

SOCIAL ISOLATION AND LONELINESS AMONG OLDER ADULTS:

Perspectives of pharmacists, primary care providers,
and bank tellers



Targeting Isolation

Targeting Isolation is led by Drs. Verena Menec and Nancy Newall as part of the **Aging Well Together** coalition of organizations working together to facilitate the social engagement of adults aged 55+ in Winnipeg, Manitoba. The coalition, which includes A & O: Support Services for Older Adults Inc., Active Aging in Manitoba, Manitoba Association of Senior Communities, and Transportation Option Network for Seniors, is funded by the Government of Canada's New Horizons for Seniors Program.

Targeting Isolation seeks to:

- Help people identify and better understand social isolation
- Train Community Connectors to connect socially isolated older individuals to community resources; and
- Work with organizations that help reduce older people's social isolation

Report authors: Verena Menec, Alexandra Rose, Nancy Newall

Report published: February 2023

Photo by National Cancer Institute on Unsplash

This report is available at: www.targetingisolation.com



What is this Report About?

Background

This report presents the findings of a research study on social isolation and loneliness among older adults. The study was designed to inform ongoing work by the Targeting Isolation team on training and providing resources for 'Community Connectors'. Community connectors are individuals who come in contact with older adults during their regular workday, who are trained to identify individuals who may be socially isolated or lonely and refer them to appropriate services.

The overarching goal of the present research study was to find out what resources might be useful for different professional groups who may be in a position to become Community Connectors.

Objectives

The specific objectives of this research project were to better understand:

1. how often different professional groups (pharmacists, primary care providers, and bank tellers) encounter socially isolated or lonely older adults in their day-to-day job;
2. how they have dealt with these experiences; and
3. what resources in relation to social isolation and loneliness they might find useful.

Methods

In the summer of 2022, three focus groups were conducted via Zoom, one with each of three professional groups: pharmacists, primary care providers (family physician/nurse practitioner), and bank tellers, respectively. In total, 21 individuals participated in this study.

Key Findings

Encountering socially isolated or lonely clients/patients is common

Focus group participants from all three professional groups indicated that they encounter socially isolated or lonely older adults on a regular, even daily basis. One pharmacist noted that: *“And a lot of the time, we’re the social outing for the day, you know, for certain people that are more isolated.”* Participants also indicated that social isolation and loneliness had been an issue before the pandemic, but had become much more evident during the pandemic.

I see a lot of visits with non-acute presentations that just need to reach out and talk and basic things like that. That they just need to have an appointment to come to, so they can get out.
[Primary Care Provider]

All three groups commented on the different signs that may identify people as being socially isolated or lonely. These signs can be indirect (e.g., lingering too long, looking disheveled). For example, a pharmacist noted that:

“I find another big indicator is when they just linger in the store, and, really, just want to chat for long periods of time.”

Some clients may also disclose that they are socially isolated or lonely. For example, a bank teller commented that:

“I feel like oftentimes they will tell us directly, or I feel like a lot of times, almost unwarranted, they will just dive into their life, and a lot of time just sort of telling us all sorts of stuff.”

Focus group participants in all groups also indicated that, as much as possible, given time constraints, they tried to talk to people they thought were socially isolated or lonely, as exemplified by the quote below.

“Mostly it’s just listening to them if they have something that they want to share and not trying to brush them off. I mean, if there’s a line you need to be a bit more strict in terms of, yeah, okay, don’t encourage them to talk, especially because you’re supposed to be serving others as well. But, to help them feel like they are being heard.” [Bank Teller]

Referrals to other organizations were rarely made, except in circumstances where primary care providers worked in multi-disciplinary teams.

Community groups and organizations are an important asset

Participants from all three professional groups noted that community groups and organizations are assets and that they could play an important role in reducing social isolation and loneliness among older adults.

“I would suggest that we may refer them to a group that can chat with them, discuss the issue with them. They have the available time and the experience about how life going with this age.” [Pharmacist]

“We didn't talk about volunteers, you know, like in the community. And so that's another resource. We haven't really tapped that the way we should. [Primary Care Provider]

However, participants also indicated that they don't know what groups and programs exist and that having more information would be useful, for example, in the form of a resource list.

A variety of resources are needed to meet different needs

A main area of discussion in the focus groups was identifying resources that may be useful to the three groups of professionals when they encounter older adults who they think might be socially isolated or lonely.

The resources that were identified differed across the professional groups. Whereas pharmacists were generally in favor of pamphlets, and posters to be made available and posted in the pharmacy, bank tellers felt that it would be better to have information about resources as part of a general handout (e.g., around scams). Primary care providers thought it would be good to have a staff person who could make referrals to community resources or make follow-up calls to ensure that the person was alright.

*We could almost have a brochure where it is for a member sixty plus like “these are benefits for your accounts”, but also have things included on the scams, and things on isolation and loneliness. So it's kind of a package. And so it doesn't feel like they're being singled out, but they're still a part of their group, part of their age group.
[Bank teller]*

The issue of how one broaches a difficult topic like social isolation and loneliness emerged as an important consideration, particularly for pharmacists and bank tellers. This issue tied into how one would identify people to give resources to, as well as what resources would be useful.

For example, having pamphlets available in a pharmacy that people could pick up would avoid having to engage in a conversation that the client might deem offensive. Similarly, bank tellers indicated that it could be awkward to give a brochure to certain people only; having a general brochure that could be given to everybody would avoid singling out specific individuals.

In contrast, primary care providers highlighted the importance of having an established relationship with patients, which they thought made it easy to broach the topic of social isolation and loneliness. One primary care provider put it this way:

“That's one of the huge benefits of having established relationships with those patients, when you know their personality, and you've built that trust between you. Then it's pretty easy to just bring it straight up.”

Conclusions

The goal of the present research study was to find out what resources might be useful for different professional groups who may be in a position to become Community Connectors. Community connectors are individuals who come in contact with older adults a part of their regular work life, who could refer individuals who are socially isolated or lonely to appropriate services. In this study, we conducted focus groups with three groups: pharmacists, primary care providers, and bank tellers. The following key conclusions can be drawn from the findings.

- All groups come into regular contact with socially isolated or lonely older adults, which puts them in a position to link these individuals with community resources that can help them get socially connected.
- Time constraints, not knowing what community resources are available, and concerns about initiating a conversation about a possibly sensitive topic like social isolation and loneliness are significant issues that need to be considered.
- Targeting specific resources at different professional groups may overcome potential barriers, such as having brochures for patients/clients that can be made available to everybody.
- Developing a system whereby healthcare providers can refer patients to a staff person in the community who, in turn, connects the older person to community resources would also be useful. Such 'social prescribing' is a means for health care providers to connect clients/patients to a range of non-clinical services in the community in order to improve their social connections, health, and well-being. Social prescribing has successfully been implemented in other countries.¹

Social prescribing is a means for health care providers to connect clients/patients to a range of non-clinical services in the community in order to improve their social connections, health, and well-being.



Picture from Centre for Ageing Better

¹Dayson, C., & Bashir, N. (2014). The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report.