

Improving Lives Through Social Connectedness

Dr. Jeremy Holloway, Professor, Founder, Health Equity Trainer

Event: Michigan Health Policy Forum

Date: October 7, 2024



Thank you



Dr. Holloway would like to thank

- **Michigan Health Policy Forum**
- **2024 Advisory Board**
- **Ariel Hawthorne & Thomas Renwick**
- **All attendees**



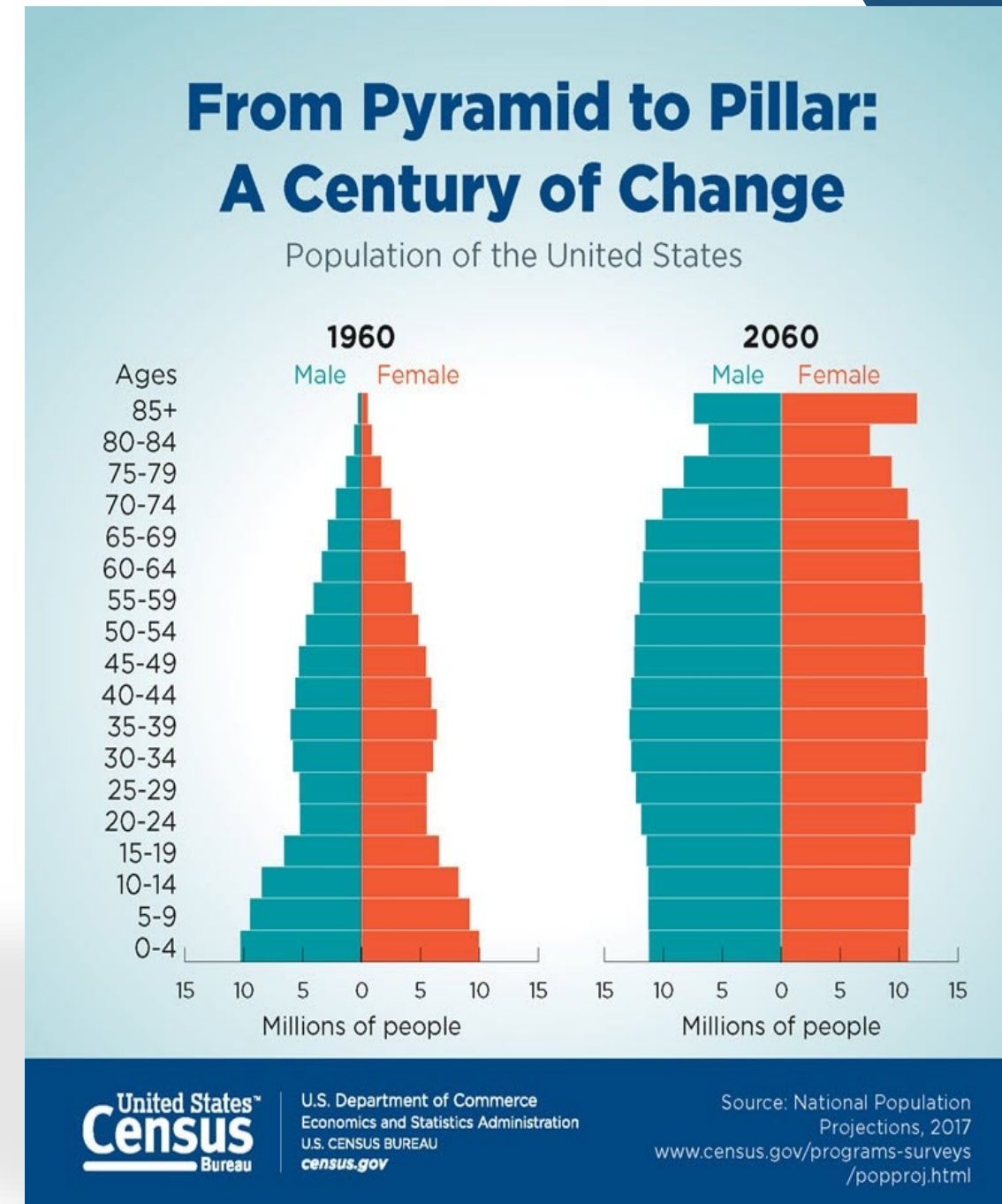
Key Objectives

- **Discuss the Problems Associated with Social Isolation and Loneliness in the State of Michigan**
- **Discuss key solutions to Social Isolation and Loneliness**
- **Provide key examples of Intentional Social Connection**
- **Suggest Methods to Addressing Policy Changes for improved social connectedness in the state of Michigan**



Problem: Social Isolation and Loneliness

- Social isolation is linked to increased rates of loneliness, hypertension and other physical health effects, and has been identified as a public health priority.
- Loneliness and social isolation are cited as having negative health impacts equivalent to smoking 15 cigarettes a day.

