Welcome

Ann Kurth, PhD, CNM, MPH, FAAN, FACNM
President,
The New York Academy of Medicine

NYAM

Goals Of The Convening

Terry Fulmer, PhD, RN, FAAN

President,

The John A. Hartford Foundation

NYAM

Housekeeping Announcements

Grace Morton, MPH

Project Associate, Center for Healthy Aging

The New York Academy of Medicine

NYAM

Incorporating Social Isolation and Loneliness into the National Aging Conversation

Harold Alan Pincus, MD
Professor, Departments of Psychiatry Health Policy and Management
Co - Director, Irving Institute for Clinical and Translational Research
Columbia University and New York State Psychiatric Institute
Senior Scientist, RAND Corporation
National Director. Health and Aging Policy Fellowship

Lottie Pincus, a Case Study
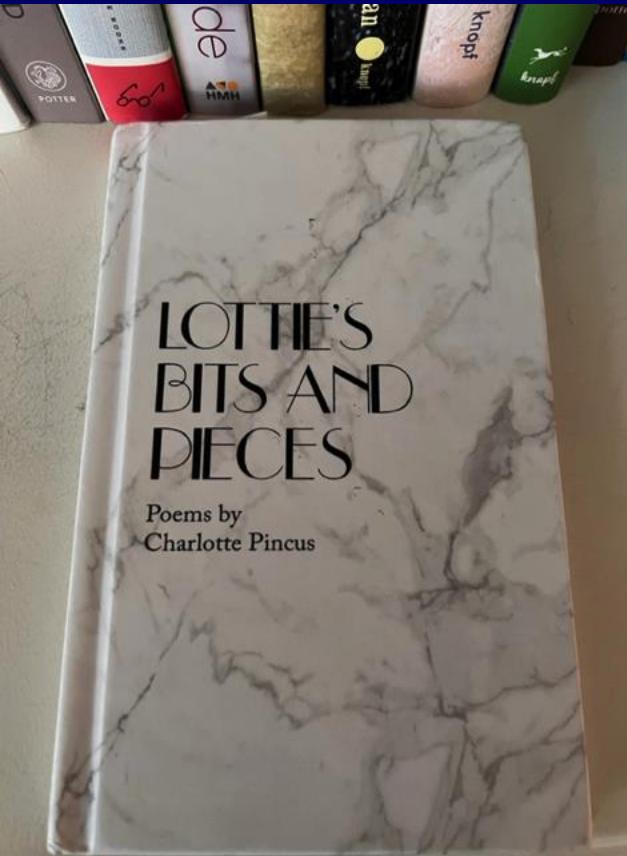
About the Author

"….Driven by an innate curiosity about the people around her, Lottie is legendary for being able to make friends with whomever she meets, even (or especially) strangers on the street. If the subject of her poetry ever comes up, Lottie will whip out her leather folder padded with hand-written pages and recite her subversively witty and wise commentaries on aging, family and other topics" – including:

"Gravity Has Gotten the Better of Me", "My Sexpiration Date Has Arrived", "Be Kind to Your Behind" and "It's All About Life"

About the Author

About the Author

A Poem (or 2?)

- It's All about Life…
- Gravity…
- It's no fun to be home all alone…
- George Clooney…
- Don't Drive on I-95…

It's All About Life!

It's All About Life!
By Charlotte (Lottie) Pincus
Life doesn't come with a hundred-year lease
We fall apart piece by piece
First it hurts here
Then it hurts there
Soon it hurts everywhere
The right knee goes
And the left is next
It's all indexed in the medical text
Then there's arthritis, bronchitis and cystitis...
Don't get excited, there's more!
Cardiac, celiac, cataract
And heart attack, for sure
You end up needing a dietitian, a plastic surgeon and a magician!
How many doctors can you see in a week?
Especially when it's a cure you seek
Old age creeps up on all of us
Nothing much you can do—so don't make a fuss!
Just pull in that stomach (I know that it's dropped)
And your chest, suck it up
Your heart hasn't stopped!

It is all about life. Despite the challenges of aging, as I have learned from my mother, armed with abundant optimism, strong family and community support, and a wicked sense of humor, one can open up new opportunities for growth in later life.

Harold Alan Pincus, MD
Department of Psychiatry, College of Physicians and Surgeons, and Irving Institute for Clinical and Translational Research, Columbia University, New York-Presbyterian Hospital, New York, New York,
Charlotte Pincus Miami Beach, Florida

Themes
Threats and Responses

- Loneliness
- Loss of Connectedness
- Loss of Autonomy
- Loss of Family and Friends
- Loss of Capabilities and Attractiveness
- Loss of Romance
- Structural Barriers

- Humor
- Resilience
- Distractions
- Engaging Challenges
- Organized Activities
- Opportunities for New Friendships
- Intergenerational Relationships
- Family (Pros & Cons)
- Structural Supports

-

Two Crises and Solutions

Some Key Elements of the National Aging Conversation

- Age Friendly Health Systems (and ED's, Hospitals, PCP's, etc.)
- Paid and Unpaid Caregiving
- Nursing Home Quality Coalition
- Serious Illness and End of Life Care
- State Multisector Plans on Aging
- Value Based Care and Quality Measurement
- Behavioral Health Integration, Parity and Access
- Social Determinants of Health/Health Disparities
- Social Isolation and Loneliness

Leading Reports

- The US Surgeon General's Advisory on the Healing Effects of Social Connection and Community: *Our Epidemic of Loneliness and Isolation.* (2023)

- The National Academies of Sciences, Engineering, and Medicine (NASEM): *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System* (2020)

  – And "Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health" (2019)

Definitions

Term	Report	
	National Academies of Sciences, Engineering, and Medicine (NASEM): **Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.** (2020)	The US Surgeon General's Advisory on the Healing Effects of Social Connection and Community: **Our Epidemic of Loneliness and Isolation.** (2023)
Social Connection	An umbrella term that encompasses the structural, functional, and quality aspects of how individuals connect to each other.	A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.
Social Isolation	The objective state of having few social relationships or infrequent social contact with others.	Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.
Loneliness	A subjective feeling of being isolated.	A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.
Social Infrastructure	Exact definition n/a but includes the relationship between person-environment: Social and physical environments influence participation, engagement, inclusion, and social relationships.	Programs (e.g., volunteer organizations, sports groups, religious groups, and member associations), policies (e.g. public transportation, housing, and education), and physical elements of a community (e.g., libraries, parks, green spaces, and playgrounds) that support the development of social connection.

The 4Ms of an Age-Friendly Health System

✓ **What Matters:**

Understanding what each patient's health goals and care preferences are across settings to know and align care, including (but not limited to) end-of-life

✓ **Medication:**

If medications are necessary, using age-friendly medications that do not interfere with What Matters, Mentation, or Mobility

✓ **Mentation:**

Preventing, identifying, treating, and managing dementia, depression, and delirium across care settings

✓ **Mobility:**

Ensuring that older adults move safely every day to maintain function and do What Matters to them

SIL within the 4M's: What Matter's

Identifying *What Matters* to the patient can enable care teams to identify and address social isolation, loneliness, and their associated risk factors in care-plans

- Concerns about connectedness, isolation, friendships, losses, loneliness

- Issues of independence (e.g., living arrangements, driving, personal goals, autonomy, perceived barriers)

- Build into Person-Centered Care Goals

SIL within the 4M's: Medication

SIL Is Not a Disease, But Is a Relevant "Comorbidity" in Diagnosis/Treatment

Screening

- Majority of screening recommendations focus on disease-specific or medication-specific concerns. Few categories of screening relate to the social determinants of health and for social isolation and loneliness, specifically (NASEM, 2020)
  - Currently no recommendations for screening for SIL at a national level (NASEM, 2020)
  - Medicaid programs are moving toward screening for social determinants of health and connecting individuals to needed supports (Manatt Health, 2019; NASEM, 2020)

Social care and social prescribing

  - Services that address health-related social risk factors and social needs (NASEM, 2019)
  - Formalize as a legitimate healthcare intervention (CPT code?)

SIL within the 4M's: Mentation

- SIL: NOT a Psychiatric Condition
- BUT can be a Potential "Cause" **and/or "**Consequence"

  - Depression, Delirium, Dementia (4M focus)

  - Substance Use (including alcohol)

  - Anxiety

  - Serious Mental Illnesses (e.g Psychosis)

- SIL captured in clinical records/databases? ("Z Codes")
  - Factors influencing health status and contact with health services
    - Z260.4 Social exclusion and rejection
    - Z60.9 Problem related to social environment, unspecified
    - "Loneliness" not listed in ICD-10CM (or in pending WHO ICD-11)

- NCQA effort on developing quality measures

SIL within the 4M's: Mobility

Repercussions for SIL

- Fears
  - Falling, personal appearance, ageism stigma
- Physical capacity
- Transportation
- Technology challenges
- Financial issues

Key Parameters for The Strategy

- Who (Targets)
- With Whom (Partnerships/10 P's)
- What (Scope/Activities)
- How (Methods)
- When (Steps/Timing for Implementation)
- Impact (Evaluation and Improvement)

Multi Level Collaborative Strategies: Ten P's

1. Patients/Persons
2. Providers/Clinicians across Specialties and Disciplines
3. Practices/Healthcare Systems/Academic Institutions/Public Clinics
4. Plans/Private and Public/Medicaid Plans/Medicare/MA/PACE
5. Purchasers (Employers/Public Purchasers)
6. Policymakers/Legislators at National/State/Local levels
7. "Phoundations"/Non Profits/Other "Players"
8. Professors/Researchers/Academicians
9. Programmers/Informaticians/IT Vendors/Tech Start-Ups
10. Populations

Back-Up Slides

JAGS Column
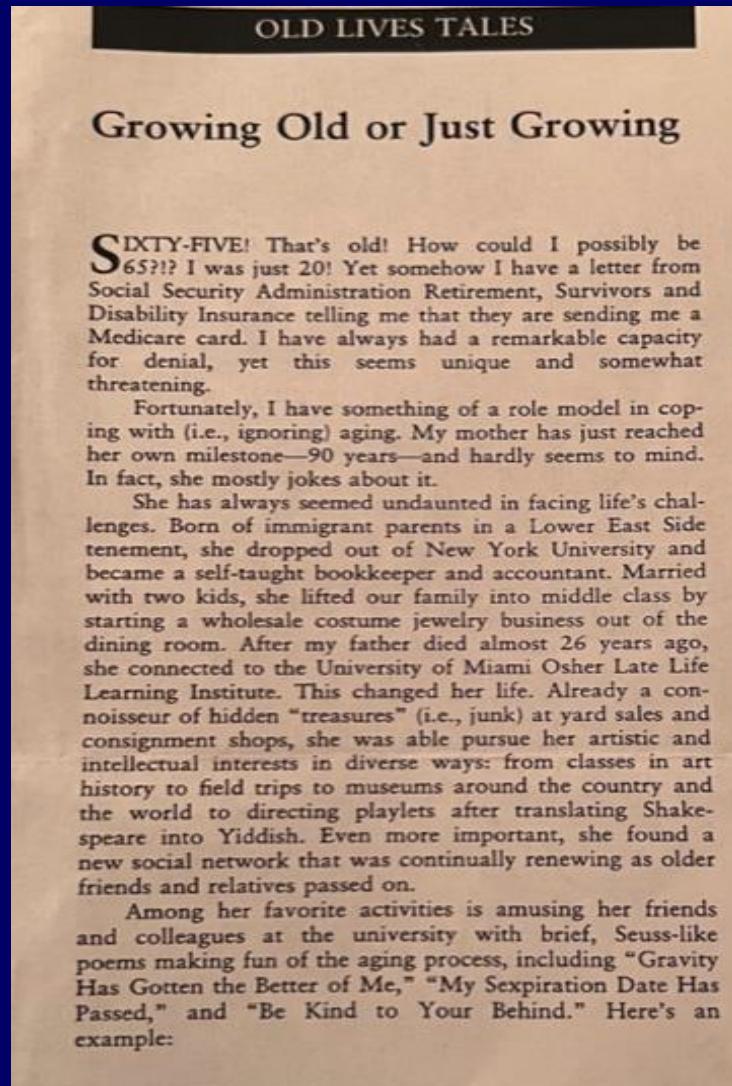
Growing Old or Just Growing

SIXTY-FIVE! That's old! How could I possibly be 65?!? I was just 20! Yet somehow I have a letter from Social Security Administration Retirement, Survivors and Disability Insurance telling me that they are sending me a Medicare card. I have always had a remarkable capacity for denial, yet this seems unique and somewhat threatening.

Fortunately, I have something of a role model in coping with (i.e., ignoring) aging. My mother has just reached her own milestone—90 years—and hardly seems to mind. In fact, she mostly jokes about it.

She has always seemed undaunted in facing life's challenges. Born of immigrant parents in a Lower East Side tenement, she dropped out of New York University and became a self-taught bookkeeper and accountant. Married with two kids, she lifted our family into middle class by starting a wholesale costume jewelry business out of the dining room. After my father died almost 26 years ago, she connected to the University of Miami Osher Late Life Learning Institute. This changed her life. Already a connoisseur of hidden "treasures" (i.e., junk) at yard sales and consignment shops, she was able pursue her artistic and intellectual interests in diverse ways: from classes in art history to field trips to museums around the country and the world to directing playlets after translating Shakespeare into Yiddish. Even more important, she found a new social network that was continually renewing as older friends and relatives passed on.

Among her favorite activities is amusing her friends and colleagues at the university with brief, Seuss-like poems making fun of the aging process, including "Gravity Has Gotten the Better of Me," "My Sexpiration Date Has Passed," and "Be Kind to Your Behind." Here's an example:

ABOUT THE AUTHOR

Charlotte "Lottie" Pincus was born in New York City – the year will not be disclosed here. She grew up in Brooklyn and lived there until the 1950s, when she moved to Miami Beach. There, she raised two kids, Harold and Ellen, and started a successful wholesale costume jewelry business. Her husband Jack was a bartender at the Fontainebleau Hotel and managed the local tennis courts, among other jobs. In retirement, Lottie has attended classes for more than 25 years at the University of Miami's Osher Lifelong Learning Institute (OLLI), where she is a beloved figure. She currently lives at The Palace in Coral Gables, Florida.

Driven by an innate curiosity about the people around her, Lottie is legendary for being able to make friends with whomever she meets, even (or especially) strangers on the street. If the subject of her poetry ever comes up, Lottie will whip out her leather folder padded with hand-written pages and recite her greatest hits. Now, Lottie's subversively witty and wise commentaries on aging, family, and other topics are all together in this printed work. Enjoy!

