Social Determinants of Health in the Age of COVID: Effects of Social Isolation Among Adults 62+ in Rural Pennsylvania

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This study analyzed the extent of social isolation among rural Pennsylvanians aged 62 or older. It identified evidence-based programs and services that minimize social isolation, evaluated the determinants of social isolation among residents aged 62 or older, and evaluated the programs and services that currently exist in rural Pennsylvania to determine replicability throughout Pennsylvania and make policy recommendations. This study was conducted in three phases: a systematic literature review, a telephone survey, and focus groups with case managers.

Key findings

- *Social Connection and Isolation*: Women were more likely than men to report feeling lonely despite reporting that they are in good health and have enough friends and family around on whom to depend. Survey participants reported preferring in-person social activities.
- *Mental Health Access*: Stigma continues to keep older adults from seeking mental health help or from participating in programs targeting mental illness. Older adults prefer face-to-face interaction, even though roughly half of survey participants reported having social media accounts.
- *Communication*: Faith-based organizations and social media were mentioned as good resources to help rural older populations make social connections, provide mental health resources, and advertise social activities.
- *Transportation*: The lack of public transportation and the difficulty in accessing public transportation continue to be common barriers for rural older adults.
- *Housing and Social Isolation*: Shared housing and Elder Cottage Housing Opportunity (ECHO), which match older adults with younger partners, are good ideas but are difficult to implement because of the difficulty in matching older adults with someone outside of family with whom they can reside.

Policy Considerations

- *Transportation*: Expand services provided through the Medical Assistance Transportation Program (MATP) to address barriers that include lack of public transportation routes in rural communities and long ride times. More routes, longer hours of operation, and allowing MATP to cross county lines were suggested.
- *Services*: Expand telehealth, case management services, and Area Agency on Aging and senior center collaborations focusing on education programs for mental health prevention, stigma, and socialization.
- *Collaboration*: Develop more partnerships among the Area Agencies on Aging, Department of Education, and universities to implement community-based interventions. Colleges and universities with social work, nursing, counseling, and psychology programs usually require field work as part of the learning process. This field work could be done in conjunction with the Area Agencies on Aging or senior centers to provide education, prevention, assessment, and/or intervention for older adults in the community.
- *Program Expansion*: Expand the use of animatronic pets, ECHO and shared-housing programs, care management, waiver services for home modifications, adult day care, Meals on Wheels, and MATP transportation services.
- *Interventions*: Focus on interventions addressing companionship, such as letter writing/pen pal programs between K-12 grade school children and older adults, animatronic pets in the home, and friendly visits from college students as part of professional training.

Background

This study analyzed the extent of social isolation among rural Pennsylvanians aged 62 or older by conducting a systematic literature review, a telephone survey, and focus groups with case managers from the Area Agencies on Aging, and county mental health, autism, intellectual and developmental disabilities programs.

The results from the literature review of services and programs used throughout the U.S. for socially isolated adults were used to develop a focus group guide to ex-

plore the challenges and barriers to implementing similar programs in Pennsylvania. The survey of approximately 400 older rural Pennsylvania adults, which was conducted in five representative counties, explored loneliness, emotional support, health, internet and technology use, and transportation.

Activities, Process and Outcomes

The quantitative data show that more than 70 percent of the survey participants feel comfortable using the internet and technology in their life but are less likely to use the internet for health issues or for connecting with others. Data show that participants still like in-person connections. Even though about half of the participants have a social media account (the most popular of which is Facebook), data did not explore how often they use it or whether they use it to connect with others. More than half the respondents participate in faith-related activities: attending faith-related activities seems to be the most popular. More than 90 percent of the participants drove their own cars and said public transportation was not easily available to them. Based on these findings, faith-based organizations and Facebook could be good resources to help rural older populations make social connections or by which to advertise social-connection activities. However, public transportation could be an issue when people need it.

Based on the results, the gender and number of people who live with the participants make a significant impact on loneliness. The data indicate that females are more likely to feel lonely. Thus, having people live together could reduce the sense of loneliness. Marital status is also important. Data suggest married people are less likely to feel lonely and have more emotional support and better health conditions. Income, loneliness, and emotional support all have a significant impact on health. Having a higher income, fewer feelings of loneliness, and more emotional sup-

port seem to help improve the health conditions of older individuals. Interventions to help older people reduce loneliness and improve emotional support and income support programs can help improve the health conditions of older adults.

Qualitative data from focus groups identified interventions used in Pennsylvania and examined the challenges with implementing interventions that target socially isolated older adults. Case managers described multiple challenges, including health and mental health, the effect of stigma, work displaced families, difficulty accessing and using technology, problems with accessing transportation, staffing problems at partnering agencies that limit the ability to refer people to services, the isolating and limiting effects of COVID, limited home care services that address health care and socialization needs of rural elderly, and difficulty getting information to older adults about programs and how to access them.

Case managers offered their insights about implementing some of the interventions being used throughout the nation that address social isolation. Interventions that focus on companionship and engagement with other social systems, such as K-12 schools and universities,

were among the interventions that were seen as easier to implement compared to interventions that require travel, facilitation, or commitment to several weeks of classes. In general, case managers believe implementing interventions that partner with K-12 schools and universities are good ideas. These interventions take advantage of existing workforce and infrastructure, so programs do not need to be created from the ground up. Schools have policies, practices, and processes designed to implement learning activities, such as letter writing, mentoring, and community service programs. The Area Agency on Aging (AAA) case managers reported that partnerships with K-12 schools allow them to flex their strengths by focusing their attention on screening, referral, follow-up, and program monitoring. The use of robotic pets is novel and relatively easy to implement. Several counties are currently piloting this project and reported positive results in the focus groups. AAA will need additional money to purchase and maintain these pets as well as manage their distribution. Case managers also think it is critical for the Departments of Health and Education to coordinate state level policies that will guide the implementation of these programs.