



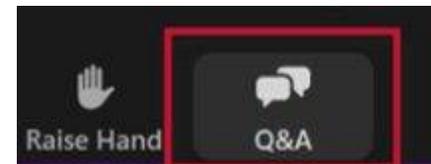
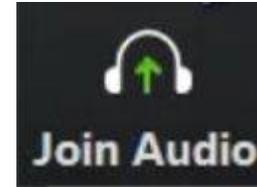
COMMIT TO  
*Connect*

# Outcome Evaluation in Social Connection Programming

September 18, 2024

# Housekeeping

- **Audio Options**
  - Use your computer speakers, OR dial in using the phone number in your registration email.
  - All participants are muted.
- **Questions and Answers (Q&A)**
  - On the Zoom module on the bottom of your screen, click the Q&A icon, type your question in the box and submit.
  - For any questions that we aren't able to respond to, you may follow-up at [info@committoconnect.org](mailto:info@committoconnect.org).
- **Chat Feature**
  - The Chat feature allows webinar attendees, the host, co-hosts and panelists to communicate for the duration of the webinar.



# Accessibility and Support

- **ASL services are being provided today and will be pinned**
- **CART services are also being provided.**
  - Click on the CC Show Captions button or click on the link in the chat
- **Screen Reader Users: Reduce unwanted chatter**
  - Request speech on demand: Insert, Spacebar, “S”
- **To get our attention if you need tech assistance:**
  - Raise or Lower Hand: Alt + Y



# Presenters

**Katie Clark**, Policy Analyst, Office of Interagency Innovation, Administration for Community Living

**Dr. Matthew Smith**, Professor, Texas A&M School of Public Health

**Breanna Williams**, Program Manager, Meals on Wheels Southwest OH & Northern KY

**Arlene de Silva**, CEO, Cincinnati Music and Wellness Coalition

**Tanya Bautista**, Policy Chief, California Department of Aging



# Commit to Connect and Social Connection

**Katie Clark**

Administration for Community Living

**[CommitToConnect.org](https://www.CommitToConnect.org)**



# Definitions

- **Loneliness** is an unpleasant and *subjective* feeling due to the perceived lack of social connection
- **Social isolation** is having *objectively* few social relationships, social roles, group memberships, and infrequent social interactions

# Definitions

- **Social connection** is the degree to which individuals and/or groups have both objective and subjective number, quality, and diversity to meet their social needs

# Risk Factors

- Lower socioeconomic status
- Unmarried/unpartnered
- People living with chronic physical, mental health conditions, and disabilities
- LGBTQ+ individuals
- Race/ethnicity
- Those with weaker family structures
- Rural communities
- Immigrants

# How Common is the Lack Social Isolation?

## Feeling Lonely



About 1 in 3 adults  
in the U.S.

## Lack of Social & Emotional Support



About 1 in 4 adults  
in the U.S.

Reference: Town M, Eke P, Zhao G, et al. Racial and Ethnic Differences in Social Determinants of Health and Health-Related Social Needs Among Adults — Behavioral Risk Factor Surveillance System, United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:204–208.

# Health Risks Associated with Loneliness and/or Isolation

## **Cardiovascular Disease**

- Heart Disease
- Stroke
- Macrovascular Complications

## **Hypertension**

## **Diabetes**

- Pre-diabetes
- Type 2 Diabetes
- Diabetic Complications
- Microvascular Complications (e.g. Diabetic retinopathy)
- Glucose intolerance

## **Cognitive Decline**

- Dementia and Alzheimer's Disease

## **Depression and Anxiety**

## **Suicidality and Self-Harm**

For more details, please see Chapter 2 of "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community."

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COMMIT TO  
**Connect**

# Commit to Connect

- Innovations Hub to encourage replication
  - Clearinghouse of 80+ programs and interventions
- Engage an online Nationwide Network of Champions
  - 560+ leaders at local, state, and national levels
- TA and training activities
  - Annual National Summit to Increase Social Connections; professional and consumer resources; webinars and office hours

# Community of Practice: Understanding the Impact of Social Isolation and Loneliness Programs

May 2023 – August 2024



[CommitToConnect.org](https://CommitToConnect.org)

# Community of Practice: Opportunity

- 3 - 4 organizations with an ongoing program addressing social isolation and/or loneliness
  - Offered at 5 – 10 locations
  - Each location serving at least 20 new individuals in a 3-month period
- Upstream Social Interaction Risk Scale (U-SIRS) as a pre-test and post-test

# Community of Practice: Goals

- Introduce U-SIRS
- Assist with embedment U-SIRS into workflow
- Support development of implementation plan
- Peer learning and networking
- Offer collaboration, support, and TA to increase capacity
- Promote building an evidence-base for each organization

# California Department of Aging

- State unit on aging serving 60+ and adults 18+ with disabilities
- **Digital Connections program**
  - Digital devices with data plans and education tools
  - Access to virtual social connection and telehealth
- Partnered with 4 AAAs and 1 Community-Based Services Center

