"Using the National Survey on Health and Disability to Explore Pandemic Related Changes to Social Isolation and Loneliness"
Catherine Ipsen
RTC:Rural
Mental Health Symposium 2022
Friday, May 13

[2022/05/13 08:51] LV (LoriVonne Lustre): Hello everyone.
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Lorivonne Lustre
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The speakers will be identified by initials as they speak.
The following initials in the transcription record will identify the speakers:
CI= Catherine Ipsen

[2022/05/13 08:53] RoЖkSie (Roxksie Logan): Suellen will be reading aloud for me as my dyslexia can make me ramble off topic :).
I'm Roxksie Logan, I am 35, was diagnosed with Remitting Relapsing Multiple Sclerosis when I was 30. I live in the UK.
I've been in SL for 18 years, and I really love art and Run an art sim in Second Life called Roxkstudios. That hosts the SL Random Art Crew.
In RL I'm a BA(Hons) Under Grad in Fine Art Under Grad with the University of Wales in the UK I also hold a HND (Higher Nation Diploma) in design & Web development.
Presenter Biography:
Today I'd like to introduce Dr. Catherine Ipsen.
Dr. Catherine Ipsen is the Director of the Research and Training Center on Disability in Rural Communities (RTC:Rural).
Her research interests focus on improving health and employment outcomes of rural people with disabilities.
As part of this work, she has explored social isolation and loneliness experiences of people with disabilities,
developed health promotion and self-employment interventions

Using the National Survey on Health and Disability to Explore Pandemic Related Changes to Social Isolation and Loneliness.
This presentation will open with a description of a publicly available dataset called the National Survey on Health and Disability (NSHD), and findings related to conventional vs MTurk recruitment methods.
This will be followed with longitudinal data analysis from the NSHD to explore the experience of social isolation and loneliness among rural and urban people with disabilities before and during the COVID-19 pandemic.
Audience, please hold your questions and comments to the end, so as not to interrupt our presenter, who is new to Second Life.
If it's possible due to Dr Ipsen being new to Second Life, we would appreciate if our audience remained silent until the end of the presentation?
We would like to graciously thank Sue Ellen for presenting this verbally for all of those who will have appreciated it.
From here I would like to Pass the floor over to Dr Ipsen :)

[2022/05/13 08:56] Carolyn Carillon: CI: Thanks you!
[2022/05/13 08:56] LoriVonne Lustre: [for Catherine Ipsen]: Slide 1: Using the National Survey on Health and Disability (NSHD) to Explore Pandemic Related Changes to Social Isolation and Loneliness
Presenter: Catherine Ipsen, PhD
This work builds on a previous presentation with Gilbert Gimm, PhD

Slide 2: Acknowledgements
This research was supported by three grants from the National Institute on Disability Independent Living and rehabilitation Research (NIDILRR):
Research and Training Center on Disability in Rural Communities – RTC:Rural (Grant No. 90RTCP0002)
The Collaborative on Health Reform and Independent Living – CHRIL (Grant No. 90DP0075)
National Survey on Health and Disability Project (Grant No. 90IFRE0050)
The findings and conclusions presented here do not necessarily represent the views of NIDILRR, the Administration on Community Living (ACL), or the Department of Health and Human Services (DHHS).
One should not assume endorsement by the federal government.

Slide 3: What is Social Connection
At an intrinsic level we understand the need for social connection
Humans are social, and generally we have needs for company and shared experiences
Support networks help us weather life's ups and downs
Social connections also help us build self-worth and competence by fulfilling the needs of others
Drs. Mark Salzer and Bryan McCormick described this concept in terms of "mattering"
Lack of social connections can lead to social isolation and loneliness, which are associated with worse physical and mental health outcomes.
More physician visits, higher rates of hospitalizations, more cardiovascular health issues
Higher rates of depression, higher rates of anxiety, increased declines in cognition

Slide 4: Social Isolation & Loneliness: Two Distinct Concepts

Social isolation

Objective measure that indicates the lack of social contacts with others

- Not having a spouse or partner
- Not having co-workers
- Having few friends or networks

Can lead to loneliness – but not the same thing

Loneliness is the subjective feeling of being lonely – a perception of being left out

Usually social isolation and loneliness move together, but there are exceptions

Social isolation without loneliness

- Live at home alone with a pet and enjoy doing solitary activities

Loneliness without social isolation

- Life with a large family, have many community engagements through work and volunteering, but have a feeling of being left out or excluded.

