

Annex II - presentations researchers

Stability and change in the associations of risk factors with the development of loneliness across middle and late adulthood:

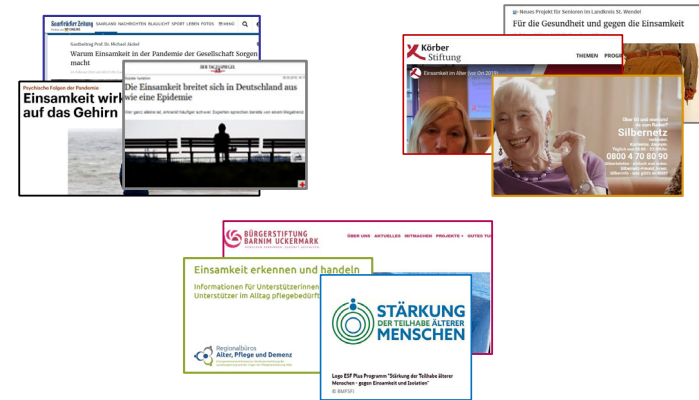
An Analysis based on the German Aging Survey.

Oliver Huxhold & Clemens Tesch-Römer
German Centre of Gerontology

JPI-MYBL Knowledge Sharing Process, Workshop 2, March 10. 2022

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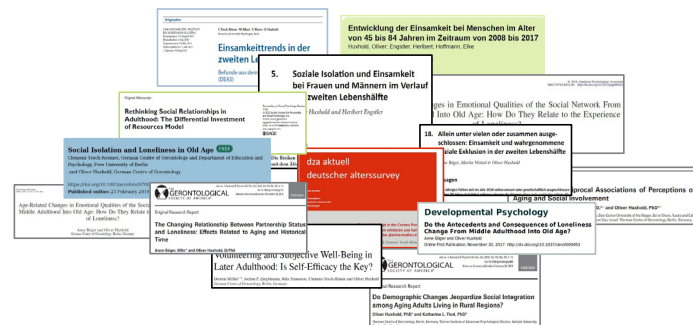
Loneliness is a societally relevant topic in Germany



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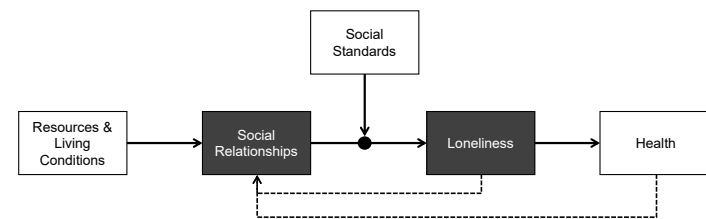
Social Relationships and Loneliness are Core Research Topics at the German Centre of Gerontology



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A Dynamic Model of Loneliness

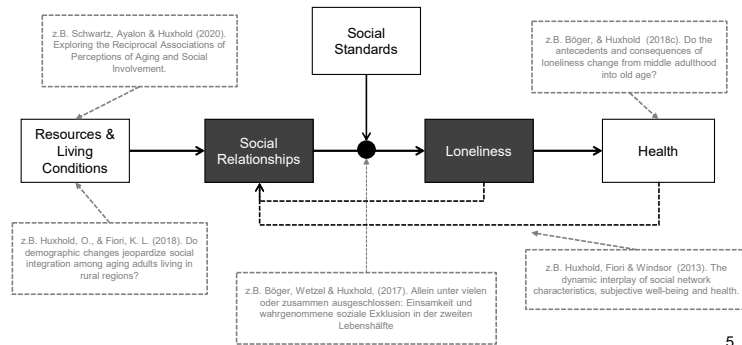


Tesch-Römer & Huxhold (2019). Social isolation and loneliness in old age. *Oxford Research Encyclopedia of Psychology*

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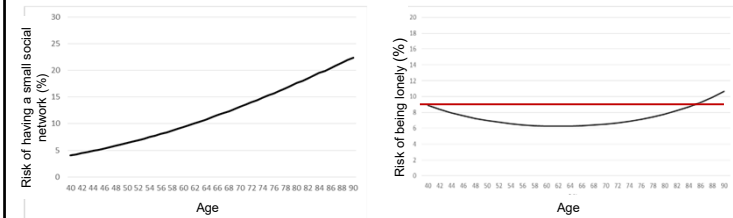
Antecedents and Consequences of Loneliness



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Development of Social Relationships and Loneliness across Middle and Late Adulthood

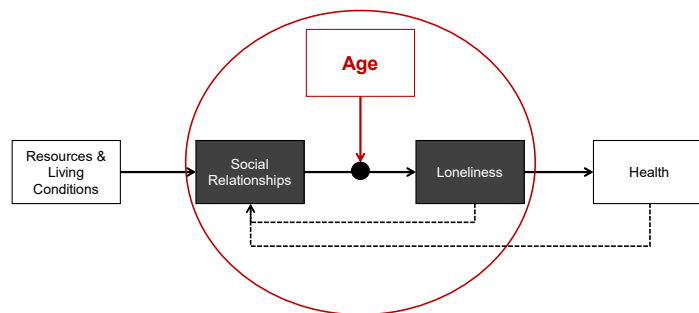


Huxhold & Engstler H. (2019) Soziale Isolation und Einsamkeit bei Frauen und Männern im Verlauf der zweiten Lebenshälfte. In: Vogel C., Wettstein M., Tesch-Römer C. (eds) Frauen und Männer in der zweiten Lebenshälfte.

