

# Mobility, ICT, and health: a built environment investigation of older Chinese migrants' social isolation and loneliness

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Social isolation and loneliness have detrimental impacts on health, especially for older adults. During the COVID-19 pandemic, physical access to third places (e.g., coffee shops, libraries) decreased due to the closure of non-essential destinations and personal risk assessments. Older adults reported adopting information and communication technology (ICT) during pandemic lockdowns, which may have sufficiently replaced previous activities that would require trips out of the home. Understanding modalities of social connection and their distinct relationships to the built environment and health for older Asian migrants, who have culturally imbedded social networks and ICT use, is critical to supporting equitable, healthy aging in a post-COVID world. Using a survey of older Chinese migrants in the Greater Toronto Area (GTA), we investigate both community mobility and ICT use to understand how either avenue of socializing is related to the built environment and what the impact of community mobility and ICT use has on loneliness (De Jong Gierveld 6-item scale), mental and physical health (SF-12). Specifically, we use a structural equation model to test a theoretical framework of older adult social isolation. Ultimately, our model demonstrates the importance of community mobility in reducing loneliness, while ICT use is significantly related to better physical health. Both community mobility and ICT use have significant, although opposite, relationships to transit density. Results indicate that ICT use might have a limited ability to reduce loneliness and support mental health when mobility is limited. Addressing older migrants' barriers to community mobility is critical to reducing feelings of loneliness.

Keywords: older adults; social isolation; built environments; ICT; mobility

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