Slide 5: Temporary v. Chronic Loneliness

Loneliness is a natural adaptive behavior

Biological underpinnings – safety of group membership

Signals a need to build new relationships and social connections

- Typically, loneliness signals a re-affiliation motive (RAM)

Withdrawal from social interactions

Situational assessment

- Hyper-awareness of social cues
- Observe and consider who you want to engage with

Behavioral regulation

- Make efforts to find new groups and fit in

Reengagement – increase social connections and reduce feelings of loneliness.

Temporary loneliness

Lose a role (such as job, parenting, retirement), find new ways to spend time and re-ignite connections

Chronic loneliness

Persistence of a loneliness state, where RAM breaks down

Feelings of loneliness lead to shyness, anxiety, low self-esteem, and depressed mood which can act to reinforce of extend a loneliness state (Cacioppo & Patrick, 2003) – don't move beyond withdrawal

- Loss of social networks, further limits opportunities to build new ones

Traits that make it difficult to develop and maintain relationships

- Negative interpretations of social information

Slide 6: Structural and environmental barriers

Many people with disabilities experience structural barriers that limit opportunities to reconnect or build social connections, which may contribute to chronic loneliness

Inaccessible or constrained public transportation options:

- Impacts opportunities to engage in employment, socialization, independent living.

Inaccessible community infrastructure, which limit choice and opportunity:

- Businesses, sidewalks, parks, classes, etc.

Inaccessible space inside the home:

- Makes it difficult to leave home or move around the home
- Uses excess energy

Stigmas, which increase feelings of social threat

Together, structural barriers can impact confidence, choice, and control in how one participates and can hinder development of social networks

Slide 7: Evidence of Social Isolation and Loneliness in the Older Adult Population (65+ years)
Primarily, the link between health, behavior, and structural factors has been studied in older populations 65 and older
Studies focused on significant life events such as retirement, bereavement, onset of chronic illness that lead to loss of former roles
Reduction of social roles translates into loss of social supports – where socialization is further narrowed.
Structural barriers play a larger role in limiting opportunities to reaffiliate
Role of environmental factors increases with age (Mund et al., 2020)
There is less evidence about working-age people with disabilities, who experience many of these same barriers.

Slide 8: Health and Retirement Survey (HRS)
To address this gap, we were interested in learning more about the social isolation and loneliness experiences of working age people with disabilities.
The HRS collects data every 2 years from respondents aged 50 and older and explores changes in economic, disability, and health indicators over time.
The HRS includes some indicators of disability including questions about work limitations and needed assistance with activities of daily living and instrumental activities of daily living.
Sample is limited to working-age adults with and without disabilities aged 50-64 years
It is a measure of social isolation
Scored one point for each of the indicators of social isolation including:
Not being married, living alone, less than monthly contact with children, less than monthly contact with other family, less than monthly contact with friends, and
less than monthly participation in any groups, clubs, religious services, or other social organizations.
The sum of points across the six items yields a score from 0 to 6, with a score of 3 or more indicating social isolation.
It is also a measure of loneliness
HRS includes three questions including lack companionship, feeling left out, and feeling isolated, which align with the 3-item UCLA loneliness scale.

Slide 9: Disparities in Social Isolation and Loneliness among HRS Adult Participants (50-64) by Disability Status
Social isolation and loneliness were more than twice as prevalent among adults (50-64 years) with disabilities compared with those without disabilities.
Looking at the bar chart measuring rates of social isolation, it shows 19.2% of adults with disabilities reported social isolation compared with only 9.8% of adults without disabilities in the year 2012, and
21.5% of adults with disabilities reported social isolation compared to 10.9% of adults without disabilities in 2016.
Looking at the bar chart showing prevalence of loneliness, it shows 24.6% of adults with disabilities reported loneliness compared with only 8.8% of adults without disabilities in the year 2012, and
21.6% of adults with disabilities reported loneliness compared to 9.7% of adults without disabilities in 2016.

