Second Opinion Reviewer (SOR) The ARECCI Second Opinion Reviewers go through an 8–10 months training and mentoring program aimed at building their knowledge and skill in performing project ethics review for quality improvement, evaluation, needs assessment, and other kinds of projects that are not appropriate for REB review. SORs work with project leaders, both internal and external to their organization, to strengthen the ethical oversight in these types of projects and can help you sort whether your project is research and therefore should go to a REB for review or whether the SOR process is the more appropriate review pathway. Specifically, the Second Opinion Reviewer has the skills to conduct project ethics review of higher risk quality improvement and evaluation projects.

SORs also provide knowledgeable project ethics skills to help build capacity in an organization to manage ethical risk, and help project leads to design and implement ethically sound, useful, and meaningful projects.

Appendix B: Consent Form

Letter of Informed Consent

How might we reduce social isolation and loneliness with low socio-economic seniors in Calgary to increase social wellbeing and quality of life?

The Alberta Health Services Design lab in partnership Mount Royal University Catalyst fellowship program is exploring seniors' loneliness & isolation within Calgary through this quality improvement project.

The catalyst fellow, senior level nursing student, Cindy Calderon, along with faculty mentor, Professor Andrea Kennedy, with support from Ali Abid, AHS Design lab are leading this project.

Project purpose

The purpose of this quality improvement project is to inform the local context in order to create and inspire change around the topic of elderly loneliness and social isolation. As part of this project, we will be asking front-line staff to complete a survey regarding their understanding and perception on senior's loneliness and social isolation.

Survey

This project consists of a survey in which you will be asked to provide answers to a series of questions related to your demographics, explore the topic of social isolation and loneliness and identify gaps and opportunities to improve it. The online format will be administered to individual participants through Survey monkey. Should you decide to participate in this confidential survey online, you may access the anonymous survey by following the web link located under the "Giving of Consent" section.

Time Required

Participation in this survey will require 10 minutes of your time.

Risks

There are no anticipated risks or discomforts associated with participating in this survey.

Benefits

You may become more aware of elderly social isolation and loneliness. We are unaware of any research or projects that have investigated staff perception regarding elderly loneliness and social isolation. This project has the potential to increase knowledge and awareness in these areas, and may benefit others in the future.

Participation and Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate, and you may withdraw at any time up to the point before you submit your survey responses without consequences of any kind.

Confidentiality

The results of this survey will be submitted in the format of a written report to Alberta Health Services Design Lab for quality improvement purposes and Mount Royal University Catalyst fellowship program to help meet the requirement of their program.

While individual responses are anonymously obtained and recorded online through *Survey Monkey* (a secure online survey tool), data is kept in the strictest confidence. No personal information will be collected in the survey. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored on a password protected computer. Only the project leads and student directly associated with this project will have access to this information for the purposes of analyzing and conducting the project. Upon completion of the project, all information will be destroyed. Final aggregate results will be made available to participants upon request.

Questions about the project

If you have questions or concerns during the time of your participation in this survey, or after its completion or you would like to receive a copy of the final aggregate results of this survey, please contact: Ali Abid at ali.abid@ahs.ca

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this survey. I freely consent to participate. I was provided with a copy of this form through email.

Online survey: By clicking on the link below, and completing and submitting this confidential online survey, I am consenting to participate in this survey:

Pass it on: Feel free to send this invite to other healthcare providers who you know who might be interested in completing this survey.

Letter of Informed Consent

How might we reduce social isolation and loneliness with older adults in Calgary to increase social wellbeing and quality of life?

The Alberta Health Services Design lab in partnership Mount Royal University Catalyst fellowship program is exploring older adults' loneliness & isolation within Calgary through this quality improvement project.

The catalyst fellow, senior level nursing student, Cindy Calderon, along with faculty mentor, Professor Andrea Kennedy, with support from Ali Abid, AHS Design lab are leading this project.

Project purpose

The purpose of this quality improvement project is to inform the local context in order to create and inspire change around the topic of older adults and loneliness & social isolation. As part of this project, we will be asking undergraduate Nursing Educators and Student Nurses to complete a survey regarding their understanding and perception on older adults' loneliness and social isolation.

