

How is Wisconsin responding to social isolation and loneliness during the COVID-19 pandemic? Results from an Extension survey of partner organizations

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Introduction

Social isolation and loneliness are critical concerns for both physical and mental health. The experience of isolation and loneliness results in a cascade of stress hormones and inflammation in the body, and has been associated with increased risk of depression and anxiety, physical conditions such as heart disease, and even increased risk of premature mortality (National Academies of Sciences & Medicine, 2020). During the COVID-19 pandemic, isolation and loneliness have increased in part due to physical distancing and other necessary public health measures (Killgore, Cloonan, Taylor, Lucas, & Dailey, 2020), although many families have exhibited remarkable resilience (Beam & Kim, 2020). Even as safe, effective vaccines become available, public health measures will remain a priority and thus social isolation and loneliness continue to be top concerns.

Communities have responded with efforts to provide social connection and reduce loneliness among older adults and other vulnerable subgroups. To understand, collate, and amplify these efforts, we surveyed partner organizations in July-September 2020. Organizations reported up to four specific programs as well as information about their efforts throughout the pandemic, best practice and lessons learned, and perceptions of ongoing need in their communities. A [data jam](#) approach was used to identify themes in the data. The two driving questions were: 1) How have communities responded to social isolation and loneliness during the pandemic? and 2) What lessons can inform community efforts going forward? Stakeholders from multiple organizations participated in these data jams, providing diverse perspectives and insights on the themes emerging in the survey responses. This report summarizes our preliminary findings.

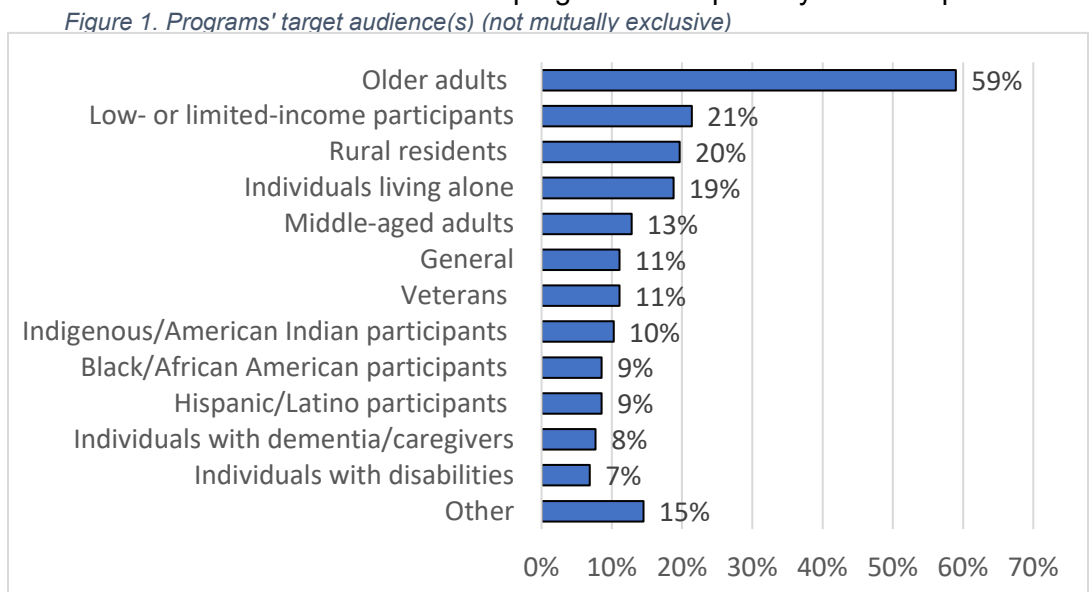
Results

Summary of respondents and programs.

Representatives from over 90 organizations responded to the survey, representing more than 70 counties and tribal nations across the state of Wisconsin. The majority of respondents represented a government agency (53%), non-profit organization (19%), or public sector organization (12%). More than six out of seven respondent organizations (87%) indicated that they had engaged in programming related to social isolation or loneliness since the start of the pandemic.

Respondents provided information on a combined total of 117 programs. The plurality were adaptations to existing programs (44%), although more than one-third were new programming (37%).

