Reducing Social Isolation Among Older New Yorkers



Increasing visits from DOROT Response Team volunteers

DOROT is a non-profit that has worked for over 40 years to address social isolation among older adults by bringing generations together, primarily through volunteer visits. Despite a large base of Response Team volunteers who expressed interest in making visits, they experienced low volunteer turnout within the program. ideas42's Behavioral Design Center partnered with DOROT to uncover behavioral barriers to Response Team volunteer engagement and offered recommendations on ways to motivate volunteers to make more visits.

Summary

There is a growing epidemic of social isolation among older adults in the United States. Social isolation is the result of being physically disconnected and/or feeling psychologically detached from the support of family, friends and community.² Being socially isolated has been linked with many health problems, including cognitive decline,3 high blood pressure,4 poor sleep,5 and mental suffering.6 It has been suggested that prolonged social isolation is the equivalent of smoking 15 cigarettes a day.^{7, 8}

In New York City there are now 1.1 million older adults, making up 13% of the population; about one in three lives alone. DOROT, meaning "generations"

in Hebrew, is a multiservice, non-profit agency in NYC dedicated to mobilizing volunteers of all ages to build social, intergenerational connections to

seniors, especially those who may be socially isolated. DOROT works with a diverse range of older New Yorkers who want to meet new people, learn, and know what is going on in the world. To meet these needs, the organization provides a wide array of innovative on- and off-site programs, including home-delivered meals, learning opportunities, support groups, and home visits that enable clients to remain engaged and connected. One DOROT program, the Response Team, allows volunteers, who commit to make a number of visits over the course of a year, to select from weekly or biweekly menu of opportunities to engage with DOROT elders. The DOROT Response Team is unique as it allows older adults to get help with specialized requests and to make new social connections (as opposed to an ongoing visiting relationship with one

The program offers flexibility and convenient scheduling for volunteers ages 18 and up. Response Team volunteers receive e-mails from DOROT on a weekly or biweekly basis listing various options to visit older adults for birthdays, cultural and neighborhood outings, chat in a foreign language, play cards or board games, paperwork assistance and/or technology troubleshooting. Volunteers select the options they prefer based on the visit description and their availability.

volunteer). The program is especially valuable for older adults who do not have friends or family nearby.

Highlights

- Social isolation among older adults is a growing epidemic with serious health impacts.
- DOROT in NYC helps older adults connect and socialize with volunteers in their communities, but volunteer engagement was lower than needed.
 - Applying behavioral insights helps volunteers stay engaged and complete more visits, creating more intergenerational connections.



Despite a large base of Response Team volunteers who expressed interest in visiting, DOROT was experiencing low volunteer turnout within the program. Building new social connections can be a difficult endeavor, especially across generations. When Response Team volunteers don't make enough visits, DOROT is not able to fulfill all the requests it receives from older adults seeking opportunities to meet and socialize. Therefore, staff are eager to make it as appealing and easy as possible for Response Team volunteers to follow through on their commitment to make visits. They turned to ideas42's Behavioral Design Center (BDC) for help figuring out how to encourage more Response Team volunteers to make more visits each year and complete the required follow-up form after each visit, so staff can document completion and identify additional service needs.

Diagnosing Response Team volunteerism

To diagnose the behavioral problem of low volunteer sign-up and visitation, the BDC gathered and reviewed several sources of information.

- ▶ **DOROT data:** We combed through DOROT's volunteer participation and feedback data to learn more about the Response Team volunteers, their other commitments, the number of volunteer hours being completed, and the quality of volunteer visits.
- ▶ Response Team Online Survey: In consultation with DOROT, the BDC team designed and administered an online survey of Response Team volunteers to learn more about their motivations for volunteering, their understanding of the program and their commitments, and their experience signing up to visit with seniors. The 93 volunteer responses to this survey informed our understanding of how they perceive their responsibilities and commitments.
- ▶ Program Processes: We attended the mandatory volunteer orientation session to observe how DOROT's many volunteer opportunities (including Response Team) are presented to prospective volunteers. We then reviewed the multi-step Response Team application process and guidelines. Engaging in this process provided a firsthand account of what is it like to become a Response Team volunteer, and how volunteers come to understand the program expectations as well as their roles and responsibilities.
- ▶ Communication Materials: We reviewed the outreach e-mails that are sent to Response Team volunteers, inviting them to sign up for visits with older New Yorkers. Visit opportunities were varied, and included activities like delivering a card and cake to a senior during their birthday week, helping a senior with a technology question, or accompanying them on a pre-arranged cultural outing.
- ▶ Interviews: Lastly, we spoke with six current Response Team volunteers to learn about barriers to participation from their experience, and to gather ideas for improving communication and the sign-up process.



Barriers to Response Team Participation

Through our analysis, we learned there is a small group of volunteers making 20 or more visits per year—well above the program requirement of 10 visits a year. However, the vast majority of volunteers were minimally involved in the program. Our diagnosis uncovered several behavioral barriers that likely inhibit Response Team volunteers from making more than a couple of visits each year.

Response Team Requirements Are Not Salient—During diagnosis, we noticed that few Response Team volunteers were aware of the required minimum number of 10 visits a year, which may affect the number of visits they schedule and follow through on. In addition, a lack of clarity regarding the importance and reasons behind the feedback form may also have affected the likelihood that volunteers fill it out after they complete a visit.

