EXECUTIVE SUMMARY REPORT

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

COMMIT TO Connect

Overview

Commit to Connect (CTC), a cross-sector initiative led by the Administration for Community Living (ACL) and administered by USAging, aims to increase the availability of evidence-based programs and services addressing social isolation and loneliness (SIL). CTC established the Understanding the Impact of Social Isolation and Loneliness Programs Community of Practice (COP) in 2023 to support agencies in their evaluation of SIL programs and interventions. This Summary Report provides an overview of the COP including its aims, process, outcomes, and best practices that may apply to others undertaking similar efforts.

For this effort, CTC defines COPs as "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly."[1]

COP Strategy and Design

The goal of the Understanding the Impact of Social Isolation and Loneliness Programs COP was to help organizations conduct an outcome-based evaluation for a program or intervention addressing SIL among older adults and people living with disabilities. Members in the COP received one year access to the Upstream Social Interaction Risk Scale (U-SIRS-13).

Dr. Matthew Lee Smith, a professor at the Texas A&M School of Public Health and developer of the U-SIRS-13 served as the COP evaluator. Dr. Smith, other subject matter experts, and CTC staff provided training and technical assistance to members regarding the evaluation design, data collection procedures, and consumer engagement. Members also engaged in peer learning, collaboration, and networking in COP sessions and on CTC's Nationwide Network of Champions platform. The Institutional Review Board (IRB) at Texas A&M University reviewed and approved the evaluation procedures for the COP.

COP members represented either an organization, agency, or network of organizations and were selected through a competitive application process. To participate, COP members needed to have an ongoing program/intervention addressing SIL offered at five to ten locations, with each location serving at least 20 new consumers in a three-month period.

COP Members:

- **California Department of Aging (Sacramento, CA)**
- **Cincinnati Music & Wellness Coalition (Cincinnati, OH)**
- **Meals on Wheels of Southwest Ohio and Northern Kentucky (Cincinnati, OH)**

The COP launched in two phases: Phase I occurred over five sessions from May to August 2023; Phase II occurred over five sessions from December 2023 to August 2024.

The objectives of the COP included:

- Developing a uniform and flexible evaluation design using a common outcome measure
- Introducing COP members to the U-SIRS-13
- Guiding COP members with embedding the U-SIRS-13 into program workflow
- Training COP members on how to understand and use collected data
- Supporting COP members' implementation plans
- Facilitating peer learning between COP member on their experiences using the U-SIRS-13
- Reviewing and discussing data results with COP members to gain insight into similarities and differences
- Offering support and technical assistance to increase capacity of member organizations
- Encouraging the development of an evidence base for each program

About the U-SIRS-13

The Upstream Social Interaction Risk Scale (U-SIRS-13) is a 13-item scale that identifies "upstream risk" for social disconnectedness among older adults. "Upstream" refers to the scale's scoring schema that identifies the maximum amount of risk in terms of an older adult's: (1) physical opportunity to interact with others; and (2) emotional fulfillment from such interactions (or lack thereof).[2,3,4] After completing the scale, the risk score can be used to link consumers to appropriate and tailored local resources and services that promote connection. The U-SIRS-13 was developed with input from diverse professionals and practitioners, including physicians, nurses, social workers, public health professionals, academics, community health workers, health educators, aging service coordinators, caregivers, and older adults. The U-SIRS-13 items include:

1. I feel isolated from others.
2. I lack companionship.
3. I feel no one really knows me well.
4. I can find companionship when I want it.
5. In the past two weeks, I attended social clubs, residents' groups, or committees.
6. In the past two weeks, I attended religious groups.
7. I avoid socializing because it is hard to understand conversations, especially when there is background noise.
8. I am satisfied with the relationships I have with my family.
9. I am satisfied with the relationships I have with my friends.
10. I have as much contact as I would like with people I feel close to and who I can trust and confide.
11. There are enough people I feel close to and could call for help.
12. I am content with my friendships and relationships.
13. I miss having people around me.

