special issue

brief »



SUMMER 2022

SENIOR LIVING COMMUNITIES:

Uniquely Positioned to Reduce Social Isolation and Promote Social Connection in Older Adults





TABLE OF CONTENTS

Click link below to go direct to page.

OVERVIEW	1
SOCIAL ISOLATION LEADS TO POOR HEALTH OUTCOMES	
AND INCREASED HEALTH CARE SPENDING	2
THE POTENTIAL OF CENTOR LIVING COMMUNITIES	
THE POTENTIAL OF SENIOR LIVING COMMUNITIES TO REDUCE SOCIAL ISOLATION	3
SENIOR LIVING COMMUNITIES OFFER DIVERSE OPPORTUNITIES	
FOR SOCIAL CONNECTION	4
CASE STUDY: SENIOR RESOURCE GROUP	7
CASE STUDY: JUNIPER VILLAGE	9
CASE STUDY: KENSINGTON SENIOR LIVING	11
MOVING FORWARD	13
APPENDIX	14
REFERENCES	18

SENIOR LIVING COMMUNITIES:

Uniquely Positioned to Reduce Social Isolation and Promote Social Connection in Older Adults

OVERVIEW

Even before the COVID-19 pandemic intensified levels of physical isolation, nearly one in four older adults was socially isolated. Social isolation, particularly in older adults, increases risk for poor health outcomes.¹

Senior living communities play a critical role in reducing social isolation among older adult residents, limiting the risk of negative health effects, and promoting critical social connections that contribute to overall quality of life. The social opportunities ingrained within senior living communities have a tangible, positive impact on residents' lives and health. Many residents move into a community and become more active than when they lived in a private residence.

These communities offer a range of both structured and unstructured opportunities for residents to socialize with each other, with staff, and with the broader community. This diverse programming helps engage each resident in a way that feels natural to them and provides residents with autonomy to choose how they spend their time.

Senior living communities deliver various levels of support across independent living, assisted living, and memory care, as well as continuing care retirement communities (CCRCs). A 2016 survey of people living in senior living communities found that 73% of residents felt at home in their community most or all of the time.² The study pointed to social connection as a key factor that contributes to feeling at home. Purposeful use of physical spaces, programming, technology, and focused efforts to support relationship building within the community's walls and beyond can help facilitate social engagement for residents.



Residents enjoy the view while on a Walking Club excursion.

The American Seniors Housing Association (ASHA), with support from ATI Advisory (ATI), prepared this *Special Issue Brief* to (1) explore the relationship of social isolation to physical and mental health outcomes and utilization of health care services and; (2) to highlight approaches that senior living communities are taking to reduce social isolation and promote social connection among their residents.

ATI conducted a literature review and surveyed ASHA members regarding senior living communities' efforts to reduce social isolation. In addition, interviews with three senior living communities informed in-depth case studies outlining the impact of social opportunities on residents.

SOCIAL ISOLATION AND LONELINESS LEAD TO POOR HEALTH OUTCOMES AND INCREASED HEALTH CARE SPENDING

A growing body of evidence demonstrates a link between social isolation and worsened health outcomes. Social isolation³ is associated with increased depression and anxiety,⁴ increased risk of dementia,⁵ decreased cognitive function,⁶ increased risk of smoking,⁷ lower likelihood of regular exercise,⁸ increased medical risk (higher rate of coronary heart disease, stroke, cancer),^{9,10} difficulty with activities of daily living (ADLs) like eating, bathing, and dressing,¹¹ and an increased risk of premature mortality.¹² A meta-analysis found social isolation and loneliness increased the risk of mortality by 29% and 26%, respectively.¹³

Social Isolation: an objective lack of social contacts or regular interaction with people.³

Loneliness: the subjective perception of feeling alone

Growing older puts people at risk of experiencing social isolation and loneliness due to shrinking networks and increased risk of hearing, vision, and memory loss. The need for increased physical distance due to COVID-19 has only exacerbated these effects.

The brain is wired to seek social connection, and when this is not available, the brain experiences stress, which can make the body more vulnerable to diseases. ¹⁴ One study found that people who felt lonely were more vulnerable to a cold virus, experiencing more severe symptoms, than people who were not lonely. ¹⁵

Individuals experiencing social isolation are also more likely to utilize higher acuity care settings and have associated higher health care expenditures. Social isolation is linked to increased rates of hospitalization, ^{16,17} more frequent use of intensive care units (ICUs), ¹⁸ and a higher rate of nursing home stays. ¹⁹ In 2017, Medicare fee-for-service paid an additional \$6.7 billion for adults living in the general population who were experiencing social isolation, compared to beneficiaries who were not. Controlling for living arrangement, region, Medicaid coverage, comorbidities, and demographic variables, Medicare paid an extra \$134 per beneficiary per month for those experiencing social isolation. For comparison, Medicare paid an extra \$117 per beneficiary per month for those with a diagnosis of arthritis, \$17 lower than the added costs caused by social isolation. ²⁰