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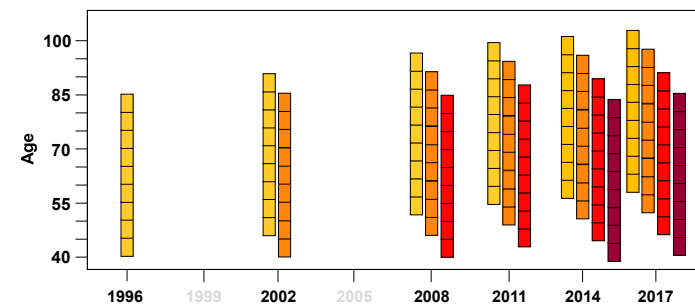
The Association between Social Relationships and Loneliness may change with Age



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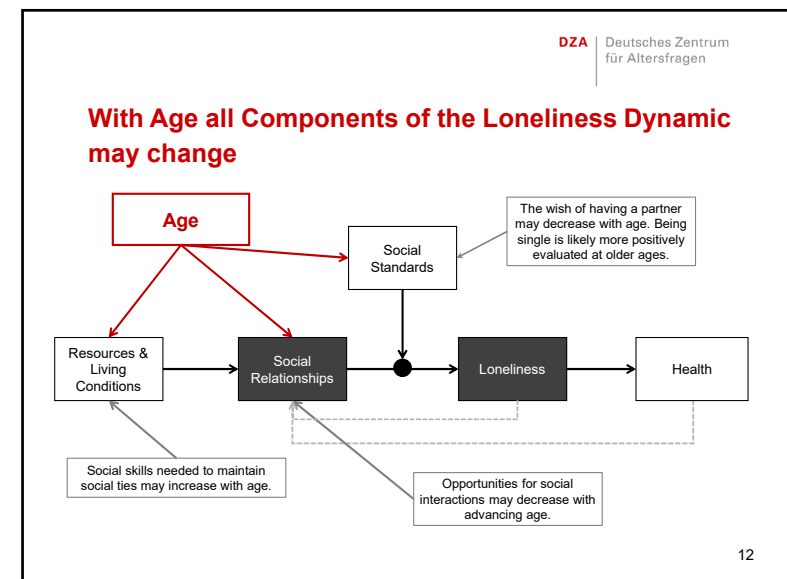
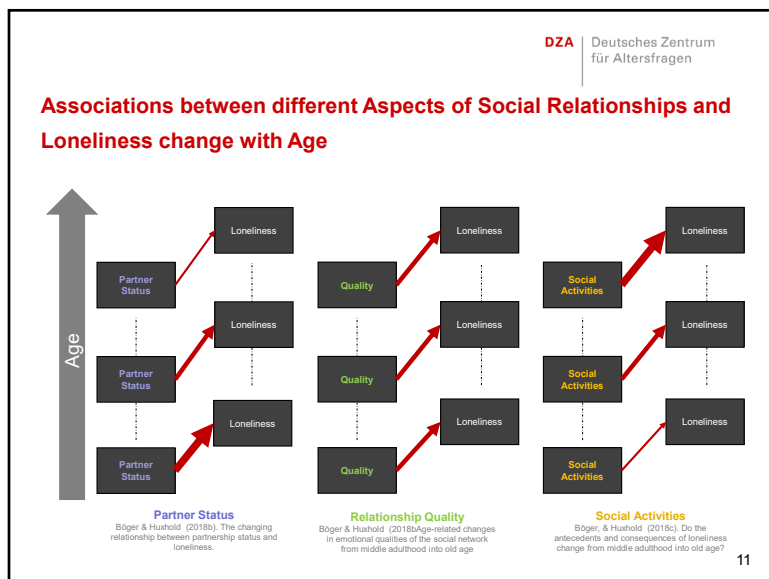
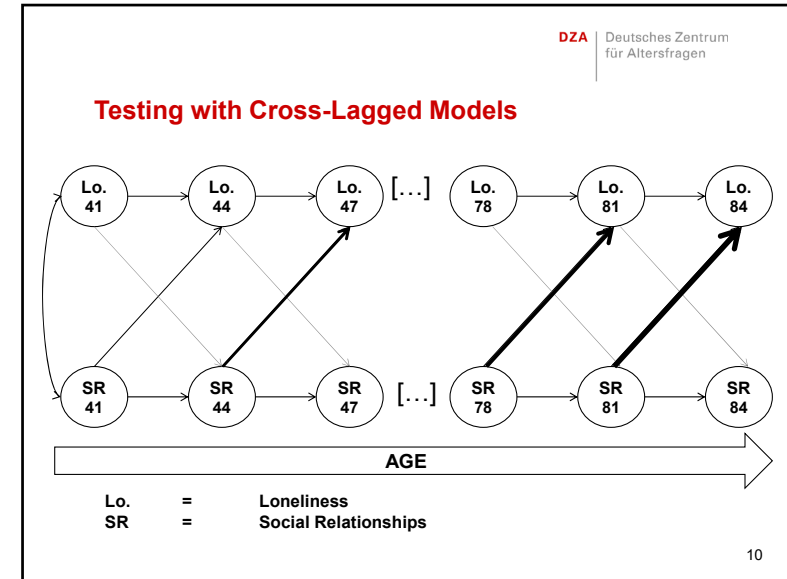
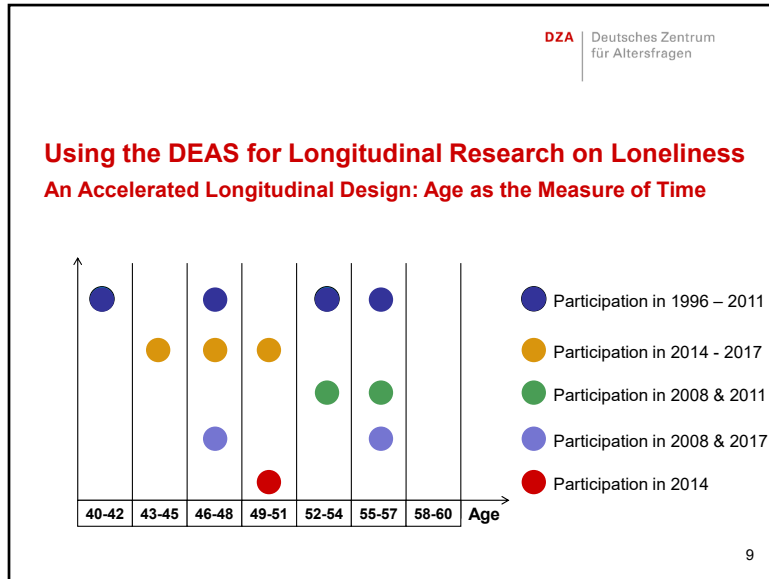
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The German Aging Survey (DEAS)



