

Introduction

Social Isolation and older adults

- Social isolation, secondary to the Coronavirus (COVID-19) pandemic, has altered older adults' daily routines, including access to care, support, and interpersonal interactions.¹
- Social isolation is the absence of social connections², which entails inadequate quantity and quality of interactions with others.³
- Among the socially isolated groups are adults 65 years and older, including those in community-dwellings and nursing facilities⁴, who have a higher risk for COVID-19 related illnesses, hospitalizations, and death.
- COVID-19 preventative measures, such as social isolation, may result in adverse outcomes that challenge older adults' capacity to return to their everyday lives.⁵ These outcomes include increased risk of frailty, sarcopenia, anxiety, depression, and cognitive declines.⁵
- To lessen the psychological and related effects of aging, many elder-friendly communities offer programs that encourage residents to engage in life-long activities and develop new interests that foster social connection and involvement.⁶

Purpose of the study

This study assessed how older adults in an elderly-friendly living community in Chesapeake, Virginia, perceive social isolation, their associated emotions, and daily coping activities during the COVID-19 pandemic.



Methods

Data collection and analysis:

- A brief survey was prepared by the Center for Global Health at Old Dominion University in collaboration with Healthy Chesapeake Inc.
- In June 2020, surveys were administered by program leaders at Cambridge Square Apartments due to COVID-19 restrictions.
 - Compiled and emailed survey responses to the researcher.
- Researcher performed data management and exploration using Microsoft Excel and SAS studio software, respectively.
 - The primary focus was descriptive findings.

Study sample

- Sample size: N=37; 10.81% males and 89.19% females
 - Residents of Cambridge Square Apartments in Chesapeake, Virginia.
 - Adults 62 years of age or older, and disabled adults.
 - Healthy Chesapeake Inc. provided residents with various community activities (e.g., gardening, nutritional courses, arts and crafts).

Findings

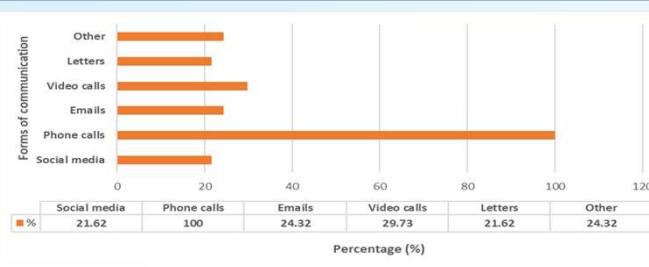


Figure 1. Frequency (%) of various forms of communication participants used to connect with friends and families during social isolation periods.

- The primary form of communication among older adults was phone calls.

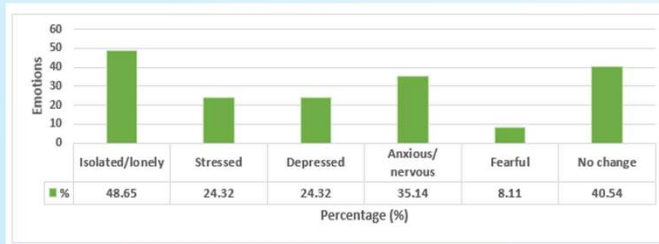


Figure 2. Frequency (%) of reported emotions participants felt or associated with being in social isolation.

- Almost 50% of participants reported feeling isolated or lonely. However, a significant portion of the participants noted no change in response to social isolation.

Table 1: Frequency of reported daily coping activities by participants' feelings of isolation or loneliness.

