

ISSUE BRIEF:

# THE POWER OF CONVERSATION: INSIGHTS FROM THE INTERGENERATIONAL CALLHUB PILOT PROGRAM

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In January 2024, the San Diego State University Center for Excellence in Aging & Longevity (CEAL), in partnership with Determined Health and Meals on Wheels San Diego, launched the Intergenerational CallHub (ICH) pilot program.

This initiative was created to combat the growing issue of loneliness among older adults by fostering regular social phone calls with student volunteers. By bridging the generational divide, this program cultivates meaningful connections that enhance the social well-being of both older adults and college students.

The ICH offers a structured environment for these interactions, featuring consistent phone calls that provide companionship and emotional support. The program specifically addresses the critical issue of social isolation among older adults, a challenge often intensified by limited social networks and mobility constraints.

CEAL's commitment to bridging academia and community, supported by research and practices in informing the program's design, ensures that the ICH is both impactful and scalable. This Issue Brief underscores the importance of intergenerational connections, evaluates the outcomes of the pilot program, and highlights the key strategies that contributed to its success.

## Social Isolation & Loneliness

Social isolation and loneliness, though related, are distinct issues critical for planning effective interventions. Social isolation refers to an objective lack of social connections, while loneliness is a subjective feeling of being alone. Research suggests a synergistic relationship between loneliness and social isolation, where heightened feelings of loneliness can lead to further isolation, and increased social isolation can amplify a person's sense of loneliness.<sup>1</sup> Addressing both requires overcoming barriers and fostering social inclusion. The absence of social connection has significant physical, mental, and economic impacts, comparable to smoking 15 cigarettes a day.<sup>2</sup>

The COVID-19 pandemic heightened concerns around these issues, leading to significant attention from health authorities. In 2023, U.S. Surgeon General Dr. Vivek Murthy highlighted social connection as a public health priority, noting that nearly 50% of Americans frequently feel lonely.<sup>3</sup> The World Health Organization has also launched initiatives to address the health implications of social isolation and loneliness globally.

The SILO Act of 2023 (Strengthening Intergenerational Learning Opportunities Act) was introduced to foster intergenerational connections through mentoring, shared learning experiences, and community projects. The Act emphasizes bridging generational divides to build cohesive communities and reduce social isolation among older adults.

Programs that align with the SILO Act's objectives aim to strengthen intergenerational relationships and mitigate the effects of social isolation by connecting older adults with younger generations through meaningful social interactions.

## Aging Demographics

As global life expectancy rises, older adults are becoming a significant demographic, with profound impacts on healthcare, housing, and the workforce. By 2050, those over 65 will outnumber children and adolescents.<sup>4</sup> This demographic shift presents opportunities to redefine healthy aging, yet many systems are ill-equipped to address their needs, especially in fostering social connections.

Older adults face unique challenges in staying connected, such as retirement, loss of loved ones, mobility issues, and limited access to technology. These challenges contribute to social isolation, which increases risks for dementia, cognitive decline, heart disease, and overall mortality.<sup>5</sup> In 2017, Medicare spent an estimated \$6.7 billion on healthcare for socially isolated and lonely older adults.<sup>6</sup> To mitigate these effects, innovative approaches are needed, including investments in social infrastructures, technology access, and intergenerational connections.

## Social Connection Interventions

Effective social connection interventions for older adults share four key components: targeting isolated individuals, employing multi-systemic approaches, ensuring active participation, and utilizing evidence-based methods.<sup>7</sup> Technology plays a crucial role, with studies showing that both high-tech solutions like voice assistants and low-tech options like phone calls and video conferencing can significantly reduce loneliness and improve well-being.<sup>8</sup> For example, brief empathy-focused phone call interventions have been shown to alleviate loneliness, depression, and anxiety in older adults with minimal training required.<sup>9,10</sup>

## Project Background

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The ICH program began as a pilot program in August 2023, aiming to test its viability, impact, and potential for expansion in the San Diego area. Early on, it became apparent that student volunteers lacked the knowledge to address specific needs like housing, transportation, and nutrition. Additionally, the initial phase of the program was missing key components such as background checks, a robust matching process, and a tool to triage or assess any comprehensive clinical needs.

The collaboration with Determined Health played a crucial role in the program's foundation. Their expertise in combating social isolation and promoting intergenerational connections, combined with their innovative Connection1st CallHub platform, provided the necessary tools to enhance engagement and the training for the students on specific social calling protocols. This partnership was grounded in a shared commitment to fostering human-to-human connections.