Survey

This project consists of a survey in which you will be asked to provide answers to a series of questions related to your demographics, explore the topic of social isolation & loneliness and identify gaps and opportunities to improve it. The online format will be administered to individual participants through *Google Forms*. Should you decide to participate in this confidential survey online, you may access the anonymous survey by following the web link located under the "Giving of Consent" section.

Time Required

Participation in this survey will require 10 minutes of your time.

Risks

There are no anticipated risks or discomforts associated with participating in this survey.

Benefits

You may become more aware of older adults' social isolation & loneliness. We are unaware of any research or projects that have investigated staff perception regarding older adults' loneliness & social isolation. This project has the potential to increase knowledge and awareness in these areas and may benefit others in the future.

Participation and Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate, and you may withdraw at any time up to the point before you submit your survey responses without consequences of any kind.

Confidentiality

This is an anonymous survey and steps are taken to ensure no individual is identified. The results of this survey will be submitted in the format of a written report to Alberta Health Services Design Lab for quality improvement purposes and Mount Royal University Catalyst fellowship program to help meet the requirement of their program.

While individual responses are anonymously obtained and recorded online through Google Form (a secure online survey tool), data is kept in the strictest confidence. No personal information will be collected in the survey. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored on a password protected computer. Only the project leads and student directly associated with this project will have access to this information for the purposes of analyzing and conducting the project. Upon completion of the project, all information will be destroyed. Final aggregate results will be made available to participants upon request.

Questions about the project

If you have questions or concerns during the time of your participation in this survey, or after its completion or you would like to receive a copy of the final aggregate results of this survey, please contact: Ali Abid at ali.abid@ahs.ca

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this survey. I freely consent to participate.

Online survey: By clicking on the link below, and completing and submitting this confidential anonymous online survey, I am consenting to participate in this survey:

https://docs.google.com/forms/d/1y4TDx3bFRplMSZRpro1PlQhdqQL8w3MP7CFiMmom6sU/prefill

Appendix C: Semi Structured Interview Questions

Loneliness and Social Isolation: January 22, 2020

1. What are your insights and experiences with seniors' isolation & loneliness in the community?

2. What are gaps in the nursing education & health system related to this issue?

3. How can nurses empower the local seniors' population?

4. How could isolation & loneliness be assessed with a simple question (or series of questions) that could lead to a cascade of questions for more comprehensive response?
   - How often do you feel that you lack companionship?
   - How often do you feel left out?
   - How often do you feel isolated from others?

5. Expert opinion about AHS survey

Appendix D: MRU Faculty & Student Survey

Nursing Educators & Student Nurses' perceptions of older adults experiencing loneliness and/or social isolation

The Alberta Health Services Design lab in partnership with Mount Royal University Catalyst Fellowship Program is exploring older adults (age 65 and over) who are experiencing loneliness and/or social isolation within Calgary through this quality improvement project.

As part of this project, we are asking Nursing Educators and Student Nurses about their understanding and perception of older adults (over 65 years) experiencing loneliness and social isolation. Your feedback will help us develop a better understanding and develop resources that may address this issue.

This is an anonymous and confidential survey. Participation is voluntary and the survey will require 10 minutes of your time.

If you have questions or concerns during the time of your participation in this survey, or after its completion or you would like to receive a copy of the final aggregate results of this survey, please contact: Ali Abid at ali.abid@ahs.ca

Tell us about yourself

1.What is your main area of interest? (select one)
Mark only one oval.

