Perspectives

Student–senior isolation prevention partnership: a Canada-wide programme to mitigate social exclusion during the COVID-19 pandemic

Sumana Christina Naidu [1,*], Monisha Persaud[1,2],
Natasha Yasmin Sheikhan[2], Geoffrey Sem[1,2], Victoria O'Driscoll[1,2],
Laura Diamond[1], Natalie Pitch[1], Nitish Dhingra[1], Dominik Alex Nowak[2,3],
and Kerry Kuluski[2,4]

[1]Temerty Faculty of Medicine, University of Toronto, 1 King's College Circle, Toronto M5S 1A8, Canada, [2]Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto M5T 3M7, Canada, [3]Department of Family and Community Medicine, University of Toronto, 500 University Avenue, Toronto M5G 1V7, Canada and [4]Institute for Better Health, Trillium Health Partners, 100 Queensway West, Mississauga L5B 1B8, Canada

*Corresponding author. E-mail: sumana.naidu@mail.utoronto.ca

Summary

Amidst the pandemic, Canada has taken critical steps to curb the transmission of the 2019 novel coronavirus disease (COVID-19). A key intervention has been physical distancing. Although physical distancing may protect older adults and other at-risk groups from COVID-19, research suggests quarantine and isolation may worsen mental health. Among older adults, social exclusion and social safety nets are social determinants of health (SDOH) that may be uniquely affected by the COVID-19 physical distancing measures. Health promotion programmes designed to reduce social exclusion and enhance social safety nets are one way to mitigate the potential mental health implications of this pandemic. The Student–Senior Isolation Prevention Partnership (SSIPP) is a student-led, community health promotion initiative that has scaled into a nation-wide effort to improve social connection among older adults. This initiative began with in-person visits and transformed into a tele-intervention guided by health promotion principles due to COVID-19. SSIPP continued to target the SDOH of social exclusion and social safety nets by pairing student volunteers with older adults to engage in weekly phone- and video-based interactions. Informed by the community partnership model by Best *et al.*, SSIPP is built on the three orientations of empowerment, behaviour and organization, which are achieved through cross-disciplinary collaboration. This article reviews the importance of the adaptability of health promotion programmes, such as SSIPP during a pandemic, placing an emphasis on the lessons learned and future steps.

Lay Summary

A common way to slow the spread of the 2019 novel coronavirus disease (COVID-19) is for people to keep their distance from one another. This has led to isolation and loneliness, especially for older adults. The Student–Senior Isolation Prevention Partnership (SSIPP) is a programme developed by students and physicians in Toronto, Canada. The programme pairs student volunteers with older adults for weekly social interactions. These interactions were in-person before COVID-19. Following the physical distancing recommendations as a result of COVID-19, the programme quickly adapted to use phone and video calls instead. Establishing and leveraging key partnerships, identifying a window of opportunity, assessing community-specific needs and creating national manuals and protocols were key factors in facilitating simultaneous expansion across Canada. This article addresses the importance of programmes like SSIPP in preventing negative health impacts associated with loneliness and isolation. The authors also discuss the adaptability of SSIPP, lessons learned for future pandemic efforts and next steps.

INTRODUCTION

The 2019 novel coronavirus disease (COVID-19) pandemic disproportionately impacts older adults in ways beyond the apparent sequelae of infection. Older adults have a significantly higher fatality risk, and therefore are particularly protected by means of restrictive measures to decrease the spread of the virus (Brooke and Jackson, 2020). Although these measures are life-saving, they also eliminate the primary sources of social connection for older adults (Armitage and Nellums, 2020; Brooke and Jackson, 2020; Douglas, 2020). Prior to the pandemic, surveys showed that 50% of older adults in Canada and 43% of older adults in America reported feeling lonely (Perissinotto *et al.*, 2012; National Seniors Council, 2015).

Social exclusion and social safety nets are social determinants of health (SDOH) that affect older adults (Levitas *et al.*, 2007; Wilson and Rice, 2011). Social exclusion is defined as 'the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas' [(Levitas *et al.*, 2007), p.25]. Social safety nets refer to the 'benefits, programs, and supports that protect individuals during a variety of life changes that may negatively affect their health' [(Mikkonen and Raphael, 2010), p.35].

