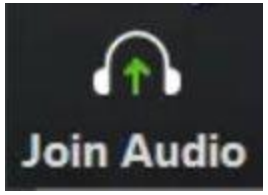
COMMIT TO Connect

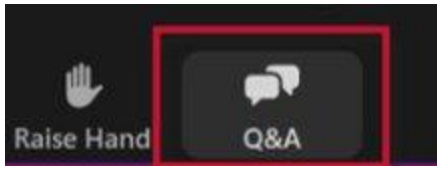
PEARLS: an Evidence-Based Program to Address Depression and Social Isolation in Older Adults

July 29, 2026

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.
- **Chat Feature**
  - The Chat feature allows webinar attendees, the host, co-hosts and panelists to communicate for the duration of the webinar.





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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

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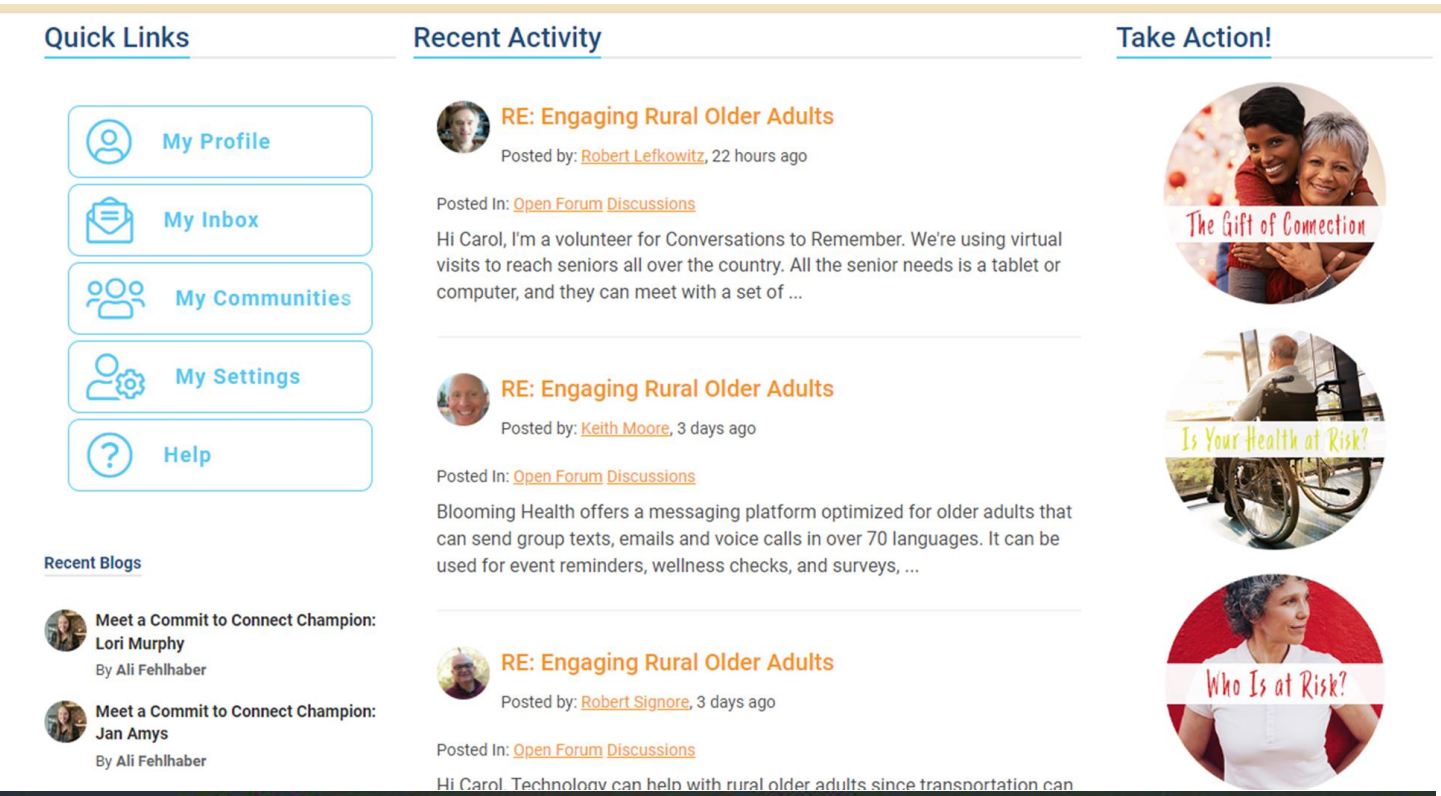
Commit to Connect

COMBATTING SOCIAL ISOLATION AND LONELINESS IN ALL COMMUNITIES

Commit to Connect

www.committoconnect.org

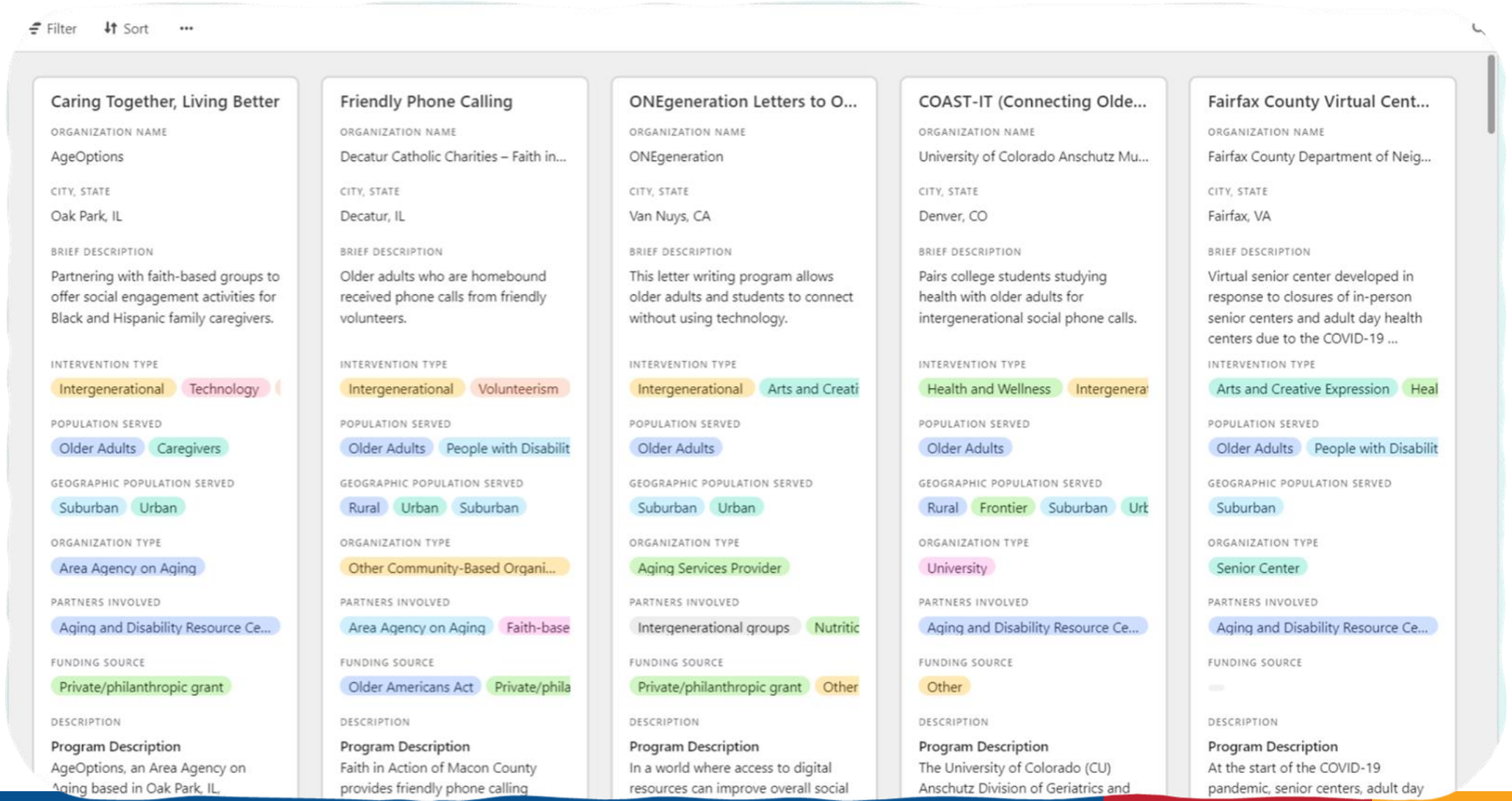
- **Technical Assistance**
  - Annual National Summit to Increase Social Connections
  - Professional and consumer resources
  - Webinars and Office Hours
- **Communities of Practices on outcome evaluation**
  - Impact of Chronic Disease Self-Management Education programs on social connection
- **“Innovations Hub” to encourage replication**
  - Clearinghouse of 100+ model programs, interventions, and solutions
- **Engage an online Nationwide Network of Champions**
  - 700+ leaders at local, state, and national levels