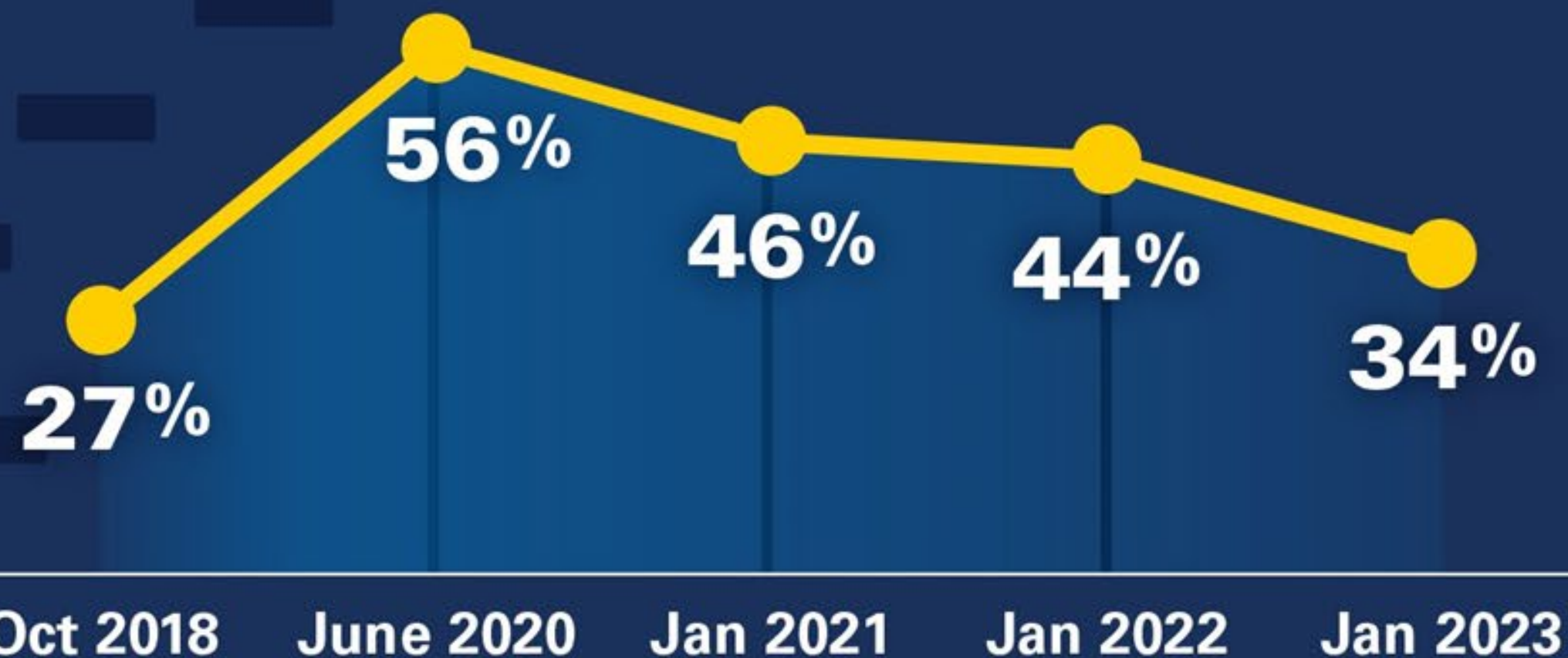
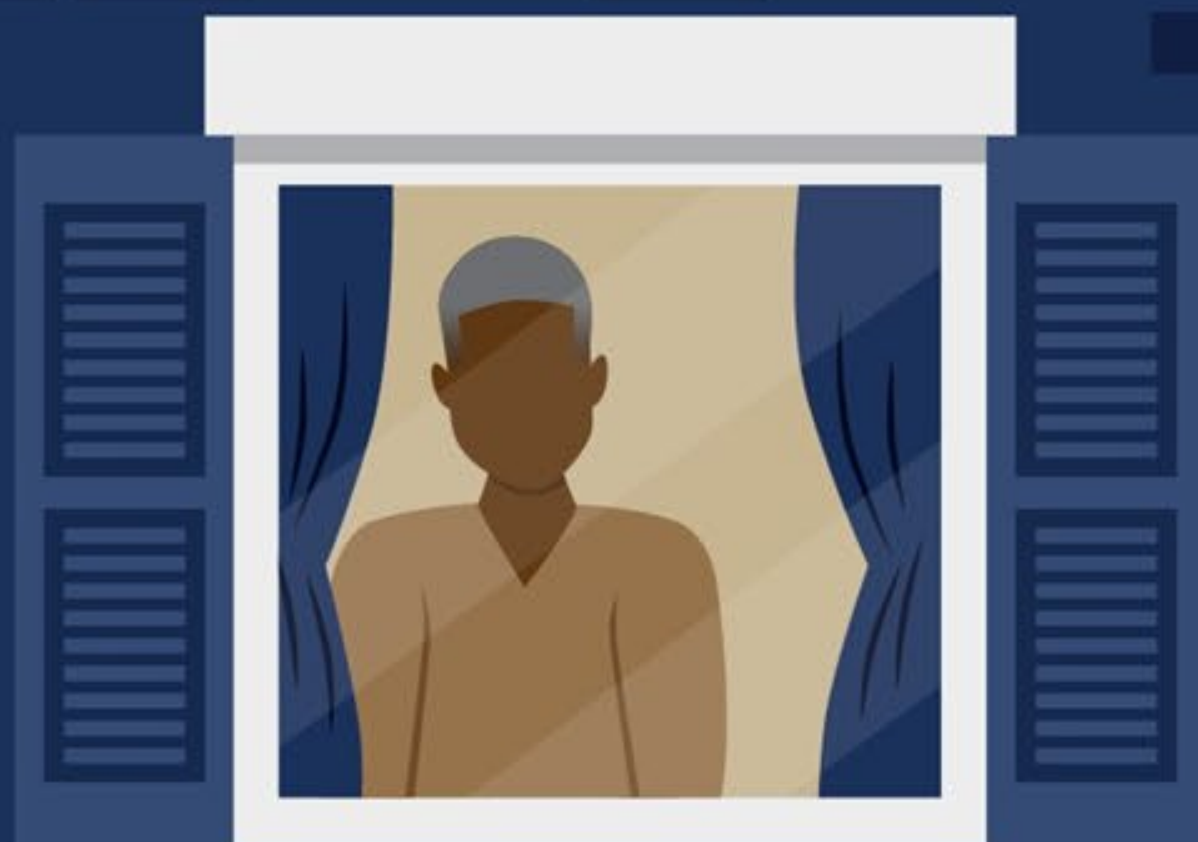


Source: Lynda Flowers, Ari Houser, Claire Noel-Miller, AARP Public Policy Institute, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Stanford University, Monica Farid, Harvard University, November 27, 2017.