Social exclusion and impaired social safety nets have been linked to increase risk of premature mortality, elder abuse, cognitive impairment, heart attacks and poor mental health, among other consequences in older adults (Cacioppo *et al.*, 2011; Cacioppo and Cacioppo, 2018;

Armitage and Nellums, 2020; Brooke and Jackson, 2020; Douglas, 2020; Li and Huynh, 2020).

Health promotion programmes designed to address social isolation in older adults are integral to improve community health outcomes, however, few have undergone successful rapid scaling (Gardiner *et al.*, 2018; O'Rourke *et al.*, 2018; Abrams *et al.*, 2020). Integrative and scoping reviews on this subject have also noted a gap in the literature describing the key features, range and scope of successful interventions (Gardiner *et al.*, 2018; O'Rourke *et al.*, 2018). This commentary discusses the Student–Senior Isolation Prevention Partnership (SSIPP)—a health promotion tele-intervention, which has scaled across communities in Canada to mitigate the impacts of social exclusion and limited social safety nets during the COVID-19 pandemic. In this commentary, we define tele-intervention as the delivery of volunteer services through phone and video-conference-based technology. An evaluation is also underway to determine the effectiveness of SSIPP and highlight key areas of improvement. This article reviews the key features of health promotion programmes, such as SSIPP, to combat key SDOH among older adults during a pandemic. The authors also discuss the lessons learned for future community-based efforts and next steps for SSIPP.

VIRTUAL TRANSFORMATION OF SSIPP DURING COVID-19

In January 2019, SSIPP developed as a community-based health promotion programme to facilitate in-person social visits between University of Toronto

undergraduate and medical student volunteers and older adults in the community. Enabling this social connection involved recruiting student volunteers and matching them with older adults referred to SSIPP by their healthcare providers. Older adults of any age, who self-identify, or are identified by their healthcare providers as socially excluded or at-risk of exclusion, are eligible for referral to SSIPP. In creating this programme, SSIPP sought to address the SDOH of social exclusion and social safety nets in older adults.

During the COVID-19 pandemic, the risk of experiencing social exclusion and limited social safety nets increased amongst older adults, leading to poorer health outcomes (Armitage and Nellums, 2020; Xie et al., 2020). Given this heightened risk, and the new physical distancing policies, SSIPP underwent a rapid virtual transformation and shifted its programme structure to facilitate social interactions through phone- and video-based platforms. SSIPP's virtual transformation is summarized below in Table 1.

In the initial stages of the transformation, SSIPP co-founders recruited a small executive team of medical students and physician advisors in Toronto. Designated medical students utilized social media to recruit health professional student volunteers within Toronto, generating over 200 volunteers within 2 weeks. Health professional faculties included medicine, public health and other allied health programmes.

In addition to volunteer recruitment, executive team members worked with physician advisors to encourage older adult referrals through outreach to healthcare providers. Outreach occurred via email, social media and advertisements posted on official medical and community organization hubs. As healthcare providers referred older adults to the programme, the team paired them with student volunteers for weekly calls. The success of this initial local transformation lent confidence to a national expansion.

During April 2020, SSIPP scaled from the University of Toronto St. George campus to include over 700 volunteers at more than 10 universities across Canada. Prospective chapter leads were identified through existing networks, such as Geriatric Interest Groups and student-specific social media networks. All volunteers were health professional students. Volunteers were specifically selected from health professional faculties to ensure appropriate educational background in health counselling, and maintaining professionalism and confidentiality. Recruiting volunteers from health professional faculties with pre-approved police record checks also established credibility of SSIPP among many

healthcare providers, and therefore allowed for rapid scalability with respect to gaining a large number of referrals in a short time-frame. Volunteers contacted their paired older adult(s) on a weekly basis to strengthen social connection, improve health literacy related to COVID-19, facilitate access to community resources for health and social needs, and ultimately, foster a meaningful relationship. Health professional students acting as 'Volunteer Coordinators' performed weekly check-ins with volunteers, ensured that volunteers are completing calls and addressed any relevant concerns through collaboration with the executive team.

Volunteers were also provided with a 25-page training document approved by physician faculty advisors. This document includes information on: (i) initiating conversation, (ii) connecting older adults to community support programmes, (iii) health questions related to COVID-19, (iv) protocols for handling difficult situations, such as elder abuse and (v) anti-ageism resources. SSIPP volunteers used this document to inform older adults about relevant community resources and connect them if interested. If older adults required assistance enrolling in a support programme, volunteers could offer to contact the resource on their behalf.