CTC Nationwide Network of Champions

Innovations Hub

committoconnect.org/innovations-hub



Presenters

Lesley Steinman, PhD, MSW, MPH, Senior Research Scientist, University of Washington Health Promotion Research Center

Jasmine Folan, Director of Grant Administration, The Women's Center of Tarrant County

Suzet Tave, PEARLS Counselor, Aging and Disability Services in Seattle/King County

COMMIT TO Connect

PEARLS®

Program to Encourage Active, Rewarding Lives

Evidence-Based Program to Address Depression and Social Disconnection in Older Adults

Lesley Steinman, PhD, MPH, MSW

ACL Commit to Connect webinar

July 29th, 2026 1 – 2pm ET

Gratitude

- UW PEARLS Team
- PEARLS partners
- AARP Foundation and CA Behavioral Health Services Oversight & Accountability Commission
- ACL and USAging

Plan for Today

Background on depression and disconnection

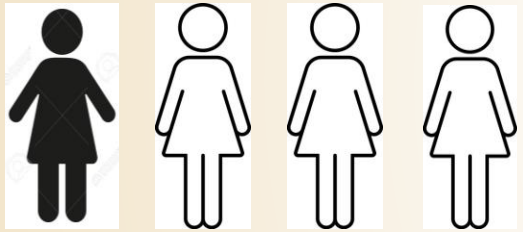
What is PEARLS impact on depression and disconnect?

How does PEARLS work to reduce depression and disconnect?

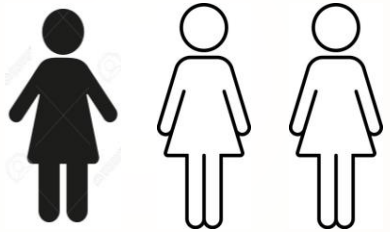
PEARLS partner sharing: The Women's Center and Seattle-King County Aging and Disability Services

Depression and social disconnection impact millions of older adults

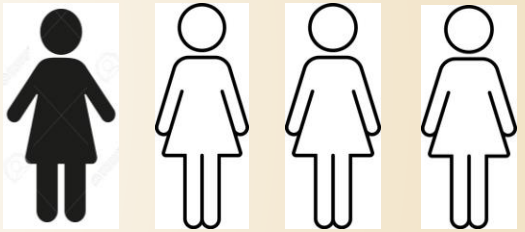
1 in 4 older adults
experience depression



1 in 3 older adults
are lonely



1 in 4 older adults
are socially isolated



Older adults who report fair or poor mental health (vs to those with better mental health):

77% feel socially isolated (vs 29%)
73% feel lack of companionship (vs 33%)
56% had infrequent contact outside one's household (vs 30%)

Hu, 2022; Perissinotto, 2012; Malani, 2023; Gerlach, 2024

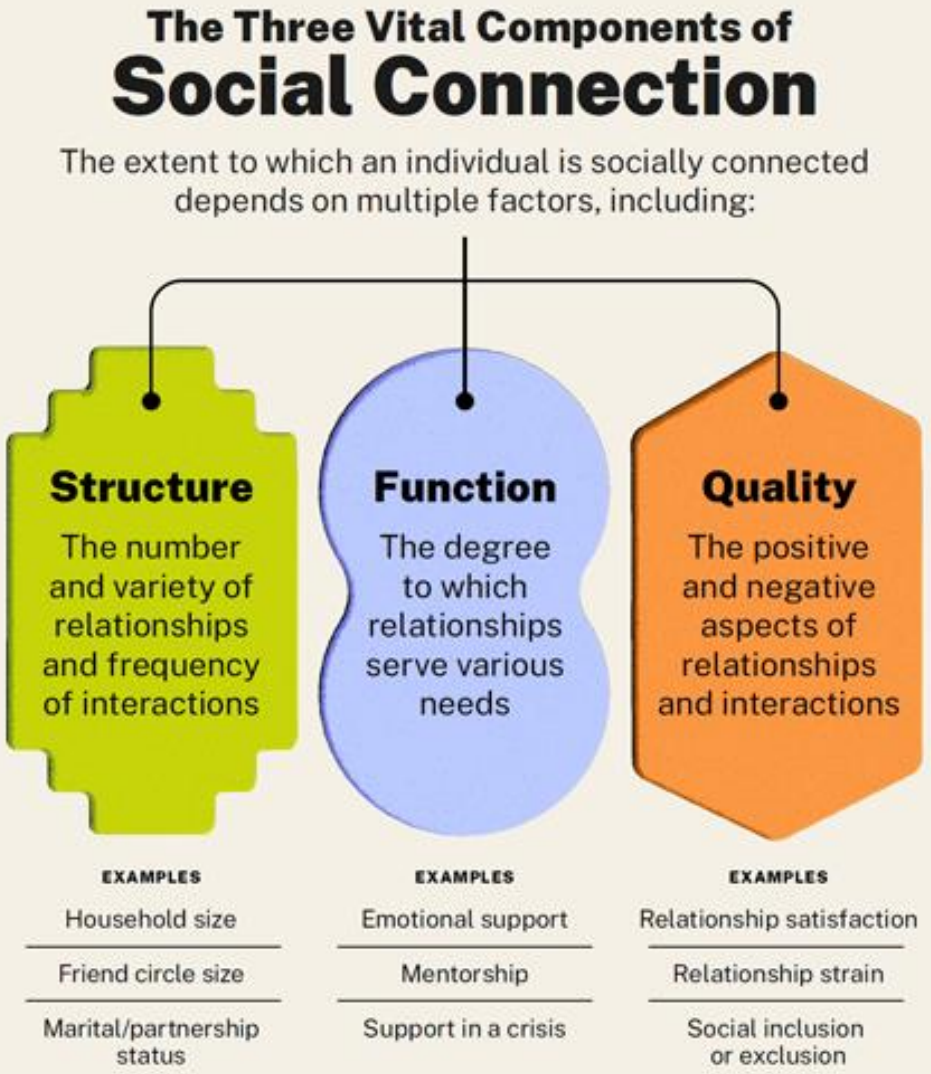
What is depression?

Depression is not a “normal part of aging”

- **A constellation of symptoms (DSM-V)**
  - **Cardinal: sad mood + loss of interest**
  - **Fatigue, appetite, sleep, concentration, worthlessness, psychomotor, suicidality**
- **Social isolation and loneliness**
  - **Most common symptom of depression not included in DSM-V**

APA 2013; Haroz, 2017

What is social connection?



Surgeon General, May 2023; Holt-Lunstad, 2017

What are social isolation and loneliness (SI/L)?