Changes in feelings of social isolation, 2018–2023

AMONG ADULTS AGE 50–80



Percentage who felt isolated from others some of the time or often



INSTITUTE FOR HEALTHCARE POLICY AND INNOVATION
NATIONAL POLL ON HEALTHY AGING
UNIVERSITY OF MICHIGAN

March 2023 Report: Trends in Loneliness
Among Older Adults from 2018–2023

Social Isolation and Loneliness in Michigan

- **27% of Michigan's population aged 60+ live alone**
- **Significant increase in loneliness since COVID-19, with 56% of adults aged 50-80 reporting isolation (University of Michigan)**
- **Social isolation linked to higher risks of dementia, depression, and early mortality**
- **Michigan's rural communities particularly vulnerable due to geographic isolation and limited access to broadband services**

Source: Lynda Flowers, Ari Houser, Claire Noel-Miller, AARP Public Policy Institute, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Stanford University, Monica Farid, Harvard University, November 27, 2017.



How much information do we need about the problem before we go in?



My Story



Introduction to Dr. Holloway



Gap Analysis of Medical School Curricula

- **Minimal Geriatric Training:** Medical schools, including the University of North Dakota, offer little to no comprehensive geriatric education across healthcare fields.
- **Focus on Technical Skills:** Existing courses primarily provide technical training, with only basic introductions to social, emotional, and cultural aspects of geriatric care.
- **Lack of Experiential Learning:** Few, if any, opportunities are provided for students to interact with older adults, missing the chance to humanize and deepen their understanding of aging populations.

Holloway, J., James, D. L., Robillard, A., Hermer, J., Hawley, N., & Sayeed, O. (2024). *Needs of social isolation, loneliness, and intergenerational interventions in the United States: A scoping review*. *Frontiers in Public Health*.
[https://doi.org/10.3389/fpubh.2024.1386651​;contentReference\[oaicite:4\]{index=4}](https://doi.org/10.3389/fpubh.2024.1386651​;contentReference[oaicite:4]{index=4}).



Impact of Limited Geriatric & Social/ Emotional/Cultural Content

- **Exacerbates Ageism:** Insufficient training in social, emotional, and cultural aspects of geriatric care perpetuates ageist attitudes, leading to underdiagnosis and lower quality care for older adults in nursing homes, assisted living, and home care settings (Virginia Commonwealth University, 2022).
- **Increases Silos, Bullying, and Burnout:** A lack of comprehensive S/E/C education creates isolated work environments, contributing to staff burnout, interprofessional conflict, and bullying (Baumbusch et al., 2012; van der Geest & Faber, 2017).
- **Stifles Creativity and Innovation:** These issues hinder collaboration and interprofessionalism, limiting innovation and problem-solving, and reducing the potential for partnerships with third-party organizations (Brooks et al., 2021).

Source: Lynda Flowers, Ari Houser, Claire Noel-Miller, AARP Public Policy Institute, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Stanford University, Monica Farid, Harvard University, November 27, 2017.



The Urgent Important Matrix Quadrants



Needs of social isolation, loneliness, and intergenerational interventions in the United States: a scoping review

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Scoping Review Results

- **Lack of Structured Curriculum:** No intentional culture or clear guidelines for program execution.
- **Inadequate Social Engagement Training**
- **Inconsistent Data Capture:** Missing standardized processes for tracking outcomes and program impact.
- **Lack of Long-term Ownership:** No key stakeholders to sustain program longevity and scalability.

Source: Lynda Flowers, Ari Houser, Claire Noel-Miller, AARP Public Policy Institute, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Stanford University, Monica Farid, Harvard University, November 27, 2017.



Quadrant 2 Solution: Tellegacy Program

Introduction:

Tellegacy Intervention: A program fostering community service-learning experiences for university (healthcare) students, aimed at decreasing social isolation and loneliness in older adults.



Key Elements

Introduction:

- Structure
- Curriculum
- Data
- Partners – University, Senior Services, & Older Adult Communities



Structure

Objective

Assess the feasibility and impact of photo reminiscence therapy (pRT) on older adults with dementia

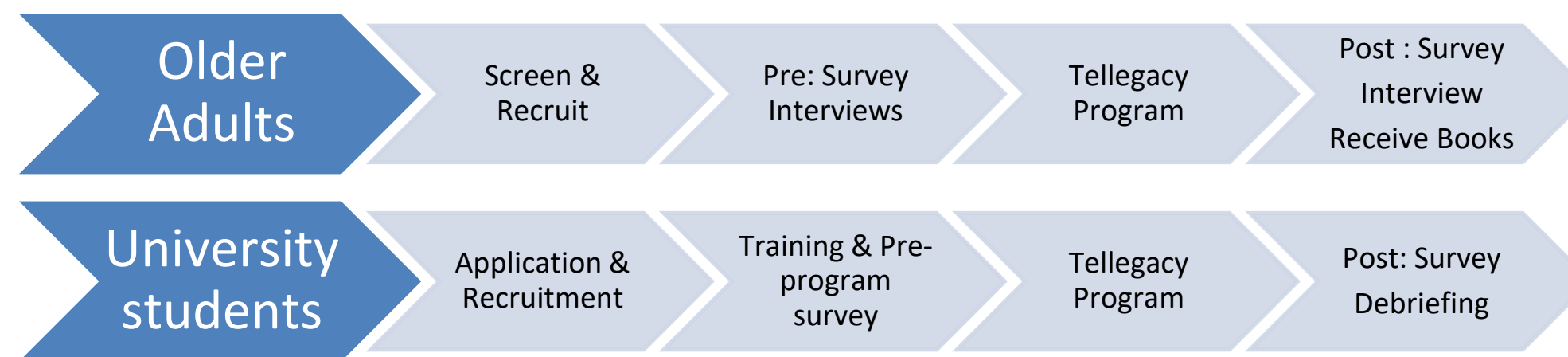
Participants

37 residents aged 67–92 from four CERTUS Senior Living communities, paired with 20 university students

Duration

Three five-week phases

1. **Sessions**
2. **Session with Photos**
3. **No Sessions**



Program Overview

1 Mission

Engage older adults with a social network, reinforcing individual experiences. Engage older adults with a social network, reinforcing individual experiences

2 Method

Weekly one-on-one sessions between university students (Legacy Builders) and older adults (Legacy Holders) using reminiscence therapy

3 Training

Students receive training in goal-setting, mindfulness, growth mindset, and practice dialogue with older adults

Visiting Protocol



Recruitment: Older adults recruited from home and assisted living facilities. Inclusion criteria included age 65+, ability to consent, and willingness to participate in sessions



Pairing: Students paired with older adults based on abilities and schedules, considering factors like sundowning and medical appointments.