In addition to the U-SIRS-13 items, ACL opted to include four additional context items for the COP (whether consumers lived alone, had access to transportation, had access to technology, and had financial worry or stress about meeting needs) and four demographic questions (age, sex, ethnicity, and race).

The COP used the U-SIRS-13 as a pre-test and post-test for this COP.

Each COP member administering the U-SIRS-13 at baseline (i.e., immediately before starting the program or service) and at three-months. Additionally, COP members could choose to also administer the U-SIRS-13 at one month, six months, nine months, and 12 months after baseline.

Profiles of COP Members

California Department of Aging (CDA)

Agency: CDA is a State Unit on Aging in California primarily serving residents aged 60 and older and adults 18 and older with disabilities in all 58 counties of California.

Program: CDA evaluated its Digital Connections program which provides digital devices with data plans and digital education tools to allow consumers access to virtual social connection and access to telehealth. The devices allow consumers to remain in digital contact with healthcare providers, family, friends, caregivers, other service providers and/or case managers. The Digital Connections program includes consumers from CDA's Multipurpose Senior Services Program sites, Community Based Adult Services Centers, Area Agencies on Aging (AAAs), and Program of All-Inclusive Care for the Elderly centers. As part of this program, CDA purchased 16,000 digital devices with data plans and digital education tools.

In March 2024, CDA expanded their use of the U-SIRS-13 to measure outcomes of their Access to Technology (ATT) County grant program. The ATT grant program allows participating counties to leverage their existing programs for older adults and people with disabilities to provide digital devices, broadband service plans, digital literacy training, digital infrastructure to facilitate access, and outreach to bring awareness to the program. The ATT program is intended to reduce isolation, increase connections, and enhance self-confidence for older adults and people with disabilities in the program.

Partners: CDA partnered with four AAAs (Kings/Tulare AAA & Veteran's Services, Alameda County AAA, City of Los Angeles Department of Aging, AAA Merced County Service Center), one Community-Based Services Center (Home Avenue Adult Day Health Care) and three Counties (Merced County Human Services Agency, County of Santa Clara Social Services Agency, County of San Luis Obispo Dept. of Social Services) to implement U-SIRS-13 and evaluate the program.

Cincinnati Music and Wellness Coalition (CMWC)

Agency: CMWC is the nation's first community-wide evidence-based recreational music-making wellness coalition helping individuals of all ages achieve health outcomes rather than musical outcomes.

Program: CMWC evaluated its HealthRHYTHMS program, an evidence-based creative music expression protocol. The program offers a cost-effective strategy for fostering group-based nurturing, support, camaraderie, and self-expression. HealthRHYTHMS is used extensively for individuals facing the challenges of grief, anger, loss, loneliness, and conflict. The program fosters opportunities to build supportive relationships and mutual respect.

The program is utilized with at-risk youth; older adults; caregivers; individuals with developmental disabilities, cognitive impairments, or behavior challenges; and individuals experiencing life-threatening illness.

Partners: CMWC collaborated with AAAs in South Bend, IN; Lexington, KY; and Eastern Arkansas as well as the Maple Knoll Communities (Cincinnati, OH), AHEPA Senior Living-Milford, and the Cincinnati Recreation Commission to implement U-SIRS-13 and evaluate the program.

Meals on Wheels (MOW) of Southwest Ohio and Northern Kentucky

Agency: MOW OH/KY is a community-based social service agency serving older adults in southwest Ohio and northern Kentucky.

Program: MOW OH/KY evaluated its Digital Connect program, which provides a tablet, between four to six hours of one-on-one technical support, and internet access for those at 200 percent or below the poverty level living in the city of Cincinnati. Those participating in Digital Connect are further supported by gaining access to MOW OH/KY's Virtual Senior Center, which includes monthly online health and wellness programming. Consumers also receive group transportation to in-person health and wellness programming to further address needs around SIL. All program consumers receive education on all other agency services.

