

# Interprofessional Collaboration to Address Social Isolation and Facilitate Intergenerational Service Learning within Graduate Education

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## ABSTRACT

This article presents an interdisciplinary collaboration to address the needs of older adults at risk of social isolation exacerbated by the COVID-19 pandemic. An intergenerational service-learning program developed by the Pennsylvania Department of Aging was offered to several universities across the state of Pennsylvania. The authors share their experience and lessons learned from pairing older adults with graduate students studying in the fields of Gerontology, Public Health, and Social Work.

*Keywords:* interdisciplinary, older adults, social networks, university students, aging

Social isolation is a public health crisis that affected approximately one quarter of adults 65 years and older prior to the COVID-19 pandemic (National Academies, 2020). As the COVID-19 pandemic brought with it public health measures meant to safeguard the public from community spread of the virus, including physical distancing policies and practices, social isolation among all age groups, including older adults, has intensified (Murthy, 2021). In fact, social isolation has been brought to the forefront during the pandemic throughout Pennsylvania and nationally. Older adults, already in some ways cut off from the outside world within a western ageist culture, were now even further removed from society, as places of worship turned to virtual services, and banks, pharmacies, and grocery stores modified or restricted in-person business. Beyond mental health implications, social isolation is associated with a significantly increased risk of premature death from all causes, including coronary heart disease and stroke (National Academies, 2020).

According to the U.S. Census (2020), Pennsylvania has an estimated population of 12.8 million people. Nearly 2.3 million Pennsylvanians, or 18%, are 65 years old or older, ranking Pennsylvania fifth highest in the country. Statewide, the total population is expected to grow over the next 20 years with the largest growth anticipated in the oldest older-adult age group of individuals 85 and older, which is predicted to double by 2040.

Older Pennsylvanians generally consider their local area agency on aging (AAA) as the first stop for necessary resources, including referrals to other community partners when services are not immediately available in the local AAA. For instance, from the AAA, older residents can be directed to one of Pennsylvania's over 500 senior community centers, which serve as a place to have a free, nutritionally balanced meal. These senior centers are particularly important for the oldest residents. In a survey conducted by the Pennsylvania Council on Aging (2020), adults 81 years and older were most likely of the

respondents to rely on and attend senior centers, which provide a place for socialization and congregate meals. However, since early in the pandemic, virtually all these centers closed, offering only takeout meals to clients, and thereby reducing opportunities for social connectedness. Although most senior centers have reopened, center directors share that many of their regular clientele have not returned. The closure of centers, along with the overall impact of the pandemic has exacerbated the isolation of many older adults who relied upon the centers as a source of fellowship with others who share common experiences, fears, joys, and concerns.

Similar to the experience in other states, the Pennsylvania Department of Aging (PDA) has also had to modify policies across a variety of programs to limit face-to-face contact with clients. For example, their care management process went from being largely an in-home visit from a local care manager known to an older resident, to primarily a telephone assessment and reassessment process. The only area of the business that continued face-to-face visits was protective service for the investigation of the most serious allegations of older adult abuse, neglect, or exploitation.

These and other services are critical for the wellbeing of older adults, including those in Pennsylvania, and many have not been restored to their pre-pandemic status. A survey conducted by the PDA (2020), as part of their State Plan on Aging needs assessment, asked older adults to share their opinions on the importance of a variety of services, resources, and situations contributing to age-friendly communities over the next five years. One of the statements survey participants were asked to evaluate was “the ability to make meaningful connections with others.” More than two-thirds of respondents considered this either “very important” or “absolutely critical” to ensuring age-friendly communities. When asked to evaluate which characteristic of communities was most important, “the ability to make meaningful connections with others” ranked fourth, behind only “access to in-home

care and services,” “available/affordable housing,” and “affordable prescription medications.” As state agencies and local organizations work to reestablish their in-person practices and identify ways to reconnect with older adults, more attention to addressing social isolation is needed. Social isolation is more likely when an older adult resides alone, has limited contact with family, neighbors, and friends, lacks access to transportation, and has limited mobility due to disability (Child et al., 2021).

