

# Making Connections in the New Normal: Implementing Virtual Programming during a Pandemic for Low-income Community-dwelling Older Adults



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## INTRODUCTION

**BACKGROUND**

- Moorhead Tower is a Beacon Community in Pittsburgh that provides affordable housing to low-income older adults and adults with disabilities. Most residents do not have access to internet and have little knowledge about the benefits and uses of technology.
- Needs assessment:** Stakeholders from Moorhead Tower reported higher incidences of social isolation and increased feelings of depression and loneliness among residents.

**SIGNIFICANCE**

- Social isolation has been associated with an approximately 50% increased risk of developing dementia, a 29% increased risk of heart disease, and a 32% increased risk of stroke.<sup>1</sup>
- Engaging in a mix of physical, social, educational, cognitive, and volunteering activities have been identified as being beneficial in decreasing social isolation among older adults.<sup>2</sup>

## PROGRAM OBJECTIVES

**Objective 1:** Create and implement an 8-week "activity blitz" at Moorhead Tower to decrease social isolation among residents.

**Objective 2:** Create an activity binder and establish an activity planning committee composed of Moorhead Tower residents and staff to ensure the sustainability of the program.

## METHODS



## KEY PROGRAM COMPONENTS

**Resident Participation**

- 8-week intensive activity programming
- Incentivization
- Communication & marketing

**Community Resources**

- TechOWL
- Starszy Education
- Virtual Senior Academy

**Sustainability Promotion**

- Activity Committee
- Activity & Resource Binder
- Funding options

## ACTIVITY BLITZ ADAPTATION

- All phases were informed by The Consolidated Framework for Implementation Research.
- Activities were adapted to be held virtually via a phone conferencing system to comply with COVID-19 guidelines and accommodate resident needs
  - Craft activities included a tactile component for residents with visual impairment
  - Physical & education activities included high-contrast educational materials and audible descriptions so all individuals could participate



## RESULTS

### ACTIVITY BINDER EXEMPLAR:

**Activity Planner**

Activity Name: Healthy Living Series: Seasonal Affective Disorder (SAD)

Activity Category: Circle or highlight all that apply:  
 Social Cognitive Physical Educational Volunteering

**Activity Description:**  
 This session is part of the Healthy Living Series (HLS) focused on educating residents on a variety of health conditions and encouraging residents to take up healthy habits and routines. This specific activity is focused on seasonal affective disorder (SAD), which is a type of depression with seasonal effects. There is thought to be a link between sun exposure, vitamin D, and SAD, so this is particularly applicable to Moorhead Tower residents during the winter in Pittsburgh, when we get few sunny days.

**Materials Required:**  
 Pre-survey notes  
 Printed handouts (attached)

**Time Required:** 1 hour

Where to complete the activity (in person or virtually):  
 Can be done in person or virtually as appropriate.

Assessment of people required: 1+ and presenter

**Instructions:**

- Use all the space for general participation. Set up the chairs in a circle to encourage discussion. Provide residents with handouts as they arrive.
- Following the activity virtually, connect residents to sign up for the handout prior to the session.
- Handout Adaptation:** If residents are not able to use the provided handout, ensure there is all information will be covered verbally during the subsequent session.
- Encourage discussion between residents by asking them about personal experiences with SAD or your knowledge about SAD. Knowledge checks, such as questions like "Does anyone understand and know what SAD is?"
- Before the SAD handout with the residents.
- After the handout has been received, open the session up for questions. Answer as able and advise that you will follow up with an unknown, if possible.
- After the activity, complete the activity reflection packet below.

**What treatment options are available?**

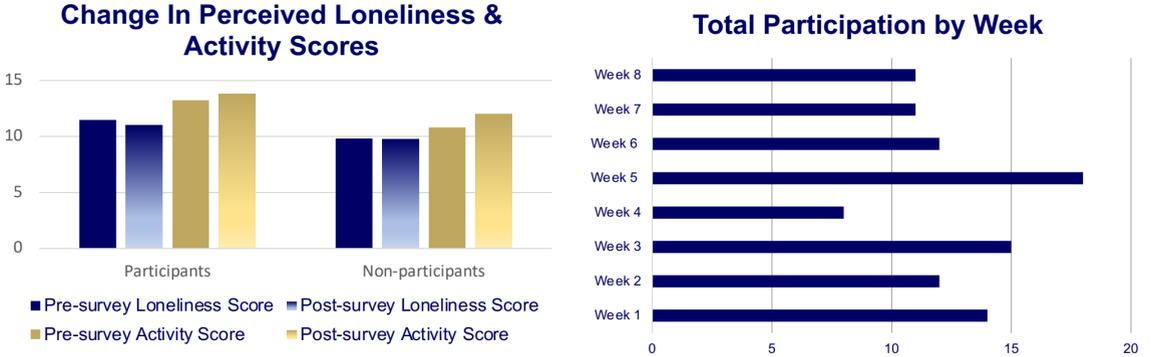
**Light Therapy**  
 Since lack of sunlight is thought to be a potential cause of SAD, sitting underneath a light box is a great way to replace that daily sun exposure. NOTE: May not be safe for individuals with some eye diseases.