Slide 10: Further Research Questions

This preliminary research led to two additional research questions

1.Which factors predict social isolation and loneliness among people with disabilities?

☐ Socio-demographic characteristics (e.g., age, race, gender)

☐ Disability type

☐ Environmental factors (e.g., rural/urban, access to transportation for daily needs vs. social needs, living alone)

2. How did rates of social isolation and loneliness change due to the COVID-19 pandemic and the March 2020 lockdowns in the US?

The HRS presents limitations for addressing these research questions, including a narrow definition of disabilities and older set of respondents.

Slide 11: National Survey on Health and Disability (NSHD)

The NSHD was developed as part of a National Institute on Disability Independent Living and Rehabilitation Research (NIDILRR) grant to better understand health care access among working-age people with disabilities in the United States.
(18 - 64)

The survey is entirely focused on US adults with disabilities and collects multiple measures of disability to aid in answering various research questions.

Primary screening question:

o   Do you have a physical condition, mental illness, impairment, disability or chronic health condition that can affect your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, walker, TDD, or communication device?

The NSHD is primarily a cross-sectional survey, but a subset of participants have participated in more than one wave of data collection to allow for some longitudinal analyses.

NSHD survey topics include demographics, health status, transportation access, personal assistance services, community participation and social isolation, SSI, SSDI and employment, insurance coverage, health care access and delayed or foregone services.

[2022/05/13 09:11] Carolyn Carillon: CI: The survey is available
Contact me if you'd like a copy

[2022/05/13 09:11] LoriVonne Lustre: Slide 12: NSHD Data Collection

To date, there have been three waves of NSHD data collection, and a 4th wave is just underway.

The first wave of data collection occurred in February through March of 2018

Screened for adults aged 18-62 and received 1,246 valid responses

The second wave of data collection occurred from October 2019 through January 2020

This timeframe was advantageous because it occurred prior to COVID-19 related lockdowns, and represents a time-period for comparing COVId-19 impacts on a variety of health-related information

Screened for adults aged 18-64 and received 2,175 valid responses

Initiated both conventional and MTurk recruitment methods to boost rural representation (more on this in the next slide)

The third wave of data collection occurred from January through May of 2021

This represents a timeframe one year into COVID-19 but before the introduction of wide-spread vaccination efforts.

Screened for adults aged 18-64 and received 1,638 valid responses

The fourth wave was just initiated in May of 2022

If you are between the ages of 18 and 64, living in the United States, and have a disability, your participation is requested.

The survey can be completed online or over the phone. Compensation is minimal, but the data has been instrumental in better understanding of health care access, outcomes, and advocacy efforts.

See https://rockcha.lk/2022NSHD to access current NSHD survey

[2022/05/13 09:13] Carolyn Carillon: CI: I'm going to do an aside

About recruitment methods

We began recruiting by identifying people through organizations, groups, conferences, etc

We got a sample that wasn't representative

They were educated

Not enough rural people

Or good representation among different disabilities

Next we recruited through a marketplace

People could look at jobs that were posted

[2022/05/13 09:14] LoriVonne Lustre: Slide 13: NSHD Recruitment

Recruitment for the NSHD began using conventional methods – specifically, people were recruited through affiliations with disability-focused organizations, groups, or agencies.

In an attempt to increase underrepresented groups, this recruitment strategy was supplemented with recruitment through MTurk in subsequent waves.

MTurk is an online marketplace, where workers sign up to complete human intelligence tasks or hits for small payments.

MTURK allows for screening questions that are used to find appropriate respondents such as people with disabilities or those living in rural locations.

