



Coalition to End Social Isolation & Loneliness

WWW.ENDSOCIALISOLATION.ORG

Outline

- Introduction to the Coalition
- Evidence Base & Innovations to Address the Epidemic
- Policy Goals
- Next Steps

About the Coalition

Mission:

To engage diverse stakeholders, promote innovative research, and advocate for policy change that combats the adverse consequences of social isolation and loneliness and advances approaches that improve social connectedness for all Americans.

Participants:

Stakeholders include: Consumers, Health Plan, Health Systems, Providers, Employers, Community-Based Organizations, non-medical organizations and entities, etc.

Coalition Members

Summer 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



UPMC HEALTH PLAN



The background features a light blue color scheme with several horizontal lines. Overlaid on these are several large, semi-transparent blue arrows. One arrow points upwards from the bottom center, another points downwards from the top center, and a third points to the left from the right side. The text 'Evidence Base & Innovations' is centered in a bold, black, sans-serif font, with a thin horizontal line underneath it.

Evidence Base & Innovations

Evidence Base

Definitions

Social Isolation

A state in which the individual lacks a sense of belonging socially, **lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships.**¹

Loneliness

Loneliness, which is conceptually distinct from social isolation, can occur in the presence or absence of social isolation. Some of the early definitions of loneliness characterized it as a lack of social intimacy⁶ or as a deficiency in social relationships.⁷ **Loneliness is often described as a subjective feeling of isolation, not belonging, or lacking companionship.**²

¹Social isolation in older adults: An evolutionary concept analysis. J Adv Nurse. Nicholson, N. 2009

²Social isolation, loneliness and their relationships with depressive symptoms: A population-based study. PLOS Medicine. Hafiz T.A. Khan, Editor. 2017.

Evidence Base

Prevalence

- Nearly **half of Americans** report sometimes or always feeling alone (46 percent) or left out (47 percent).
- **Two in five Americans** sometimes or always feel that their relationships are not meaningful (43 percent) and that they are isolated from others (43 percent).
- Generation Z (adults ages 18-22) is **the loneliest generation** and claims to be in worse health than older generations.
- **Social media use alone is not a predictor of loneliness**; respondents defined as very heavy users of social media have a loneliness score (43.5) that is not markedly different from the score of those who never use social media (41.7).⁴

⁴ Cigna/Ipsos. May 2018. <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at-epidemic-levels-in-america>

Evidence Base

Impact among aging populations

- Approximately **42 million adults over age 45** in the U.S. are estimated to be suffering chronic loneliness
- **Medicare spends ~\$6.7 billion** annually as a result of individuals being socially isolated
- Older individuals who are socially isolated and/or lonely often suffer from co-occurring chronic conditions such as diabetes, chronic heart failure, and depression, leading to greater utilization of potentially avoidable health care services

⁴ Cigna/Ipsos. May 2018. <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at-epidemic-levels-in-america>

Evidence Base

Mortality Risk

*Data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with **adequate social relationships have a 50% greater likelihood of survival** compared to those with poor or insufficient social relationships. The magnitude of this effect is **comparable with quitting smoking** and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity).³*

³Social Relationships and Mortality Risk: A Meta-analytic Review. Holt-Lunstad, Smith, Layton. PLOS Medicine, 2010.

Evidence Base

Comorbidities - Depression

- Loneliness is known to be a major risk factor for depression, which itself accelerates functional decline and increases chances of premature mortality. (Mehta et al., 2002)
 - ...diminished serotonin function, leading to increased risk for myocardial infarction and stroke.
 - ...increased heart rate variability and increased release of adrenaline, leading to increased risk of cardiac arrhythmia (Seymour & Benning, 2009).
- **Whatever the mechanism, the effect of loneliness on depression and subsequently on mortality is significant in size.⁵**

⁵ Clifford Singer, MD. "Health Effects of Social Isolation and Loneliness. Journal of Aging Life Care. Spring 2018.