[CommitToConnect.org](https://CommitToConnect.org)



# Cincinnati Music & Wellness Coalition

- Community-wide evidence-based recreational music-making wellness coalition
- **HealthRythms**
  - Evidence-based creative music expression protocol
  - Group-based nurturing, support, camaraderie, and self-expression
- Partnered with 3 AAAs, 1 residential community, and 1 Recreation Commission

# Meals on Wheels of SW Ohio and N Kentucky

- Community-based social service agency serving older adults
- **Digital Connect program**
  - Tablet with 4 – 6 technical support and access to internet
  - Virtual Senior Center with monthly programming
- 4 affordable housing apartments and home-delivered meal recipients

# Community of Practice for Connection: Evaluation Design & Findings

**Matthew Lee Smith, PhD, MPH, CHES, CHW-I, FGSA, FAAHB**

Center for Community Health and Aging (CCHA)

Center for Health Equity and Evaluation Research (CHEER)

Texas Research, Analytics, and Innovations Lab (TRAIL)

School of Public Health

Texas A&M University



# Community of Practice

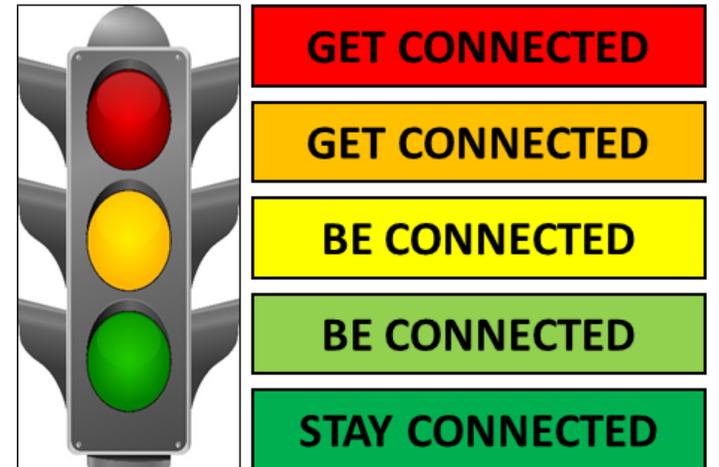
- To learn more about the effectiveness of community-based programs to address social disconnectedness among older adults
  - Diverse programs, populations, and settings
- Uniform outcome measure (U-SIRS-13)
  - Program-specific and collective impact
- Flexibility to facilitate unique needs and processes
  - Recruitment
  - Program
  - Data collection format
  - Follow-up intervals
- Each site aims to recruit 20+ new clients into their program
  - *Minimum data collection*: Baseline and 3-Month Follow-Up

