The World Health Organization (WHO) has launched an initiative to make the world more "age-friendly," finding ways to improve the quality of life for individuals of all ages, from young children, to parents, to the elderly. Grand Rapids is joining this challenge and attempting to address some of the issues faced by a growing population of older adults.

One problem the elderly face is decreased rates of socialization. With the loss of physical dexterity, transportation difficulties, and the loss of a spouse and friends, socialization can become increasingly challenging as one ages. For this reason, I researched the importance of socialization and social support in the elderly, examined potential challenges to maintaining their social life, and suggested potential solutions to alleviate these challenges.

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**What is social support?**

- **Two main dimensions of the measurement of social support** (Chronister, Frain, Chou, & da Silva Cardoso, 2008):
  - **Structural**, "Received" size of social network, frequency of contact, and characteristics of friend group
  - **Functional**, "Perceived" emotional (affection/concern, listening), instrumental (aid/asistance), informative (guidance/advice/feedback)

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<tr>
<th>Dimension</th>
<th>Description</th>
<th>How is it measured?</th>
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<tbody>
<tr>
<td>Structural, &quot;Received&quot;</td>
<td>Presence or absence of various relationships is counted (marital status, close friends, relatives, group participation), frequency of contact</td>
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<tr>
<td>Functional, &quot;Perceived&quot;</td>
<td>Perceived satisfaction or availability (individual evaluates their relationships, rates how likely they would be to receive support if needed)</td>
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The structural "received" dimension of social support is often criticized, as it assumes that all relationships are supportive. A stronger relationship between the functional "perceived" dimension and health is seen more often compared to the structural "received" dimension.

- **Two models on social support and health** (Penninx, van Tilburg, Kriegsman, Deeg, & van Eijk, 1997)
  - **Direct effect model**: Social support has a direct effect on health.
  - **Stress-buffer model**: Social support lessens the impact of stress, therefore improving health. This model allows for the interaction of other variables.

**Why is it important?**

- Social support has been identified as a crucial factor in both mental and physical health. Studies show the impact that social support has on:
  - Disease prevention (Koenen, Knesmeijer, Vos-PanHuijsen, & Velthuizen, 1990)
  - Physical rehabilitation (Chronister et al., 2008)
  - Stress reduction and depression (Norriss & Kaniasty, 1996)
  - Promotion of health self-care habits (Chronister et al., 2008)
  - Natural disaster recovery (Norriss & Kaniasty, 1996)
  - Mortality risk (Penninx et al., 1997)

- Social support is an important result of socialization. By increasing socialization, the social support network will also increase.

**Why is it important? (Cont.)**

- **Supporting socialization fulfills the need for older to maintain friendships and together, which in turn promotes their independence and welfare, allowing to find their role and significance in society** (Wardhana, Soemarno, & Prijitomto, 2012).

- **Negative social interactions also have their consequences.** Mentally healthy older adults who had more negative social interactions (such as rejection, unwanted intrusion, failure to receive help, and unsympathetic interactions) were reported to have increased cognitive impairment and experienced a decline in memory (Wilson, Boyle, James, Leurgans, Buchman, & Bennett, 2014).

**Challenges the elderly face:**

- **Declining social engagement**: The disengagement theory was developed in the 1960’s, and theorized that social withdrawal was an inevitable part of the aging process. Although this theory was not supported by research (Tobin & Neugarten, 1961), one critical piece of evidence was discovered; older adults did perceive a change in their social interaction and reported that they felt lonelier and had fewer social interactions than they had during middle adulthood, negatively impacting their life satisfaction (Tobin & Neugarten, 1961).

- **Independence**: The use of community support services has helped many older adults maintain their independence (Jackson, 1990). Living independently, especially with limited driving ability, presents additional struggles.

- **Community environment**: While allowing the elderly to remain in their homes is usually ideal, an unsafe or unstable living situation can lead to further isolation (Eilers, Lucey, & Stein, 2007). In these cases, relocation to a retirement or assisted living community can be beneficial. However, even those living in communities face challenges in maintaining socialization, and creating a nurturing environment and building relationships within the community should be a primary goal.

**Potential Solutions:**

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<tr>
<th>Challenge</th>
<th>Solution</th>
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<tr>
<td>Gradual reduction of relationships</td>
<td>Activity programs at local &quot;senior centers,&quot; creative activities</td>
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<td>Transportation</td>
<td>Volunteer drivers, prepaid taxi services, shuttles to and from activities</td>
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<tr>
<td>Affordability</td>
<td>Low cost activities (few required materials; book clubs, knitting groups, volunteer activities, etc.) funding of organizations (nonprofit, government, funding, fundraising)</td>
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**Senior centers**: A central location for seniors

- To obtain information: This center would provide a convenient location for seniors to gather information about upcoming activities and events, community support services, transportation options, senior employment opportunities, and more.

- To socialize: An activities program at a local senior center would provide a wide variety of socialization opportunities (Eilers, Lucey, & Stein, 2007). Programs encouraging creativity and critical thinking are especially important for encouraging continued interaction (Donahue, Hunter, & Coons, 1953).

- To facilitate participation: This center could also help facilitate transportation to and from activities by providing a central location for shuttles or volunteer drivers to drop off and pick up seniors. Using the center as a central meeting place for other activities could alleviate some of the cost of transportation (Rahman, Strawderman, Adams-Price, & Turner, 2016).

**Creative activities** have been successful in promoting socialization in a variety of ways. Individuals are able to learn together, find others that share their hobbies, and often continue to work on their projects together outside of scheduled activity times (Donahue et al., 1953). Individuals that are encouraged to continue working on their creative endeavors together often show increased rates of socialization (Donahue et al., 1953, Fraser & Keating, 2014).

**Transportation options** could include volunteer drivers, prepaid taxi services, and shuttles to and from activities (Rahman et al., 2016). These shuttles could work several ways; individuals could be shuttle from their homes directly to the location of the activity, or individuals could be shuttled to a central location such as a senior center. Additional shuttles could be located at the center if further transportation is required.

**Funding assistance** could operate a few different ways. States such as Washington, Wisconsin and Oregon have used a Medicaid waiver programs, which allow Medicaid dollars to be used to help fund various services for older adults, with the intent of giving equal choice and opportunities for all older adults (Eilers et al., 2007). The Older American’s Act has also funded services such as transportation and day centers for adults (Eilers et al., 2007). The states that utilize these funding programs have found that early intervention with these programs can limit the need for the use of these services in later life.

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