Sessions and Monitoring



Session Structure: Weekly sessions using generic and personal photos to stimulate reminiscence

Monitoring: Clinical teams ensured sessions were positive and productive without interfering with care routines

Support: Ongoing coaching for students, ensuring understanding of dementia and supporting study success



CURRICULUM



4 Main components for our structured, evidenced-based program:

1

GOAL-SETTING AND VISUALIZATION

2

MINDFULNESS APPROACH

3

GROWTH MINDSET

4

REMINISCENCE THERAPY FOUNDATIONS
APPROACH

GOAL-SETTING AND VISUALIZATION

Goal-Setting is known to facilitate increased motivation, a sense of meaning, greater focus / decisiveness, and a sense of achievement.

Visualization in goal-setting utilizes the demonstrable abilities of sight, sound, feeling and emotion.

Visualization has been used for centuries and the technique is an established approach in medicine and traditions as well as other healing practices.

Source: Treadway & Lazar, 2009.



MINDFULNESS APPROACH



Mindfulness is the practice of maintaining a moment-to-moment awareness and attention of one's thoughts, emotions, and sets the stage mentally for positive change.

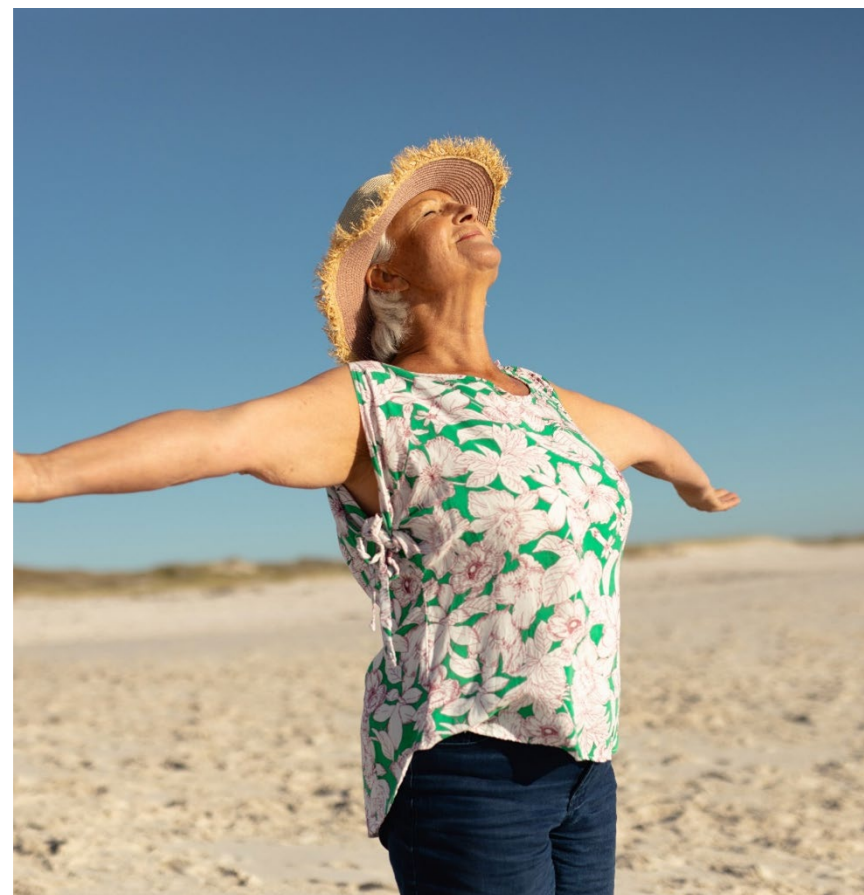
The curriculum was strategically created to create a community that valued each stage of the human condition. This is an important component in training our future healthcare providers, so that primary care workers have a deeper connection to the understanding that each patient has a unique story and their place in society matters.

THEIR STORY MATTERS

Source: Utay, & Miller, 2006.



GROWTH MINDSET



Carol Dweck's Growth Mindset practices, especially beneficial to underprivileged individuals, are implemented in this program, as individuals with growth mindset live less stressful lives and are more likely to persevere in the face of difficulty.

Such approaches help others reframe their circumstances as opportunities for growth, rather than insurmountable challenges.

Over time, these growth-mindset behaviors compound, and individuals who have a growth mindset have improved relationships, increased confidence, and a greater sense of achievement.

**DISCOVER THE POTENTIAL OF A
CONVERSATION**



REMINISCENCE THERAPY FOUNDATIONS APPROACH

Reminiscence is a large part of telling one's life story, which is an important part of healthy aging and wellness, as shown by over 100 studies.

Reminiscence and reviewing one's life have been found to:

- ✓ Improve social interaction
- ✓ Increase life satisfaction
- ✓ Improve older adult / staff relations
- ✓ Reduce geriatric depression
- ✓ Increase orientation
- ✓ Assist with cognitive orientation

INCREASE SENSE OF PURPOSE AND MEANING

LEGACY BOOK



- ✓ Upon request, available for all that complete at least 5 sessions
- ✓ Tangible result of conversations representing legacy and longevity
- ✓ Printed copy presented to resident as a celebration
- ✓ Digital copy available to share with family members and caregivers
- ✓ Encompasses stories from older adult and impressions from Legacy Builders
- ✓ Reinforces all that was discussed
- ✓ Opportunity to engage family members and caregivers

**A PERMANENT REMINDER THAT
THEIR STORY MATTERS**

Data: Volunteer Perceptions

1

Demographic Profile of Volunteers:

Gender: 77.78% (n=7) female and 22.22% (n=2) male volunteers participated in the program.