THE POTENTIAL OF SENIOR LIVING COMMUNITIES TO REDUCE SOCIAL ISOLATION

Senior living communities improve quality of life by fostering a cohesive social environment and encouraging participation in social activities. An extensive literature search found the following:

A 2018 study found that residents in senior living communities had increased resilience, mood, optimism, and satisfaction with their lives compared to their counterparts in the general population. Residents were more likely to have greater social, physical, and intellectual wellness than older adults living in the general population, and they also reported more healthy behaviors.²¹

70%

of residents said that moving into a senior living community improved their social wellness.²¹

- Senior living communities are uniquely positioned to help reduce loneliness and social isolation by promoting meaningful connections among residents and with members of the surrounding broader community. Emerging research in senior living communities demonstrates the effectiveness of efforts to support social connectedness.²²
-) Social facilitation and befriending interventions, such as peer mentoring programs and volunteer outreach, successfully cultivate connections between senior living residents.²³
- Staff support for video calls with family and friends and telephone calls with community volunteers reduce loneliness and depression in residents.²⁴
- Engagement in social opportunities offered by senior living communities such as games, fitness, and religious groups — benefits residents mentally while also reducing the risk of falls and improving muscle mass. ²⁵
- Interventions to promote physical activity can also reduce social isolation and depression (and improve function), particularly if delivered at least weekly and with the involvement of a health care provider.²⁶
- Other research-backed strategies to foster social engagement include leisure/skill development (e.g., computer and internet training) and group interventions with a psychosocial component (focusing on both psychological and social aspects).²⁷
- More broadly, successful interventions to promote social connection are adaptable for varying interests, promote productive engagement, and involve input from older adults themselves in program development.²⁸
- Programming that promotes autonomy, supports achievement through mastery of a subject, and enhances affiliation with others is particularly likely to improve well-being.²⁹

SENIOR LIVING COMMUNITIES OFFER DIVERSE OPPORTUNITIES FOR SOCIAL CONNECTION

ATI's survey of ASHA members in late 2021 revealed a range of creative approaches to support social connection in senior living communities, including buddy systems, resident-designed and led programming, virtual event options, diverse programming tailored to all resident interests, intergenerational social offerings, activities integrating residents with the broader surrounding community, and fun and creative physical and mental activities. Figure 1 includes a sampling of the approaches for promoting social connection shared by survey respondents. (See the Appendix for additional details on survey findings.)

Survey responses included 290 senior living communities across 35 states (including assisted living, independent living, active adult, memory care, and continuing care retirement communities).

Figure 1: Senior Living Communities Offer Diverse Opportunities for Social Connection



OFFER DIVERSE ACTIVITIES

- Group karaoke
- Drumming class
- Monthly men's breakfast and women's social tea
- Grief share group
- Wellness programs
- Casino night
- Poetry and theater programs
- Puppy yoga with local animal shelter
- Writer's group (journaling, vision boards)
- Life reflections program (sharing life stories with others)
- Interactive robots with games and music
- Indoor farming with herbs and lettuce for the community
- Resident-led program development



PROMOTE RESIDENT CONNECTION

- Resident pen pal program
- Buddy system, resident floor captains assigned to new residents
- Personalized envelopes at each resident door (for notes, treats)
- Rewards program to incentivize engagement in classes and activities
- Using data to tailor programming to residents who currently don't participate in activities
- Continued virtual social programming for residents more comfortable in their room
- Hall/Neighborhood events and support groups
- Restaurant style dining programs



PROMOTE COMMUNITY CONNECTION

- Fitness club open to surrounding general population over 50
- Remote trivia games with local high schools
- Hydroponic gardening with local elementary school
- Local beauty school providing practice manicures
- Senior-friendly social media app to promote communication among residents with the wider community
- Volunteer opportunities (hats for individuals with cancer; blankets for pediatric hospitals)

Figure 2:
Approaches to Promoting Social Connection Reported by Senior Living Communities

SOCIALIZATION INNOVATIONS: KEY THEMES



Source: ASHA member input (late 2021/early 2022)

Senior living communities reported a diverse range of activities prior to the COVID-19 pandemic and described plans for further expansion of activities over the next two years (Figure 2). In both time periods, group exercise, educational programs, entertainment events, and excursions were most commonly reported.