In December 2023, CEAL partnered with Meals on Wheels San Diego to significantly enhance the program. Meals on Wheels staff created a list of recipients who had some indications of social isolation and/or loneliness but were not deemed severe requiring an immediate staff response. The student callers were able to make connections, build rapport, and provide social support.

This partnership allowed the focus of the calls to shift from addressing immediate needs to fostering meaningful connections. By utilizing Determined Health's platform, student callers could safely and securely flag any concerns about the older adult's health or human service needs. These issues would then be referred to the Care Coordination unit, which would assess the situation and make any necessary follow-up referrals. This system ensured that operational communications between different organizations were supported effectively, allowing students to concentrate on building relationships centered around shared interests while still ensuring that a broad range of health-related social needs could be effectively identified and addressed.

Determined Health's platform not only supported and scaled these connections but also ensured safety, privacy, and security. Their ongoing customization of the platform, in collaboration with CEAL, ensured the program remained responsive to the community's needs, contributing to its long-term success and sustainability.

***“Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders.”***

**- Surgeon General Dr. Vivek Murthy**

### Student Recruitment

Recruitment of SDSU student callers was conducted through a multifaceted outreach strategy, including flyer distribution, public announcements in classes, and targeted email correspondence with professors. Highlighting career benefits and securing support from academic staff significantly enhanced recruitment outcomes.

Additionally, the remote nature of the work and the minimal time commitment—just 15 minutes per week—appealed to students with busy schedules, leading to additional participants signing up throughout the semester.

The CallHub program, designed to foster intergenerational connections, imposed no exclusionary criteria based on age or other factors. Students interested in participating completed a brief interest survey and underwent a comprehensive background check to ensure safety and suitability for the program.

Upon passing the background check, students received online training covering essential aspects of the CallHub, including platform usage, strategies for meaningful conversations with older adults, and a clear outline of program expectations. This thorough preparation ensured that students were well-equipped to contribute positively to the program while adhering to its goals and standards.

Students expressed a strong desire to be helpful and demonstrated genuine care for the cause. Their motivation to make a positive impact on the lives of older adults was a driving force behind their participation. This commitment to service and the program’s meaningful objectives further contributed to the successful recruitment and engagement of student callers.

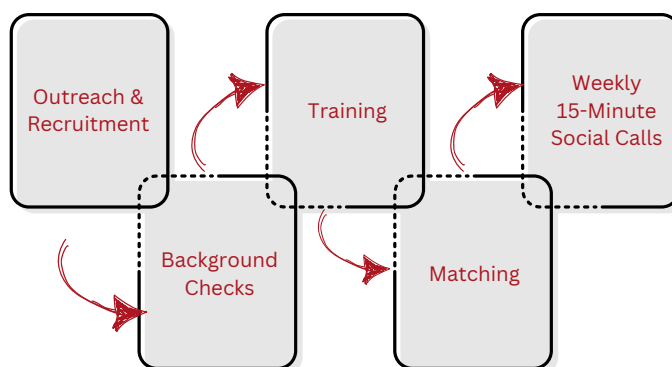
### Older Adult Recruitment and Engagement

Meals on Wheels San Diego played a vital role in recruiting older adults for the ICH. Their volunteers and staff identified socially isolated and homebound seniors who were ideal candidates for weekly social calls.

CEAL staff followed up with these older adults through informal interviews to better understand their interests and availability, allowing for personalized matches with SDSU student callers who shared similar interests.

During the pilot period from March to August 2024, 20 successful matches were made. Students engaged with their matched older adult once a week for a 15-minute friendly conversation, using the Determined Health platform. This platform introduced digital capabilities into a simple phone call, allowing calls to be made from any phone to any phone without requiring internet connectivity or specific devices.

To further protect privacy and ensure safety without limiting this high level of accessibility, the platform required student callers to go through a two-layer authentication process before allowing them to connect with their matched recipients. At the same time, student leaders, serving as program administrators, had access to a web application with a variety of tools to support the successful management of the program. These tools included a suite of data insights and reporting features to ensure consistent engagement and ultimately demonstrate impact.



## Outcomes

To assess the outcomes of the ICH pilot program, objective data regarding the frequency and length of calls between participants were automatically collected via the ICH platform. CEAL staff monitored whether students successfully connected with older adults and recorded attempts to connect.

To measure the impact of these friendly calls on loneliness, a pre- and post-intervention assessment was conducted using the UCLA Loneliness Scale, a widely recognized and validated tool in community and clinical research.

This scale uses three questions, which participants answer with "Hardly ever," "Some of the time," or "Often." These responses are coded as 1, 2, or 3 points, respectively, and summed to generate a total loneliness score that can be compared before and after the intervention.