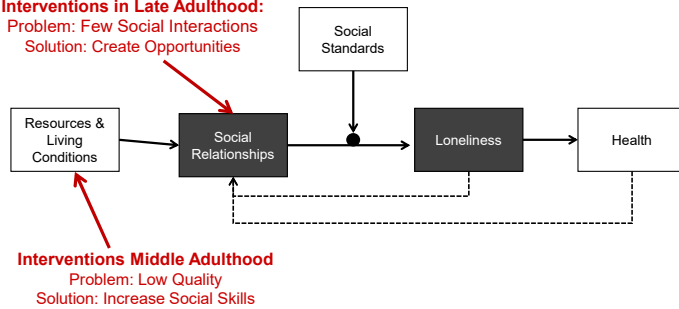
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Different Interventions for different Phases of Life

Interventions in Late Adulthood:
Problem: Few Social Interactions
Solution: Create Opportunities



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Projekt CoESI:

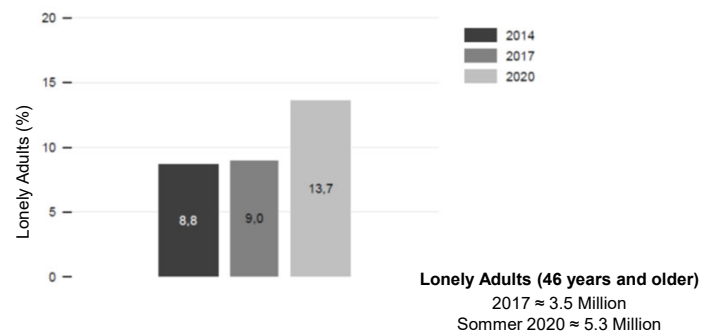
„Consequences of the Corona-Pandemic for the Development of Social Integration in Middle and Late Adulthood“

- Call of the German Federal Ministry of Education and Research
“Societal Consequences of the Corona-Pandemic – Research for Integration, Participation and Renewal”
- Selected for the Second Step in the Grant Application in an international Review Process.