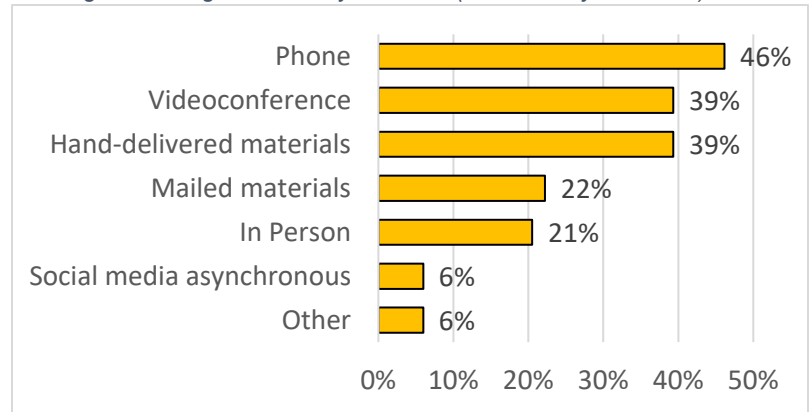
Programs most frequently targeted older adults (59%; Figure 1), low- or limited-income participants (21%), rural residents (20%), or individuals living alone (19%). One in ten reported a general audience. Most programs were small,



serving less than 10 individuals per contact. However, this added up to a large impact: more than a quarter of programs reported that they had served more than 100 individuals since the start of the pandemic (28%), and another 19% had served more than 50 individuals over this short timeframe.

Respondents reported a variety of program delivery methods, most commonly phone, videoconference, and/or hand-delivery of materials (Figure 2).

Figure 2. Program Delivery Methods (not mutually exclusive)



Program adaptations. Respondents described both an expanding and contracting of services due to the pandemic, sometimes simultaneously. Several programs noted that their usual functions were completely disrupted due to building closures or safety concerns, while noting corresponding efforts to maintain connection or provide continuing support to their participant populations. For example, programs have found themselves reconnecting with former participants as well as reaching out to new audiences. Many programs remained in person, but the context of these programs often changed. Examples include home delivery of meals or activities or curbside pickup of materials, with an emphasis on the safety protocols in use.

Numerous programs moved to virtual delivery, which was similarly connected with both an expansion and contraction of services. For example, the ADRC of Portage County reported that when they moved their Diabetes Support Group online, they “lost several who do not have access” while at the same time they “have had some folks join who did not like or were not able to join us in person.” Both phone and videoconferencing were used for virtual delivery of programming. Asynchronous delivery of programs was also common, such as recorded messages or materials uploaded to YouTube for future viewing. Many programs emphasized that they are seeking to reach participants through numerous venues, as they are keenly aware of the diverse array of technological skills and preferences among audience members.

A common theme among programs was an increased awareness of the importance of outreach, connection, or expansion of services. Programs reported, for example, increased phone contacts, more frequent programming (e.g., weekly rather than monthly events), or an increased focus on delivery of mental health or socio-emotional support. Such adaptations reflect the groundswell of response to the COVID-19 pandemic and the organizations’ leadership in responding to and supporting their participants.

When asked how long they would continue their current programming approaches, those who responded to this question most frequently reported being unsure (52%) or planning to continue indefinitely (28%).

Respondents reported a diverse array of programs.

Target Audience. Figure 1 (page 1, above) summarizes the core target audiences reported in the survey. Programs had a range of audiences, from a general audience to individuals of specific ages (e.g., older adults), health and functional status (e.g., individuals with disabilities or who are homebound), and roles (e.g., family caregivers). A small number of programs were targeted for a professional audience, such as senior center staff and others who work directly with older adults.

Some programs, while targeted for adult populations, also involved youth or fostered intergenerational connections. For example, the Great Lakes Inter Tribal Council described a Foster Grandparents and Senior Companionship program focused on improving well-being of both older adults and youth in tribal communities. Additionally, some programs indicated that the reach or benefits of the program extended from the intended audience to impact other audiences as well. In one example, a virtual storytime program hosted by the Rice Lake Public Library unexpectedly sparked joy and connection among adult participants as well, commenting: “We’re very happy with the feedback from the community, especially hearing that adults are getting great joy out of the programs, which was something we didn’t think about with the development of it.” Many programs

reported using volunteers, and shared that the volunteers themselves reported increased feelings of social connectedness or well-being thanks to their work in the programs.