Partners: MOW collaborated with four affordable senior housing apartments (St. Paul Village, Cambridge Arms, Booth Residence, and Hillcrest Elderly) in the Hamilton County, Ohio service area and home-delivered meal recipients in both the rural and urban Northern Kentucky (NKY) service area to implement U-SIRS-13 and evaluate the program.

Summary of COP Data

Each COP network member's respective sites collected data. Baseline data were collected at the time of consumer engagement (i.e., before the program or service was provided). Data were collected again at a three-month follow-up, with an option to also collect data at one-month follow-up. Baseline and follow-up data were merged for analyses.

A total of 477 consumers were engaged across the sites. Of those, 444 (93.1%) completed baseline assessments. Of these consumers, data were collected from 95 (21.4%) and 89 (20.1%) had complete follow-up data in terms of the U-SIRS-13. The table below shows the data contributions by the three COP network members.

In terms of consumer engagement (n=444), the average age of participants was 69.97 (±11.79) years. Seventy-one percent of participants self-identified as female and 30.9% identified as Hispanic/Latino. About 60% of participants self-identified as White or Caucasian, 30.0% as Black or African American, 5% as Asian, 1.4% as American Indian or Alaska Native, and 23.2% as another race. Over 48% of participants reported living alone, with 19.0% reporting hearing impairments and 14.9% reporting visual impairments. About 42% of participants reported serious difficulty walking or climbing stairs, with 14.0% reporting difficulty dressing or bathing and 32.5% reporting difficulty doing errands. Most participants had transportation to where they wanted to go (85.4%) and owned a smartphone, computer, laptop, or tablet (74.8%). Over 42% reported being worried or stressed about having enough money to meet their basic needs.

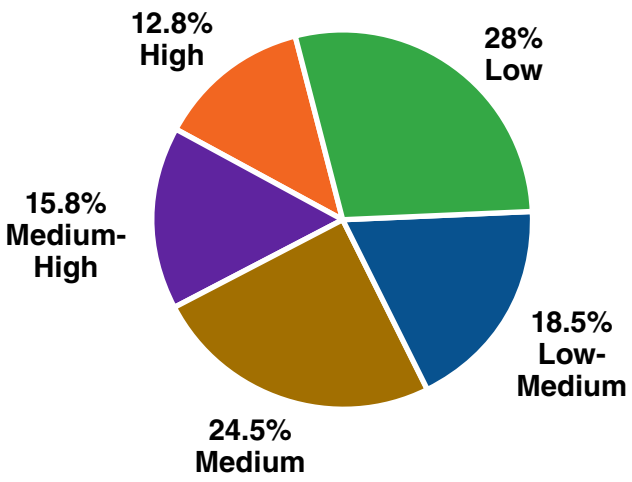
Data Contributions by Site	Baseline	Follow-Up	Complete
California Department of Aging	289	74	69
Meals on Wheels of Southwest OH & Northern KY*	122	1	0
Cincinnati Music & Wellness Coalition	33	20	20
TOTAL	444	95	89