The questions include:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

By analyzing these scores, the program aimed to quantify the effect of the weekly social calls on reducing feelings of loneliness among older adults.

Over the course of the pilot program, approximately 800 minutes were completed in phone calls between SDSU student callers and older adult participants. CEAL staff collected data from 40% of the participants who were involved throughout the entire five-month pilot project.

The analysis of the pre-test and post-test loneliness scores revealed that all participants experienced either a reduction in loneliness or maintained their initial levels of loneliness following the implementation of the ICH program.

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***Everyone is so busy, it feels nice to know someone cares. I am so close to 70 and feel like nothing. So it was nice to look forward to something.***

***-CallHub Participant***

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According to the UCLA Loneliness Scale, scores ranging from 3 to 5 indicate that a person is “not lonely,” while scores of 6 and above are classified as “lonely.”

Before the program began, the average UCLA Loneliness Score among participants was 7.6, placing them in the “lonely” category. After five months of participation in the program, the average score dropped to 5.6, moving the participants into the “not lonely” category.

On an individual level, the only score that remained unchanged was from a participant who started in the “not lonely” range, suggesting that the program is particularly meaningful for those with higher initial loneliness scores.

While phone calls may not completely eliminate loneliness, these preliminary results indicate that they are effective in reducing feelings of loneliness among older adults.

***“I’ve been in the helping profession for over 10 years, and working in a hospital or care setting often means seeing the more challenging sides of aging—chronic illness and unwell patients. It can skew your perspective on what aging looks like. However, through my conversations with my caller, I’ve witnessed resilience and vibrancy. He has so much to share, reminding me that aging can be filled with happiness and joy. It’s been a refreshing and invaluable perspective.”***

***-CallHub Participant***

**Key lessons from the ICH program underscore the importance of collaboration, tailored marketing strategies, and sustainable practices. This brief pilot project provides key insights in opportunities to improve upon an initially successful model for improving social connection across generations.**

### **Effective Recruitment Strategies**

The recruitment of SDSU student callers was most successful when the outreach strategy was tailored to emphasize career benefits and received endorsements from academic staff. This approach, combined with highlighting the program's remote nature and minimal time commitment, attracted a diverse group of students, including those with busy schedules.

### **Importance of Interest-Based Matching**

A key takeaway from the pilot program was the significance of matching students and older adults based on shared interests. Personalized matches not only made the conversations more engaging and meaningful for both parties but also fostered a deeper connection. This finding suggests that recruitment efforts should continue to focus on identifying and aligning participants' interests to maximize the impact of the intergenerational calls.

### **Ongoing Recruitment Flexibility**

Another lesson learned was the value of maintaining flexibility in recruitment efforts. As additional participants signed up throughout the semester, it became clear that continuous outreach and adaptability in recruitment messaging can help sustain program momentum and ensure a steady flow of new participants.

### **Strategic Partnerships**

Partnering with Meals on Wheels San Diego added significant credibility to the pilot program, leveraging the organization's strong reputation and name recognition among older adults. Known for its reliability and trustworthiness, Meals on Wheels San Diego provided essential infrastructure, including rigorous background checks, the selection of suitable candidates, and additional training and support. This collaboration enhanced the program's legitimacy and facilitated effective recruitment of isolated older adults by tapping into a trusted network.

The CallHub platform, provided by Determined Health, is a valuable asset for the program. Its user-friendly interface ensured a seamless experience for callers, while its role as a neutral third party offered a secure means for connecting. Additionally, CallHub's data collection features—tracking call frequency and duration—allowed for clear insights into the effectiveness of the calls and highlighted any challenges in the matching process.

### **Enrollment Barriers**

Barriers such as in-person livescan requirements and associated fees were identified as significant obstacles for volunteer participation. Addressing these issues is necessary to improve accessibility. Simplifying the enrollment process and reducing fees could enhance participation rates and ensure greater compliance among volunteers.

### **Data Collection**

The data gathered about loneliness from this pilot study has been positive, with testimonials from older adults and students also showing promising results. While loneliness affects individuals across all ages, the data from this pilot project only reflects the perspective of older adults. Future iterations of the ICH program could explore how these calls impact the social isolation and loneliness of students as well. Additionally, since many intergenerational initiatives aim to decrease ageist beliefs, future programs might consider measuring pre- and post-intervention ageist perspectives to assess any shifts in attitudes.

### **Additional Communication Strategies and Tools**

The CallHub platform facilitates the collection of insights from callers while tracking communication about participants in a safe and secure manner. This development enhances communication and ensures that participants remain engaged and informed throughout the program. Additionally, the platform offers messaging capabilities, enabling an organization to deliver personally tailored voice, text, and email communications to individuals or groups.

