Senior Isolation and Loneliness

#TRCCWebSeries

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Working together to end social isolation among older adults
Our Focus

- creating a food secure nation
- making homes safer and more affordable
- building strong social bonds
- empowering people to earn a living
- advocate for older adults in the courts
An estimated **1 in 5 adults over 50** are affected by isolation, and research shows that prolonged social isolation can be equivalent to smoking 15 cigarettes a day.
Social Connectedness

**Instrumental**
Transportation, food access, bill paying, medication adherence

**Informational**
Advice, guidance, referrals

**Emotional**
Empathy, trust

**Social Isolation**: when you objectively lack one or more of these

**Loneliness**: when you feel like you lack one or more of these
Understanding Isolation

<table>
<thead>
<tr>
<th>Subjective Isolation</th>
<th>Objective Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>How an individual perceives their experience and whether or not he/she feels isolated</td>
<td>A quantifiable status that can be determined outside an individual’s perception</td>
</tr>
</tbody>
</table>
| Key Concepts:  
  ◆ Loneliness  
  ◆ Sense of Purpose  
  ◆ Feeling of Belonging | Key Concepts:  
  ◆ Quality / Quantity of Supportive Relationships  
  ◆ Ability to Access Resources and Information  
  ◆ Engagement in Social Activities and Groups |
| Measurement: UCLA Loneliness Scale – a 20 question instrument that is valid and reliable | Measurement: e.g. Social Network Index, Lubben Social Network Scale |
### 3-item Loneliness Scale:

<table>
<thead>
<tr>
<th>Question</th>
<th>Hardly Ever</th>
<th>Some of the Time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel left out</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I feel isolated</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I lack companionship</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total the responses; 3 = not lonely, 9 = most lonely
“The pain of loneliness is a biological trigger, like physical pain or the ache of hunger and thirst. Hunger, of course, means you need to eat to survive. Pain sensors protect the individual from physical danger. Loneliness a warning sign that’s evolved to signal the need for change in order to restore something necessary for your survival, probably to do with protecting the individual from isolation.”

Cacioppo & Hawkley, 2009
Isolation, Loneliness, and Health

- Cardiovascular disease
- High blood pressure
- Raised cortisol
- Diminished immunity
- Reduced physical activity
- Dementia & Cognitive decline
- Alzheimer’s disease
- Depression
- High use of emergency services
- Early mortality

- Systolic blood pressure
- Immune System
- Hormonal & Inflammatory Regulation
- Poor sleep, fatigue, low energy
- Reduced medical adherence
- Higher admissions to nursing homes
## Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Individual</th>
<th>Community</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Alone</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disability (e.g. mobility or sensory impairment)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Major Life Transition (e.g. loss of spouse/partner, retirement)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Geography (e.g. rural location)</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Small Social Network / Inadequate Social Support</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Linguistic and Cultural Barriers</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Caregiving Status</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Belonging to a Minority Group (e.g. ethnic, racial, LGBT, religious)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Poor Community Design and/or Resources (e.g., lack of transportation)</td>
<td></td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Cognitive Impairment (e.g., dementia)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Mental Health Vulnerability (e.g., depression)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Transportation Challenges</td>
<td>Poor Health and Well-being</td>
<td>Life Transitions, Role Loss or Change</td>
<td>Societal Barriers</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------</td>
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<td>------------------</td>
</tr>
<tr>
<td>Lack of accessible and affordable transportation options</td>
<td>Untreated hearing loss</td>
<td>Leaving the workforce</td>
<td>Ageism</td>
</tr>
<tr>
<td>Driving retirement</td>
<td>Mobility impairments</td>
<td>Loss of a partner or friends</td>
<td>Lack of opportunities for older adults to engage and contribute</td>
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<tr>
<td></td>
<td>Frailty</td>
<td>Becoming a caregiver</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer-based ride programs</td>
<td>Falls prevention programs</td>
<td>Support groups</td>
<td>Intergenerational programs</td>
</tr>
<tr>
<td>Livable/age-friendly community initiatives</td>
<td>Chronic disease self-management</td>
<td>Lifelong learning</td>
<td>Lifelong learning</td>
</tr>
<tr>
<td></td>
<td>Enhance Fitness</td>
<td>Senior centers</td>
<td>Policies to support an older workforce</td>
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<tr>
<td></td>
<td></td>
<td>Creative/artful aging</td>
<td></td>
</tr>
</tbody>
</table>
There are no visible “symptoms” of isolation. You may notice signals such as:

- Pronounced boredom
- Disinterest and withdrawal
- Declining personal hygiene
- Indications of poor eating and nutrition
- Notable home disrepair, clutter or hoarding
The Challenges

- Lack of existing solutions and resources
- Lack of data and research
- Lack of awareness and relevant services
- Lack of institutional stakeholders
- Highly subjective and complex problem
Our Approach

Join us as we begin the journey to end social isolation.