* Collected an additional 20 3-month follow-ups with retrospective baselines

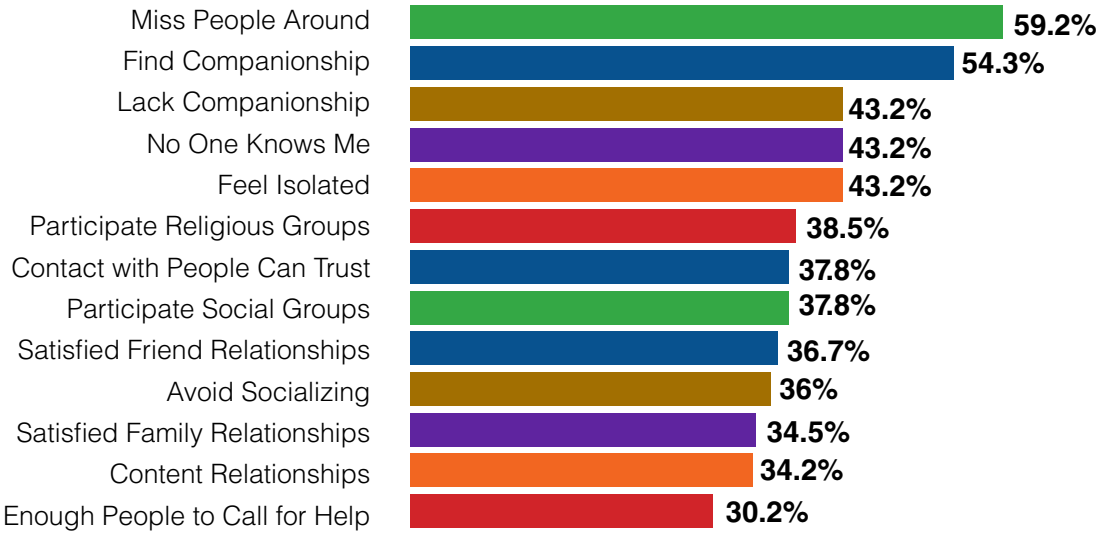
At baseline, the average U-SIRS-13 score was 5.29 (±3.77), indicating moderate risk for social disconnectedness. The Cronbach's alpha was 0.85, indicating strong internal reliability. As indicated in the pie chart, 53.1% of participants were at risk for social disconnectedness at baseline, with 24.5% indicating medium risk, 15.8% indicating medium-high risk, and 12.8% indicating high risk.

At baseline, the most commonly reported U-SIRS-13 items included missing having people around (59.2%), not being able to find companionship when wanted (54.3%), lacking companionship (43.2%), feeling that no one knows them well (43.2%), and feeling isolated from others (43.2%).

U-SIRS-13 at Baseline (n=444)



Baseline Risk for U-SIRS-13 Items (n=444)



Paired sample t-tests were used to assess change over time for consumers with matched baseline and follow-up data. On average, U-SIRS-13 scores significantly reduced from 5.84 (±3.81) at baseline to 4.26 (±3.41) at follow-up (t=4.62, P<0.001).

Paired Sample T-Tests: Mean Change Over Time (U-SIRS-13)

	n	Mean	StD	t	P
Baseline	89	5.84	3.81	4.62	<0.001
3-Month	89	4.26	3.41		

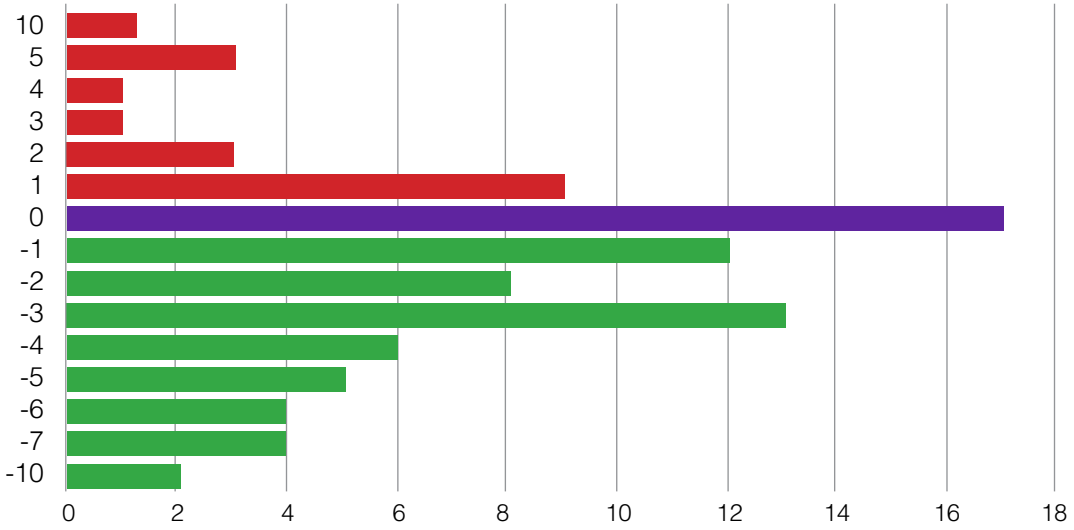
Wilcoxon sign-rank tests were used to identify proportional changes over time for consumers with matched baseline and follow-up data. About 61% of participants engagement improved from baseline to follow-up, with 20.2% declining, and 19.1% staying the same (z=-4.52, P<0.001).