Small but Mighty Acts

Innovative Program Examples

CareMore

- Togetherness Program
 - Launched in 2017 to address loneliness in the senior population
 - Focused on building personal connections with at-risk patients through consistent and positive engagement
 - **Goals:** Re-engage in healthcare, connect to community-based organizations, increase physical activity
 - **One year after launch, over 942 lives changed by the program**

Humana

- Bold Goal
- Loneliness Toolkit

Motion Picture and Television Fund

- Launched a *Daily Call Sheet* program built off of the UK's Silverline program which links seniors-to-seniors who are at risk with daily contact lists.

The background features a light blue color scheme with several horizontal lines. Overlaid on these are several large, semi-transparent blue arrows pointing in various directions: up, down, left, and right, some of which are curved. The text 'Policy Objectives' is centered in a large, bold, black font.

Policy Objectives

Coalition Policy Objectives Overview

1. Increase public awareness for social isolation and loneliness and its effect on health and wellbeing;
2. Enhance social services and supports to address social isolation and loneliness;
3. Advance health services and supports that address social isolation and loneliness;
4. Leverage innovative technology solutions that foster connection and social integration; and
5. Advance research to develop the evidence base necessary to design effective programs and policies.

1. Increase Public Awareness and its Effect on Health and Wellbeing

Increasing public awareness will have a force multiplying effect on our other policy goals, such as improving access to and uptake of relevant services and supports and promoting research.

To raise the visibility or the problem of social isolation and loneliness, policymakers should:

1. Develop a national strategy for target populations;
2. Institute an Inter-Departmental and Agency National Coordinator of Social Isolation and Loneliness to lead and coordinate administrative efforts, identify and leverage current federal resources, and make recommendations to cabinet officials and the White House to address the epidemic; and
3. Provide funding for a national public education campaign and provider-focused education initiatives.

2. Enhance Social Services and Supports

Solutions should leverage existing social services and supports. This is particularly timely with recent added flexibilities in Medicare Advantage, Medicaid and the individual marketplace.

To promote non-medical interventions that address social isolation and loneliness, policymakers should:

1. Capitalize on the Aging Networks existing role, reauthorize the Older Americans Act, identify and disseminate existing best practices and innovations from Area Agencies, and boost funding and provide flexibility for innovation for programs and services;
2. Identify federal programs and interventions that can reduce isolation and loneliness and conduct a needs assessment;
3. Capitalize on further expansion of the Medicare Advantage (MA) supplemental benefit flexibility:
 - Access to senior centers, companion benefits, a personal home, and day center visits
 - Addressing Social Determinants of Health (SDOH) that indirectly impact social isolation
4. Improve Federal assistance vehicles & infrastructural/environmental capacities

3. Advance Health Services and Supports

Social isolation and loneliness take a toll on physical and psychosocial health, leading to poorer health outcomes, higher rates of mortality, and higher health care costs.

To provide better health services and supports, policymakers should:

1. Convene an interagency working group to evaluate current activities/programs and make recommendations to the Inter-Departmental and Agency National Coordinator;
2. Incorporate an assessment into the “Welcome to Medicare” and Annual Wellness visits, as well as within Medicaid wellness visits, to screen and identify at-risk individuals;
3. Incorporate social isolation assessment and quality measurement into models CMMI is considering;
4. Expand innovative state initiatives and waivers addressing SDOH, including social isolation and loneliness, through 1115 and 1332 authorities
5. Add a Clinical Practice Improvement Activity related to addressing social isolation to the Merit-based Incentive Payment Program;
6. Provide funding to assess current data and measurement and for the development of quality measures to create integrated care policies that tap the existing social services; and
7. Incentivize providers to develop collaborative partnerships with community-based services.

4. Leverage Innovative Technology Solutions that Foster Connection and Social Integration

Continued innovation in uses of telehealth, social media, app-based services, assistive devices and other consumer-facing technologies holds great potential for addressing social isolation and loneliness. However, technology also has the potential to increase an individual's sense of isolation, particularly among teens and younger adults.

