

This is a brief version of a project done for Meals on Wheels. It has been edited to exclude certain data due to privacy concerns.



Social Connection

through

Meals On Wheels

Delivery Services

Helen Poulsen, Ph.D.

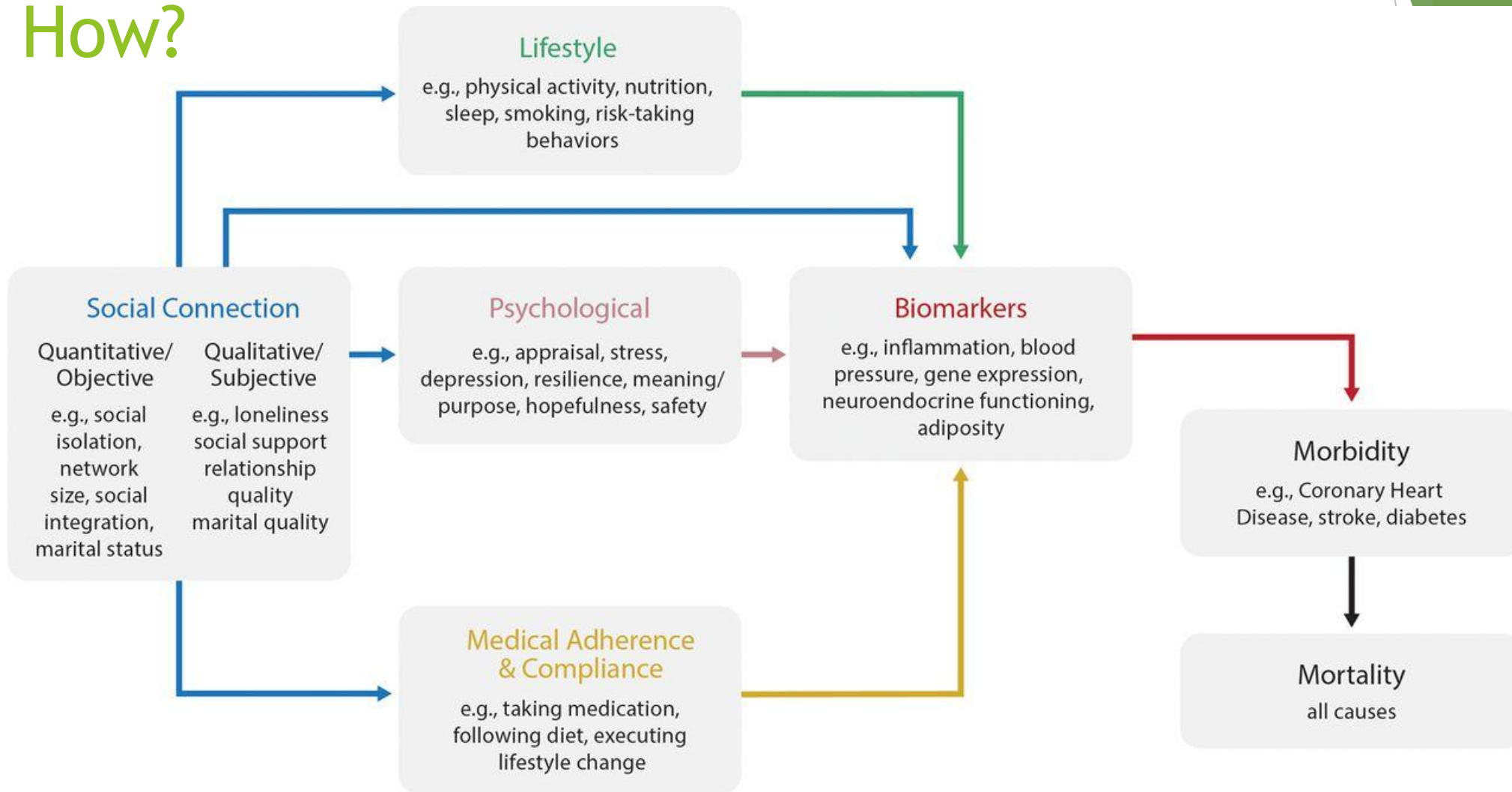
in partnership with Capacity Catalyst

June 3, 2019

Why?

- ▶ **A lack of social connection is more devastating on mortality risk than smoking 15 cigarettes per day.**

How?



Holt-Lunstad, J., & Smith, T. B. (2016). Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry.