## CURRENT PROJECT

The PDA is the oversight body of the local area agencies on aging that administer services for older adults within local communities. PDA’s work is guided by the Older Americans Act of 1965. The programs the department oversees are meant to promote and support older adults in remaining independent within the community. Local area agencies on aging that administer services are required to provide nutrition programs like in-home meals and congregate meals at senior centers, caregiver support, legal assistance services, senior employment services, protective services, care management, personal care services, adult daily living services, and home modifications. These services are supported by federal and state funds but may also require cost-sharing depending on the program and the participants’ income level.

Although programs meant to reduce the risk of institutional placement have been a priority for the PDA, mental health concerns have been growing. Considering the aggravated effects of the COVID-19 pandemic on isolation, the PDA began to consider ways they could connect clients who might be at the greatest risk of social isolation with others who might have a need to interact. Knowing other organizations were facing similar shutdowns, representatives from the PDA reached out to the Pennsylvania State System of Higher Education to look at the feasibility of connecting college students with older adults through service-learning activities. Slippery

Rock University and West Chester University immediately responded and joined the collaboration. Several other universities have joined since our first pilot semester in 2020.

This paper specifically describes the collaborative process and experience of West Chester University and the Pennsylvania Department of Aging. West Chester University is a state university with 180 academic undergraduate and graduate programs. The university has a main campus located in Chester County, Pennsylvania, and a branch campus located in Philadelphia. Faculty from the Master of Social Work and Graduate Gerontology Certificate program, as well as from the Master of Public Health program, worked collaboratively with the PDA to integrate this service-learning project into their respective courses, a total of three graduate courses. The objectives of this course project included the following: raising awareness about ageism, providing the opportunity for training on professional practice skills with older adult populations, and a practical experience engaging with older adults at risk for social isolation. A combined total of 44 graduate students were engaged in this service-learning experience. The students ranged in age between 21 and 50 years. Each student was paired with an older adult identified as having one or more risk factors for social isolation and who volunteered to participate. This group of older adults had contact with or received services from the local AAA for their county. The older adults were age 60 and older and approximately 16 of the older adults were reported to be “disabled.” Most of the older adult volunteers were either widowed or divorced and a majority were women, with only a total of 10 men participating, while 18 of the older adults were identified as “in poverty.” Nine older adults identified as Black or African American, two as “more than one race,” and the remaining participants identified as White. Goals of the course project included not only creating more awareness about ageism, and the importance of interprofessional practice, but also reducing ageist attitudes among participating students

while increasing interest to work in the field of aging services.

### **Intergenerational Service Learning**

The benefits of service learning within higher education are well documented, including specifically *intergenerational* service learning, which has benefits for students as well as the older adult volunteer (Andreoletti & Howard, 2018; June & Andreoletti, 2020). Intergenerational engagement with college students and older adults has improved ageist attitudes and reduced ageism in students (Bartlett et al., 2021; Ramamonjarivelo et al., 2021; Steward et al., 2020). Benefits of intergenerational service learning for older adults have included not only reports of enjoyment of meaningful conversations but also improvements in well-being and loneliness (Aguilera-Hermida et al., 2020; Mitchell et al., 2015).

### **Framework – PEACE Model**

We selected the Positive Education about Aging and Contact Experiences (PEACE) model as a framework to guide the structure and delivery of the course and experience. This model proposed by Sheri Levy (2018) uses two factors to create a decline in ageism. These factors include education about aging to address negative and inaccurate beliefs and images of older adults, and individuals having positive interactions and experiences with older adults.

### **Ageism**

Due to the pervasiveness of ageism and the resulting condoned prejudice, stereotypes, and discrimination within the western U.S. culture, interprofessional service providers are faced with the task of increasing awareness about ageism. If allowed to go unchecked, we as a society risk ageism’s negative impact on health outcomes, such as cognitive performance, physical illness, social isolation, and overall quality of life (Chang et al., 2020; WHO, 2021). The service-learning experience builds upon our graduate programs’ coverage of the intersections of ageism, with racism, sexism, ableism, and other forms of oppression.

