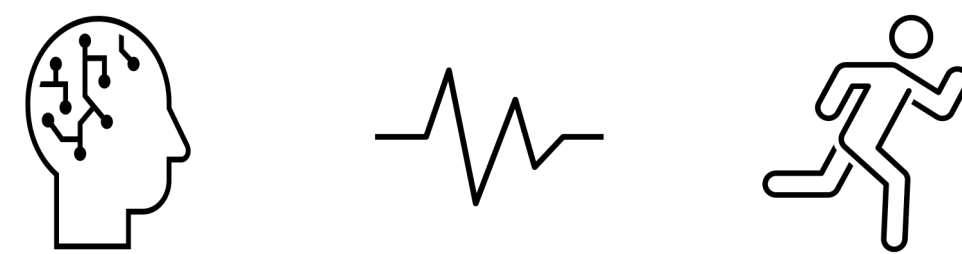


Loneliness Prevention within Community Dwelling Older Adults: A Pilot Program

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Introduction

- Older adults (65+) at higher risk & experience feelings of loneliness & isolation at higher rate when compared to general population¹
- Loneliness & isolation bring significant negative effects to overall health & quality of life of older adults.²
- Social isolation significantly increases risk of premature death¹
 - Risk of premature death rivals top killers within United States such as: obesity, smoking & lack of physical activity¹



Purpose: To explore & prevent experience of loneliness within members of Medford Council on Aging (MCoA) to improve quality of life within this population.

This project seeks to begin developing sustainable methods by which the MCoA can: ↑ quality of life secondary to ↓ loneliness.

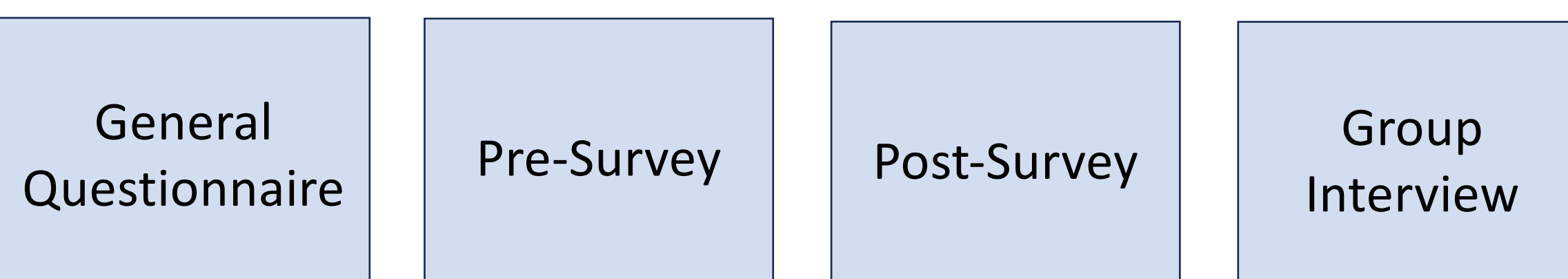
The Medford Council on Aging: Promotes services to enhance quality of life of older adults residing in & near Medford, Massachusetts. The MCoA offers many services to promote healthy aging including daily groups that range in topics from exercise to conversations about language & culture.

Program Design & Methodology

Goal of this program = to give participants skills, strategies & confidence to deal with feelings of loneliness.

Session One	Hobby Engagement	12 Participants
Session Two	Local Events & Resource Exploration	7 Participants
Session Three	Technology's Role in Loneliness Prevention	10 Participants
Session Four	Interpersonal Connections	8 Participants
Session Five	Feedback, Discussion & Closure	7 Participants

Data Collection Methods:



Community Data

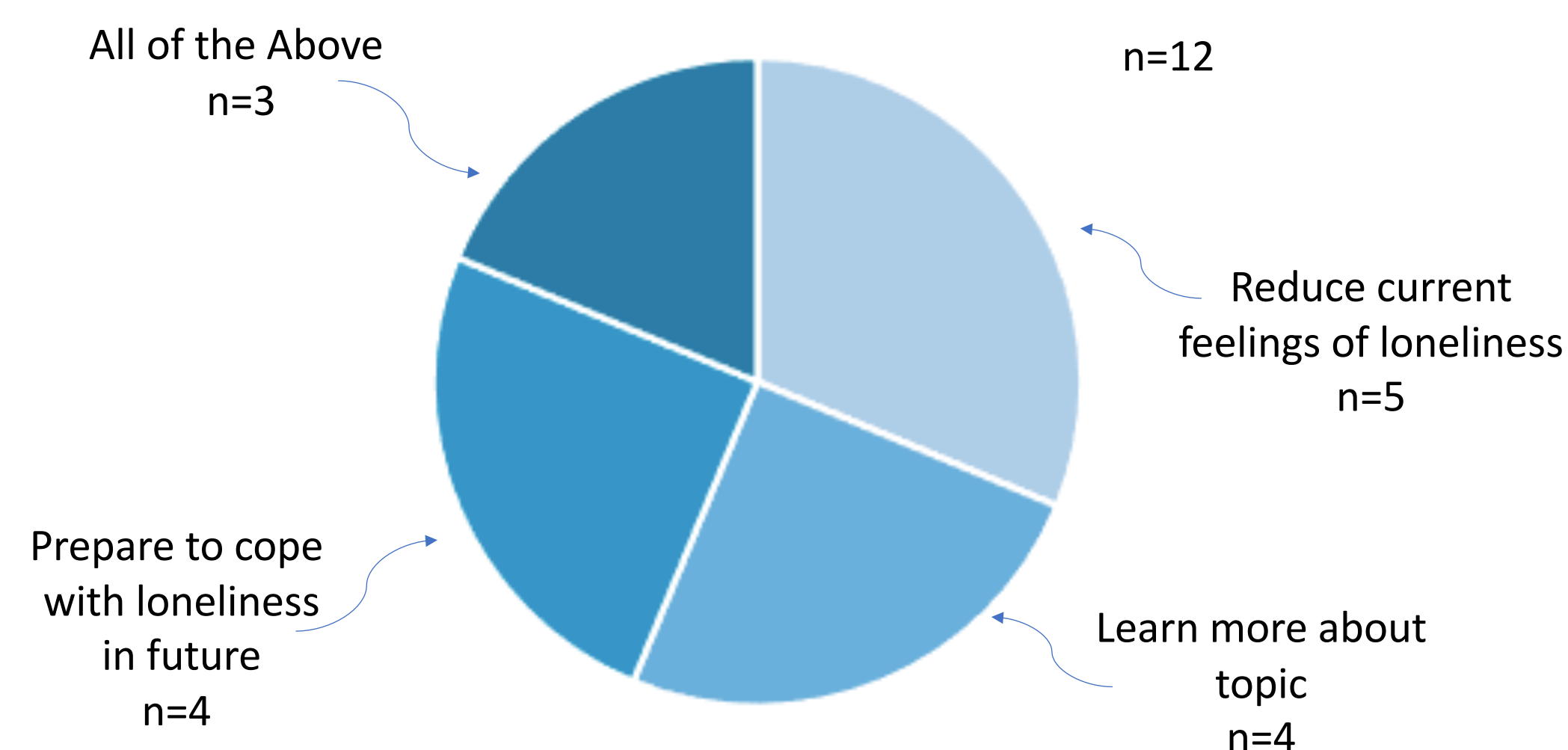
Community data via anonymous general questionnaire (n=10):
41.6% reporting experiencing loneliness.

- majority reported living alone

Findings highlighted need for explicit loneliness prevention programming at the Medford Council on Aging.

