

Social workers and other gerontological scholars have increasingly voiced concern about loneliness (subjective perception of lack of meaningful relationships) and social isolation (social engagements and contacts) among older adults. In 2015, “Eradicate Social Isolation” was included as one of the twelve Grand Challenges for Social Work (1). As key members of interprofessional geriatric teams, social workers are uniquely positioned to intervene in addressing social isolation by developing and testing interventions<sup>1</sup>. By 2017, calling it a “loneliness epidemic”, U.S. Surgeon General Vivek Murthy proclaimed loneliness and social isolation among the world’s older adult population was a global epidemic (2).

As prevalence rates suggest that nearly one-third of older adults experience loneliness and/or social isolation and a subset (5%) reporting often or always feeling lonely (3, 4), we began to recognize the risks and impacts. Data on impact of loneliness and social isolation indicates significant and long-term negative outcomes for older adults identified as lonely and/or socially isolated. As noted in an earlier editorial (5), there are myriad

*LONELINESS AND SOCIAL ISOLATION IN OLDER ADULTS DURING THE COVID-19 PANDEMIC*

with others to develop and test interventions—the pandemic crisis provides the opportunity to respond to the charge. Social workers can go beyond traditional support group approaches to create compassionate social communities that employ new, innovative methods (e.g., virtual/telehealth delivery formats) and intervention components (e.g., laughter, mindfulness, meditation, reminiscence, and horticulture therapy, body movement (e.g., exercise, dancing, yoga).

Our interprofessional Geriatric Workforce Enhancement Program (GWEP) team has adapted one such evidence-based group intervention. Circle of Friends© is a group intervention developed at Helsinki University designed to address loneliness and social isolation via weekly sessions over three months that incorporate art and inspiring activities, exercise/health content, and therapeutic writing (14-16). Outcomes indicate decreased loneliness, social isolation, and healthcare costs and increased feelings of well-being (17-18). In response to COVID-19, our partners are offering education-focused video conferences and doing daily phone check-in calls.

Social workers in residential facilities have faced a variety of challenges. With families not being able to visit, they have been forced to develop innovative ways for family visits from window visits to Face Time. Developing meaningful activities that can be facilitated in the residents' rooms or re-thinking how to offer group activities such as “Biongocise” (bingo with exercise) with appropriate s/Spa0.5 d 7 increased

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financial challenges. As we have helped them to transition into the world created by the COVID-19 crisis, we can be there to help them transition into the post-COVID-19 world. We must be cognizant of the fact that each person experiences loneliness and social isolation in their own unique way and our responses must be tailored to meet those individual needs that is grounded in evidence-based practice (20-21).

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