Understanding Social Isolation Series

Part 1

AARP Foundation
For a future without senior poverty.
About AARP Foundation

AARP Foundation works to end senior poverty by helping vulnerable older adults build economic opportunity and social connectedness.

As AARP’s charitable affiliate, we serve AARP members and nonmembers alike. Bolstered by vigorous legal advocacy, we spark bold, innovative solutions that foster resilience, strengthen communities and restore hope.
Social isolation affects nearly 1 in 5 older adults.
PERCENTAGE OF MIDLIFE AND OLDER ADULTS WHO ARE LONELY AND NOT LONELY

By age, income, education, marital status, race/ethnicity, and LGBTQ identification.

Note: May not sum to 100% due to rounding error
Social Isolation and Loneliness In Older Adults: Opportunities for the Health Care System
Committee Membership

• Dan G. Blazer, II, (Chair), Duke University School of Medicine
• Susan Beane, Healthfirst, Inc.
• Cynthia M. Boyd, Johns Hopkins Bloomberg School of Public Health
• Linda Burnes Bolton, Cedars-Sinai Medical Center
• George Demiris, University of Pennsylvania
• Nancy J. Donovan, Brigham and Women’s Hospital, Harvard Medical School
• Robert Espinoza, PHI
• Colleen Galambos, University of Wisconsin-Milwaukee Helen Bader School of Social Welfare
• Julianne Holt-Lunstad, Brigham Young University
• James S. House, University of Michigan Institute for Social Research
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• Kathleen McGarry, University of California, Los Angeles
• Jeanne Miranda, University of California, Los Angeles
• Carla Perissinotto, University of California, San Francisco
• Juliann G. Sebastian, University of Nebraska Medical Center
Study Scope

1. Summarize and examine the evidence that social isolation and loneliness predict poor health outcomes and increase a person’s risk for premature morbidity.

2. Explore how social isolation and loneliness affect health care access and utilization.

3. Make evidence-based recommendations on translating research into practice within the health care system that could facilitate progress in reducing the incidence and adverse health impacts of social isolation and loneliness among the low-income 50+ population.

4. Examine avenues for translation and dissemination of new findings and communication of new information targeting health care practitioners.
Definitions

• **Social isolation** is the objective lack of (or limited) social contact with others.

• **Loneliness** is the perception of social isolation or the subjective feeling of being lonely.

• **Social connection** is an umbrella term that encompasses the structural, functional, and quality aspects of how individuals connect to each other.
Isolation is a health issue.

Research shows that the negative health effects of chronic isolation and loneliness, while harmful at any age, are especially dangerous for people over 50.

Social isolation and loneliness are associated with:

- Higher blood pressure
- Increased susceptibility to the flu
- Greater risk of heart disease
- Earlier onset of dementia
Why focus on the Health Care System?

• One sector cannot solve problems alone
• Need to connect with broader public health and social care communities
• The health care system may be in the best position to identify those who are the most isolated or lonely.
• Relatively untapped partner
Health Impacts

• Overall, greater incidence of major psychological, cognitive and physical morbidities and lower perceived well-being or quality of life

• Social isolation and loneliness are associated with a significantly increased risk of premature mortality from all causes.
  – Some evidence that the magnitude of the effect on mortality risk may be comparable to or greater than other risk factors (e.g., smoking, obesity)

• At-risk populations: sparse evidence
Risk and Protective Factors

- **Physical**: heart disease, stroke, cancer, functional status, sensory impairment (e.g., hearing loss).

- **Psychological, psychiatric, and cognitive**: major depression, anxiety, impairments related to dementia.

- **Societal, cultural, and environmental**: bereavement, retirement, housing status, driving status.
Challenges

• Conflation of social isolation with loneliness
• Variability in terminology, measures, and outcomes
• Limited research on low-income, underserved, and vulnerable populations (or “at risk populations”)
• Limited research on interventions specific to the clinical setting
• Quality of the intervention literature
Study Recommendations

1. Develop a more robust **evidence base**
2. Translate current research into **health care practices**
3. Improve **awareness**
4. Strengthen ongoing **education and training**
5. Strengthen **ties** between the health care system and community-based networks and resources
Measuring Social Isolation & Loneliness
Loneliness & Isolation in the Context of the Social Determinants of Health

What Goes Into Your Health?

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)  Adapted from The Bridgespan Group
Identifying Social Isolation & Loneliness

• No “gold standard”
• Multiple different measurement tools
  – All scales have benefits and drawbacks
  – Most developed for research purposes
  – Little validation for their clinical use
• Some of the most commonly used:
  – UCLA Loneliness Scale
  – Lubben Social Network Scale
  – Berman-Syme Index
  – Duke Social Support Index
  – Social Disconnectedness (Cornwell & Waite)
Intersection of Loneliness and Isolation

- Loneliness: "Subjective" assessment that social relationships are lacking. Approximately 20 million older adults.
- Social isolation: "Objective" measure of connections to family, friends, or the community. Approximately 9 million older adults.

Correlation coefficient, \( r < 0.20 \)
• Identification of those at highest risk (or acute/chronic state) can help to better target interventions

• Rec 7-1: Periodic assessment using one or more validated tools to identify older adults experiencing social isolation and loneliness

• Rec 7-2: Partnerships between clinicians and researchers to evaluate use of tools in clinical settings
- still working on options to get out of the home and hoping she can get her into ADHC
- in the meantime, today discussed senior center without walls and gave her brochure
- will discuss again next visit
- also still getting weekly behavioral health RN visit
Clinician Buy-In

4 IN 5 physicians

surveyed say patient’s social needs are as important to address as their medical conditions.
Documentation & Population Health Management
Measurement in Practice

• Use standardized and validated tools
• Berkman-Syme and three-item UCLA Loneliness Scale
• Serial testing: ascertain change over time
• Update existing tools (or develop better tools) to fully capture the experience of today’s older adults
• Research: who should conduct assessment, frequency, mechanism
AARP Foundation
Measuring Social Isolation

• Integrating Social Isolation Outcomes into 3-Year Strategic Plan—Lessons Learned
  – Journey from developing our own ‘isolation index’ to a validated tool tested on older adults
  – Implementing DSSI-10
  – Testing administration modes
  – Adaptations for coronavirus pandemic
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Measuring Social Isolation

• Supporting the development of a national risk assessment for use in community based and clinical settings (USIRS)
  – Connects respondents to resources based on responses
  – Designed for administration over time
  – Automated coding of responses
Questions
Resources

www.Connect2Affect.org
  – Isolation risk assessment
  – Resource finder
  – Research

www.aarpfoundation.org

www.nationalacademies.org/isolationandlonelines