Each network considered  
**logistics** of their local  
evaluation

Attempted to maintain  
apples-to-apples  
outcome comparisons  
across sites

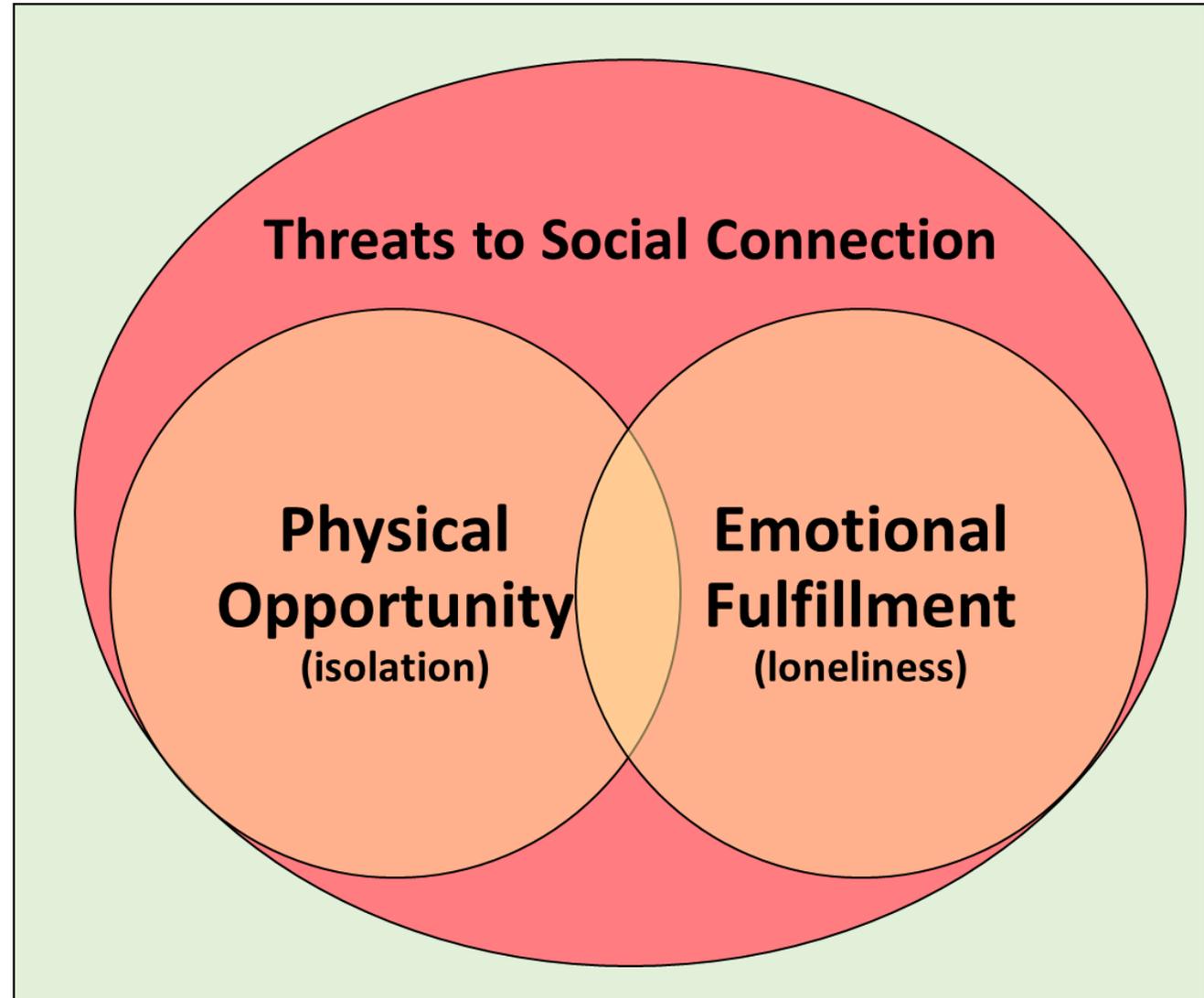
# Identifying “Upstream” Risk

- ***Upstream Social Interaction Risk Scale (U-SIRS) (pronounced “users”)***
  - 13-item, easy-to-use scale to identify upstream risk of social disconnectedness among older adults
- Developed with input from diverse professionals and practitioners
  - For example: physicians, geriatricians, nurses, social workers, academics, community health workers, Area Agencies on Aging, health educators, caregivers, older adults
- Practical use in various settings
  - Clinical organizations and healthcare providers
  - Community-based organizations
  - Community health workers
- Conservative to capture maximum risk level

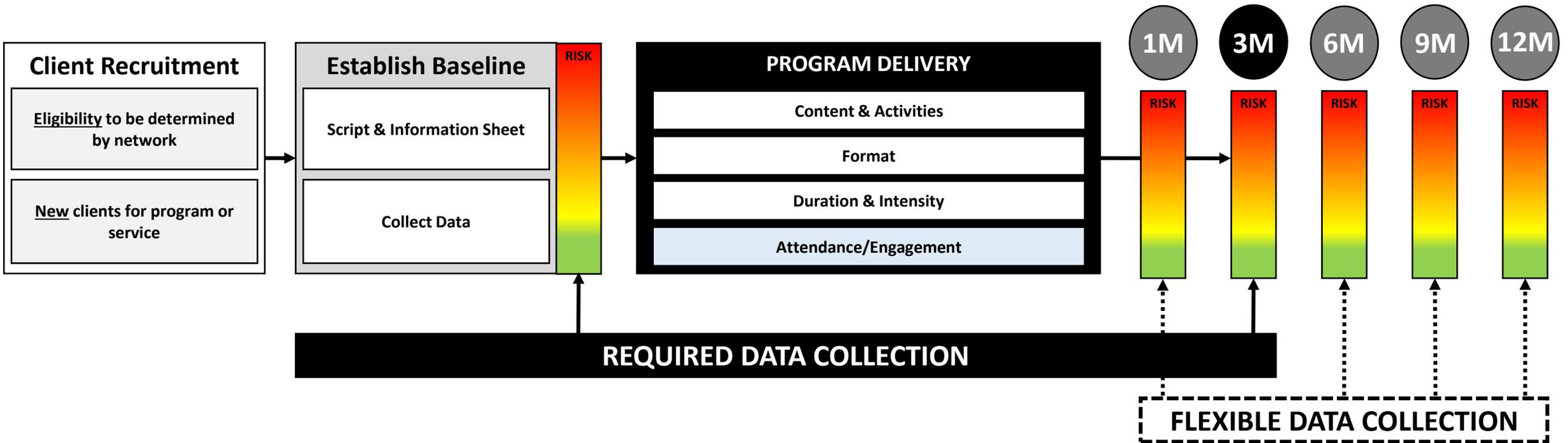


# U-SIRS-13

- I feel isolated from others
- I lack companionship
- I feel no one really knows me well
- I can find companionship when I want it
- Attend social clubs, residents' groups, or committees
- Attend religious groups
- I avoid socializing because it is hard to understand conversations, especially when there is background noise
- I am satisfied with the relationships I have with my family
- I am satisfied with the relationships I have with my friends
- I have as much contact as I would like with people I feel close to and who I can trust and confide
- There are enough people I feel close to and could call for help
- I am content with my friendships and relationships
- I miss having people around me



