Co-hosted web event:

NCMHA
National Coalition on Mental Health & Aging

Coalition to End Social Isolation & Loneliness

SOCIAL ISOLATION & LONELINESS

AMONG OLDER AMERICANS DURING COVID-19

EVIDENCE, POLICY, AND ADVOCACY

MAY, 20, 2020 – 12:00 TO 1:30 PM EDT

Coalition to End Social Isolation & Loneliness

NCMHA
National Coalition on Mental Health & Aging

AGENDA

12:00 PM - Welcome and Coalition Introductions

- Joel Miller, Chair, National Coalition on Mental Health & Aging
- Andrew MacPherson, Co-Director, Coalition to End Social Isolation & Loneliness

12:10 PM - The Magnitude and Prevalence of Social Isolation and Loneliness among Older Americans, and Its Impact on Mental, Cognitive, and Physical Health.

- Dr. Carla Perissinotto, Associate Chief for Geriatrics Clinical Programs, University of California San Francisco

12:30 PM - Biological Impacts of Social Isolation and Loneliness

- Dr. Bert Uchino, Chair, Department of Psychology, University of Utah

12:45 PM - Promising Interventions to Address Social Isolation and Loneliness

- Robin Caruso, Chief Togetherness Officer, CareMore Health
- Maureen Feldman, Director, Social Isolation Impact Project, Motion Picture and Television Fund
- Andrew Parker, CEO and Founder, Papa

1:10 PM - Policy Considerations and Current Legislative and Regulatory Action to Address Social Isolation and Loneliness

- Brian Lindberg, Public Policy Advisor, Gerontological Society of America

1:25 PM - Wrap-up and Conclusions

- Edward Garcia, Co-Director, Coalition to End Social Isolation & Loneliness

NCMHA
National Coalition on Mental Health & Aging

Coalition to End Social Isolation & Loneliness

Coalition Introductions

Joel Miller
Chair, National Coalition on Mental Health & Aging

Andrew MacPherson
Co-Director, Coalition to End Social Isolation & Loneliness

Mission of the National Coalition on Mental Health and Aging (NCMHA)

- NCMHA was formed in 1991 by a group of organizational members representing the disciplines that work in aging and mental health fields.
- We are composed of 100 national and state associations and coalitions, and several governmental agencies are members such as SAMHSA and ACL.
- The Coalition provides opportunities for professional, consumer and gov't organizations to work together toward improving the availability & quality of MH preventive and treatment strategies to older Americans & their families through education, research & increased public awareness.

About the National Council on Aging (NCOA)

- Respected national leader and trusted partner to help people aged 60+ meet the challenges of aging.
- Partners with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy.
- **NCOA Mission:** Improve the lives of millions of older adults, especially those who are struggling.

NEW NCMHA SERIES ON "ADDRESSING DISPARITIES IN BEHAVIORAL HEALTH CARE FOR OLDER ADULTS"

- Following the May 20, 2019 **National Older Adult Mental Health Awareness Day (OAMHD)** events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.
- We scheduled a series of webinars from July 2019 to April 2020 – targeting a specific topic and a practical focus and accompanying tools/resources to address the needs of older adults with mental health conditions, as well as state/local efforts best practices.
- **In addition, a special feature of the webinars was that the sessions coincided with monthly, weekly and daily national mental health or aging observances.**

Key Objectives of the NCMHA Webinar Series

- **Identify specific approaches that address disparities in behavioral health care for older adults.**
- Ensure that older adults with BH conditions are integrated within all BH awareness raising, policy, programmatic and research efforts going forward.
- Focus on topics that coincide with specific events and issues that effect older adults with mental health conditions and the opportunity to discuss these problems such as depression, trauma-informed care, and **social isolation.**

"Social Isolation & Loneliness Among Older Americans During Covid-19: Evidence, Policy and Advocacy"

- The stress and isolation from living in a pandemic are taking their toll on everyone.
- Its a concern voiced by leading experts, and no one will be hit harder than older Americans.
- While we all are required to be physically distant in order to avoid the spread of the disease, a reduction in social contact will negatively impact those most vulnerable to social isolation and loneliness – exacerbating depression, anxiety, and myriad physical health outcomes.
- NCMHA is incredibly proud to be collaborating with **CESIL** on this live web event to explore the causes and solutions to addressing social isolation and loneliness, during this critically important health care pandemic event.

What We Do…

In partnership with our diverse member organizations, The Coalition engages in a variety of areas in order to advance its mission; these areas include, but are not limited to:

- Disseminating research findings
- Developing and advocating for federal and state legislative and regulatory policy interventions
- Leading public awareness events in Washington, DC as well as across the nation.

Coalition to End Social Isolation & Loneliness

The mission of the ***Coalition to End Social Isolation and Loneliness is to engage diverse stakeholders, increase public awareness, 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.

