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# ElderFriends: Relieving Loneliness Among Elders

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# age in action

Research in geriatrics and gerontology education and practice  
Virginia Center on Aging  
Virginia Geriatric Education Center  
Virginia Department for the Aging

## Case Study

### ElderFriends: Relieving Loneliness Among Elders

by Kiersten Seeger Ware  
and Sarah Coble

#### Educational Objectives

1. To discuss social isolation among older adults.
2. To promote awareness of the ElderFriends program, an intervention newly established in greater Richmond
3. To seek friendly visitors for the ElderFriends program.

#### Background

Social isolation among elders has long been recognized as problem that diminishes their well-being, one associated with problems of low morale, poor health, and the risk of premature institutionalization (Bennett, 1980). Social isolation also frequently leads to depression and a variety of related health

problems, such as compromised neuroendocrine or immune functioning (Sorkin et al., 2002). Loneliness has been linked to cardiovascular disease as well, through a variety of physiological processes. In addition to biological linkages, lonely people are more likely to suffer from cardiovascular disease due to the deleterious health effects of their own lifestyles, such as little to no exercise, unhealthy eating habits, and alcohol abuse (Sorkin et al., 2002). Because of their isolation, people experiencing loneliness may not exercise sufficient self-care, being unmotivated themselves and lacking the social contacts that encourage them to do so (Sorkin et al., 2002). From self-care activities to cardiovascular disease to depression and loneliness, social isolation is a complex problem that affects every aspect of a person's life: biological, psychological, social, and spiritual. Strong and consistent evidence points to an

important association between social network involvement and better physical health among older adults (Seeman et al., 1993; Tucker, et al., 1999). Feeling love and support from others helps encourage individuals to maintain physical health, preventing further need for medical attention. Intervention strategies at personal and community levels can improve quality of life for older adults (Blazer, 2002).

#### Mission

ElderFriends was founded in Seattle in 1996 on the principle that connection to others and to one's community is just as important to the well-being of older people as nursing care and medicine. ElderFriends Richmond began in the Fall of 2005 as a pilot program. Its mission is to help elders remain independent for as long as possible and to reduce isolation and loneliness among low-

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income, shut-in elders by pairing them with younger volunteers who provide companionship, outreach, and advocacy. These intergenerational relationships are key to the program's success.

**ElderFriends has the following goals and objectives:**

1. To relieve isolation and loneliness
2. To help elders to remain independent for as long as possible
3. To improve lives through social interaction
4. To improve caring interactions between and among children, youth, adults, and elders
5. To look for signs of neglect or abuse of elders and help identify appropriate services for victims
5. To advocate through community networks that focus on low-income elderly populations.

**Program Components**

Elder Participants

The target population for ElderFriends participants is frail elders living independently in their own apartments or homes who report feeling isolated and lonely. These "shut-in" elders have the desire to continue to live independently, but need more social contact and connection with their community to do so.

Intergenerational Relationships

ElderFriends provides companionship, outreach, and

advocacy through intergenerational relationships. Volunteers of all ages are offered the opportunity to join elders in friendship and an intergenerational celebration of life, while giving isolated elders the chance to develop rewarding relationships and enjoy increased social interaction. These relationships often lead to caring friendships between youths, adults, and elders. Visiting volunteers and their families develop ongoing relationships with elders in the community that encourage emotional well being.



Volunteers

ElderFriends believes that the social networks of

isolated older adults who are still living independently can be expanded and strengthened by properly trained and supported on-going volunteer visitors.

Volunteers typically visit their elder friends four times a month and maintain frequent contact with them through letters and phone calls. All volunteers participate in training on the ElderFriends philosophy, processes of aging, communication skills, and relevant community resources that helps them understand their roles as friendly visitors and makes them aware of existing services.

ElderFriends volunteers make a commitment to keep in contact with ElderFriends staff regarding the progress of the relationship with their elder and his/her

needs, and changes in either's circumstances. Through consistent communication and training opportunities, volunteers are able to assist their elder in meeting needs by working together with them, the social services network, and ElderFriends staff. Volunteers knowing about community-based resources encourage elders in self-advocacy by connecting them with potentially beneficial services. Often, elders simply are not aware of existing community services. ElderFriends strives to assist participants by broadening their knowledge and connecting them with these services.

Community Organizations

ElderFriends collaborates with other organizations that provide relevant services, such as primary health care, home chore services, home health care, transportation, and legal assistance. ElderFriends volunteers work directly with a variety of case managers in human services to help elders to access other services outside of ElderFriends itself. This inter-organizational pattern explains why the majority of referrals of elders to the program are from health care agencies which provide services to these individuals. These agencies are eager to work with ElderFriends because doing so links these older adults to already available services rather than duplicating them.

### **Case Study #1 (From Elderfriends Richmond)**

Diane is a 99-year-old widow, a former dancer who was facing an unusual situation when her 80-year-old son's wife had a mini-stroke which resulted in his having to spend more of his time caring for her and less of his time caring for his mother. Diane had moved to Richmond from New York City when her husband became ill and died. Although she could somewhat care for herself, her failing eyesight prevented her from getting out much and from cooking her own meals. In addition, Diane simply felt isolated and lonely. When she reported these feelings, and a desire to get out of the house with a companion, to her Meals on Wheels representative, that representative referred her to ElderFriends. It, in turn, matched her with a friendly visitor named Fanny, a middle-aged graduate student living far from her own family in India.