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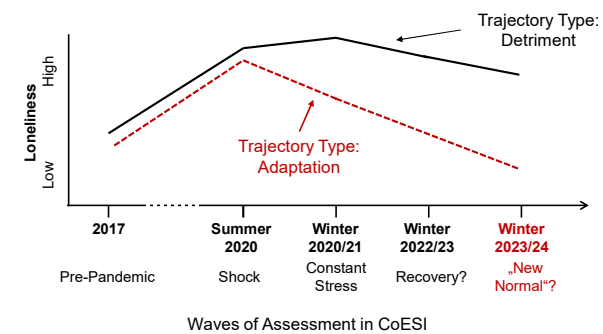
High Rates of Loneliness in Summer 2020 in Germany



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Research Perspective: Coping with Loneliness by Adapting to Contextual Conditions



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Conclusion

- The impact of certain risk factors for the development of loneliness may change systematically across the life span.
- With analyses focusing on shorter time-scales we hope to demonstrate that these changes in associations also occur in the short-term if there is massive change in contextual conditions (.e.g., corona pandemic, widowhood etc.)

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Thank you for listening!

Stability and change in the associations of risk factors with the development of loneliness across middle and late adulthood:
An Analysis based on the German Aging Survey

Oliver Huxhold & Clemens Tesch-Römer
German Centre of Gerontology

Questions: oliver.huxhold@dza.de

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Literature

- Böger, A., & Huxhold, O. (2018a). Age-related changes in emotional qualities of the social network from middle adulthood into old age: How do they relate to the experience of loneliness? *Psychology and Aging*, 33(3), 482-496. <https://doi.org/10.1037/pag0000222>
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Trends and risk factors of loneliness in older adults

Lena Dahlberg

School of Health and Welfare, Dalarna University
&
Aging Research Center, Karolinska Institutet/Stockholm University

Funding: Swedish Research Council for Health, Working Life and Welfare (Forte);
The Nordic Council of Ministers; The Kamprad Family Foundation

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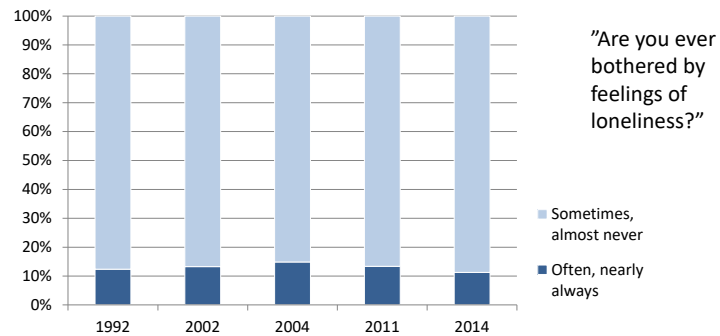
The Swedish Panel Study of Living Conditions of the Oldest Old



- Based on the Swedish Level of Living Survey (LNU)
 - Start 1968
 - Random sample of persons living in Sweden aged 18-75 years
- SWEOLD includes LNU-sample aged ~76 years or older
- Data collection waves: 1992, 2002, 2004, 2011, 2014
- Ongoing: 2021/2022

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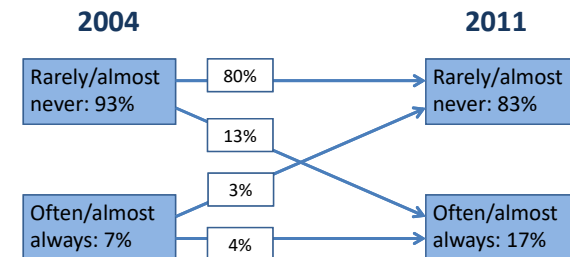
Trend of loneliness in Sweden (77+)



(Dahlberg et al., 2018)

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Change in loneliness over time



(Dahlberg et al., 2015)

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Loneliness during the covid-19 pandemic

- Usually convenience samples, online, entire population (there are exceptions!)
 - Older adults underrepresented, rarely separate analyses
 - Older adults are not representative
 - Cross-sectional vs. longitudinal
- Generally: increase (or no change)
- Different contexts – transferable findings?

(Dahlberg, 2021; cf. Buecker et al. 2021)

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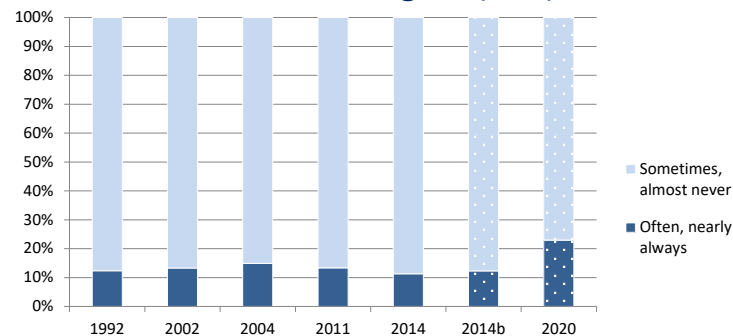
Covid-19 restrictions in Sweden