Age Distribution: Majority (66.67%) of volunteers were aged between 25 and 48, while 22.22% were between 51 and 60.

2

Results:

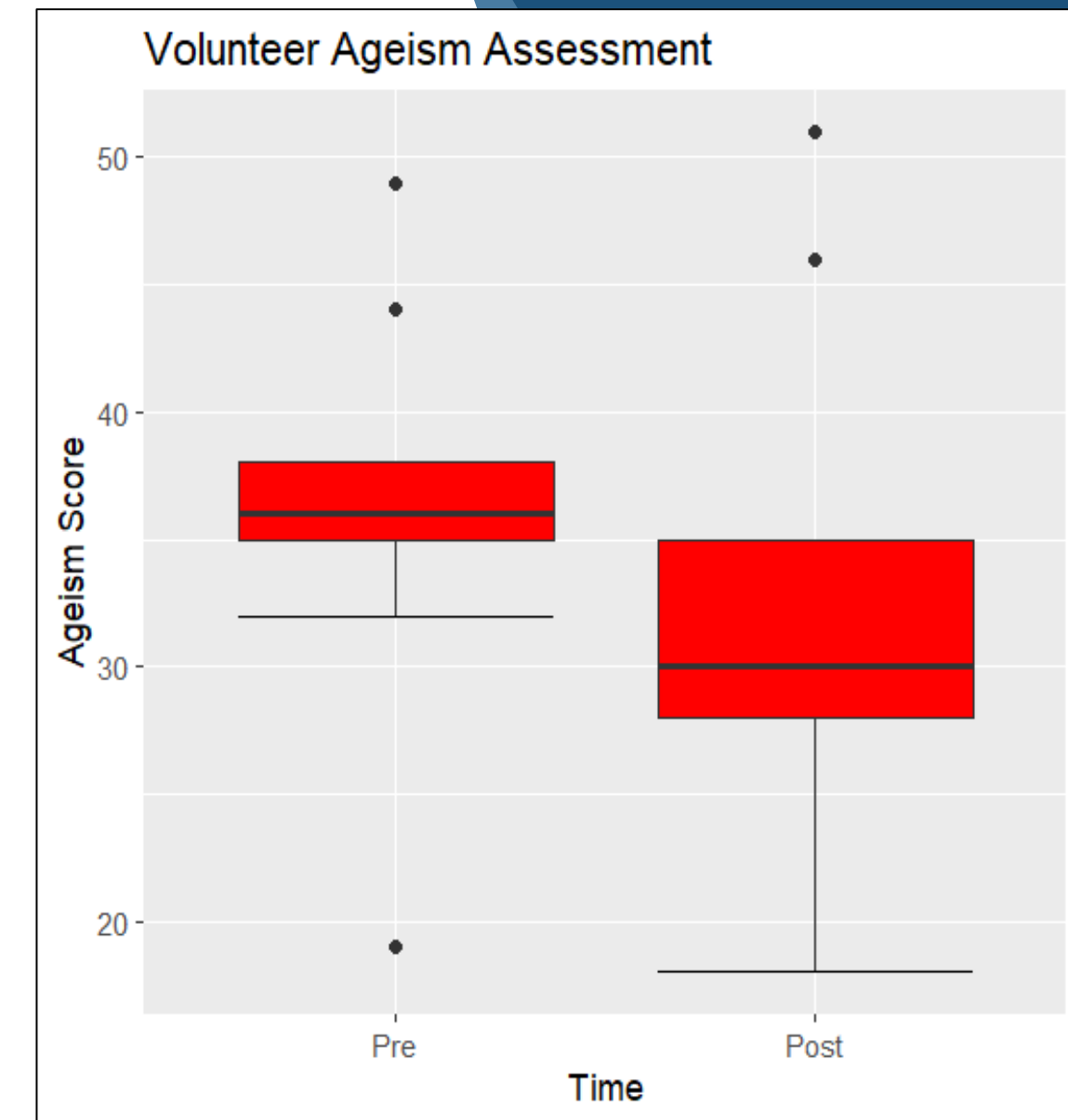
Attitudes Towards Aging:

Pre-Intervention: Volunteers' average AGEISM score was 36.11.

Post-Intervention: Average AGEISM score decreased to 33.00.

Statistical Significance: Paired samples test indicated a significant decrease in AGEISM scores ($p = .045$ two-tailed), suggesting a positive impact on volunteers' attitudes toward aging.

Supporting Test: Wilcoxon signed-rank test showed a trend towards significant differences in AGEISM scores ($p = .058$), reinforcing the effectiveness of the program.