[2022/05/13 09:16] Rhiannon Chatnoir: https://www.mturk.com/ for more info on mechanical Turk - Mturk

[2022/05/13 09:15] LoriVonne Lustre: Slide 14: Conventional vs MTurk Recruitment – Wave 2

Conventional (n = 1,374)

Recruited through disability organizations, groups, affiliations

Relative to MTurk respondents, conventional respondents had:

- Higher rates of SSI, SSDI, or both (36.2% vs 12.8%)
- Higher rates of physical, IDD/Autism, sensory, & neurological disabilities

MTurk (n = 758)

Recruitment through a screening question on the MTurk platform

Relative to conventional respondents, MTurk respondents had/were:

- Lower incomes
- Less education
- Lower rates of insurance
- Younger
- Higher employment rates
- Higher rates of mental illness/psychiatric disability

Less than 10% of MTurk respondents were attached to any type of disability organization or agency highlighting that these methods capture different people.

Slide 15: NSHD Participant Characteristics (Wave 2: Pre-COVID)

- 64.8% were aged 35 and older

- 32.9% were male
- 18.7% had a race or ethnicity considered non-white
- 85.8% had some college
- 62.7% were employed part-time or full-time

Highlighting the 85.8% had some college

[2022/05/13 09:18] Carolyn Carillon: CI: the education level is not representative

I didn't weight

[2022/05/13 09:18] LoriVonne Lustre: • 36.4% lived at or below 138% of the Federal Poverty Level

- 46.5% reported mental illness/psychiatric disability
- 37.1% reported physical disability
- 43.7% reported chronic illness
- 7.1% reported intellectual/development disability/autism spectrum disorder
- 9.7% reported sensory disability
- 27.8% reported neurological disability

Slide 16: Social Connectedness Measures

The NSHD includes four questions related to social connectedness in the domains of leisure, social activity, social network quantity, and social network quality.

o Leisure: I am satisfied with my current level of leisure activity, rated on a scale of 0 = not at all to 4 = very much

o Social activity: I am satisfied with my current level of social activity, rated on a scale of 0 = not at all to 4 = very much

o Social network quantity: How many family members or close friends do you see or hear from at least once a month, with response options from 0 to 9+

o Social network quality: When you have an important decision to make, do you have someone you can talk to about it, rated on a scale from 0 = never to 5 = always

Higher scores indicate higher levels of social connectedness

Slide 17: Social Isolation and Loneliness Measures

Social isolation: I feel isolated from others in the community, rated on a scale from 0 = not at all to 4 = very much

Higher scores indicate higher levels of social isolation

UCLA 3-item Loneliness Scale

Questions:

☐ How often do you feel you lack companionship?

☐ How often do you feel left out?

☐ How often do you feel isolated from others?

All rated on a scale: 1 = hardly ever, 2 = sometimes, 3 = often

Answers are summed to create a score ranging from 3 to 9, where higher scores indicate higher levels of loneliness

Slide 18: Results – Multivariate Analysis of Loneliness

Created a model to predict loneliness based on socio-demographics, disability type, and environmental indicators

o Socio-demographics: race, education, gender, age, 138% of FPL, employment

o Disability type: Psychiatric, physical, chronic illness, IDD/Autism, sensory, and neurological

o Environment: rural, transportation problems for meeting daily needs, transportation problems for meeting social needs, living alone

Significant predictors of loneliness:
o   Demographics not significant
o   Not employed - increased loneliness score by .608
o   Having mental illness or psychiatric disability - increased loneliness scores by .876
o   Having transportation problems for social needs – increased loneliness scores by 1.0
o   Living along – increased loneliness by .463
o   Living at 138% or below 138% of the FPL – increased loneliness by .119
[2022/05/13 09:22] Carolyn Carillon: CI: I don't want to highlight all the problems
Just the ones that were consistent across models

[2022/05/13 09:22] LoriVonne Lustre: Slide 19: Predictors Across Models
We ran similar models with the same explanatory variables for aspects of social connectedness – including satisfaction with social activity, quantity of contacts, and quality of contacts.
There were similarities across models in terms of important explanatory variables.
In this case, however, not being employed, having mental illness/psychiatric disability, and transportation problems for social needs significantly lowered ratings of social connectedness
There were a few indicators that were specific to different aspects of social connectedness.
For instance, living in a rural location significantly lowered the quantity of social contacts, but was not a significant indicator of satisfaction with social activity, quality of contacts, or loneliness.
This highlights the objective vs subjective experiences of social isolation and loneliness
Similarly, being older was associated with lower social connectedness indicators but did not predict loneliness.