- Social distancing/isolation of older adults (70+)
- No visits at care homes for older adults
- Loneliness
 - Increase in 70+ year olds, Stockholm region, June-Sept 2020

(von Berens et al., 2021)

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Trend of loneliness in Sweden (77+) and Stockholm/urban region (70+)



(Dahlberg et al., 2018; von Berens et al, 2021)

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Systematic review of longitudinal risk factors

- Population: older adults (M=60+ years at follow-up)
- Exposure: any risk factor for loneliness
- Outcome: loneliness
- Study design: quantitative longitudinal
- Setting: high-income countries

(Dahlberg et al., 2022)

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Risk factors on loneliness in older adults

- 34 articles
- 120 unique risk factors (i.e., measuring the same construct)
- Many included in one or few articles and/or with mixed results

1. Demographic factors
2. Socio-economic factors
3. Social factors
4. Health-related factors
5. Psychological factors

(Dahlberg et al., 2022)

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Risk factors

1. Demographic factors (n=3)
 - **Age, gender**, ethnicity
2. Socio-economic factors (n=7)
 - E.g. household income, financial situation, education, social status, employment status
3. Social factors (n=58)
 - E.g. **marital partner status, limited social network, low level of social activity**, living alone, cohabitation, relationship quality, social support, discrimination

(Dahlberg et al., 2022)

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Risk factors

- Health-related factors (n=23)
 - E.g. **self-perceived health**, various health conditions, cognitive functioning, ADL, IADL, mobility, hearing
- Psychological factors (n=29)
 - E.g. **depression/depressed mood, increase in depression/mood**, self-perceived mental health, anxiety, affect, personality, resilience, perceptions

(Dahlberg et al., 2022)

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Lack of research on risk factors

Potential risk factors not included in longitudinal research, e.g.

- Most aspects of care, e.g., home help
- Social contact with children, informal care, quality in social relations
- Cross-country comparisons, macro-level factors
- Meso-level factors, e.g. urban/rural residency
- Life-course factors

(Dahlberg et al., 2022)

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Future directions

- Trends in loneliness during and post pandemic
- Risk factors
 - individual risk factors
 - combinations of risk factors
 - contexts of ageing, international comparisons
- Theory, conceptualisation, measurement

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References

- Buecker, S., & Horstmann, K. T. (2021). Loneliness and social isolation during the COVID-19 pandemic: A systematic review enriched with empirical evidence from a large-scale diary study. *European Psychologist*, 26(4), 272-284. doi:10.1027/1016-9040/a000453
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Loneliness before and during the COVID-19 pandemic: Prevalence and risk factors among Dutch older adults



Workshop 2, Discussion on the Red line document (December 3, 2021) prepared for the JPI MYBL knowledge sharing process on “Isolation and loneliness of older people during the COVID-19 pandemic: formal/informal care” March 10, 2022

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Older adults more resilient than younger adults?

- Longitudinal Internet studies Social Sciences (LISS)
- Represent Dutch population independently living; age 16–80 (M = 50)
- N = 15,574 with M = 4.9 yearly observations 2008–2021
- Short De Jong Gierveld scales; experiences of emotional or social loneliness

| Loneliness type | Emotional | Social |
|------------------|--------------------|-------------------|
| October 2020 | High | Low |
| Age differential | No | No |
| Age differences | High among younger | High 40-70 |
| Gender | Female > Men | Men > Female |
| Partner status | Without > Partner | Without > Partner |
| Years 2008-2021 | Increase | |

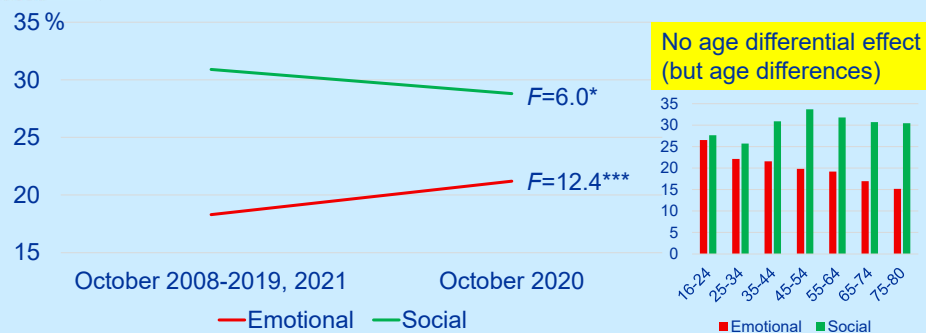
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Older adults more resilient than younger adults? Loneliness in 1st year of the pandemic



Agreement with ≥ 1 from three items. Longitudinal Internet studies Social Sciences (LISS) 2008-2021, community dwelling; N₁ = 76,516; N₂ = 15,574; age 16-80; controlled for year, gender, partner status