Wilcoxon Sign-Rank Tests: Proportional Change Over Time (U-SIRS-13)

n	Improved	Declined	Stayed Same	Z	P
89	54 (60.7%)	18 (20.2%)	17 (19.1%)	-4.52	<0.001

The below graphic illustrates the change depicted in the sign-rank test in the table above, but in a more granular way. Specifically, this graphic depicts the percentage of consumers whose U-SIRS-13 score stayed the same (purple) from baseline to follow-up, as well as the percentage of participants whose U-SIRS-13 score changed by the number of points in terms of improvement (green) or decline (red).

U-SIRS-13 Change Over Time (n=89)



In terms of specific U-SIRS-13 items, significant improvements were observed in 8 of 13 items from baseline to follow-up. More specifically, participants reduced their risk associated with: (1) feeling isolated from others; (2) lacking companionship; (3) feeling that no one knows them well; (4) avoiding socializing when there is background noise; (5) missing having people around them; (6) not being satisfied with family relationships; (7) not having enough contact with people they can trust; and (8) not having enough people they can call for help.

Wilcoxon Sign-Rank Tests: Proportional Change Over Time (U-SIRS-13 Items)

	n	Improved	Declined	Stayed Same	Z	P
Feel Isolated	95	23 (24.2%)	6 (6.3%)	66 (69.5%)	-3.16	0.002
Lack Companionship	95	24 (25.3%)	9 (9.5%)	62 (65.3%)	-2.61	0.009
No One Knows Me	95	23 (24.2%)	7 (7.4%)	65 (68.4%)	-2.92	0.003
Avoid Socializing	91	26 (28.6%)	3 (3.3%)	62 (68.1%)	-4.27	<0.001
Miss People Around	95	21 (22.1%)	8 (8.4%)	66 (69.5%)	-2.41	0.016
Find Companionship	95	21 (21.1%)	11 (11.6%)	63 (66.3%)	-1.77	0.077
Satisfied Family Relationships	95	15 (15.8%)	5 (5.3%)	75 (78.9%)	-2.24	0.025
Satisfied Friend Relationships	95	16 (16.8%)	9 (9.5%)	70 (73.7%)	-1.40	0.162
Contact with People Can Trust	95	24 (25.3%)	6 (6.3%)	65 (68.4%)	-3.29	0.001
Enough People to Call for Help	95	15 (16.1%)	5 (5.4%)	73 (78.5%)	-2.24	0.025
Content Relationships	95	20 (21.1%)	10 (10.5%)	65 (68.4%)	-1.83	0.068
Participate Social Groups	95	7 (7.4%)	11 (11.6%)	77 (81.1%)	-0.94	0.346
Participate Religious Groups	95	12 (12.6%)	14 (14.7%)	69 (72.6%)	-0.39	0.695

COP Member Learning Outcomes

In addition to the U-SIRS-13 outcomes, CTC collected data about COP members' learning and process outcomes. Learning outcomes tracked COP members' self-reported ratings of competency with collecting data using U-SIRS-13 and self-reported ratings of how relevant the COP's content and activities are to their U-SIRS-13 implementation.

This data showed that COP members found the COP to be relevant with a reported average of 4.75 across all sessions given a scale of 1 to 5 (1 being not relevant and 5 being very relevant). The evaluation also found that COP members increased their levels of reported competency to implement U-SIRS-13. On a scale of 1 to 5 (1 being not knowledgeable and 5 being extremely knowledgeable), members increased from an average of 2.40 in the first session to an average of 4.33 by the last session. Process outcomes included COP members' engagement in the Nationwide Network of Champions (NNOC) community, activity level on the NNOC platform, and the development and maintenance of a U-SIRS-13 implementation plan. These outcomes were all successfully achieved.