Respondents also indicated how they promoted safe social connectedness during the pandemic. Figure 3 shows that virtual interaction with family and friends dramatically increased during the pandemic, while in-person events with family and friends and excursions outside of the community decreased, as would be expected and advised by public health officials. Many communities continued to offer educational events, group exercise programs, gardening opportunities, resident-directed activities, and entertainment opportunities during the pandemic, with virtual and/or outside options. When programming was virtual, staff helped residents navigate the technology so they could take full advantage of the experience. Though the pandemic brought many challenges, it also uncovered new ways senior living communities can promote connection virtually.

Figure 3:
Percent of Senior Living Communities Offering Specific Social Opportunities



Source: Dec 2021/Jan 2022 ASHA member survey data

While there is an extensive range of social activities to choose from, senior living communities are also purposefully designed to provide physical spaces that foster easy social interaction among residents through impromptu connections, in addition to planned activities.

- More than 80% of respondents reported that they have an indoor common area, outside patio seating, indoor entertainment space, arts and crafts studio, walking paths and/or outside gardens. The indoor common areas and entertainment spaces are particularly popular among residents, followed by the outdoor patio and arts and crafts studio.
- Many communities also offered an indoor gym (75%) and outdoor activities (61%).

The combination of diverse structured and unstructured opportunities for residents to socially engage ensures there are varied options for each resident to socialize, regardless of preferences, personality, or ability.

CASE STUDY: SENIOR RESOURCE GROUP

This case study focuses on Senior Resource Group's (SRG's) approach to fostering resident health and socialization in their independent living and assisted living communities operating in seven states. SRG brought in a Corporate Director of Life Enrichment focused on resident engagement and well-being with a population health lens who launched "SRG Zest" to support residents in living happier, healthier, more socially connected lives. The program encompasses mind (building cognitive reserve and nurturing social connections), body (movement to prevent and slow decline), and soul (full immersion in a flow state through personalized creative outlets).

Data-driven program design supports a personalized approach to promoting social connection. SRG uses an engagement platform tool to track and analyze resident data, plan social activities, and support resident connections to each other, their families, and staff. Staff review resident reports, looking for trends of note and identifying residents with decreasing engagement activity or those not participating so that staff can reach out to seek input that allows adjustments to engagement offerings. Engagement data can be analyzed alongside other data for deeper insights into resident well-being (e.g., engagement levels before and after beginning physical therapy). Each resident profile includes a brief biography and likes and dislikes, information that assists staff in designing socialization opportunities that are tailored to resident interests. For example, a recent analysis identified vinyl records as a top interest; each community purchased a vintage record player and began offering vinyl variety hour – a very popular activity. The platform also functions as a community-specific social network, with a daily color-coded activity calendar, messaging (between residents, staff, and family members), and the ability to upload photos and tag other residents in them. Some communities have reached a 95% resident adoption rate of the platform.

It used to be that any time my sister, brother or I would want to see our mom, she was available. Now (after moving in), she needs to check her schedule to see when she's available! We are so thrilled to see her so happy and engaged with life again!"

- Lisa (daughter of an SRG resident)

Incorporating social connection into the operational model improves resident quality of life. Corporate-level programmatic support (monthly themes, marketing templates, activity ideas, messaging tips, photo backdrops, etc.) for staff at each community bolsters their ability to use resident data to tailor engagement activities to align with the cultural characteristics and interests of a specific community, and to do so in a way that is easy and efficient. SRG looks for opportunities to streamline workflows in this way to enable directors to be on the floor to interact with residents and to shape social connection opportunities that are responsive to resident input. In a recent resident survey, 85% of residents felt that staff knew them well, and 77% felt that interactions with staff were the best part of their day.



Residents enjoy Zest Cardio Drumming.

Diverse social activities, many incorporating physical activity, engage a broad range of residents. SRG offers numerous ways for residents to explore interests and engage with others who have similar interests, and more than half (54%) of residents participate in activities across all communities. Residents design and run their own programs as well, including Book Club, Today in History, Biker Babes, and Bocce Ball. This approach is illustrative of a broader trend in senior living communities (82% of ASHA survey respondents expect to continue using resident-driven activities going forward). SRG also launched a podcast series spotlighting resident stories and offers a number of intergenerational activities involving the wider community such as local college students teaching dance lessons.

Physical activity is intentionally prioritized in social engagement activities. Communities are designed to promote walking, and each location has a walking club and a tailored walking map to facilitate this popular form of exercise that promotes social camaraderie in addition to physical health. Drumming classes using exercise balls to encourage both healthy movement and social connection have been particularly popular and have been expanded across community locations. Staff and residents also participate together in wellness challenges (e.g. "take a photo of someone making a healthy choice"), strengthening social ties in fun health-promoting ways.