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Strengths and limitations

- Comparing over many years
 - Large age range
 - Reliable measurement; two types of loneliness
- But
- Infrequent measurement
 - Respondents completed digital questionnaire

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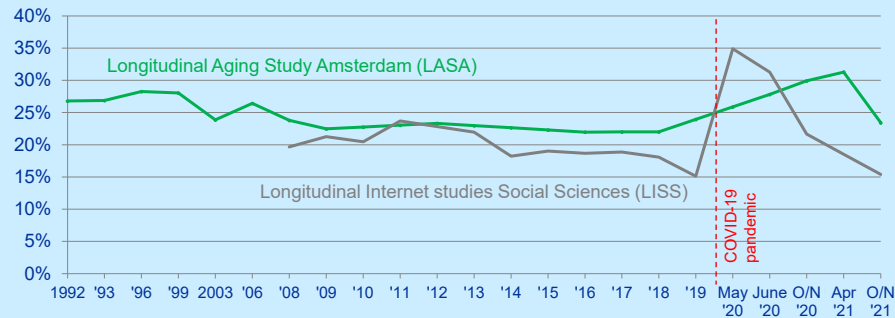
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Emotionally lonely (Dutch; community dwelling; 75+)

Prevalence increased in two longitudinal samples, but trends during the pandemic varied



Note: different data collection mode and methods. Partially reported (Van Tilburg et al., 2021; Van Tilburg, 2021a,b). LASA: 1-14 items; 146841 item scores; 14369 observations; 3399 respondents. LISS: 6 items; 6918 observations; 1423 respondents.



Pandemic: 'Social distance', more loneliness?

- Dutch lockdown was not very restrictive - no problem with going outside
Older people were very active
Many used communication technology to maintain social contacts remotely
- This may have been sufficient to allow people to cope with the pandemic
- It was **not so much social embedding that was affected** by the crisis, but rather the 'emptiness' and close connectedness with people around them

Van Tilburg, Steinmetz, Stolte, Van der Roest, & De Vries (2021)

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Pandemic: Regulative coping

Cognitive discrepancy approach to loneliness: lowering relationship standards

- Many people may have seen that others (e.g. in nursing home) were worse off
- Physical distance measures may have **lowered expectations** of the frequency of contact and exchange in relationships
- More pressure on finding meaning in life? The answer to loneliness has always been to be at peace with oneself. Existential loneliness did not increase
- Many applied active and regulative coping, but those who applied coping had not greater well-being during the COVID-19 pandemic than others

Regulative coping contributes to resilience, but is also a threat to future social behavior

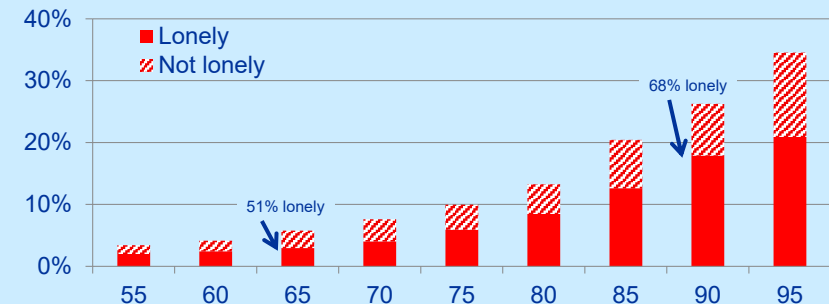
Van Tilburg (2021)

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Share of socially isolated people by age

Isolated = living alone and no weekly network contacts



Aging: social isolation ↑, loneliness ↑

LASA, 1992-2019; N observations = 17581; N respondents = 4965

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Pandemic: Categories at risk

- Increase in emotional loneliness was **high for everyone regardless of partner status and having daily network contact**
- Protective, before and during the pandemic
 - Higher **mastery**, better **physical functioning** protected; resources helped to shape social life
 - **Social participation** before the pandemic; provides structurally embedded connectedness and social contact
- Protective, before but not during the pandemic
 - Church attendance (online variants did not provide the same level of connectedness)
 - Large social network and having daily contact; less structurally embedded

Van Tilburg (2021)

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Pandemic and post-pandemic: What to do

- Remind: Combatting social isolation (or few contacts) <> combatting loneliness
- **Prevention!** Emphasis on **structural embedding**
 - Incidental social activities may not help or only for a short period of time
 - Do **not overestimate role of family**: family size is decreasing; daily visits are not always possible; sometimes low quality relationships
LASA 2019: **37%** of 75+ partnerless people at risk (do not have 'important' weekly contact with ≥ 1 relative within 30 minutes travel time)
 - Daily visits by home care helpers and mobilizing latent informal contacts
- Cognitive approach to loneliness
 - Lowering relationship standards: Ageism is also in older adults themselves, making them passive
 - Vulnerabilities are difficult to change; targeted policies can reduce their negative impact