Stephoe A, Shankar A, Demakakos P et al (2013) Social isolation, loneliness and all-cause mortality in older men and woman (PDF), PNAS, 10(15), 5797-5801

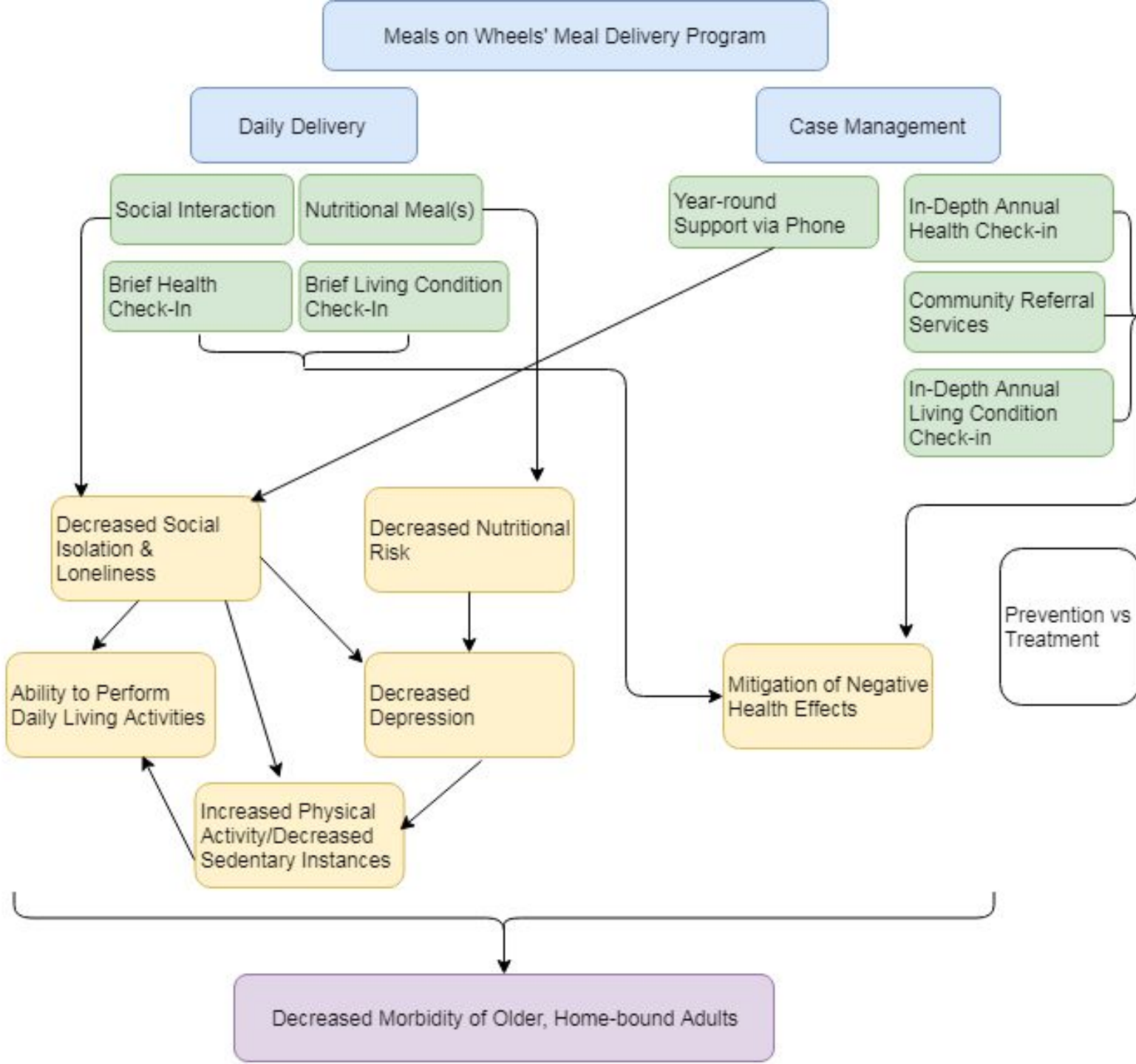
Program Elements

Received Benefits

Empirically Evidenced

Intermediate Outcomes

Ultimate Goals



Current Study Design

- ▶ Waitlist (N = 24) vs. Current Clients (N = 100)
- ▶ Phone Interviews (~10 minutes)
 - ▶ The Enriched Social Support Inventory (P. Mitchell et al., 2003)
 - ▶ Social Contact/Isolation (objective) (Thomas, Akobundu & Dosa, 2015)
 - ▶ Three-Item UCLA Loneliness Scale (Hughes, Waite, Hawkey & Cacioppo, 2004)
 - ▶ National Aging Program Information System Mapping Requirements for Activities of Daily Living / Instrumental Activities of Daily Living
 - ▶ Meals on Wheels Social Connection Efficacy (Current clients only) (Thomas, Akobundu & Dosa, 2015)

Screening & Control Variables Included

- ▶ All participants were screened for serious mental impairments or illness (traumatic brain injury, Dementia, Alzheimer's, schizophrenia) and English language proficiency
- ▶ All analyses controlled for potentially confounding variables, including:
 - ▶ Living status (alone vs. not)
 - ▶ Objective social contact/isolation (amount of contact with friends/family)
 - ▶ Help with daily chores (home help)
 - ▶ Depression
 - ▶ Age