Data: Older Adult Perceptions

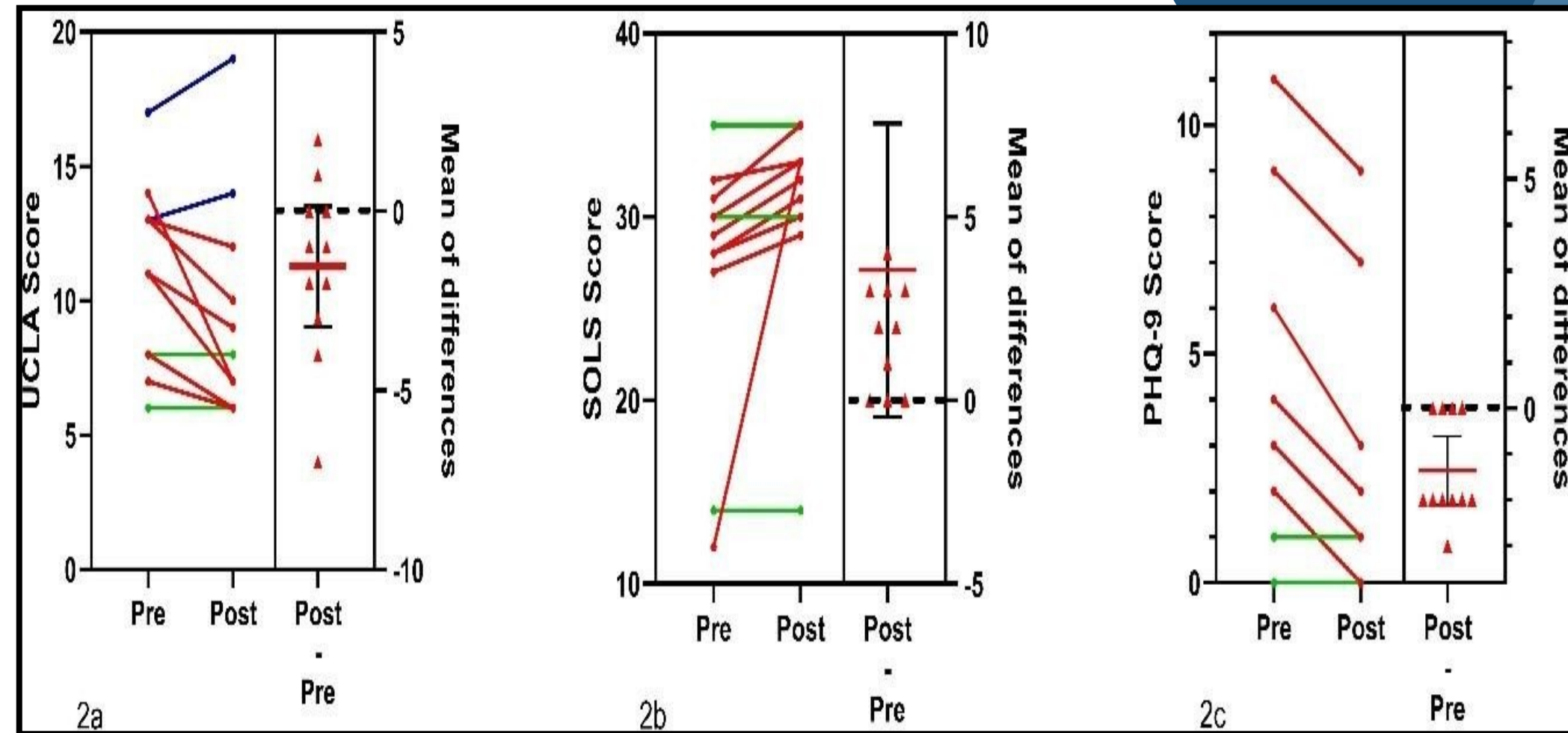


Data Presentation:

UCLA: Scores increased by an average of 1.5 points. This change was statistically significant, as shown by two tests: Paired t-test showed significance with a p-value of 0.034. Wilcoxon test confirmed this with a p-value of 0.036.

SWLS: Scores decreased by 3.5 units, and this reduction was significant with a p-value of 0.038.

PHQ-9: Scores increased by 0.36 units, with a highly significant p-value of 0.001.



Data Results:

Enhanced Engagement and Cognitive Function



Finding: Residents showed significantly higher engagement levels when interacting with personal photos compared to generic photos.

Details: Personal photos elicited more **explicit storytelling**, emotional responses, and specific recollections of events and people. **Residents smiled more frequently and engaged in deeper conversations** during sessions with personal photos.

Implication: This enhanced engagement suggests that personal photos have a stronger emotional and cognitive impact, fostering better communication and connection

● between residents and students.



