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**-Karen Nelson**

# GHPC Helps Get Older Georgians Connected

Betty Solomon lives just four miles from the Sowega Council on Aging senior center in Albany, Ga., but when she gave up driving a few years ago due to her neuropathy, she missed her exercise class and the fellowship.

**N**ow, with the push of a button on her Claris Tablet, Solomon enjoys Sunday Scramble, Meditation Mondays, her early morning exercise class, Sightseeing Saturdays, and occasional virtual field trips to musical concerts — all from the comfort of her home.

“It is not just a class that you are watching — you are involved in it and interacting with the other guests,” explains Solomon. “You do not have to get dressed up to go, but it is just like a real expensive morning out with a personal performance, and they even open it up to questions.”

## Pandemic Raises Awareness About Social Disconnection

It is estimated that about one in four older adults is socially isolated and more than four in 10 report loneliness.\* Research also shows that social disconnection is tied to worse physical and mental health outcomes.

Early in the pandemic, the Georgia Department of Human Services’ Division

of Aging Services (DAS) received federal funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to adapt services and meet increases in demand brought on by COVID-19. This included addressing social disconnection resulting from social distancing and other efforts intended to slow the spread of the virus.

**D**AS contracted with GHPC to rapidly identify existing assessment tools to screen for social disconnection among older adults calling in for services, with the hope that the state’s 12 Area Agencies on Aging could support identified individuals and improve their connectedness.

“While the epidemic of loneliness and isolation was already on our radar before COVID-19, when stay-at-home directives came out that were particularly focused on older adults and people with chronic conditions, we realized that rapid action was necessary,” recalls Karen Nelson, then Aging & Disability Resource Connection team lead at DAS. “COVID-19 gave us both the impetus to focus on this issue and the funding to do it quickly.”

Through a literature review, GHPC identified the abbreviated, six-item Lubben Social Network Scale as an easy-to-administer, phase I screening tool for isolation and the

\* National Academies of Sciences, Engineering, and Medicine. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.

three-item UCLA Loneliness Scale as a phase 2 assessment for loneliness.

“Based on GHPC’s quick and thorough research, we were confident in their recommendation of the Lubben instrument as a first step, but DAS had to develop a plan for implementation at a time when Area Agency on Aging and Aging & Disability Resource Connection staff were feeling overwhelmed by the demands of a record number of people needing food, financial assistance, and transportation,” Nelson says.

By October 2020, DAS staff were able to integrate the assessment into the data system, and as a starting point, anybody who lived alone and called into the Aging & Disability Resource Connection line for assistance was screened. It was up to each of the state’s regional Area Agencies on Aging to develop its own plan for supporting identified individuals.

## Connection to Services

The aging network in Georgia proved to be resilient and innovative in its efforts to adapt, scale, and implement services to meet the emerging needs and a surge in demand. Many of the Area Agencies on Aging used federal funding to purchase technology they lent to clients to remotely deliver evidence-based health and wellness programs, which helped to overcome pandemic-exacerbated transportation and staffing shortages.

“People in our 17 counties were already very isolated because high-speed internet is not available, even if they can afford it. One of our counties has no grocery stores,” explains Jennifer Crosby, wellness program coordinator at the Heart of Georgia Altamaha Regional Commission, which serves south central and southeast Georgia. “When the pandemic hit, we had meetings about how to reach our seniors and to finish the wellness programs that we were in the middle of. I fought virtual more than anyone.

I probably projected my feelings and attitude onto my seniors without even asking them. I missed my people. For some of my one-hour programs I might be there for three hours because I spend the extra time sitting and talking with the seniors. Now, I admit, I did not know you could connect with people so intimately in a virtual setting. The connections I have made with people that I have never met in person are mind-blowing.”

Crosby acknowledges that technology challenges did pose an initial barrier. But, adoption of the user-friendly Claris Companion tablets allowed Area Agency on Aging staff to provide programming for mental and physical stimulation, wellness check-ins, and connections with family members and other Claris users.

“The Claris system helps seniors to do the things that we take for granted,” explains Crosby, who is the wizard behind the interface her seniors see. “They don’t have to worry about Zoom links and passcodes. I can set up a chime reminding them five minutes before class starts and push out a start button that is really a Zoom link, so that with one click, they are in their exercise class.

Crosby, who teaches virtual tai chi, has one participant taking her third beginner class.

“She has no interest in going to the advanced class because she wants to see me. She never misses a class,” says Crosby. I found out that she is a widow and lives alone with her dog. It means so much to her to have this weekly class to look forward to. Even through the tablets, they value having somebody to spend time with them, listen to them, and to be proud of them or laugh at their jokes.”

Similarly, Samantha Helton, a program support specialist, serves 88 Claris Companion users through the Sowega Council on Aging, which serves southwest Georgia.

## Defining Disconnection

The terms *social isolation* and *loneliness* are often used interchangeably, but they are distinct. There is increasing support for the adoption of the holistic concept of social connection.

- *Social isolation*<sup>\*</sup> is a lack of social contact, relationships, and participation in society.
- *Loneliness* is the perception or felt experience that one is lacking desired social relationships.
- *Social disconnection* is an overarching, holistic term that encompasses structural, functional, and qualitative components of social interactions.

<sup>\*</sup> Holt-Lunstad, J. (2018). Why social relationships are important for physical health: A systems approach to understanding and modifying risk and protection. *Annual Review of Psychology*, 69(1), 437-458.

"I get their name because they have been screened and they agreed they wanted to try a tablet," says Helton. "We do house calls to get the Claris set up and in their hands because in our 14-county region some folks would have to drive three hours to reach us. For me, it is all about being able to help our clients connect to their families via email, text, or video call. The other day I helped a guy speak to his granddaughter, who lives in Malaysia."

Helton says the Sowega Council on Aging uses Wellness Wednesdays to do a quick check-in each week. The Claris users get a pop-up that asks how they are feeling.

"It is a scale of excellent, good, OK, poor, and terrible. Once a month, they get a more in-depth screening," says Helton. "But, if they mark poor or terrible, I get an email and I will call to follow up and see if they are OK and what is going on. Overall, the data shows, the tablet program is very much improving their overall loneliness. As long as they engage with the tablet, they get to keep it."

### Moving Forward Sustainably

"I do love that we were able to move from the thinking and planning into action. I wish we had had the luxury of time to do it in a way that we could have better measured the impact at the time," says Nelson. "We do

know that we identified 5,000-plus people at risk for isolation, but the data system was not able to capture how they were served, just that they received assistive technology. So, we do not have a way to know if they received a robotic pet because they were socially isolated or they received a weighted spoon."

**B**ut that is changing. DAS now has a social isolation and loneliness team working to implement lessons learned, standardize screening and intervention processes, and gauge effectiveness.

"It was chaotic in the beginning to get things up and going, and they did a really good job in that short time," says Brenda Lynn, a social isolation program specialist at DAS. "As a state, we are now restructuring those assessments, where they are placed — by actually putting both assessments together on the same screen — and making sure that the next steps or recommendations for the individual are streamlined, person-centered, and available right away. We are bulking up our toolbox to allow individuals who call in to have more options for what they think would help enhance their health and help them to live well."