Slide 20: COVID-19 Pandemic – Increased Social Isolation
Prior to pandemic, social isolation was highlighted as a public health crisis
In 2017, Dr. Vivek Murthy, the U.S. Surgeon General, called the rising prevalence of social isolation and loneliness a public health epidemic.
March 2020 lockdowns and mandatory social distancing likely increased these feelings
Referred to as a "double pandemic" – social isolation + COVID-19
Safety measures Included social distancing, stay at home orders, job loss, declining services (e.g. LTSS, transportation)
Impacts of these safety measures were not equally shared:
o   High risk groups experienced more intense impacts if exposed (i.e. older adults, people with disabilities, peopled with pre-existing health conditions)
o   Exacerbates prior health disparities

Slide 21: NSHD Longitudinal Comparisons Pre- to Post-COVID
We used NSHD data from Wave 2 (immediately prior to COVID) and Wave 3 (approximately one year into the pandemic, but before available vaccination).
We acknowledge that COVID still exists, so post-covid may be a bit misleading. We use this terminology to refer to a time after COVID had taken hold in the community.
A subset of NSHD respondents (n = 566) provided data at both Wave 2 and Wave 3, which allowed us to look at COVID related impacts on social isolation and loneliness.
Conducted paired samples t-tests to compare pre- and post-COVID responses.

Slide 22: Pre- to Post-COVID Social Connectedness
The bar graph shows:

Significantly higher satisfaction ratings regarding amount of time spent doing leisure activities
☐   1.94 to 2.41 – below to above satisfied
No significant difference in satisfaction with social activity
☐   1.90 and 1.81 (0-4 scale) so below satisfied
No significant difference in social network quantity
☐   4.47 to 4.55
No significant difference in social network quality (having someone to talk to)
☐   3.30 to 3.85

Slide 23: Pre- to Post-COVID Isolation and Loneliness
The bar graph shows:
Significantly higher rates of feeling isolated from others in the community
Significantly lower rates of loneliness as measured by the 3-item UCLA loneliness score
☐   7.3 to 6.3

Slide 24: Discussion
Rates of social isolation and loneliness usually move together but this was untrue for the NSHD sample.
Social isolation went up! Loneliness went down!
Some possible explanations include:
Subjective nature of loneliness
☐   Everyone in the same boat so lowered feelings of being left out
New ways of connecting
☐   Transition to online socialization
☐   Reduced digital barriers
Reduced structural barriers
☐   Remote work
☐   Reduced stigma – social construct, structural barriers are no longer as relevant

Slide 25: CILs: Voices from the Field
CIL staff support calls facilitated by our partner organizations, Association of Programs for Rural Independent Living (APRIL) and Independent Living Research Utilization (ILRU) support these explanations.
[2022/05/13 09:29] Gentle Heron: CIL = CENTER FOR INDEPENDENT LIVING (They exist worldwide under a variety of names)
[2022/05/13 09:29] LoriVonne Lustre: "I think with the long-term effects of COVID, vaccines and these isolating lockdowns are bringing a large number of people almost all at 'once' into our disability community
through a shared experience which is incredibly unique." (Community Engagement Series Part 1: Ready or Not, Here We Come Virtual World, April 26, 2021)
This provides an example of how the pandemic actually built shared experience and may have reduced feelings of being left out of left behind.
CILs have scrambled to provide resourceful and accessible ways for consumers to connect for peer support both virtually and in-person for those without technology…to combat social isolation."
(Rural Conversation Community, April 14, 2020).
CILs used Cares Act money to provide technology, they taught consumers digital skills
People learned how to use Zoom, they experienced new ways of engagement

Slide 26: Summary of Key Finding from the NSHD
Social isolation got worse after COVID-19, but loneliness did not.
Temporary social isolation can lead to loneliness for people with disabilities.
CILs playing an important role in overcoming temporary social isolation
Telecommunication literacy and access is important
Chronic loneliness may require more comprehensive programming
CIL peer support models (in-person and virtual):
- Build self-determination and self-confidence
- Create roles or mattering – teacher and learner roles
- Create more opportunities to socialize
- Build inclusive networks that overcome and address structural barriers
Employment and transportation access are protective factors and policy to increase access are always needed.

