


COMMENTARY

Open Access



Tailoring interventions for social isolation among older persons during the COVID-19 pandemic: challenges and pathways to healthcare equity

Lise Dassieu^{1*}  and Nadia Sourial^{1,2}

Abstract

Background: Social isolation among older adults raises major issues for equity in healthcare in the context of the COVID-19 pandemic.

Main text: This commentary describes current challenges in preventing social isolation among older adults and proposes pathways to develop inclusive approaches to intervention in this vulnerable population. Building interventions that take account of structural inequities among older persons, as well as their subjective experiences, expectations and perspectives, appears fundamental to improve their health and quality of life in pandemic and post-pandemic contexts.

Conclusions: We argue that equity-based and person-centered approaches are critical to counter the negative outcomes of social isolation in the vulnerable older population.

Keywords: Social isolation, Older persons, COVID-19, Equity, Person-centered care

Background

The COVID-19 pandemic has led to many deleterious consequences for older persons in the world. In addition to higher risks of COVID-19-related complications and mortality, this population has been disproportionately impacted by preventative measures such as physical distancing, aimed at reducing the risk of infection. This situation has resulted in increased social isolation among older adults in many countries [1, 2]. The first wave of the COVID-19 pandemic has served to bring to the foreground the numerous negative health outcomes associated with social isolation in older adults, at the physical and psychological levels [3]. Indeed, social isolation is a

well-documented risk factor for poor quality of life, physical and mental health problems, and premature mortality [4, 5], with a level of risk comparable to smoking, obesity and hypertension. With the second wave of the pandemic well underway and the prospect of further isolation in the coming winter months, the need to better screen and support this vulnerable population is at a critical point.

Main text

New challenges to assessing and preventing social isolation among older adults

Some tools have been developed before and during the pandemic's first wave to identify and care for isolated older persons in the community [6–8]. Pre-pandemic interventions to prevent social isolation include standardized assessment scales [9–11] and diverse types of in-

* Correspondence: lise.dassieu@umontreal.ca

¹Research Center of the Centre Hospitalier de l'Université de Montréal, 850 St Denis Street, Saint Antoine Tower, Office S01.135, H2X 0A9 Montréal, Quebec, Canada

Full list of author information is available at the end of the article



© The Author(s). 2021 **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

person interventions (e.g. leisure-based group meetings, individual encounters, service provision...), as well as some online interventions [7, 8, 12]. However, literature shows that not every older adult is likely to benefit from these interventions [7, 12]; and pre-pandemic intervention frameworks may not be suitable to identify and address the new, multifaceted realities of older adults' isolation during the current pandemic. Some online and/or telephone-based interventions have started to be developed to maintain contact with older adults during COVID-19 first wave [13] or to assess their health care and social support needs [6]. The creation and implementation of such new screening and prevention tools need to take into account the variability in older adults' situations and perspectives, as these dimensions may impact experiences of social isolation. These considerations should be addressed to prepare for future COVID-19 waves and ensure that care responses meet the needs of older persons facing this unprecedented crisis.

Diversity in the older population: the burden of social inequities

Psychosocial and healthcare interventions need to be adaptable to the diverse situations that can lead to social isolation in older persons. Social isolation may result from a number of different pathways, with various combinations of physical, mental, socio-economic and socio-cultural factors. Several recent studies showed that structural inequities, which influence housing conditions, the extent of social networks, and access to online technologies, can increase the overall negative impacts of the COVID-19 pandemic among older adults [14, 15] and affect their social isolation [16].

Indeed, inequities and discriminations are important risk factors for overall poor health and decreased life expectancy [17]. Intersectional discrimination, that is discrimination across an intermingling of factors such as socio-economic status, gender and race, can also be combined with age-based discrimination, resulting in worsened health outcomes for older persons from specific social groups [18].