Volunteers were recruited from: the University of Toronto's Mississauga and St. George campuses, Western University, University of Ottawa, University of Manitoba, University of Saskatchewan, University of Calgary, and McMaster University's Hamilton, Niagara and Waterloo Regional Campuses. These campuses are hereafter referred to as 'chapters'. Throughout the national scaling process, regular communication between chapters was a key to address community-specific needs and increasing the reach of the programme. The introduction of weekly national SSIPP 'Communications Committee' virtual meetings between chapter representatives and various strategic planning committees helped immensely in streamlining operations across chapters.

In August 2020, SSIPP incorporated and registered as a non-profit organization. To improve scaling efforts, a 'National Executive Committee' was created to oversee matters for all chapters, such as liability, advocacy and education, volunteer training, research and evaluation, social media, finances and communications. In September 2020, SSIPP received the Joule Canadian Medical Association COVID-19 Innovation Grant for $50 000. SSIPP was the only student-led programme to receive this grant. This created funding for tasks, such as volunteer training, education workshops and research projects.

Table 1: Summary of the virtual transformation of SSIPP

Programme components	Pre-COVID-19	Virtual transformation
Number of volunteers	~30	700+
Volunteer pool	Undergraduate and medical students	Health professional students from: medicine, public health, nursing, social work, physiotherapy, occupational therapy, dentistry and others
Languages offered	~12	38+
Platform	In-person visits	Telephone and video conferencing
Delivery	One undergraduate student paired with one medical student for visits	One health professional student contacting paired older adult(s)
Partnerships and collaboration	Toronto Western Hospital Family Health Team, University of Toronto Faculty of Medicine's Community-Based Service Learning Course	Physicians and allied health professionals across Canada. Ontario College of Family Physicians, Ontario Medical Association, provincial health governance bodies, community health organizations, Ontario Health Teams, geriatric centres and retirement homes across Canada, Telehealth Intervention Program for Older Adults (TIP-OA) in Montreal, Stay-In-Touch initiative at Western University in London, Student-Run Community Support Program (SCSP) at Queen's University in Kingston, Canadian National Geriatrics Interest Group, AdvantAge Ontario, Alliance for Healthier Communities
Referrals	From one hospital	From 50+ hospitals, clinics, health networks, retirement homes, community health organizations across Canada
Advertisement of programme	Word of mouth	Social media (i.e. Facebook and Twitter), news coverage (CTV, CBC), email, online medical and community hubs, handouts, cold calling LTC facilities and retirement homes
Chapters	1: the University of Toronto St. George	10+: the University of Toronto St. George and Mississauga Campuses, Western University, University of Ottawa, University of Manitoba, University of Saskatchewan, University of Calgary, and McMaster University's Hamilton, Niagara, and Waterloo Regional Campuses and more
Organizational structure	SSIPP co-founders, physician advisors (1–3), executive members	National Executive Committee consisting of 9 committees. 10+ chapter-specific executive teams. Physician advisors (10+)
Guidelines	N/A	Formal manuals and national protocols created to assist chapters with SSIPP operations
Areas served	Urban centres in Toronto	Urban and rural regions across Canada
Volunteer training and support	Orientation presentation in collaboration with Toronto Western Hospital to discuss expectations, safety, in-person visits. Support from executive members for crisis management	25-page informational document including: (i) COVID-19 information (general information, symptoms, prevention, proper mask use, distancing guidelines, treatment and vaccine updates), (ii) community resources (financial supports, mental health supports, food delivery and medication delivery), (iii) methods to improve digital literacy, (iv) general questions (how to contact my doctor, how to refer a friend, mindfulness tips and meditations for volunteers to do with them, stores with older adult hours) and (v) guidelines for handling difficult situations (concerns about health and safety including elder abuse, emergencies and mental health crises); optional ageism first-aid resource, monthly 'Lunch and Learn' talks about geriatric health and anti-oppression

(continued)

Table 1: (Continued)

Programme components	Pre-COVID-19	Virtual transformation
		workshops. Support from student volunteer coordinator, on-call executive member, referring healthcare professionals and physician advisors for crisis management
Cost	$600 CAD: $275 to purchase annual website domain subscription, $325 for volunteer training and education	$275 CAD annually to maintain website domain. No other costs associated with virtual transformation. Received $50 000 Joule CMA COVID-19 Innovation grant to fund volunteer training, resources for older adults, evaluation honorariums, volunteer insurance and other fees are underway
Feedback	Informal	Formal, external evaluation by Toronto Western Hospital Family Health Team in progress. National programme evaluation is underway. Advisory groups (older adult, family and allied health) in recruitment stage