- ○ Seniors Health
- ○ Community Health
- ○ Adult Health
- ○ Mental Health
- ○ Maternal Newborn Health
- ○ Child Health
- ○ Other: _____

2. Where have you gained practice experience working with older adults?
Mark only one oval.

- ○ Seniors Health
- ○ Community Health
- ○ Adult Health
- ○ Mental Health
- ○ Maternal Newborn Health
- ○ Child Health
- ○ Other: _____

3. NURSE EDUCATORS: Years as a Registered Nurse?
Mark only one oval.

- ○ 1-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 15-20 years
- ○ 20-25 years
- ○ 25 years +
- ○ Other: _____

4. NURSING STUDENTS: Year in the undergraduate nursing program
Mark only one oval.

- ○ Year 1
- ○ Year 2
- ○ Year 3
- ○ Year 4
- ○ Other: _____

Knowledge and Beliefs

5. Loneliness and social isolation is a serious problem among older adults.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

6. Loneliness and social isolation is an important public health issue.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

7. What do you see as contributing factors to older adults experiencing “loneliness”?

_____
_____
_____
_____
_____

8. What do you see as contributing factors to older adults experiencing “social isolation”?

_____
_____
_____
_____
_____

9. Nursing education does a good job responding to the issue of older adults who are experiencing loneliness and/or social isolation.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

Practice

10. I teach/learn about older adults who are experiencing loneliness and/or social isolation.
Mark only one oval.

- ○ All the time
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ Unsure
- ○ Other: _____

11. I teach/learn about formal assessment in older adults for loneliness and/or social isolation.

Formally assess: Using an assessment tools/form or a question/ questionnaire to assess risk for loneliness and/or social isolation among seniors.
Mark only one oval.

- ○ All the time
- ○ Some
- ○ Never
- ○ Unsure
- ○ Other: _____

12. How satisfied are you with supports needed to teach & learn about older adults who are lonely and/or socially isolated?
Mark only one oval.

- ○ Very satisfied
- ○ Satisfied
- ○ Neutral
- ○ Unsatisfied
- ○ Very unsatisfied
- ○ Not sure

13. I am confident in my ability to help older adults who are experiencing loneliness and social isolation.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

Training and Improvement

14. I have received FORMAL training/education on supporting older adults who are experiencing loneliness and social isolation.

Formal training is education or in-service provided by your employer/organization.
Mark only one oval.

- ○ Yes
- ○ No
- ○ Not sure

15. I have received INFORMAL training/education on supporting older adults who are experiencing loneliness and social isolation.

Informal training is education you have learned on your own or education not provided by your employer/organization.
Mark only one oval.

- ○ Yes
- ○ No
- ○ Not sure

16. What do you need to teach/learn more effectively about older adults who are lonely and/or socially isolated?

_____
_____
_____
_____
_____

17. How can your nursing education program better support nurses to care for older adults who are experiencing loneliness and/or social isolation?

_____
_____
_____
_____
_____

Appendix E: Frontline Providers & Community Agency Survey

Healthcare providers' perceptions on older adults experiencing loneliness and/or social isolation

The Alberta Health Services Design lab in partnership with Mount Royal University Catalyst Fellowship Program is exploring seniors' (age 65 and over) experiencing loneliness and/or social isolation within Calgary through this quality improvement project.

As part of this project, we are asking frontline healthcare providers (staff who provide direct patient care) regarding their understanding and perception of seniors experiencing loneliness and social isolation. Your feedback will help us develop a better understanding and develop resources that may address this issue.

This is an anonymous and confidential survey. Participation is voluntary and the survey will require 10 minutes of your time.

If you have questions or concerns during the time of your participation in this survey, or after its completion or you would like to receive a copy of the final aggregate results of this survey, please contact: Ali Abid at ali.abid@ahs.ca

Tell us about yourself

1. What is your current role? (Select one)
Mark only one oval.

- ○ Licensed Practical Nurse (LPN)
- ○ Registered Nurse (RN)
- ○ Physician
- ○ Health Care Aid
- ○ Paramedic
- ○ Social Worker
- ○ Allied Health professional (physiotherapist, pharmacist, technologist, recreational therapist etc.)
- ○ Other: _____

2.Total years of experience working in your current profession:
Mark only one oval.

- ○ Less than a year 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 15+ years

3.Which area do you spend the most time working in?
Mark only one oval.