To foster equity in responses preventing social isolation among older adults, interventions need to target and adapt to the specific challenges of deprived social groups and racial minorities. Co-constructing interventions with persons from these groups could help foster inclusiveness and appropriateness. Building and implementing equity-based approaches to intervention requires the use of techniques to offer a safe space allowing every older person's engagement. To provide optimal conditions, it is essential to make everyone comfortable and welcome, pay attention to unequal power relationships and consider needs for confidentiality. For example, culture sensitivity may be improved by

recruiting professionals or volunteers of the same native language or culture as the targeted older adults [19]. Recognizing the importance of the social determinants of health and the specific psychological realities of older adults from deprived social groups and minorities appears crucial both in the process of co-constructing participatory interventions and for implementing them. Indeed, care practices and programs need to be tailored to older persons' personal histories (e.g. experiences of trauma, violence) and social contexts (e.g. cultural and familial characteristics, financial barriers, housing conditions). Some resources to foster equity-oriented and trauma-informed care have been successfully implemented in primary care settings [20]. They offer practical tools to educate clinicians and reorganize health care services on the basis of equity [19]. Such inspiring intervention frameworks could be transferred and adapted to interventions preventing social isolation among older adults during the pandemic. This could help raise providers' awareness of the importance of addressing systemic inequities and respecting socio-cultural diversity during their work with older persons.

Perceived isolation: considering older persons' subjective experiences

Another major challenge for intervention is to identify new and unusual forms of isolation resulting from older adults' experiences and feelings during the pandemic. Physical distancing measures have not only affected older adults that were already socially isolated or vulnerable to isolation, but have also plunged many into new enduring states of isolation. Some persons that were usually considered to be protected against isolation by a sufficient social network, such as those with their children living nearby, may experience a new sense of social isolation due to physical distancing measures, though they do not fit traditional definitions of isolation. This poses an important challenge to isolation screening as most of the existing assessment tools are based on standard validated scales screening variables such as frequency of contacts and size of social network. Such quantitative evaluation scales, however, have already been shown to imperfectly capture the diversity of individual experiences of isolation [7]. The conceptualization of social isolation may therefore need to move beyond pre-pandemic intervention frameworks, to include more subjective or less apparent forms of isolation for individuals. Differentiating isolation from loneliness also appears crucial to consider in this context [16].

Older persons' perceived isolation, which has been shown to be associated with increased risk of anxiety and depression [21], could be a useful indicator to screen for early stages of isolation and prevent risks of aggravation. Screening interventions should therefore

target a more qualitative and person-centered approach considering older adults' perspectives, especially their subjective experience and sense of isolation and loneliness. This goal may be achieved through the use of open conversations in addition to standardized tools measuring objective variables such as social connectedness. Involving older persons from diverse social and cultural backgrounds in defining the meaning and extent of social isolation in the current perspective of medium/long-term physical distancing measures would provide the insight needed to develop appropriately tailored interventions when needed.

Conclusions: Addressing social isolation through equitable and person-centered care

With social distancing and other COVID-19 public health measures likely to continue for many more months to come, identifying and supporting the increasing number of older adults at risk or suffering from social isolation is critically needed. In order to both reduce risks of serious COVID-19 complications and prevent social isolation in this population, it is crucial to acknowledge social inequities in older people's experiences and challenges, as well as their diverse perspectives on social isolation. Special attention should be given to the most vulnerable and deprived social groups. Interventions need to be adapted to be more person-centered, more attuned to the diverse pathways leading to states of isolation and more mindful of the importance of perceived social isolation as an early sign of increased vulnerability. Building interventions on these principles could help foster equity in healthcare for older persons and prevent the adverse effects of social isolation on physical and mental health outcomes.

Acknowledgements

Not applicable.

Authors' contributions

Both authors contributed equally to theoretical positioning and ideas discussed in this manuscript. LD drafted the manuscript and NS revised it. Both authors approved the final version of the manuscript submitted for publication.

Funding

This manuscript received funding support by the Réseau-1, the Quebec Population Health Research Network, the Réseau Intersectoriel de Recherche en Santé de l'Université du Québec and the CIUSSS de l'Estrie – Centre Hospitalier Universitaire de Sherbrooke. The funding sources had no role with respect to the content of this manuscript.

Availability of data and materials

Not applicable.

Ethics approval and consent to participate

This article is part of a project that has received approval from the Ethics Committee of the *Centre Hospitalier de l'Université de Montréal*.

Consent for publication

Not applicable.

Competing interests

Lise Dassieu has no conflict of interest. Nadia Sourial has no conflict of interest.

Author details

¹Research Center of the Centre Hospitalier de l'Université de Montréal, 850 St Denis Street, Saint Antoine Tower, Office S01.135, H2X 0A9 Montréal, Quebec, Canada. ²Department of Family and Emergency Medicine, Faculty of Medicine, Université de Montréal, Montréal, Quebec, Canada.

