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STRENGTHENING SOCIAL CONNECTION IN OLDER ADULTS

This guide is intended as a resource for health center providers, educators, and administrators to understand, identify, and address social isolation and loneliness in older patients using best practices for serving this population. For more information about the National Center for Equitable Care for Elders, please visit ece.hsdm.harvard.edu.

NATIONAL CENTER FOR EQUITABLE CARE FOR ELDERS

INTRODUCTION

Older adults represent the fastest growing demographic in the United States. In 2019, 54.1 million people were aged 65 or older, accounting for 16.5% of the total population. By 2050, the figure is expected to increase to 22%, meaning that nearly one out of every four Americans will be 65 years or older.[1] The percentage of older adult patients in community health centers has also grown exponentially, with those aged 65 and older increasing by 120% between 2010 and 2020.[2] Older adults are at the highest risk for hearing impairment, cognitive decline, and functional limitations that diminish social connections, which may lead to social isolation and loneliness.[3]

Social isolation is defined as having infrequent social interactions with others.[3] The National Center for Equitable Care for Elders uses a more nuanced definition that accounts for cultural differences and subjective perceptions by defining **social isolation as a lack of desired contact with others resulting in a sense of being socially disconnected.** It is important to consider that social isolation is often situational. Older health center patients often rely on places outside the home for social interaction, such as day programs, community programs, libraries, cafes, and places of worship. Structural issues related to transportation or accessibility can significantly reduce opportunities for human contact in this population. Public health crises may also limit mobility and service provision, including fires, floods, hurricanes, and most recently, the COVID-19 pandemic.

Loneliness is less structural and more subjective. One can be alone and not feel lonely, or conversely, surrounded by others yet still feel lonely. In 2019, the U.S. Surgeon General declared loneliness a public health crisis. Before the COVID-19 pandemic, the National Academies of Medicine commissioned a consensus study on social isolation and loneliness that was published in 2020. The report indicated that almost 1 out of 4 community dwelling older Americans,[3] adults aged over 65 living outside of nursing homes and assisted living facilities, are socially isolated, and almost half of those over age 60 reported feeling lonely.[3] Health center staff should keep in mind that older patients can experience loneliness even without being socially isolated, which emphasizes the need for universal screening approaches to better identify those at high risk for experiencing negative health outcomes related to limited social connections.

SOCIAL ISOLATION AND LONELINESS DETRIMENTAL TO HEALTH AND WELL-BEING

Social isolation and loneliness can cause changes to an older adult's physical health, mental health, and memory. Other physical health risks include high blood pressure, heart disease, obesity, and a weakened immune system.[4] The impact of social isolation on older adults' mental health includes an increased risk of cognitive decline, dementia, and depression.[4] Moreover, using life expectancy as an indicator of health, evidence shows that reductions in lifespan related to social isolation and loneliness are roughly **the same as smoking 15 cigarettes a day.**[5] It is, therefore, imperative to address social isolation and loneliness with the same level of vigor as other risks of morbidity and mortality in the older adult population.

Social Isolation is associated with a:

29% increased risk of all-cause mortality

59% increased risk of functional decline

24% increased risk of death[3]

Certain life transitions for older adults may increase their risk of experiencing social isolation or loneliness. These may include serious illness, changes in mobility, family caregiving, changes in income or retirement, losing a loved one, moving from home, or needing assistance in the home. Sensory impairments, like hearing loss or vision changes, can also limit the ability of older adults to maintain connections with their community. Lack of access to transportation can significantly reduce engagement and increase social isolation in older adults. Older adults who no longer drive make fewer trips to shop or eat out and less frequent trips to visit friends and family. Transportation can also impact health outcomes for older patients, as most adults aged 65 and older live in car-dependent communities and make fewer trips to their primary care provider once they can no longer drive themselves.[6]

Identity and culture can influence how older adults experience social isolation and loneliness. Gender, education, income, and race are all important contextual factors when identifying and addressing these concerns in older patients.[7] According to the Epidemiology of Social Isolation: National Health and Aging Trends Study, **social isolation was most strongly associated with those over the age of 80, male, unmarried, low educational attainment, and living in non-metropolitan areas**.[7]

The COVID-19 pandemic disproportionately impacted older adults as well as certain racial and ethnic groups, leaving adults aged 65 and older at increased risk for hospitalization or death.[8] Restrictions and shutdowns related to the pandemic severely diminished opportunities for social connections and increased the prevalence of social isolation and loneliness, especially for older people without close family.