# Evaluation Flow



# Survey Instrument

Only took 5 to 7 minutes to complete

## Demographics (4 items)



- Year Born
- Gender
- Ethnicity
- Race

## Health Indicators (6 items)



- Because of physical, mental, or emotional condition, difficulty:
  - Doing errands
  - Concentrating, remembering, making decisions
- Impairments
  - Vision
  - Hearing
  - Mobility
  - Dressing/Bathing

## Live Alone Transportation Technology Worry about \$\$

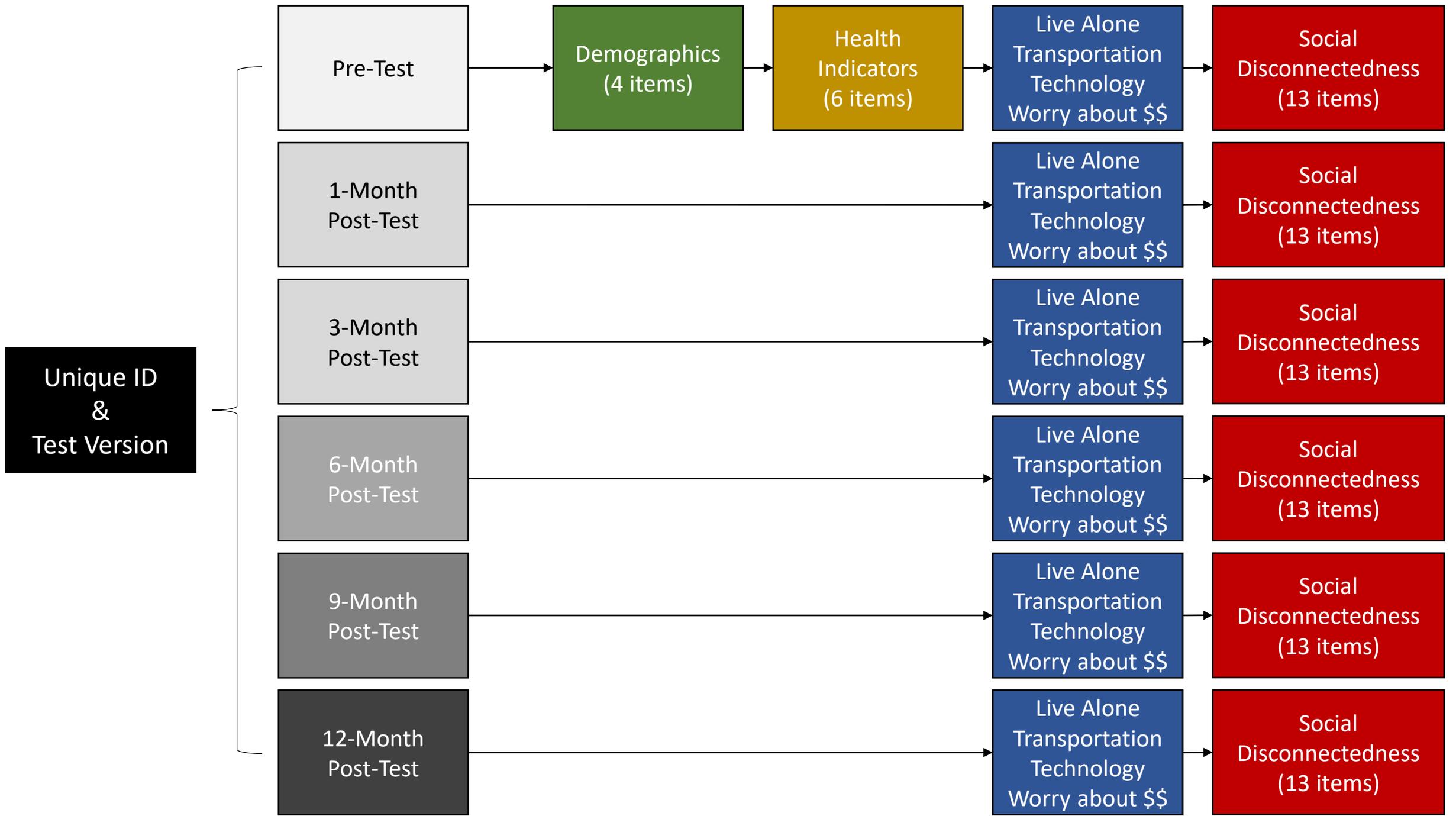
- Contextual items known to be associated with social disconnectedness

