

Project Everyone At The Table (E.A.T)

The development and evaluation of a
feasibility trial designed to reduce the risk of
loneliness in older adults

Report prepared by Flinders University

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Glossary

Term	Definition
Community-residing	Individuals who live independently in the community e.g., not in a residential home or facility
COVID-19	The novel coronavirus disease (SARS-CoV-2) declared as a global pandemic in 2020, by the World Health Organisation
Loneliness	The term used to describe a subjective feeling relating to one's perception of their social connections, regardless of how many they have
Older adult	Individuals aged over 65 years
Social isolation	The term used to describe a lack of social connections
Structured, shared eating occasions	Structured, organised eating occasions available to the public, or sub-groups of the public (e.g., those aged over 65 years) in the community
Wicked problem	The term used to describe the most challenging social, cultural or institutional problems of our time

Abbreviations

Term	Definition
COTA	Council on the Ageing
OPQOL	Older People's Quality of Life
SA	South Australia
SCREEN	Seniors in the Community: Risk Evaluation for Eating and Nutrition©
UCLA	University of California, Los Angeles
USA	United States of America
UK	United Kingdom

Executive Summary

Background

Loneliness and social isolation are of increasing concern across all population groups, but particularly so for those aged over 65 years (Courtin & Knapp 2017). Older adults in the community are at particular risk of experiencing social isolation. Structured, shared eating occasions present one such potential opportunity for mitigating the risk of loneliness in older adult populations (Dunbar 2017; Ochs & Shohet 2016). Project Everyone At the Table (E.A.T.) set out to determine the feasibility of running a shared lunch program for community-residing older individuals who are identified at risk of loneliness and/or social isolation. The objectives of this study were to determine the feasibility, acceptability and logistics of running a 12-week shared lunch program for older adults residing in the community in South Australia.

Summary of methods

This study consisted of both a needs assessment phase, and a feasibility trial phase.

- A focus group was conducted with older individuals living in the community who were identified as 'at-risk' of experiencing loneliness.
- Following the collection and analysis of data from this focus group, the feasibility trial was developed.
- To determine feasibility of the program, a shared lunch program was designed and undertaken in the community.
- Individuals in the community aged >65 years who were identified as at-risk of loneliness and social isolation were invited to participate.
- Participants were invited to a 12-week shared lunch program arranged, funded and facilitated by the research team.

Key findings

- Twelve participants were recruited and enrolled in the shared lunch program in South Australia that ran from March-June 2021.
- Scores of loneliness, quality of life and nutrition risk all improved for participants by the end of the program.
- Lunches were generally viewed as positive, friendly, and familiar.
- Participants almost unanimously identified the opportunity to socialise with others as the best thing about the program.

- Some participants felt the lunches allowed them the ability to develop skills, or confidence to try other things and sign up to new groups and programs.
- Participants suggested improvements for the program including varying the venue and time of day, changing the frequency to have more time between lunches, changing table arrangements, and providing more structure.

Conclusion

The lunches were a success from a feasibility standpoint. The improvements in loneliness and quality of life scores were promising, and participants generally felt positive at the end of the program. This feasibility study showed promise that a simple shared meal program could provide benefits to older adults in the community, however there is more work to be done to reach individuals who need social connection the most and we need to consider the best way to deliver the program considering the different needs and preferences of different people.

1 Introduction

Loneliness and social isolation are of increasing concern across all population groups, but particularly so for older adults (Courtin & Knapp, 2017; World Health Organisation (WHO), 2021). While loneliness and social isolation are distinguished concepts, both can be experienced concurrently, and have health and wellbeing implications (Hwang et al., 2020). For older adults specifically, the potential health consequences of loneliness and social isolation include sub-optimal immune functioning and psychological wellbeing, and increased rates of high blood pressure, cognitive decline, anxiety, hypertension, falls, re-hospitalisation and institutionalisation (Holt-Lunstad et al., 2015; Luanaigh & Lawlor, 2008; Nicholson, 2012). Conversely, feeling socially connected has been associated with improved health behaviours, higher levels of life satisfaction, improved physical and psychological health, better quality of life, and greater life expectancy (Holt-Lunstad et al., 2015; Holt-Lunstad et al., 2010; Nicholson, 2012; Organisation for Economic Co-operation and Development (OECD), 2001; Scrivens & Smith, 2013; Yang et al., 2016).