Welcoming new residents is key to facilitating social connection. To integrate new residents into the social fabric of the community, the welcoming committee (comprised of both staff and residents) hosts a "meet your neighbor" welcome party for the new resident and creates a dinner schedule rotation to introduce them to potential new friends with interests in common identified via the engagement platform. Across SRG locations, 82% of residents eat two or more meals each day in the communal dining room or café. Each resident also receives personalized recommendations for activities they might enjoy based on their interests. In addition to facilitating social connections for new residents, the community uses tools such as seat rotations at events to encourage connections outside a resident's immediate social circle, supporting new friendships and minimizing social cliques.

The pandemic required flexible and creative approaches to helping residents feel socially connected. SRG supported residents in re-framing the anxiety and worry they might be feeling related to the pandemic and offered novel ways to share experiences and communicate with each other. The implementation of "Zest walls" offered open space for residents to share their responses to question prompts and to write messages to each other. Community rituals (such as ringing bells at set times) and outdoor movie nights with residents watching from their balconies allowed residents to safely share in an experience together. The community also supported residents in learning to use Zoom and FaceTime in order to access virtual programming and chat with friends and family living outside the community.

CASE STUDY: JUNIPER VILLAGE

Juniper Village at Bucks County is a Life Plan Community (also referred to as a continuing care retirement community or CCRC) in Bensalem, PA near Philadelphia. On a 20-acre campus, residents can access independent senior living but with the "safety net" of rehabilitation and skilled nursing stays, personal care, and memory care available on-site if needed. To that end, the community has designed its engagement programs, technology platforms, and physical spaces to foster meaningful connections between residents, staff, and the broader community.



I participate in the programs here because it's a friendly, good place. When I came to Juniper, I decided I wasn't going to just sit."

- Joan F. (Juniper resident)

A data-driven approach provides personalized engagement opportunities for residents.

For example, when a new resident moves in, they meet with a "lifestyle concierge" to discuss their goals for well-being – taking into account not only health and wellness goals, but whole person well-being, including interests, passions, intellectual pursuits, friendships, and more. By getting to know what ignites the spark in each individual, staff are able to offer a "lifestyle prescription" that connects residents with a variety of experiences tailored to their specific interests and goals.

Similarly, Juniper uses a technology solution to continually analyze the interests, backgrounds, and goals of residents living in the community, track resident social activity, and plan engagement programs that cater to changing demographics. For example, if the community has a high percentage of self-identified "foodies" they will plan more culinary-based experiences, such as cooking demonstrations from a local chef, mixology classes with the in-house bartender, and a recipe-sharing club run by residents. While personalized programming increases engagement levels, it also gives residents the opportunity to connect with others with similar interests, and plants the seed for friendships to grow. This technology solution is also used more broadly to increase awareness of both virtual and in-person engagement opportunities, and the community is in the process of expanding efforts to collect data to measure the impact of personalized engagement on resident satisfaction and wellbeing.

A hybrid approach to technology offers new ways for residents to engage. Prior to COVID-19, most programming was offered face-to-face, onsite. Thanks to the adoption of Zoom as well as an on-site tech concierge, residents are embracing virtual programming, both on-demand and in real time. For example, residents can access a virtual, self-guided tour of the Philadelphia Zoo and also enjoy a live, interactive lecture with art history experts from the Smithsonian. The community also uses a web-based platform to connect residents to

each other through a resident directory and an online news feed. The platform also supports engagement between residents with common interests (e.g., the "crafty ladies" resident committee) across in-person and virtual spaces.

Building and maintaining strong relationships is key to keeping people healthy. In addition to connecting with peers, it is also important for residents to develop meaningful relationships with staff. For decades, Juniper has employed the "Best Friends" program to help people feel at home, beginning on the day of move-in. This program pairs each resident with a staff member who takes a focused interest in their lives. When residents have a question or are experiencing a challenging time, they have an established connection with someone who can offer guidance. Intentional approaches to deepening relationships between residents and staff are an important part of planned programming in other senior living communities as well; 66% of survey respondents said they plan to continue using welcome resident/staff pairing programs to ease transitions into the community going forward. In addition, the Refresh mindfulness program also brings staff and residents together regularly through daily breathing exercises and intention-setting each morning, an activity that staff indicated has "brought a wall down" as individuals are experiencing an opportunity to slow down and be present together. The impact of COVID-19 has demonstrated that these programs are particularly vital.

Communities intentionally create opportunities for blending of residents and those living outside the community. Juniper's recently re-designed campus promotes diverse opportunities for residents as well as individuals from the surrounding community to connect. The campus includes spaces for casual gathering and events, a coffee shop, a fully functioning bar, and a fitness center with a pool, gym, and lounge for socializing. People living in the area can frequent the café and bar and can also sign up for a membership to use the fitness facilities alongside current residents, which allows for impromptu connections between residents and others living beyond the senior living community's campus.

