



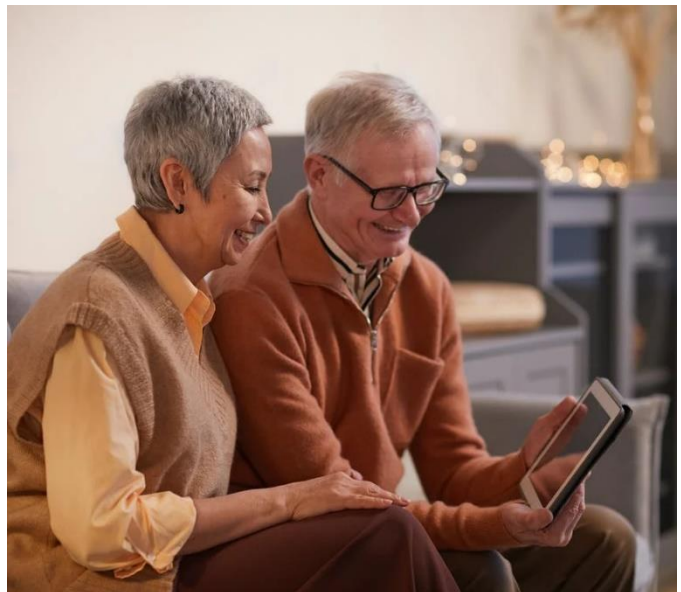
Building Back Differently

Building Back through
Social Inclusion of Older Adults
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Building Back Differently is a collaborative project between Trent University researchers and community experts that pulls together local data and experience from the Peterborough region to help envision a healthier, more equitable future in the wake of the COVID-19 pandemic.

Building Back through Social Inclusion of Older Adults

Contributors

Early in the pandemic Peterborough Public Health and Age-friendly Peterborough facilitated weekly teleconferences with approximately 20-30 community health or social service providers, businesses leaders, elected officials and senior volunteers, who support community dwelling older adults in Peterborough City and County and Hiawatha and Curve Lake First Nations. This collaboration resulted in “Social Isolation to Social Connection: Community-Based Participatory Research with Community-Dwelling Seniors and their Formal and Familial Caregivers - Response to COVID-19” led by two contributors on this report: Ann MacLeod, RN, MPH, faculty in the Trent Fleming School of Nursing and Dawn Berry Merriam, MA, community planner, both members of the Trent Centre for Aging and Society, and Sterling Stutz, MPH, Health Promoter with Peterborough Public Health, has also contributed to this report.

Focus: Negative impacts of social isolation on older adults compounding austerity measures and the pandemic.

Social isolation refers to a lack of high quality and quantity social contacts while loneliness is defined as a subjective feeling of isolation despite the size of an individual’s social network (Cotterell et al., 2018). Among community dwelling older adults, the prevalence of social isolation ranges from 6% to 43% with 10% to 50% report feeling lonely (Freedman & Nicolle, 2020). A cross sectional survey of 4879 older community dwelling adults over 65 in Ontario in May of 2020 revealed that 43.1 % reported loneliness some of the time, and 8.3 often or always (Savage et al., 2021). Social isolation amongst paid and unpaid caregivers of older adults has also been documented as increasing during the pandemic (Azevedo et al., 2021; Mendes et al., 2019). Damaging health impacts are associated with social isolation, including high blood pressure, depression, cognitive decline, premature mortality, and overall lower quality of life (Johnson et al., 2017; Smith et al., 2020).

In Canada, older adults with low incomes, those living alone in urban areas, as well as male and immigrant older adults are less likely to have a high level of social support to provide caregiving and socialization during the pandemic (Frank, 2020). Adults with lower incomes reported an increased burden of symptoms associated with mental health distress during the pandemic that was more pronounced for women compared to men (Simcoe Muskoka District Health Unit, 2020; Chief Public

Health Officer of Canada, 2020). Older adults in Canada report reduced access to the internet and reduced digital literacy skills compared to younger Canadians, with a study from 2016 demonstrating a rate of mobile use of 70% and internet use at 72% for those 65 years and older compared to 92% and 97% respectively for those age 35-49 years (Canada Radio-television and Telecommunication Commission, 2018; Abdelaal, 2021). This reduced access to internet services for older Canadians is concerning for access to both socialization and services during the pandemic and can impact an individual's ability to access a COVID-19 vaccine due to the reliance of online booking systems (Abdelaal, 2021). Elderly adults are experiencing a reduction in social interaction and increased dependency on their caregivers as programming is reduced and/or cancelled due to the pandemic (Nazal et al., 2021; Chief Public Health Officer of Canada, 2020). Caregivers are facing increased responsibilities and may be more likely to be overwhelmed during the pandemic as a result of increased stressors, leading to what researchers have identified as a potential 10-fold increase in elder abuse during the pandemic (Nazal et al., 2021). Researchers suggest the prevalence may be as high as 1 in 5 elders experiencing abuse, the majority of which is unreported (Nazal et al., 2021).