Rates of loneliness and social isolation across the community are hard to measure, due to their subjective nature and stigma that surrounds them (Ending Loneliness Together, 2020). Consequently, estimates vary considerably, with rates of loneliness in older adults estimated between 32-46% across the United Kingdom (UK) and Australia (Lim, 2018; Victor et al., 2005). Older adults are at particular risk of experiencing social isolation and loneliness due to decreased mobility, decreasing economic and social resources, retirement, widowhood, and changes in family structure (Courtin & Knapp, 2017; Ending Loneliness Together, 2020; Goll et al., 2015; Grenade & Boldy, 2008; Nicholson, 2012). Furthermore, feelings of loneliness and social isolation have been exacerbated by the COVID-19 pandemic, with both disruptions to in-person activities and increased anxieties regarding socialising with others (Hwang et al., 2020; World Health Organisation (WHO), 2021).

Loneliness and social isolation, identified as 'wicked problems' for this population, require robust interventional strategies (Ending Loneliness Together, 2020). Community-based services present a unique opportunity to support older adults in maintaining their mental and physical health and remain living independently at home (Bigonnesse & Chaudhury, 2020). Interventions attempting to improve social isolation and loneliness in older populations exist through a variety of modes and employ strategies including social participation, community-based activities, and social activity group interventions (Cattan et al., 2005; Franck et al., 2016; O'Rourke et al., 2018). Of these, Cattan et al.'s review indicated that group interventions with social activities were the most likely to alleviate social isolation and loneliness among older populations (Cattan et al., 2005).

Shared eating occasions constitute one such activity that can improve health outcomes through social connection, thereby presenting a promising strategy for mitigating the risks of loneliness and social

isolation (Dunbar, 2017; Jönsson et al., 2021; Ochs & Shoet, 2006). Sharing meals with others has been shown to provide opportunities for social interactions and information exchange, while fostering supportive relationships and feelings of belonging (Andersen & Brunner, 2020; Dunbar, 2017; Kushida et al., 2020). Structured shared meal programs for older adults have existed in communities globally for many years in various forms and pose a promising opportunity for improving social isolation and loneliness in this population group (Middleton et al., 2022). Our previous review of existing community-based shared meal programs found evidence of positive nutritional and dietary outcomes, additional to benefits to social connection and quality of life (Middleton et al., 2022).

Given the promise of shared meals, the present study set out to determine the feasibility of running a shared lunch program for community-residing older individuals who are at risk of loneliness and social isolation. The objectives of this study were to determine the feasibility, acceptability and logistics of running a 12-week shared lunch program for older adults residing in the community in South Australia (SA).

To achieve the study objectives, two study phases were designed: a needs assessment phase, and a feasibility trial phase. Both phases received ethics approval from Flinders University Human Research Ethics Committee (project number 8620).

2 Needs Assessment

2.1 Methods

2.1.1 Study Design

The needs assessment phase involved a focus group with older adults living in the community, identified as at-risk of experiencing loneliness. This phase was undertaken to determine the need for a shared lunch program for older individuals at risk of experiencing loneliness, and to inform the program design.

2.1.2 Participants and Recruitment

Individuals were eligible to participate in the focus group if they were aged above 65 years, lived alone and independently, spoke English confidently, and worked or volunteered less than two days per week. Importantly, individuals had to be identified as 'at risk' of loneliness to be eligible for focus group membership, determined by an abridged set of criteria extracted from the University of California, Los Angeles (UCLA) Loneliness Scale (Version 3) (Russell, 1996).

The Council on the Ageing (COTA) South Australian social enterprise 'The Plug-In' was used to identify and recruit participants for the focus group. The Plug-In were provided with the list of eligibility criteria to advertise through their communities and networks and receive expressions of interest. The details of eligible individuals who expressed interest in the study were passed on to the research team, with permission, who were then contacted to confirm participation. Information sheets and consent forms were signed and returned prior to participation. Each participant received a \$30(AUD) honorarium.

2.1.3 Focus Group Design, Conduction and Analysis

Focus group questions were kept broad to gain an understanding of the need and logistics of the proposed feasibility trial, hereafter referred to as the 'program'. A very basic description of the proposed program was provided to participants at the start of the focus group, followed by a set of questions designed to capture responses on the need for the program, acceptability of the program, and program logistics (Appendix 1).

The focus group took place virtually via video conferencing software Zoom due to restrictions imposed by the COVID-19 pandemic, with one participant joining by phone (Zoom Video Communications Inc., 2011). The focus group was audio and visually recorded with consent, and the discussion was transcribed verbatim. Basic demographic data was collected from participants. Basic descriptive analysis of the focus group transcript was conducted (Neergaard et al., 2009; Sandelowski, 2010).