- ○ Hospital- Inpatient Unit
- ○ Hospital-Emergency Department Long-Term Care
- ○ Community Health Centre Home Care
- ○ Non-Alberta Health Services Community Agency Primary Care
- ○ Independent living facility
- ○ Other: _____

Knowledge and Beliefs

4. What do you see as contributing factors to seniors experiencing "loneliness"?

_____
_____
_____
_____
_____

5. What do you see as contributing factors to seniors experiencing "social isolation"?

_____
_____
_____
_____
_____

6.Loneliness and social isolation is a serious problem among seniors.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

7. Loneliness and social isolation is an important public health issue.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

8. The current healthcare system does a good job of helping seniors who are experiencing loneliness and/or social isolation.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

Practice

9. In my current role, I take care of seniors who are experiencing loneliness and/or social isolation.
Mark only one oval.

- ○ All the time
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ Unsure
- ○ Other: _____

10. In your current role, I formally assess older adults for loneliness and/or social isolation.
Formally assess: Using an assessment tools/form or a question/questionnaire to assess risk for loneliness and/or social isolation among seniors.
Mark only one oval.

- ○ All the time
- ○ Some
- ○ Never
- ○ Unsure
- ○ Other: _____

11. How satisfied are you with the level of support you and/or team are able to provide seniors who are experiencing loneliness and/or socially isolated?
Mark only one oval.

- ○ Very satisfied
- ○ Satisfied
- ○ Neutral
- ○ Unsatisfied
- ○ Very unsatisfied
- ○ Not sure

12. In my current role, I am confident in my ability to helping seniors who are experiencing loneliness and social isolation.
Mark only one oval.

- ○ Strongly Agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not sure

Training and Improvement

13. I have received FORMAL training/education on supporting seniors who are experiencing loneliness and social isolation.

Formal training is education or in-service provided by your employer/organization.
Mark only one oval.

- ○ Yes
- ○ No
- ○ Not sure

14. I have received INFORMAL training/education on supporting seniors who are experiencing loneliness and social isolation.

Informal training is education you have learned on your own or education not provided by your employer/organization.
Mark only one oval.

- ○ Yes
- ○ No
- ○ Not sure

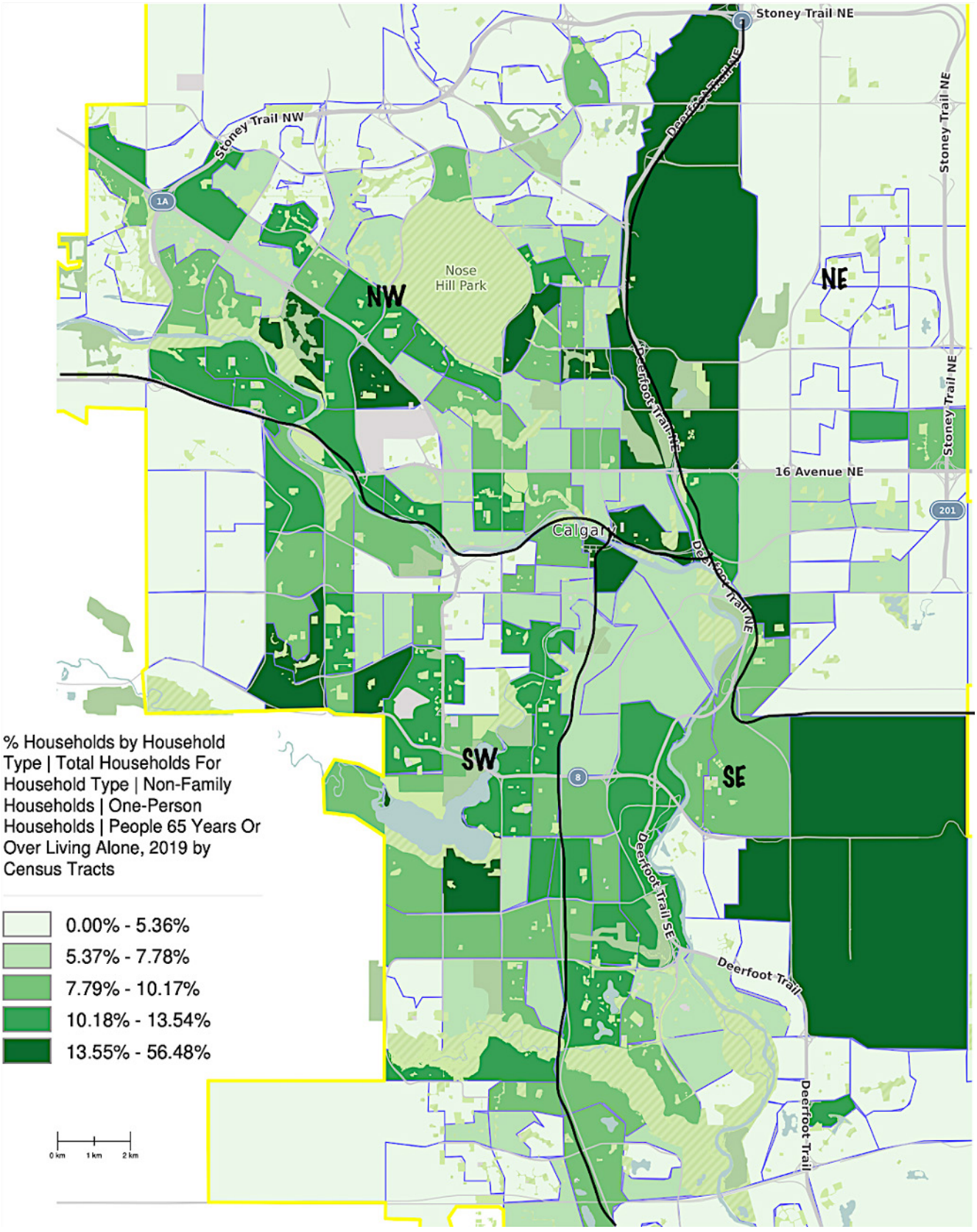
15. In your current role, what do you need to more effectively support seniors who are experiencing loneliness and/or social isolation?