USING HEALTH PROMOTION STRATEGIES TO INFORM THE PROGRAMME

Health promotion is defined as 'the process of enabling people to increase control over, and to improve, their health' {[World Health Organization (WHO), 1986], p.1}. Health promotion aims to build healthy public policy, with social justice, equity and collaboration as dominant features. SSIPP is a health promotion programme that fulfils needs of older adults and responds to a changing environment with an emphasis on social and personal resources. The foundations of SSIPP aim to address broader social and environmental factors, beyond just those at the individual level. Through health advocacy, SSIPP aims to address health inequities by creating a supportive social environment for older adults experiencing social exclusion.

A core component of health promotion is strengthening community behaviour through empowerment (WHO, 1986). According to Laverack and Labonte [(Laverack and Labontem, 2000), p.255], empowerment is defined as 'the means by which people experience more control over decisions that influence their health and lives'. Labonte emphasizes achieving equity in health and 'shifts towards greater equality in the social relations of power' as important components of community empowerment [(Laverack and Labonte, 2000), p.255]. Through recruiting health professional students in each chapter's geographic area, SSIPP is building a strong collaborative foundation that enhances local support on a longitudinal basis. Student volunteers strengthen social connections, as well as help participating older adults navigate existing community resources, such as local grocery or medication delivery programmes, financial assistance or mental health support. Additionally, SSIPP aims to improve COVID-19 health literacy among older adults by providing volunteers with physician-approved informational materials to answer questions relating to the pandemic. An emphasis on social connection and resource navigation for older adults is fundamental to the programme.

SSIPP is grounded in Best *et al.*'s Model of Community Partnering (Best *et al.*, 2003). SSIPP incorporates a collaborative approach to community partnership, based on Best *et al.*'s values of process-focussed empowerment, outcome-weighted behaviour and structure-oriented organization (Best *et al.*, 2003).

Process-focussed empowerment centres on adopting a broad view of health, developing capacity and sharing power. SSIPP addresses various SDOH in the older adult population. Capacity was rapidly developed by strengthening existing partnerships and exploring new partnerships with various community organizations, as outlined in Table 1. Cohesion is achieved through shared administrative power between SSIPP executives, older adults, healthcare professionals and community organization collaborators.

Outcome-weighted behaviour includes intervention reach and rigorous evaluation. Through SSIPP's expansion, over 700 older adults across Canada, living in both rural and urban areas, and speaking over 38 languages are connected with a volunteer. The rapid scaling also prompted a local chapter programme evaluation by the Toronto Western Hospital Family Health Team. A nation-wide evaluation is currently underway.

Finally, structure-oriented organization focuses on effective governance and service integration. SSIPP's

incorporation and the subsequent creation of the 'National Executive Committee' provided a logical, transparent governance structure. Additionally, SSIPP integrated into primary care services with referrals coming from occupational therapists, physiotherapists, nurses, physicians, social workers, long-term care homes and more. SSIPP seamlessly integrated with community interventions, featuring as a resource in a provincial database of health and social services (Ontario 211).

Best *et al.* (Best *et al.*, 2003) emphasizes the need for cross-disciplinary collaboration as an effective approach to systems-thinking. SSIPP achieves cross-disciplinary collaboration through: (i) volunteers from different faculties, such as medicine, public health and allied health programmes; (ii) collaboration among community practitioners including care coordinators, nurses, social workers and physicians; and (iii) provincial and national stakeholder collaboration. Collaboration and partnerships will be discussed in a later section.