2.2 Results

2.2.1 Participant Details

Five participants aged over 65 years, who lived independently in the community participated in the focus group. Participant characteristics are presented in Table 1.

Table 1
Need Assessment Focus Group Participant Characteristics

Characteristics	Participants (n=5)	
Age	65-69	3/5
	70-74	0/5
	75-79	2/5
Gender	Woman	3/5
	Man	2/5
Volunteer/ employment status	Volunteer <3hrs/wk	3/5
	Volunteer 3-14 hrs/wk	2/5
	Work	0/5
Prior attendance at community lunch	Yes	2/5
	No	3/5

2.2.2 Acceptability and Logistics of Proposed Feasibility Study

Focus group participants saw value in the proposed shared lunch program. They described the program as a potentially valuable opportunity to leave the house, get “dolled-up”, and socialise with new people. Additionally, they were viewed positively as one less meal an individual would have to prepare for themselves. Due to fears of exclusion and desires to establish group norms, participants clearly expressed the opinion that starting a new program would be preferred over joining a shared lunch program that already existed in the community. There was an overwhelming consensus that in-person lunches would be preferred over virtual lunches. Additionally, participants were adamant that ride-hailing transportation would not be an acceptable form of transport, but rather community buses and taxis would be more appropriate. To encourage attendance, participants suggested that individuals with shared interests should be recruited, that they should be provided with “good” food that meets dietary requirements, and that they should be able to self-select their meals off a menu. When presented with the study protocol, participants viewed the procedures, data collection time-points and methods as suitable and not overly burdensome.

The main concerns raised by focus group participants regarding the shared lunch program were issues of transport, group dynamics, and sustainability of the program past the study period. Participants raised an additional concern regarding the challenges of recruiting those truly at risk of loneliness and social isolation.

3 Feasibility Trial

3.1 Methods

Participants responses from the needs assessment focus group were used to guide the development of the feasibility trial, titled 'Project Everyone At the Table (E.A.T.)', to ensure it met the needs of the target population.

3.1.1 Study Design

To determine feasibility of the program, a quasi-experimental pretest-posttest design, without a control group, was developed.

Individuals were eligible to participate in the program if they were: ≥65 years of age, lived alone, did not work or volunteer more than two days per week, were healthy and mobile, were confident speaking English, and lived close to the program venue. Additionally, individuals had to be identified as at-risk of loneliness, by answering 'yes' to three questions adapted from the UCLA Loneliness Scale (Version 3). The Plug-In advertised the study, gathered expressions of interest, and did the initial screening of participants. Those who had expressed interest and met the initial eligibility criteria, with permission, had their details passed on to the research team. These individuals were contacted by a member of the research team and screened against the full UCLA Loneliness Scale (Version 3) to determine eligibility. Participants consented to participate in the program both verbally and in writing after receiving the information sheet.

3.1.2 Program Details

Participants were exposed to a 12-week shared lunch program arranged, facilitated, and paid for by the research team. Once a week, the same participants attended a 90-minute shared lunch at the same bistro over 12 consecutive weeks. The first three lunches occurred in a private function room, and the remaining nine in the public section of the bistro. Participants were assigned seats some lunches and had agency to choose their own seats at others. Two members of the research team attended each lunch and were responsible for ensuring the lunches ran smoothly and did not interfere with participant conversation.

3.1.3 Outcomes of Interest

The Project E.A.T. feasibility trial was designed to assess the feasibility of running a shared lunch program for those deemed at-risk of experiencing loneliness. The feasibility of the program was measured, along with outcomes related to experiences of loneliness, quality of life, and nutrition risk.

Semi-structured interviews were conducted with participants halfway through the program and at the conclusion of the program to determine program feasibility. These were conducted in participants homes and over the phone. Interviews were audio recorded and transcribed verbatim. The transcripts were

analysed using basic descriptive analysis (Neergaard et al., 2009; Sandelowski, 2010). All participants were given pseudonyms to protect their identity.

Three surveys were administered to participants prior to their participation in the program (pretest) and once the program was complete (posttest) to measure loneliness, quality of life and nutrition risk (UCLA Loneliness Scale (Version 3) (Russell, 1996), Older People's Quality of Life Questionnaire (OPQOL-35) (Bowling, 2019), Seniors in the Community: Risk Evaluation for Eating and Nutrition© (SCREEN-14) (Keller, 2019). Descriptive statistics were performed and presented as means and standard deviations. To determine whether the program had any impact on measures of loneliness, quality of life and nutrition risk, total scores of each survey were calculated and treated as continuous variables and Paired Samples *t* Tests were run as an exploratory test, with significance set at <0.05.