The Importance of Social Connection to Individual and Community Health and Well-being

January 10, 2024

Edna Ishayik
Associate Director of Science & Policy

**Office** *of the*
U.S. Surgeon General
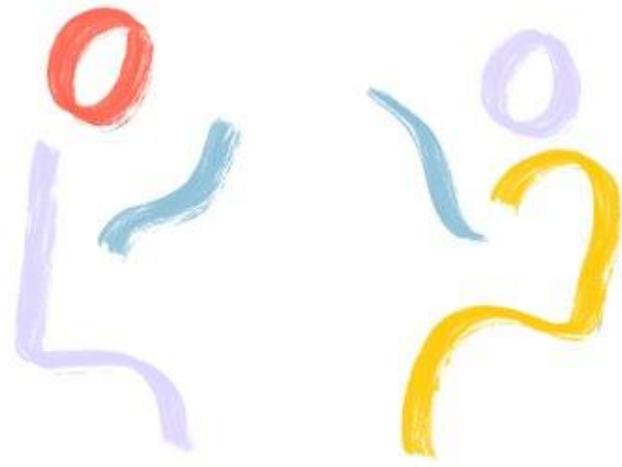
Agenda

- Issue Overview
- Priority Areas
- Conclusion

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Combating loneliness and rebuilding connection is essential to our health and well-being.

Left Poster
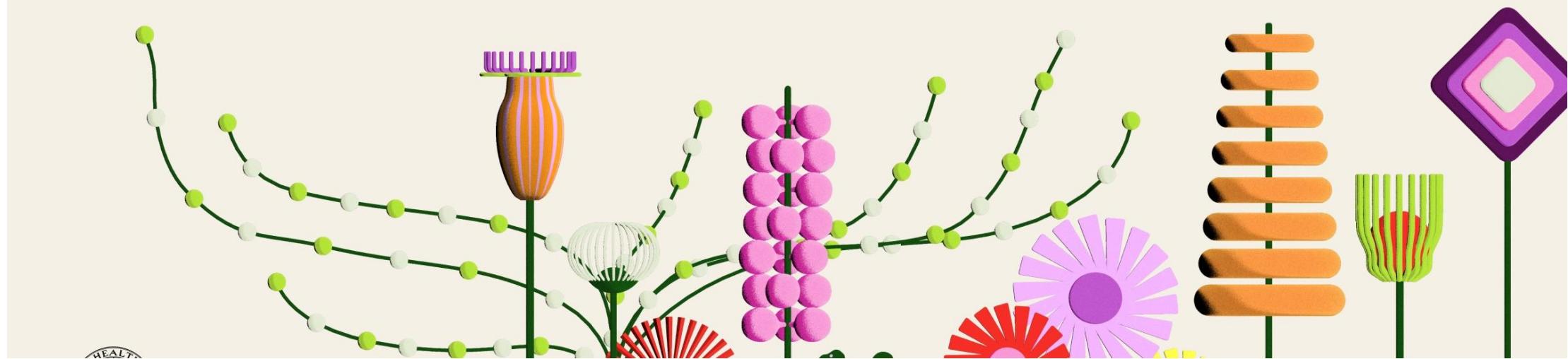
National Trends for
Social Connection

From 2003 to 2020, time spent alone increased, while time spent on in-person social engagement decreased.
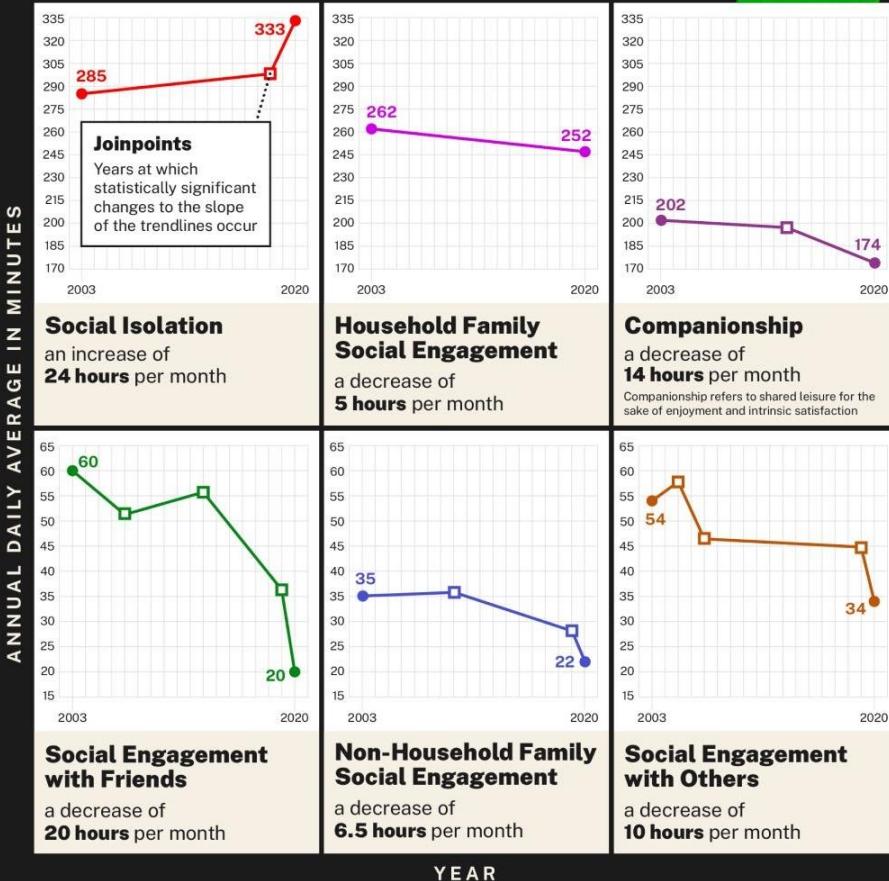
ANNUAL DAILY AVERAGE IN MINUTES

Chart 1 — Social Isolation
285 → 333 (2003–2020)

Joinpoints
Years at which statistically significant changes to the slope of the trendlines occur

Social Isolation
an increase of **24 hours** per month

Chart 2 — Household Family Social Engagement
262 → 252 (2003–2020)

Household Family Social Engagement
a decrease of **5 hours** per month

Chart 3 — Companionship
202 → 174 (2003–2020)

Companionship
a decrease of **14 hours** per month
Companionship refers to shared leisure for the sake of enjoyment and intrinsic satisfaction

Chart 4 — Social Engagement with Friends
60 → 20 (2003–2020)

Social Engagement with Friends
a decrease of **20 hours** per month

Chart 5 — Non-Household Family Social Engagement
35 → 22 (2003–2020)

Non-Household Family Social Engagement
a decrease of **6.5 hours** per month

Chart 6 — Social Engagement with Others
54 → 34 (2003–2020)

Social Engagement with Others
a decrease of **10 hours** per month

YEAR

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Right Poster

Factors That Can Shape Social Connection
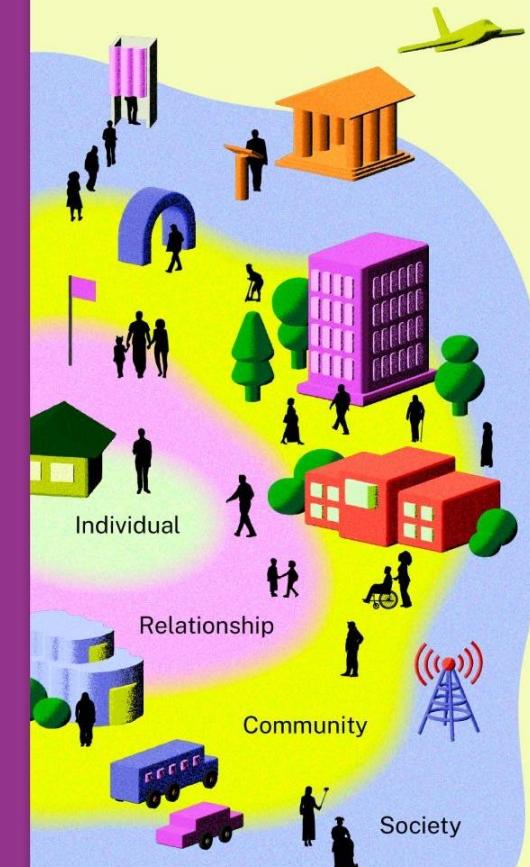
Individual
- Chronic disease
- Sensory and functional impairments
- Mental health
- Physical health
- Personality
- Race
- Gender
- Socioeconomic status
- Life stage

Relationships
- Structure, function, and quality
- Household size
- Characteristics and behaviors of others
- Empathy

Community
- Outdoor space
- Housing
- Schools
- Workplace
- Local government
- Local business
- Community organizations
- Health care
- Transportation

Society
- Norms and values
- Public policies
- Tech environment and use
- Civic engagement
- Democratic norms
- Historical inequities

Individual

Relationship

Community

Society

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Selected Priority Areas

- Raising Awareness

- National Measures and Prevalence Estimates

- Exploring Research on Healthy Social Connection

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We Are Made to Connect

The U.S. Surgeon General's Connection Tour

Measures & Prevalence Estimates

Building on Existing Data Collection

The National Health Interview Survey (NHIS) is the oldest ongoing national health survey in the United States. NHIS has been conducted continuously since 1957 to monitor the health of the civilian non-institutionalized U.S. population. More than 30,000 interviews are conducted throughout the year by field staff employed and trained by the U.S. Census Bureau to collect information on health status, health-related behaviors, and healthcare access and utilization for adults and children. A major strength of NHIS is its ability to display health characteristics by many demographic and socioeconomic factors.

Behavioral Risk Factor Surveillance System (BRFSS) Annual system of state-based health-related telephone surveys of over 400,000 adults 18 years and older and a response rate of between 31 and 64%. With participation in all 50 states, DC, and 6 US territories, the BRFSS is a key source of state and county-level health data on chronic health conditions and risk factors, health care access and utilization, mental health, injuries, immunizations, and more. Survey data and documentation available from 1984 to present

Census Household Panel National survey panel that collects information on topics such as food and nutrition, transportation, employment, and education and to gather data that can be used to improve and inform future surveys. The panel consists of individuals and households living across the U.S. that have agreed to be contacted and invited to participate in surveys.

Census Household Pulse Survey. A nationally representative survey conducted every 4 weeks, with phases lasting 3-4 months. It is an opt-in online survey with a 4-6% response rate and provides timely, granular data.

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Healthy Social Connection

Exploring the Evidence Base

- Structure
  - How many relationships?
  - How much interaction?
  - What types of social roles?
  - How much diversity?
- Function
  - What is the role of social and emotional support?
  - What role does belonging and group identity play?
  - What is the relationship between receiving versus providing various types of support?
- Quality
  - What are high quality relationships and interactions?
  - What are low-quality aspects?
- Mode & Context
  - How much connection inside versus out of the home?
  - How to contextualize online and digital connection?

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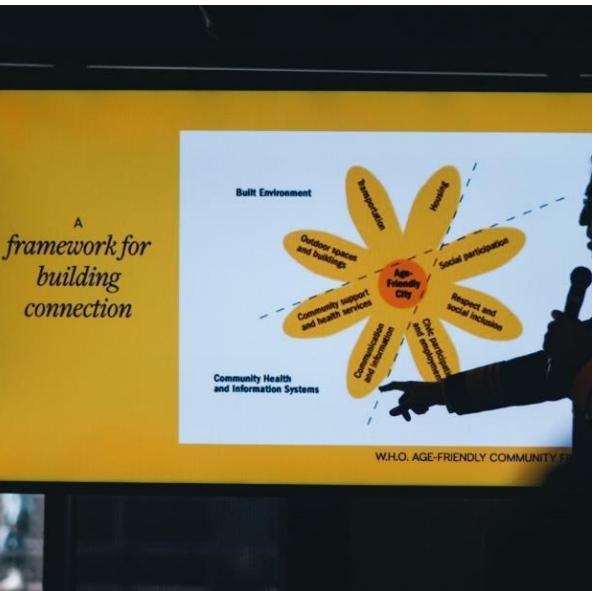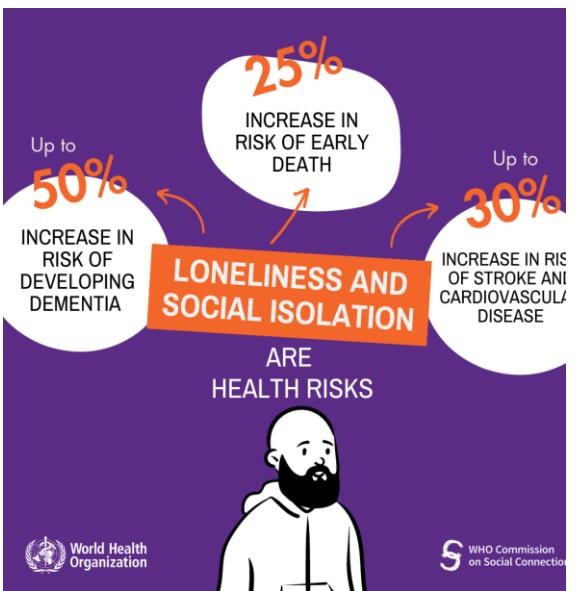
THANK YOU!