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Thanks! Questions?
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<https://scholar.google.nl/citations?user=VVoz-ZIAAAAJ>



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Publications

- Van Tilburg, T.G. (2021). Emotional, social, and existential loneliness before and during the COVID-19 pandemic: Prevalence and risk factors among Dutch older adults. *The Journals of Gerontology, Series B*.
<https://doi.org/10.1093/geronb/gbab101>
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- Van der Roest, H., Prins, M., van der Velden, C., Steinmetz, S., Stolte, E., Van Tilburg, T.G., & De Vries, D. H. (2020). The impact of COVID-19 measures on well-being of older long-term care facility residents in the Netherlands. *Journal of the American Medical Directors Association (JAMDA)*, 21, 1569-1570.
<https://doi.org/10.1016/j.jamda.2020.09.007>

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JPIMYBL Knowledge sharing workshop 2: 10 March 2022

Research review on the association between social connection and health outcomes in long-term care home residents

Jennifer Bethell, PhD



kite KNOWLEDGE INNOVATION TALENT EVERYWHERE

1

Outline

kite

Answer these four questions:

- (1) What is a LTC home?
- (2) What are the unique considerations for LTC homes?
- (3) What did we already know about social connection in LTC (pre-COVID)?
- (4) What happened in LTC homes during COVID-19?

To establish that isolation and loneliness important topics in long-term care (LTC) homes **before**, **during** and **after** the COVID-19 pandemic.

2

kite

“One of the paradoxes of institutional living is the loneliness and isolation of people who are never alone.”

Newman ES, Sherman E, Sherman SR. Residential life space: a training session for administrators using the andragogical approach. Long Term Care Health Serv Adm Q. 1978 Sep;2(3):231-7.

3

kite

Social Connection

- structural, functional and quality aspects of how individuals connect to each other¹
- depends on the existence, roles and qualities of relationships as well as the sense of connection in these relationships²

Loneliness

discrepancy between preferred and actual experience of meaningful connections³⁻⁵

Social Connectedness

opposite of loneliness; extent to which one has meaningful, close, and constructive relationships with others⁶

Subjective

Social Isolation

lack of (or limited) social contact with others

Social Support

actual or perceived resources available from others⁷

Social Engagement

taking part in activities with others⁸

Objective

REFERENCES: 1. National Academy of Sciences (2020) | 2. Holt-Lunstad (2018) | 3. Fried et al (2020) | 4. Prohaska et al (2020) | 5. Perlman & Peplau (1981) | 6. O'Rourke & Sidani (2017) | 7. Cohen & Wills (1985) | 8. Berkman et al (2000)

4

kite

(1) What is a long-term care (LTC) home?

- Sometimes called nursing home, care home

“A nursing home is a facility with a domestic-styled environment that provides 24-hour functional support and care for persons who require assistance with ADLs and who often have complex health needs and increased vulnerability...”

Sanford AM et al. An international definition for "nursing home". J Am Med Dir Assoc. 2015 Mar;16(3):181-4.

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kite

(2) What are the unique considerations for LTC homes?

Loneliness (and isolation?) common in LTC:

- Loneliness associated with moving into LTC homes¹
- Loneliness higher among LTC home residents than other older adults²

1. Hanratty B, et al. Loneliness as a risk factor for care home admission in the English Longitudinal Study of Ageing. Age Ageing. 2018;47(6):896-900.
2. Pinquart M & Sorensen A. Influences on Loneliness in Older Adults: A Meta-Analysis, Basic and Applied Social Psychology. 2001;23(4): 245-266.

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kite

(2) What are the unique considerations for LTC homes?

Social connection has multiple meanings in LTC:

- Essential to **quality of life**^{1,2}
- Associated with mental³ and physical⁴ **health outcomes**
- A key aspect of **quality of care**⁵ and **person-centered care**⁶⁻⁹

Yet, (pre-COVID) research and reporting on LTC was critiqued for the focus on medical care and inattention to quality of life, including social connection, as a measure of LTC home quality¹⁰

REFERENCES: 1. Bradshaw et al (2012) | 2. Moyle et al (2015) | 3. Bethell et al (2021) | 4. Lem et al (2022) | 5. Sion et al (2020) | 6. Calkins et al (2018) | 7. Boscart et al (2018) | 8. Fazio et al (2018) | 9. Corazzini et al (2019) | 10. Armstrong et al (2017)

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kite

(2) What are the unique considerations for LTC homes?