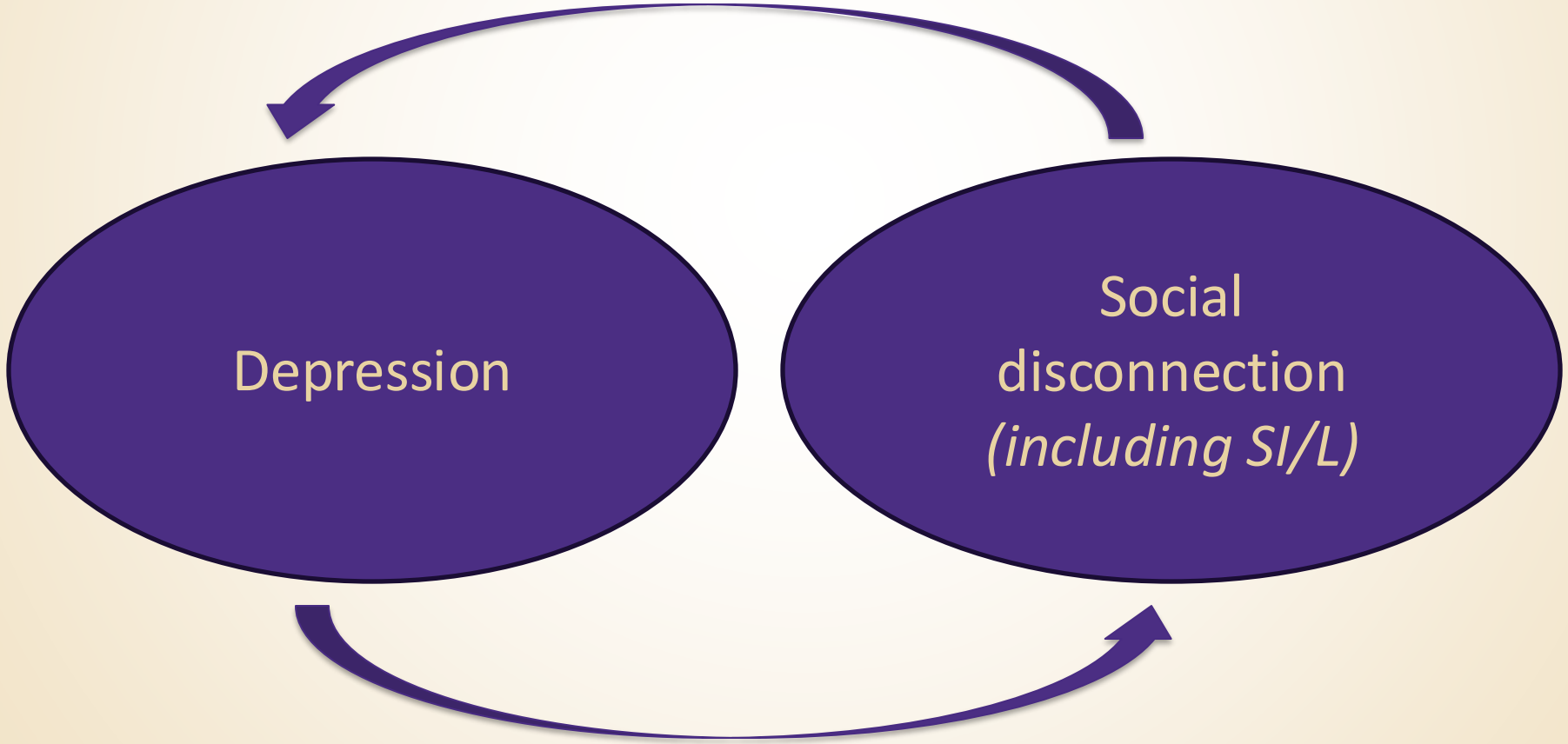
Social isolation: objectively having few social relationships, social roles, group memberships, and infrequent social interaction

Loneliness: a subjective distressing experience that results from perceived isolation or inadequate meaningful connections.

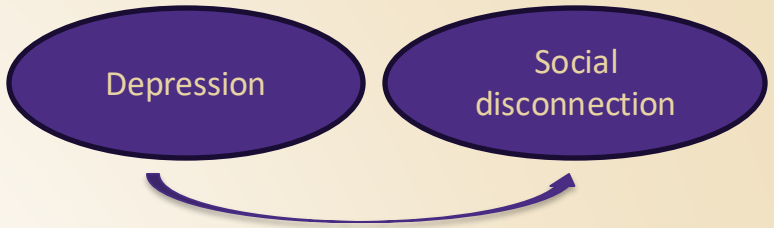
> "*Inadequate*" = the discrepancy or unmet need between an individual's preferred and actual experience

NASEM, 2020

How are depression and disconnect linked?



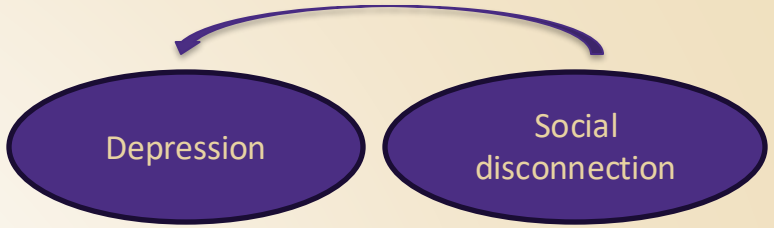
Depression as risk factor for disconnection



- Depression often leads to social withdrawal → less social support and close relationships
- Depression can lead to loneliness because cognitive biases
  - Judge social interactions more negatively
  - See relationships as less rewarding
  - Experience of relationships as inadequate
- This loneliness is unrelated to structural social connection

Domenech-Alba, 2019; Donovan, 2020; Falk, 2010; Luo, 2012; Lim, 2016; McHugh, 2020; NASEM, 2020

Loneliness and social isolation are risk factors for depression



- Life changes with aging (e.g., bereavement, retirement, declining ADLs, caregiving) can lead to:
  - Social withdrawal, smaller social networks, loneliness → depression
- Both SI/L independently increase likelihood of depression:
  - Older adults who are lonely are 2x more likely to be depressed
  - Socially isolated older adults have 24-37% greater odds of depression
- Quality of connections matters more than quantity of connections

Domenech-Alba, 2019; Lee, 2021; Luo, 2012; Santini, 2020; Taylor, 2018; Theeke, 2009; Zhu, 2024

Depression and disconnect increase risk of dying for older adults

- Both are risk factors for late-life suicide
  - May result from low sense of belonging, seeing oneself as a burden to others, and limited social support
  - Older adults have higher suicide success rate (1:3 vs 1:200)
- Both increase risk of mortality from other casus
  - Higher co-occurrence of chronic health issues
  - Impacts management of health issues, quality of life, function
- Higher risk of dying than other public health issues

NCOA, 2022; CDC, 2024; NASEM, 2020

What is PEARLS impact on depression and disconnect?

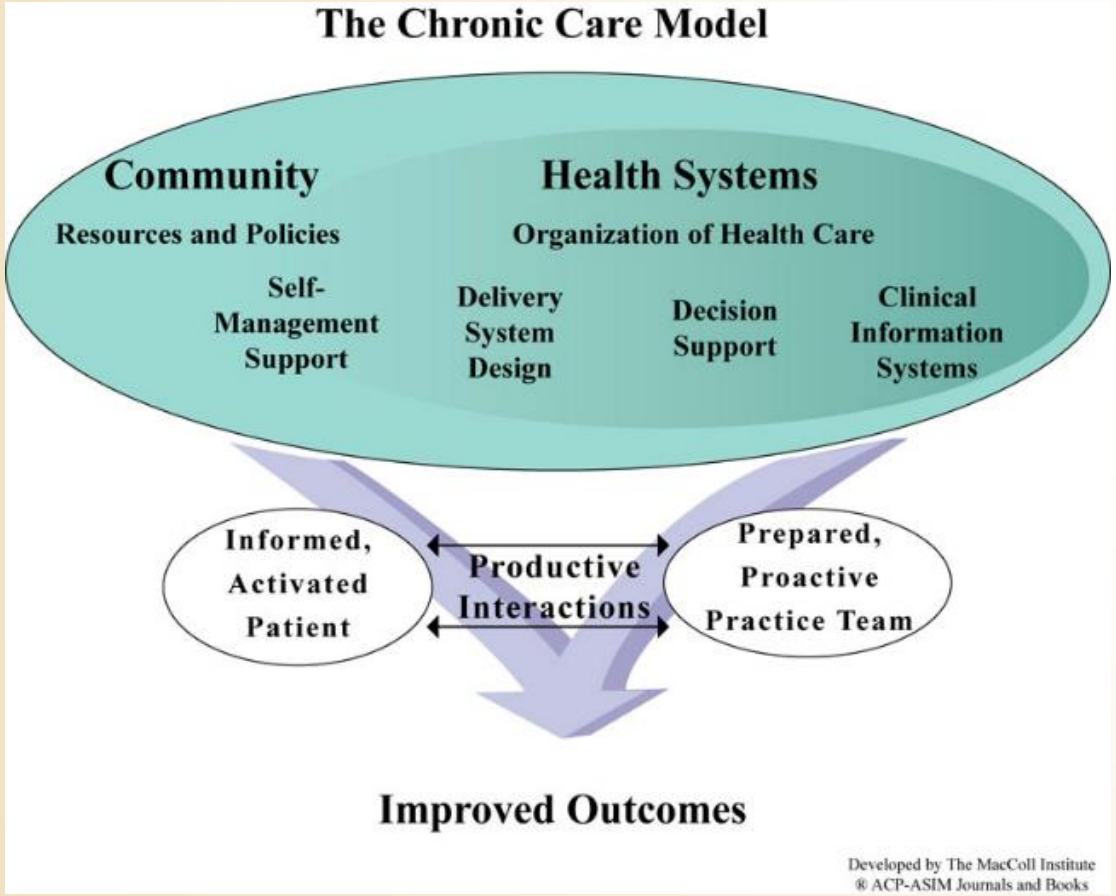
PEARLS birth story

The Program to Encourage Active, Rewarding Lives (PEARLS) was co-created and tested with social service orgs to:

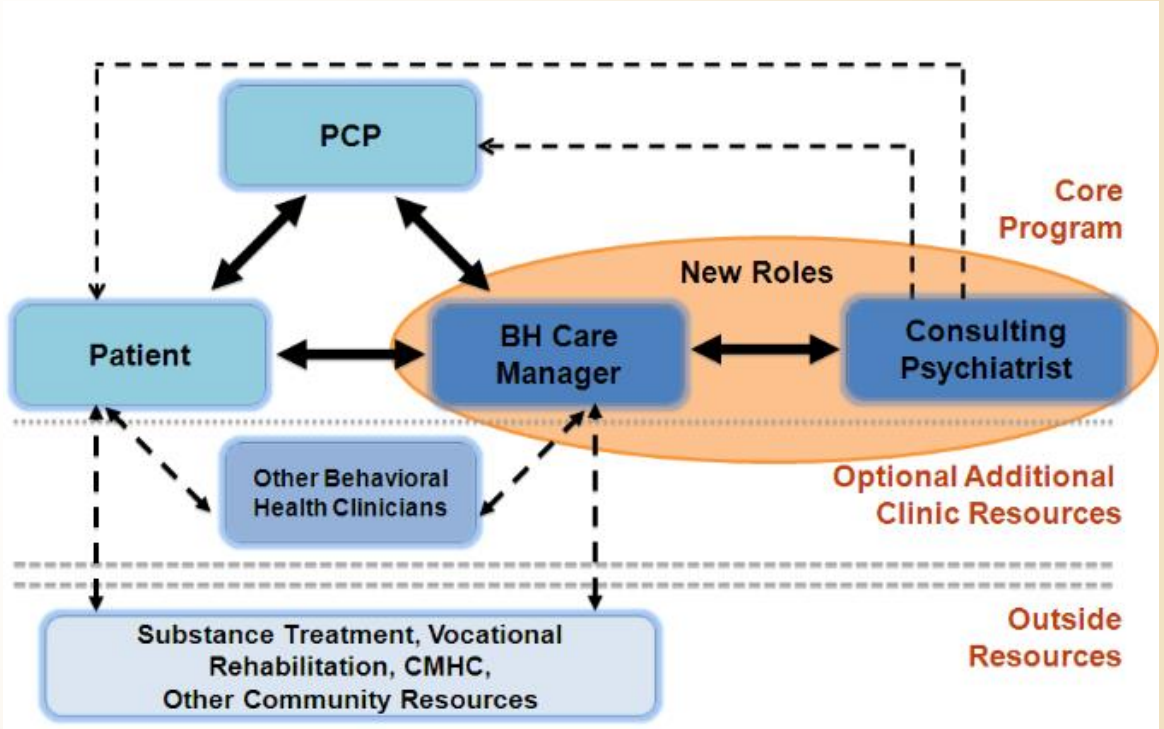
- **Remove physical, cultural, and financial barriers to care**
- **Address social determinants of mental health**
- **Align with older adults' care preferences**

Seattle Mayor's Council for African American Elders
Seattle Grandparents' Reparenting Group
Senior Services of Seattle/King County and Seattle Housing Authority
Aging and Disability Services (local Area Agency on Aging)

Integrated care models



The Collaborative Care Model



PEARLS model

Screening & Referrals	• Screening with standardized questionnaires (PHQ-2 or PHQ-9). • Creating a line of referrals from inside and/or outside your organization.
Measuring Outcomes	• Measuring using standardized questionnaire (PHQ-9) for each session.
Trained Care Manager	• We offer training on how to provide PEARLS. ○ Problem-Solving Treatment and Behavioral Activation
Team-Based Care	• Coordination between older adults, PEARLS coaches, program supervisor, and primary care providers.
Accessible Settings	• Offering services in a home or community-based setting, as well as through phone or video conferencing.

Brief, structured, person-centered behavioral interventions

Problem-Solving Treatment

Older adults' symptoms are caused by everyday problems

Some problems can be addressed using 7 problem solving steps

Empower → feel better

Behavioral Activation

When we feel bad we do less

Doing more pleasant, social, physical activities to feel better

Activities are accessible and meaningful

PEARLS Effectiveness: Depression

2000-2003 RCT (N=138)

- Mean Age 73
- 42% BIPOC
  - 36% Black, 4% Asian, 1% Latino, 1% Indigenous
- Living Alone: 72%
- Low-Income: 58%
- Avg 4-5 Chronic Conditions

Original Contribution FREE

April 7, 2004

Community-Integrated Home-Based Depression Treatment in Older Adults

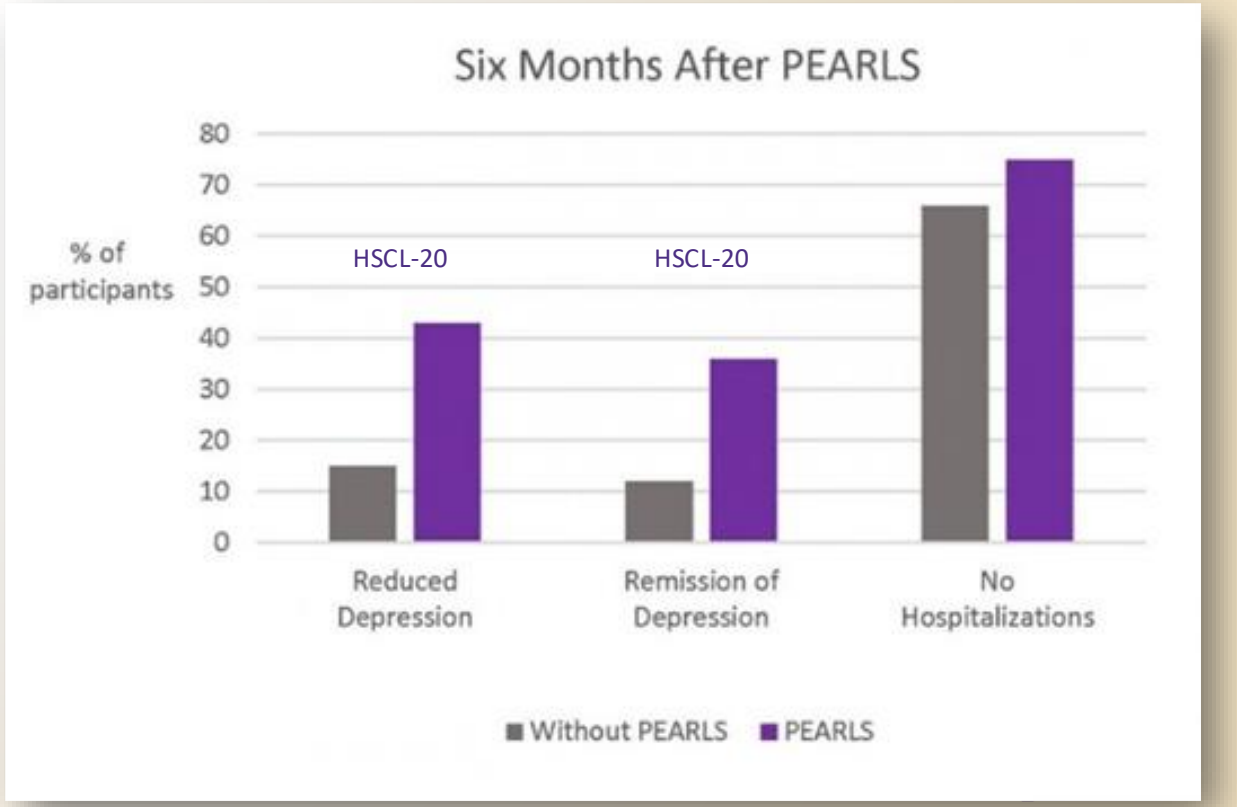
A Randomized Controlled Trial

Outco

Paul Ciechanowski, MD, MPH; Edward Wagner, MD, MPH; Karen Schmaling, PhD; et al

Author Affiliations

JAMA. 2004;291(13):1569-1577. doi:10.1001/jama.291.13.1569



Ciechanowski, 2004 and 2008; Chaytor, 2011; Smith, 2023

HUFFPOST US EDITION

Susan Northover, Contributor
Senior Vice President of Patient Care Services for Visiting Nurse Service of New York

PEARLS of Hope: How a New, Targeted Treatment Program Helped a Senior Move from Depression to Dating

For 83-year-old Mr. Taunton*, isolated in his fourth-floor walk-up as he recovered from invasive heart surgery, life had gotten so lonely and bleak that he drove to a bridge near his Queens home, pulled over and considered jumping.

