

Overcoming Social Isolation: Effectiveness of the Healthy Aging Wellness Program

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ABSTRACT

Older adults' physical and mental well-being is affected by factors such as social isolation and loneliness, which are both linked with various adverse health effects. Mindfulness, yoga, and social interventions have shown promise in addressing these challenges to increase older adults' health and mental outcomes. Online delivery of these interventions has the benefit of improving reach to those limited by personal and environmental factors. There is a gap in research that compares virtual and in-person delivery methods, are inclusive of community-dwelling older adults, and combines yoga, mindfulness, and social practices to improve hope and well-being. This study focused on the online and in-person delivery of the Healthy Aging Wellness program, an eight-week group that included yoga, mindfulness, and social practices, provided to community-dwelling older adults. Effectiveness was measured through quantitative and qualitative measures. We anticipated significant outcomes in improving participants' sense of hope, well-being, and satisfaction in both groups.

INTRODUCTION

Older adults are at a heightened risk for social isolation and loneliness, which have both been associated with a higher risk of depression and a decline in health that can result in increased mortality (Stokes et al., 2021). Older adults require interventions that promote healthy aging to mitigate this risk and reflect their desire to age in place by being inclusive of community-dwelling older adults (Fausset et al., 2011). Yoga, mindfulness, and social practices have all been shown to be effective in improving physical and mental health outcomes in older adults, both separately and combined, and when delivered online and in person (Adams et al., 2019; Reangsing et al., 2021; Sampath et al., 2022). In addition, the option of attending sessions online can ensure greater reach towards participants with limited mobility, and it is crucial to ensure they are just as effective as in-person delivery (Butzner & Cuffee, 2021).

There is a gap in research that compares virtual and in-person delivery methods, are inclusive of community-dwelling older adults, and combines yoga, mindfulness, and social practices to improve hope and well-being. This study compared the impact of an eight-week Healthy Aging and Wellness (HAW) program that consisted of yoga, mindfulness, and social practices delivered online and in-person to improve hope and well-being in community-dwelling older adults.

Quantitative Research Question

Will there be a difference in sense of hope and wellbeing between the two modes of delivery?

Qualitative Research Question

What was the subjective experience of participants of the online and in-person HAW program?

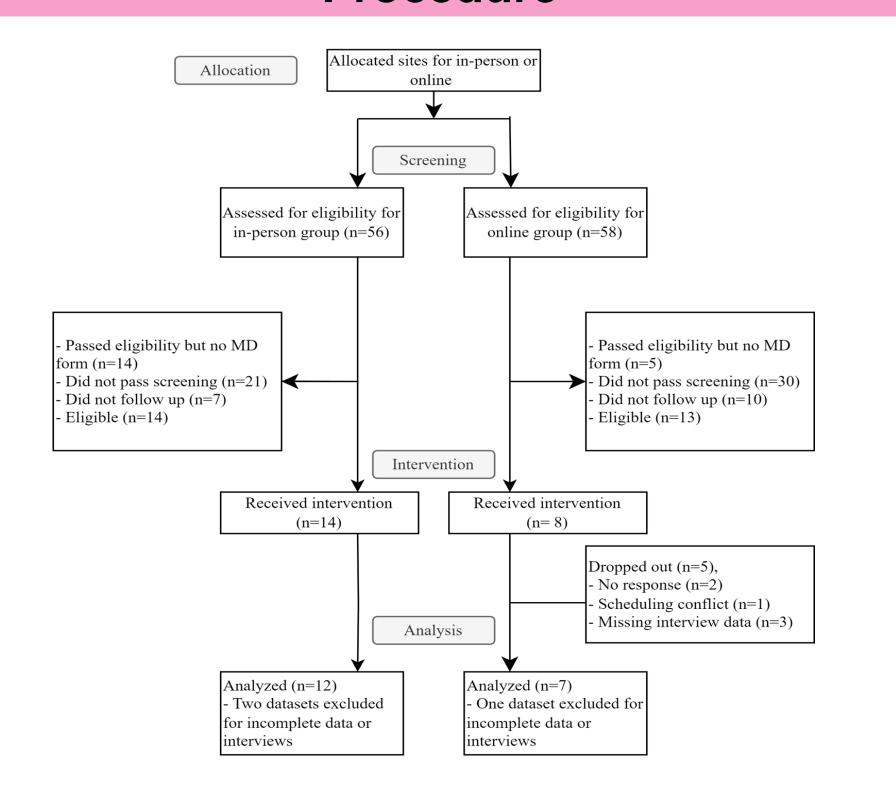
METHODOLOGY

This mixed-methods, pre- and post, non-randomized, two group design online and in person participants who were recruited through convenience sampling. Setting: Online in a group format, onsite (at a senior center) in a group format.