Edna Ishayik

Edna.Ishayik@hhs.gov

Social Isolation and Loneliness in Older Adults

Opportunities for the Health Care System

Supported by AARP Foundation

www.nationalacademies.org/isolation-loneliness

2022
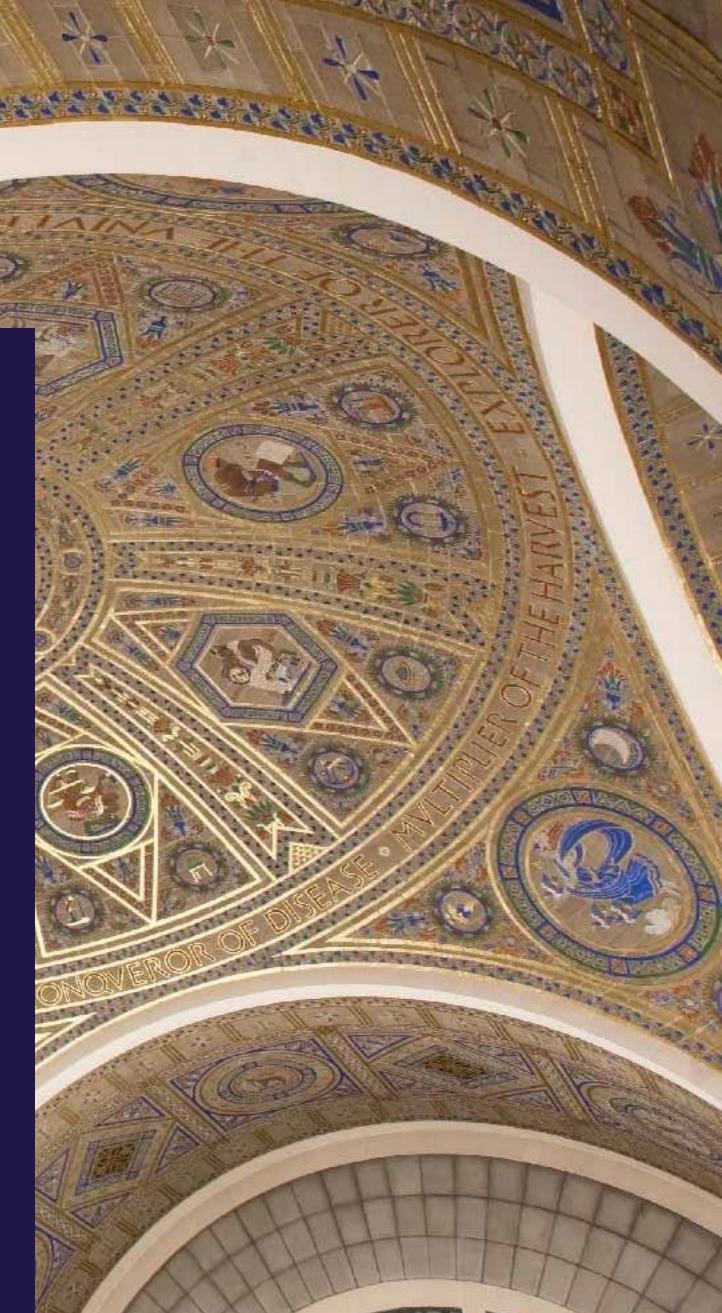
Committee Members

- **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

- **Laurie Lovett Novak**, Vanderbilt University School of Medicine

- **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

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Statement of Task

1. Summarize and examine evidence that social isolation and loneliness predict poor health outcomes and increase risk for premature morbidity, including evidence for:

    – Predictors of social isolation and loneliness;

    – Impact of social isolation and loneliness on the cognitive, emotional, medical, and quality of life outcomes; and

    – Factors that moderate and mediate the links between social isolation/loneliness and health outcomes.

Statement of Task (continued)

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.

Caveats for Today's Discussion

- Focus of study on role of **health care system**

- Report released on February 27, **2020**
  - Age of literature base
  - Pandemic

Why Focus on the Health Care System?

- Cannot solve problems alone

- Need to connect with broader public health and social care communities

- May be in best position to identify those who are the most isolated or lonely.

- Relatively untapped partner

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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**

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Findings/Conclusions - Interventions

- **Lack of evidence** for most effective interventions
  - Limited by sample sizes and length of follow up
  - Choice of measure
  - Lack of targeting
- **Features** of successful interventions
  - Educational approach
  - Involvement of people targeted in design
  - Strong theoretical basis for the approach
- Preservation of **autonomy** is essential ethical principal

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Findings/Conclusions - Technology

- **Significant use** by older adults
- Provides **opportunities** for preventing/mitigating social isolation and loneliness (with proper support)
- **Mixed** findings in research (or insufficient evidence)
- **Digital divide** – major moderator of effectiveness
- **Legal and ethical** issues need to be considered

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Findings/Conclusions - Financing

- **Unsustainable** - volunteers, grants, donations
- **Resources** to support and sustain intervention is key to success

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Goals and Associated Recommendations

Goals

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

Goal 1: Evidence Base

- Basic science research
  - Translating science into effective interventions first requires better understanding of the underlying basic science

- Effective clinical and public health interventions
  - Key elements of intervention design and evaluation
    - Appropriate choice of measure, scalability, sustainability
  - Need to better understand which approaches work best for which populations or risk factors

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Goal 2: Health Care Practice

- Periodic **assessments**
  - Determine **underlying causes**
  - Connect to needed **social care**
- Health systems should create opportunities for clinicians to **partner** with researchers
- Include social isolation data in **electronic health record**

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Goal 3: Awareness

- Inclusion in large-scale **health strategies and surveys**
  - E.g., Healthy People, NHIS
- Public health awareness and education **campaigns**
- **Consumer-friendly information** on websites (repositories of patient resources)

Goal 4: Education and Training

- Include information in **training curricula**, **conference programming**, **webinars**, **advocacy initiatives**, etc.
- As evidence on interventions evolves, provide education on integrating care as part of **clinical practice**, **discharge planning**, **care coordination**, **and transitional care planning**

Goal 5: Ties to Community

- **Coordinated solutions** between health care system and community-based social care providers

- Promote **team-based care** and promote use of tailored **community-based services**

- **National resource center** to centralize evidence, resources, training, and best practices

NAM Perspectives

The World Has Changed: Emerging Challenges for Health Care Research to Reduce Social Isolation and Loneliness Related to COVID-19

By Laurie Lovett Novak, Juliann G. Sebastian, and Tracy A. Lustig

September 21, 2020 | Commentary

- How have COVID guidelines impacted those already at risk?

- Which populations are newly at risk?

- How are people assessing risk in the transition both into and out of pandemic?

- To what extent is the pandemic exacerbating risk factors among at risk populations?

- What social and institutional infrastructures are needed?

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Thank You

More information can be found at:

www.nationalacademies.org/isolationandloneliness

tlustig@nas.edu

Advancing Social Connection Across the Lifespan

Foundation for
Social Connection

Brief Agenda

1. Set the table & moment of connection
2. Lifespan
3. Our work
4. Community-led strategies for change

Foundation for
Social Connection

Lifespan - what we know

- School loneliness in the U.S. increased from 18.6% in 2000 to 36.6% in 2018, with much of the increase occurring after 2012 [1]
- 79% of Gen Z reported loneliness & 71% of Millennials reported loneliness in 2020 [2]
- Over 33% of middle-aged adult (age 45 and older) reported feelings of loneliness in 2020 [3]
- 24% of older adults (age 65 or older) in the U.S. are considered to be socially isolated in 2020 [3]
- Over 70% of adults aged 50-80 with fair/poor mental health, and 55% with fair/poor physical health, reported feelings of isolation and loneliness in 2023 [4]

TL;DR: Early life interventions are relevant to tackle loneliness in older age!

Share of Americans who reported being lonely in 2019

Generation

Gen Z (18-22)	79%
Millennials (23-38)	71%
Gen X (38-51)	65%
Boomers (52-71)	50%
Silent/Greatest (72+)	38%

Income

Under $25k	77%
$25,000 to $49,999	64%
$50,000 to $74,999	59%
$75,000 to $99,999	55%
$100k or more	53%

Living Status

Living alone	69%
Living w/ one other	51%
Living with 2+ others	65%

Gender

Female	58%
Male	63%
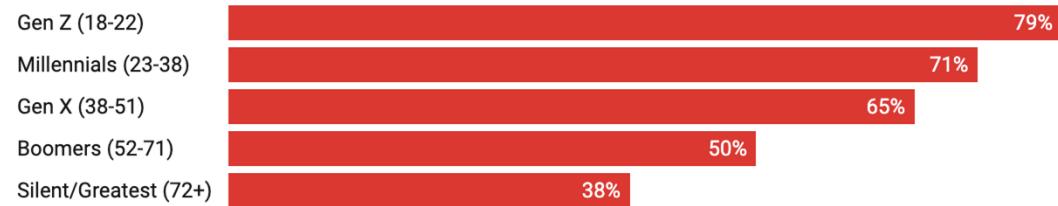
Chart: Emily Barone/Elijah Wolfson for TIME • Source: CIGNA Survey • Get the data • Created with Datawrapper

Lifespan - not just a statistic

Meet our Grandma

She spends majority of the time at home, has trouble with technology, is reliant on a supportive device, is a caregiver to her husband who is suffering his third type of cancer, and is hearing impaired.

Meet our neighbor

He is a veteran, a father and provider for his middle-income family, and struggles to find purpose and connection at his new job.

Meet our niece

She recently identifies herself as being a part of the LGTQA+ community, is Gen Z, and thinks of herself as a 'loner' at school.

Meet our friend

She is BIPOC, and a new mom, isolated at home with her baby. She left her job to be a full time caregiver and is suffering from postpartum depression.

Cultural Drivers

- Hyper-individualism
- Mobility
- Speed & Efficiency
- Religious Disaffiliation
- Civil Society Deserts
- Technology Distractions
- Overwork and Precarity
- Valuing Youth over Aging
- Tribalism

Social isolation is not a personal choice or individual problem, but one that is **rooted** in community design, social norms, and systemic injustices.

Foundation for Social Connection

Our Work

Research ⤢ **Action**

- SOCIAL Framework
- Action Guide
- Measurement Tools Inventory
- Evidence-based models for intervention

F4SC's Scientific Advisory Council (SAC) contributes to various initiatives related to scientific research, national and local strategy, and program development and implementation.

Foundation for Social Connection

SOCIAL Framework

Developed by the Foundation for Social Connection's Scientific Advisory Council

Publication: Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health; Julianne Holt-Lunstad; Annual Review of Public Health 2022 43:1, 193-213
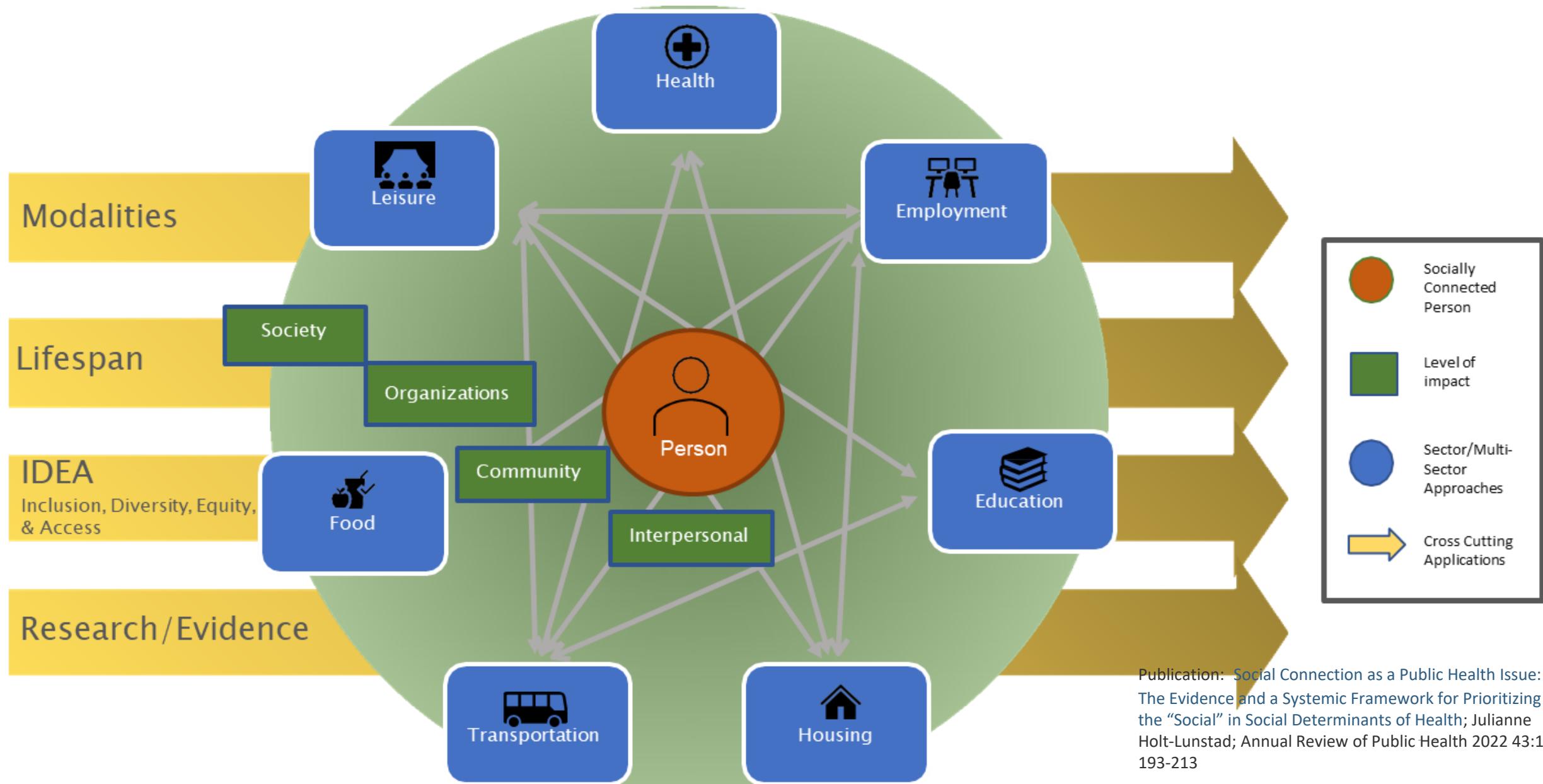
Why Focus on Communities?