## Social Disconnectedness (13 items)

### U-SIRS-13

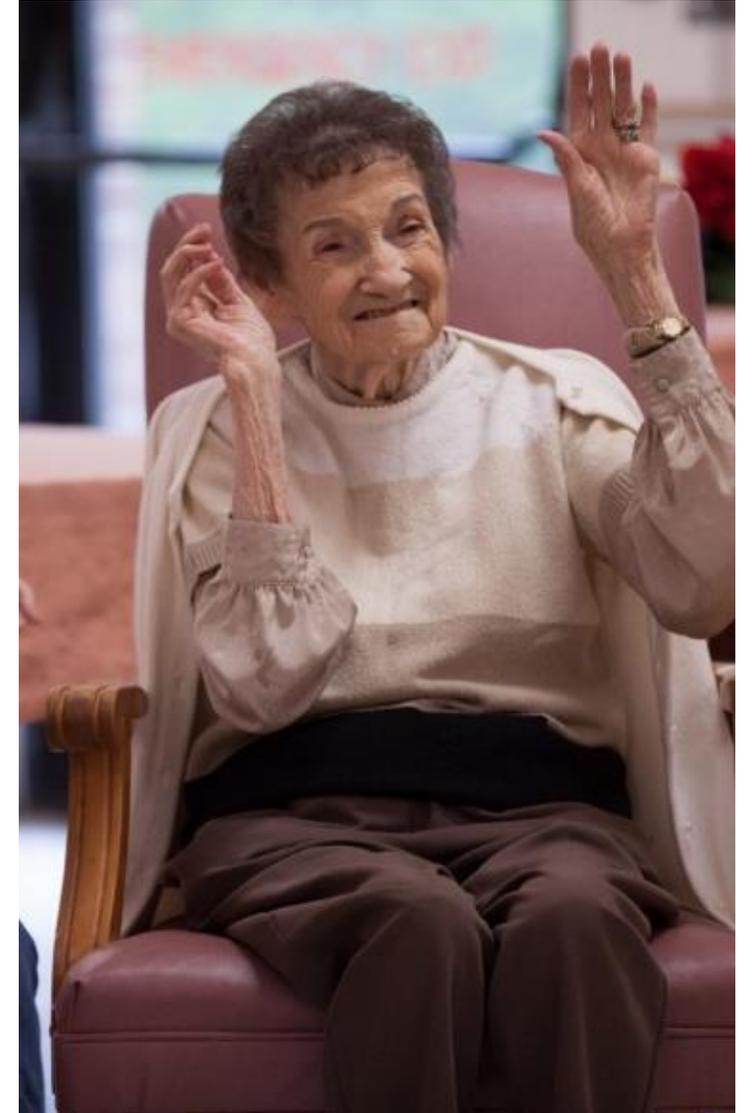
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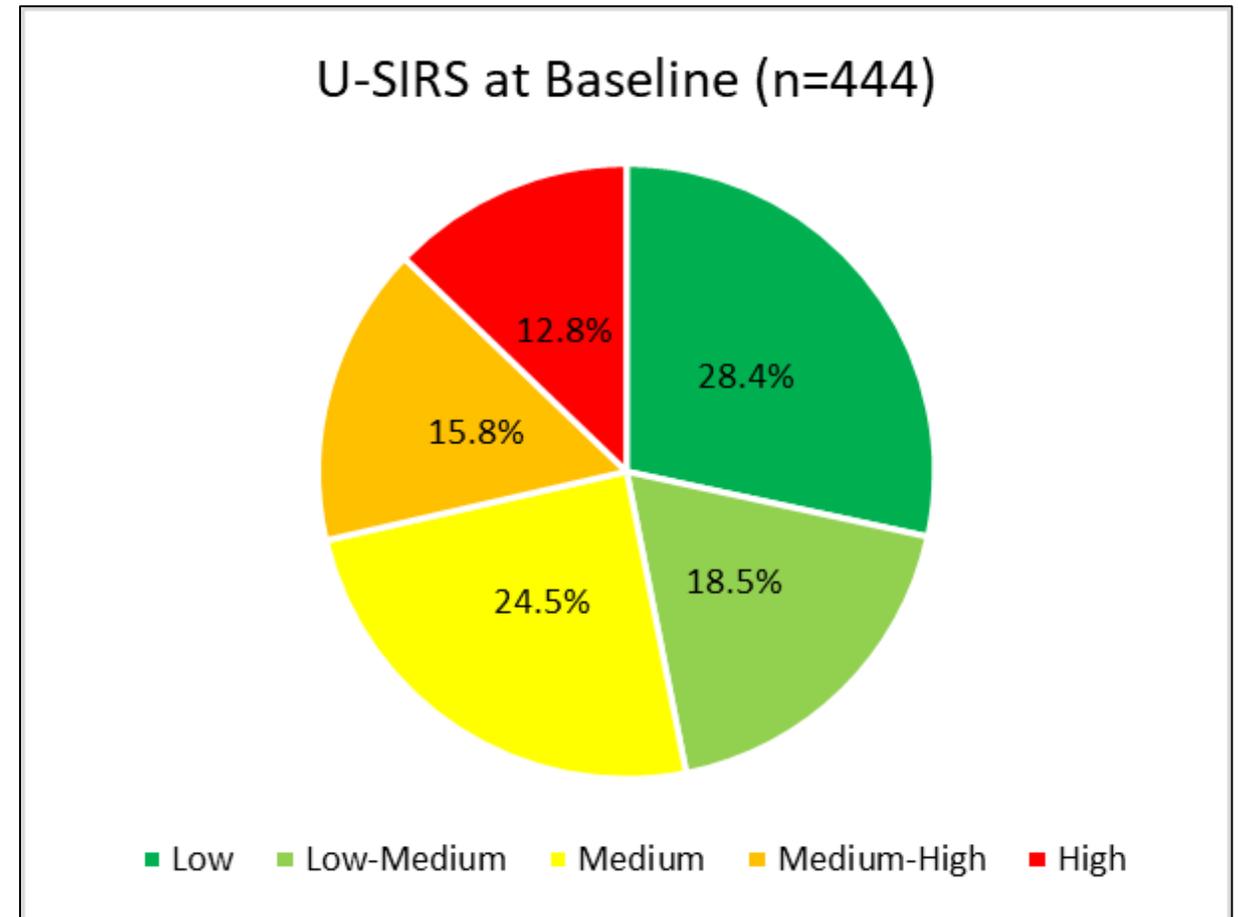
# Participant Characteristics (n=444)

