

The following case study is the second in our series highlighting one of our 56 federally-funded state and territory programs funded under the [Assistive Technology Act of 2004 \(P.L. 108-364\)](#). To learn more and to locate your state/territory program, visit the [AT3 Center website](#).

CT TECH ACT PROJECT PARTNERS WITH AGING & DISABILITY SERVICES TO HELP PEOPLE STAY CONNECTED DURING COVID-19

Since March 2020, the unrelenting spread of COVID-19 has forced people to not only socially distance from one another, but also to quarantine and even isolate in order to prevent transmission of the virus. For older adults and persons with disabilities, the risk of social isolation is profound. In Connecticut, several organizations are working together to identify older adults and individuals with disabilities who are socially isolated or at risk of social isolation and to provide appropriate assistive technology to help them stay connected with their health providers, doctors, neighbors, family and friends during COVID-19.

“The pandemic has exacerbated many of the problems already facing older adults and those with disabilities,” stated Patricia Richardson, Field Representative, Statewide ADRC Coordinator from the Connecticut Department of Aging and Disability Services (ADS). “And while disability benefits and other safety nets, such as the Supplemental Nutrition Assistance Program, provided a lot of financial support, they didn’t address another fundamental and widespread need: that of access, including access to things like telehealth, online banking and shopping, and social connections. We created the ‘Stay Connected Program’ to be person centered, which means people get access to the right technology for their situation.”

The Stay Connected Program is an impressive collaborative effort between the Department of Aging and Disability Services’ State Unit on Aging and Connecticut’s Tech Act Project (CTTAP), which is Connecticut’s Assistive Technology Act Program; the five Area Agencies on Aging; five Centers for Independent Living; three State Assistive Technology (AT) Program Partners; and Quinnipiac University School of Nursing. In addition, ADS provides grant/program management and technical assistance.

The impetus for Connecticut’s Stay Connected Program was the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a national emergency funding program, which made \$455,454 available to Administration for Community Living (ACL) for Aging and Disability Resource Centers and No Wrong Doors state agencies in Connecticut. The grant, which runs from April 1, 2020, to Sept. 30, 2021, was based on Connecticut’s demographics of:

- Age of people 60 years of age or older
- People with disabilities over 18

“To make the grant money go as far as possible,” added Richardson, “we look for existing resources to pay for devices or internet, and we use grant funds to pay for consultation, training and support.”

HOW IS “SOCIAL ISOLATION” MEASURED?

The definition of social isolation, which has evolved over time is: The distancing of an individual, psychologically or physically, or both, from his or her network of desired or needed relationships with other persons. And while it seems obvious that social isolation is a concern during a pandemic, identifying persons at risk and assessing their level of risk requires scientific methodology. For this, the Stay Connected Program tapped the expertise of Dr. Nicholas R. Nicholson, Jr., a professor of nursing at Quinnipiac University in Hamden, Conn.

Dr. Nicholson’s program of research is aimed at understanding factors that lead to social isolation in older persons and developing interventions to mitigate social isolation. As part of his research, he developed the “Social Isolation Scale” (SIS).

“In order to more fully understand any condition, it is crucially important to understand the distribution and determinants through accurate measurement,” says Dr. Nicholson. “The SIS is quick to administer, theoretically based, psychometrically tested, and user-friendly.”

According to Dr. Nicholson, the SIS addresses the five attributes of social isolation:

1. Number of contacts (connectedness)
2. Feeling of belonging
3. Fulfilling relationships
4. Engagement with others
5. Quality of network members

In total, the SIS asks six questions, and when all six items are completed and tallied, the final score identifies a person’s level of social isolation. That score can be placed into one of four distinct risk areas, which provides important information as to whether the respondent is socially isolated, at high risk for social isolation, at low risk for social isolation, or unlikely to be socially isolated.

The SIS instrument has been shown to be effective in measuring the concept of social isolation in older adults, and now, through the Stay Connected Program, its effectiveness for persons with disabilities is being tested as well.