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Depression and Bipolar
Support Alliance

Coalition Activity

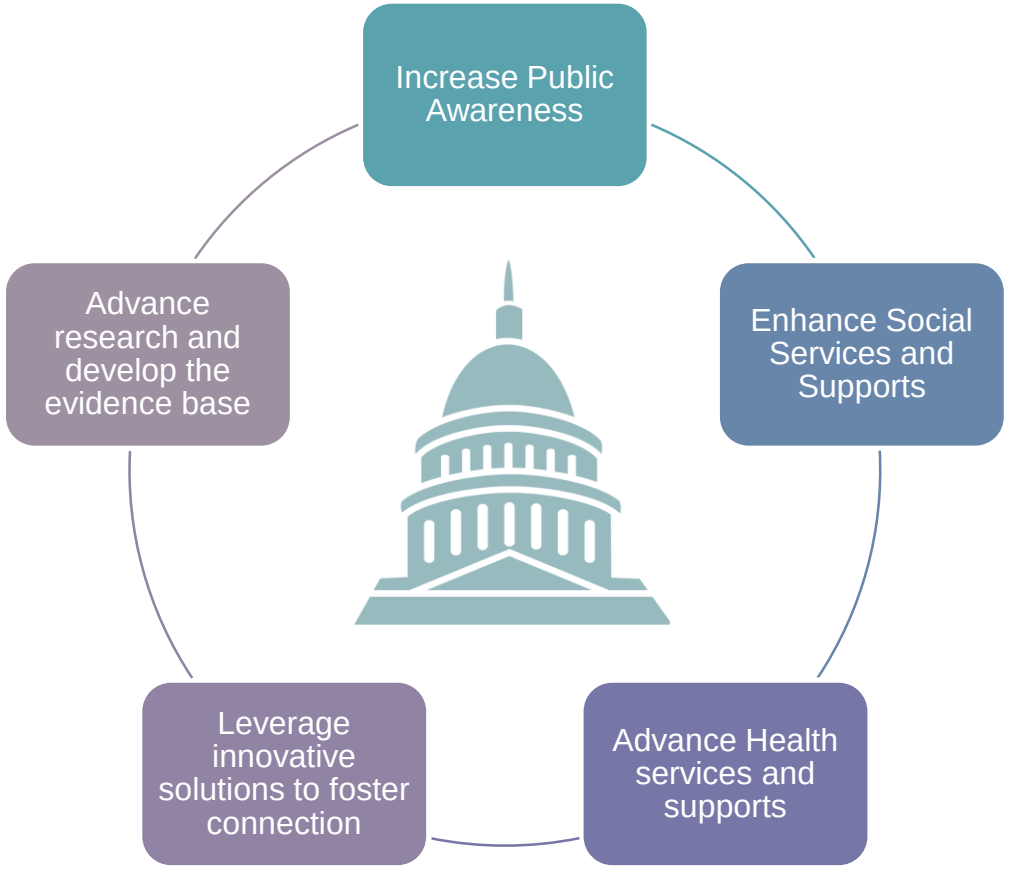
1. **Far From Alone Campaign**
   - Earlier this month, in partnership with Humana, Uber, Papa, and others the Coalition launched "Far from Alone," a public health awareness campaign to address health-related social needs and to promote understanding of loneliness and social isolation issues that are exacerbated by the Coronavirus pandemic.
2. **"For the Health of It" Podcast**
   - This week, the Coalition hosted a podcast interview on COVID-19 and social isolation & loneliness featuring special guests Dr. Julianne Holt-Lunstad and Papa Pals Founder & CEO, Andrew Parker. The episode will air next Monday, May 25
3. **Action Forum**
   - This summer, the Coalition will hold a virtual convening in order to publicly raise the visibility of the national crisis, identify key innovations, and promote its policy priorities.
4. **COVID-19 Resource Page & Infographics**
   - The Coalition has put together a compilation of resources and developed several infographics on the effects of physical distancing and how to stay connected with others while intentionally isolating oneself.

#isolatedNOTlonely **#FarFromAlone**

Coalition Policy Agenda

*The **Coalition to End Social Isolation & Loneliness** has established a **consensus policy agenda** that takes a multi-sector approach at addressing the various risk factors and population impacts of social isolation and loneliness.*

***In 2020 the Coalition has expanded** in both membership and scope and looks to advocate solutions that impact American's of all demographics. We continue to advocate for policy solutions that address the U.S. tech infrastructure, education systems, and financial systems, to address the risks and effects of social isolation and loneliness.*



Coalition to End Social Isolation & Loneliness

NCMHA
National Coalition on Mental Health & Aging

Magnitude, Prevalence & Impacts

Dr. Carla Perissinotto
Associate Chief of Geriatrics Clinical Programs
University of California San Francisco

Understanding Magnitude and Prevalence

MEASUREMENT AND DEFINITIONS MATTER

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How do we estimate health risks for older adults?