Fortunately, he didn't. Instead, he called his daughter in Florida, who quickly made a series of phone calls. One of those calls was to his cardiologist, who eventually connected her father to PEARLS, a new in-home program for seniors in New York City with depression. That program would help Mr. Taunton turn his life around: Several months later, he now has a much fuller life, attending church every Sunday, taking weekly walks through his neighborhood, calling old friends regularly, and even getting together now and then for visits and pondering a move to Florida.

AARP Foundation®
For a future without senior poverty.

PEARLS Connect Study

- *Identifying Evidence-Based Solutions for Vulnerable Older Adults*
- 2017-2020
- Concurrent mixed methods single group evaluation
- 15 community orgs in 5 states
- 300 older adults and 40 providers

THE WOMEN'S CENTER

ads
Aging and Disability Services
Area Agency on Aging for Seattle and King County

MAC
Maintaining Active Citizens

Florida Health Networks
Wellness Solutions in Your Neighborhood

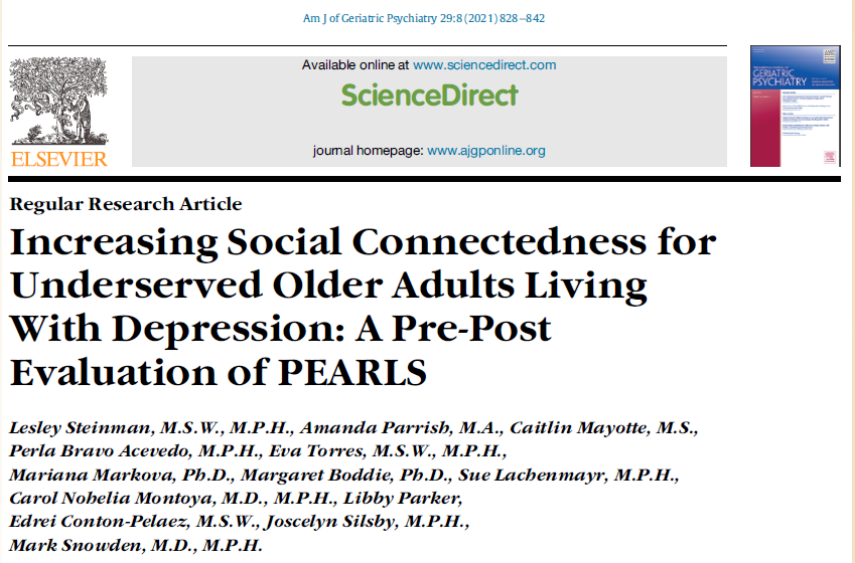
NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

Steinman, 2023

PEARLS Effectiveness: Social disconnection

2017-2020 Multi-site evaluation (N=320)

- Mean Age 73
- 44% BIPOC
  - 21% Black, 19% Latine, 4% Asian or Indigenous
- 15% Spanish-speaking
- Living Alone: 61%
- Low-Income: 81%
- Avg 4-5 Chronic Conditions
  - All living with depression


Am J of Geriatric Psychiatry 29:8 (2021) 828–842

Available online at www.sciencedirect.com
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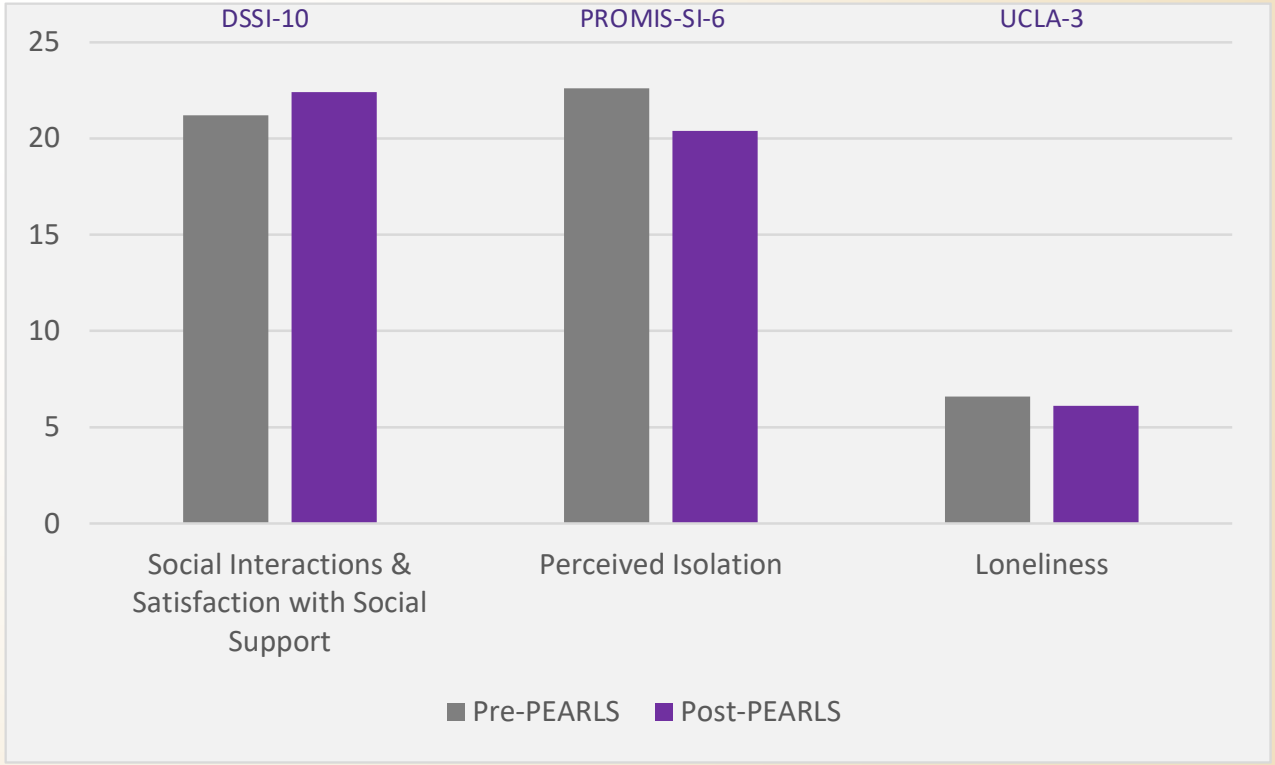
ELSEVIER

Regular Research Article

Increasing Social Connectedness for Underserved Older Adults Living With Depression: A Pre-Post Evaluation of PEARLS

Lesley Steinman, M.S.W., M.P.H., Amanda Parrish, M.A., Caitlin Mayotte, M.S., Perla Bravo Acevedo, M.P.H., Eva Torres, M.S.W., M.P.H., Mariana Markova, Ph.D., Margaret Boddie, Ph.D., Sue Lachenmayr, M.P.H., Carol Nobelia Montoya, M.D., M.P.H., Libby Parker, Edrei Conton-Pelaez, M.S.W., Joscelyn Silsby, M.P.H., Mark Snowden, M.D., M.P.H.