Qualitative

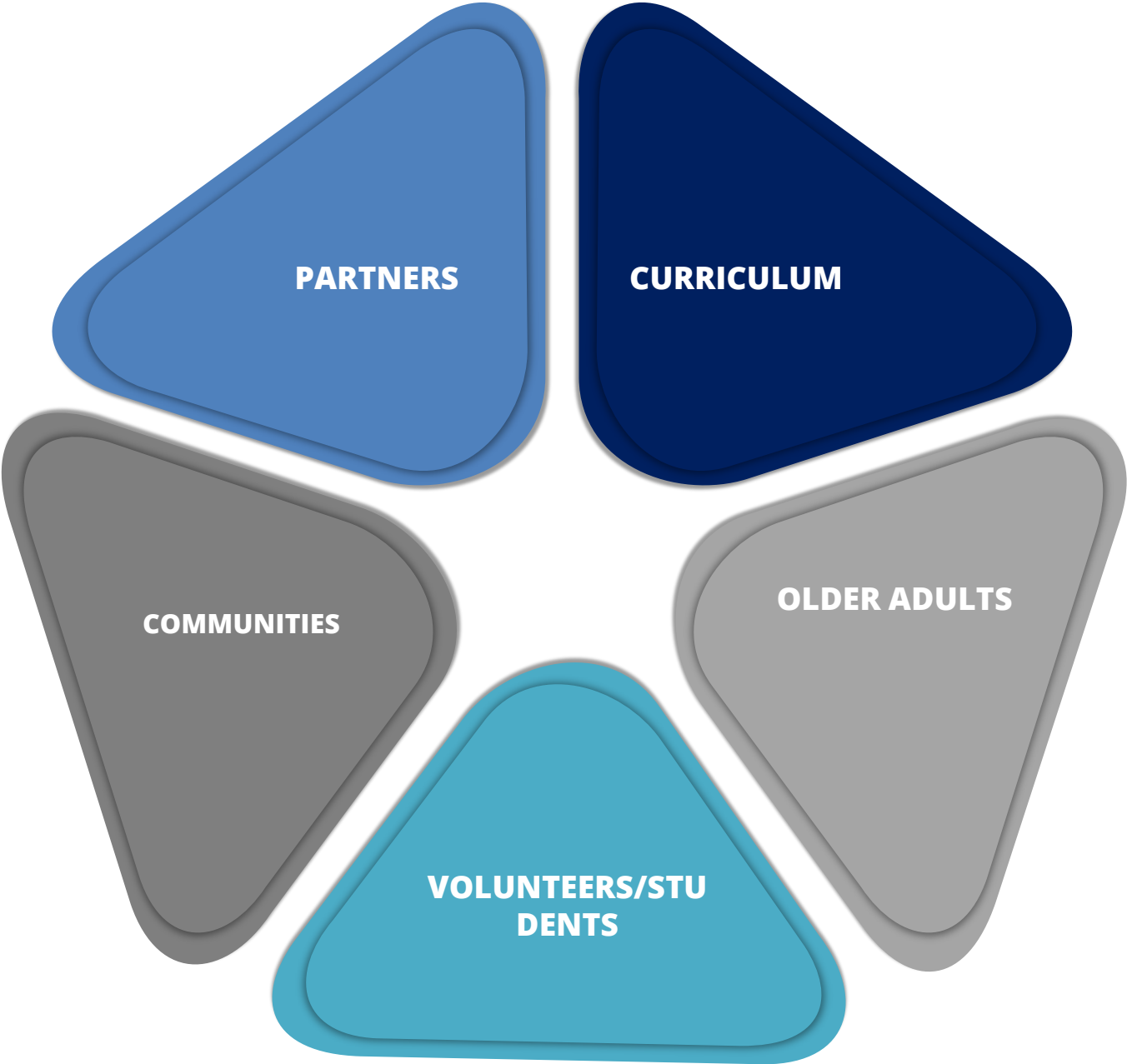


Quotes from Participants: One of our members said, “This program has reconnected me with the joy of sharing stories and experiences.”

Volunteer Testimonial: A volunteer mentioned, “I feel like I'm making a real difference in someone's life, not just delivering meals but delivering smiles too.”



Partners



Tellegacy Program with Meals on Wheels



Program Description: The Tellegacy program collaborates with Universities and programs, such as Meals on Wheels, to provide intentional social interactions through structured, engaging conversations.





At the intersection of these 5 macro trends:

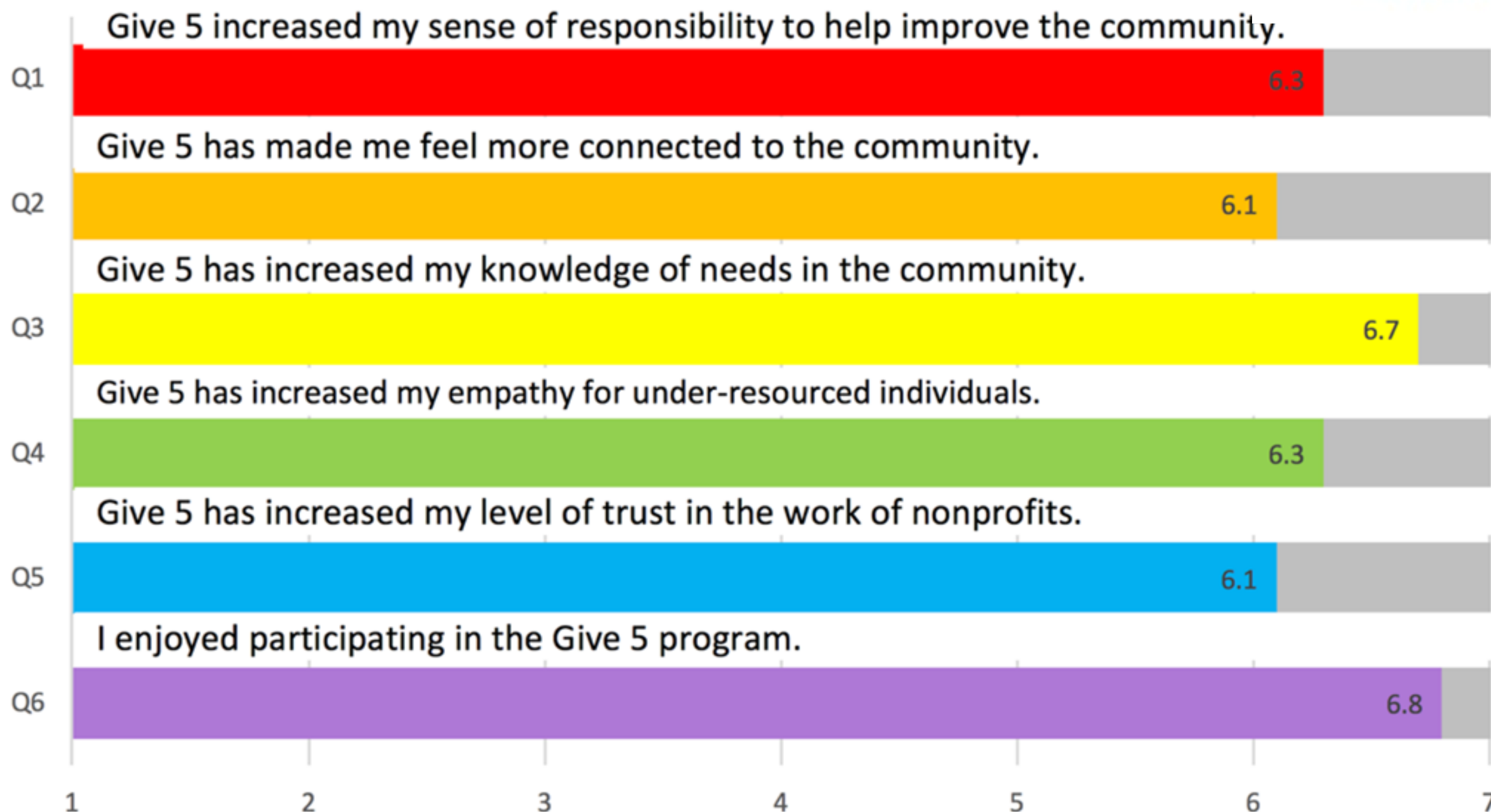


- WAVE OF TALENT ON THE MOVE
- LARGEST BOOMER HEALTH RISK
- STRENGTHEN OUR COMMUNITY FABRIC
- INCREASED IMPORTANCE OF VOLUNTEERISM
- LARGEST TRANSFER OF WEALTH AND KNOWLEDGE