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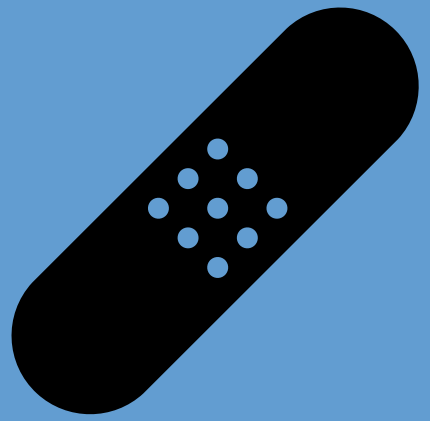
FALLS



- Every 19 minutes an adult age >65 dies of a FALL
- One in four adults fall each year

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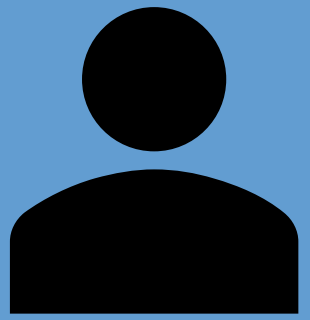
HYPERTENSION

- 63% in people age >60
- Death rates: 14.3 per 1000

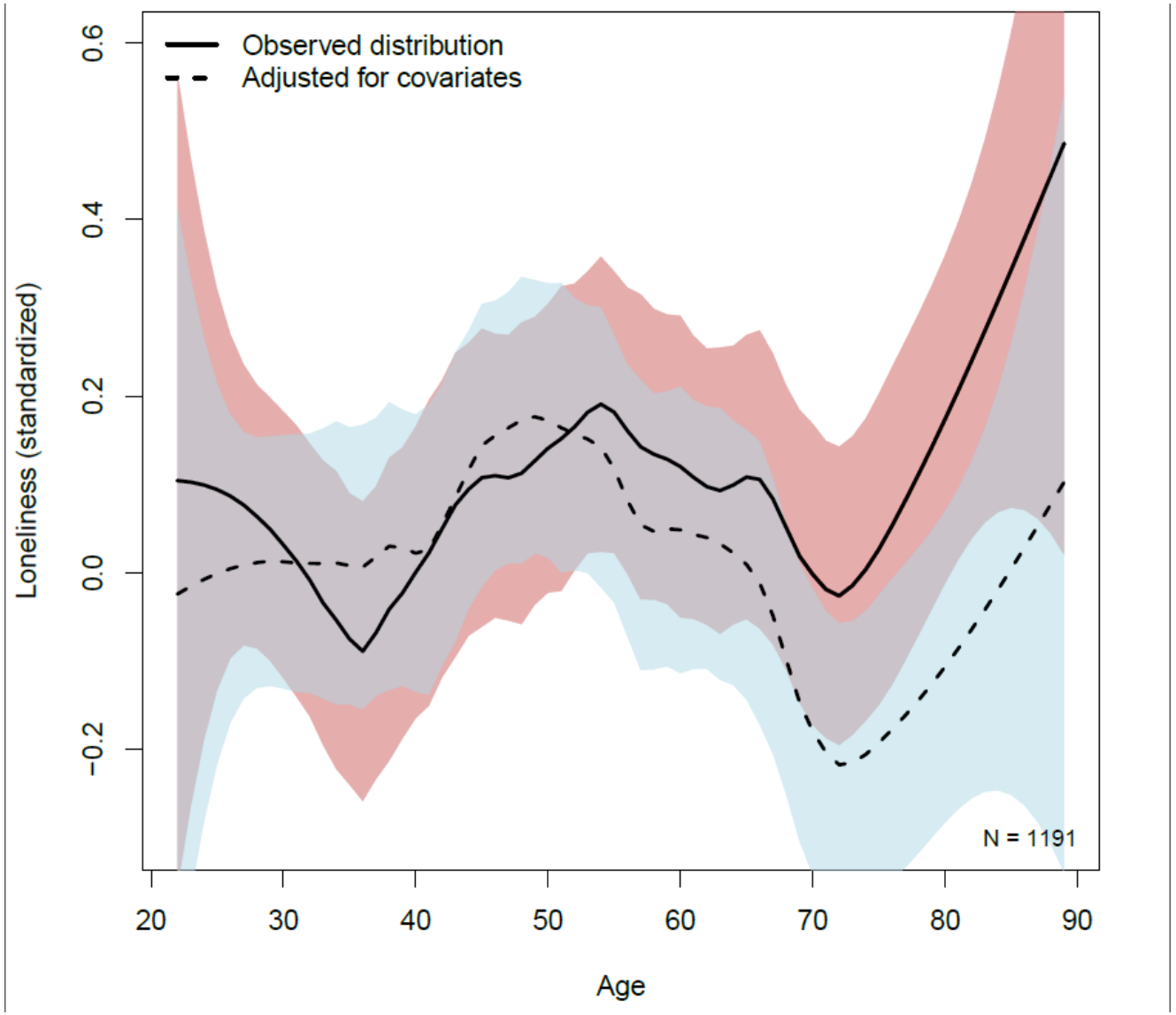
Loneliness



- 43% in people age >60 in the US