Physical Health
Cardiovascular disease
Stroke
Type 2 Diabetes

Cognitive Health
Cognitive decline
Dementia
Alzheimer's disease

Mental & Behavioral Health
Depression and anxiety
Suicidality
Addiction

Economic Health
Higher medicare spending
More absenteeism
Lower productivity/ quality of work

Socially Connected Communities

Healthier
Reduced stigma around seeking health services
Stronger preventative care
Better health outcomes reported with feeling of belonging

Safer and more resilient
Stronger preparedness/ recovery from emergencies
Better equipped to coordinate emergency response plans
Lower rates of crime and violence

Inclusive
Stronger sense of belonging linked collaboration with neighbors
Lower rates of mistrust among community members
Greater feedback loops supporting more representation in policy

More economically prosperous
Higher GDP growth
Less absenteeism
Higher rates of retention
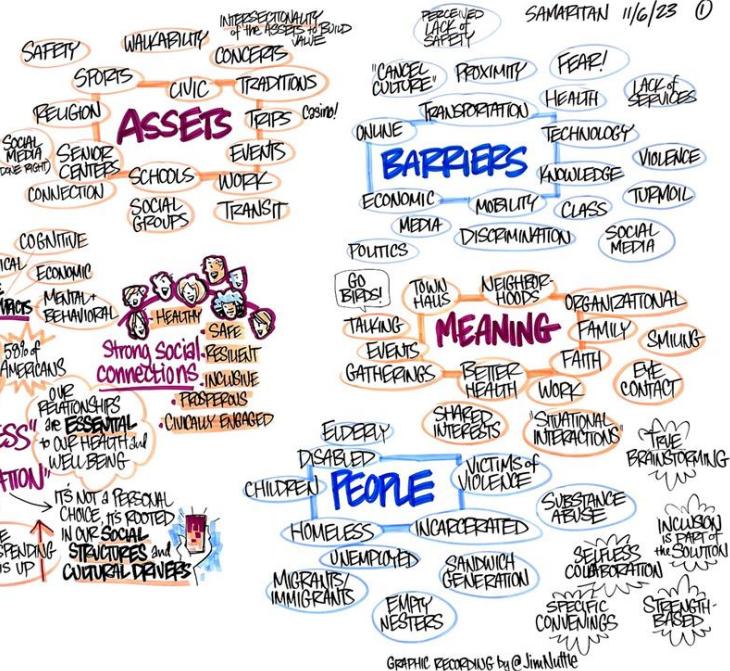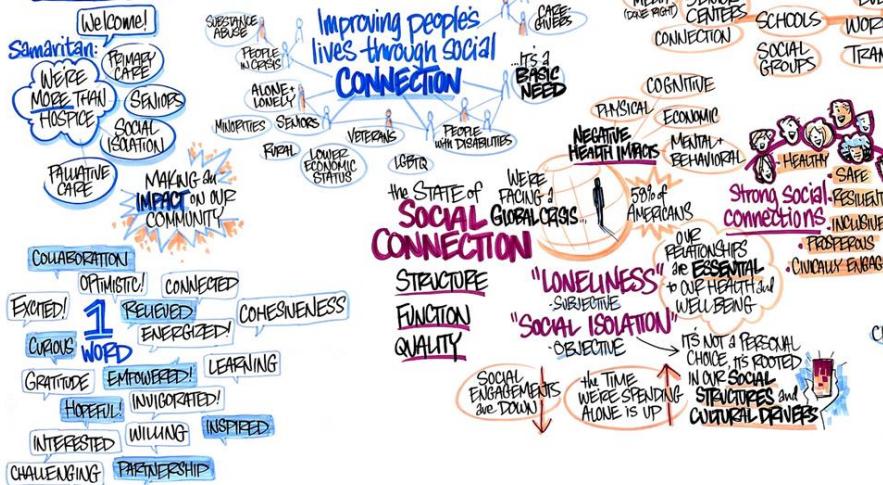
Work in (Action) Community
South Jersey Leaders Convening

Evidence-based models in action - PALS Houston Pilot

- Introduce students to careers in field of aging
- Address SILC in CMS priority zip codes (nursing home setting)
- Identify best practices for large-scale implementation
- Propose measures for CMS quality improvement

Decrease Social Isolation & Loneliness

Foster Social Connection

Promote Interest in Geriatrics

Address Health Equity
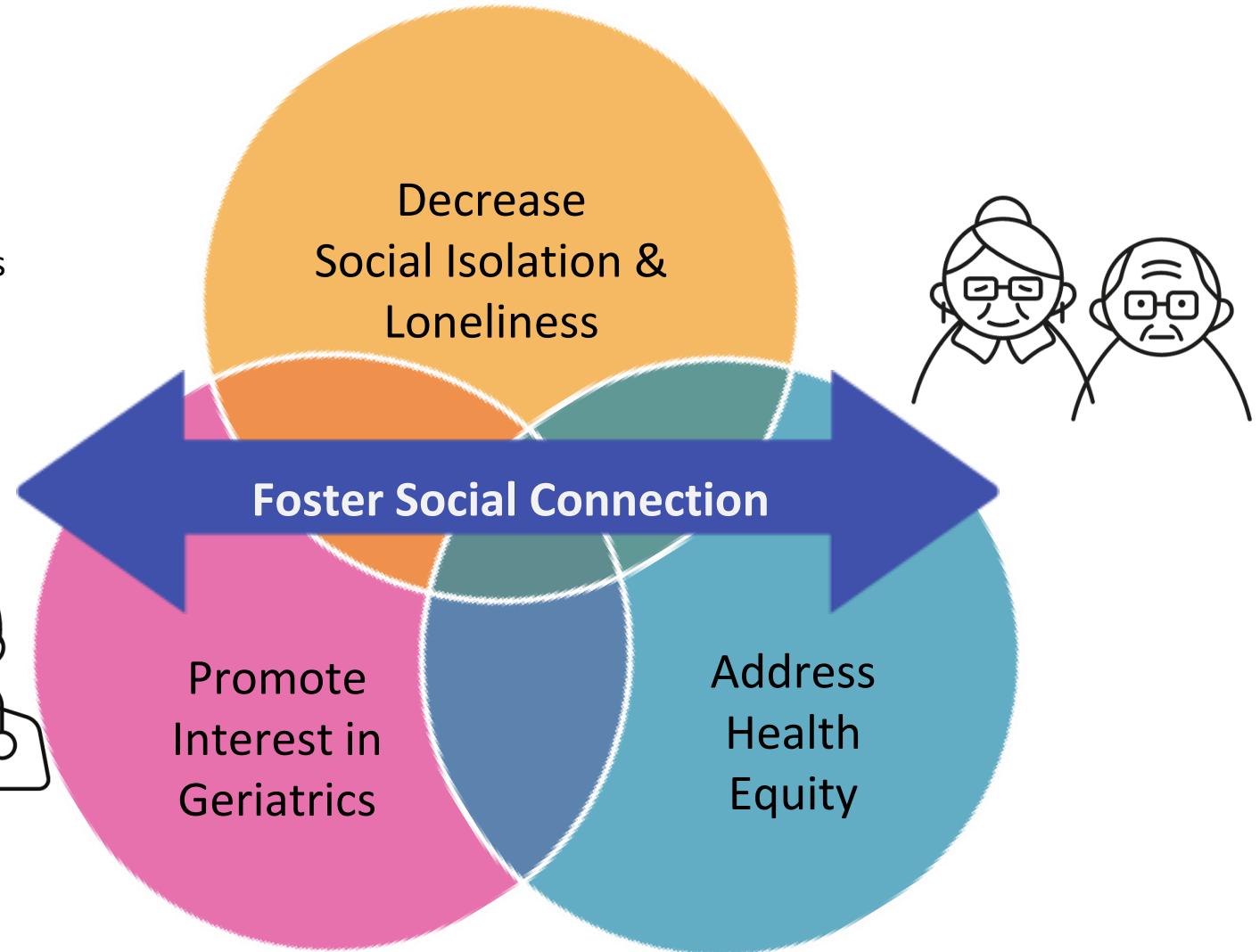
Thank you!

Explore the Action Guide

Visit our Website

Sign Up for our Weekly Newsletter

My contact: Jillian@social-connection.org

4 Years Into COVID, the Community Loneliness Challenge is Accelerating . . .

- Continued uncertainty (at work, at home, in the community)

- Many are struggling…financially, with political divides, community violence, fear and distrust

- For those most impacted, stress, burnout and loneliness at unprecedented levels
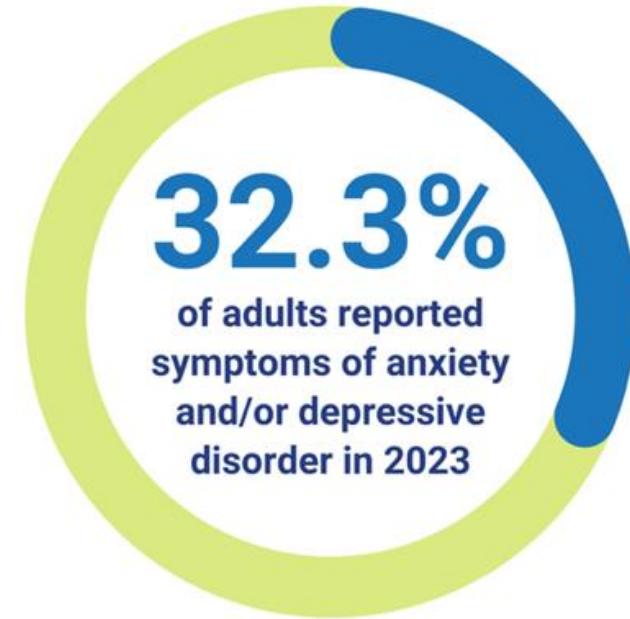
32.3% of adults reported symptoms of anxiety and/or depressive disorder in 2023

The Foundation for Art & Healing™

PROJECT UnLonely®
From the Foundation for Art & Healing

4 Years Into COVID, the Community Loneliness Challenge is Accelerating . . .

- Continued uncertainty (at work, at home, in the community)

- Many are struggling…financially, with political divides, community violence, fear and distrust

- For those most impacted and most vulnerable, loneliness and its consequnces at unprecedented levels

Any GOOD news?

32.3%
of adults reported symptoms of anxiety and/or depressive disorder in 2023

The Foundation for Art & Healing™

PROJECT UnLonely
From the Foundation for Art and Healing
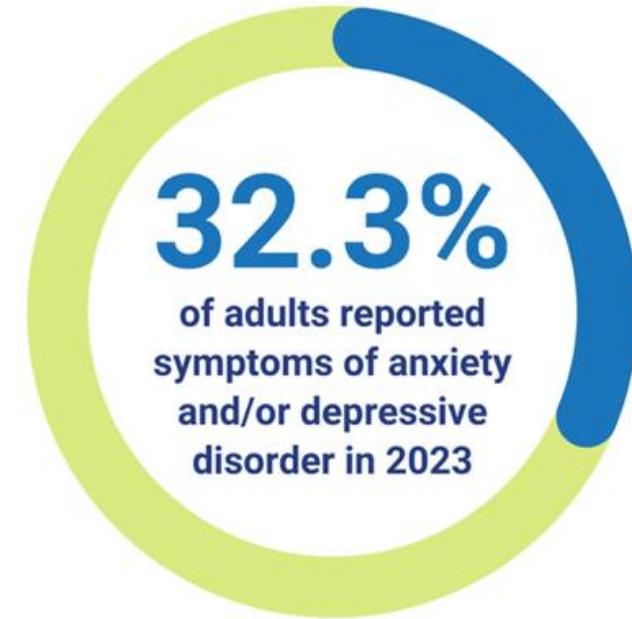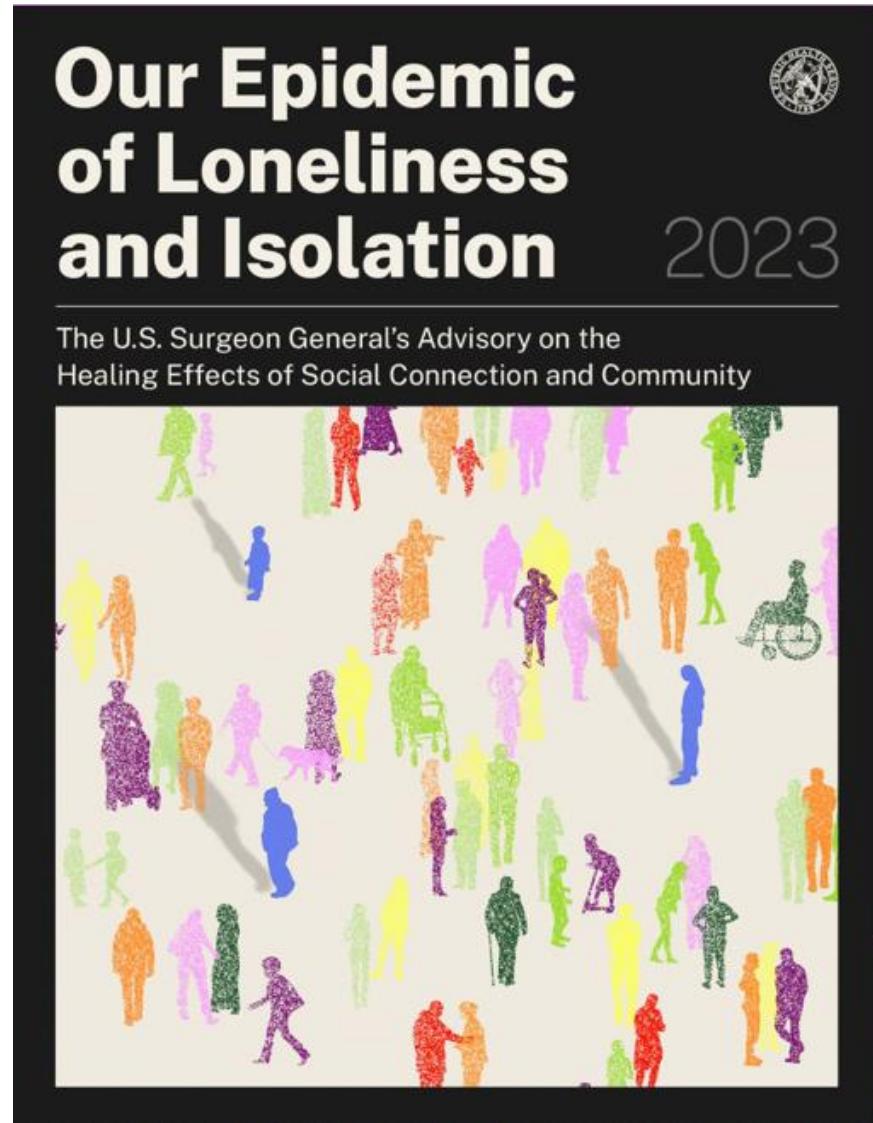
**Here is the good news…
More people are aware and engaged, trying to address it!**

Surgeon General's recent advisory raises alarm about the devastating impact of the loneliness crisis.