3.2 Results

3.2.1 Participant details

Almost 300 individuals expressed interest in participating in the program, however only 63 of these individuals completed intake surveys, and 50 were deemed ineligible. The remaining 13 individuals met the eligibility criteria, and 12 consented to participate. The program ran from March 2021-June 2021.

Of the 12 participants, ten were female, two were male and all lived alone. Most participants had tertiary education or higher. Majority of participants were retired, however several volunteered and one was still working. Most participants had children and grandchildren. Full participant characteristics are presented in Table 2.

3.2.2 Outcomes From Participating in the Program

On average, scores across all three surveys improved for participants from pretest to posttest, as seen in Table 3. Loneliness scores improved by a mean of 8.42 points (SD 6.52), indicating lower levels of loneliness post program. Quality of life scores improved by a mean of 6.00 points (SD 7.79) indicating higher levels of quality-of-life post program. Nutrition risk scores, improved by 0.50 points (SD 6.07) indicating positive, but minimal improvement in nutrition risk post program. Only the change in loneliness scores between pretest and posttest were considered statistically significant ($p < .001$).

Table 2

Project E.A.T. Feasibility Trial Participant Characteristics

Characteristic		N (n=12)
Age (years) mean (SD)		74.58 (4.67)
Gender	Female	10
	Male	2
Cultural background	Indigenous Australian	1
	Australian	7
	British	2
	European	2
Employment status	Retired	6
	Volunteer	5
	Working	1
Education	Some high school	1
	Completed high school	1
	Tertiary education or higher	10
Marital status	Married	1
	Divorced/separated	7
	Widowed	3
	Single	1
Main income source	Pension	9
	Superannuation	1
	Combination	2
Housing status^a	Outright owner	5
	Paying off mortgage	1
	Residents' village	2
	Other	3
Children and grandchildren	Yes	10
	No	2

^amissing data: housing status n=1

Table 3

Difference Between Pretest and Posttest Loneliness, Quality of Life and Nutrition Risk Scores for Project E.A.T. Feasibility Trial Participants

	Pretest mean (SD)	Posttest mean (SD)	Difference mean (SD)	P value
Loneliness - UCLA Loneliness Scale (Version 3)	54.17 (9.25)	45.75 (9.67)	-8.42 (6.52)	<.001
Quality of life - OPQOL-35	131.83 (8.72)	137.83 (9.47)	6.00 (7.79)	0.22
Nutrition risk - SCREEN-14	46.01 (4.44)	46.58 (6.35)	0.50 (6.07)	0.781

Note. UCLA Loneliness Scale (Version 3) max. score = 80, high scores indicate higher risk of loneliness; OPQOL-35 max. score = 180, high scores indicate higher quality of life; SCREEN max. score = 64, high scores indicate higher nutrition risk

3.2.3 Feasibility and Acceptance of the Program

Participants attended on average ten of the 12 lunches. Only one participant required transport to the lunches, with the remaining providing their own transport. On average, the lunches cost \$25 (AUD) per person, inclusive of a meal and beverages.

Participants typically found the lunches to be a positive experience, finding them friendly, and, over time, familiar. Many participants stated that it was nice for them to get out of the house and have a regular outing to attend.

Penelope: I think it's just the familiarity and, people are willing to talk about what they do, and it's everyday things that you can join in. (82 years of age, widowed, retired)

Barbara: Yeah, just to get that regular outing, outing I suppose. (73 years of age, divorced, retired)

The lunches were not always experienced positively, with some participants describing the experience as feeling artificial in its set-up. Others mentioned feeling uncomfortable at the lunches, particularly when conversing with strangers over a meal was not their preference.

Hannah: Last week I just had an absolute ball. The people I was with were all lovely . . . Which made me feel better, because the week before it was like the week from hell, but- Just one lady in particular was a bit snobbish. (72 years of age, separated, volunteers)

*Sarah: I'm not **not** enjoying them, but I just, I'm not that comfortable with people I don't know and I would prefer not to be sitting around a table with them that's all, I just, you know, like, you don't have an escape. (77 years of age, widowed, volunteers)*

Most participants enjoyed the food provided, however there was some discussion around menu fatigue. Regardless of the quality of the food, participants felt it was an important part of the experience, providing lubrication for conversation, making participants feel at ease, and creating a relaxed environment.