ADDRESSING SDOH THROUGH SSIPP

SSIPP was created to address social exclusion and limited social safety nets. The programme scaled rapidly during COVID-19 given older adults' reduced access to health information, food, supplies, social contact and services (Xie *et al.*, 2020). As mentioned previously, social exclusion results in poorer health outcomes (Armitage and Nellums, 2020; Xie *et al.*, 2020). Physical distancing may disproportionately affect older adults who primarily experience social contact outside the home, especially if they lack access to or ability to use online social networks (Armitage and Nellums, 2020; Steinman *et al.*, 2020). Many older adults have reduced digital literacy, which is defined as the 'awareness, attitude and ability of individuals to appropriately use digital tools and facilities' [(Martin, 2008), pp. 166–167; Xie *et al.*, 2020]. Older adults lacking digital literacy may be impacted by the increased reliance on virtual healthcare through the pandemic, leading to reduce health literacy (Steinman *et al.*, 2020; Xie *et al.*, 2020). COVID-19 may negatively affect health outcomes through: (i) economic uncertainty, (ii) reduced access to necessities, (iii) feelings of loneliness and (iv) poorer digital and health literacy (Steinman *et al.*, 2020; Xie *et al.*, 2020). Thus, an undeniable connection exists between physical distancing measures and the SDOH of social exclusion and social safety nets.

As part of community empowerment, SSIPP aims to improve health literacy. Health literacy is defined as the ability to access and use health information to make appropriate health decisions and maintain health (Omariba and Ng, 2011). Health literacy is seen as an important contributor in reducing health disparities and promoting health empowerment (Logan *et al.*, 2015). This contribution is especially notable when health literacy is addressed through culturally appropriate, equity-focussed, community-based interventions (Logan *et al.*, 2015). Older adults in Canada tend to have reduced health literacy compared to the general population, which is associated with poorer health outcomes, especially during COVID-19 (Murray *et al.*, 2008; Agarwal *et al.*, 2018; Paakkari and Okan, 2020).

Various factors may impact health literacy among Canadian older adults. These include: (i) depression and stress, (ii)language barriers and (iii) the adoption of virtual health appointments due to physical distancing measures, which requires digital literacy (Speros, 2009; Omariba and Ng, 2011; Xie *et al.*, 2020). Moreover, as identified in the National Seniors Council report on social isolation, Canadian older adults with intersecting identities, such as language barriers or those who identify as an equity-seeking group, are at a higher risk of social exclusion (National Seniors Council, 2015). For many racialized groups, language differences present a major obstacle to access health and social services, as they pose a significant barrier to understand bureaucratic procedures and navigating the healthcare system (Davies *et al.*, 2009; Hyman, 2009). A 2018 scoping review noted that only 4.5% of interventions for social isolation in older adults focussed on non-white participants (O'Rourke *et al.*, 2018). Thus, mitigating this barrier is a human rights concern (Public Health Ontario, 2020). SSIPP volunteers are proficient in over 38 languages and, with their health professional backgrounds, have the tools to effectively build health literacy with older adults. SSIPP also provides introductory training to improve communication skills with older adults. Additionally, anti-oppression, anti-ageism and mental health crisis training, as well as monthly geriatric health lectures are provided to all SSIPP members. Anti-ageism training is integral as ageism is the most tolerated form of prejudice in Canada (Wellner and Spadafora, 2016).

SSIPP created a tele-intervention support network to further mitigate social exclusion and build stronger social safety nets in older adults through an equity-oriented approach. SSIPP's equity-oriented attributes are outlined in Table 2.

LESSONS LEARNED TO INFORM FUTURE COMMUNITY-BASED PANDEMIC EFFORTS

Several lessons are noted for the implementation of similar health promotion programmes in the future. SSIPP