While our use of these tools was limited in this particular project, this feature will be highly valuable moving forward. It can be used to remind older adults about upcoming academic breaks, send out assessments, and conduct general check-ins on program participants in a highly personalized way that can adapt to identified cultural, linguistic, and other needs and preferences. Along with this, the platform offers refined surveys and assessment tools to support structured data collection and highlight actionable outcomes in broadly accessible and easy-to-deploy ways. Leveraging these additional capabilities, we will further enhance communication, ensure that participants remain informed, and maximize engagement in future programs.

### **Student Outcomes**

Through their participation in the CallHub program, students gained valuable knowledge about healthy aging and the concept of the longevity dividend. They learned how these ideas impact not just individuals, but also families, communities, agencies, and society as a whole. This experience provided students with a deeper understanding of the challenges and opportunities associated with aging, fostering a greater appreciation for the importance of intergenerational connections.

By engaging with older adults, students were able to see firsthand the benefits of healthy aging practices and the potential positive outcomes for broader societal well-being. This knowledge equipped them to better advocate for and contribute to initiatives that promote longevity and enhance quality of life across different demographics.

### **Sustainability**

The goal of the ICH pilot program was to evaluate how a low-cost, low-tech, and small-time commitment social connection intervention could impact loneliness. With the pilot phase now complete, CEAL will develop a sustainability plan to maintain and expand this intervention, potentially scaling it into a statewide program in collaboration with other California State Universities and Meals on Wheels programs. Given that the benefits of intergenerational connections extend beyond social service professions, efforts to attract students from diverse academic backgrounds could further enhance the program's impact.



The ICH pilot program effectively addresses social isolation by fostering meaningful connections between older adults and student volunteers. For older adults, these regular social calls offer vital companionship and a sense of belonging, which are essential for mental and emotional well-being. The benefits are reciprocal, as student volunteers gain valuable life experiences and insights, enhancing their personal growth and community engagement. This two-way benefit establishes a supportive ecosystem where both generations enrich each other's lives. One participant highlights the profound impact of shared interests:

*"The power of art and music to connect people is truly remarkable. I love music, and my caller happens to be musically inclined as well. We've formed a powerful connection through our shared love of music. It's amazing how music and art can transcend generations, bringing joy and understanding across different ages."*

The success of the ICH demonstrates its potential for broader application and scalability. The program's design and implementation have proven to be highly replicable, suggesting significant opportunities for expansion into various community settings. By leveraging ongoing collaborations with Determined Health and Meals on Wheels San Diego, CEAL aims to catalyze community partnerships and innovation across the aging services ecosystem. Specifically, we aim to expand the reach of the ICH and similar efforts.

Working through a trusted network of community partners and key stakeholders, we will explore partnerships with additional organizations, such as senior living and skilled nursing facilities, religious institutions, local community centers, and others. This approach provides a structured pathway to engage directly in an expanded ICH or leverage the Connection 1st CallHub platform to implement their own social call initiatives. The goal is to expand the reach of the ICH and other social call programs—an effective approach to building trusted and valuable human-to-human connections.

With a core focus on partnerships with organizations serving marginalized populations across California, while gathering data and feedback through the platform, we will be well-positioned to reduce social isolation and loneliness, demonstrating critical impact for individuals and communities of greatest need.

Looking ahead, the program could benefit from further research into the overall impact and ways to sustain and scale such efforts successfully. This includes a deeper understanding of the significant impacts the ICH appears to have on students, with an opportunity to explore how their involvement affects their perspectives on aging. Additionally, future iterations could include measures to address any barriers to participation and enhance the program's sustainability. Simplifying the enrollment process, reducing associated fees, and integrating new communication technologies all offer potential avenues for improvement.

By providing opportunities to engage in and accelerate the expansion of effective solutions to reduce social disconnection, we can reach more people in the community who would otherwise not have access to this intervention. Finally, recognizing the ways social call programs may be further supported by existing Health-Related Social Needs (HRSN) and Community Health Integration (CHI) payment mechanisms, and broader needs to increase engagement and drive value of care, aligning future efforts with community-integrated care opportunities will prove essential to maximizing the reach, accessibility, and overall impact of these interventions.

Overall, the ICH represents a practical and impactful approach to combating social isolation. By leveraging community resources and fostering intergenerational connections, the program contributes to a more connected and supportive society. Its success underscores the value of innovative, collaborative solutions in addressing complex social challenges and offers a model for future initiatives aimed at enhancing social well-being across generations.

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