More formally, the community enters into partnerships with local organizations and businesses to use the space, such as theatre companies, book clubs, massage therapists, wineries, and more. They are also considering an expansion of the resident social media app to include individuals from the surrounding community. Through a mindset shift that approaches spaces as hubs for the greater community, residents have more opportunities to build meaningful relationships — within the community's walls and beyond.

CASE STUDY: KENSINGTON SENIOR LIVING

This case study focuses on memory care communities in two Kensington Senior Living (Kensington) locations – one in Kensington, MD and the other in Falls Church, VA. Each community offers a "Connections" and a "Haven" neighborhood, supporting residents with varying levels of memory loss. Connections is intended for those in earlier stages of memory loss and promotes resident engagement that promotes meaning and purpose in their lives. Haven is intended for those with more advanced cognitive decline and seeks to enable connections while reducing agitation and increasing comfort.

Intergenerational experiences have been important to residents. Though many survey respondents reported that the pandemic decreased their intergenerational programming options, over half indicated they plan to offer these types of experiences going forward. Kensington uses a wide range of social activities and intergenerational programming to promote social connections beyond the community's walls. Music activities such as choir, community-wide live piano sing-alongs, musical entertainers, and music therapy (individually and in groups) are especially popular. The community actively engages nearby businesses and schools to create opportunities for residents to connect with others around interests, hobbies, and shared projects. In partnership with nearby schools, residents have opportunities to perform in an intergenerational choir and to be interviewed by students who write about their lives for their English projects. Staff note that this partnership is mutually beneficial, bringing joy to residents and also helping children understand and develop connections with older adults, especially if they do not have grandparents in their daily lives. Residents can also read aloud at nearby preschools and elementary schools and partner with middle schools on volunteer projects. Partnerships around art and photography have also been fruitful, including collaboration with a nearby arts collective that provides workshops to residents, periodically changing the artwork in residents' hallways, and holding an art fair open to the community that includes resident submissions.

Virtual programming expanded activity options during COVID-19 and beyond.

Throughout the pandemic, Kensington explored novel virtual options for connection, including live tours to destinations around the world, complete with boarding passes. They found that these options were powerful strategies for keeping people connected with the outside world and families and have indicated that they'll continue to use these tools into the future. Virtual options are particularly helpful for those who experience functional challenges and chronic pain, which may create more difficulty in attending



Kensington resident and school project

in-person activities. Staff members play a key role in facilitating these events and making them accessible for all residents. In a survey of ASHA members, 60% of respondents also indicated that they plan to continue using virtual program options going forward.

That feeling of loss [when leaving her home] was soon replaced by a feeling of belonging once the staff surrounded her with their warm embrace. From the caring attention of the staff to the loving kindness of Kyoko and the friendship of her Kensington Club pals, my mom is living her best life."

- Julie R. (daughter of Kensington resident)

Physical spaces can be key drivers of social connection. The community intentionally designs physical spaces so that wayfinding and navigation are easy and so that communal space can be used flexibly to promote connections in diverse ways. Communities are designed around a single communal hub that includes a café, dining room, activity rooms, piano area, and outdoor terrace. Recognizing the importance of being able to host and gather with others over a meal or a drink, communal spaces are used to allow individuals living outside the community to engage naturally with residents over the course of a day. Daily happy hours open to family and friends center around live piano music with snacks, cocktails, and non-alcoholic beverages. Residents also have the opportunity to host their family and friends at meals held at flexible times throughout the day. Through incidental and planned connections, residents use common spaces to engage with each other, their families, and friends, and make new social connections with the guests of other residents.

Person-centered approaches support socialization during the transition into memory care.

The pandemic has been especially isolating for older adults living alone. Staff indicate that families report seeing the biggest impact on their loved ones during the initial transition from an isolated home environment into the memory care community where residents can more readily connect with peers and enjoy the benefits of socialization. As they move in, residents have a designated care partner (private duty aide) who meets with them 1:1 and gives them a tour of the community. Kensington creates a "Move-ins At a Glance" sheet for all staff and care partners to learn about new residents' backgrounds, family, pets, likes, and dislikes. Care partners use this sheet to engage with residents on a personal level and to connect them with residents with similar interests. The community is also planning to re-start "memory cafés" this summer – where local citizens, potential new residents and their family members can spend time together in the café space (doing art projects, exercise class, music, games). Community caregivers also benefit from the ability to connect with each other and share experiences of caring for someone with a cognitive impairment.