Slide 27: Thank You! (Q&A Discussion)
Dr. Catherine Ipsen
University of Montana Rural Institute

[2022/05/13 09:32] luluruthy Resident: Clap!!!
Thanks!
[2022/05/13 09:32] James Heartsong (PeacefulJames Heartsong): thank you
[2022/05/13 09:32] Shyla the Super Gecko (KriJon Resident): applause!!!
That was great
[2022/05/13 09:32] Namaara MacMoragh: YaY! Thank you :-)
[2022/05/13 09:32] RoЖkSie (Roxksie Logan): Thank you So much :)
[2022/05/13 09:32] Suellen Heartsong: thank you
[2022/05/13 09:32] Elektra Panthar: ♫♪♫♪ Applauds♪♫♪♫
[2022/05/13 09:32] Shaerken Changeheart (ChangeheartShaerken Resident): Brilliant! I learned much. Thank you.
[2022/05/13 09:32] Lyr Lobo: great session!
[2022/05/13 09:32] Myrica Jenkins: fantastic presentation thank you
[2022/05/13 09:32] Valibrarian Gregg: Clap!! great work you are doing
[2022/05/13 09:32] Ava Dougall: wonderful presentation
[2022/05/13 09:32] Zinnia Zauber: Rah!
[2022/05/13 09:32] Lizard of ARS (Marylou Goldrosen): Thanks!
[2022/05/13 09:32] Sarvana Haalan: Great presentation!!!!
[2022/05/13 09:32] Buffy Beale: So interesting, thank you great presentation!!!
[2022/05/13 09:32] Elli Pinion: Lovely, timely and very helpful! Thank you!

[2022/05/13 09:32] Gentle Heron: Thank you Catherine. What a wonderful amount of information you have given us today. I suspect a lot of what you said about the US applies worldwide.
QUESTION- I wonder if "young adults these days" have a different approach to loneliness/being alone than young adults did in the past.
I'm specifically thinking about the "lying down movement" (that started in China as tangping (躺平). For those not familiar, these young people opt out of marriage, employment, etc., because they think the "good life" is unattainable.
https://www.brookings.edu/techstream/the-lying-flat-movement-standing-in-the-way-of-chinas-innovation-drive/

[2022/05/13 09:33] Carolyn Carillon: CI: The rates of loneliness and depression rates are skyrocketing among transition-age people
The idea that the good life is unattainable seems pervasive
But I'd like to learn more

[2022/05/13 09:34] Carolyn Carillon: [09:34] Polaris Grayson: Question: What sort of demographic Chimeras have you seen with social network developments caused by COVID?
LV: Polaris, could you clarify?
[2022/05/13 09:35] Polaris Grayson: hybrid
The mesh of different types
[2022/05/13 09:36] Elektra Panthar: belonging to more than one demographic areas, maybe - older, unemployed, with illnesses
[2022/05/13 09:36] Sheila Yoshikawa: does it mean - intersections between demographics?
[2022/05/13 09:36] Polaris Grayson: yes
[2022/05/13 09:36] Carolyn Carillon: LV: maybe where they overlap
CI: yes, there are interactions
We didn't explore them in the data
If you think about multivariate model that I showed and some of the beta values
If you had multiple traits
i.e. not being employed
Not having transportation
All those things build to increase your feelings of loneliness
On the other hand, there are interaction terms
That increase those things
I don't have that data
But there could be greater impacts
[2022/05/13 09:38] Polaris Grayson: yes...thank you ☺

[2022/05/13 09:34] Lizard of ARS (Marylou Goldrosen): Years of using drugs to help bipolar problems lead to other severe problems like chronic bladder infection, running to bathroom, and heart conditions- thus social isolation.

[2022/05/13 09:38] Alisa Farshore: Thank you I appreciate that you acknowledged how I felt about the pandemic (The way in which other people were now experiencing what I experienced every day)

[2022/05/13 09:38] Suerah (Suerah Lefevre): It seem you found no gender differences on either social isolation and loneliness???

[2022/05/13 09:36] Marly (Marly Milena): There was an article in the Times, I think, which outlined the characteristics of people (like me) who are unaffected by social isolation or loneliness. One thing I would be interested in seeing as part of the research are surveys about inner resources people have which make a difference in the way they deal with isolating events in the world
[2022/05/13 09:39] Carolyn Carillon: CI: I think that's true
Each of us have points at which we start
You can take two people with similar experiences and conditions and they have different traits

One person sees something as a threat
The other doesn't
It impacts how you experience loneliness

[2022/05/13 09:38] Sheila Yoshikawa: This is an observation not based on research - but I think that unfortunately in urging a "we are back to normal" rhetoric, some aspects of the pandemic that were valuable have been crushed - I mean things to do with enabling remote access to events, discussion
The government and other institutions and also opinion leaders who don't like remote access - I meant those people making a big fuss about "get back to normal" "do everything face to face again"
[2022/05/13 09:40] Carolyn Carillon: CI: I'm not keeping up with the comments but there are some interesting things about the return to normal
that stuck out
you're right
I don't think there will be a return to normal
Some of the changes and opportunities that resulted from the pandemic will carry forward
Those online opportunities will stay open
How we work and communicate with family and friends
Personally, I never used Zoom to talk to anyone in my family and now I do!
[2022/05/13 09:40] iSkye Silvercloud (iSkye Silverweb): Normal wasn't working anyway

[2022/05/13 09:40] Lizard of ARS (Marylou Goldrosen): Adopting a Kitty Cat or Dog [therapy] helped my sister with loneliness!
[2022/05/13 09:41] Sheila Yoshikawa: ;-) @Lizard - looking at my own SL kittycats brings a smile
[2022/05/13 09:40] Zinnia Zauber: We are moving forward together into the future.
[2022/05/13 09:41] Sitearm (Sitearm Madonna): does not have a question but gives a shout out to Missoula where my dad and uncle grew up and went to school [insert university cheer here]

[2022/05/13 09:40] RoЖkSie (Roxksie Logan): I don't have a question more of a statement sort of question I guess? as I am in my mid 30's and now being a student. I have found a lot of others of similar ages or older and younger who have reached out to make friends with me because we all have the pandemic isolation in common and we've all had to be so careful with use of the internet and the safety in that. is that representing in the studies or data in anyway?
[2022/05/13 09:41] Carolyn Carillon: CI: I think it is but I can't say for certain
When people say they're isolated but less lonely, there has to be something about how people are connecting with one another
[2022/05/13 09:42] RoЖkSie (Roxksie Logan): /me nods

[2022/05/13 09:42] Carolyn Carillon: LV: thanks
We'll leave it there
[2022/05/13 09:42] LV (LoriVonne Lustre): Dr. Catherine Ipsen
 o   University of Montana Rural Institute
 o   Research and Training Center on Disability in Rural Communities (RTC:Rural)
 o   406-243-4562
 o   Catherine.ipsen@mso.umt.edu
 o   https://www.umt.edu/rural-institute/rtc/

[2022/05/13 09:42] Buffy Beale: thank you, really wonderful presentation!
[2022/05/13 09:42] RoЖkSie (Roxksie Logan): thank you very much :)
[2022/05/13 09:42] Lizard of ARS (Marylou Goldrosen): YEAH!!!!
[2022/05/13 09:42] Suellen Heartsong: thank you
[2022/05/13 09:42] Zinnia Zauber: Thank you very much!
[2022/05/13 09:42] Suerah (Suerah Lefevre): Thank you!
[2022/05/13 09:42] Hope ṔĄŞŞÎFLØRĄ (LPEaceAndLove Resident): Applause!
[2022/05/13 09:43] ღ Anya ღ (Anya Ibor): Great presentation Thank you Dr. Ipsen!
[2022/05/13 09:43] Carolyn Carillon: LV: thank you Dr. Ipsen