False Mental Model about Visitation Requirements and Feedback Forms—Mental models, or personal understandings and beliefs based on impressions or anecdotal information, help people make sense of the world—and of new experiences or information. However, erroneous mental models about the Response Team program and volunteer responsibilities may have caused some volunteers to underestimate how many visits they should complete. Furthermore, volunteers may not have realized they are required to fill out a feedback form after every visit. We also learned that some volunteers returned to the same DOROT client without going through the sign-up process, instead volunteering "on their own time." As a result, DOROT may not be "crediting" volunteers accurately, and may be under-counting the total number of visits.

Negativity Bias—Unpleasant events and social interactions tend to have a greater effect on our emotions and thought processes than neutral or positive events. Such negative experiences can cause distress, and lead to avoidance. Our survey and conversations revealed that Response Team volunteers did, on a small number of occasions, have negative experiences when volunteering, which may lead them to believe that future encounters could be negative, and therefore they (consciously or unconsciously) stop volunteering.

Hassle Factors—Signing up for an available volunteer opportunity can be a hassle because it requires that volunteers notice, read, and respond to a weekly outreach e-mail, and sort through all the listings to find an opportunity that fits their schedule. Lastly, volunteers reported that they sometimes struggled to find the feedback form after a visit.

Behaviorally informed solutions to increase volunteering

The BDC provided broad recommendations on ways DOROT could improve the information on its website, adapt their orientation and registration materials, outreach e-mails, and feedback form to set accurate mental models of the program, make the expectation to complete a certain number of visits a year salient (and more practical), and reduce negativity biases and hassles to engagement. We also created a behaviorally informed redesign of the outreach e-mails and offered additional recommendations about



how to make it easier for Response Team volunteers to select an opportunity that both appeals to them and fits their schedule. Our revamped e-mail prototypes and recommendations included the following elements:

- ▶ **Regular communication,** including sending the weekly outreach e-mail at a consistent time each week with the time selected based on volunteers' e-mail reading habits
- ▶ A clear call to action asking volunteers to sign up for a visit right after reading the e-mail
- ▶ Personalization using mail merge to address each e-mail to volunteers by name
- ▶ **Direct links** to a Response Team webpage to more readily connect the volunteer to additional information, should they be interested
- ▶ Clear next steps checklists specifying the action steps to sign up for a visit
- ▶ **Simplified activity descriptions** to reduce the length of the e-mails
- ▶ Strategic use of bolding, bullets, sub-headings and color to make it easier to read the e-mail content
- ▶ A credible, known sender to build trust and create a more authentic message
- ▶ A P.S. reminder in every e-mail with a link to fill out the feedback form

We also recommended periodically including in the e-mails: information about the numbers of visits conducted by the Response Team as a whole, the average number of annual or quarterly visits per volunteer, and stories about individual visit experiences. These highlights could foster accountability and reinforce desired behaviors and the benefits of the visits to volunteers and seniors. In addition to showcasing desired volunteer behavior, tracking visit numbers will enable DOROT to check in with volunteers who have few recorded visits to inquire about the reasons for their low participation, address problems, and remind them of their Response Team commitment and the value of their visits.

Takeaways & what's next

As a result of our recommendations, DOROT has clarified their guidelines for volunteering and created a new and streamlined weekly e-mail to volunteers with information about opportunities. They expanded the Response Team program description on their website to include program expectations and revised the minimum visit level from 10 a year to four visits every six months to make it more manageable and limit procrastination. They have incorporated the minimum visit expectation into their orientation presentation, application materials, and Response Team guidelines presentation.

DOROT is now sending the redesigned e-mail weekly or biweekly to their Response Team volunteers, and it is generating almost twice as many sign-ups as the previous version. The number of matches and visits made increased as well. Before implementing the BDC's recommendations, volunteers were fulfilling 40% of the Response Team volunteer opportunities. Following initial implementation, in February 2020 volunteers were fulfilling 55%. DOROT is also seeing increasing volunteer interest in the program



after their information and orientation sessions, which they attribute to clearer messaging about what the program is and how it helps older adults. Other DOROT programs are benefitting from staff learnings about how program design influences behavior. They are now thinking about how to make it easier for volunteers to participate in all their programming and events.

As DOROT continues to streamline and enhance its Response Team communications and outreach, we expect that volunteers will make more visits to elder New Yorkers—enhancing intergenerational connections.

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References

- ¹ NYC Health. (2019). Health of Older Adults in New York City. Retrieved from: https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf
- ² AARP Foundation. (2016). Connect2Affect campaign. Retrieved from https://www.aarp.org/about-aarp/press-center/info-12–2016/aarp-foundation-draws-attention-social-isolation-with-launch-connect2affect.html and https://connect2affect.org
- ³ Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, Tang Y, Bennett DA (2007) Loneliness and risk of Alzheimer disease. Arch Gen Psychiatry. 64(2):234-40.
- ⁴ Hawkley LC, et al. (2006). Loneliness is a unique predictor of age-related differences in systolic blood pressure. Psychology and Aging. 21:152–164.
- ⁵ Cacioppo JT, et al. (2002) Do lonely days invade the nights? Potential social modulation of sleep efficiency. Psychological science: a journal of the American Psychological Society / APS. 13:384–387.
- ⁶ Cornwell, E.Y., Waite, L.J. (2009). Social disconnectedness, perceived isolation, and health among older adults. J Health Soc Behav. 50(1):31-48. https://doi.org/10.1177/002214650905000103
- ⁷ Holt-Lunstad, J., Smith, T.B., & Layton, J.B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLOS Medicine, 7*(7), e1000316. doi: 10.1371/journal.pmed.1000316
- ⁸ 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 (2), 227–237. doi:10.1177/1745691614568352