MOVING FORWARD

Senior living communities offer older adults a home, social activities, engagement with staff and other residents, and thoughtful common spaces where residents can build and strengthen social connections and reduce feelings of loneliness and isolation. Social isolation and loneliness among older adults presented challenges and negative outcomes before the pandemic, and these issues were only exacerbated by pandemic restrictions. When older adults do not have access to social opportunities, both physical and mental health is at risk. Senior living communities play an integral role in addressing social isolation and supporting the overall health, well-being, and happiness of their residents.

Be Inspired

The creative ideas for social connection outlined in this report can serve as inspiration for senior living communities across the country to expand their social offerings even further. Tailored social programming engages residents and provides opportunities for them to connect with others through shared interests. Physical space can be designed to support casual social encounters between residents and staff, as well as hosting opportunities for family and friends. Residents appreciate the virtual activity options spurred by the pandemic, and this modality will likely continue to be used alongside in-person events as a way to reach as many residents as possible.

Inspire Others

ASHA's consumer-facing Where You Live Matters website and digital social media platforms will help disseminate important elements of this Special Issue Brief, particularly as it relates to the pivotal role of senior living communities in increasing social connection opportunities for older adults that reduce their risk of negative health effects and improve overall quality of life. Owners and operators of senior living communities can readily share information highlighted in this brief as part of their ongoing educational and social media efforts to amplify messaging related to the myriad benefits of senior living.



Disco Night

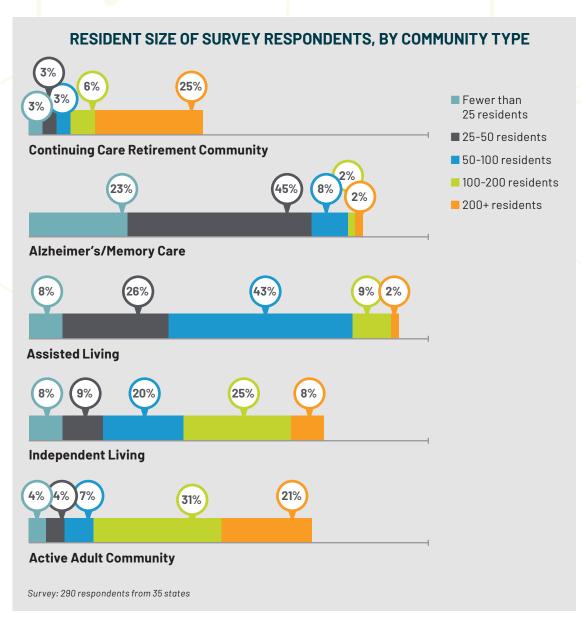


Walking Club

APPENDIX

Results of 2022 Senior Living Activities Survey

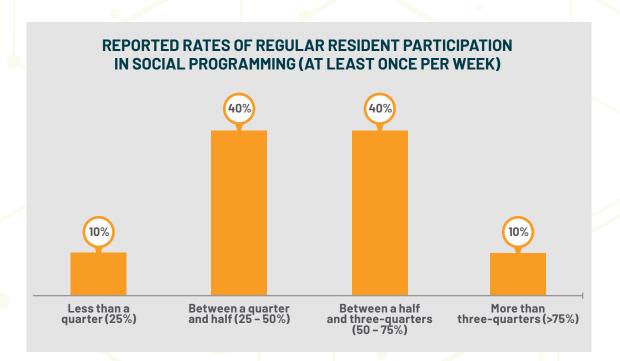
Senior Living Community Survey Respondents Vary by Community Type and Number of Residents



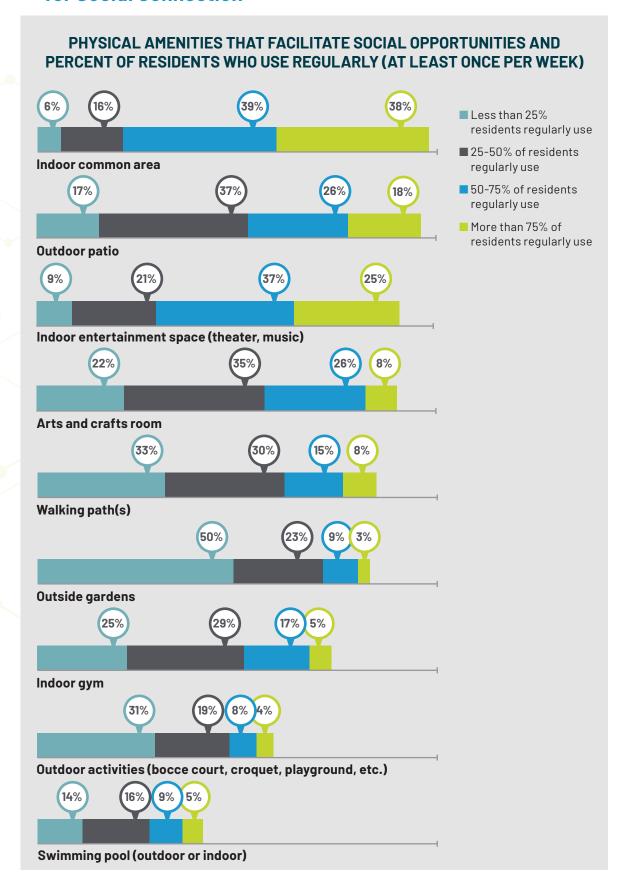
Senior Living Communities Offered Many Opportunities for Safe Social Connectedness During the Pandemic