Types of programs. Programs supporting nutrition or food security were the most prevalent subgroup.

These programs include Meals-on-Wheels or other food delivery or pick-up programs, as well as community events such as drive-through picnics like one held by the Waunakee Senior Center during the summer months. They served 164 meals at their first event. The Stoughton Senior Center offered homemade meals twice a month for curbside pick-up. Participants and staff were able to interact while socially distancing which made the event much anticipated by all. They also handed out newsletters which included puzzles and online programming recommendations. Meal delivery or pick-up programs often served as an opportunity to provide regular, on-going wellness checks and connect participants with resources or case management as needed. Some meal-centered programs reported adding educational materials or activities to their deliveries to help stimulate joy, fun, or mental and physical wellness among participants.

Well-check programs, in which organizations or volunteers check in with participants to see how they are doing and connect them with additional resources as needed, were also very prevalent. These programs typically overlapped with other types of programs, such as meal delivery or friendly caller programs. Several local Aging and Disability Resource Center and Senior Center agencies called program participants to check-in on them, see how they were doing and if they needed anything. Callers could refer participants to programs or resources that might be beneficial. A number of agencies also had volunteers call homebound, vulnerable, or isolated clients to chat with them about anything they wanted – a friendly voice to share in conversation and social connection. These calls were set up weekly or at other regular intervals based on the clients' and volunteers' schedules.

Some programs encouraged or supported physical activity or mental stimulation. For example, the Monona Senior Center offered small in-person instruction on using electronic devices and accessing videoconferencing platforms (such as Zoom) to prepare older adults for their online fitness classes, social opportunities and educational offerings. The Area Agency on Aging of Dane County developed a Social Isolation Resource Guide for consumers that summarized resources touching on all aspects of social isolation, such as loneliness, boredom, and mental health. The guide had activities and resources for physical activity, brain health, entertainment and social connection.

Additionally, several programs reported employing music, art, or other forms of creative expression. On a Positive Note Chorus, a program of Fox Valley Memory Project, has transitioned their weekly program to a videoconference platform. Rice Lake Library offered take home craft for kids with their curbside pick-up orders and the ADRC of Southwest Wisconsin – Green County office started a monthly craft program by providing a craft kit and instruction video to participants. In addition, one retirement community described a weekly event where residents decorate their doors and make videos to share with family. Other programs included intentional efforts to support gratitude and appreciation. A handful of programs engaged participants in safely distanced outdoor activities, including a canoeing program for parents and children and an outdoor coffee clutch at a senior center.

Many programs included an educational component. Several agencies shared resources and print materials for consumers to learn at their own pace, while others incorporated educational opportunities into caregiver support groups, social media pages and monthly newsletters. Other agencies started offering educational programming, such as Powerful Tools for Caregivers, StrongBodies or other healthy aging programming on a virtual platform such as Zoom. Other programs employed videos or other use of technology to allow for asynchronous access to content. One program targeted increasing access to internet/WiFi. North

Summary of Program Types*
Nutrition/Food Security
Well-checks
Physical Activity/Mental Stimulation
Music, Art, Creative Expression
Education
Support Groups
Media Campaigns
*Some programs were classified in more than one category

Country Independent Living Center circulated a document with regional/local hotspots, WiFi access and other programs to access technology in an effort to increase access to consumers.

A number of programs identified as support groups. These groups were geared to populations ranging from family caregivers to individuals with health conditions (such as dementia, diabetes, or disabilities) and their care partners. These support groups had typically transitioned from in-person gatherings to a videoconference or phone platform, and focused on offering a space for peer support, connection, and problem-solving.

