Evidence-based Practice Center Systematic Review Protocol

Project Title: *Addressing Social Isolation to Improve Health of Older Adults: A Rapid Evidence Review*

Questions:

1. Among older adults, what is the effectiveness of interventions (e.g., volunteerism, peer support, transportation programs, etc.) that target social isolation and loneliness to improve health?

2. Among older adults, what are the harms associated with interventions (e.g., volunteerism, peer support, transportation programs, etc.) that target social isolation and loneliness to improve health?

Searches:

We will first search for systematic reviews that address the research questions. If evidence gaps are identified, we will then search for primary studies.

- Systematic reviews: PubMed, PubMed Health, Prospero, VA ESP program, AHRQ EPC program, Cochrane Database of Systematic Reviews, CRD database, CADTH, DoPHER, ECRI, Systematic Reviews Journal, CINAHL, and PsycInfo. Databases will be searched from 2013 onwards.

- Primary studies (if needed): PubMed, CINAHL and PsycInfo. Search date will be based on evidence gaps.

We will also contact targeted health systems and research groups for existing interventions and research to address social isolation.

Types of studies to be included:

We will first assess systematic reviews to see if these meet our inclusion criteria. We will then examine primary studies published in the last 10 years from these reviews, and any studies identified in subsequent searches, to see if these meet our inclusion criteria.

- Systematic reviews:
  - Include: Reviews of reviews, systematic reviews, or rapid reviews. Reviews must search more than one database, pre-define their inclusion criteria, and conduct an assessment of study quality.
  - Exclude: Literature reviews, editorials or commentaries.

- Primary studies:
    - Include: Randomized controlled trials, quasi-randomized controlled trials, cohort studies or other observational studies.
    - Exclude: Editorials and commentaries, case series or studies with <10 people.

Condition or domain being studied:

Social isolation and loneliness in older people are major public health problems that have been associated with poor psychological and physical outcomes, as well as increased mortality.[1,2] Social isolation is defined as the lack of meaningful and sustained connection to other people, while loneliness is defined as a perceived lack of interaction with others.[3] There are complex social, psychological and physical reasons why older adults may become socially isolated, including visual and hearing disabilities, the desire to be independent, lack of mobility, loss of family and friends, and lack of transportation. In recent years, health systems have increasingly focused on addressing the upstream social determinants of health that contribute to poor health, rather than exclusively focusing on preventing and treating disease. Reducing social isolation in older adults has been identified as a priority issue and an area for potential collaboration between health systems, community organizations, public health departments and others.

Participants/population:

- Include: Older adults (Medicare or retirement age [60 years or older]), community dwelling
- Exclude: People less than 60 years of age, Veterans, exclusively focused on a single health condition (e.g. physical or sensory disability, specific mental illness, etc.), non-community dwelling (e.g. nursing home, institutional setting, etc.)

Intervention/exposure:

- Include: Interventions that target social isolation to improve health outcomes. Examples include volunteerism, programs delivered by peers or health care practitioners, transportation programs, etc.
- Exclude: Case management, information technology (IT) focused interventions, telehealth, interventions not focused on reducing social isolation, not an intervention.

Comparator/control:

- Include: Any comparator, no comparator

Context:

- Include: Community settings

- Exclude: Low and middle-income countries, skilled nursing facilities, assisted living facilities, hospitals

Primary outcome(s):

Systematic reviews will be included if they report any of the primary or secondary outcomes of interest. Primary studies will <u>only</u> be included if they report the primary outcome.

- Physical and mental health outcomes (including but not limited to depression, quality of life, and chronic disease management)

Secondary outcome(s):

- Health care utilization (including but not limited to Emergency Department visits, hospitalizations, primary and specialty care appointments)
- Harms

Data extraction (selection and coding):

Abstract and title review, full text review, and abstraction will be performed by one reviewer. A second reviewer will verify a 25% sample of articles and abstracted data. Disagreements will be resolved through discussion.

Data extraction categories will include author, year, country, study design, PICOs, and results.

Risk of bias (quality) assessment:

Study quality will be assessed either by extracting systematic reviews' quality assessments, or by using a risk of bias tool based on criteria developed by the U.S. Preventive Services Task Force.[4]

Strategy for data synthesis:

Data will be compiled into evidence tables and synthesized narratively. We will not conduct a meta-analysis or do a formal process to grade the strength of evidence.

Analysis of subgroups or subsets:

No subgroup analyses will be conducted.

External peer review: We will have at least 1 content expert and 1 methodological expert review the draft report.