		Total study sample N (%)	Feelings of isolation (%)	
			Yes N (%)	No N (%)
Gender	Male	4 (10.81)	2 (11.11)	2 (10.53)
	Female	33 (89.19)	16 (88.89)	17 (89.47)
Activities	Drawing (Art)	8 (21.62)	5 (27.78)	3 (15.79)
	Sewing	3 (8.11)	2 (11.11)	1 (5.26)
	Physical activities	14 (37.84)	8 (44.44)	6 (31.58)
	Trying new recipes	8 (21.62)	3 (16.67)	5 (26.32)
	Reading	22 (59.46)	11 (61.11)	11 (57.89)
	Paying games	9 (24.32)	3 (16.67)	6 (31.58)
	Gardening	7 (18.92)	4 (22.22)	3 (15.79)
	Watching TV	31 (83.78)	16 (88.89)	15 (78.95)
	Other	21 (56.76)	11 (61.11)	10 (52.63)

- Various coping activities were reported among participants. However, television watching (N=16) and reading (N=11) were the highest recorded daily activities among older adults who also reported feelings of isolation or loneliness.

Discussion

Limited social interactions, associated emotions, and coping activities

- Social connectedness is crucial to reduce the risk of psychological effects and long-term mental health issues among seniors.⁷
 - The high percentage of phone calls indicates that participants remain socially connected to others despite their limited resources.⁸
 - Many older adults may not have the technologies or required skills to facilitate virtual interactions.
- Feeling isolated or lonely is a significant risk factor for low physical and mental status.⁹
 - Prolonged social isolation may increase these vulnerabilities among older adults.
- As older adults remain confined to their homes and personal spaces, they are even more vulnerable to decreased health outcomes.
 - Television watching and reading enables sedentary practices.
 - Low number of respondents reported physical activities for coping.

Limitations:

- The study was conducted in the early periods of the COVID-19 pandemic when stay-at-home orders were still in effect, restricting some regular community activities to virtual platforms while others were suspended altogether.
- Although community partners, such as Healthy Chesapeake Inc., provide excellent programming to the seniors, the survey was implemented among a convenient sample of members.

Conclusion:

- Older adults remain at risk for loneliness and isolation despite various measures and opportunities to encourage social connectivity. These individuals may benefit from education on selecting daily activities that promote better health outcomes and longevity.
- Caregivers and aging-communities can utilize older adults' common coping activities, especially television watching, to provide fun and educational activities.

Future Direction

- Implement a follow-up study targeting only older adults who participate in Healthy Chesapeake activities to assess if they have coped differently.
- Compare participants' responses before and after the COVID-19 pandemic to assess changes in perception to social isolation and changes in daily activities.



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References

1. World Health Organization (WHO). (2020). Older people and COVID-19. WHO: World Health Organization. <https://www.who.int/teams/social-determinants-of-health/covid-19>
2. Clair Ruta, Gordon Maya, Kroon Matthew, & Reilly Carolyn. (2021). The effects of social isolation on well-being and life satisfaction during pandemic. Humanities & Social Sciences Communications, 8(1), 1-6.
3. Smith, Ben J. & Lim, Michelle H. (2020). How the COVID-19 pandemic is focusing attention on loneliness and social isolation. Public Health Research & Practice, 30(2), Public Health Research & Practice, 2020-06-30, Vol.30 (2).
4. Wu, B. Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. glob health res policy 5, 27 (2020). <https://doi.org/10.1186/s41256-020-00154-3>

References cont'd

5. Chen, Liang-Kung. (2020). Older adults and COVID-19 pandemic: Resilience matters. Archives of Gerontology and Geriatrics, 89, 104124.
6. Charles A. Emlert, & Joane T. Mocerri. (2012). The Importance of Social Connectedness in Building Age-Friendly Communities. Journal of Aging Research, 2012, 173247-9.
7. Kemperman, A., van den Berg, P., Wejls-Perrée, M., & Uijtendillegen, K. (2019). Loneliness of older adults: Social network and the living environment. International journal of environmental research and public health, 16(3), 406.
8. Vahia, I. V., Jeste, D. V., & Reynolds, C. F. (2020). Older Adults and the Mental Health Effects of COVID-19. JAMA, 324(22), 2253-2254.
9. National Academies of Sciences, Engineering, and Medicine. (2020). Social isolation and loneliness in older adults: Opportunities for the health care system. National Academies Press.