TECHNOLOGY AS A MODE FOR CONNECTION

Technology can provide speed, connectivity, and efficiency to make life's tasks easier. Training in using computers, tablets, and smartphones can help older adults to stay connected with their families, friends, and communities, especially for those living independently. Assistive devices, such as hearing aids to amplify sounds and text to speech systems to aid verbal communication, can make maintaining connections between patients and their families and larger community more feasible.[9]

While adaptive technologies can be game changers for older adults, the adoption of interventions powered by these technologies has not been widespread. A key barrier to adoption is the "top-down" conception and design process of these assistive devices, which ultimately fails to consider the preferences or limitations of those who would be using the technology.[9] The lack of older adult perspective in the development process (e.g., user-experience design) could render the technology to be ineffective or inaccessible.

Ongoing challenges with integrating accessible technologies to improve quality of life is not a new issue, however, it has been exacerbated by the ongoing COVID-19 crisis. Despite the promise of adaptive and assistive technologies, access is not equitable for all older adults, whether because of cost or lack of insurance coverage. Currently, there are no private insurance plans or public programs that will fully cover the cost of assistive technologies.[10] While Medicare Part B is typically willing to cover up to 80% of the cost for some assistive technologies, it is under the stipulation that devices be used only for a medical purpose

related to illness or injury.[11] Lack of consistent internet and broadband access can be a major hindrance for older adults. This lack of access is exacerbated by social determinants of health. Rural dwelling older adults are 1.6 times more likely to lack in-home internet service than those in urban or suburban communities.

Recent studies have found that study participants who were older adults, less educated, economically disadvantaged, and from ethnic minorities were five times less likely to have consistent access to digital health information.[12] Gaps in digital literacy require increased availability of not only the technology itself but also information and support for older adult skill-building in this area. Providers must continue to adapt to the increasing needs of older adult patients or direct their patients to community resources to address any gaps in technological resources.

SCREENING FOR SOCIAL ISOLATION & LONELINESS IN OLDER PATIENTS

Identifying social isolation and loneliness is an opportunity to intervene and refer older adults to community resources to increase social connectedness. Periodic assessments in a clinical setting are recommended to identify individuals at highest risk.[3] Patient responses documented in the electronic health record can be used as a reference for subsequent referrals to available community resources. Standardized patient risk assessment tools like **PRAPARE**[13] incorporate measures related to social support and stress levels without specifically mentioning loneliness. There are also a variety of standalone social isolation screening tools available to health care providers, many of which are outlined in the National Academies of Sciences, Engineering, and Medicine report, **Social Isolation and Loneliness in Older Adults**.[3] It is important to consider which assessments are most appropriate for your patient population, especially as how we communicate and engage with our communities has evolved in the years since many of the most common screening assessments were developed.[3]

SELECTING A SCREENING TOOL

Consider these questions to gauge what approach might be most appropriate and effective for your care setting:

1. How comfortable are you directly asking patients about loneliness?
2. How much time does your team have to ask patients about their experiences of social isolation or loneliness?
3. Which team members will be using this screening tool, and how will the data be documented?
4. Who will be connecting socially isolated patients with available community resources?

Adapted from The Campaign to End Loneliness[14]

EXAMPLE TOOL: THREE-ITEM UCLA LONELINESS SCALE

Provider says: *The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.*

1. First, how often do you feel that you lack companionship: Hardly ever (1), some of the time (2), or often (3)?
2. How often do you feel left out: Hardly ever (1), some of the time (2), or often (3)?
3. How often do you feel isolated from others: Hardly ever (1), some of the time (2), or often (3)?

Scoring: Sum the individual item scores. Higher scores indicate greater degrees of loneliness.