Marianne: . . . it is important because, as they say, it sort of lubricates conversation. We can talk about each other's food and see what it's like or, ah, remember the recipe that I did similar to that or, you know, things like that, because the conversation sooner or later, ah, revolves around the food in. (74 years of age, single, volunteers)

Seating arrangements played a significant role in participant's experiences at the lunches. Some preferred the agency of choosing their own seats, others found that that such choice led to the formation of cliques and could contribute to an isolating environment and daunting experience of choosing where to sit. Some felt sitting with new people maximised the experience, where others felt that the constantly changing seating meant they were not able to properly get to know each other.

Katherine: . . . it's good if you can say, try and sit next to someone you haven't sat next to before . . . it just makes for more variation, a more stimulating conversation. I don't want to be having the same conversation every week with the same person. (73 years of age, divorced, volunteers)

Whitney: Yeah, if you're choosing a seat and you end up with the person you want to sit next to, that would be lovely. But if you don't it could make you feel even more of an outsider, you know. So double barrel there. (68 years of age, divorced, retired)

A central component of the lunches were the conversations shared amongst participants. Participants' perceptions of the value of conversation were highly dependent on whom they were sitting with. For example, whether participants felt the conversations were stimulating, boring, rich, dull, interesting, or uncomfortable was dependent on who was seated at their table.

Raymond: there's some kind of interesting conversations that have come up . . . (I) think there are a group of those women, who are really are looking for an intellectual stimulus outside of their family. So, they get an opportunity to really talk about things that mean things to them, from the past. (69 years of age, widowed, works)

Grace: It's pretty trivial talk when you think about pawpaw's and sweet potatoes and swedes . . . And uses of and how to use air fryers . . . And sometimes they'll bring up something more, more of a problem, I suppose, that could do with solving or helping. (83 years of age, widowed, retired)

Almost unanimously, participants valued the opportunity to socialise with others. Getting out, having an enjoyable time, and personal growth were also mentioned, but socialisation was the unifying factor amongst the group.

Katherine: . . . meeting new people and the stimulus of listening to someone new say, you know, what they think. New information. We all, we all have so much to learn . . . otherwise you can stick to your old circle of friends and it's very, that's very comfortable, but it's also nice to get out. (73 years of age, divorced, volunteers)

Grace: The best thing was probably being out and being with people. And having to get up and get dressed and go out, whereas it's, it's very possible, at my age, and particularly getting cooler, that I could get up and put my dressing gown on and stay in it all day. . . The best thing is, yes, I've got to move myself and get ready and go. I'm meeting people, I'm seeing people that are alive and, and, and doing things. (83 years of age, widowed, retired)

3.2.4 Impact of Attending the Lunches on Life Outside of the Program

Participants in general felt that participating in the program impacted their life positively. Participants expressed the program provided a new and interesting alternative to their day-to-day lives, whilst helping them identify gaps in their current social lives, and providing ideas of future activities they might participate in.

Barbara: I was getting to a stage where I didn't want to do anything. I felt a bit overwhelmed, but yeah, now I'm fine, it's, you know I'm looking forward to doing the thing, getting out, I know I can get out, sometimes I can be a real loner, but that's sort of my choice in a way. So it was yeah, it was good in that way. (73 years of age, divorced, retired)

Whitney: Just my own self-confidence really and my own, how do you put this, my own recognition that I'm a likeable person, and so are others. Sometimes that reticence and that shyness and that hanging back is not useful for me or for potential other friendships. (68 years of age, divorced, retired)

Hannah: I think probably socially, made me realise that by sitting home all day on my own, what I'm missing out on, the company of other people. (72 years of age, separated, volunteers)

A key objective of this program was to provide opportunities for social connections for participants. While some participants felt they had made connections with others at the lunches, many were unsure of their stability, and several discussed the likely temporality of these connections due to the artificial and short-term nature of the program. Others found that participating in the program made them want to reach out to people they had lost contact with, or to put in more effort to sustain their current connections.

Penelope: I mean, it's, it's good to get out and to meet different people and, and chat to them and know them. So, yeah, it's well, it's ten extra people that's come into my life, you know? So it's positive. Whether anything more comes of it, we don't know until we go down the track. (82 years of age, widowed, retired)

Hannah: I have lots of people that I don't really call 'close friends', that I've known for a long time, but I've not really been involved as much as I could have. So, by going to these lunches, it's made me feel more confident that I can ring them and say, 'would you like to go out for lunch?' . . . had I not been to that program I would not have done that. (72 years of age, separated, volunteers)

Some participants discussed the positive impact the lunches had on their quality of life, particularly in relation to giving them purpose and structure throughout their week or day.