LTC residents are a population with unique needs and opportunities for building and maintaining social connection, e.g.,:

- **Residents:** mostly older adults, many with vision or hearing loss, cognitive impairment, and mobility impairment which can impact social connection
- **Families:** many provide vital social support (e.g., participating in care)¹ whereas some residents are unbefriended (incapacitated and have no surrogate decision maker)²
- **Staff:** provide daily support to residents, but with limited time and high turnover³
- **Homes:** communal setting (e.g., meals, group activities)
- **Communities:** organisations and care professionals participate the life of the home

REFERENCES: 1. Puurveen et al (2018) | 2. Chamberlain et al (2019) | 3. McGilton et al (2020)

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(3) What did we already know about social connection in LTC (pre-COVID)?

"It is clear....that there is remarkably little research focusing exclusively upon loneliness in care homes either from the quantitative or qualitative perspective."

Victor CR. Loneliness in care homes: a neglected area of research? Aging Health 2012 8:6, 637-646.

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(3) What did we already know about social connection in LTC (pre-COVID)?

Some emerging evidence on interventions for social connection in LTC:

- Victor (2012)¹
- Brimelow & Wollin (2017)²: 15 (loneliness or social network) intervention studies
- Mikkelsen et al (2019)³: 10 (social relations) intervention studies
- Quan et al (2019)⁴: 15 (loneliness) intervention studies in past 10 years

But many intervention studies exclude those with cognitive impairment.

1. Victor CR. Loneliness in care homes: a neglected area of research? Aging Health. 2012.
2. Brimelow RE, Wollin JA. Loneliness in old age: Interventions to curb loneliness in long-term care facilities. Activities, Adaptation & Aging. 2017.
3. Mikkelsen ASB et al. Social Interventions Targeting Social Relations Among Older People at Nursing Homes: A Qualitative Synthesized Systematic Review. Inquiry. 2019.
4. Quan NG et al. A systematic review of interventions for loneliness among older adults living in long-term care facilities. Aging Ment Health. 2019.

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(3) What did we already know about social connection in LTC (pre-COVID)?

| Mental health outcomes (n=61 studies), ¹ including: | Physical health outcomes (n=34 studies), ² including: |
|---|---|
| Depression | Mortality |
| Responsive behaviours | Self-rated health |
| Mood, affect, emotions | Sleep/fatigue |
| Anxiety | Nutrition/hydration |
| Cognitive decline | Stress |

Bethell J et al. Social Connection in Long-Term Care Homes: A Scoping Review of Published Research on the Mental Health Impacts and Potential Strategies During COVID-19. J Am Med Dir Assoc. 2021 Feb;22(2):228-237.

Lem K et al. Social connection and physical health outcomes among long-term care home residents: a scoping review. BMC Geriatr. 2021 Dec 18;21(1):722.

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(4) What happened in LTC homes during COVID-19?

"Older people residing in nursing homes have been at a particularly high risk of isolation, loneliness and reduced care received."

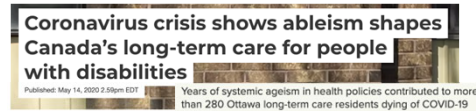
- Redline document

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(4) What happened in LTC homes during COVID-19?

- Sector ignored (gender, ageism, racism, ableism)
- COVID infection and mortality (staff, residents)
- Infection control: resident, family isolation (and the impacts thereof)
- Staffing crisis



'Systemic ageism' to blame for COVID-19 deaths in Quebec care homes, inquest hears

CLARA DESCOMBES
MONTREAL
THE CANADIAN PRESS
PUBLISHED NOVEMBER 1, 2021

COVID-19 crisis in nursing homes is a gender crisis

Women are 90 percent of paid staff in long-term care. Gender must be considered during policy-making, and women must have a seat at the table.

by Carole A. Estabrooks, Janice Keefe
May 19, 2020

2. LABOUR
COVID-19 infections in the workforce reflect wider problems of racism in our economy

Systemic inequalities in race, class, and gender shape heightened risk of exposure and poorer protection from COVID-19 among Canada's workforce. Some of the largest outbreaks of COVID-19 have occurred in long-term care facilities and meat-packing industries, in which racialized people are disproportionately employed (Bouka & Bouka, 2020).



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(4) What happened in LTC homes during COVID-19?

- Recognition of the vital role that LTC homes and families play in supporting residents - and the need for reform
- Acknowledgement of the importance of measuring and reporting quality of life in LTC homes
- Innovation



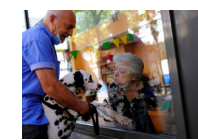
Wikewikong Nursing Home - Making Cedar Tea



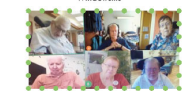
CBC, 2021



St. Joseph's Villa - Windowsills



Reuters, 2020



OARC Resident Forum - Online Meeting



CBC, 2020

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Summing up:

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- Isolation and loneliness were/are important topics in LTC homes **before, during** and **after** the COVID-19 pandemic.
- The contexts of LTC residents, families, homes and communities present specific opportunities for addressing isolation and loneliness.
- **COVID-19 highlighted the essential role of social connection in LTC homes.**

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Thank you!

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