One unique program, a partnership between Extension and the Healthy Minds Coalition in Lincoln County, created media campaigns with the goal of connecting older residents with younger residents to offer help during the pandemic. Messages on Google pay-per-click encouraged younger residents to reach out to older residents by making phone calls, sending a card and offering to help with grocery shopping. Messages that aired on two local radio stations also encouraged older adults to reach out to younger residents for assistance they may be needing at this time such as help with obtaining groceries or medications. This campaign led to additional radio and online messages on other issues affecting families and older adults during this difficult time, as well as a billboard promoting a resilient Wisconsin and press releases in two county newspapers.

Program purpose and goals. Programs had a wide variety of goals.

Not surprisingly, many programs sought to support social engagement, provide opportunities for connection, or provide social-emotional support. A handful of programs specifically referenced communication with family members or friends, even those at long distances. For example, programs delivered art or craft kits, with one objective of giving participants something to talk about with their family and friends. Other programs directly supported technological skill-building (e.g., using Zoom) that underlies participants' capacity to expand their connection with family, friends, educational programs, and other networks. Still other programs directly helped participants create materials to send to family and friends, such as videos.

Many programs sought to connect participants with resources or facilitate problem solving. These programs frequently focused on supporting family caregivers or individuals with health conditions or functional limitations. Connecting with peers was a key element in several of these programs, particularly peer problem-solving and resource sharing among peers. Well-check programs also frequently had a sub-goal of connecting participants with resources when needs were identified.

Several programs focused on skill-building, including coping with loneliness. Examples include providing information about coping with loneliness and stress; strengthening daily living skills; and supporting communication skills. A handful of programs supported participant's capacity to continue to live at home, either through skill-building efforts or through well-checks or service provision.

A number of programs focused on overcoming barriers to social participation, including addressing technological access, skills, or comfort levels; helping participants make videos to share with family and friends; and helping individuals with health concerns that limit their ability or confidence with social engagement. Programs also served the purpose of supporting and maintaining agency outreach, for example maintaining the audience's connection with the organization or increasing the organization's visibility.

It is interesting to note that several programs indicated that a goal was to show participants that they were not alone, helping them to feel seen and appreciated. For example, the ADRC of St. Croix County commented of their Senior Center Outreach program: "By offering calls and other items we can offer assurance that they are not alone and someone cares about them."

It is also interesting to note that for many programs, alleviating social isolation was a secondary consideration or a fortunate side-effect of other programming efforts. Meal delivery, well-checks, exercise programs, and many others were primarily geared towards meeting an individuals' immediate and basic needs, but had clear secondary goals of facilitating social connection and socialization among participants.

Summary of Program Goals
Social engagement
Resources/problem solving
Skill-building
Feeling "seen", appreciated
**For many programs, alleviating social isolation or loneliness was a ripple effect of other supports and services

Program benefits and intended impacts. Most programs reported assessing impact through informal means, including anecdotal or direct feedback from participants or observed changes in participants, families, or the wider communities. More than one in five employed formal evaluations such as surveys (21%), and only one in ten reported no evaluation efforts (12%).

Respondents reported numerous benefits and intended or realized impacts of their programs. As expected, increased social connection or social participation was commonly reported as a key intended outcome. Many programs also sought to support the physical, mental, or emotional health and well-being of their participants.

Summary of Program Benefits/Impacts
Social connection/participation
Physical, mental, or emotional well-being
Family well-being
Offering something to look forward to

This included early detection of issues such as daily living needs or mental health concerns. For some programs this extended to supporting the well-being of family members. As an example, one respondent noted about their meal delivery program: “Knowing that someone is bringing food and checking in on their loved one can provide much needed reassurance to working adult children and grandchildren.” Many respondents reported that their programming gave participants something to look forward to, by giving them a reason to get out of the house or put something safe to look forward to on their calendar.

Many programs indicated that they had received positive feedback from their participants and have seen steady or continued engagement, showing the value of this work in our communities. In addition, a number of programs indicated that they have increased the amount of services they are providing and/or have seen increases in participation in the programs. Conversely, a few programs have seen limited uptake, possibly related to challenges with access to or comfort with technology. When asked about their programming plans moving forward, more than half of those responding to the question indicated that they would retain their programs or adaptations going forward (54%).