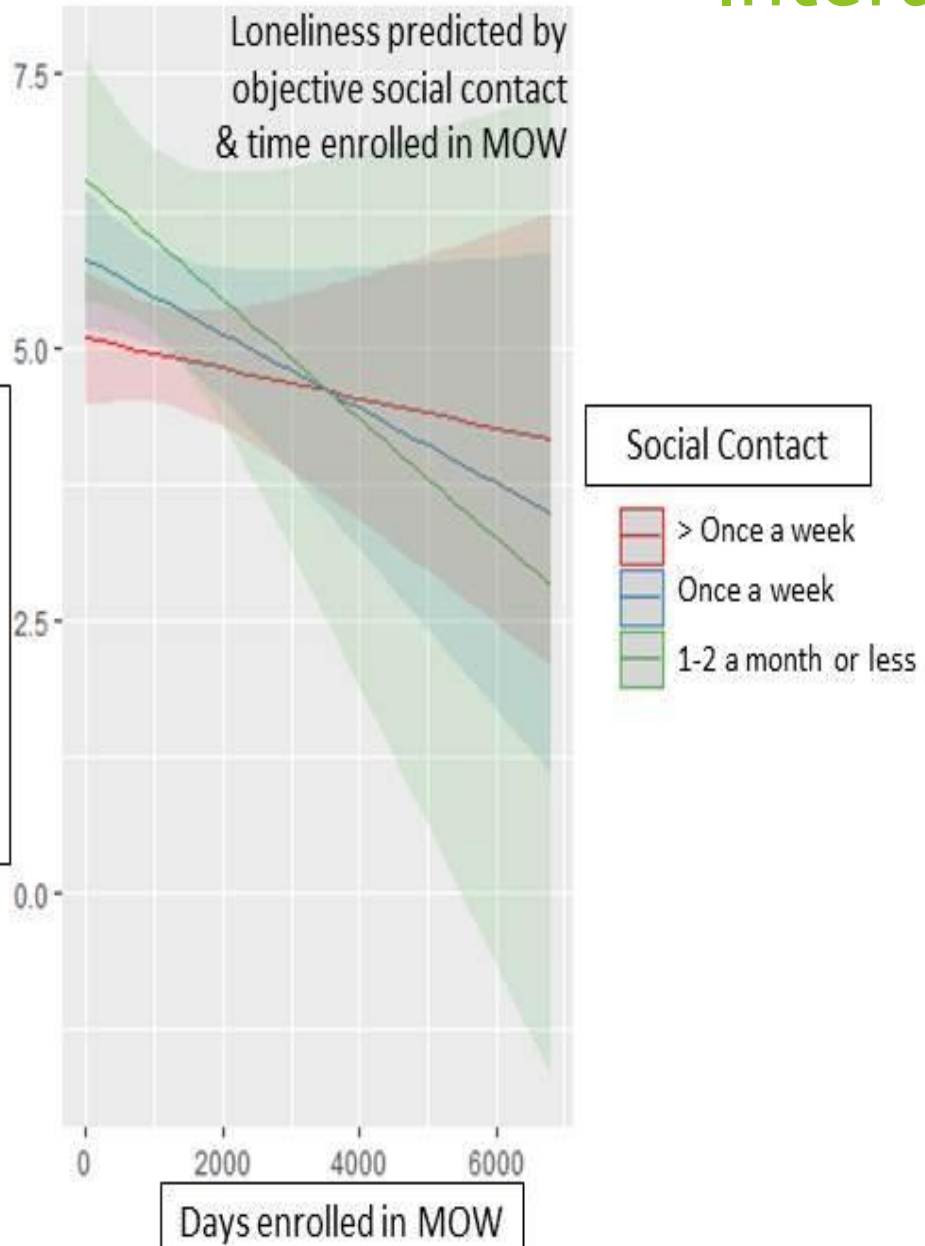
Descriptive Results for Current Clients

MOW Social Efficacy

- ▶ *76% of clients said MOW helps them feel **less lonely***
- ▶ *84% said MOW helps them feel **more socially connected/less isolated***
- ▶ *95% said MOW helps them feel **more supported***
 - *Clients who reported strong support systems were those who did not agree that MOW had a direct, positive impact on loneliness*
 - *Depression and I/ADLs did not correlate with responses surrounding MOW efficacy.*

Interaction Effect 3

- ▶ Clients with infrequent contact with family/friends show benefit most in loneliness with increased enrollment time.



In Conclusion

- ▶ An overwhelming majority of clients are satisfied with their services through MOW and feel it provides social benefits.
- ▶ Clients with poor social support systems and infrequent contact with family and friends appear to benefit the most from MOW interactions, in terms of loneliness.
 - ▶ These clients also tend to agree with the statement that MOW helps them feel less lonely.
 - ▶ This is likely about 76% of clients
 - ▶ These are individuals at greater risk of negative lifestyle & health effects due to poor socialization

Limitations

- ▶ Unable to control for physical health status (i.e., stroke, amputee, blind)
- ▶ Small sample size for waitlist/control group