To formalize training, students in our courses were asked to complete the Gerontological Society of America's (GSA) Ageism First Aid training program. Ageism First Aid is a 3-hour online multi-module course designed to help change the common negative misconceptions and myths about aging by replacing them with facts that should be common knowledge. The training encourages the use of positive aging-related language among people in the health and helping professions (GSA, 2022). This online course included three modules (Foundation Knowledge; Ageism Explained; and Respectful, Effective, and Appropriate Communication Training).

### **Social Networks**

In addition to the Ageism First Aid training, students across social work, gerontology, and public health reviewed two different recorded lectures. The first was on the use of basic counseling and interviewing skills, and the second focused on the use of several different assessment tools used within the field of aging, public health, and gerontological social work. One of these assessments included the Lubben Social Network Scale. The service-learning assignment focused more on the abbreviated Lubben Social Network Scale-6 (LSNS-6), due to the importance of the impact and risks of social isolation and loneliness on the lives of older adults. The LSNS-6, a tool developed by James Lubben to be used both in practice and research settings, assesses social isolation in older adults by measuring perceived social support received by family and friends (Boston College School of Social Work, 2022; Lubben, 2006).

### **Interprofessionalism**

Students also attended a special session hosted by the Secretary of Aging and panel of additional experts from across the state who specialized in overseeing the administration of services of care to older adults. In addition to Secretary Robert Torres, guests included the State Long Term Care Om-

budsman, the Special Assistant to the Secretary of Aging, and the Director of Pennsylvania Older Adult Protective Services. Students received the opportunity to hear firsthand the types of services available across the state as well as the challenges that providers experience in delivering care to older adults. Procedures were reviewed such as how to record assessment information and how to reach out to someone if a student had difficulty reaching their older adult or needed additional support. This part of the process was vital, not only because it helped students understand the vast array of services offered across the state, but it also set the tone for the students of the importance of interprofessional work in the fields of aging, social work, and public health. This training helped students visualize all the key players that it takes to administer programs and comprehensive care and ascertain the needs of diverse groups of older adults within our communities.

### **Student-Older Adult Interactions**

After students participated in the ageism training, interviewing skills and assessment training, and the introductory panel, they were paired with an older adult with whom they met virtually (via Zoom video call or phone). During the first or second meeting, students administered the LSNS-6 to assess their older adult partner for social isolation, and data were shared with the Department of Aging. Over the course of six to eight weeks, the students then organized and planned half-hour weekly phone or Zoom video call sessions with their older adult volunteer. Students were encouraged to consider a variety of options when engaging with their older adult volunteers, and to assess and plan for this individually depending on the interests shared by their older adult volunteer. Some students chose to discuss the course topics being reviewed (for example "Medicare"), and then the older adult would share their experience and thoughts about that topic. Other students chose to use the reminiscence techniques and skills taught within their course (this sometimes entailed

both the student and the older adult planning to select photos they would share with each other during one or several of their sessions). One student shared an interest in reading with their older adult, and the pair identified a book to read and discuss together. Lastly, some students provided health education on topics of interest identified by the older adult volunteer. The faculty continued to facilitate group discussions about aging, social isolation, and social determinants of health. The Special Assistant to the Secretary of Aging at the Pennsylvania Department of Aging and local county area agency on aging contacts helped troubleshoot communication challenges with older adults. Further, students were provided additional information throughout the semester about the importance and benefits of interprofessional collaborations in meeting the needs of our clients and their families. Across many systems within the health field, including aging, it is understood that quality health care education includes interprofessional approaches and training (Farrell et al., 2018; Heinerichs et al., 2016; Newman et al., 2021).