**Psychotherapy**  
 Talk therapy typically focuses on identifying negative thoughts and replacing them with more positive thoughts. Therapists can also help you find other ways of coping with SAD.

**Medications**  
 There are medications that can help improve your mood by controlling the way serotonin moves in your brain.

**Vitamin D**  
 If you have a vitamin D deficiency that might be contributing to the SAD, your doctor might prescribe vitamin D supplements.

**Check and time of activity:**  
 How did it go?  
 What worked well?  
 What would you change?



## Consolidated Framework for Research Implementation (CFIR)

Intervention Characteristics	Outer Setting	Inner Setting	Characteristics of Individuals	Process
<ul style="list-style-type: none"> <li>Intervention Source</li> <li>Evidence Strength &amp; Quality</li> <li>Relative Advantage</li> <li>Adaptability</li> <li>Trialability</li> <li>Complexity</li> <li>Design Quality &amp; Packaging</li> <li>Cost</li> </ul>	<ul style="list-style-type: none"> <li>Patient Needs &amp; Resources</li> <li>Cosmopolitanism</li> <li>Peer Pressure</li> <li>External Policy &amp; Incentives</li> </ul>	<ul style="list-style-type: none"> <li>Structural Characteristics</li> <li>Networks &amp; Communications</li> <li>Culture</li> <li>Implementation Climate</li> <li>Readiness for Implementation</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge &amp; Beliefs about the Intervention</li> <li>Self-efficacy</li> <li>Individual Stage of Change</li> <li>Individual Identification with Organization</li> <li>Other Personal Attributes</li> </ul>	<ul style="list-style-type: none"> <li>Planning</li> <li>Engaging</li> <li>Executing &amp; Evaluating</li> </ul>
Common Theme #1	Common Theme #2	Common Theme #3	Common Theme #4	Common Theme #5
<ul style="list-style-type: none"> <li>"It's just that we don't get to see one another or be together. You know, human beings need to socialize."</li> </ul>	<ul style="list-style-type: none"> <li>"It was not that I didn't choose to [participate]...my whole world... turned upside down...because the pandemic."</li> </ul>	<ul style="list-style-type: none"> <li>"When you have a face-to-face opportunity, because you get a greater sense of the whole person"</li> </ul>	<ul style="list-style-type: none"> <li>"I think it's...people self-selecting to engage in or use the services that are available."</li> </ul>	<ul style="list-style-type: none"> <li>"Those residents...that [participated]...continue to be holistically well"</li> </ul>

## DISCUSSION

**DISCUSSION**

- 8 of the 14 residents that completed pre-surveys participated in activities.
  - Limited change seen in quantitative measurements of loneliness and participation.
  - Qualitative data indicates overall positive regard for programming and confirms presence of key barriers to implementation
- The activity committee required more involvement from the students to plan and implement activities due to passive resident involvement.
- Students had the most control over intervention characteristics and the process domains of CFIR and less control over components of the intervention directly affected by the organization's inner/outer setting and individual characteristics of staff and participants.

FACILITATORS	BARRIERS
Resident & staff champions	Resident stage of change & self-efficacy
Collaborations with community organizations	Technology access & resident digital literacy
Organizational tension for long-term change	Organizational Readiness
Flexibility in design of program	COVID-19 precautions & access to space

## CONCLUSION

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- Participants benefited from a program designed to reduce social isolation under the constraints of the COVID-19 pandemic.

**FUTURE DIRECTIONS**

- This type of program can be adapted for use as regular programming at Moorhead Tower and other community-based settings to improve health outcomes with the use of the Activity & Resource Binder as a guide for design and implementation.
- Pursuing additional funding for more opportunities to increase resident digital literacy and access to technology will only serve to further enhance quality of life and independence.

**IMPLICATIONS FOR OT PRACTICE**

- Current evidence shows the need for occupational therapy to better integrate promising interventions geared towards social participation into practice.<sup>3</sup> Occupational therapists should include more social isolation interventions into their daily practice.

## ACKNOWLEDGEMENTS

Thank you to our site mentors at Beacon Communities and Moorhead Tower including Denise Smith-Russell, Christine Lacroix, and Gregory Ford who each provided instrumental support throughout the creation and implementation of our capstone project. We would like to extend an additional thank you to our community partners at TechOWL and Starszy Education for their invaluable contributions and to the Pittsburgh Steelers and the East End Food Co-op for their material donations to our program.

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