Barbara: I think, yes, it's been good. It sort of gets you up and gets you out and brightens up the day a bit, you know. Put a bit of make-up on, do the hair. (73 years of age, divorced, retired)

William: I'm conscious of what I wear, you know, so I [sic] got to look nice and be on time and yeah there's a certain routine attached to it and yeah looking forward to it . . . Quality of life has, has improved. (75 years of age, separated, retired)

The program was described as having minimal impact on participants' diets. The only change identified by participants was having a smaller meal in the evening after consuming a larger lunch than usual.

Katherine: I wouldn't normally, for example, eat a cooked meal at lunchtime. So the only difference is instead of having a cooked meal at night on a Wednesday, lately I've been having boiled eggs or toast or something (73 years of age, divorced, volunteers)

Many participants also stated their participation in the program allowed them to develop or reignite confidence in certain areas. For example, several participants noted improved conversational skills and confidence to interact with strangers.

*Hannah: Guess it improved my conversation, 'cause I haven't sort of sat and chatted to people like that for a very long time . . . it made me more tolerant of some people because some people definitely rubbed me up the wrong way *laughs*. And I just think generally it made me realise that you know, you do need to be out, socialising, mixing with others more. (72 years of age, separated, volunteers)*

Marianne: I think it sort of contributed to my overall confidence . . . just being more perhaps relaxed around strangers . . . especially when you are in a cohort of people who are the same age, you sort of understand that there are so many common, common questions, problems that we are experiencing, that we're going through, just through you know, this particular stage of our lives, which I think is a very positive thing to know. (74 years of age, single, volunteers)

Raymond: Yeah, it allowed me to be a bit more relaxed, and that was the, one of the big learnings I got out of it, I can be relaxed in other people's environments, that I think that I close doff for quite a few years. (69 years of age, widowed, works)

While most participants felt that the program had come to its natural conclusion, others were disappointed that it was coming to an end. Many participants were hopeful for some more interaction with each other after the program had ended.

Hannah: I think it's a shame that we didn't get to know each other more, and maybe, not meet every week, but go for coffee once a month or something like that to keep it, keep the connection going. (72 years of age, separated, volunteers)

3.2.5 Improvements to the Program

Participants shared various suggestions for improvements to the program, including varying the venue and the time of day, changing the frequency and the dining arrangements. There were conflicting suggestions, however, with some participants suggesting a more structured program, and others preferring a more relaxed, casual get together.

Barbara: . . . maybe once a fortnight or once a month? But maybe every week for maybe a month to get introduced and meet other people, get comfortable with them, but then it was sort of yeah . . . I think you'd be looking forward to it a bit more, 'gee I haven't caught up with them in a while'. (73 years of age, divorced, retired)

William: . . . guidelines for discussion, change the pattern of seating, and also be a leader as far as the individuals and where they're sitting, you know, don't have them sitting in the same seats. (75 years of age, separated, retired)

Several participants expressed that they did not feel they fit the target demographic for this program, and that the lunches would be of greater benefit to individuals more at risk of loneliness. Some wanted more diversity of participants from different backgrounds, whereas others preferred to socialise with people who were from the same background with shared interests and life experiences.

Sarah: I think it was a good idea, but I still think it's probably the wrong people that you've got . . . I don't think any of them were particularly in need of an extra social life (77 years of age, widowed, volunteers)

Leanne: And I would try and get, and I know it's difficult, a broader mix, male, female, cultural differences. (71 years of age, divorced, retired)

Hannah: I just felt like those people were not in my league, you know what I mean? They were all, I don't know, self-funded, quite comfortable, very social, and I'm, I'm not. I have no family, and maybe just a couple of close friends . . . I don't have the income or the finance to do the sort of things that they were talking about, travelling around Australia and doing all sorts of wonderful things . . . But I know that there are lots of people in similar situations to me that would be a lovely group of people to get together. They are truly lonely people, and they sit at home all day, every day . . . I just think that if you get, a closer, people in the same sort of, same sort of situation . . . similar circumstances, it would be, it might work out different. (72 years of age, separated, volunteers)

Participants unanimously stated they would recommend a program like this to others and could identify people in their networks who would benefit from such a program.

INTERVIEWER: And would you recommend a program like this to other people, and why or why not?