#### SUCSESSES, CHALLENGES, LESSONS LEARNED, AND FUTURE DIRECTIONS

From the perspective of West Chester University, the service-learning experience and collaboration with the Pennsylvania Department of Aging was a positive one. The authors received Institutional Review Board (IRB) approval in order to collect and review student feedback on this project. Specifically, informed consent was used to allow us to review student reflections on their experience. During class sessions and within written final assignments for the project, students reported high levels of satisfaction with their courses and shared gratitude for the experience. One student reflected on the following:

Getting to know her over our phone calls helped remind me that every older adult has a different background, financial and living situation, family life, health status, and more. As we

learned earlier in the semester, ageism is common when dealing with older adults, especially those with disabilities. For example, once I learned about her hearing impairment, I could have yelled into the phone or spoken very slowly. But her hearing aid is more than adequate, and I spoke to her as I would anyone else. So rather than rushing in to save the day, we should recognize each person as a unique individual with their own strengths and abilities. This can build a rapport of mutual respect and cooperation. After all, we are not the rescue boats but the buoys, a source of support and stability.

Faculty heard within class discussion and read within student final assignments, experiences of an increased understanding of the field of aging and health. One example of this included a student who shared the following: "...this project allowed me to think more critically about each person's individual situation and the importance of finding ways to connect older adults with community services and other resources to enhance their overall well-being" (Graduate Student, 2021). Other students shared how the experience significantly challenged the stereotypes of older adults that have become so prevalent within western society. Further, many students had the opportunity to practice professional behaviors not necessarily anticipated, such as communicating with professionals at the AAA when they had trouble reaching their older adult partner. Students also stated that they benefited from group discussions about their experience and shared ideas for engaging activities with their older adult partners. In terms of benefits to older adults, several older adults shared their appreciation for being able to volunteer their time to the students. They enjoyed discussing the topics the students would share they were learning in their courses, as well as appreciating getting to reminisce with the students. One adult child caregiver of one of the older adult volunteers

shared that their parent “felt valued” as a result of participating in the activities associated with the service-learning project.

In terms of challenges, faculty observed that ageist attitudes persisted in some students. This was reflected in how a few viewed the service-learning experience as solely focused on addressing social isolation among older adults, rather than appreciating the reciprocal benefits to the student. This will be addressed moving forward by weaving in additional ageism training throughout the semester and having class discussions about the concepts of benevolent ageism, paternalism, and its impact on overaccommodative treatment of older adults (Vale, Bisconti & Sablett, 2020; Vervaecke & Meisner, 2021).

Lastly, our group plans to implement additional interprofessional training for the next year of the service-learning opportunity. Further enhancing the importance of interdisciplinary practice and communication will help prepare our students to advocate and be strong partners within the fields of gerontological social work, public health, and the field of aging services. For example, this group of professors may not only add case study review and discussion around interdisciplinary care scenarios, but also incorporate questions within their reflection papers following the service-learning hours with their older adult partner that specifically explore interdisciplinary interactions and practice.

## CONCLUSION

As the aging population grows, so does the need for the recruitment and training of a well-educated and prepared workforce ready to provide the needs of older adults. If we are to adequately recruit to meet the needs of this quickly growing population across the U.S. and world, we must find creative ways to introduce students to the opportunity to work alongside older adults. It is imperative that we find ways to continue to promote the field of aging, gerontology, and geriatrics, and we must do so with an interdisciplinary perspective. Educators and partners within the com-

munity who provide service learning and field opportunities to our students assist with the recruitment into the aging services field by both giving the time for these opportunities and also by helping the students see just how rewarding and stimulating this work can be.

Intersecting the need to recruit for the field of aging is the call to create more awareness of ageism and insist on a plan and action steps to address its significant impact on the lives of older adults. This, in turn, can improve factors such as assumptions and attitudes that fuel harmful stereotypes of older adults and impact social isolation and other quality of life factors. Because older adults are a much-needed resource and value to our families and communities, efforts to reintegrate multiple generations within western U.S. culture are an investment that may have pay-offs not only in the lives of older adults, students, families, and communities, but also in improvements in health care costs (Levy et al., 2020).

As we continue to learn just how the COVID-19 pandemic will impact older adults across the U.S. and globally, efforts will need to be made to counter the repercussions of the social isolation and change in access to services because of needed precautions. Efforts as the one described here—to address the needs of those at risk of the most negative impact due to social isolation—were designed to benefit multiple people within the community (older adult and student) while also fighting ageism and introducing the rewarding field of aging services to students who may not have otherwise considered the option.

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