Table 2: A breakdown of equity-oriented attributes of SSIPP

Equity-oriented attributes	Inclusion of attributes in SSIPP during implementation	Inclusion of attributes in SSIPP post-virtual transformation
Social support	Improves social inclusion through weekly visits between student–older adult pairs	Transformed from in-person visits to improve social inclusion through weekly phone- or video-based calls between student–older adult pairs
Access to resources	N/A	Builds social safety net by connecting older adults to relevant community resources. such as grocery delivery services, financial assistance programmes and mental health supports
Health literacy	N/A	Builds health literacy around COVID-19 using physician-approved, evidence-based resources
Digital literacy	N/A	Programming to teach older adults how to use different technology platforms, such as video-calling. Improves digital literacy, providing the virtual tools to potentially improve health literacy and help older adults connect to their loved ones
Cultural sensitivity	Includes pool of volunteers who are proficient or fluent in: Arabic, Bulgarian, Cantonese, French, Hindi, Italian, Korean, Mandarin, Punjabi, Serbian, Turkish and Urdu	Further expansion of languages to include: Arabic, Bengali, Bosnian, Bulgarian, Cambodian, Cantonese, Croatian, Dari, English, Farsi, Filipino, French, Gujarati, Hebrew, Hindi, Italian, Jamaican Patois, Korean, Mandarin, Marathi, Pashto, Polish, Portuguese, Punjabi, Romanian, Russian, Serbian, Shanghainese, Sinhala, Spanish, Tamil, Tibetan, Tulu, Turkish, Ukrainian, Urdu and Vietnamese among others to overcome language barriers
LGBTQ2S+ positive	N/A	Following collaboration with different stakeholders to increase older adult referrals, SSIPP received a request from a community organization for LGBTQ2S+-identifying volunteers. SSIPP has volunteers who identify as LGBTQ2S+ and may share similar lived experience to LGBTQ2S+-identifying older adults
Trauma-informed approach	Trauma-informed approach was made central to SSIPP volunteers to facilitate a safer environment for older adults, potentially preventing re-traumatization. However, minimal training was included in early stages due to budgeting barriers and lack of space	Volunteer base transformed to consist of health professional students who have some background in a trauma-informed approach. A free ageism first-aid course was provided to volunteers to better understand the lived experience of older adults. Online anti-oppression, anti-ageism and mental health training offered to all volunteers

attributes its rapid adaptation and scaling to: (i) establishing and leveraging key partnerships, (ii) advantageous timing, as explained by Kingdon's Multiple-Streams Framework, (iii) adapting the programme model to meet community-specific needs as well as (iv) establishing formal manuals and protocols at the national level.

Lesson 1: establishing and leveraging key partnerships and collaboration

As previously discussed, SSIPP's approach is based in Best *et al*.'s Model of Community Partnering (Best *et al.*, 2003). This model of cross-disciplinary collaboration was imperative in creating and executing SSIPP's

response to COVID-19. Several stakeholders played a key role in the effectiveness of SSIPP including healthcare providers, community organizations and regional hospitals. Family physicians championed health promotion through SSIPP and were instrumental in recruiting the initial cohort of older adults for involvement in the programme. The endorsement of SSIPP by the physician community contributed significantly to its growth, as physicians have an established base of power, privilege and respect. Moreover, SSIPP was promoted as a social prescription for both older adults and volunteers. This lens helped foster relationships with community organizations, such as the Alliance for Healthier Communities, and increased recruitment by advertising SSIPP as a

meaningful experience for potential volunteers. As SSIPP expanded, older adult referral significantly increased through correspondence with allied health professionals, such as care coordinators and social workers. In addition, contacts at provincial health organizations, such as the Ontario College of Family Physicians and Ontario Medical Association advocated for SSIPP as a meaningful student-led programme. SSIPP also developed local partnerships with Ontario Health Teams, geriatric centres, retirement homes, AdvantAge Ontario, and community organizations, such as cultural centres. This wider network, in combination with promotion on social media, and Canadian news coverage, helped spread the word about SSIPP, dramatically increasing the number of patient referrals to the programme.

The physician supervisors and provincial privacy officers across Canada helped ensure processes were in accordance with provincial health and privacy guidelines. SSIPP also connected with similar initiatives, such as the Telehealth Intervention Program for Older Adults in Montreal, the Stay-In-Touch initiative at Western University in London, and Student-Run Community Support Program at Queen's University in Kingston to establish a collaborative framework and offer support. Advice from the Canadian National Geriatrics Interest Group was essential to understand the impacts of COVID-19 on older adults, thus informing the adaptation of the programme in the face of the pandemic.

Finally, leveraging existing relationships was critical for implementation. Medical students at the founding SSIPP chapter identified influential individuals in their networks who were engaging with the older adult population (e.g. Geriatrics Interest Group leads at medical schools). Connecting with key figures in these wide networks allowed for national expansion to 10 chapters, endorsement from prominent physician interest groups, national news exposure and provincial advocacy opportunities. Through establishing and nurturing provincial and national partnerships, SSIPP incorporated a broad range of voices in the programme, thereby enhancing scalability.

Lesson 2: advantageous timing—Kingdon's Multiple-Streams framework

Advantageous timing was instrumental to SSIPP's successful expansion. Kingdon's Multiple-Streams framework explains how the alignment of problem, policy and political streams creates a 'window of opportunity' for agenda setting (Kingdon and Stano, 1984). The exacerbation of social isolation due to the COVID-19 pandemic contributed to SSIPP's 'window of opportunity'.