For the past six months, Diane has been enjoying a close relationship with Fanny. Fanny visits in home and takes Diane out, which gives Diane something to look forward to. Fanny also occasionally cooks special food from her home country for Diane. These meals give Diane a break from her routine Meals on Wheels dinners. Diane reports that she sees Fanny as the daughter she

never had. She says that she is kind, considerate, eager to please and she "doesn't look annoyed at an old woman." Diane's son is still needed and able to help her with instrumental tasks, such as taking her to her doctor's appointments, but her loneliness is at least somewhat alleviated through her weekly visits and phone calls from Fanny and her weekly phone chats and occasional visits from the ElderFriends coordinator. The relationship is reciprocal, as Fanny reports that she gains a lot from her relationship with Diane as well.

### **Case Study #2 (From Elderfriends Seattle)**

Bob is a 76-year-old former handyman who was referred to ElderFriends by a local human services agency. He is a low-income male who lives alone in his own apartment and cares for himself independently. The case manager completed an intake referral form that indicated Bob's physical and emotional difficulties/challenges. Among them were vision and hearing losses, does not go out, history of stroke, wants a friendly visitor, isolated and lonely. Brian, a young Seattle resident, participated in the ElderFriends annual Thanksgiving Day Event, one of many large-scale events ElderFriends Seattle offered to older adults and volunteers (which ElderFriends Richmond is working toward adopting). He

enjoyed the experience so much that he committed to become trained for the "Adopt a Grandparent" friendly visitor opportunity. Brian and Bob were matched on a trial basis of two to three visits, during which time several check-in phone calls were made to both men. Each check-in was positive and both elected to commit to develop an ongoing friendship.

More than three years later, Brian and Bob were still going strong. According to Brian's quarterly reports, they had in-person visits four times a month and spoke on the phone once or twice weekly. Bob is no longer considered to be house-bound. He and Brian go out regularly. In Brian's words:

*Bob has lived in Ballard for eight years. The first five years he spent all his time caring for his very ill wife May. May died three years ago and Bob hadn't really gone anywhere since. He lives within three-quarters of a mile of the Ballard Locks and had never been there. Since I have been visiting Bob, we have walked to the Locks and had dinner together, taken two cruises with ElderFriends, gone to see "A Christmas Carol" with outing tickets from ElderFriends, had pizza picnics on the common outdoor area at his apartment and taken drives. We went out to Winlock,*

*Washington because he wanted to look for the farm his family lived on 30 years ago. Bob now gets out, unlike the seven years before we met. I look forward to many years of weekly visits with him." ... Brian Pankow.*

Their friendship exudes a mutual exchange of respect and trust. Both men have expressed their gratitude to ElderFriends for introducing them and supporting their friendship. They anticipate having a lifelong friendship.

### Conclusion

ElderFriends offers a model for positive action in cases of isolation and associated problems. The newly launched ElderFriends program in Richmond has halfway met its 2006 goal of 12 matches, currently supporting six elders and friendly visitors. We are in the process of matching an additional four volunteers with isolated elders from the Family Lifeline program. ElderFriends is constantly seeking new volunteers and isolated elders to serve. We provide training sessions for volunteers regularly and monitor partnerings in order to maximize the benefits of the intergenerational relationship. For more information, to refer an older adult, or to volunteer, please call (804) 828-6059 or email [elderfriends@vcu.edu](mailto:elderfriends@vcu.edu).

### Study Questions

1. What are some common problems associated with social isolation?
2. What impediments might a friendly visitor program face?
3. How does friendly visitation play a role in preventative healthcare?

### References

- Bennett, R. (1980). *Aging, isolation, and resocialization*. New York: VanNostrand Reinhold.
- Blazer, Dan G. (2002). Self-efficacy and depression in late life: A primary prevention. *Aging and Mental Health*, 6(4), 315-324.
- Seeman, T.E., Berkman, L.F., Kohout, F., Lacroix, A., Glynn, R. & Blazer, D. (1993). Inter-community variations in the association between social ties and mortality in the elderly: A comparative analysis of three communities. *Annals of Epidemiology*, 3, 325-335.
- Sorkin, D., Rook, K.S., & Lu, J.L. (2002). Loneliness, lack of emotional support, lack of companionship, and the likelihood of having a heart condition in an elderly sample. *Annals of Behavioral Medicine*, 24(4), 290-298.

Tucker, J.S., Schwartz, J.E., Clark, K.M. & Friedman, H.S. (1999). Age-related changes in the associations of social network ties with mortality risk. *Psychology and Aging*, 14(4), 564-571.

### About the Authors



Kiersten Seeger Ware has been in the nonprofit and education fields for the last 16 years.

Prior to her appointment at VCU as director of administration and faculty member for the Theatre Department, Kiersten founded and directed ElderFriends in Seattle, Washington. Her work with ElderFriends earned it the "Best New Organization Award" in 2000. She is currently enrolled in the VCU Master of Science program in Gerontology.

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