Studies have evaluated and proposed interventions to address social isolation among older adults. Pre-pandemic interventions included community gardens, recreation and exercise programs, pet visitation, computer literacy programs, and potlucks (Poscia et al., 2018; Tonkin et al., 2018). Interventions that utilized technologies (e.g., computer and internet) and programs that combined multiple interventions were most successful in alleviating social isolation and loneliness (Poscia et al., 2018). Far less research has examined interventions for social isolation among family and formal caregivers. Existing studies have explored internet and technology-based tools for caregivers of people living with dementia with some positive outcomes (Newman et al., 2019). An evolving issue is the need to support older adults as policies develop for demonstrating proof of COVID-19 vaccine passports whether digital or through other mechanisms. Other in-person interventions for caregiver isolation included education programs and arts-based interventions, the latter having only varied impacts on caregiver well-being (Camic et al., 2014; Skinner, 2009; Tkatch et al., 2017), but qualitative evaluations of intergenerational storytelling through puppet projects locally showed meaning making, learned communication skills and relationships forged between children, their parents and older adults in long term care facilities (MacLeod & King, 2019).

The challenges of social isolation described above are amplified locally because our senior population is forecast to grow to 26% of the city's population and 30% of the County's population by 2041 (Government of Canada, 2016). The census also noted that 11% of older adults live below the after-tax low-income measure of 2015 compared to 5 % of Ontarians (Community Wellbeing Plan, 2019). Community responses locally included community consultations when developing the Age Friendly Peterborough Plan (2017) and the Community Wellbeing Plan (2019). There is consensus regarding the link between income, housing, mental health and connectedness. In the greater Peterborough area, 13.3% of the residents reported living alone and 43% of these residents were 65 or older and 19% were 80 or older (Government of Canada, 2012). The consultations pre-pandemic called for enhanced activity and community centres (rural, youth and older adults) and hubs, gathering spaces, collaborations, intergenerational activities and outreach supports for isolated older adults. Since 2015, over 30 projects, receiving over \$470,000 supporting social connection through volunteers have been funded through the New Horizons for Older adults Program. These are all collaborative initiatives, with limited precarious funding, many facilitated by senior volunteers themselves, who reached out to home-

bound older adults living in precarious situations. Examples of initiatives range from pre-pandemic face to face approaches where socially isolated rural older adults co-created expressive arts with senior volunteers (MacLeod et al. 2017), to more recent technological training and support for isolated older adults from Senior Ladies Living Together, and the Peterborough Public Library (Davis, 2021). There has been a shift of responsibility for ensuring social and basic needs of our community dwelling older adults from the state to our volunteers; fortunately, in Peterborough 54% of our population had volunteered within the last year, compared to 40% of Ontarians (Community Wellbeing Plan, 2020).

Responses to address this issue

Locally Age-friendly Peterborough, a network of health and social service providers, business, municipal and Hiawatha and Curve Lake elected officials and staff, academics and senior volunteers, have curated relevant approaches to address social isolation and how relevant services adapted to the pandemic in the [Age-friendly Newsletter – COVID edition](#) . Some examples of local responses include:

Virtual initiatives: Mental health support; physical and social activity virtual groups facilitated by Community Care, Alzheimer’s Society; virtual volunteer friendly visiting

Low-tech initiatives: Age-friendly Peterborough pilot project in collaboration with Activity Haven launched “Senior’s Centre Without Walls” where organizations or individuals may facilitate a social session using telephones as a medium to communication. Other low-tech communication methods were used by Hiawatha First Nation community using different colours of paper in windows of their homes, to indicate if and what type of support they required. Community members or staff from the Life Centre would respond accordingly. Other organizations are now doing outdoor fitness activities and indoor group classes following public health guidelines. Groceries were also delivered to isolated older adults from a variety of older adults services, volunteers and grocery retailers. Agencies such as Community Care Peterborough, have 631 volunteers providing the equivalent of 40 paid staff so support the well-being of 6,707 older adults in 2020-2021, doing activities, such as delivering groceries, assisting with COVID-19 vaccinations, and telephone check-ins among other services, which have provided a buffering affect on loneliness and meeting basic needs.

Participatory Action Research (PAR) led by Ann MacLeod, Catherine Ward Griffin, Dawn Berry Merriam, Jayne Culbert and Justine Levesque, examined the health experiences of community-dwelling older adults, family and formal caregivers from urban, rural, and Indigenous communities during the COVID-19 pandemic. Thirty-one semi-structured phone/zoom interviews with a purposive sample of 13 older adults, 9 family caregivers, and 9 formal caregivers were transcribed and coded, followed by individual and team thematic analysis. Additionally, 10 documents representing international to organizational directives (8 specifically related to COVID-19) were purposively selected and analyzed. Documents reviewed proposed solutions focused on protecting physical health, but failed to provide clear guidance on mitigating social and mental health harms. Secondly guiding documents gave little attention to inclusion and equity principles, that we now know are causing many to be left behind during the pandemic. The most common experience heard from all participants was altered social relationships, usually limited, resulting in feelings of loneliness and loss. Health experiences of older adults included reduced mobility, loneliness and worsening chronic conditions. Family caregivers identified physical fatigue and altered social relationships as challenges for themselves and for formal caregivers the

primary issue was mental fatigue/strain. Preliminary findings were then shared in three virtual participant focus groups to help refine the analysis and identify those practices, policies, and programs impacting the health of older adults and caregivers during the pandemic.