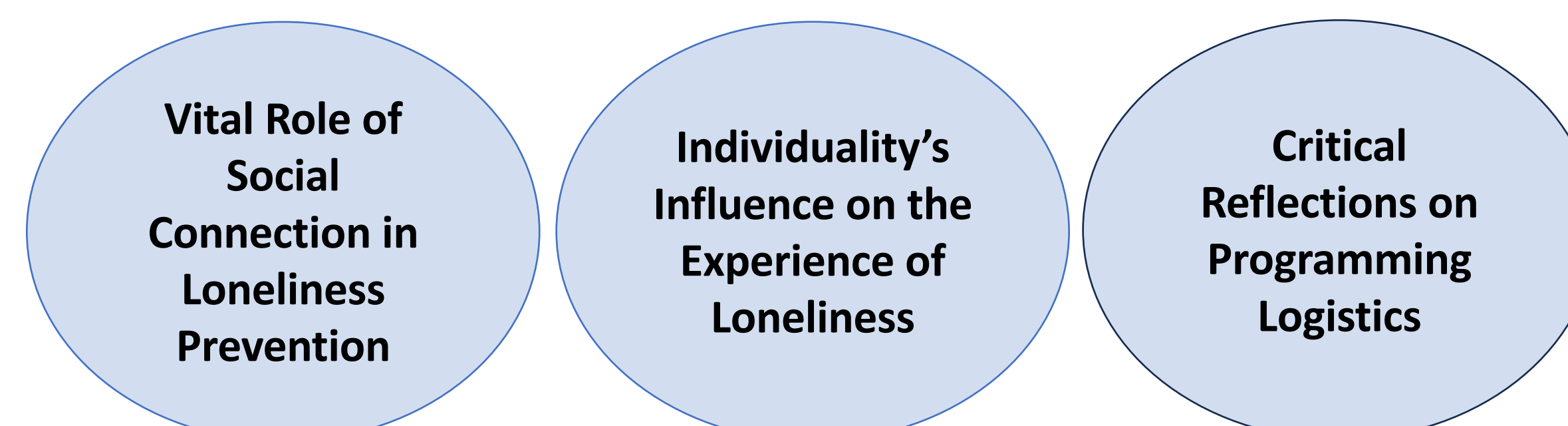
Pilot Program Participants

Pilot Program participants were members of MCoA who self-referred to our program. Reasons participants chose to join included:



Themes & Participant Reflection

Three themes emerged from qualitative thematic analysis (n=7):



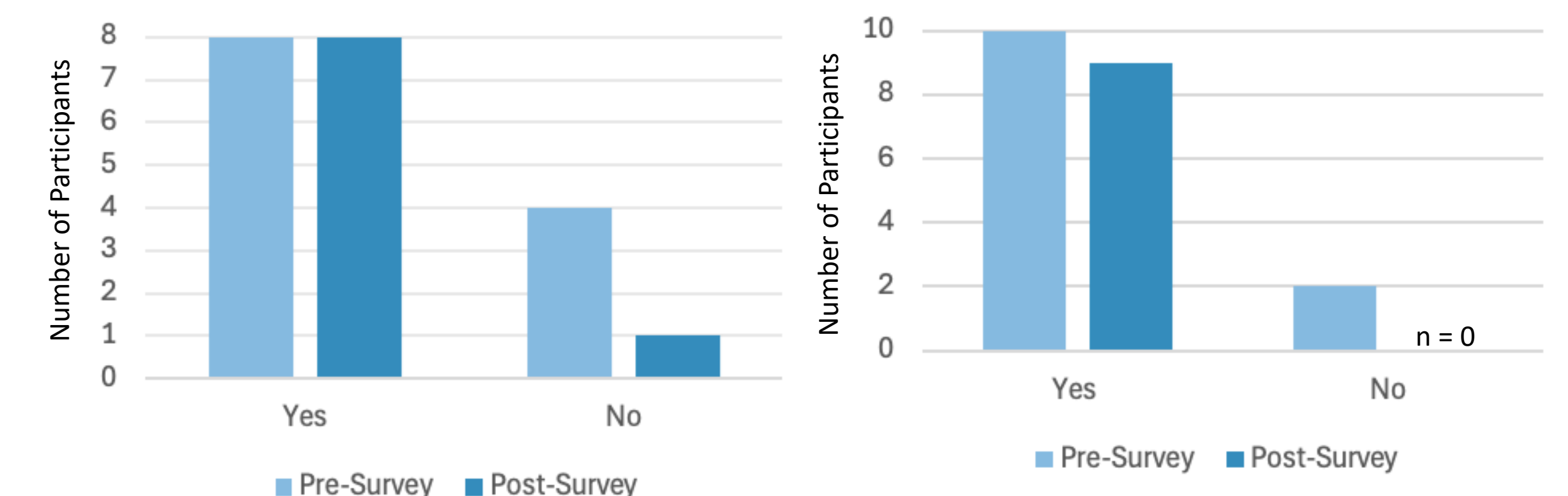
Participant Quotes:

"To be here, with people who experience the same struggles as me, was the most powerful and helpful thing to cope with my feelings of loneliness."

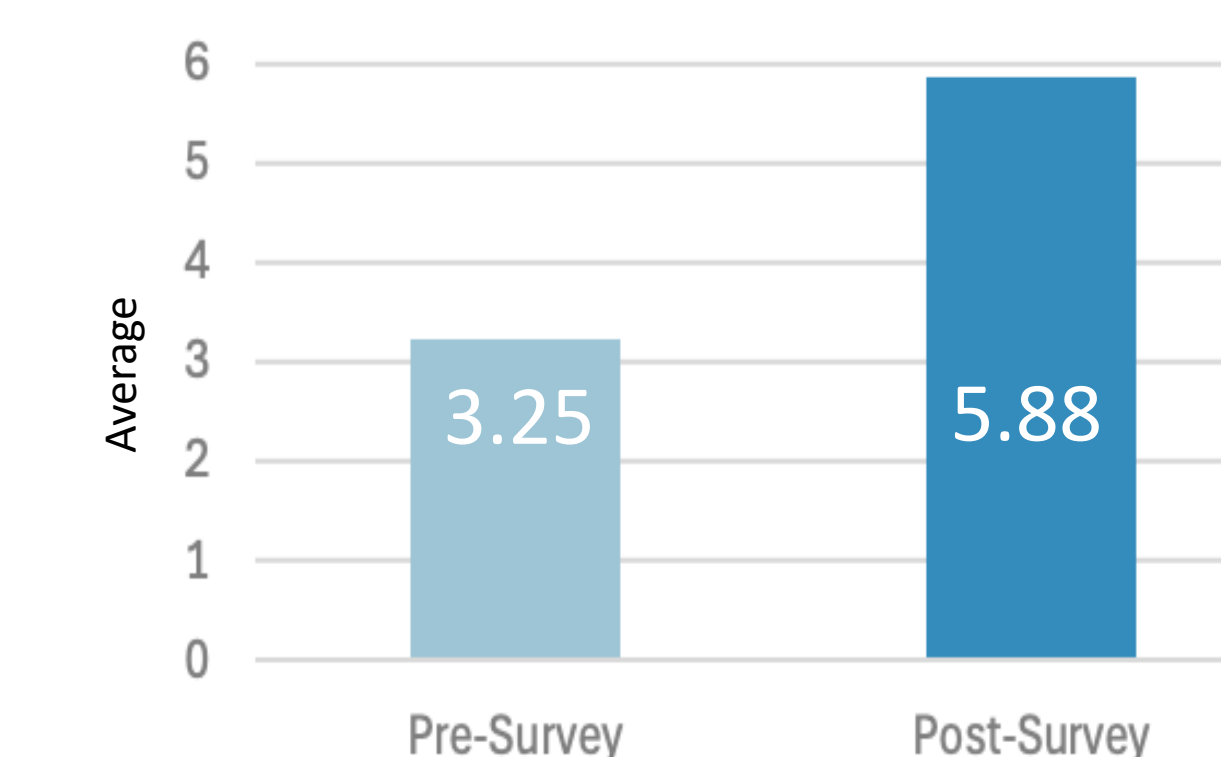
"Due to my own circumstance, moving to Medford from far away, it was hard to make friends... finding it very hard to make connections."

"The winter months are harder for me with loneliness – if this program was held throughout the winter it would benefit me more."