To better leverage innovative technology solutions, policymakers should:

1. Expand Medicare reimbursement for telehealth and remote communication technology services;
2. Explore the use of assistive technology to enhance people's ability to meaningfully engage in family and community activities;
3. Leverage information technology, such as electronic health records (EHRs), clinical decision support tools and health information exchange capabilities, to better capture and share data relevant to social isolation and loneliness;
4. Ensure new models of care delivery and payment promote and encourage technology solutions;
5. Identify areas where regulation may need modernizing to reduce barriers for existing programming to harness new innovative technologies, such as wearable devices, ridesharing, and other consumer-facing technology;
6. Develop a federal prize competition to foster creative technology solutions that promote social connection; and
7. Work with the private sector to develop a plan to provide needed technologies to individuals who are high-risk of being socially isolated.

5. Advance Research to Develop the Evidence Base Necessary to Design Effective Programs and Policies

The Coalition's policy goals and strategies are informed by a robust evidence-base about the effects of social isolation and loneliness and interventions to address the epidemic.

To promote research activities and dissemination, policymakers should:

1. Reauthorize the Older Americans Act, with particular focus on Title IV to address social isolation;
2. Promote federal grants for research, demonstration and evaluation of interventions;
3. Request a GAO report to study the impact of social isolation and government efforts currently underway to address it;
4. Provide further resources for the National Institutes of Health, the Agency for Health Care Research and Quality, the Health Resources and Services Agency, the National Institute of Mental Health, and the Centers for Disease Control and Prevention to address social isolation and loneliness; and
5. Work with organizations representing researchers to create a summary of the knowledge base and the current gaps in research.

Signs in Washington

1. Passage of the Dignity in Aging Act in the House; Sen. Smith (D-MN) & Rep. Trone (D-MD) amendments, respectively; Senate OAA Reauthorization
2. Continued efforts to address SDOH, including: Several standalone bills (e.g., Social Determinants Accelerators Act); Administration efforts (e.g., CMMI, MA flexibility, AKS flexibilities, etc.); formation of the Rural and Underserved Communities Health Task Force
3. Senator Mike Lee's (R-UT) multi-year research effort to study the importance of the "web of social relationships." Senator Lee, along with other Republicans on the Joint Economic Committee, released a report this past January finding that Americans have fewer people around to help provide care as they age compared with two decades ago.
4. In April 2017, Julianne Holt-Lunstad, Ph. D., testified before the U.S. Senate arguing that the lack of social connection can have life threatening consequences and that the problem is structural as well as psychological.
5. In February 2019, AHRQ released a report evaluating the effect that interventions targeting social isolation/loneliness in community dwelling older adults (60 years and older) have on the outcomes of social isolation/loneliness, health, and health care utilization.

The Dignity in Aging Act of 2019

- ❖ Improves screening and supports for social isolation and connectedness
- ❖ Increased focus of Assistant Secretary
- ❖ Advisory council on social isolation
- ❖ Demonstration project

Calendar No. 280

116TH CONGRESS
1ST SESSION **H. R. 4334**

IN THE SENATE OF THE UNITED STATES

OCTOBER 29, 2019
Received; read the first time

OCTOBER 30, 2019
Read the second time and placed on the calendar

AN ACT

To amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2020 through 2024, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**
4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Dignity in Aging Act of 2019”.
6 (b) **TABLE OF CONTENTS.**—The table of contents of
7 this Act is the following:

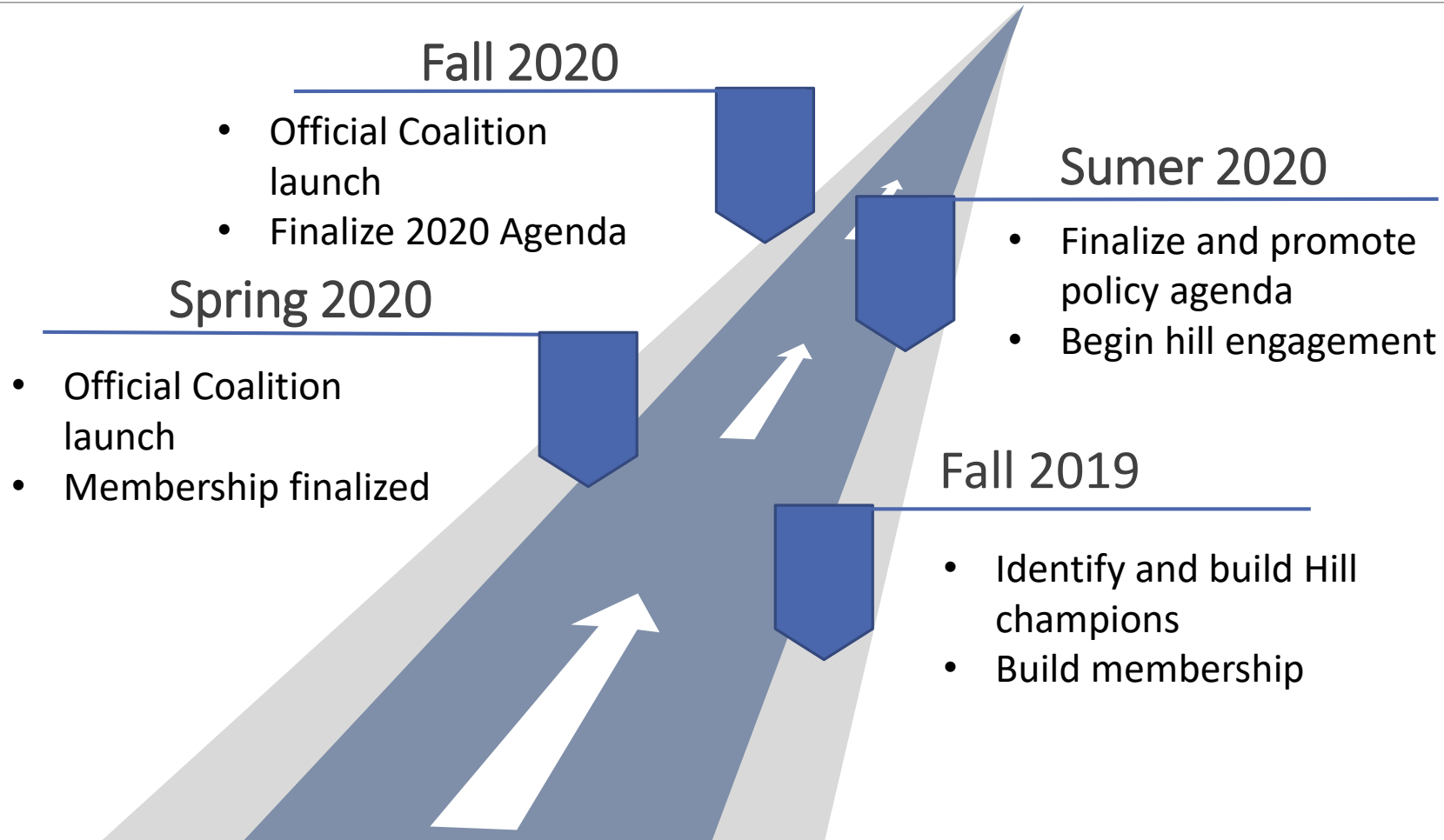
Sec. 1. Short title; table of contents.

TITLE I—ENSURING COLLABORATION AND PROMOTING
INDEPENDENCE FOR OLDER INDIVIDUALS

Collaboration

Collaboration

Next Steps: Policy Agenda Release and Advocacy Efforts



Collaboration

Expanded Policy Levers

- **Education**: Effects of school climate & connectedness
- **Economy**: Effects on economic mobility/engagement
- **Infrastructure**: Effects of broadband expansion, as well as strategic urban development and planning
- **Workplace**: Effects on Absenteeism & Presenteeism
- **Other SDOH**: Effects of Civic engagement; Food and housing security; other socioeconomic pressures

Collaboration Join Us!

For more information, please contact:

Andrew MacPherson
Co-Director
(202) 909-2870
andrew@healthsperien.com

Edward Garcia
Co-Director
(202) 729-6167
egarcia@Healthsperien.com



Coalition to End
Social Isolation
& Loneliness

Thank You!

1299 Pennsylvania Ave. NW, Suite 1175, Washington, DC, 20004