(Thanks, Drs Murthy and Holt-Lundstad!)
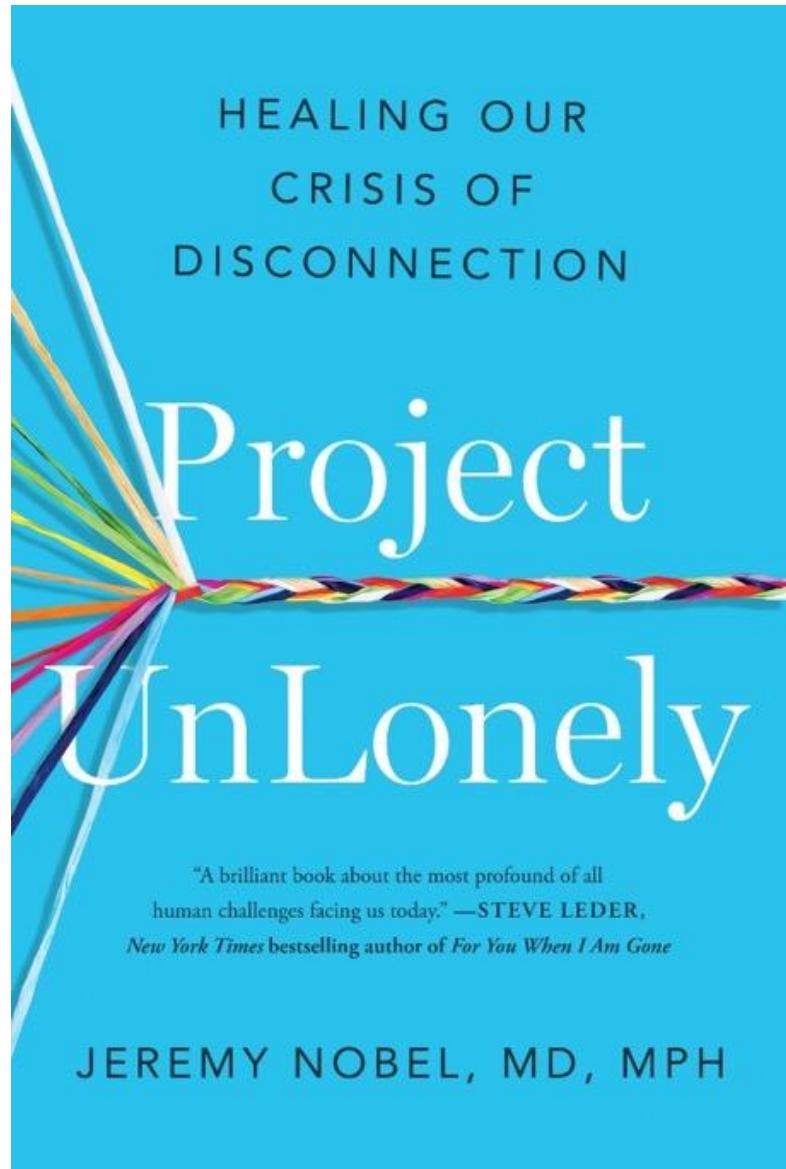
Goals of my book:

- **Demystify and humanize loneliness, reduce the stigma that surrounds it**

- **Provide some useful observations and frameworks for designers**

- **Introduce creative expression as a way to engage, inspire and connect**
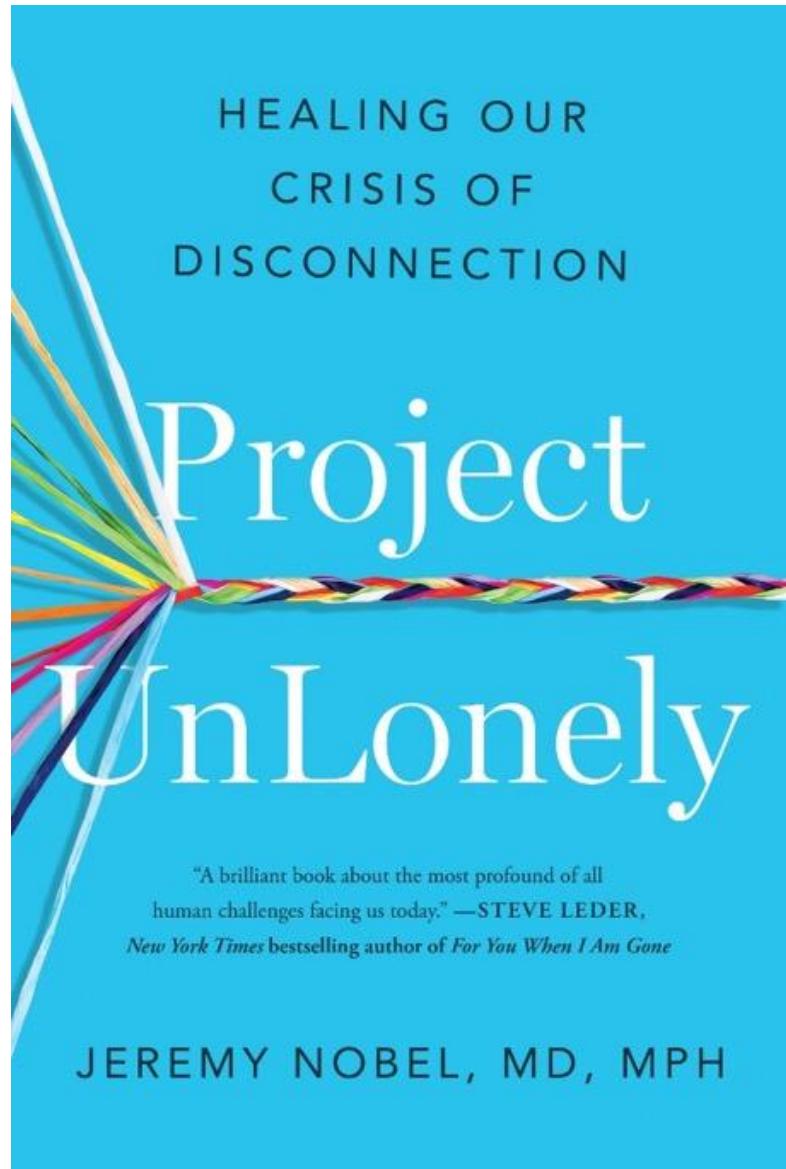
My hope:

Individuals and organizations design their _own_ Project UnLonely!

How Loneliness Matters to Older Adult Health

Mental
Depression
Addiction
Suicidality

Physical
Cardiovascular
Metabolic
Immunologic

Social
Engagement
Collaboration
Flourishing

Another reason why loneliness matters:
The *lonely brain* drives *lonely behaviors*

Hyper-sensitive to threat   Non-rational/Emotional   Impulsive
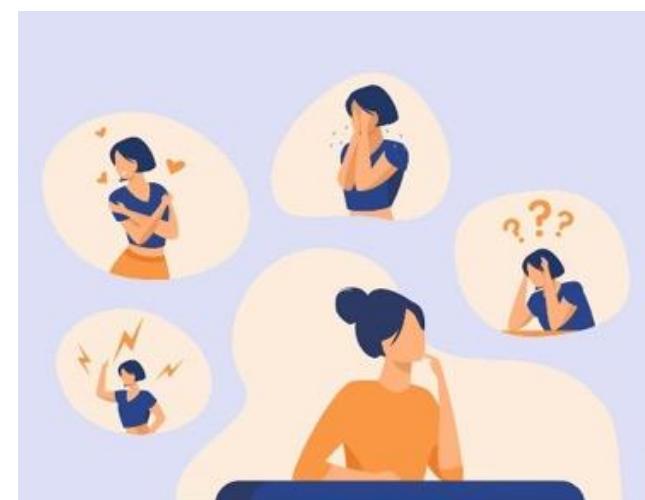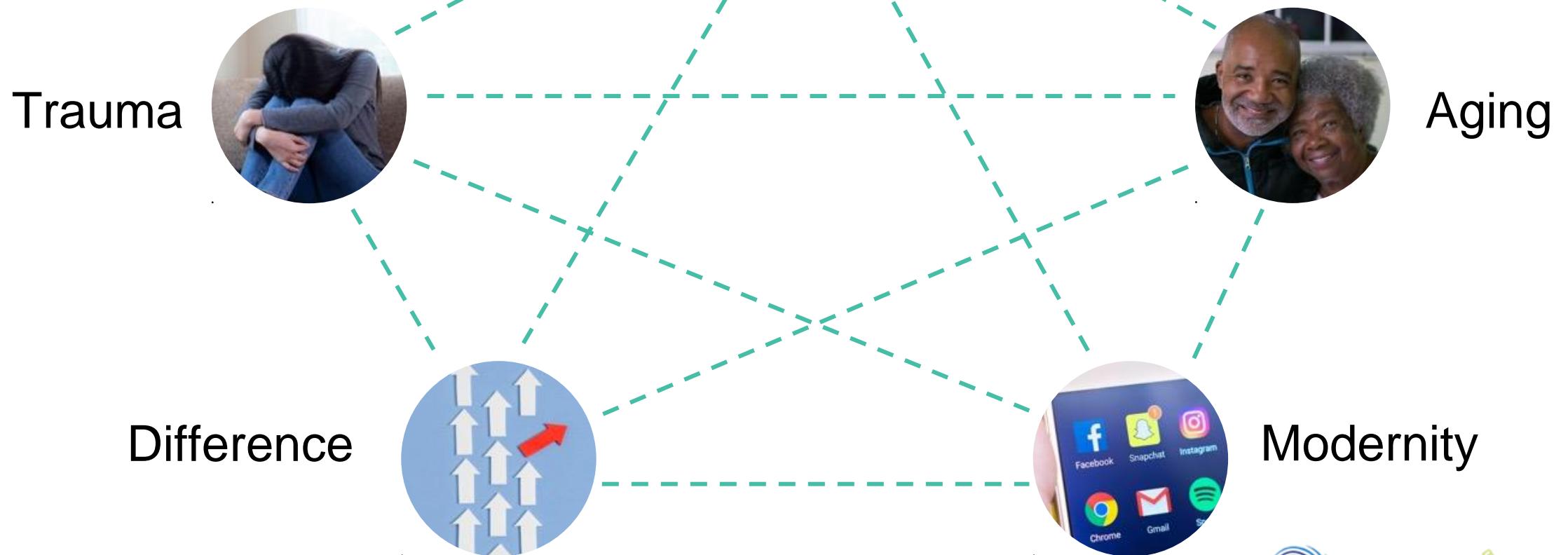
New Idea: There Are Three Types Of Loneliness

Interpersonal • Psychological

"Does someone have my back?"
"Is there someone I can tell my troubles to?"
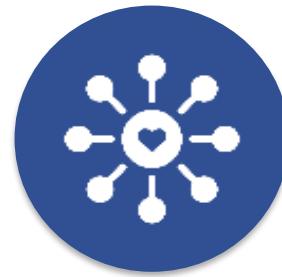
Societal • Organizational

"Am I welcome and valued?"
"Am I safe?"

Existential • Spiritual

"Does my life matter?"
"Am I disposable?"

Here's The (Not So) New Idea…

- Why has there never been a culture without art?

- Maybe art, and the storytelling and feelings that it offers, connects us?

- Maybe connection helps us survive and thrive?

*Altamira, Spain
20,000 years old*

The Arts Have Sustained Physiologic Impact

- **Neuro-endocrine Outflow**
  - Hormonal Regulation
  - Immune System
  - Somatic Organ Function
- **Autonomic Outflow**
  - Blood Pressure
  - Heart Rate
  - Respiration
- **Neuro-peptide Outflow**
  - Neurotransmitter Modulation
  - Mood and Emotion
  - Endorphins

Cerebral cortex
Corpus callosum
Limbic system
Hypothalamus
Midbrain
Thalamus
Pons
Medulla
Cerebellum

The Foundation for Art & Healing

PROJECT UnLonely
From the Foundation for Art & Healing

PROJECT UnLonely

From the Foundation for Art & Healing
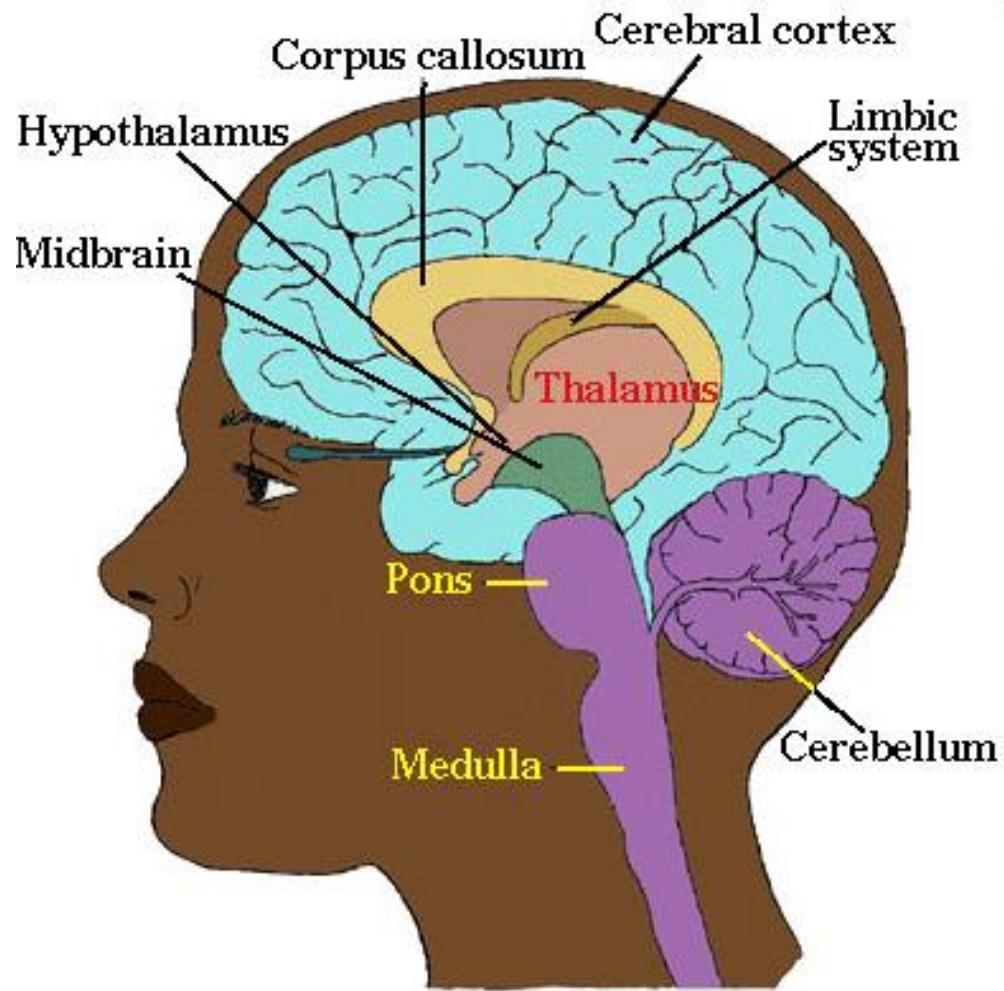
- A multi-faceted initiative that seeks to reduce the burden of loneliness and its stigma

- Pursuing a three-fold goal: to promote awareness, reduce stigma, activate programming

Unique feature of Project UnLonely: Leveraging the power of creative arts!

- The arts offer a **highly personalized**, **fun and non-threatening** way to **engage** people of all ages

- Gives people a **chance to express who they are** and what matters to them

- **Activates people**, cognitively, emotionally, behaviorally

- A way to **connect people** to themselves and others

Project UnLonely is a community led delivery model: "In the Community, By the Community"

Proven Programs & Curriculum → Community-Based Organizations → Vulnerable Populations

Health Centers

Social Services

Housing

Schools

Workplaces

Places of Worship

A Critical Requirement for Impact and Scaling: Project UnLonely's customized digital content platform enables broad use

EXAMPLE SETTINGS

Schools
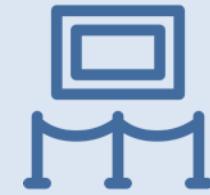
Museums

Places of Worship
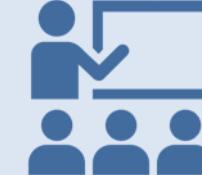
Workplaces

83

Key Question: In Addressing Loneliness… Is it "High Tech" or "High Touch" ?