Additional questions were added to the Stay Connected screening process following a person-centered approach to obtain a more holistic view of the participants. These questions asked about the participant’s:

- Living situation
- Ability to access groceries and medication
- Connection with religious or spiritual community (if important)
- Other disability information
- Current technology available and usage
- Demographic info

“Social isolation is an aspect of health that cannot and should not be ignored, as it is known to lead to poor health outcomes¹²” explained Arlene Lugo, Program Director for the Department of Aging and Disability Services’ Connecticut Tech Act Project. “This unique collaboration is working to not only identify but also to reduce social isolation through the distribution of assistive technology to those at greatest risk.”

HOW THE PROGRAM WORKS

In short, utilizing Dr. Nicholson’s Social Isolation Scale, the Stay Connected program identifies older adults and individuals with disabilities who are socially isolated or at risk of social isolation. Based on those survey results, an individual may be referred for an assistive technology consultation and services provided by the Connecticut Tech Act Program and AT Partners.

Here’s how it works in greater detail:

As in most states, Connecticut’s Area Agencies on Aging (AAA) and Centers for Independent Living (CIL) conduct information and referral with individuals who call their centers. Now, the five AAAs and five CILs are using the Social Isolation Screening (SIS) tool during their calls, entering responses into a Survey Monkey, which generates instant results as to which individuals could benefit the most from technology assistance.

“Our AT Partners play a critical role,” said Lugo. “They not only have the necessary knowledge to recommend appropriate technology for each individual, but also they are going the extra mile to conduct training via phone or videoconference, which is much more difficult to do than doing so in person.”

Eligible individuals are then referred to one of three Connecticut Tech Act Project AT partner agencies for a remote technology consultation. (The participating AT partner agencies are EASTCONN, the NEAT Center at Oak Hill, and UCP of Eastern CT.) During this consultation, the AT Partner recommends the best selection of technology based on the person’s needs, preferences, abilities, and barriers. Once the technology arrives, training is provided to the individual and to any support person in the home to help them learn how to use the device to stay connected with loved ones, family, friends, and medical providers.

Before individuals can make use of certain devices, they must be connected to the internet. For some, the cost of internet is a barrier, and reliable cellular and internet service is still unavailable for parts of Connecticut. In addition, most Stay Connected Program participants are unable to use public hotspots due to their inability to get to points of access (such as libraries and senior centers) because of health, disability or social distancing. The program connects these individuals to purchased hot spots and internet using a variety of funding streams.

Lugo says that the most common devices being distributed through the Stay Connected Program are tablets (such as the Apple® iPad® and Samsung® Galaxy® tablets), basic laptops (not touchscreens), Amazon® Echo® Show and even phones.

¹ https://journals.lww.com/psychosomaticmedicine/Abstract/2020/02000/Social_Isolation,_Loneliness,_and_All_Cause.11.aspx

² Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10, 227-237.

It's also worth noting that even if an individual does not meet the SIS criteria, they are still provided with other resources and information, such as:

- Connection to community-based services
- Screening for eligibility for other programs
- Zero Isolation: Building Socially Integrated Communities, a 6-week program developed by Dr. Nicholson

SEEKING SUCCESSFUL OUTCOMES

As of early November 2020, the Stay Connected Program has screened over 400 individuals, of which 125 have been referred to AT consultations.

“We believe that technology is a way to pull people out of social isolation,” says Lugo. “This is our chance to demonstrate that.”

To measure the effectiveness of these interventions at combatting social isolation, AT Partners conduct post-surveys 30 days after training participants. In addition, research assistants working with Dr. Nicholson on his program of research conduct surveys at 60 days and quarterly until the end of the grants. These post surveys provide the following benefits:

- Reduces device abandonment
- Data to adjust the Social Isolation Scale
- Data to validate for persons with disabilities
- Data on longitudinal impact on social isolation and use of technology over time

“Our ultimate goal is sustainability of our effort,” noted Richardson. “When the CARES Act funding goes away, this particular program will no longer be funded. Our hope is that we will have not only helped a lot of people and given them the tools to stay connected, but also that we will have measurably demonstrated that technology consultation and training can reduce social isolation. That evidence can be used to effect systems changes, for example, the decision for Medicaid to reimburse technology consultation and training, not just the devices themselves.”

For more information on the Stay Connected Program, visit the [Connecticut Tech Act Project website](#), or watch the [webinar](#) delivered on Sept. 24, 2020.

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