Measures

Mini Mental State Exam (Folstein et al., 1975); Personal Well-being Index (Lau et al., 2005); Integrative Hope Scale (Schrank et al., 2011); Open-Ended Interview

Procedure



Intervention (8 Weeks)

Sessions included yoga, mindfulness, and social participation activities to promote healthy aging

Data Analysis

Data was analyzed using SPSS Statistics version 27.0 (non parametric tests) and ATLAS.ti version 24.0.1.

RESULTS

Quantitative Results

- Majority of participants were female,
 Caucasian, and lived alone at home.
- Age of participants ranged from 65 to 85 (M=74.8, SD±6.4)
- Pre and posttest were normally distributed excluding pretest hope scores in the online group

Pre-tes M, SD	st	Post-te M, SD	est	U, p	
106.9	(16.6)	106	(17.6)	29.5	p>0.05
70.2	(8.0)	71.4	(9.8)	37.5	p>0.05
Pre-tes M, SD	st	Post-te M, SD	est	Z, p	
106.7	(14.1)	103.7	(16.1)	31.5	p>0.05
107.1	(21.4)	110.3	(20.1)	21	p>0.05
69.8	(6.60)	70.1	(11.8)	34.5	p>0.05
	M, SD 106.9 70.2 Pre-tes M, SD 106.7	106.9 (16.6) 70.2 (8.0) Pre-test M, SD 106.7 (14.1) 107.1 (21.4)	M, SD M, SD 106.9 (16.6) 106 70.2 (8.0) 71.4 Pre-test M, SD Post-test M, SD 106.7 (14.1) 103.7 107.1 (21.4) 110.3	M, SD M, SD 106.9 (16.6) 106 (17.6) 70.2 (8.0) 71.4 (9.8) Pre-test M, SD Post-test M, SD 106.7 (14.1) 103.7 (16.1) 107.1 (21.4) 110.3 (20.1)	M, SD M, SD 106.9 (16.6) 106 (17.6) 29.5 70.2 (8.0) 71.4 (9.8) 37.5 Pre-test M, SD M, SD M, SD 106.7 (14.1) 103.7 (16.1) 31.5 107.1 (21.4) 110.3 (20.1) 21

Qualitative Results

In-Person	Online
Benefits of the Program	Impact of the HAW Program on Mental Functions and Beliefs
Participants spoke about the increased opportunities for socialization and meaningful relationships in the program. "Being around other people supported my wellness journey."	Participants spoke about how the program helped them think differently about their own physical health, mental health, self-care, and routines, and how it helped them understand the importance of taking steps towards healthy aging and feel more optimistic about their ability to make changes in their life.
"It's more interesting when you're in a group"	changes in their life.
Well-being	Feedback about the HAW Program Content, Delivery and Facilitation
Participants expressed an interest in the physical benefits of yoga and wellness.	Participants shared feedback about aspects of the program that they either benefited from or had difficulty with.
'I have potential to do better physically, emotionally, spiritually."	"The yoga is wonderful, physically and mentally"
"The most helpful thing for me was to learn how to be patient and calm. I'm always running around."	"[The facilitators] were so considerate of all of us being up there in our age and helping us through it, and that was the part of it I loved. I mean, both [facilitators] were just so caring
Carryover	
Key takeaways from the program	
"It made me think about things around me that I take for granted."	
"I'll try to stop and think about everyday things"	

CONCLUSIONS & RECOMMENDATIONS

- This sample had high pretest hope and wellbeing scores compared to other samples, which may have impacted the results (International Wellbeing Group, 2013; Schrank et al., 2011). This could possibly be due to all participants being active senior center members.
- Similar to our findings, both methods of delivery improved health-related outcomes (Schulz et al., 2017).
- Due to sample size limitations, we recommend providing this program to a large, more diverse group.
- This study is the first to compare both modes of delivery and found that the HAW program has the potential to reach community-dwelling older adults.

ACKNOWLEDGEMENTS

This research was funded by Katz School Faculty Research Grant 2023-24.

Thank you to Dr. Waldman-Levi, Dr. Laghezza, Dr. Stancanelli, students at Mercy University, and the participants who gave their time to us.

REFERENCES