- Engagement by Network
  - 65.1%: California Department of Aging
  - 27.5%: Meals on Wheels of Southwest OH & Northern KY
  - 7.4%: Cincinnati Music & Wellness Coalition
- Average age 70 years
- 71% female
- 31% Hispanic
- 60% White; 30% Black; 5% Asian; 23% Other/Multiple
- 48% live alone
- 42% worry/stress about money to meet basic needs
- *Impairments*: 42% mobility; 19% hearing; 15% vision
- 33% difficulty doing errands

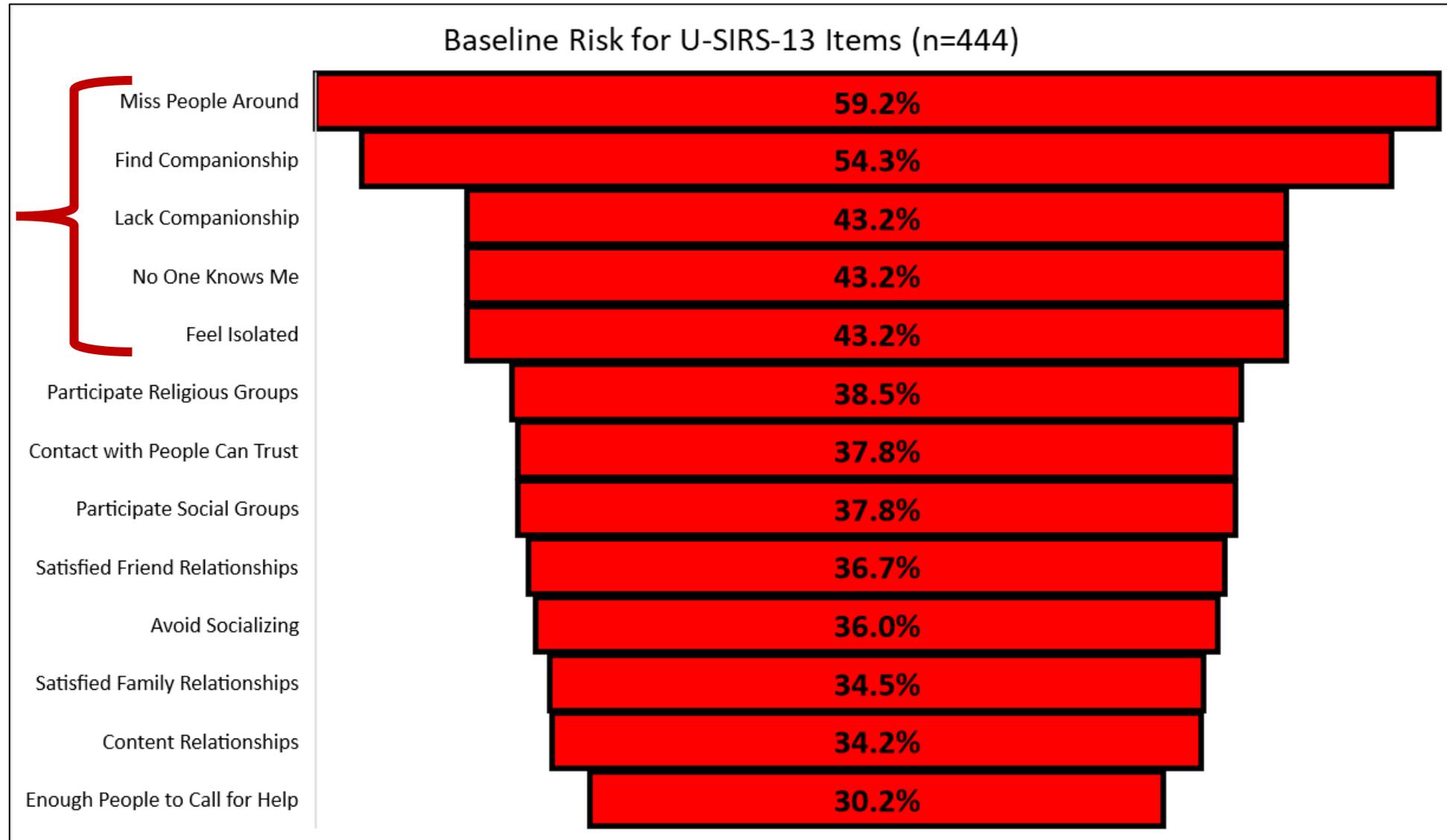


# Baseline Social Disconnectedness

- Average U-SIRS-13 score: 5.29 (of 13)
  - Cronbach's Alpha = 0.85 [strong]
- 53% threats to social connectedness
  - 25% Yellow
  - 16% Orange