Results

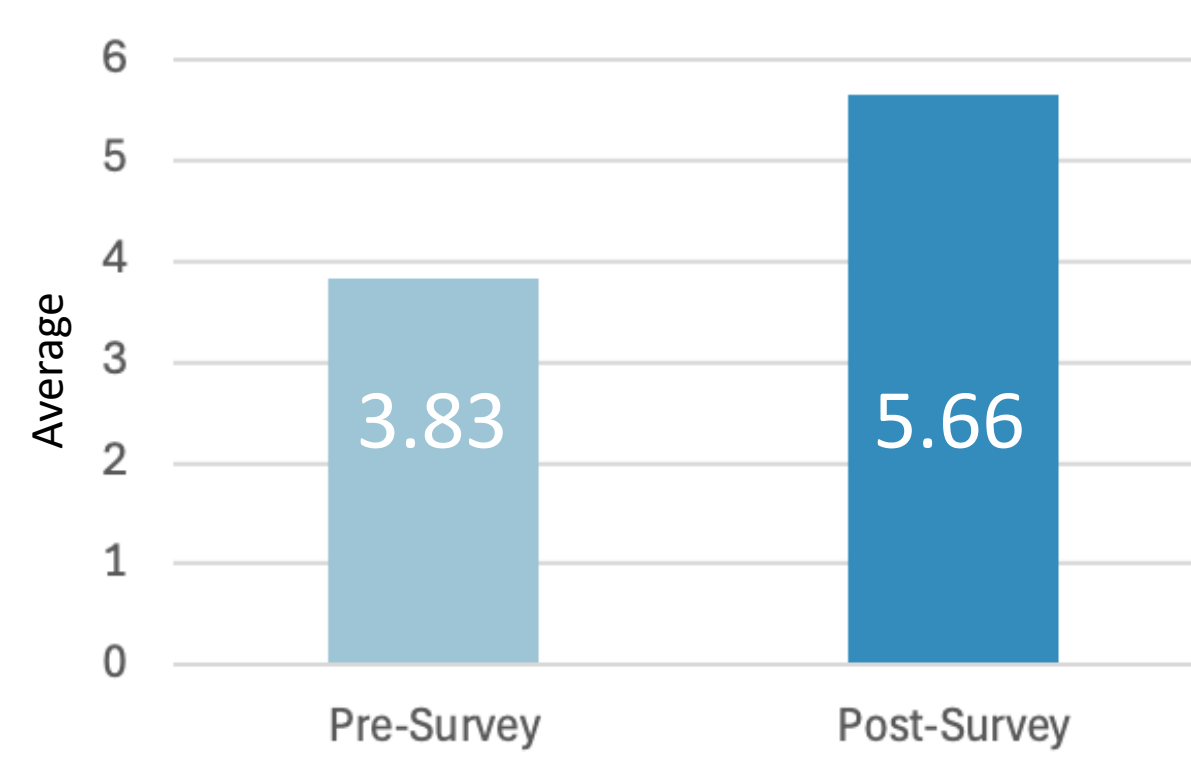


Do you currently have any strategies that help you cope with feelings of loneliness?



On a scale of 1-10, how much do you know about loneliness prevention strategies?

Do you currently have a hobby or engage in an activity that is meaningful to you?



On scale of 1-10, how prepared do you feel to deal with feelings of loneliness as they may arise in the future?

77.8% of participants felt program gave them the skills & confidence to deal with feelings of loneliness.

Conclusion

It is evident through informal observational data and mixed-method data analysis that the epidemic of loneliness within the older adult population is impacting members at the Medford Council on Aging.

The literature is alarming regarding negative physical and mental health effects experiencing loneliness has on older adults.⁽¹⁾⁽²⁾⁽³⁾ There is a clear need for the Medford Council on Aging to continue investigating the experience of loneliness within members and implementing explicit loneliness prevention measures targeting this area of public health.

There are limitations to this research including: small sample size, time constraints and participant drop out in pilot programming, impacting post-survey data collection.

Future directions for research include modification or redesign of programming within a larger scale, and exploration of alternate methods of loneliness education and prevention.

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References & Materials:

