Building Connections: Promising Practices to Reduce Older Adult Social Isolation for Age-Friendly Community Initiatives



The Ontario Age-Friendly Communities Outreach Program

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Overview

Intended Use

This Summary is intended to be a resource to age-friendly community initiatives (AFCIs) as an evidence-based outline on adapting or developing community programs to increase social participation and mitigate social isolation and/or loneliness in older adults. It provides a brief overview of social isolation and loneliness among older adults and the influence of COVID-19, explores five types of effective programs, offers a list of community program examples, and describes a set of evidence-based strategies and tips to help AFCIs effectively implement or adapt programs.

Background

As Canada's population ages, supporting older Canadians to remain active and healthy in their communities is essential. Making communities age-friendly holds promise as an effective way to help seniors remain healthy, active and independent in their communities (1). Age-friendly communities aim to facilitate older adults' access to social interaction through eight dimensions: transportation, housing, social participation, respect and inclusion, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings (1).

Communities across Canada have committed to becoming more age-friendly to enhance the quality of life of people as they age. A primary focus of many age-friendly community initiatives (AFCIs) is promoting the social participation of older adults. This endeavor became even more critical during the COVID-19 pandemic, as public health guidelines required older adults to stay physically distant from others and stay home when possible; further exasperating issues of isolation and loneliness. Despite many programs having to be put on hold, many AFCIs were able to meet this challenge by adapting programming and pivoting their work. This Summary builds on work of a rapid review conducted during the summer of 2020 and the work of AFCIs. It offers AFCIs a practical approach to adapting, developing and implementing programs to engage isolated older adults.

Methodology

This Summary is grounded in findings from a rapid review and an environmental scan conducted between May and August 2020 to address the following research question: What are the promising practices to inform the development or adaptation of community programs that mitigate the negative effects of social isolation in community-dwelling adults during and post COVID-19 in Canada?

This question was explored in the rapid review through two objectives:

Objective 1: How has COVID-19 impacted social isolation faced by community-dwelling older adults? (Summary of results found in *Social Isolation and Loneliness.*)

Objective 2: What community programs are effective in mitigating the negative effects of social isolation in community-dwelling older adults in Canada?

An environmental scan was conducted to identify current initiatives in Canada that address social isolation, loneliness, social exclusion, and/or social connection. This environmental scan documents the community programs being implemented by community organizations in Canada between March 2020 and November 2020. Data were gathered for the environmental scan through an online survey of identified stakeholders as well as data sources that included grey and academic literature which were collected through database and internet searches, key informants, Google alerts, the <u>Ontario AFC Outreach Program Interactive Maps</u> (www.sagelink.ca/age-friendly-communities-ontario/age-friendly-communities-ontario-interactive-maps/) and social media platforms of AFCs.

The scan identified 45 community programs being implemented in Canada. They represented a broad range of programs from organizations that varied in size, capacity, population served and services offered. The findings of this scan are not exhaustive, rather provide a sample of community programs offered between March 2020 and November 2020 in Canada.

Social Isolation and Loneliness

Social isolation is the objective lack of social networks, interaction and resources; while **Ioneliness is the subjective lack of social networks, interaction and resources** (4). Findings from a survey conducted by the Angus Reid Institute in 2019 showed that 32% of surveyed Canadians aged 55 years and over were socially isolated and lonely (2).

Social isolation and loneliness are associated with **detrimental impacts on cognitive functioning, mental health and physical health outcomes** (3, 4) and are **significant risk factors for developing coronary heart disease and stroke** (5). In addition, social isolation is associated with a **significant increase in premature mortality** comparable to or greater than the risk factors of smoking and obesity (4). As well, social isolation due to poor social engagement and lack of a social network is associated with an approximately **50% increased risk of developing dementia** (4, 6).

Impact of COVID-19 on Social Isolation in Older Adults

Public health measures implemented during the COVID-19 pandemic to minimize the spread of COVID-19, particularly to high-risk groups such as older adults aged 70 years and over, have led to experiences of social isolation and loneliness, which have had a serious impact of the mental well-being of older adults. Many older adults were unable to attend social activities, be physically active outside their home, visit with friends and family or attend support systems such as funerals, religious rituals, and face-to-face memorial services. In addition, older adults faced new challenges obtaining groceries and medical supplies and using transportation.

Technology was quickly heralded as a solution to these emerging issues. Intelligent voice assistants and apps that enable intergenerational interactions among family members are used to address social isolation and loneliness during the pandemic (7, 8). Existing programs were also adapted amid COVID-19 restrictions to leverage technology (9). For example, education sessions or group physical activity classes once delivered in-person began to be delivered virtually to allow at-home engagement (9). As a substitute to attending cultural events and creating art pieces, some groups have considered a virtual platform for sharing pictures of trips and projects created at-home (9).

It is important to note however that though technology has been a solution for many, there is a 28% gap between the internet use of middle-aged Canadians (aged 45 to 54 years) and older adults (aged 65 years and older) (10). Technology and internet bandwidth, particularly in rural areas, are not universally accessible and should not be relied on as the only way to engage isolated older adults (10). Older adults in rural areas are also at higher risk of feeling socially isolated than urban areas (11, 12).

The older adult population is diverse and preliminary findings from the rapid review suggest that some groups within this population (e.g. LGBTQ older adults, older adults of low socioeconomic status, racial and ethnic minority older adults and older adults with disabilities) are more isolated than others especially during the COVID-19 pandemic (11, 13-15).

Take A-STEP: Types of Effective Programs

Five types of programs effective in mitigating social isolation were identified: Arts, Social Interaction, Technology, Education, Physical Activity. Programs that incorporate multiple types were found to be most effective in mitigating social isolation. There was no significant difference in effectiveness between programs designed for individuals and groups.



ARTS

Interventions that pertained to literature and visual arts, such as painting, drawing, journaling, and writing, or performance arts, such as dancing, singing, or musical events (10, 12).



SOCIAL INTERACTION

Interventions that foster relationships between two or more people, including a mentor-mentee dynamic or a relationship with equal reciprocity. This was the most effective type of intervention across all the studies (3-11).



TECHNOLOGY

Interventions delivered via internet, information communication technologies, or without human support (4-11).



EDUCATION

Interventions that have a teaching component on topics such as healthy habits, social skills, technology and physical activity (3-5, 8-12).



PHYSICAL ACTIVITY

Interventions that require movement of the body through any light to vigorous movement that requires energy including exercise, physical activity, games and yoga (3, 10, 12).

Community Program Examples

An environmental scan was conducted to identify community programming initiatives in Canada that are aimed at mitigating the negative effects of social isolation and/or loneliness in older adults. This is not an exhaustive list, rather a point-in-time sampling of active programs during COVID-19 that exemplify the effective types of programs. See Appendix A for more details on each community program.

Name of Initiative	Arts	Social Interaction	Technology	Education	Physical Activity
Activation At-Home Kits			_		
Adopt a Grandparent					
Adult Recreation Therapy Centre					
Better At Home					
Buddy Services for Seniors					
Buzz Me					
Connected Canadians					
Coping with Loneliness: A resource for Older Adults					
COVID-19 Seniors Support Task Force					
CSARN Mentorship Program					
CSARN Video resources and seminars					
Cyber Seniors					
ENRICHES Engagement					
Facebook Group - Do You Know Your Neighbour Friendly Neighbour Hotline					
Friendly Voice					
Gluu Essentials					
Good Neighbour Printable Note Card					
Home Share		_			
Immigrant Seniors go Digital					
Inclusive Programs with Sunshine Centres for Seniors					
Life Enrichment Programming					
Links 2 Care					
Meals on Wheels					
Mentoring Plus					
ParticipACTION					
Phone Buddy					
Rx: Community Social Prescribing					
SAFE ZONE Brant					
Safety Webinars					
Seniors Can Connect		_			
Seniors' Centre Without Walls					
Seniors Quality of Life Outreach					
Spark Ontario					
Student-Senior Isolation Prevention Project					
Sunshine Call Project					
TelePALS					
The Bright Spot					
The Village C.A.R.E.S. Initiative					
Timiskaming Connections Volunteer Line					
Virtual Social Recreation					
Virtual Visits Toolkit					
Virtual YMCA					
Volunteer Grandparents					
Youth Teaching Adults					

Evidence-Based Strategies for Program Development & Implementation

To successfully implement new or adapted programs, it is important to engage the **recipients** (older adults), consider the **context** (personal and external factors), ensure the **innovation** (program) is grounded in theory, and optimize **facilitation** strategies (implementation)(16). These interacting elements are aligned with the iPARIHS (Integrated - Promoting Action on Research Implementation in Health Services) impact framework (16).

Facilitation: How to Implement Programs

It is imperative to continually re-assess and re-align the three components (recipients, context and innovation) to optimize the implementation of the program. This can be done by committee members within AFCIs or by partnering stakeholders who are familiar with the program. Regularly evaluating the measured impact of the program may provide insight into areas of improvement. Contextual factors in particular may quickly change and impact the delivery and goals of the program. For example, COVID-19 required many programs to stop or adapt quickly to meet public health guidelines. Actively re-aligning the three components can ease this process:

- **Recipient:** Ensure that the older adults are actively engaged in planning and implementing the program.
- **Context:** Re-assess the personal and external factors (Table 2) to ensure the program is targeted.
- **Intervention:** Re-evaluate the components of the theoretical model used to gain insight into the resources and stakeholders needed to implement changes.

Continually reviewing the above three factors will enable AFCIs to choose program delivery methods most likely to ensure success.

The next section explores these evidence-based strategies to enable AFCIs to successfully implement new programs or adapt existing programs.

Recipient: Active Engagement of Older Adults

Before developing a community program for older adults, AFCIs are encouraged to connect with and actively engage older adults and their caregivers in the planning, implementation, and evaluation stages. Programs that focus on collaborating with and empowering older adults by involving them in decision-making processes are more effective in increasing engagement and improving participation (17). This process also enables planners to consider and adjust for the impact of implementation on recipients. The International Association for Public Participation (IAP2) is a well-recognized framework that explores how levels of impact change based on the degree of engagement in decision-making processes (Table 1)(17).

Table 1: The International Association for Public Participation (IAP2) model shows levels of public engagement based on delivery of program(17)

	INCREASING	G LEVEL OF PUE	BLIC IMPACT	
INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
To provide the public with balanced and objective information to assist them in understanding alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered	To partner in each aspect of the decision-making process including the development of alternatives and identification of the preferred solution	To place final decision-making in the hands of the public

Active involvement preserves the autonomy of older adults and maximizes success (18-20). Involving older adults in the development of programs enhances social engagement, increases participation, and has consistently been shown to reduce social isolation and loneliness within older adults (18). Feelings of mattering, defined as the sense of having value to other people and giving value to other people, are increased when older adults contribute to the planning, development and executing of programs (21). This further protects against loneliness and social disconnectedness (21).

Recognizing older adults as a resource is essential to developing and implementing effective programs that mitigate social isolation.

Tips for Active Engagement of Older Adults

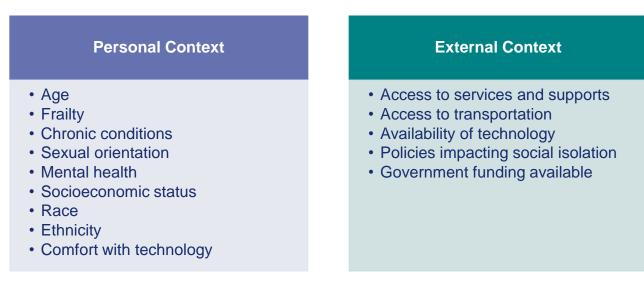
- Start early to recognize needs: Prior to starting a program, partner with older adults to recognize the unique needs of your target population.
- Connect with existing groups/organizations: Engage with others that already have established relationships with your target audience.

- Recognize the spectrum of technology use and reduce technological barriers: Consider both high and low-tech options and use platforms that require fewer clicks for video calls or other engagements to allow for increased participation. Create or utilize existing resources that instruct users on how to use the platforms.
- Recognize the diversity within older adults: Develop programs that target the nuanced needs of populations within older adults (See next section).
- Harness skills within the population: Older adults have much to offer. Establish ways for older adults to contribute (e.g. mentorship, teaching skills).

Context: Targeted Programming

There is a vast range of age groups, ethnicities, races, sexual orientations, socioeconomic statuses, and health demographics within the older adult population. Recognizing this mosaic and developing targeted programs is key to improving social connection (18, 22-24). Though not an exhaustive list, Table 2 offers some important contextual considerations when creating programs for older adults (25):

Table 2: Factors to consider when developing programs for older adults to mitigate social isolation



Tips for Developing Targeted Programs

 Reach out to existing organizations that support your intended target population:
 Understand the specific needs of the target sub-population.
 View <u>Creating a More Inclusive Ontario: Diverse Populations Addendum</u> (<u>https://files.ontario.ca/msaa-diverse-populations-addendum-en-2021-01-01.pdf</u>) for detailed information about diverse populations and factors to consider when engaging them in your work to create inclusive and accessible age-friendly communities.

- Recognize that programs are not "one-size-fits-all": If your existing program is targeted towards all older adults, consider ways to engage specific sub-groups.
- Consider how personal and external contextual factors will help or hinder implementation: Craft the program within the context of factors such as hours of public transport and access to technology and Wi-Fi.

Intervention: From a Theoretical Base to Observable Results

When developing a program, it is important that it is grounded in underlying knowledge sources, including a theoretical basis, and has observable results (16). Outlining the goals of the program and identifying the required resources prior to implementation may ease the process.

Theoretical Basis

Programs grounded in theory are most effective (23, 26-28); in particular, 87% of programs targeting social isolation that have a theoretical basis are successful in improving social participation (26), (27). One method for grounding programs in theory is developing a Theory of Change to plan short-term and long-term outcomes. This is an approach that illustrates why and how a change is expected to take place. By doing so, achievable goals can be formed via proposed intermediate outcomes. During this process relevant stakeholders would be identified, which will further improve the usability and degree of fit of the programs. A logic model is a visual or point-form tool that some organizers use to plan programs (Figure 1) (29).

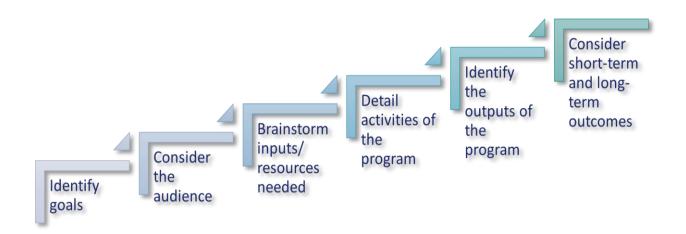


Figure 1: This figure shows steps that are considerations when developing a logic model for a program grounded in a Theory of Change (29, 30)

Tips for Grounding in Theory and Observing Results

Select a theoretical framework: Chose a theoretical framework to ground your program such as a Theory of Change.

Create a logic model: Identify program goals, inputs, and outputs. Consider any assumptions being made and external factors that may impact the program.

Measuring Impact

To ensure the program is meeting its goals, it is critical to collect feedback from participants regarding its effectiveness. The impact of the program can be measured using surveys, focus groups or questionnaires before, during and after the program. The findings from data collected prior to the program can be useful in molding the program to meet the needs of the target audience. Collecting data during and after the program will further serve to improve the program based on the feedback. Some measures of social isolation and loneliness are as follows (28):

- <u>UCLA Loneliness Scale (Version 3)</u>:
 20-question survey to assess social isolation and loneliness (31)
- <u>De Jong Gierveld Loneliness Scale:</u>
 11- or 6-item scale measuring emotional and social loneliness (32)
- <u>Lubben Social Network Scale-6:</u>
 6-item survey used to assess frequency or social contacts and perceived social support (33)
- <u>Multidimensional Scale of Perceived Social Support:</u> 12-question survey with 3 categories of social support (family, friends and significant other) (34)

Tips for Measuring Impact

Select a validated scale, survey, or questionnaire to measure your outcomes: Measure outcomes to inform program design and improvement.

Conclusion

Based on a literature review and environmental scan, this Summary provides an overview on social isolation and loneliness in older adults and the impact of COVID-19. Five types of programs are presented (A-STEP) in addition to an inventory of program examples from across Canada. Strategies are provided to promote successful implementation of a new or adapted program. This Summary provides AFCIs with a framework to help increase social participation among older adults in their communities.

References

1. World Health Organization. Global Age-friendly Cities: A Guide. 2007.

2. Dave Korzinski. A Portrait of Social Isolation and Loneliness in Canada today Angus Reid Institute 2019 [Available from: <u>http://angusreid.org/social-isolation-loneliness-canada/</u>.

3. Courtin E, Knapp M. Social isolation, loneliness and health in old age: a scoping review. Health & social care in the community. 2017;25(3):799-812.

4. Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System: The National Academies Press; 2020.

5. Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart. 2016;102(13):1009.

6. Penninkilampi R, Casey A-N, Singh M, Brodaty H. The Association between Social Engagement, Loneliness, and Risk of Dementia: A Systematic Review and Meta-Analysis. Journal of Alzheimer's Disease. 2018;66:1-15.

7. Xie B, Charness N, Fingerman K, Kaye J, Kim MT, Khurshid A. When Going Digital Becomes a Necessity: Ensuring Older Adults' Needs for Information, Services, and Social Inclusion During COVID-19. Journal of aging & social policy. 2020;32(4-5):460-70.

8. Banskota S, Healy M, Goldberg EM. 15 Smartphone Apps for Older Adults to Use While in Isolation During the COVID-19 Pandemic. The western journal of emergency medicine. 2020;21(3):514-25.

9. Zubatsky M, Berg-Weger M, Morley J. Using Telehealth Groups to Combat Loneliness in Older Adults Through COVID-19. Journal of the American Geriatrics Society. 2020(7503062, h6v).

10. Jordan Davidson and Christoph Schimmele. Evolving Internet Use Among Canadian Seniors: Statistics Canada; 2019 [Available from:

https://www150.statcan.gc.ca/n1/pub/11f0019m/11f0019m2019015-eng.htm.

11. Henning-Smith C. The Unique Impact of COVID-19 on Older Adults in Rural Areas. Journal of aging & social policy. 2020;32(4-5):396-402.

12. The Impact of Physical Distancing on Older Volunteers in Rural Communities Trent University2020 [Available from: <u>https://www.trentu.ca/coronavirus/news-events/27111</u>.

13. Lee H, Miller VJ. The Disproportionate Impact of COVID-19 on Minority Groups: A Social Justice Concern. Journal of Gerontological Social Work. 2020:1-5.

14. Morrow-Howell N, Galucia N, Swinford E. Recovering from the COVID-19 Pandemic: A Focus on Older Adults. Journal of aging & social policy. 2020;32(4-5):526-35.

15. Douglas M, Katikireddi SV, Taulbut M, McKee M, McCartney G. Mitigating the wider health effects of covid-19 pandemic response. BMJ (Clinical research ed). 2020;369(8900488, bmj, 101090866):m1557.

16. Harvey G, Kitson A. PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. Implementation Science. 2016;11(1):33.

17. International Association for Public Participation. Public Participation Pillars 2020 [Available from: https://cdn.ymaws.com/www.iap2.org/resource/resmgr/Communications/A3_P2_Pillars_brochure.pdf.

18. Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. Health & social care in the community. 2018;26(2):147-57.

19. Government of Canada. Report of the National Seniors Council on Volunteering Among Seniors and Positive and Active Aging 2017 [Available from: <u>https://www.canada.ca/en/national-seniors-</u>council/programs/publications-reports/2010/volunteering-among-seniors/page07.html.

20. Revera. Revera Report on Aging: Living a Life of Purpose. 2019 June 2019.

21. Flett GL, Heisel MJ. Aging and Feeling Valued Versus Expendable During the COVID-19 Pandemic and Beyond: a Review and Commentary of Why Mattering Is Fundamental to the Health and Well-Being of Older Adults. International Journal of Mental Health and Addiction. 2020:1-27.

22. Shvedko A, Whittaker AC, Thompson JL, Greig CA. Physical activity interventions for treatment of social isolation, loneliness or low social support in older adults: A systematic review and meta-analysis of randomised controlled trials. Psychology of Sport and Exercise. 2018;34(American College of Sports Medicine. (2013). ACSM's guidelines for exercise testing and prescription. Lippincott Williams & Wilkins.Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. Educational Psychologist, 28, 2, 117-):128-37.

 Jarvis MA, Padmanabhanunni A, Balakrishna Y, Chipps J. The effectiveness of interventions addressing loneliness in older persons: An umbrella review. International Journal of Africa Nursing Sciences. 2020;12((Jarvis) School of Nursing and Public Health, Desmond Clarence Bldg. Howard College Campus, University of KwaZulu-Natal, Durban, South Africa(Padmanabhanunni) Department of Psychology, University of the Western Cape, Robert Sobukwe Avenue, Belville, South):100177.
 Cotterell N, Buffel T, Phillipson C. Preventing social isolation in older people. Maturitas. 2018:113(mwn, 7807333):80-4.

25. Abdi S, Spann A, Borilovic J, de Witte L, Hawley M. Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). BMC Geriatrics. 2019;19(1):195.

Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. Ageing and Society. 2005;25(1):41-67.
 Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. BMC Public Health. 2011;11(1):647.

28. Gerrity M, Veazie S, Gilbert J, Winchell K, Schmidt A, Paynter R, et al. Addressing social isolation to improve the health of older adults: A rapid evidence review conducted for the AHRQ EPC program. Journal of General Internal Medicine. 2019;34(2 Supplement):S123.

29. Public Health Ontario. Logic model—A planning and evaluation tool 2016 [Available from: https://www.publichealthontario.ca/-/media/documents/F/2016/focus-on-logic-model.pdf?la=en.

30. Breuer E, Lee L, De Silva M, Lund C. Using theory of change to design and evaluate public health interventions: a systematic review. (1748-5908 (Electronic)).

31. Stanford. UCLA Loneliness Scale (Version 3) [Available from: <u>https://sparqtools.org/mobility-measure/ucla-loneliness-scale-version-</u>

<u>3/#:~:text=Developed%20by%20psychologist%20Daniel%20Russell,person%20feels%20disconnected%</u> <u>20from%20others</u>.

32. De Jong Gierveld Scale [Available from:

https://mvda.info/sites/default/files/field/resources/De%20Jong%20Gierveld%20Lonliness%20Scale.pdf.

33. Brandeis University. Lubben Social Network Scale [Available from:

https://www.brandeis.edu/roybal/docs/LSNS_website_PDF.pdf.

34. York University. Multidimensional Scale of Perceived Social Support [Available from: http://www.yorku.ca/rokada/psyctest/socsupp.pdf.

Appendix A: Community Program Examples

An environmental scan was conducted to identify community programming initiatives in Canada that are aimed at mitigating the negative effects of social isolation and/or loneliness in older adults. The scan identified 45 community programs being implemented in Canada.

They represented a broad range of programs from organizations that varied in size, capacity, population served and services offered. This is not an exhaustive list, rather a point-in-time sampling of active programs during COVID-19 that exemplify the effective types of programs offered between March 2020 and November 2020 in Canada.

For details on each community program identified, view the <u>Inventory of Community Program</u> <u>Examples (www.sagelink.ca/inventory-of-community-program-examples-2020/</u>).

Appendix B: Tips for Program Development & Implementation

Specific tips are provided to ensure active engagement of older adults, develop targeted interventions within the appropriate context and to help innovate and re-assess interventions.

Tips for Active Engagement of Older Adults

- Start early to recognize needs: Prior to starting a program, partner with older adults to recognize the unique needs of your target population.
 - Connect with existing groups/organizations: Engage with others that already have established relationships with your target audience.
- Recognize the spectrum of technology use and reduce technological barriers: Consider both high and low-tech options and use platforms that require fewer clicks for video calls or other engagements to allow for increased participation. Create or utilize existing resources that instruct users on how to use the platforms.
- Recognize the diversity within older adults: Develop programs that target the nuanced needs of populations within older adults (See next section).
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Tips for Developing Targeted Programs

- Reach out to existing organizations that support your intended target population: Understand the specific needs of the target sub-population.
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- Recognize that programs are not "one-size-fits-all": If your existing program is targeted towards all older adults, consider ways to engage specific sub-groups.
- Consider how personal and external contextual factors will help or hinder implementation: Craft the program within the context of factors such as hours of public transport and access to technology and Wi-Fi.

Tips for Grounding in Theory and Observing Results

Select a theoretical framework: Chose a theoretical framework to ground your program such as a Theory of Change.

- Create a logic model: Identify program goals, inputs, and outputs. Consider any assumptions being made and external factors that may impact the program: **Tips for Measuring Impact**
- Select a validated scale, survey, or questionnaire to measure your outcomes: Measure outcomes to inform program design and improvement.