Main participant supports suggested with accompanying quotes using fictitious names

1. Provide technology support

“I think the challenge for the seniors that are not technically inclined, they either don't have internet access or don't know how to use the technology. Maybe if there was some assistance in that regard...” – Jake (Family Caregiver)

2. Provide caregiver support

“I'm being pushed into an area that I've never done before. It's like jumping into a new career and without much help.” – Kris (Family Caregiver)

3. Ensure respectful, clear, two-way collaborative communication

“What I found really hard was there was no communication or no contact for months with our community nurse or social service administrator, or between the health administrator and the client. The client had no clue what was going on. They weren't given any information. They weren't kept in the loop.” – Laura (Formal Caregiver)

4. Provide supports to age at home

“I am looking forward to as I age... that I can age at home if that is what I wish and that I will have the support to do that.” – Natasha (Older Adult)

5. Provide funding to support older adults, family and formal caregivers

“I wouldn't say that we don't get the right kind of support, but I think maybe it would be better to attach money to an elder and let them figure out how they want to proceed. You know, if they want to be in their home or if they want to be in care.” – Olivia (Family Caregiver)

6. Provide incentives to work in home care

“They aren't paying us for what is reflective of what we are doing in the community, while we are also keeping people in their own homes and out of institutions as per individual preferences.” – Molly (Formal Caregiver)

Recommendations from participants and Age-friendly Peterborough Virtual Forum December, 2020

1. Promote public health guidelines for physical distancing, safe social gatherings, and vaccinations.
2. Promote available services, programs, and policies to support the well-being of older adults and their caregivers.

3. Promote emerging technology support and technology-based resources for older adults and caregivers to maintain their social, mental, and physical health in the community.
4. Facilitate respectful, two-way collaborative communication across the full spectrum of care among older adults, caregivers, and health and social service providers.
5. Advocate for expanding safe opportunities for social and physical health activities.
6. Advocate for incentives to work in the home care and community support sector (e.g., increased wages, paid benefits).
7. Advocate for enhanced financial and physical resources to health and social service providers in the community.
8. Advocate for affordable, supportive, communal housing options to meet the needs of vulnerable older adults and mitigate caregiver strain.
9. Advocate for scaling up rural transportation busing and volunteer driver enhancements.
10. Advocate for enhanced accessibility to supports and services required by older adults as they age at home.

Age-friendly Peterborough working groups have sent letters to key decision makers to facilitate discussions based on recommendations from the participatory action research conducted by a collaborative team, yet discussions are not happening fast enough to meet the needs of our growing demographic of community dwelling older adults – worsened by the pandemic. The voices of the older adults and their caregivers and recommendations above speak to a chronically under-funded public health and social safety net, particularly for marginalized older adults, their family caregivers, and the often-gendered roles of our care workers and volunteers. Specifically, we call for:

- reversing *Bill 124, Protecting a Sustainable Public Sector for Future Generations Act* which caps salary increases of the public sector at one per cent, far lower than the rate of inflation. Given the chronic underfunding of the health and social service sector this act needs to be repealed to reflect the value society has for receiving publicly funded dignified health and social care. Base budgets for community health and social services need adequate funding for operations that are not reliant on volunteers.
- the Official Plan for Peterborough City and County must include zoning for accessible, affordable, diverse housing with the necessary health and social publicly funded supports to meet the needs of our projected population demographics.
- the Peterborough Ontario Health Team to demand adequate funding to build on technological infrastructure and communication among the entire circle of care including marginalized citizens and the services required to support their well-being, paying attention to cultural considerations.
- municipal and provincial financial support is required for intersectoral models of primary care provision such as a Community Health Centre to meet escalating needs of marginalized citizens with social determinants of health challenges where social prescribing is

- appropriate.
- permanent funding by the Province of Ontario of “the Link” rural transportation service, and scaling up to underserved areas of Peterborough County are required.

For further in-depth discussion, see:

[City of Peterborough \(2019\) Community Well-being Plan](#)

[Age-friendly Peterborough COVID Services Directory](#)

[Social Isolation Summary Report](#)

[Social Isolation to Social Connection Final Report](#)

[Peterborough Currents Participants Featured](#)

[Public Health Insight Podcast Social Isolation to Social Connection](#)

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