Phillipa: Hell yes! If I saw a person that was in their home, they didn't seem to mix I would recommend it so highly because they'll feel brighter, they'll feel happier, they've got something extra to think about, they could make friends, and they have some stimulating conversations. (78 years of age, married, volunteers)

Leanne: Yes, I would recommend it because I, there are lots of lonely people out there. And there are lots of people that don't know how to change it. (71 years of age, divorced, retired)

4 Discussion

This study set out to design and test a shared meal program for older adults living in the community, specifically aimed at reducing experiences of loneliness. Informed by a needs assessment, we identified older adults at-risk of experiencing loneliness, brought them together for a shared lunch program, and measured the impact of the program on their feelings of loneliness, quality of life, and nutrition risk. Through this study we were able to determine the feasibility of designing and delivering a shared meal program in the community.

Our study is not the first to design and evaluate a novel shared meal program for community-residing older adults. 'Let's Do Lunch' in Canada, 'Encore Café' in the United States of America, and 'Eating With Friends' in Australia are all community lunch programs that have been designed and evaluated previously (Boyer et al., 2016; Schultz et al., 2021; Sheppard et al., 2018). A common thread among these programs is the value derived from socialising with others (Boyer et al., 2016; Schultz et al., 2021; Sheppard et al., 2018). For example, while participants in the Let's Do Lunch evaluation reported the program providing healthy, tasty, inexpensive and convenient meals, participants' primary motivation for attending was for social purposes (Sheppard et al., 2018). Similarly, participants in the Encore Café evaluation reported reductions in emotional loneliness (Schultz et al., 2021), and participants in the Eating with Friends evaluation reported social relationships as the most valued aspect of the program (Boyer et al., 2016). This sentiment is echoed in the present study findings, with participants enjoying the food but valuing the socialisation more. This was further evidenced in the greater improvements noted in their loneliness and quality of life scores, when compared to the minimal shift in the nutrition risk scores.

Although the sample size for this study was not powered to detect significance, the shift in loneliness and quality of life scores of participants is a promising finding. The impact of the program on participant's loneliness and quality of life are consistent with other studies. Our recent scoping review showed that when evaluations of shared meal programs measure social connections and quality of life, they consistently demonstrate a positive impact (Middleton et al., 2022). Conversely, although many of the existing shared meal programs in the community intend to positively influence dietary intake, their impact on health outcomes are more varied (Middleton et al., 2022). This is consistent with our study findings, with participants reporting the program having minimal impact on overall diet. It is thereby plausible that the mechanism by which shared meal programs act to support the health and wellbeing of older community-residing adults, is through the social connection they provide, rather than through the nutrition provided from the meal.

Most participants in the present study enjoyed the program and received some benefit from participating. The transient social connections, as expressed by participants at the conclusion of the program, were likely

attributed to the short program length and minimal shared interests amongst participants. Indeed, participation in meal programs does not automatically guarantee social connections will be established, and simply sitting next to someone frequently does not always lead to the development of friendships (Kirk et al., 2001). However, many participants cited unanticipated benefits from the study, including increased confidence in participating in group activities, and communicating with strangers. Other participants found the program helped them identify what they wanted out of their existing social connections and networks in this stage of their lives. Again, this may indicate that programs such as this hold benefit outside of the traditional, objective health outcomes we typically assess them against.

Participants' suggested program improvements varied, with some wanting more time between lunches and others suggesting a change in format or structure. Similarly, some participants desired more commonality between participants, yet others would have preferred greater diversity. These suggestions indicate that there is not a one-size-fits all program that will meet the needs of all older adults in the community, thereby highlighting the need for varied opportunities to reach and meet the needs of an ageing population. Additionally, many participants noted that they were perhaps not the target population for a program intending to reach those most at-risk of social isolation or loneliness. More work is required to determine how best to identify, and recruit, those in the community most-at risk of loneliness and social isolation into a program such as this. Furthermore, the affordability of shared meals and implications for program sustainability, must be considered. The present study held the lunches at a local bistro, with meals averaging \$25 (AUD) per person. This is much higher than other community meal offerings both in Australia and internationally (Boyer & Orpin, 2007; Sheppard et al., 2018), indicating that this may not be a sustainable mode of delivery, without considerable funding or subsidies, for a program like this moving forward.

4.1 Strengths and Considerations

This work is strengthened by the needs assessment that informed the design of the feasibility trial. Screening for eligibility was rigorous and participants had to be deemed 'at risk' of experiencing loneliness to be included in both phases of the study. The survey tools that were adopted were validated in the target population and the findings were strengthened by the collection of qualitative interview data, and reflexive team conversations throughout the course of the program. However, there are limitations including potential self-selection bias in recruitment of participants, and lack of sensitivity of survey tools over the short time period with which the trial ran. Additionally, the population recruited for this trial may not be representative of those in the community most at-risk of experiencing loneliness.

