Interventions to Address Social Disconnection During COVID-19 and Beyond

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The Georgia Department of Human Services' Division of Aging Services (DAS) received funding through the Coronavirus Aid, Relief, and Economic Security Act to support the division's response to social disconnection among older adults during the COVID-19 pandemic. DAS contracted with the Georgia Health Policy Center (GHPC) to identify existing, evidence-based measurement tools for assessing social disconnection among DAS service populations. Evidence-based findings on assessments and interventions to mitigate social disconnection are being incorporated into current DAS processes and programs.

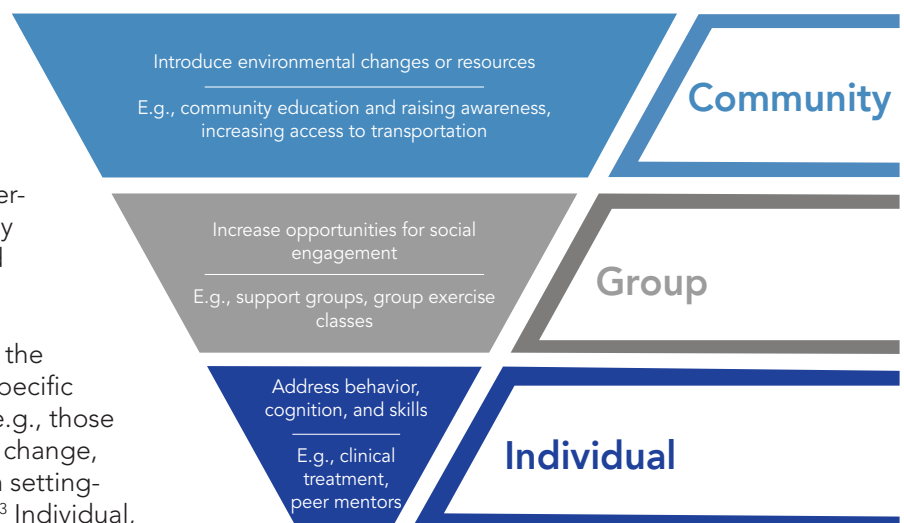## Social Disconnection: A Big Problem Without a Clear Solution

Even before the COVID-19 pandemic struck, research showed that social disconnectedness was common among older adults, with studies estimating that about 25% of community-dwelling older adults are isolated and up to 60% experience loneliness.[1,2] Despite this evidence, researchers and practitioners have yet to understand how best to intervene when someone is socially disconnected.

Large-scale reviews of interventions reveal that existing research focused on the effectiveness of these interventions is of poor quality and does little to indicate whether certain interventions impact targeted outcomes. Existing interventions were also not developed in the context of a global pandemic that necessitates public health measures that further remove opportunities for social contact and render some interventions impractical or irrelevant.

Characterization of Existing Interventions

Researchers and practitioners have tried many approaches to intervening with socially disconnected individuals. Most published, peer-reviewed interventions can be characterized by their target population, intervention level, and intervention type.[3]

Four main categories of target population are the general older adult population, those with a specific health issue or condition, vulnerable groups (e.g., those with limited financial resources or a recent life change, such as the death of a spouse), and those with setting-specific risk (e.g., institutionalized individuals).[3] Individual, group, and community-level are the most common examples of intervention levels (see figure).

Community
Introduce environmental changes or resources
E.g., community education and raising awareness, increasing access to transportation

Group
Increase opportunities for social engagement
E.g., support groups, group exercise classes

Individual
Address behavior, cognition, and skills
E.g., clinical treatment, peer mentors

Individual-level interventions engage older adults one-on-one. These include interventions that address behavior, cognition, and skills such as therapeutic interventions, social support training, or peer companionship and mentoring.

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Group interventions involve older adults participating with peers and generally aim to increase opportunities for social engagement, such as through group exercise classes or group-based skill-building programs. Community-level interventions address broader issues related to social engagement and typically introduce environmental changes or resources, such as building a new community center where older adults can congregate or increasing access to transportation.

Recent Promising Practices Can Provide Guidance for Action

While current understanding around effective interventions is limited, some emerging research has found that certain characteristics appear to support effectiveness, including whether an intervention has a sound theoretical basis;[3] involves active participation from older adult participants, including in design and implementation; can be adapted to local contexts; and involves productive engagement activities.[4]

Researchers have also found that the experience of social disconnectedness varies by person and is tied to individuals' unique life circumstances (e.g., health status, financial resources, mobility). In light of these findings and the absence of evidence on effective interventions, researchers and practitioners have advocated for a practical approach that incorporates person-centered assessment and offers a menu of options from which each individual can choose based on their needs and preferences.[5,6]

Next Steps

GHPC is assisting partners and stakeholders by providing clear, practical resources; responding to client requests; and facilitating important, strategic conversations about the impact of COVID-19. GHPC's Long-Term Services and Supports Team will continue to examine the impact of COVID-19 public health measures on the health and well-being of older adults and people with disabilities. Additionally, DAS will look at the impact of implementation of measurement tools and interventions to mitigate the risk of social disconnection on vulnerable populations.

Please see related briefs in this series on COVID-19 and social disconnection and measurement tools to assess social disconnection

For the past 25 years, GHPC has been guided by our commitment to connecting decision-makers with the objective research and guidance needed to make informed decisions about health policy and programs. Please reach out to us if you have any research or policy analysis needs.

References

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