Humanism ←→ Technology
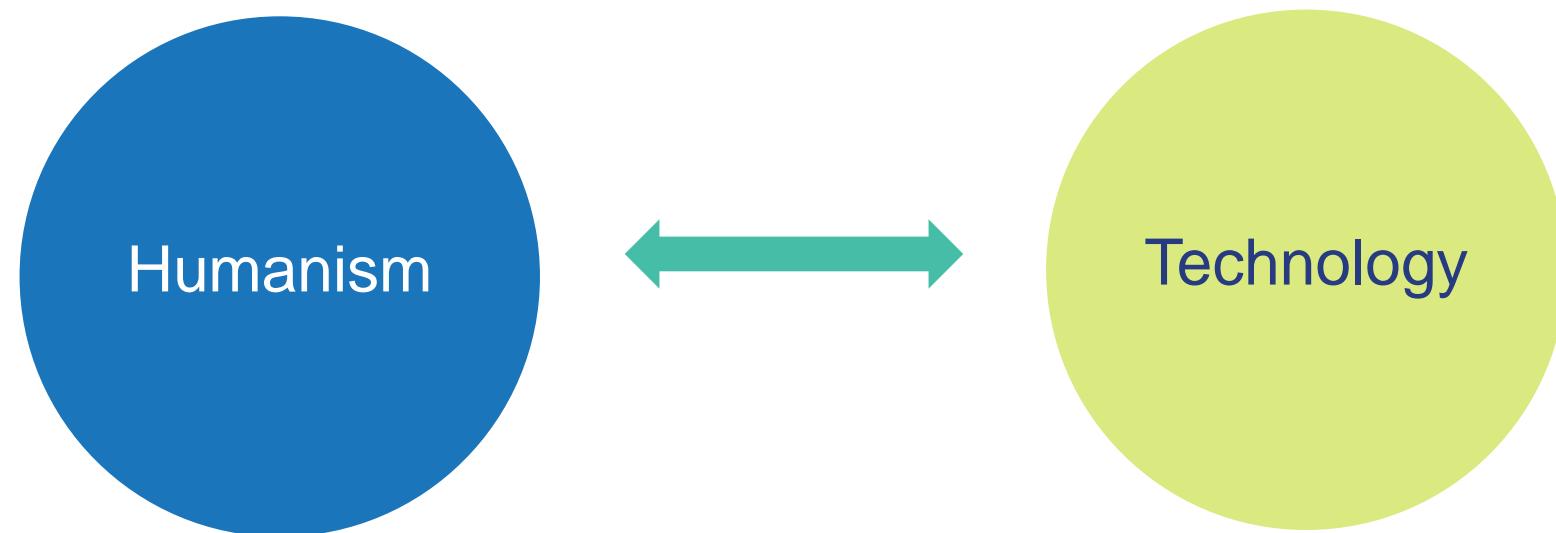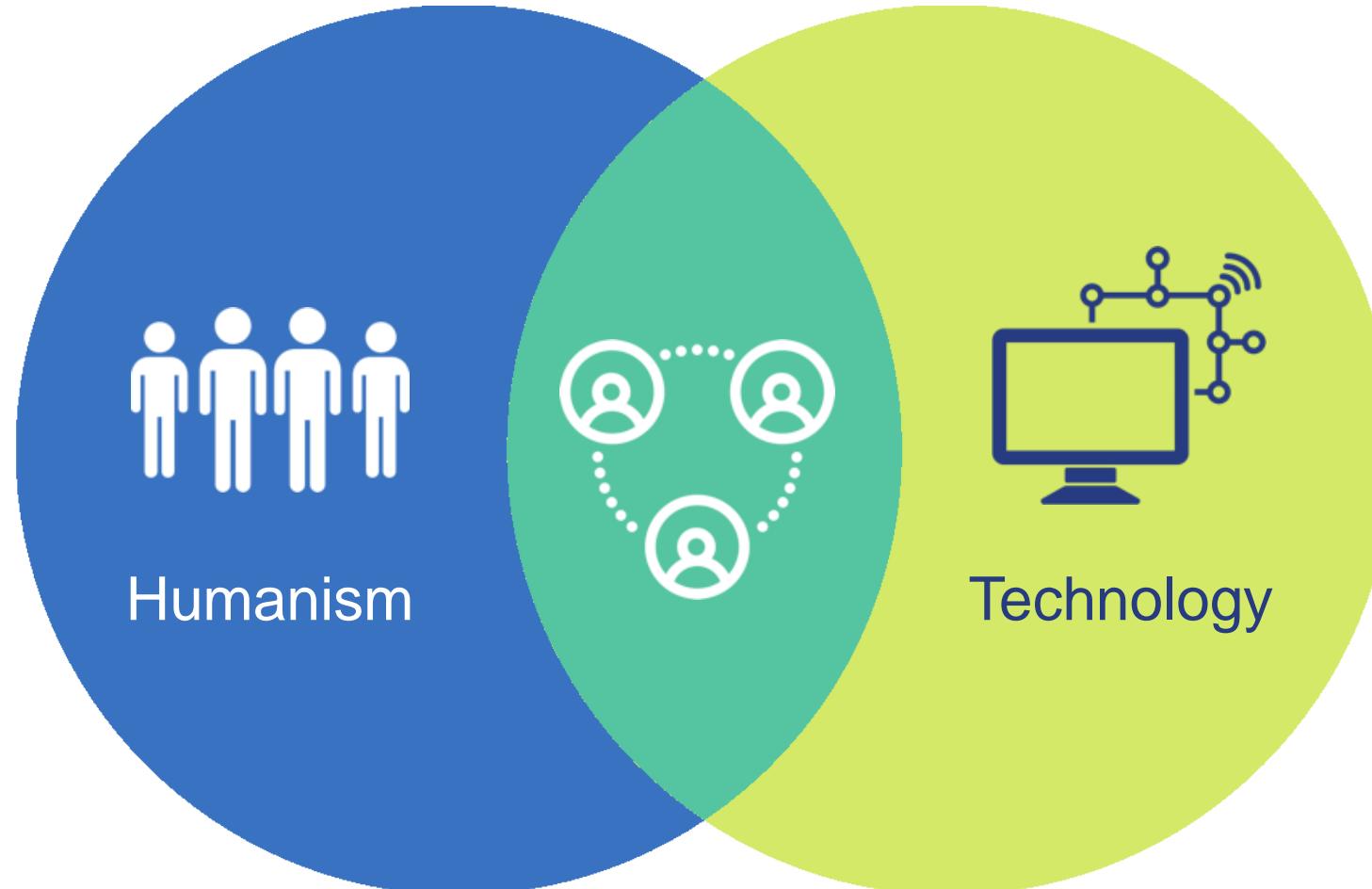
In Development…AI-Enabled Project UnLonely "Arts & Connection"
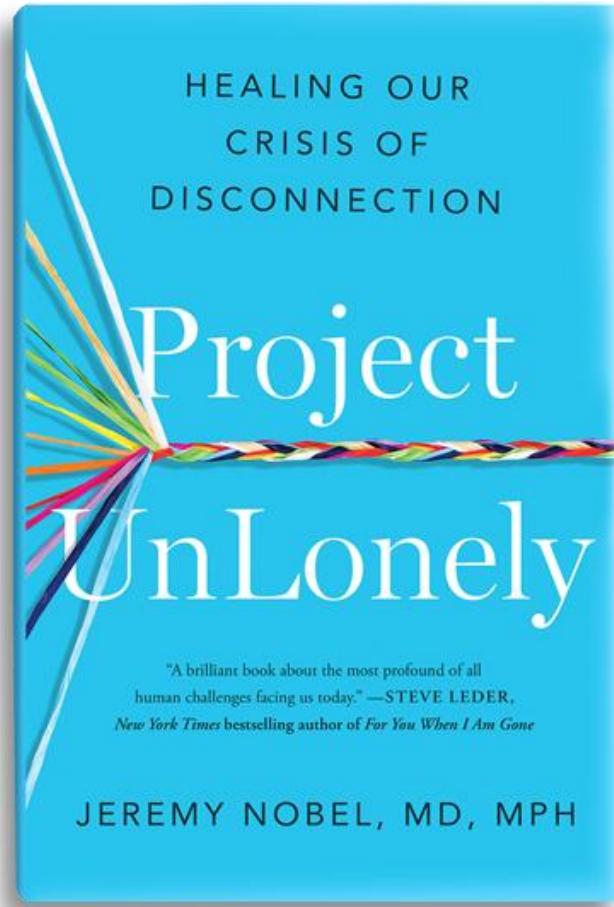
"Your habits of personal creative expression are just as important to your health and well-being as your diet, exercise, and sleep. **Art is a medicine that requires no prescription.**"

— Project UnLonely: Healing Our Crisis of Disconnection
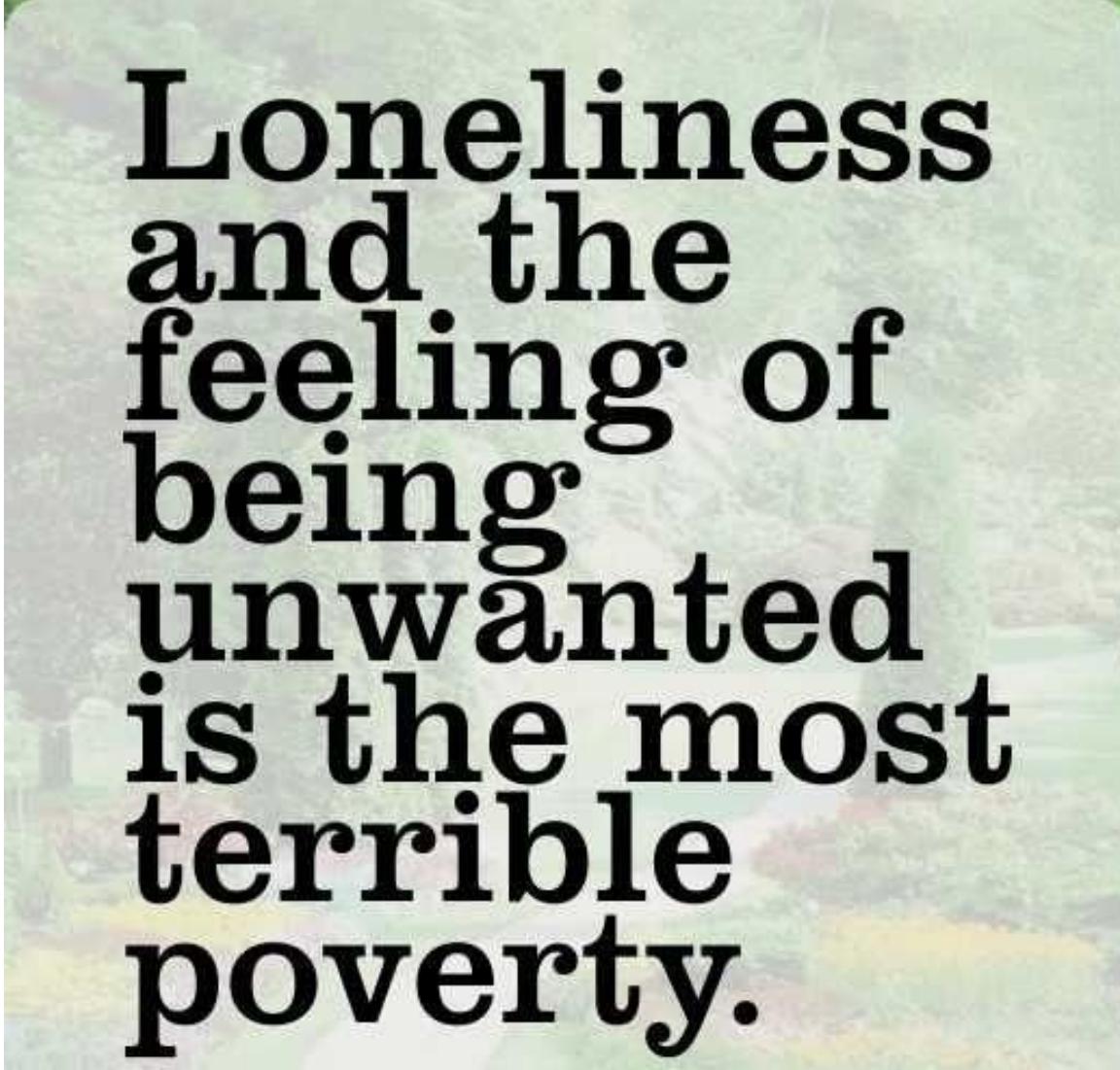
Loneliness and the feeling of being unwanted is the most terrible poverty.

Mother Mary Teresa Bojaxhiu

Thank You!