Tools for success. Several tools for success emerged from our assessment of the programs. First, many programs found volunteers to be an integral part of their work. For some programs, members of the target audience (such as older adults) were specifically recruited as volunteers. One program specifically mentioned struggling to find volunteers during the pandemic and thus making more use of paid staff to support their efforts.

Several programs pointed towards a deep understanding of their participants and audience as a factor in their program delivery. For example, in some organizations, well-checks or increased contacts were targeted specifically towards individual participants that were known by the organization to have health issues, live alone, or have few family supports. Community collaborations and coordination were highlighted by a number of respondents as being key to their programming. Examples include resource referral across programs and organizations and delivery of information from partner organizations with meals or library materials. For some programs, funding may also be a key tool for success. Only one program in our survey reported receiving specific funding for their efforts around social isolation and loneliness. Other programs likely needed to make use of financial and human capital for coordinating programs, volunteers, messaging, and materials.

Finally, many of the programs emphasized the light-hearted or positive tone of their work and their focus on stimulating joy or fun in their participants. For example, one respondent indicated that their program was an opportunity for participants to “enjoy the company of those with things in common” while another highlighted their intention for participants to “have a great time connecting with each other and creating new friendships.” Other programs used music, treats, prizes or other activities to create a light-hearted, social atmosphere. Examples include drive-thru ice cream socials, door decoration contests in assisted living facilities, social hours with brain games and music, virtual choir or group singing events, online group trivia, and thematic ‘extras’ in home meal deliveries (such as cheese curds for National Cheese Day). One respondent specifically noted: “this group focuses on positivity because we want our members to walk away from our group in a more positive and happy light.”

Best practices and lessons learned

Best Practices. Programs were asked to describe best practices and lessons they have learned in response to the COVID-19 pandemic. The best practices reported included changes to program communication, delivery, and development. First, many programs identified a need for changes in communication. For example, responses flagged the need for clear and consistent messaging. Responses also highlighted the necessity of keeping messages simple and providing frequent reminders. In particular, organizations stated the importance of clearly articulating that they are open and available, even if their doors are physically locked or programming is occurring in a different format from pre-COVID.

Second, programs indicated changes in program delivery to better serve participants. Notably, responses included reference to the importance of utilizing multiple modalities for communicating information with participants and partners (e.g., social media, mail, email, billboards), as well information sharing through partner networks (e.g., asking partners to spread the word about programs, events, or changes). Responses also recognized the importance of offering programming through multiple modalities for the purpose of accommodating potential technology limitations in different regions. Additionally, responses highlighted the value of making space for participants to connect to each other in a virtual setting, instead of, or in addition to connecting with the program facilitator or host.

Finally, programs suggested best practices for changes to program development. For example, some programs reported that they have been using guidance from trusted sources such as the CDC or DHS to help guide safe approaches to programming. Programs also indicated utilizing cross-partner collaboration and information sharing to prevent redundancies and maximize impact. Further, many programs highlighted the importance of evaluating the landscape by gathering input from individuals (i.e., populations affected) and stakeholders and considering sustainability of the programming efforts. Lastly, programs reported using empowerment/humble inquiry approaches that recognize and make use of the knowledge, wisdom, and experience of the communities and individuals involved in the programming.

Lessons Learned. Programs were also asked to share lessons they have learned in response to programming in the COVID-19 pandemic. On several instances, responses reported lack of access to technology as an issue. To address this concern, respondents identified potential reasons for lack of access, such as support staff in facilities not providing technology, lack of access to WIFI, and lack of access to electronic devices. Recognizing barriers to technology can help programs better meet the needs of their participants. Among lessons learned, respondents also emphasized the importance of keeping the experiences of clients and participants in mind. Often times, participants do have the ability to use technology or learn to use technology once given appropriate access. Responses stressed that service providers or family must keep this in mind in order to formulate new ways to deliver content and engage target audiences.

One respondent advised patience. Their suggestion regarding simply “doing your best” was interpreted as a self-care response for service providers to continue to help sustain efforts throughout these tough times.