The problem of socially isolated older adults was prominently featured in the news. Politically, there was pressure from the public to provide a successful intervention. Additionally, schools shifted to a virtual model, and with the absence of in-person clinical activities, many health professional students were empowered to make a difference in their communities. Within the policy stream, SSIPP existed as an intervention for social isolation; however, there were only six participants prior to COVID-19. The pandemic allowed these three streams to cross, creating a window for SSIPP to effectively adapt and expand nationally. Future interventions should aim to align problem, policy and political streams when considering implementation.

Lesson 3: adapting the programme model to meet community-specific needs

SSIPP rapidly scaled over a month by virtually transforming the programme delivery from in-person to phone- and video-based. The in-person format was implemented for ~6 months prior to COVID-19, lending confidence to the potential usefulness of an expansion. Tele-intervention allowed SSIPP to scale quickly without encountering barriers, such as space, funding and transportation. Once it is safe to resume in-person visits, SSIPP plans to offer both in-person and tele-intervention modalities to ensure maximum recruitment, reach and efficacy.

As SSIPP expanded nationally, the programme adapted to address the unique needs of different Canadian communities by consulting physicians and students from nearby universities. For instance, the SSIPP model was established in rural and French-speaking communities by recruiting local students and physicians to advise on comprehensive referral methods, volunteer training and pairing and local resources for health and social services. This example highlights the importance of addressing needs related to rurality, accessibility and cultural sensitivity within SSIPP.

Lesson 4: establishing formal manuals and protocols at the national level

The national expansion of SSIPP required establishing formal manuals and protocols to adequately respond to the evolving needs of programme participants. During the initial expansion phase, executive members of the founding SSIPP chapter created a startup-manual and brief training presentation for students interested in starting SSIPP at other universities. This training included: (i) an explanation of the management structure of SSIPP, (ii) logistical details regarding referrals and the

matching process, (iii) how to safely store sensitive information and (iv) guidance on creating informational documents personalized to chapter-specific community needs. In addition, a 25-page informational document reviewed by physician faculty advisors was created for volunteer use. The document contained resources aiding communication with older adults and connecting them to relevant community services.

Shortly after national expansion, a SSIPP 'Protocols Committee' was assembled to audit and update protocols and manuals for each chapter. The committee includes a team of medical students from each chapter and expert physician advisors. This body ensures all volunteers receive the necessary guidance and support required to manage difficult situations that may arise during their calls. This is accomplished through creating protocols and volunteer training materials to address mental health crises, elder abuse and reporting appropriate concerns to the older adult's healthcare team and/or local authorities. The committee continuously consults each chapter for region-specific feedback. This feedback is used to update SSIPP's protocols at the national level, while ensuring community-specific needs are met. This committee also consults chapter executives and privacy officers to ensure SSIPP complies with changing provincial health and information privacy guidelines. In order to serve as a platform to discuss concerns, a SSIPP 'Communications Committee' was also established with representatives from each chapter. This committee meets weekly to discuss operational concerns and collaborate in the ongoing improvement of SSIPP. SSIPP's organizational structure and collaborative nature allowed for the quick development of formal protocols in response to emerging concerns, as well as rapid dissemination and implementation of these updated guidelines among each local chapter.

A summary of recommendations to inform future community-based pandemic efforts can be found in Table 3.

NEXT STEPS

Evaluation

A formal, external evaluation of SSIPP is underway to examine the efficacy of the programme. The Toronto Western Hospital Family Health Team gathered data using validated tools and qualitative interviews to assess the programme's impacts on: (i) changes in the mental health outcomes of older adult participants, (ii) older adults' experiences in the programme, (iii) changes in the attitudes, values and behaviours of student volunteers towards older adults and (iv) changes in students'

Table 3: Summary of recommendations to inform future community-based pandemic efforts