Jeremy Nobel, MD, MPH
jnobel@artandhealing.org

Be curious

Make things

Have conversations

The Foundation for Art & Healing™

PROJECT UnLonely®
From the Foundation for Art & Healing

The arts provide an intimacy with life, allowing us to engage with it in provocative ways…

15 Minute Break

NYAM

Interventions Targeting Social Isolation and Loneliness: The State of the Science

Sara J. Czaja PhD

Presentation prepared for:
Shaping a Social Isolation Strategy for Older Adults
NY Academy of Medicine
The John A. Hartford Foundation
January 10, 2024

Overview

Behavioral Intervention Research:

designing, evaluating and implementing a wide range of strategies to improve outcomes for a targeted population or community

number of PubMed Publications with interventions targeting social isolation/loneliness for older adults in the abstract or title since 2000

2000   2023
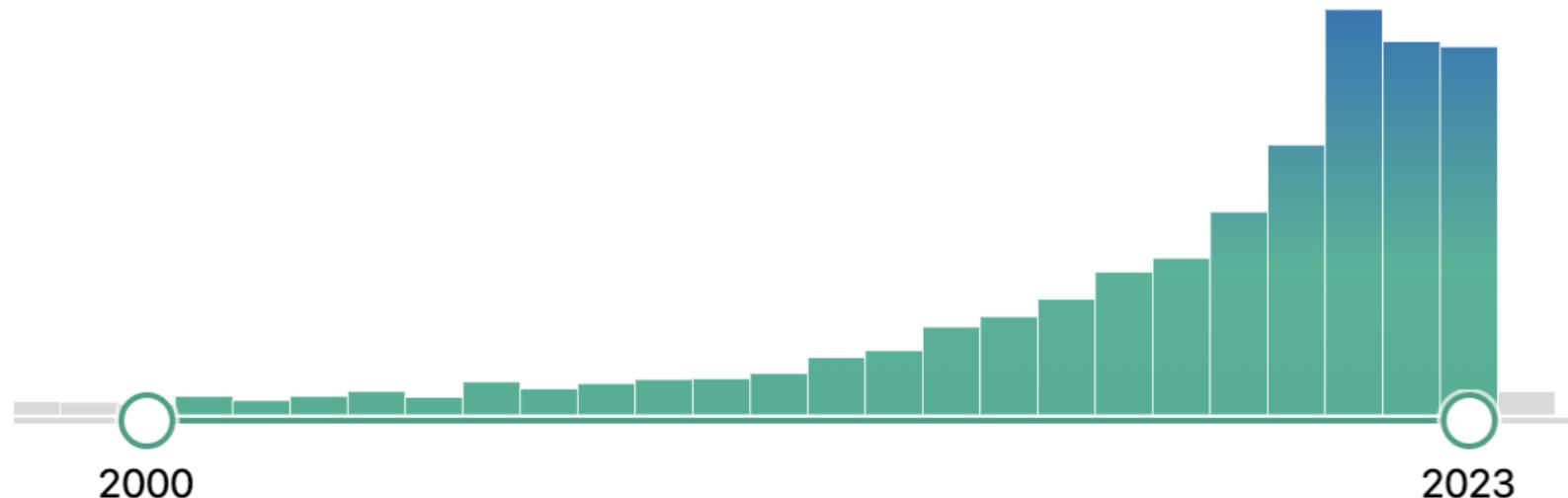
Interventions

Wide Variety of Intervention Approaches:

Friendship/Interest Groups

Social Support

Volunteering opportunities

Social websites

Exercise programs

Psychotherapy/Counseling

Education/Training opportunities

Mindfulness

Group vs Individual

Digital approaches

Levels Interventions Can Target

Systems
Local, state, national policies

Health care organizations

Community

Neighborhood

Home Environment

Family

Care Provider

Individual

Macro Level

Mezzo Level

Micro Levels

Dyadic
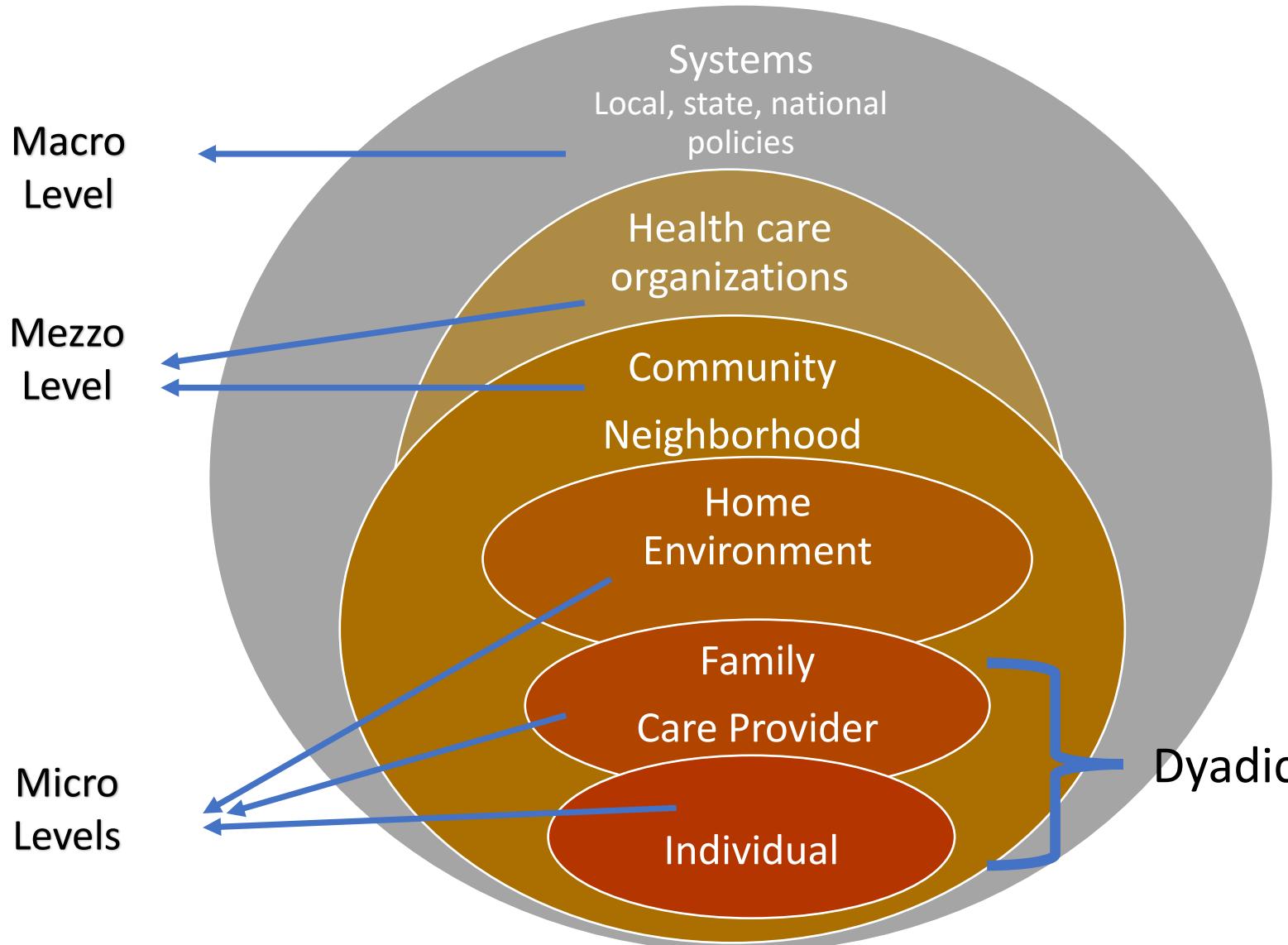
Interventions

TABLE 9-1 Published Reviews of Interventions for Social Isolation and Loneliness

Author	Focus	Number of Studies	Key Findings	Recommendations
Findlay (2003)	Social isolation in older adults	17	• Most effective interventions involve high-quality training of intervention facilitators, active participation of older adults in planning, implementation, and evaluation, and use of existing community resources	• Evaluation should be built into intervention • Funding needed to evaluate sustainability and long-term benefits
Cattan et al. (2005)	Social isolation and loneliness in older adults	30	• Educational and social activity group interventions that target specific groups were most effective • Most effective interventions involve active participation of older adults • Unclear if home visits, befriending, or one-on-one interventions are effective • Substantial differences in target groups, measurement tools, and outcome measures	• Need for better study design • Need to draw on qualitative, observational, and multilevel evaluations to determine the transferability of evidence
Dickens et al. (2011)	Social isolation in older adults	32	• Interventions with a theoretical basis and active participation of the older adult appeared more likely to be effective • Group-based activities appeared to be more effective than one-on-one interventions • Substantial differences in definitions • Many studies had poor reporting and quality	• Encourage more randomized trials • Adhere to reporting guidelines • Include rigorous process evaluations
Masi et al. (2011)	Loneliness in all ages	50	• Interventions that address maladaptive thinking were most effective • Group-based interventions were no more effective than individual-based interventions • Most intervention studies are aimed at adults over age 60	• Future studies need to acknowledge that social isolation and loneliness are not the same concept • Control groups needed, but this might pose ethical problems • Consider ethics of randomized study designs • More attention needed for the role of technology
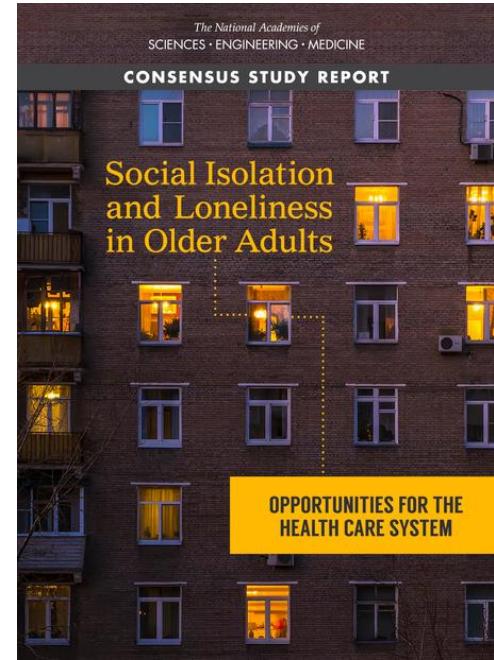
Recent Reviews of the Science

The effectiveness of interventions to prevent loneliness and social isolation in the community-dwelling and old population: an overview of systematic reviews and meta-analysis

Ludwig Grillich[1,2], Viktoria Titscher[1], Pauline Klingenstein[1], Eva Kostial[3], Robert Emprechtinger[4], Irma Klerings[1], Isolde Sommer[1], Jana Nikitin[5], Anton-Rupert Laireiter[2,6]

Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults

A Systematic Review and Meta-analysis

Peter Hoang, MD,[1] James A. King, MSc,[2,3] Sarah Moore, MD,[4] Kim Moore, BA, MD,[4] Krista Reich, MD, MSc,[5] Harman Sidhu, MD,[4] Chin Vern Tan, MD,[4] Colin Whaley, BSc, MSc,[6] and Jacqueline McMillan, MD[4,5]

Interventions against Social Isolation of Older Adults: A Systematic Review of Existing Literature and Interventions

Jaya Manjunath, Nandita Manoj and Tania Alchalabi *

Department of Geriatrics & Palliative Medicine, The George Washington University School of Medicine and Health Sciences, Washington, DC 20052, USA; jayamanjunath@gwmail.gwu.edu (J.M.); nandita@seniorswithskills.org (N.M.)
*   Correspondence: talchalabi@mfa.gwu.edu

Loneliness and social isolation interventions for older adults: a scoping review of reviews

Olujoke A. Fakoya ✉, Noleen K. McCorry & Michael Donnelly

PROTOCOL   Open Access

Technological interventions for loneliness and social isolation among older adults: a scoping review protocol

Andrew Wister *, Ian Fyffe and Eireann O'Dea

Findings

- Overall evidence suggests that behavioral interventions that target isolation and loneliness may be beneficial for aging adults.

- Effective interventions include those:
  - Developed with a theoretical base
  - Specifically target isolated or lonely individuals
  - Multi-systematic approach
  - Older adults were active participants in program development

- One size fits all approach is generally not effective
  - Individual needs
  - Context

- Need for more rigorous science, longitudinal data, larger and more diverse samples
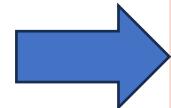
PRISM Software Support System

Prevent loneliness and enhance social connectivity

Welcome to PRISM, Michael — PRISM

- Email
- Internet
- Classroom
- Calendar
- Photos
- Games
- Community

It is Wed, Nov 30, 2011, 09:34 AM

PICTURE OF THE DAY: IMG_0457.JPG

TODAY'S QUOTE:

"The fact is, that to do anything in the world worth doing, we must not stand back shivering and thinking of the cold and danger, but jump in and scramble through as

MIAMI, FL WEATHER BY: YAHOO! NEWS

CURRENT CONDITIONS:
Partly Cloudy.
68F

TODAY'S FORECAST:
Mostly Sunny.
High: 77 Low:53

Forecast at Yahoo! Weather (provided by The Weather Channel)

Home   HELP   OFF

Findings : (Czaja et al., 2018, *The Gerontologist*):
Able to successfully train all participants on PRISM.

Changes in Outcomes at 6:
Increase in:
Social Support
Emotional well-being
Computer Comfort
Computer Efficacy
Computer Proficiency

Decrease in:
Loneliness

Social Isolation and Loneliness: PRISM

- "My name XYZ. I feel very very fortunately for being part of the PRISM program with the University of Miami. I'm lonely and alone and I appreciate the computer so much. It has brought me a lot of the email, a lot of information from the internet. To pass time, I play the games. And I thank everybody involved with the PRISM program for this opportunity."
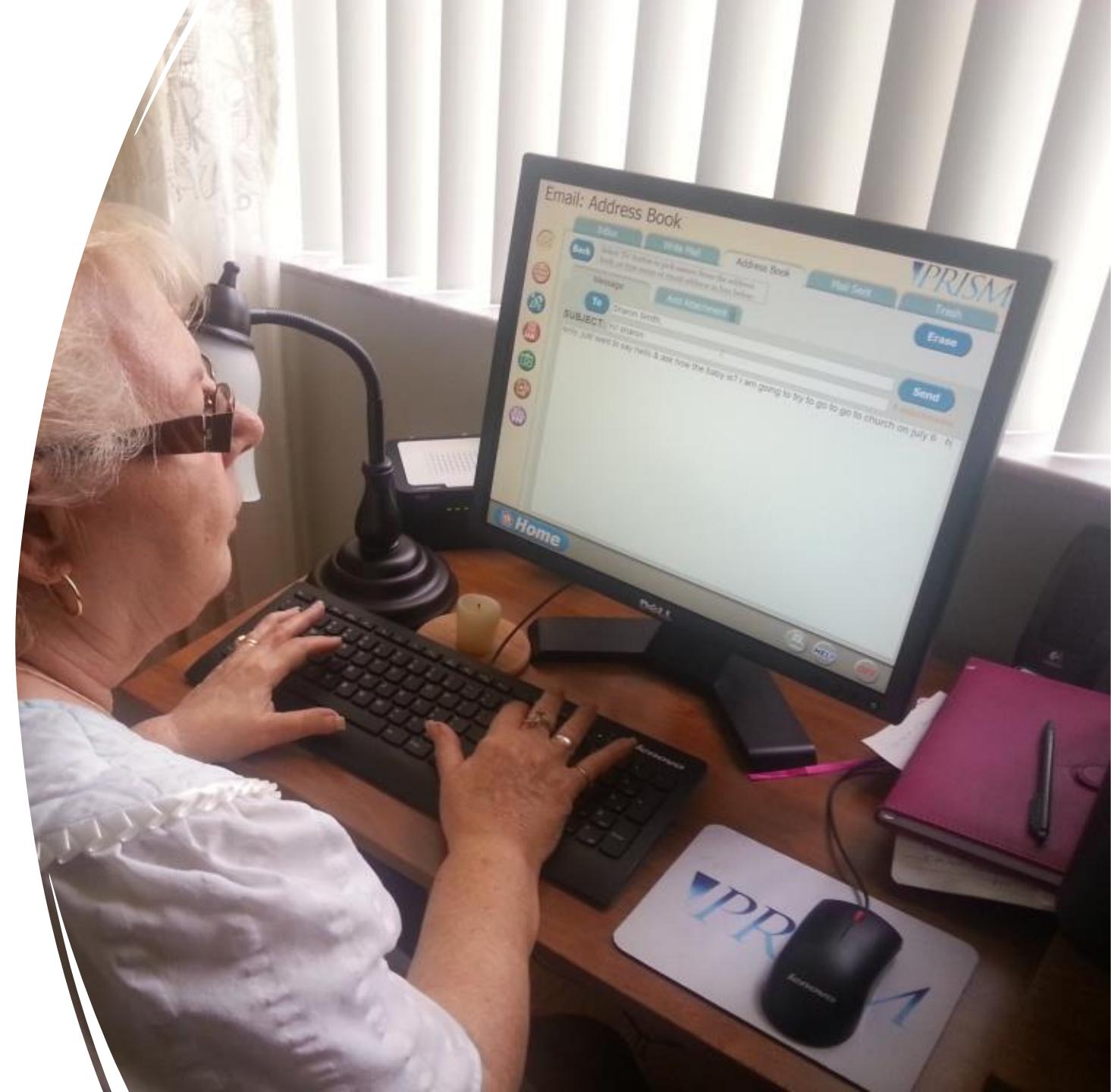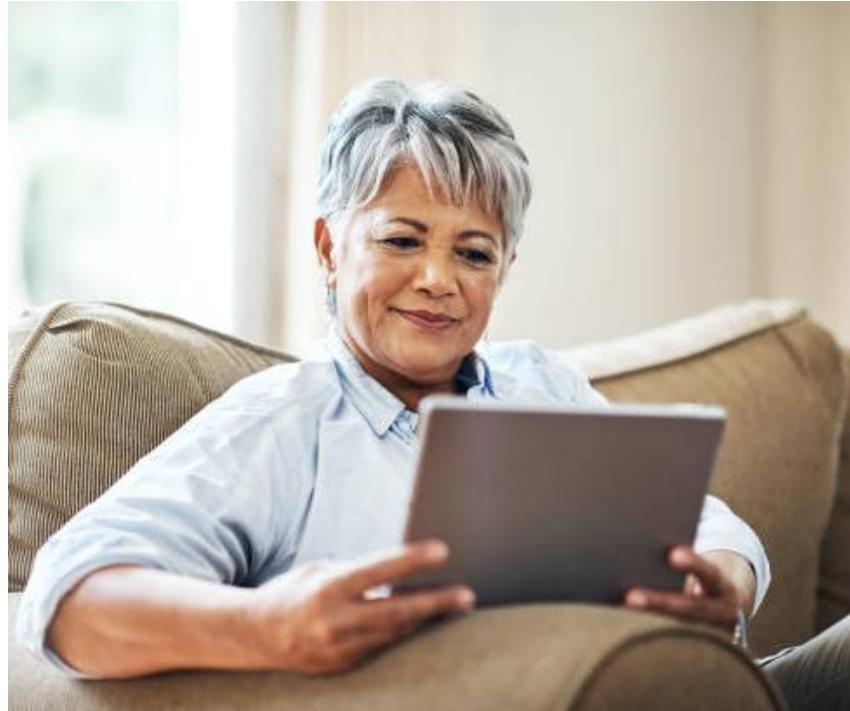
PRISM 2.0
(Czaja et al., under review)

