The Seniors' Centre Without Walls
Creating Connections through Conference Calls

Primary Care Network EDMONTON SOUTHSIDE

SENIORS' CENTRE WITHOUT WALLS

Context

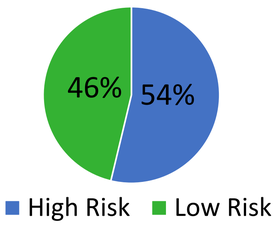
As we age, our social networks tend to shrink. Many older adults, particularly women or those who live alone, find it difficult to remain socially connected, especially surrounding life events such as the loss of a spouse, siblings and friends, children and grandchildren moving away, and changes in living situation or health status.

- **Social connectedness is a key tenant of healthy aging and having meaningful and supportive social relationships is related to a decreased mortality risk.[1]**
- **Social isolation and loneliness are as strong a risk factor for mortality as are smoking, obesity or lack of physical activity.[1]**
- **Older adults who experience loneliness have an increased risk of declining mobility, dementia, and dying sooner when compared to those who are not lonely.[2,3,4]**
- **Older adults are at increased risk of being socially isolated and one in five Canadians aged 65 or older indicated that they felt lonely some of the time or often.[5]**

The Need

To build stronger social connections within the older adult population the Edmonton Southside Primary Care Network (ESPCN). Clinical staff could identify patients who were socially isolated, however their interactions were limited to individual home visits & appointments and there were no clear referral resources to increase connectedness; particularly for homebound individuals.

Pre-Intervention Pt UCLA Loneliness Score



Our Idea

A Seniors' Centre Without Walls (SCWW) is a model used across North America[6], which provides free telephone-based interactive social/health programming to seniors from the comfort of their own homes. As part of a collaborative project, the Pan Edmonton Group Addressing Social Isolation in Seniors (PEGASIS), our SCWW reaches out & builds relationships with isolated seniors, connecting them to each other and to appropriate resources, as well as providing a resource for clinicians and other community partners

Methods

Initial Program Development (securing technology, programming & partners, scan for similar programs)

Pilot Series

Basic Conference Call Technology:
- ✓ Web-based Facilitator Controls
- ✓ Dial out Capabilities
- ✓ Augmented with written mailed materials

Feedback surveys (n=10) with pt sample, 6 month follow-up with pilot pts

Series 1

Advisory Group Creation, Incorporation of Healthy Aging Phone Chats

Feedback surveys (n=13) with new pt sample, in-person advisory group event, 6 month follow-up with Series 1 pts

Series 2

Program Development Meets Quality Improvement:

The SCWW is run in four-month series, with participant & presenter feedback directly incorporated into changes to the next series. This allows program topics and styles to adapt with the changing dynamics and needs of the participants.

Results

- Participants need a wide range of **topics** (Health & Wellness, Skill Building & Recreational), **presenters** (clinical/community partners, SCWW staff & peers), and **facilitation styles** (presentations, Q&A, activities, storytelling, support groups & conversation).
- Being within their own homes and not being identified by face encourages participants to feel more comfortable & safe.
- Increased accessibility of programming, removing the large barriers of physical mobility limitations, vision requirements, as well as transportation arrangement.
- Having a remote attendance option also decreases the time commitment of community & health professionals running sessions within the program.

"I have no one to talk to – if it wasn't for the program- I wouldn't talk to anyone 3-4 days at a time. Everyone has to have a purpose in life- and without anyone to talk to it's hard to have a purpose in life- and you become an island and islands fall apart."

"I am happy to share with someone who understands. The other participants are a God send and a lifeline."

Lessons Learned

Keep it Simple: Don't dismiss older/familiar technology such as telephone or conference calls, Make the process as easy as possible (consistent number/code, dial out options)

Make Engagement Meaningful: We found taking part in the feedback process impacted engagement and feelings of connectedness, as participants shared how certain program elements affected them and saw the steps we took as a result.

Facilitate & Support Peer Leadership: Provide opportunities and support individuals to take control of program selection & facilitation. Increases engagement, capacity & sustainability of programming.

Be Flexible & Responsive: Show up with a programming plan, but leave room for chance. Programs intending to be participant centric must adapt to the dynamic in each session.

Build on & Improve Existing Models: It is not necessary to start from scratch & we continue to work with others using the model to share our improvements/strategies and workshop solutions together.

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