WATCH VIDEO
Funding opportunity

http://www.aarp.org/aarp-foundation/grants

Contact:
Matt D’Amico, Grant Program Officer
evidence@aarp.org

Important Dates
March 15: Technical assistance call/webinar, 3:00 p.m. ET. Register here.
April 7: Pre-application deadline by 11:59 p.m. ET
April 28: Notification to all applicants regarding invited status
May 19: Invited full application deadline by 11:59 p.m. ET
May 20 – May 31: Clarification period (as needed)
June 23: Organization informed about funding
July 1: Program start date
What else to do?

There is a wide array of ways you can help, some of which you’re probably already involved in:

- Talk to the older people in your life and get to know your neighbors
- Use technology to facilitate social connection
- Measure isolation outcomes
- Focus on both challenges and opportunities
Thank you!

E.A. Casey – ecasey@aarp.org
Questions?
The Impact of Loneliness on Quality of Life and Satisfaction

Shirley Musich, Ph.D., Shaohung S. Wang, Ph.D., Kevin Hawkins, Ph.D., and Charlotte S. Yeh, MD

1Advanced Analytics, Optum 2AARP Services, Inc.

Objectives

- To estimate the prevalence of loneliness among AARP Medicare Supplement insureds who were eligible for a care coordination (CC) program, identified through a combination of poor health status and selected diagnosis codes.
- To identify characteristics associated with moderate and severe loneliness.
- To evaluate the impact of loneliness on insureds’ quality of life (QOL) and their satisfaction with AARP Medicare Supplement plans, providers, and overall health care.

Background

- Research indicates loneliness is associated with depression, poor health status, disabilities, and decreased QOL.
- Other studies find that mental health issues among older adults are 25% to 60%.
- Although not unique to age, loneliness is common among older adults, with previous studies finding prevalence rates ranging from 25% to 60%.
- Almost 55% reported some level of loneliness.
- Loneliness is more prevalent than most other chronic conditions (i.e., obesity, cardiovascular disease, diabetes, or depression).

Methods

- Of those with high-risk-for-service Medicare coverage (an estimated 34 million Americans), about 27% purchase a Medicare Supplement (i.e. Medigap) to delay the out-of-pocket expenses from co-payments, coinsurance, and deductibles that Medicare does not cover in entirety.
- Of those with Medigap coverage, over 2.9 million people have an AARP Medicare Supplement plan insured by UnitedHealthcare (for New York residents, UnitedHealthcare Insurance Company of New York).
- These plans are offered in all 50 states, Washington DC, and various US territories.

In this study, loneliness, patient satisfaction, and quality of life as well as demographic and health status were self-reported on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

- The CAHPS survey was developed by the Agency for Healthcare Research and Quality, and is considered the standard for measuring the experiences of consumers with their health plans.
- Survey results were collected from individuals in four states (NC, NY, OH, and TX) during 2014.
- Overall, among the study population, values less than 1.0 are more likely to be very lonely.
- Engagement in a CC program among insureds responded.
- The strongest predictor of decreased satisfaction was severe loneliness.
- The strongest predictor of severe loneliness was depression, along with poor health status and disabilities (i.e., vision, hearing, and walking).
- Loneliness significantly reduced Physical and Mental quality of life.
- Strong predictors of increased patient satisfaction with AARP Medicare Supplement plans included high health literacy and no-deductible plans were variables indicating a reduced likelihood of loneliness.
- Loneliness had a similar impact on patient satisfaction with doctors and health care. (Data not show at all available.)

Results

- Overall, 3,755 (27%) of surveyed AARP Medicare Supplement insureds responded.

Characteristics Associated with Severe Loneliness

- The strongest predictor of decreased satisfaction was severe loneliness.
- Psychosocial factors associated with loneliness included female, older, having trouble with vision or hearing or problems with walking/illness, and those living in urban areas.

- Other characteristics associated with loneliness included female, older, having trouble with vision or hearing or problems with walking/illness, and those living in urban areas.

- Strong predictors of increased patient satisfaction with AARP Medicare Supplement plans included high health literacy and no-deductible plans were variables indicating a reduced likelihood of loneliness.

Conclusions

- Overall, among the study population, values less than 1.0 are more likely to be very lonely.
- Almost 55% of the study population experienced some level of loneliness.
- Loneliness had a similar impact on patient satisfaction with doctors and health care. (Data not show at all available.)

Implications

- Screening for loneliness, especially those who are at high-risk for poor health, may be warranted.
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- Many individuals may be already experiencing loneliness, and should be screened.

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American Association for Geriatric Psychiatry’s 2015 Annual Meeting—March 27-30, 2015—New Orleans, LA