References:

1.   Nicholson NR. A review of social isolation: an important but underassessed condition in older adults. *The journal of primary prevention.* 2012;33(2-3):137-152.
2.   Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America.* 2013;110(15):5797-5801.
3.   Poscia A, Stojanovic J, La Milia DI, et al. Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental gerontology.* 2018;102:133-144.
4.   Harris RP, Helfand M, Woolf SH, et al. Current methods of the US Preventive Services Task Force: a review of the process. *American journal of preventive medicine.* 2001;20(3 Suppl):21-35.

Analytic Framework

Figure 1. Analytic framework for Addressing Social Isolation to Improve Health of Older Adults: A Rapid Evidence Review
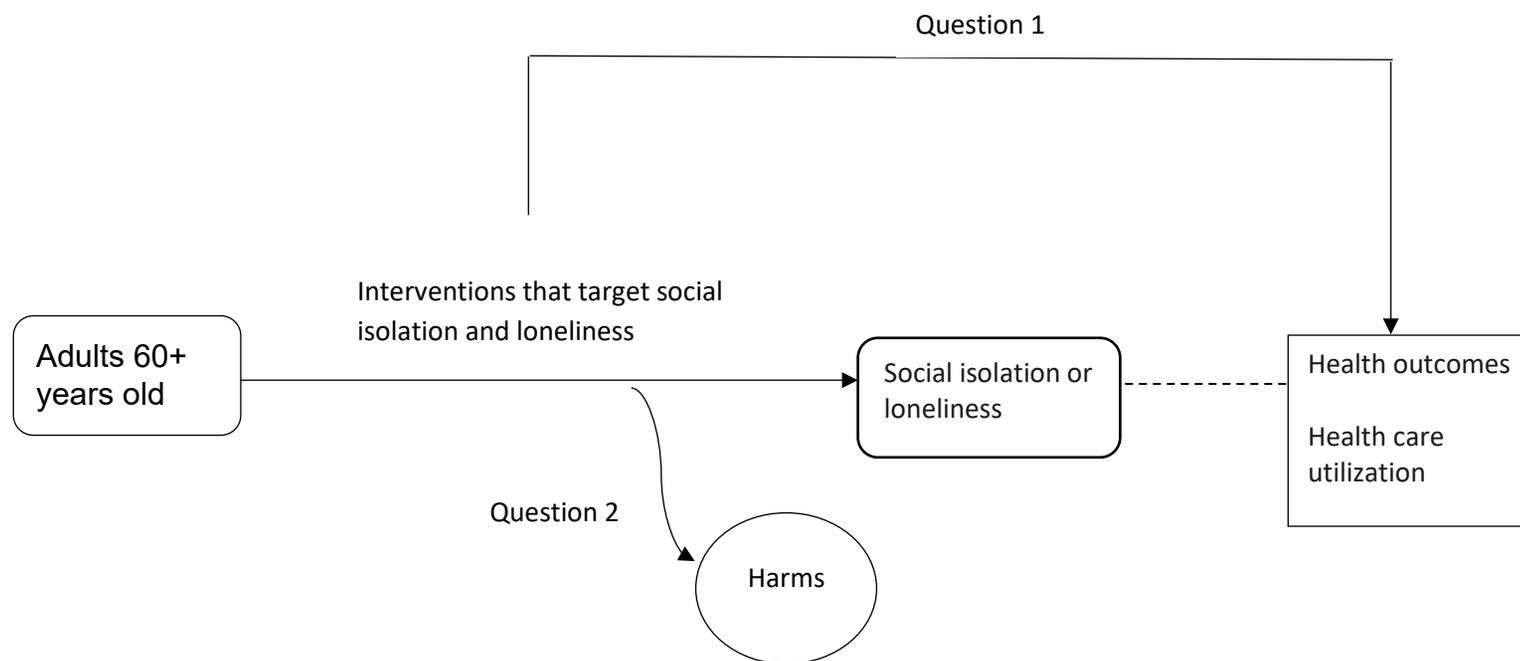

Figure 1: The analytic framework depicts the relationship between the questions, population, interventions, and outcomes that are the focus of this review. The framework begins on the left with the population of interest: adults 60 years old or older. A solid horizontal arrow labeled "Interventions that target social isolation and loneliness" extends from the population of interest to direct effects on social isolation or loneliness, which are assumed to exist but are not the focus of this review. A dotted line connects social isolation or loneliness to health outcomes (the primary outcomes of interest) and health care utilization (the secondary outcomes of interest). An arrow labeled "Question 1" connects "Interventions that target social isolation and loneliness" to health outcomes and health care utilization. An arrow labeled "Question 2" connects "Interventions that target social isolation and loneliness" to harms that are associated with those interventions.