Community Connectors: Harnessing positive community energy to address social isolation and loneliness among seniors

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Community connectors:

Our plan for today

Study completed Dec, 2020

- Literature review
- Interviews
- Environmental Scan

Community connectors

- What is it
- What will be done

Implications

- Social determinants of health/prevention/health care
- Importance of community involvement
Literature review

Global epidemic prior to Covid-19

Social Isolation: more objective
  - 19-24% isolated, 30% at risk

Loneliness: subjective
  - up to 50% of seniors in Canada
Better relationships: 50% better chance of overall survival, follow through on medical recommendations, less hospitalizations

Negative outcomes
- Equivalent to smoking 15 cigarettes/day or having an alcohol disorder and surpassed risk of being obese

Positive outcomes
Risk factors

**MICRO**
Individual. Things like poor body image, chronic illness, impaired hearing or cognitive decline.

**MESO**
Local, community level. They can be entwined with the macro (national), but the distinction is important.

**MACRO**
These are "bigger" issues, such as economic status, rural vs urban, or affordable transportation.
Who can identify?

Health care workers

Non-traditional sources
Group or one-on-one
Technology
Physical activity
Intergenerational
Pets
Leisure
Volunteering
Creating interventions
Methodology

Phone interviews
UCLA Loneliness scale
Coded and analyzed into themes
Results

Equal men and women
Average age 79
Only 3 lived with others
UCLA Loneliness scale: 6

Many in Fredericton for years
Only 2 in good health, many, many health conditions named

Health
- Fluctuations
- Isolation <-> Mental health

Living arrangement
- Lack of support

Tough to get out
Now what?
### Environmental Scan

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Hobbies</th>
<th>Pets</th>
<th>Telephone and Technology</th>
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<tbody>
<tr>
<td>Physical activity</td>
<td>Intergenerational</td>
<td>Social prescribing</td>
<td>Message/Coordinate</td>
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Community Connectors


https://bjgp.org/content/68/676/e803.short
UK/Frome Medical Practice

UK: Social prescribing (2006)

Minister of Loneliness (2018)

Compassionate Communities: brings the support to the person, not the person goes to the support

Multi-factorial program, but first use of Community Connectors: volunteers from the community (taxi drivers, baristas etc) who are trained to discuss services with the aid of a directory.

Unplanned hospital admissions, data collected April 2013-Dec 2017
Pre-intervention: they were increasing in Frome and neighboring Somerset
Post-intervention: increasing markedly Somerset (28.5%), decreased on Frome (14%) - savings of 20.8%: ~$2.1 million Canadian
The Frome model is both a medical as well as a social intervention:

> 600 community connectors,

~ 20 conversations

- Greater than 12000 conversations in a population 29000

- Incorporating community interventions more in healthcare.

Not only benefits the individual, volunteers reported feeling valuable, making a difference in someone's life and a greater sense of belonging to their community.

Community spirit: named "Best places to live in Britain" in Times.
Our study

Community greatly involved

- GFSI/STU/Age-Friendly: social isolation survey
  Asset-mapping of services for isolation
- Meals on Wheels
- Advisory committee
- Directory: 211, others
Our study

HSPP grant application

- Case Studies: UK groups, as well as in Ontario
- Pilot program based on these case studies, literature and advisory committee recommendations
- Create a knowledge hub for those who will be trained
- Evaluate: Interviews, focus groups and surveys
- Update knowledge hub according to feedback
Current state of affairs: Is policy changing?

- Health care expensive

- Community practice/aging in place/preventative care

- Social determinants of health account for 30-55% of outcomes (as compared to ind. lifestyle choices)

- However, are community supports in place? Are we using what resources are there to the fullest?
Individual: Community Provincial National

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