_____
_____
_____
_____
_____

16. How can the healthcare system better support seniors experiencing loneliness and/or social isolation?

_____
_____
_____
_____
_____

Appendix F: Heat Map



Appendix G: Graphic Recording of Community Conversation

Appendix H: AHS Design Lab Community Conversation Summary

ELDERLY LONELINESS AND SOCIAL ISOLATION:
A Community Conversation

February 24: 9am – 12pm Host: AHS Design Lab
Location: CARYA Downtown Calgary

PURPOSE

This community conversation intended to bring together players from health, social, municipality and community to build relationships and raise the conversation around elderly loneliness and social isolation.

The event was an opportunity to understand
what everyone is doing to address the issue, discuss challenges they are facing and identify opportunities to collaborate to address gaps.

The event was hosted by Alberta Health Services Design Lab, facilitated by Marlies Van Dijk and Ali Abid.
22 individuals representing 16 organizations attended the day.

AGENDA

09.00	Welcome
09.15	Lay of the land
09.30	Our struggles
10.15	Break
10.45	Deeper dive
11.15	Ideate
11.45	Appetite for change
12.00	End

WHAT IS WORKING WELL?

Conversation Cafes (Dementia Network Calgary)

Recognition, awareness and conversation starting to occur

Small projects and pilots demonstrating effectiveness and positive outcomes

Increase in programming and community activities for seniors

Age-friendly City of Calgary focus

Emerging technologies entering this space

Chinese community providing helpers for emotional support

Emerging research + partnerships

More for-profit engagement

Be kind community program

Grassroots monthly community programs

WHAT ARE THE CHALLENGES WE ARE FACING? (Top 5 concerns in red)

Community Engagement/ Awareness (21 votes)

- Access to specialists (time and distance)
- Lack of access to wellness specialists
- Situational access to specialized clinic

Medical Health Model (14 votes)

- Illness vs. wellness model
- Language barriers
- Reliance on professionals

Culture/Society (13 votes)

- Hard to ask for help
- Individualistic culture/society
- Physical and mental health hard to serve

System Navigation/ Integration (12 votes)

- Where to go for help
- Lack of integration between health, social and community system
- System not equipped for aging people

Funding/Resources (12 votes)

- Limited funding or funding cuts
- Competing demands
- Hard to find staff/volunteer
- Pilots funded but no sustainable funding
- Reduced home supports in community (funding)
- Long waitlists to access programs

Other

- Policies that create barriers
- Transportation access; Low income bus passes
- Lack of access to information of what's out there
- Ageism: older adults are not sexy
- Transition: smooth continuum for people to move through programs
- Volunteerism "work" lack of meaning and purpose
- End of life: discomfort/ not promoted
- Public health
- Long waits for clinic appointments discourage using local doctors

www.d4ahs.com
design.lab@ahs.ca

DEEPER DIVE

The group self-organized around the Top 5 challenges to further explore identify opportunities.