- Preliminary Findings:
  - Increase in Social Support
  - Decrease in Loneliness
  - Decrease in Social Isolation
  - Increase in Technology Proficiency

PRISM interface screenshot:

Email ✉	**PRISM**	Help
Calendar 📅	**Good Afternoon Prism !**	
Learning 🎓	2 25 PM Friday, August 26, 2016	
Community 👥		2 Miles NW Miami FL
Games 🃏		☁
Health 🚑		90°F broken clouds
Internet 🌐		
Socializing 🖼	"Everyone needs to have access both to grandparents and grandchildren in order to be a full human being."	
Video Chat 💬	-- *Margerat Mead*	
Log Out ↪	**Remember to check your email & calendar**	

PRISM Lite *(Falzarano et al, under review)*

Adults aged 65+ with a Cognitive Impairment:

Significant Decrease in:

• Loneliness

• Social Isolation

• Depression

Significant Increase in:

• Perceived Social Support

Virtual Reality Pilot Project

**Designing Virtual Environments for Social Engagement in Older Adults:
A Qualitative Multi-site Study**

(Tong, Mostafavi, Kim, Lee, Boot, Czaja & Kalantari, in press)
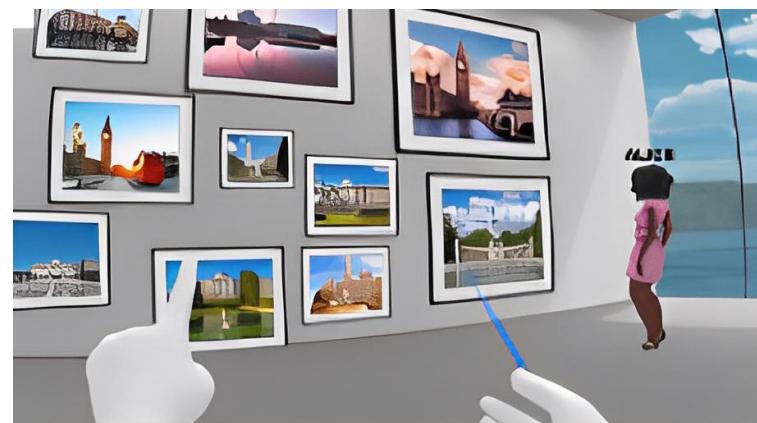
Findings:

Older adults with and without CI reported:

- High levels of engagement in the VR environment

- Perceived the social VR program to be enjoyable and usable

- Spatial Presence was a central driver of the positive outcomes

- Most indicated a willingness to reconnect with their VR partner in the future
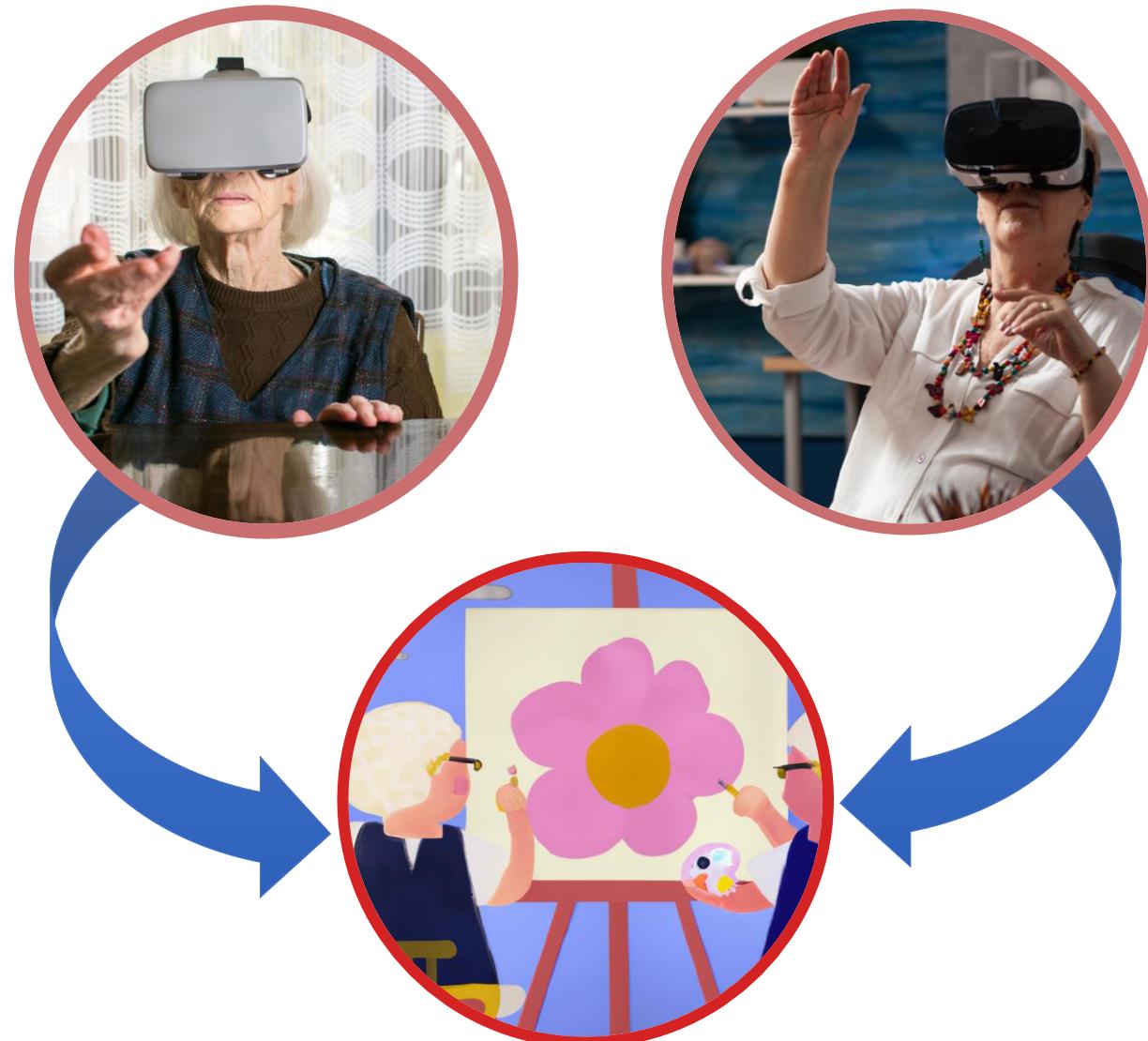
Technology-Based Intervention Delivery

Advantages

- Extending reach especially to underserved populations
- Tailor treatments to situational contexts (e.g., tailored supportive feedback)
- Flexible format for intervention delivery
- Asynchronous and anonymous access to interventions
- Adaptability
- New forms of interventions (e.g., avatars)

Challenges

- Lack of meaningful access
- Usability issues and system complexity
- Adherence
- Constant changes & developments in technology
- Lack of personable attributes
- Cybersecurity
- Cost
- Inoperability across systems

Summary

- Behavioral interventions holds promise in terms of reducing social isolation/loneliness for aging adults however:

- A stronger evidence based is needed on the effectiveness of intervention approaches with larger and more diverse populations in varying contexts.

- There is a need to understand the mechanisms of actions of interventions.

- There is a need for longitudinal data.

- Issues such as privacy concerns, training protocols, potential negative impact of interventions need to be addressed.

- We need to ensure that older adults are aware of and have access to programs and services

sjc7004@med.cornell.edu
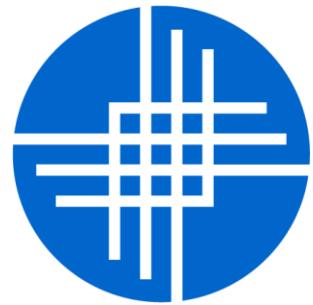
Understanding Social Isolation and Loneliness Across Settings

1. Primary Care

2. Acute Care

3. Long-Term Care

4. Community

Primary Care:

The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary Care Settings

- Family medicine

- General internal medicine

- General obstetrics and gynecology (OB-GYN)

- Federally Qualified Health Centers (FQHCs)

- Rural health clinics (RHCs)

- Retail health clinics

Primary Care Providers

- Geriatrician

- Physician, MD or DO

- Nurse Practitioner

- Clinical nurse specialist

- Physician assistant/associate

Retail Health in Primary Care

HEALTH TECH

Retail Clinics Are Gaining Momentum As They Vie for Their Piece of the Primary Care Pie

Retail clinic claims volumes have shot up by 200% in the past five years, according to a new report. The research argued that retailers are beginning to seriously compete with the traditional healthcare system when it comes to the primary care market — growth in retail clinic claims have greatly outpaced claims growth for urgent care centers, emergency departments and physician practices.

PROVIDERS

Newer primary care disrupters constrain already limited supply of clinical providers, new analysis finds

By **Heather Landi** · Sep 27, 2023 8:30am

Walmart Weighs Investment in ChenMed Senior Care Clinics

BY **PYMNTS** | SEPTEMBER 10, 2023

MILKEN INSTITUTE

6

Retail Health in Primary Care

Retail Health in Primary Care

Acute Care:

Acute care is when a patient receives immediate and short-term treatment for any critical or life-threatening injury, illness, and disease. It is the complete opposite of long-term inpatient treatment of chronic care services, and its purpose is to boost the patient's health and stability.

Acute Care Settings

Emergency Department

Trauma Center

Urgent Care

Rehabilitative Care Centers

Ambulatory Surgical Clinics

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Long-Term Care:

involves a variety of services designed to meet a person's health or personal care needs when they can no longer perform everyday activities on their own.

Long-Term Care Settings

Home-Based Care

Assisted Living

Nursing Home

Memory Care

Board & Care Homes/
Group Homes

Continuing Care Retirement
Communities (CCRCs)

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12

Community

Community Care Settings

- Adult day services

- Program of All-Inclusive Care for the Elderly (PACE)

- Senior centers

- Area Agencies on Aging (AAAs)

- Home health care

- Naturally Occurring Retirement Communities (NORCs)

- Villages

14
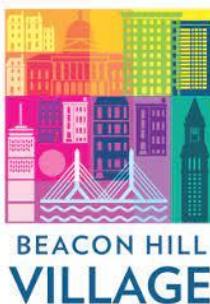
Discussion: Promising Models for Intervention

<u>Breakout Discussion</u>: Understanding Social Isolation and Loneliness Across Settings

1. Primary Care
2. Acute Care
3. Long-Term Care
4. Community

NYAM

Breakout Questions: Promising Models for Intervention

1. How do you define the setting of your breakout group? (appx 5 minutes)
2. How is social isolation and loneliness in older adults identified in this setting? What are opportunities to improve identification of SIL in this setting? (appx 10 minutes)
3. Which models of intervention already exist on a large scale that address social isolation and loneliness in this setting? (appx 15 minutes)
4. Which models of intervention would you recommend (either that only exist on a small scale or do not yet exist)? (appx 15 minutes)
5. Summarize the content for the report out (appx 5 minutes)

NYAM

Lunch Break

NYAM

Discussion: Approaches to Accelerating Successful Interventions

Which avenues are the most impactful in alleviating social isolation and loneliness?

What are the best avenues for The John A. Hartford Foundation to pursue?

15 Minute Break

NYAM

Connecting Back to the 4Ms

Harold Pincus, MD

National Director of Health and Aging Policy Fellowship, Columbia University

Envisioning the Future

What is the future we want to see and what would JAHF's role be?

Lori Frank, PhD

Senior Vice President for Research

The New York Academy of Medicine

NYAM.ORG

NYAM

Next Steps

Terry Fulmer, PhD, RN, FAAN
President,
The John A. Hartford Foundation

Rani Snyder, MPA
Vice President of Program,
The John A. Hartford Foundation

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