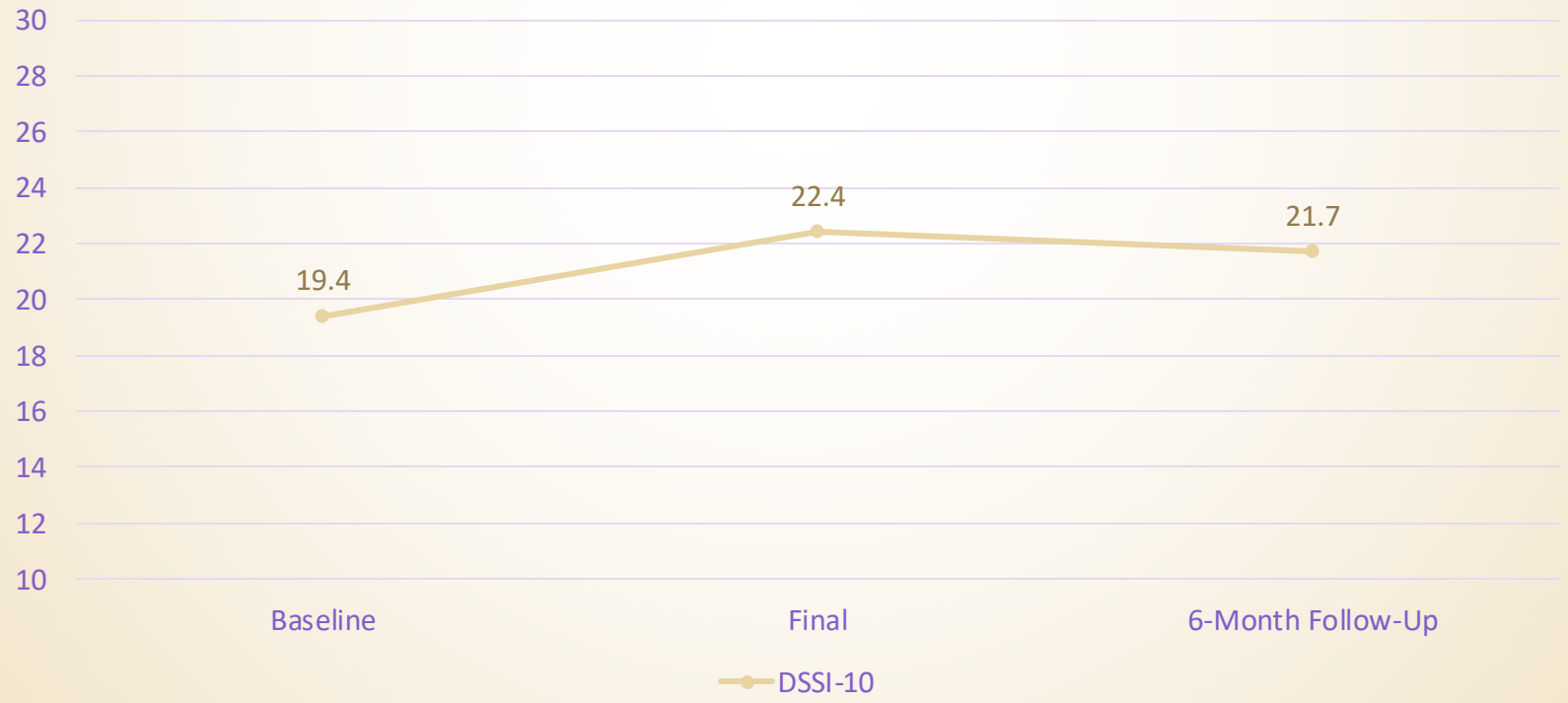
Steinman, 2023; Wardian, 2010; Hughes, 2004; Wardian

PEARLS for social connection for older adults who are not depressed

Practice data from 62 older adults in California, 2024-26

More Connected

Less Connected

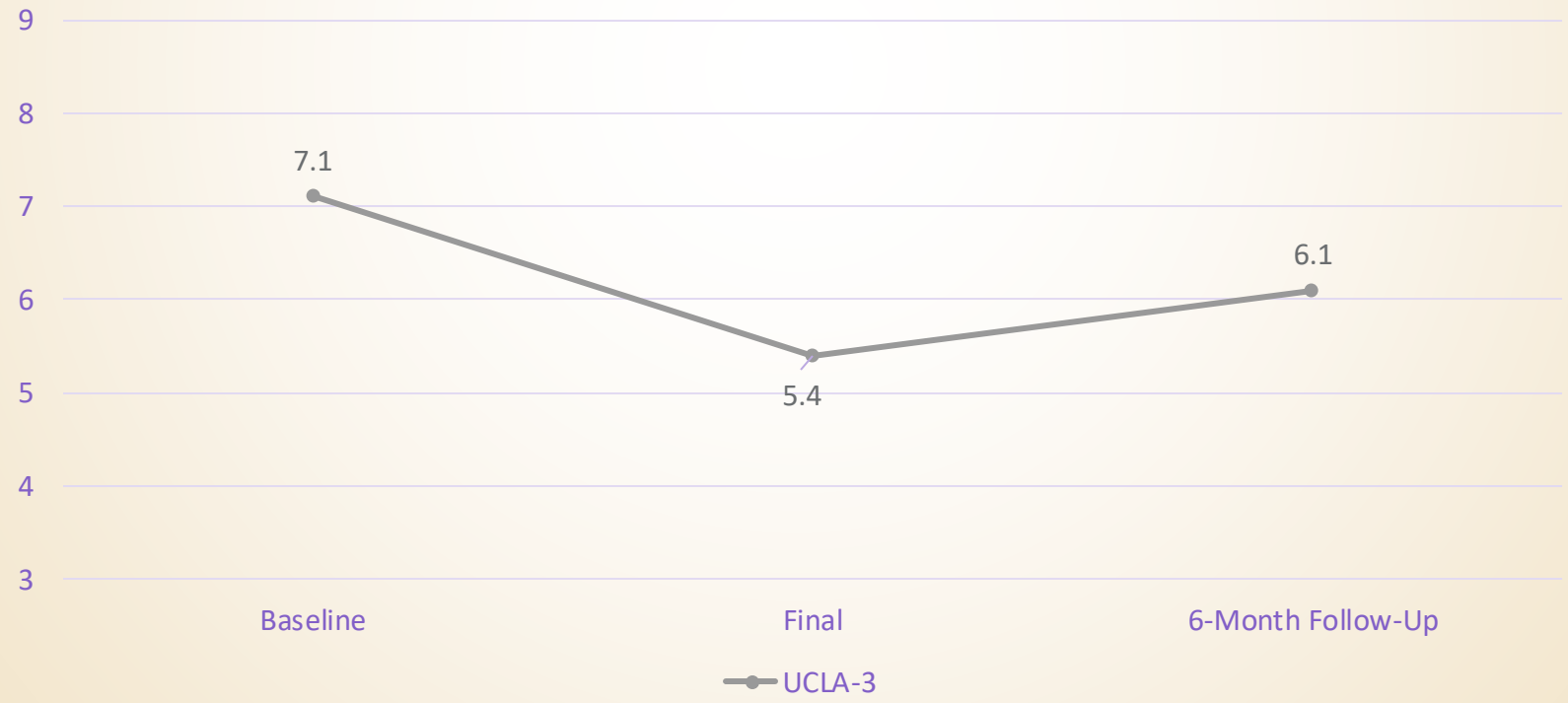


PEARLS for social connection for older adults who are not depressed

Practice data from 62 older adults in California, 2024-26

More Lonely/Isolated

Less Lonely/Isolated



How does PEARLS work to reduce depression and disconnect?

What We Know Works

Four evidence-based steps to reduce isolation and loneliness.

1. **Reach** people who are disconnected.
2. **Understand** the specific causes and symptoms of the person's disconnect.
3. **Collaborate** with the person on solutions.
4. **Connect** the person with additional services and supports.

NASEM, 2020

1. Reach People Who Are Disconnected

PEARLS is designed to **reach people where they are**

> Trains existing staff at AAAs and CBOs

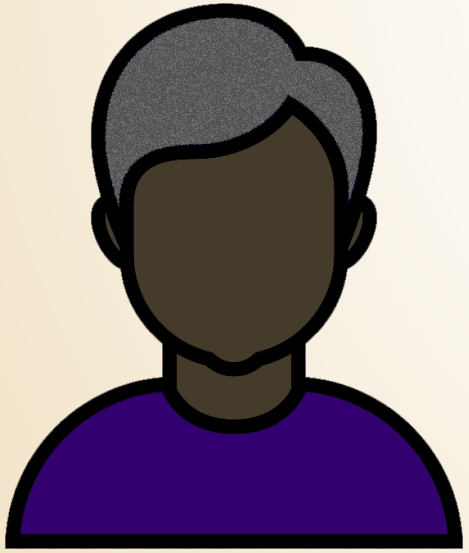
> Orgs reach older adults where they live, work, pray, play and age

Reach **older adults at risk** for disconnection and underserved by clinical care

> Low-income, linguistically diverse, living alone, people of color, rural, multiple chronic conditions, disabilities

2. Understand Specific Causes and Symptoms of the Person's Disconnect

PEARLS teaches staff to identify the cause of their client's disconnectedness.