Ongoing needs

In the course of describing their programs’ design, purpose, and impacts, several themes emerged around barriers to program participation, including potential participants’ ability to connect virtually (for example, no internet or no device) and potential participants’ discomfort with technology (either because of limited technological skills or because of privacy or other related concerns). In addition, there was a recognition that programs needed to work harder to reach distant, rural, and/or non-technological audiences.

Summary of Best Practices

Clear, consistent messaging

Multiple communication modes (mail, email, social media, etc.)

Multiple programming modalities (phone, videoconference)

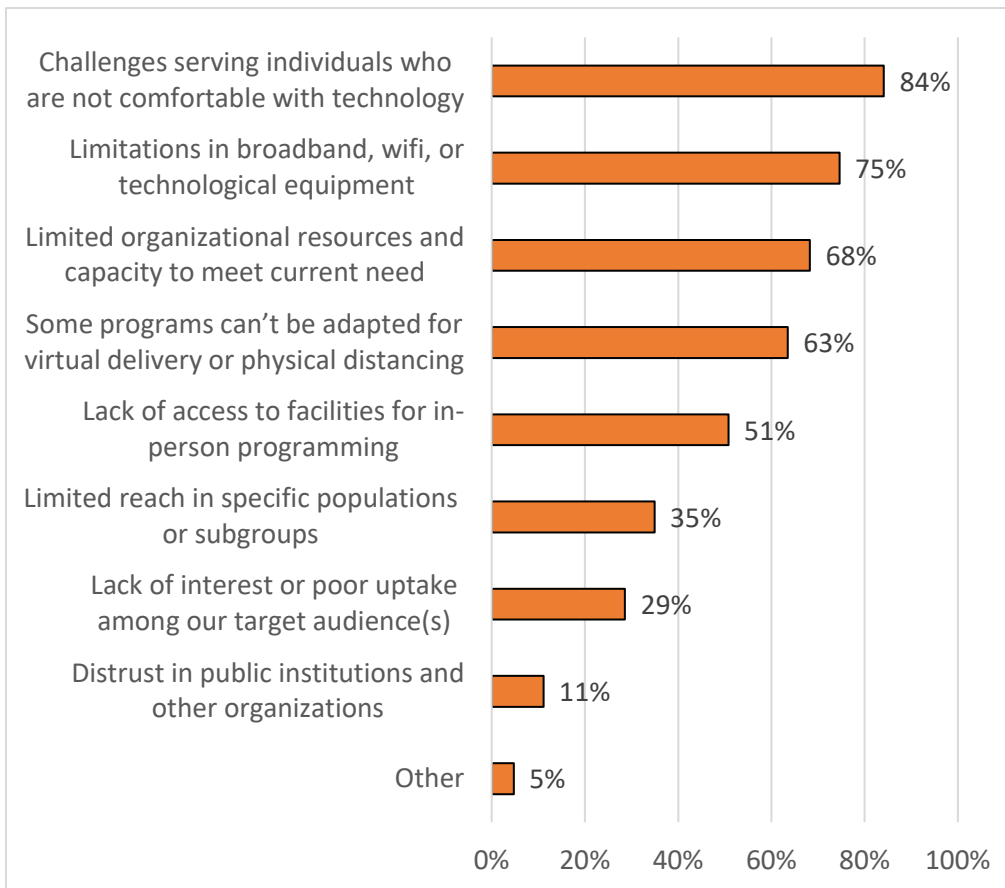
Opportunities for peer connection

Collaboration and coordination with partners

Stakeholder and participant input

Center the participant experience

Figure 3. Sources of unmet need



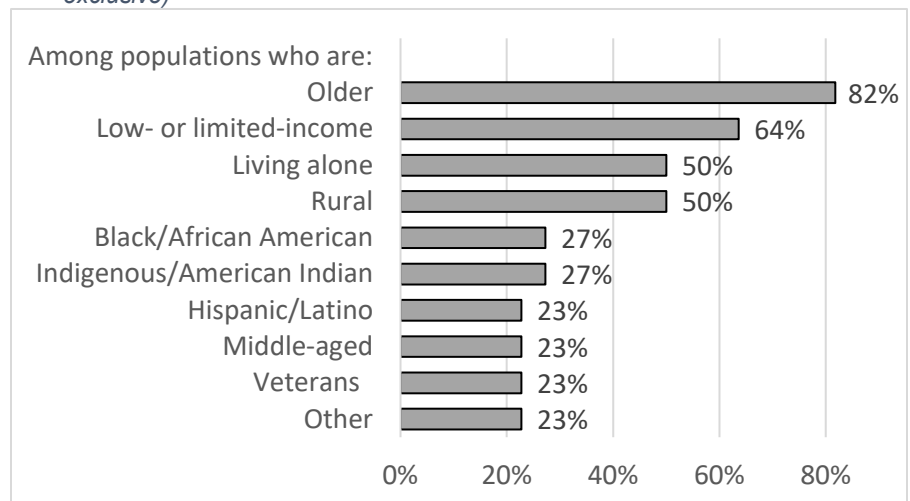
The majority of respondents shared their perspectives on ongoing needs in their communities. More than 75% of those who responded to this question indicated that there was a continued unmet need related to social isolation and loneliness in their communities, while the remainder reported being unsure about unmet need. The vast majority of these respondents reported challenges serving individuals who are uncomfortable with or do not use technology (84%), limitations in broadband, WiFi, or technological equipment such as computers/tablets/smart phones (75%), or limitations in resources and organization capacity such as funding or staff time (68%).

Additionally, nearly two-thirds of respondents indicated challenges with safely modifying programming for the pandemic, as some programs can't be adapted for virtual delivery or physical distancing (Figure 3).

In reporting on subgroups that experienced limited reach of programs, respondents most frequently indicated older adults and low- or limited income participants as having continued unmet need (Figure 4).

When asked about resources respondents will use to decide how and when to make programming changes, the majority of respondents indicated they would rely on municipal or tribal guidance. This includes city/town/village guidance, as well as guidance from local health departments and tribal leadership. Additionally, respondents noted they would look to community feedback, state guidance, and "public health guidance" which includes recommendations from the Centers for Disease Control and Prevention (CDC).

Figure 4. Subgroups experiencing limited reach of programs (not mutually exclusive)



Conclusion: Next steps for communities and organizations