PERCENT OF SENIOR LIVING COMMUNITIES OFFERING SPECIFIC SOCIAL OPPORTUNITIES 83% 81% **78**% **78**% **72**% 65% 66% 66% 63% 60% **62**% **53**% 40% **35**% **32**% **31**% **31**% **23**% **Private fitness** Animal Group **Educational** Welcome **Events for** Virtual exercise and wellness programs buddy family and interaction therapy classes coaching pairing friends with family/ (yoga, etc.) friends 90% **82**% 83% **78**% **79**% **74**% **71**% 68% 61% 56% **53**% **56**% **54**% **52**% **39**% **35**% 19% 15% **Entertainment** Gardening **Excursions** Volunteer Volunteer Intergenerational **Other** outside the opportunities opportunities programming residentevents (e.g., nursery on site, college community within the outside the directed activities (museums, community community parks, etc.) studient buddy, etc.) (e.g., clubs) ■ Before the pandemic (before March 2020) During the pandemic (since March 2020) Expect to continue offering in the next two years

Many Residents Participate in Social Programming



Senior Living Communities Leverage Physical Space for Social Connection



REFERENCES

Photos:

- Senior Resource Group photos appear on pages 1, 8, and 13.
- Juniper Village photo appears on page 9.
- > Kensington Senior Living photo appears on page 11.

End Notes:

- ¹ Cudjoe, T. K. M., Roth, D. L., Szanton, S. L., Wolff, J. L., Boyd, C. M., & Thorpe, R. J. (2018). The Epidemiology of Social Isolation: National Health and Aging Trends Study. The Journals of Gerontology: Series B, 75(1), 107–113. https://doi.org/10.1093/geronb/gby037
- ² Wylde, M., Paris, K. *People, Places, Programming: Quality of Life in Assisted Living.* ProMatura Group. American Seniors Housing Association (2019). Exhibit 82.
- ³ Loneliness and Social Isolation Tips for Staying Connected. (2021). National Institute on Aging. https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected
- ⁴ Nagarajan, D., Lee, D.-C. A., Robins, L. M., & Haines, T. P. (2020). Risk factors for social isolation in post-hospitalized older adults. Archives of Gerontology and Geriatrics, 88, 104036. https://doi.org/10.1016/j.archger.2020.104036
- ⁵ Social Isolation and Loneliness in Older Adults. (2020). National Academies Press. https://doi.org/10.17226/25663
- ⁶ DiNapoli, E. A., Wu, B., & Scogin, F. (2013). Social Isolation and Cognitive Function in Appalachian Older Adults. Research on Aging, 36(2), 161–179. https://doi.org/10.1177/0164027512470704
- ⁷ Shankar, A., McMunn, A., Banks, J., & Steptoe, A. (2011). Loneliness, social isolation, and behavioral and biological health indicators in older adults. Health Psychology, 30(4), 377–385. https://doi.org/10.1037/a0022826
- ⁸ Theeke, L. A. (2010). Sociodemographic and Health-Related Risks for Loneliness and Outcome Differences by Loneliness Status in a Sample of U.S. Older Adults. Research in Gerontological Nursing, 3(2), 113–125. https://doi.org/10.3928/19404921-20091103-99
- ⁹ Social Isolation and Loneliness in Older Adults. (2020). National Academies Press. https://doi.org/10.17226/25663
- Nagarajan, D., Lee, D.-C. A., Robins, L. M., & Haines, T. P. (2020). Risk factors for social isolation in post-hospitalized older adults. Archives of Gerontology and Geriatrics, 88, 104036. https://doi.org/10.1016/j.archger.2020.104036