5 Conclusion

The results of this study demonstrate the feasibility of a shared lunch program for community-residing older adults, with promising outcomes for loneliness and quality of life post program. More work is required to determine how to identify and recruit those in the community who would benefit from a program such as this, and how to ensure sustainability and durability of the program without researcher intervention.

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Appendices

Appendix 1: Needs Assessment Focus Group Schedule

Area	Question
Desire for shared lunch program	<ol style="list-style-type: none">1. We have a mixture of participants who have and have not attended a shared lunch in the community before, so for those that have attended, could you please tell us what you did and did not like about the experience?2. For those who have not attended a shared lunch before, what has stopped you from attending?3. We are planning on conducting a study with individuals aged 65 years and over from the community who spend the majority of their time on their own. We are planning for them to attend twelve shared lunches over twelve weeks. What are your thoughts about this kind of study/activity? Do you think this type of activity would be valuable? Why/why not?4. Who do you think would be interested in being involved in this study?
Project logistics	<ol style="list-style-type: none">5. Do you have any suggestions for how we could best encourage people to attend weekly shared lunches?6. What problems do you think we might encounter with this study?7. Who do you think people would like to share a meal with?8. Do you think there would be value in having people attend lunches in already running community groups or creating new groups?9. Do you think the length of time of the lunch would have any impact on people's desire to attend?10. If we arranged for participants to be picked up by community buses at their doors, dropped at the lunch and returned home, how do you think people would feel about that? Can you think of any alternatives for transport?

Proposed data collection methods	11. If we called the participants before each lunch to check in, make sure they have the details for the next lunch etc., how do you think people would feel about that? 12. How do you think individuals will feel about being asked to participate in a one-on-one interview in the middle of the 12 weeks? Where would an interview ideally take place?
Virtual alternative	13. How do you think people would feel about having the lunches virtually, where people come together online to share a meal?

Appendix 2: Feasibility Study Interview Schedule

Mid-way through program

1. Can you tell me how you are finding the shared lunches so far?
 - a. Why were you interested in coming to the lunches?
 - b. What has kept you coming to the lunches?
2. Can you please describe how you feel about getting to and from the shared lunches?
3. Can you please describe to me how you feel before attending the lunch each week?
4. Can you tell me how you feel while you're at the lunch?
 - a. Ambience
 - b. Seating
 - c. Connections
5. How do you feel about your conversations at the lunch?
 - a. What do you think is working well?
 - b. What do you think is not working well?
6. What do you think about the food provided at the lunch?
 - a. If it's not to your liking, how could it be improved?
 - b. What role does the food play in your experience of attending the lunch?
7. How do you feel after you've attended the lunch each week?
8. To what extent do you think attending the shared lunches has impacted on you, positively or negatively?
9. To what extent do you think attending the shared lunches has impacted your feelings of social connectedness?
10. To what extent do you think attending the shared lunches has impacted how you feel about your quality of life as a whole?
 - a. Daily comfort, happiness, ability to enjoy everyday life
11. To what extent do you think attending the shared lunches has impacted the quality of your diet?
12. What do you think are the best things about attending the shared lunches?
 - a. Personally
 - b. For the group as a whole
13. What are the things that we could improve upon/could be improved?
 - a. Personally
 - b. For the group as a whole
14. Would you recommend a program like this to other people? Why? Why not?
15. What would you like to see happen at the end of the twelve-week program?

- a. Personally
 - b. For the group as a whole
16. We are interested in seeing how people's social interactions were impacted by COVID-19, what has been your experience during this time?
- a. How did things change for you?
17. Can you please explain how the COVID lockdown and subsequent control measures have affected your social interactions?
- a. What has this meant for you and your health?
18. Please describe how much (if at all), the threat of contracting COVID has affected your mental health, including any feelings of loneliness and anxiety?

Completion of program

1. Have your thoughts on the program and how you've experienced it changed since the interview 6 weeks ago?
 - Social connections
 - Friendships
 - Conversations
2. Has this program had any impact on you mentally, physically or socially?
 - Have you built any specific skills or confidence in a particular area from being involved?
 - How will you utilise these in other areas of your life/moving forward?
3. What specific skills, or what kind of confidence have you gained from being involved in this program, if any?
 - What will you do now that you have gained these skills/this confidence?
4. If we were to repeat this program with another group of individuals, can you give me three things you think we should change?

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