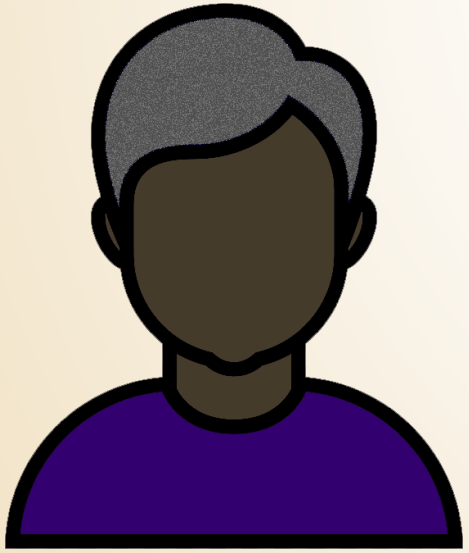
Alva's Story

67-year-old, Black, widow experiencing:

- Depression and isolation - her husband passed
- Health declining
- Financial issues

3. Collaborate With the Person on Solutions

Help older adults develop the skills they need to improve their health, happiness, and independence.

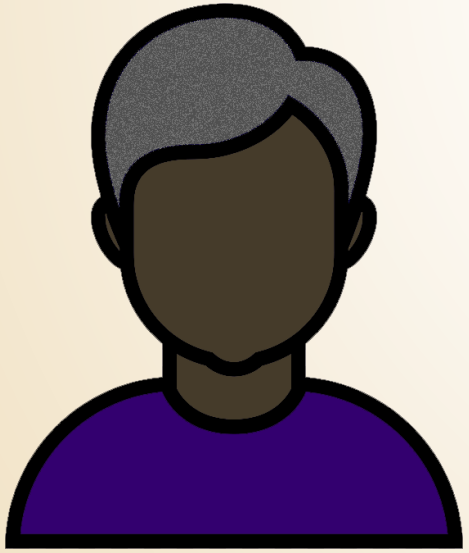


Alva's Skill Building & Solutions

- Focus on "something else I can do rather than just looking at my problems"
- Reconnect with church family and adult children
- Resumed meditation
- Helped neighbors

4. Connect the Person With Additional Services & Supports

PEARLS empowers older adults to reach out for additional services in the community. This may include staff connecting clients to other existing services inside or outside your organization.



Alva's Additional Services

- Pain management
- Financial assistance

Problem Solving Treatment (PST) and Behavioral Activation (BA) for social connection

- Specify disconnect - who, what, where, why, how
  - "*I feel lonely*"
    - *"I don't have anyone to ask for help when I'm in too much pain to go out"*
    - *"I don't have anyone to talk to about the trials and tribulations of aging"*
    - *"I miss having someone to watch movies with and cuddle"*
    - *"I would like to talk with my daughter more than once a month"*
  - Problem List and DSSI-10 items
- Address barriers to connecting
- Make realistic action plan to connect
- Use PST to problem-solve BA social activities

Mechanisms for action: How EBPs can improve social connection

A. Enhance social support

B. Increase opportunities for social interaction

C. Reduce maladaptive social cognition

D. Improve social skills

Fakoya, 2020; Masi, 2010; Umberson, 2010

Mechanisms: Enhance Social Support

"I'm in the same culture as [PEARLS coach]. That made it really nice because she understood a lot of stuff….it made me feel like I had a sister who was her….I was very open to her and therefore she could help me better. "

TX030, 62-year-old Black woman living alone, alone, urban/suburban

"Just listening is big to move out of the doom and gloom"

Org 1, Provider 1, rural

Mechanisms: Increase social interaction opportunities

"You have to do some positive things enough times it knocks out the negative. You need to be around some people."

WA088, 79-year old white woman, urban/suburban

"When we sat down to do the problem list it would be the client's job to work out how to solve the problem like to say hello to somebody who is speaking Spanish in the elevator. That takes a leap for them."

Org 10, Provider 2, urban/suburban

Mechanisms:
Reduce maladaptive social cognition

"She helped me bring my self-esteem back up. To believe in myself again. To stop worrying about other people and worry about myself. I am back to being myself and enjoying things some…I can talk to them without feeling down and out."

TX008, 65-year-old Black and Indigenous woman, urban/suburban

"We are planting seeds in people's minds…she felt empowered."

Org 7, Provider 2, urban/suburban

Mechanisms: Improve social skills

"It's to get to know yourself too…brush up on my social skills and learn to open up."

FL331, 57-year old white woman, rural

"Her daughter had issues about always blaming her and making her feel guilty. The client needed help moving and reached out, focused on daughter helping rather than old patterns."

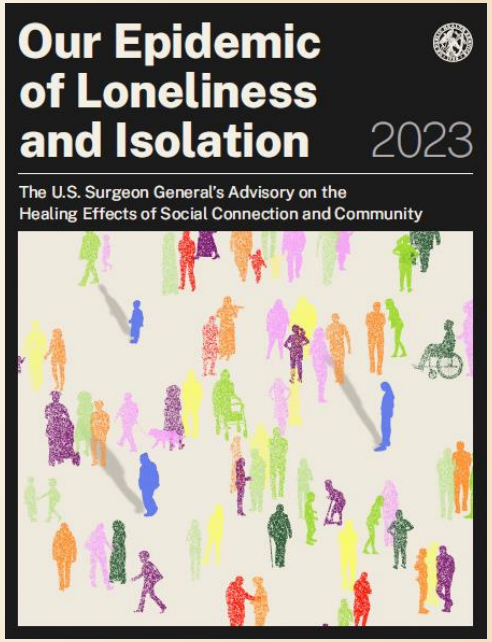
Org 6, Provider 1, urban/suburban

Why PEARLS to improve social connection?

Depression	Core steps	Mechanisms
• Risk factor • Consequence • Symptom	• Reach • Engage • Tailor • Connect	• Social support • Social interactions • Social cognition • Social skills

Opportunities for research

- How does PEARLS address barriers to social connection?
- What are potential cost savings of addressing both depression and disconnect?
- How can PEARLS reduce stigma / engage older adults?
- *You may have other questions – let's chat!*



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HPRC

Thank you!

Let's stay in touch:

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Learn more at www.pearlsprogram.org or

https://hprc.uw.edu/programs-tools/pearls/

PEARLS partner sharing

The Women's Center

Seattle-King County Aging and Disability Services

THE WOMEN'S CENTER

Jasmine Folan

Director of Grant Administration

GENERAL COUNSELING

Turning Crisis into Confidence

- **Information & Referral Line**
- **Mental Health Counseling**
- **Legal Clinic**
- **Specialized Services for Children Experiencing Homelessness**

In 2015, we added:

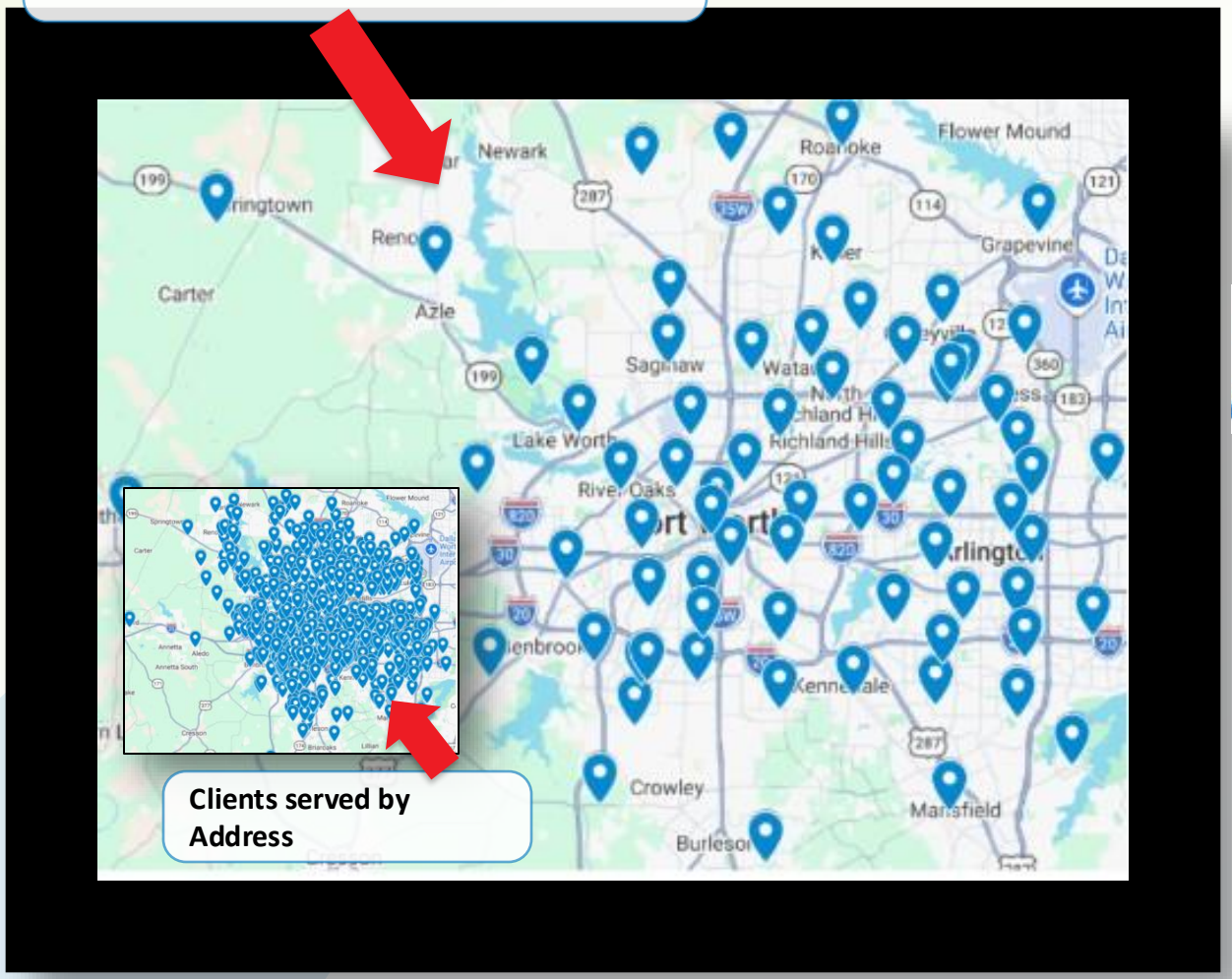
PEARLS

String of Champions

Who We Serve

Since 2015, The Center has served over *700* older adults through PEARLS.

Clients Served by Zip Code



The majority of clients served are low-income women.

Reaching every major race & ethnicity group in our area.

Clients age 60 to 90+, with most in their 60s and 70s.

Many live with chronic disease and significant grief — including clients who are deaf or hard of hearing, blind, or managing conditions such as hoarding.

Case Management

Basic needs / Information & Referral

Available by phone and/or Coach

Items to support a client's PEARLS goals

Ensured Coaches can focus on the PEARLS Model during sessions

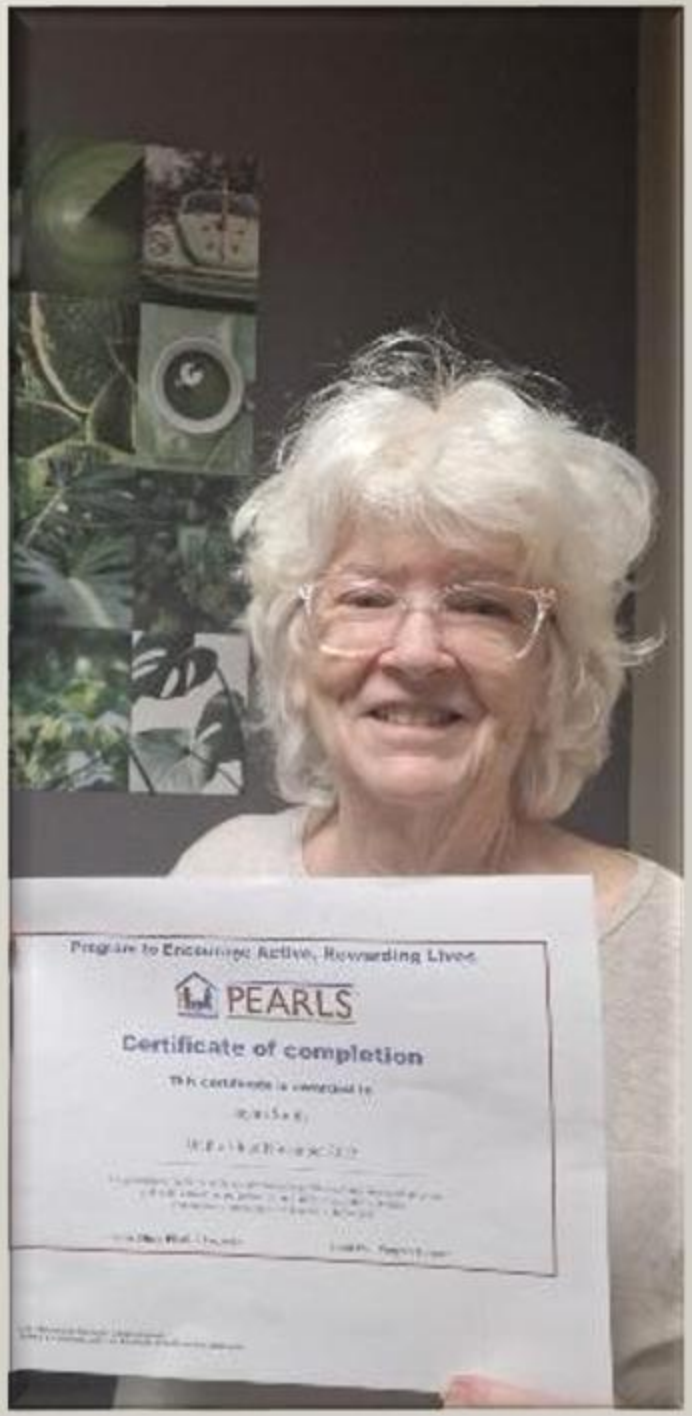
Transportation support (Ride Share vouchers) to get clients to Connect

PEARLS CONNECT

- Monthly Socialization Events
- Holiday Themed
- Offered during and after PEARLS participation to promote social connections
- Peer-to-peer model
- Focused on giving back, learning, and having fun

By 2024, we had:

- Expanded our team to three coaches plus a Case Manager who handled scheduling and ran Connect
- Built partnerships — Meals on Wheels, regional hospital systems, research projects with Lesley's group, and dementia/Alzheimer's nonprofits
- A clear strategic vision, including fundraising for a Spanish-speaking Coach
- Sherri, our General Counseling Director, was supervising other fledgling PEARLS programs around Tarrant County
- Strong Outcomes – 96% of participants reduced their Depression score with an average improvement of 81%



Then last August we experienced a 50% funding cut…

Rebuilding Strategies

Repurposed a local community investment to support program

Leverage an unpaid Intern to continue case management on a limited scale

Solicited emergency funding to keep program moving

Challenges of Doing More with Less

Case Management is reduced

Elimination of transportation supports that helped clients get to Connect

Loss of scheduling support

Less time for outreach and relationship building with doctors' offices

Average Cost Per Client Served: $2,750

Major costs include:

- Two Coaches
- Travel Costs
- Occupancy
- Printing
- Supplies for Events

Funding Our Program

What We Have

- United Way of Tarrant County / AAA
- City of Fort Worth Community Development Block Grant dollars
- Private Foundations
- Individual Contributions & Special Events

Next Goals

- Corporate Sponsorships for Connect Events
- Identify Older Adult–Focused Foundations
- Closer Relationships with Area Hospitals
- Greater Use of Unpaid Interns
- Planned Giving Designations

PEARLS

What clients say about the program

Leah (65), who lives with chronic disease.

gave me a "**lift up**" to start being active again; **instead** of sitting and **crying all day**."

Victoria, (75), whose depression score went from 22 to 4.

"I was sitting at **home in the dark** and didn't have the desire to do anything. My coach helped pull me out of my thoughts, and I started being ***active***, getting out of the house and talking to people again. My PEARLS coach **saved my life** and for that I am very thankful"

Tonya, (89), whose husband moved to a care facility.

"The PEARLS program surprised me. I learned so much about myself and **I'm happy** I found myself at the right time."

Maria, whose depression score went from 18 to 3.

PEARLS "was an **angel** that **god** sent to my **house**."

Susan (71), whose parents both passed way within a year.

"I still have so much to do, but at least **I can breathe** and **move** around now. Progress is incremental but yes, it happens."

Suzet Tave

PEARLS Counselor with Aging and Disability Services in Seattle/King County

Questions and Discussion

Please share your questions or comments in the Q&A box.

Thank you!

- Please complete the survey which will be displayed in your browser after Zoom closes.
- The recording will be available on www.committoconnect.org/events
- For further questions, contact us at: info@committoconnect.org

COMMIT TO Connect