Received: 29 October 2020 Accepted: 16 December 2020

Published online: 08 January 2021

References

- Brooke J, Jackson D. Older people and COVID-19: Isolation, risk and ageism. *J Clin Nurs*. 2020;29(13–14):2044–6.
- Wu B. Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. *Global Health Research Policy*. 2020;5(1):27.
- Gustavsson J, Beckman L. Compliance to recommendations and mental health consequences among elderly in Sweden during the initial phase of the COVID-19 pandemic—a cross sectional online survey. *Int J Environ Res Public Health*. 2020;17(15):5380.
- Cheng JM, Batten GP, Cornwell T, Yao N. A qualitative study of health-care experiences and challenges faced by ageing homebound adults. *Health Expect*. 2020;23(4):934–42.
- Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* [Internet]. 2010;7(7) [cited 2020 Jul 9]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910600/>.
- Beauchet O, Cooper-Brown L, Ivensky V, Launay CP. Telemedicine for housebound older persons during the Covid-19 pandemic. *Maturitas*. 2020; 1:8–10.
- Cotterell N, Buffel T, Phillipson C. Preventing social isolation in older people. *Maturitas*. 2018;113:80–4.
- Veazie S, Gilbert J, Winchell K, Paynter R, Guise J-M. Addressing social isolation to improve the health of older adults: a rapid review [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2019 [cited 2020 Nov 19]. (AHRQ Rapid Evidence Product Reports). Available from: <http://www.ncbi.nlm.nih.gov/books/NBK537909/>.
- Cornwell EY, Waite LJ. Measuring Social Isolation Among Older Adults Using Multiple Indicators From the NSHAP Study. *J Gerontol B Psychol Sci Soc Sci*. 2009;64B(Suppl 1):i38–46.
- Lubben JE. Assessing social networks among elderly populations. *Family Community Health: The Journal of Health Promotion Maintenance*. 1988; 11(3):42–52.
- Goodger B, Byles J, Higginbotham N, Mishra G. Assessment of a short scale to measure social support among older people. *Aust N Z J Public Health*. 1999;23(3):260–5.
- Chen YR-R, Schulz PJ. The effect of information communication technology interventions on reducing social isolation in the elderly: a systematic review. *J Med Internet Res*. 2016;18(1):e18.
- Office EE, Rodenstein MS, Merchant TS, Pendergrast TR, Lindquist LA. Reducing social isolation of seniors during COVID-19 through medical student telephone contact. *J Am Med Dir Assoc*. 2020;21(7):948–50.
- Calderón-Larrañaga A, Dekhtyar S, Vetrano DL, Bellander T, Fratiglioni L. COVID-19: risk accumulation among biologically and socially vulnerable older populations. *Ageing Res Rev*. 2020;1:101149.
- Rozenfeld Y, Beam J, Maier H, Haggerson W, Boudreau K, Carlson J, et al. A model of disparities: risk factors associated with COVID-19 infection. *Int J Equity Health*. 2020;19(1):126.
- Banerjee D, Rai M. Social isolation in Covid-19: The impact of loneliness. *Int J Soc Psychiatry*. 2020;66(6):525–7.
- Mackenbach JP, Valverde JR, Bopp M, Brønnum-Hansen H, Deboosere P, Kalediene R, et al. Determinants of inequalities in life expectancy: an international comparative study of eight risk factors. *Lancet Public Health*. 2019;4(10):e529–37.
- Jackson SE, Hackett RA, Steptoe A. Associations between age discrimination and health and wellbeing: cross-sectional and prospective analysis of the English longitudinal study of ageing. *Lancet Public Health*. 2019;4(4):e200–8.
- EQUIP Health Care. Key Dimensions of Equity-Oriented Care: 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Health

Care. [Internet]. Vancouver: EQUIP Health Care; 2017. Available from: www.equiphealthcare.ca.

20. Varcoe C, Bungay V, Browne AJ, Wilson E, Wathen CN, Kolar K, et al. EQUIP Emergency: study protocol for an organizational intervention to promote equity in health care. *BMC Health Services Research*. 2019;19(1):687.
21. Santini ZI, Jose PE, Cornwell EY, Koyanagi A, Nielsen L, Hinrichsen C, et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *Lancet Public Health*. 2020;5(1):e62-70.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