COP Member Experiences and Lessons Learned

COP members are most proud of:

- Growing and sustaining key partnerships, particularly given that partners were not compensated for their involvement.
- Using evaluation data to pursue additional funds and sustainability for the programs.
- Furthering their organization's evaluation efforts and intertwining it with advocacy efforts.

Because of this evaluation effort, COP members learned:

- Implementing and embedding a measurement tool (e.g. U-SIRS-13) into workflow can be relatively straightforward for partners.
- Partners are eager to engage in evaluation work to demonstrate their program's effectiveness.
- It is critical to focus on quantitative data in addition to qualitative data.

COP members plan to leverage their experience with the COP to:

- Continue with evaluation efforts and explore opportunities for more widespread implementation of U-SIRS-13.
- Further explore the impact of their programs on new populations (youth, people with disabilities, etc.)
- Initiate and build new partnerships with researchers.
- Share data and findings with potential funders and the community to foster broader community awareness about social connection.

Participation in the COP opportunity increased members' capacity to address SIL. Specifically, COP members:

- Learned more about how systematic issues such as mental health, physical health, agism, ableism, classism, and racism all contribute to SIL.
- Realized that populations with the highest needs for programs, services, and supports are often unaware of what is available to them.
- Increased their awareness for the stigma surrounding SIL and recognized the importance of creating a comfortable environment for consumers.

For those interested in evaluating their SIL programs, interventions, and/or services, COP members recommend:

- Connecting with partners early in your planning process to provide them with implementation details. Partners often need time to identify and gather the necessary staff and resources.
- Strategically timing the post-test evaluation to match the goal of the program.
- Recognizing consumers may have challenges outside of your program that will make it difficult for them to stay engaged. Staff should be prepared to follow-up and reengage consumers often.

For additional evaluation guidance, check CTC's *Six Considerations for Outcome Evaluation of Social Engagement Programs Serving Older Adults and People with Disabilities* guide. The material highlights key considerations when undertaking program outcome evaluations.

Evaluation Strategies for Social Connection Programs:

- Track program attendance to understand the **"program dose"** received by consumers to achieve target outcomes. For example, for a multi-session social connection workshop, track how many program sessions were offered and how many each consumers attended. For a digital device access program, track hours of tablet use along with the types of activities the device was used for.
- Evaluations should be conducted with **consumers new to the agency or new to the program/intervention.** It is more difficult to measure the benefits of programs and services if consumers are already receiving the resource at the time of first data collection.
- Collect pre-test data **immediately prior to the start** of the program to ensure consistency across consumers and sites. **Track contextual data** such as age, live alone status, sensory or mobility concerns, and driving status.
- Gather **testimonials** to add context to findings. Statements from consumers, staff, and volunteers on the program's impact on social connection can provide insights, such as mechanisms through which the program may have increased social connections and opportunities for improvement.

End Notes

1 Wenger-Trayner, E. (n.d.). *Introduction to communities of practice.* Wenger-Trayner. https://wenger-trayner.com/introduction-to-communities-of-practice/.

2 Smith, M. L., Steinman, L. E., & Casey, E. A. (2020). Combatting social isolation among older adults in a time of physical distancing: The COVID-19 social connectivity paradox. *Frontiers in Public Health,* 8, 403. https://doi.org/10.3389/fpubh.2020.00403.

3 Administration for Community Living & USAging. (2024). *Topical guide: Six considerations for outcome evaluation of social engagement programs serving older adults and people with disabilities.* https://committoconnect.org/wp-content/uploads/2024/05/CtoC-Outcome-Evaluation-508-links.pdf.

4 Smith, M. L., & Barrett, M. E. (2024). Development and validation of the Upstream Social Interaction Risk Scale (U-SIRS): A scale to assess threats to social connectedness among older adults. *Frontiers in Public Health,* 12. https://doi.org/10.3389/fpubh.2024.1454847

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