



Interventions to reduce social isolation among the elderly in low resource settings: A scoping literature review

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Introduction

There are currently 740 million people over age 60, rising to 1 billion by 2020. Social isolation affects between 5%- 40% of the elderly population, throughout all socio-economic classes, making this an important emerging global and public health challenge.

Social inclusion of elderly individuals is essential for improving access to care, and health outcomes, in this rapidly growing segment of the population.

Objectives

To identify effective interventions, especially those adapted to low-resource settings, that are proven to reduce social exclusion and improve access to services and health outcomes of isolated elderly persons

Methods

A scoping review of the scientific literature using the Ovid MEDLINE database with key word searches was performed.

Abstracts were scanned for relevance according to pre-defined inclusion/exclusion criteria, and retrieved articles analyzed using a pre-established template.

Results

Individual and group interventions to increase social inclusion mainly conducted in middle-high income economies.

Case study by Zhang et al on long term care needs for ethnic minority elders in Yunnan China → misunderstanding of need for long term care institutions and that public resources were put into establishing more LTC institutions whereas resources should have been targeted to village-level support systems.

The misunderstanding: WHAT WORKED FOR URBAN CITIES WOULD TRANSLATE TO SUCCESS RURALLY.

Resources needed at grassroots level to *enhance primary care access* and furnish health professionals with tools to combat social isolation.

Preliminary results did not reveal, exclusively, interventions which catered to low income economies or that focused on partnerships with primary care professionals beyond clinic settings.

Conclusions

While interventions which promoted active (social clubs) rather than passive interactions (home visits) had impacts on health in middle-high income societies, there was little evidence relating to low resource settings.

More research is needed on the role of primary care professionals in aiding patients, beyond the clinic, to promote social inclusion.

Understanding the needs of these professionals and the elderly will facilitate changes at the community level and later, on a national stage.

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