- ¹¹ Robins, L. M., Brown, T., Lalor, A. F., Stolwyk, R., McDermott, F., & Haines, T. (2018). Social Isolation, Physical Capacity, and Physical Activity in Older Community-Dwelling Adults Post-Hospitalization. Journal of Aging and Physical Activity, 26(2), 204–213. https://doi.org/10.1123/japa.2016-0257
- ¹² Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L., & Farid, M. (2017). *Insight on the Issues Medicare Spends More on Socially Isolated Older Adults*. https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf
- ¹³ Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). *Loneliness* and Social Isolation as Risk Factors for Mortality. Perspectives on Psychological Science, 10(2), 227–237. https://doi.org/10.1177/1745691614568352
- How Loneliness Is Damaging Our Health. (2022). The New York Times. https://www.nytimes.com/2022/04/20/nyregion/loneliness-epidemic.html
- ¹⁵ LeRoy, A., Murdock, K., Jaremka, L., Loya, A. (2017). *Loneliness Predicts Self-Reported Cold Symptoms After a Viral Challenge. Health Psychology*, 36(5), 512–520. Apa.org. https://www.apa.org/pubs/journals/releases/hea-hea0000467.pdf
- ¹⁶ Ha, J.-H., Hougham, G. W., & Meltzer, D. O. (2018). Risk of Social Isolation among Older Patients: What Factors Affect the Availability of Family, Friends, and Neighbors upon Hospitalization? Clinical Gerontologist, 42(1), 60–69. https://doi.org/10.1080/07317115.2018.1447524
- ¹⁷ Barnes, T. L., MacLeod, S., Tkatch, R., Ahuja, M., Albright, L., Schaeffer, J., Yeh, C. S. (2021). Cumulative effect of loneliness and social isolation on health outcomes among older adults. Aging & Mental Health. https://doi.org/10.1080/13607863.2021.1940096
- ¹⁸ Falvey, J. R., Cohen, A. B., O'Leary, J. R., Leo-Summers, L., Murphy, T. E., & Ferrante, L. E. (2021). Association of Social Isolation With Disability Burden and 1-Year Mortality Among Older Adults With Critical Illness. JAMA Internal Medicine, 181(11), 1433. https://doi.org/10.1001/jamainternmed.2021.5022
- ¹⁹ Theeke, L. A. (2010). Sociodemographic and Health-Related Risks for Loneliness and Outcome Differences by Loneliness Status in a Sample of U.S. Older Adults. Research in Gerontological Nursing, 3(2), 113–125. https://doi.org/10.3928/19404921-20091103-99
- ²⁰ AARP Public Policy Institute, https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf
- ²¹ Age Well Study Report. (2020, July 29). Mather Institute. https://www.matherinstitute.com/senior-living-professionals/free-industry-information/age-well-study-report-2019/
- ²² Mikkelsen, A. S. B., Petersen, S., Dragsted, A. C., & Kristiansen, M. (2019). Social Interventions Targeting Social Relations Among Older People at Nursing Homes: A Qualitative Synthesized Systematic Review. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 56, 004695801882392. https://doi.org/10.1177/0046958018823929

- ²³ Escalante, E., Golden, R. L., & Mason, D. J. (2021). Social Isolation and Loneliness: Imperatives for Health Care in a Post-COVID World. JAMA, 325(6), 520. https://doi. org/10.1001/jama.2021.0100
- ²⁴ Gorenko, J. A., Moran, C., Flynn, M., Dobson, K., & Konnert, C. (2020). Social Isolation and Psychological Distress Among Older Adults Related to COVID-19: A Narrative Review of Remotely-Delivered Interventions and Recommendations. Journal of Applied Gerontology, 40(1), 3-13. https://doi.org/10.1177/0733464820958550
- ²⁵ Lehpamer, N., (2022). Living together to live independently: How assisted living communities can promote aging in place. Mather Institute. https://www.matherinstitute.com/2022/06/27/how-senior-living-communities-can-foster-aging-in-place/
- ²⁶ Rapid Evidence Product Addressing Social Isolation To Improve the Health of Older Adults: A Rapid Review e. (n.d.). https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/rapid-social-isolation-older-adults-final.pdf
- ²⁷ Freedman, A., & Nicolle, J. (2020). Social isolation and loneliness: the new geriatric giants: Approach for primary care. Canadian Family Physician, 66(3), 176–182. https://www.cfp.ca/content/66/3/176.long#ref-55
- ²⁸ Gardiner, C., Geldenhuys, G., & Gott, M. (2016). Interventions to reduce social isolation and loneliness among older people: an integrative review. Health & Social Care in the Community, 26(2), 147–157. https://doi.org/10.1111/hsc.12367
- ²⁹ Lehpamer, N., (2022). Autonomy, Affiliation & Achievement: The "3 As" & Older Adults' Mental Health & Well-Being. Mather Institute. https://information.matherinstitute.com/the-three-as