1. Ground programme structure in an evidence-based, health promotion framework.
2. Establish partnerships with local healthcare facilities and organizations to: (i) increase referrals and (ii) reflect the needs of the participants.
3. Leverage existing networks that already serve the population of interest to guide implementation and support expansion.
4. Ensure equity-informed programme delivery. Remove barriers to access by offering services in multiple languages, expanding geographical reach and delivering services via multiple modalities. Be prepared to adapt to the needs of each participant.
5. Use social media to engage with relevant stakeholders, such as: relevant community organizations, community resource hubs (i.e. 211 in Canada), programme participants and volunteers. This will promote the initiative and help increase recruitment.
6. Allocate resources to continuing volunteer and executive development (i.e. anti-oppression and cultural humility training, continuing education and training manuals).
7. Develop standardized emergency response protocols to help volunteers manage crises that may arise when interacting with a vulnerable population.
8. Create a standardized organizational structure to ensure effective administration of the programme (i.e. establish director roles for communications, logistics, operations, patient relations and internal affairs).
9. Identify 'window of opportunity' for implementation by aligning problem, policy and political streams [as explained in Kingdon's Multiple-Streams framework (1984)].
10. Longitudinally engage programme participants at all stages of programme development, such as through focus groups, evaluation surveys and advisory groups.

ability to assess the well-being and health barriers experienced by older adults. The findings of this research will be disseminated among the initiative's stakeholders in a future paper to validate the effectiveness of, inform improvements in, and encourage further growth of the SSIPP programme.

Engagement

There is a growing body of research emphasizing the importance of patient engagement in the development of community-based healthcare interventions (Domecq *et al.*, 2014). Patient engagement is crucial to the development and refinement of healthcare interventions and policies, and results in improved health outcomes (Carman *et al.*, 2013). SSIPP intends to address older

adult needs and preferences through older adult and family engagement.

Based on prevailing research, there appears to be no current models of older adult engagement, especially during heavily restricted times, such as COVID-19. Given the importance of partnering with the population an initiative aims to serve, SSIPP is in the process of developing an older adult engagement model, with modifications to account for disasters, such as COVID-19. Inspired by the Heffernan *et al.* (Heffernan *et al.*, 2017), McCain Model of Youth Engagement, SSIPP is in the process of establishing advisory groups composed of key stakeholders with relevant lived experiences. The advisory groups will include current or former participants of SSIPP as well as individuals external to SSIPP with the goal of collecting advice on the growth, development and improvement of the programme. This includes an older adult advisory group, a family/caregiver advisory group and an allied health advisory group (i.e. social workers, geriatric nurses and occupational therapists). The selection of advisory group members both internal and external to SSIPP will allow for advice from varying perspectives. Currently, SSIPP is planning a stepwise progression of the advisory groups. The first phase includes an advisory group of older adults in the programme. The next phase will expand to include older adults outside of SSIPP. In this phase, SSIPP will contact community centres or organizations representing equity-deserving groups to include older adult collaborators who may face barriers to access SSIPP. The third phase will expand to include a family/caregiver advisory group, and the final phase will expand to include an allied health advisory group. The advisory groups will have separate and merged meetings. SSIPP has established a core team consisting of national SSIPP executive members, clinicians, public health mentors and advisory group representatives, which will solicit formal feedback and guidance from these advisory groups. All core team members are in the process of receiving facilitation training.

Older adults involved in the advisory groups will also have the opportunity to participate as co-researchers in the creation of the older adult engagement model. This model will allow SSIPP and future projects to incorporate older adults as more active partners in programme creation, strategy and implementation, ultimately establishing initiatives that are directly informed by lived experience.

CONCLUSION

COVID-19 and physical distancing policies have significantly exacerbated social exclusion and weakened social safety nets among older adults. In response, SSIPP developed a tele-intervention informed by the principles of health promotion, aiming to address social exclusion and its negative health outcomes. This perspective article explains the significance of interventions like SSIPP during a pandemic, and outlines important lessons informing virtual transformation of health promotion programmes affected by physical distancing measures. The current programme evaluation will ensure SSIPP continues to mitigate unintended harms of physical distancing measures by fostering meaningful social relationships and enhancing systems navigation for older adults across Canada. By doing so, SSIPP serves as an exemplary low-cost social intervention for older adults impacted by COVID-19 preventive measures.

CONFLICT OF INTEREST STATEMENT

The authors M. Persaud, G. Sem, and V. O'Driscoll are the co-founders of SSIPP. The authors S.C. Naidu, L. Diamond, N. Pitch, and N. Dhingra were executive members of the University of Toronto SSIPP Chapter from 2020-2021. N.Y. Sheikhan, D.A. Nowak, and K. Kuluski are public health, physician, and patient engagement advisors, respectively, for SSIPP.

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