1. Community Engagement/Awareness

- Better use of community association
- Use technology
- Buddy system
- Build neighborhood stakeholders
- Better messaging to draw people

2. Medical Health Model

- Involve older adults in program design
- More intergenerational programming
- Campaign to older adults

3. Culture/Society

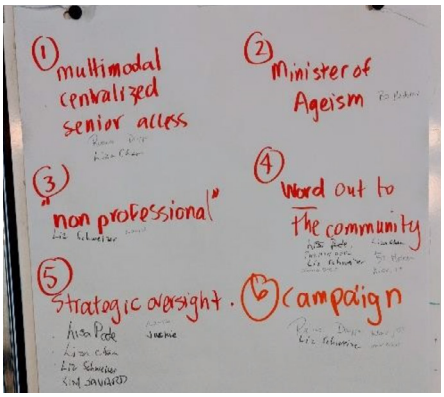
- Minister of Ageism
- Seniors in positive light
- Cultural sensitivity

4. System Navigation/Integration

- Focus on end user
- Multimodal access
- Increase cultural competence

5. Funding/Resources

- Creating a system of support to include independent living support (paid supports)
- Transportation (driver –coop)
- Strategic oversight of funding for the sector



IDEATE

Ideas with the top votes:

1. Strategic oversight and implementation of integrated resources and funding to address gaps
2. Get the word out to the community about how to get engaged to reduce loneliness/ campaign
3. Coordinated neighbourhood-based " non- professional" independent living support network/system
4. Multimodal centralized senior access
5. Minister of Ageism

NEXT STEPS

Individuals volunteered their names the ideas they were interested in supporting. The group also agreed to continue the conversation from the session and setup a follow-up virtual meeting in April.


Alberta Health Services
Primary Care Network CALGARY FOOTHILLS
FMC
The Brenda Strafford
Dementia Network CALGARY
GFL 55+S
Calgary Homeless FOUNDATION
LINKages
ELDERLY LONELINESS AND SENIOR ISOLATION
JOIN THE CONVERSATION
United Way Calgary and Area
HOW BIG IS THE ISSUE?
SOCIAL ISOLATION
ICE BERG
ELDER LONELINESS
SILOS
HOUSEHOLD INCOME
TOP 3 CONCERNS
COLLECTIVE CONSCIOUSNESS
OLDER ADULTS
LIVING ALONE
WINTER CITY
LIGHTNING
carya
WHAT IS WORKING WELL?
FUNDING CUTS
RECREATION CENTRES
PUBLIC LIBRARY
SHARP LOAN
COMPLEX needs
EVICTION NOTICES
ANIMAL COMPANIONS
VOTE
6 DOTS
DISCUSSION GROUPS
TOOLS & TECHNOLOGY
CLUSTERS OF stickies
UNIVERSITY OF CALGARY
MOUNT ROYAL UNIVERSITY
SYSTEM NAVIGATION & INTEGRATION
FUNDING
Rx MEDICAL HEALTH Model
ENGAGEMENT AND AWARENESS
JFSC
Immigrant Services Calgary
Calgary Seniors' Resource Society
INTERGENERATIONAL PROGRAMS
WAIT LISTS
BUDGET
ESL
Community Connections
Kerby Centre for the 55 plus
CULTURE & SOCIETY REVERENCE
CHARITY CRASHER
Calgary
ROCK
UPSTREAM
PROACTIVE
12345
ideas
BUILDING COMMUNITIES BY DESIGN
ageism
D4AHS.com
WHO IS NOT IN THE ROOM?
Aaron Russell
PLC

Appendix I: Stakeholders Social Media Posts