The information relayed above can help inform how communities and organizations respond to social isolation during the pandemic and beyond. It is noteworthy that many of the programs we assessed did not directly seek to generate social connection. Rather, the programs created opportunities for socialization in the natural course of other activities. Other programs sought to relieve loneliness not through social connection but through giving participants something to do, something to look forward to (or a reason to get out of the house), or by showing them that others were thinking of them. There is a power in feeling seen and appreciated, and in the hope and anticipation generated by having something to look forward to, that can help us feel connected even in the face of isolation and physical distancing. These ‘gentle’ socialization programs may facilitate wider reach and participation: While some individuals enjoy the intense discussions that can emerge in support groups or educational programs focused on

loneliness and social support, others may find such opportunities to be too intense or direct. Programs with a different core purpose or focus may facilitate social connection and engagement in a wider audience. Given the diverse needs and preferences of our audiences, a broad array of programs such as those described in this report may be key to a comprehensive community response. The best practice of seeking stakeholder and participant input is key here. As our survey respondents stated, “LISTEN and ASK WHAT IS NEEDED and HOW MAY I HELP ... so we don't invent solutions that won't work for individuals. Experimentation is great, but always with a keen eye/ear/sense to the individual first”; “We need to think outside the box and have community members engaged in the planning.” Ongoing evaluation of participants’ satisfaction with these different types of programs and, importantly, programs’ effectiveness at relieving social isolation or loneliness, will be key to programming decisions as we move through the remainder of the pandemic and turn our eyes to the “new normal” and beyond.

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Key Take-Aways

Diverse array of programs representing local wisdom, knowledge, and needs

Programs focusing on daily needs may have a fortuitous, indirect role in preventing social isolation and loneliness

Lighted-hearted, fun, or simple programs were prevalent and may facilitate uptake

Ongoing needs were prevalent, particularly around skills, interest, and access to technology

Best practices included clear, consistent, repetitive messaging and the importance of stakeholder input and community collaboration and coordination

Ongoing evaluation of effectiveness and participant satisfaction can support organizations’ ability to make programming decisions going forward