SOURCE: Hughes et al., 2004[15]

CONSIDERATIONS FOR SCREENING IMPLEMENTATION

- **Ensure patient safety:** Prioritizing informed consent, autonomy, and privacy allows trust to build between health center providers and the populations they serve.

- **Use a universal screening approach:** Assessing the entire patient population can limit harmful stereotypes and the risk of exploitation for at-risk groups, such as low-income, minority, or LGBTQIA+ older adults. This can also allow health centers to focus more on primary prevention efforts than reactive interventions for social isolation and loneliness.[3]

- **Partner with caregivers:** Family and community-based caregivers play a critical role in the health and well-being of older adults, and many caregivers may be older adults themselves. Amongst older caregivers, women were more likely to experience an increased risk of depression and male caregivers were more likely to have an increased risk of social isolation.[16]

RESOURCES

NCECE has compiled a list of tools and programs to increase social connectedness of older adults within their communities. Health center staff are encouraged to explore available local resources with patients and caregivers, including transportation services, local events, and volunteer opportunities. Engagement in meaningful, productive activities can provide a sense of purpose, boost an older adult's mood, and may also improve their overall cognitive functioning.

Toolkits & Guides:

- **Feeling Good & Staying Connected Activity Guide** (California Department of Aging) This resource gives recommendations for how older adults can create new routines, strengthen meaningful connections with family and friends, stay connected to their community, and maintain and improve their physical and mental health during the COVID-19 pandemic and beyond.

- **Social Isolation and Loneliness Toolkit** (National Institute on Aging) This toolkit contains shareable resources with information on how social isolation and loneliness can impact the physical and mental health and cognitive functioning of older adults.

- **engAGED Community Awareness Toolkit** (The National Resource Center for Engaging Older Adults) This toolkit provides resources for engaging consumers, partners, and the larger community around the importance of social engagement. Organizations can customize items like PowerPoint presentations and newsletter language to raise awareness and better address social isolation and loneliness in their communities.

- **Understanding Loneliness and Social Isolation: How to Stay Connected** (National Institute on Aging) This patient-facing booklet provides older adults and caregivers with tips on how to stay connected, how to identify their risk factors, and start conversations with providers and caregivers to receive further information and support.

Virtual Connections:

- **Connect2Affect** (AARP) AARP's Connect2Affect research initiative, in collaboration with the Gerontological Society of America, Give an Hour, the National Association of Area Agencies on Aging, and UnitedHealth Group, aims to create a resource library of scholarship, shareable resources, and innovative efforts (e.g., Local Assistance Directory, a virtual communication platform) to combat social isolation.

- **SAGEConnect** (SAGE) A weekly phone-based volunteer program to combat social isolation in LGBTQIA+ older adults.

- **Well Connected** (Front Porch) A phone and online community that provides programming for older adults such as support groups and online classes. Users also have the option to volunteer as class facilitators. Services are available in English and Spanish.

Volunteering:

- **Senior Corps** (AmeriCorps) Open to individuals 55 years and older, it includes the Foster Grandparent Program, the Senior Companion Program, and other opportunities. Individuals can also be enrolled in the AmeriCorps VISTA program, which works with local organizations to help fight poverty; the AmeriCorps Seniors volunteers can enter in the Retired and Senior Volunteer Program (RSVP), a flexible opportunity that works to serve the volunteer's personal schedule, skills, and interests.

- **Create the Good** (AARP) Database of nonprofit volunteer opportunities and step-by-step guides for starting a local volunteer project.

- **Best Practices for Virtual Volunteers** (AARP Foundation) This downloadable guide aids older adults through the process of virtual volunteering.

CONCLUSION

While social connections are an essential element of health and well-being for all people, older adults are often at greatest risk for the detrimental health consequences of social isolation and loneliness. In most cases, the COVID-19 pandemic has exacerbated risks for this population, especially those living with disabilities or chronic conditions, or without caregiver support. Health centers are well-positioned to address social isolation and loneliness through assessment and referrals to local and national organizations that provide opportunities for connection.[17]

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