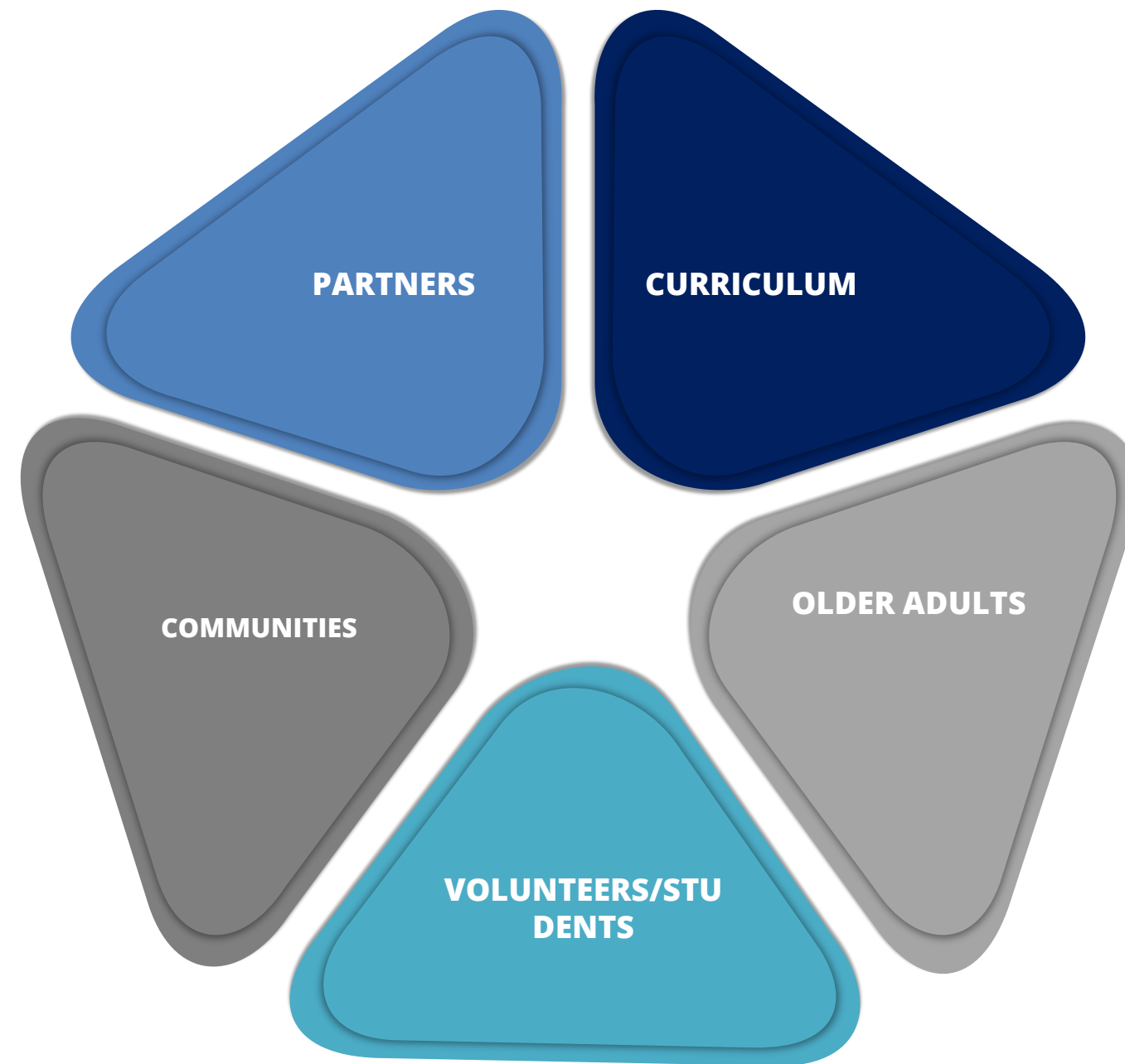


GIVE 5

On a Scale from One to Seven



Workshops and Trainings for Staff and Volunteers



Cross-Cultural Communication in Healthcare



Definition & Importance: Cross-cultural communication for thriving in diverse healthcare settings. It involves understanding and integrating different cultural perspectives to improve team cohesion and patient care.

Objectives:

- Define Cross-Cultural Communication.
- Understand its essential role in healthcare.
- Take practical steps towards improvement.



Social Determinants of Health (SDOH)



Explanation: Providing knowledge and practical steps for providing staff, volunteers, and members with efficacy for economic stability, education quality, and social environments.

Impact on Healthcare: Discuss how SDOH affects both community members & staff, emphasizing the importance of addressing these determinants to improve overall health and program outcomes.

Objectives:

- Define SDOH.
- Explore the significance of valuing 'What Matters'.
- Identify ways to mitigate implicit bias and increase SDOH support .



Inclusion, Health Equity, & Resiliency Through Connectedness



Overview: Highlighting the critical role of fostering connection and emotional support in the workplace.

Strategic Interventions: Detailing evidence-based strategies to enhance social connectedness, focusing on emotional intelligence and a growth mindset for resiliency.

Objectives:

- Identify causes of social isolation.
- Describe interventions to boost connectedness.
- Receive strategies for connectedness in work and within communities.



Solutions to Isolation in Staff & Older Adults



Challenges & Solutions: Sharing awareness of social isolation and loneliness and solutions to creating meaningful connections that build social connectedness, SDOH, and resiliency among community members.

Program Overview: Introduce the curriculum and intergenerational programs developed to enhance connectedness and resiliency.



EQ Goal-Setting Workshop



Vision & Mindfulness Techniques:

Explore solutions through the use of visualization, SMART Goal-setting and guided imagery to enhance emotional intelligence and goal-setting outcomes in healthcare settings.

Benefits: Participants discover how these practices can mitigate work-related stress, burn-out, and foster a supportive community.



Solution

Influence Policy through Consistent Innovation, Data and Storytelling



Q&A

1. **Interactive Session:**

Opening the floor for questions.

2. **Contact Information:**

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419-270-7511



THANK YOU

Thank You Message:

"Thank you for your attention and interest in enhancing the lives of older adults through social connection and intergenerational programs"