  - 13% Red
- Suggests
  - Moderate baseline risk on average
  - Reasonably appropriate client identification for social engagement services

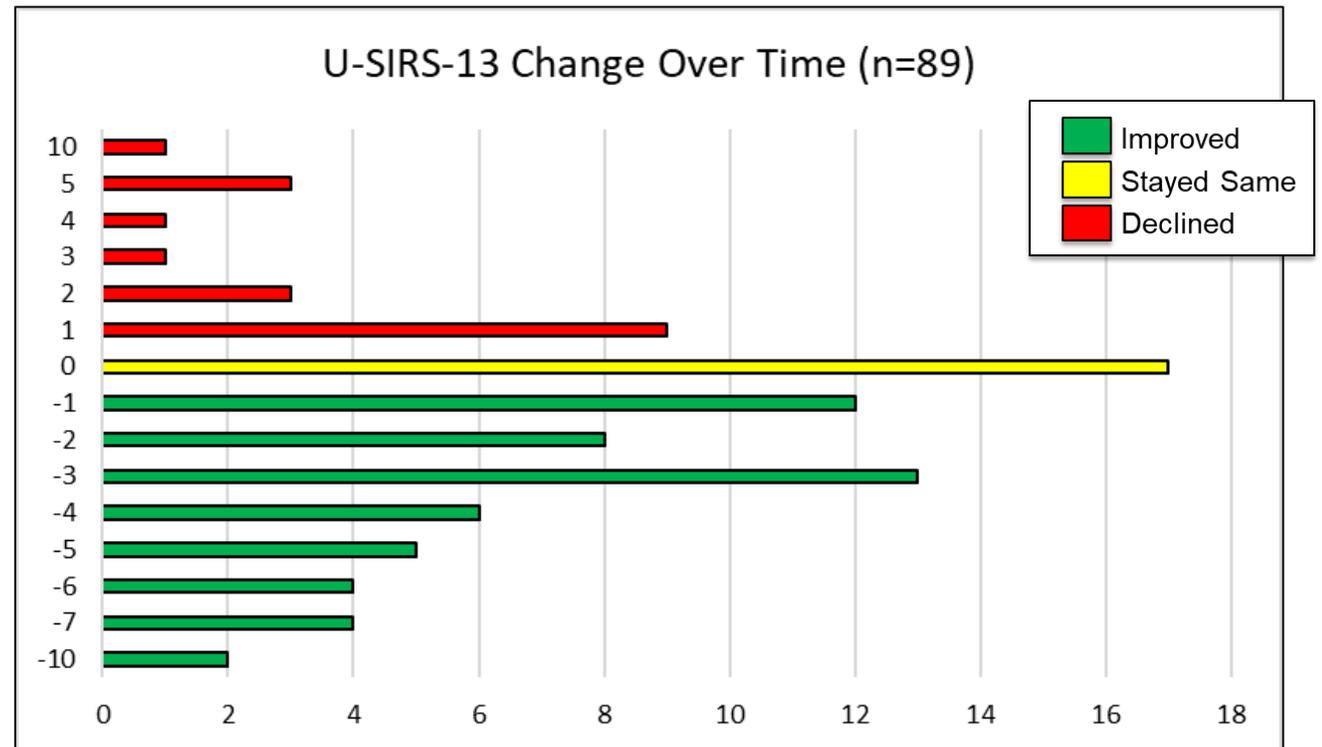


# Baseline Social Disconnectedness



# Change Over Time

- Sites collected follow-up data
  - 89 matched cases to date
- On average, participants reported significant reductions in social disconnectedness
  - From 5.84 to 4.26 (of 13)
    - $t=4.62, P<0.001$
- A significant proportion improved
  - 61% improved
  - 19% stayed the same
  - 20% declined
    - $z=-4.52, P<0.001$



# Change Over Time – By Item

Significant proportions of participants improved:

- Feel Isolated (24%)
- Lack Companionship (25%)
- No One Knows Me (24%)
- Avoid Socializing (29%)
- Miss People Around (22%)
- Satisfied Family Relationships (16%)
- Contact with People Can Trust (25%)
- Enough People to Call for Help (16%)

***Reinforces anticipated benefits from offered interventions***



# Lessons Learned

- Social disconnectedness is predominant in our communities
  - Organizations and clients are looking for solutions
- Networks reinforce social connection
  - Collective efforts for common goals
  - Embodies the purpose of the COP
- Participants had a mix of social connection threats
  - Physical opportunities & emotional fulfillment
    - Differences in client identification, program purpose, etc.
- Modest-to-low follow-up rate at 3-months
  - Challenges for statistical power and subset analyses

## Things Take Time

Give extra time for advanced planning and site coordination

Train staff and volunteers to engage and retain

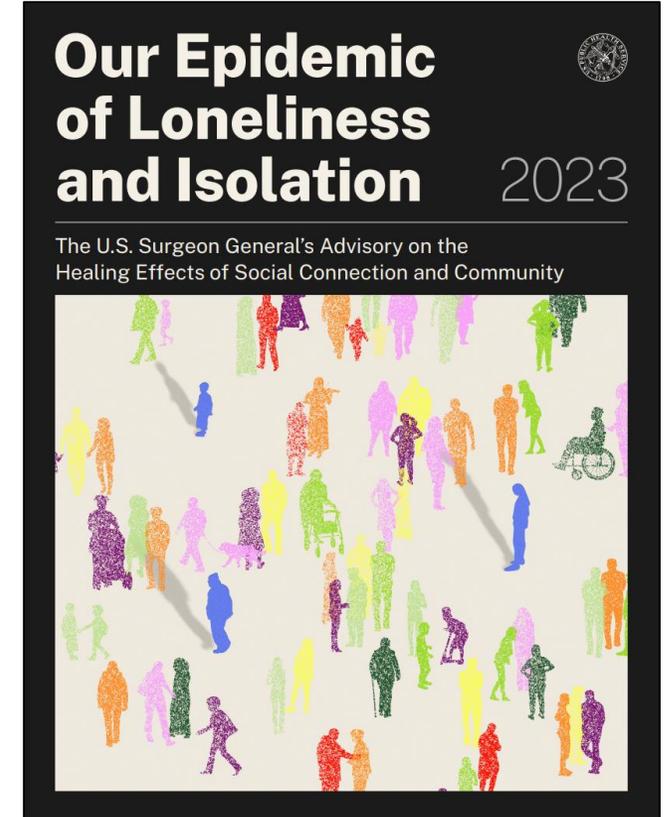
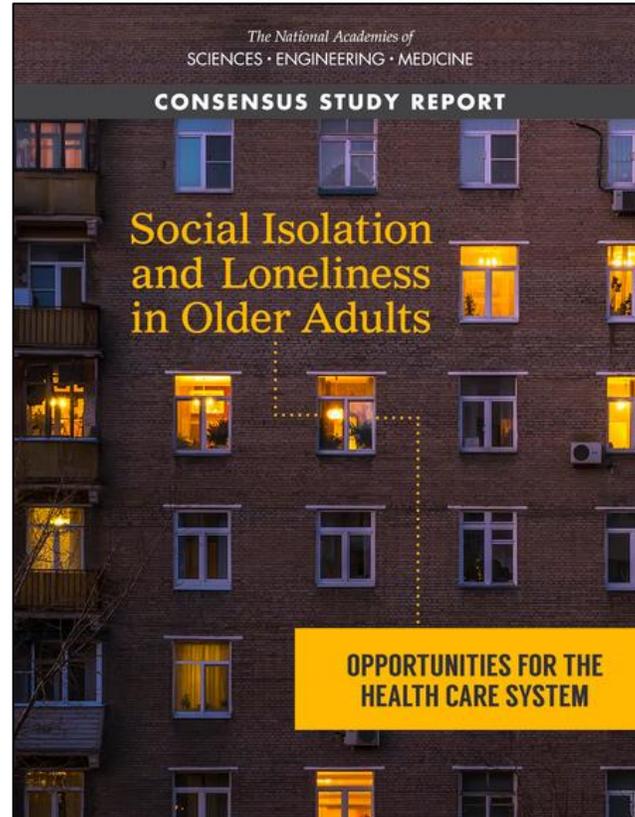
Seek support from academic partners

# Valuable Resources

**Matthew Lee Smith**

Texas A&M University

[matthew.smith@tamu.edu](mailto:matthew.smith@tamu.edu)





# Questions and Discussion

Please submit your questions or comments through the Q&A.

# Thank you!

- Please complete the survey which will be displayed in your browser after Zoom closes.
- The recording will be available on [www.committtoconnect.org](http://www.committtoconnect.org)
- For further questions, contact us at: [info@committtoconnect.org](mailto:info@committtoconnect.org)