- 9% “ALWAYS” Lonely in UK

Victor 2015
Perissinotto 2012

UCSF

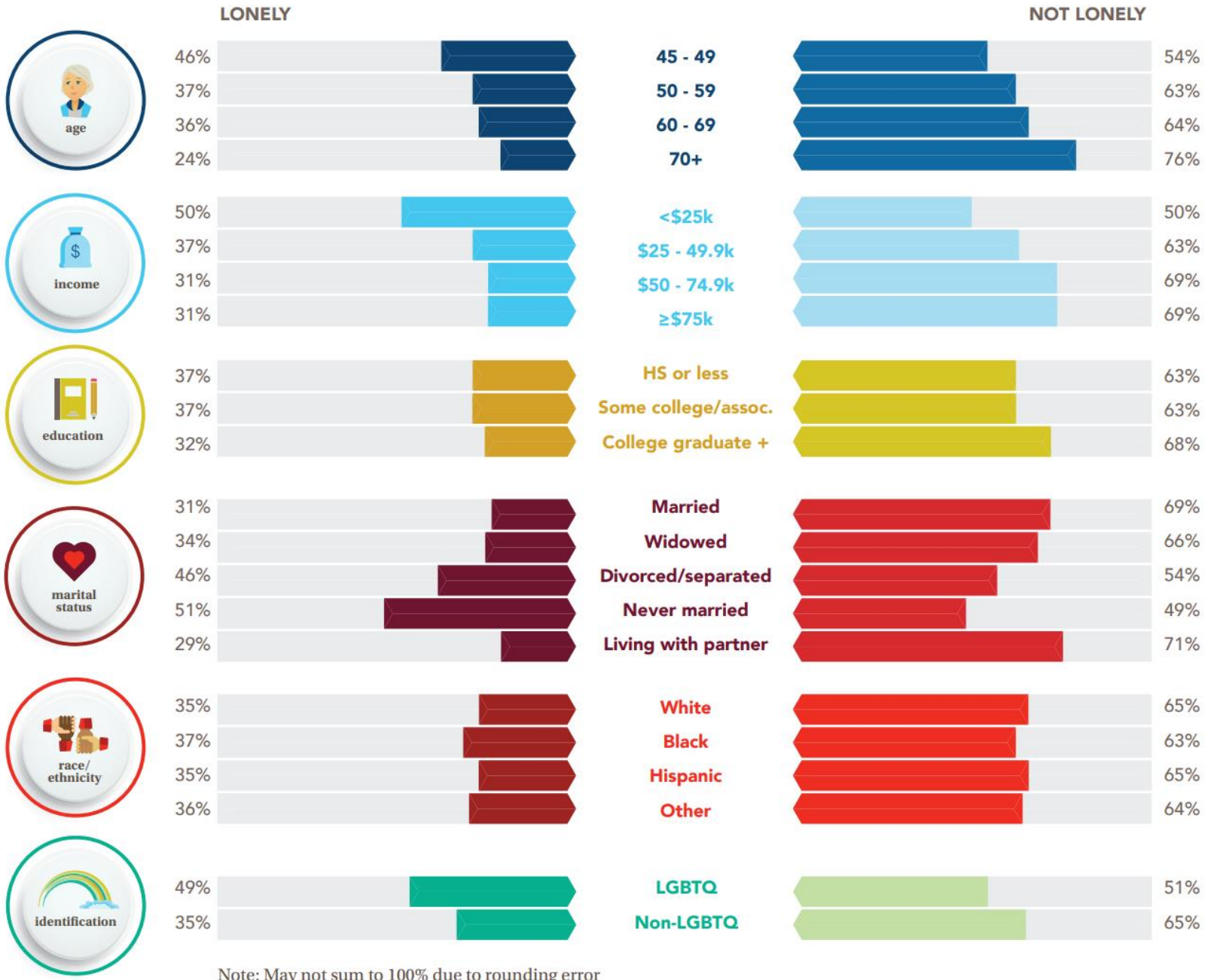


Loneliness and age (USA, 2014)

AARP Research:

Loneliness and Social Connection: A National Survey of Adults 45 and Older

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



Note: May not sum to 100% due to rounding error

Social isolation affects nearly *1 in 5* older adults.

Intersection of Loneliness and Isolation

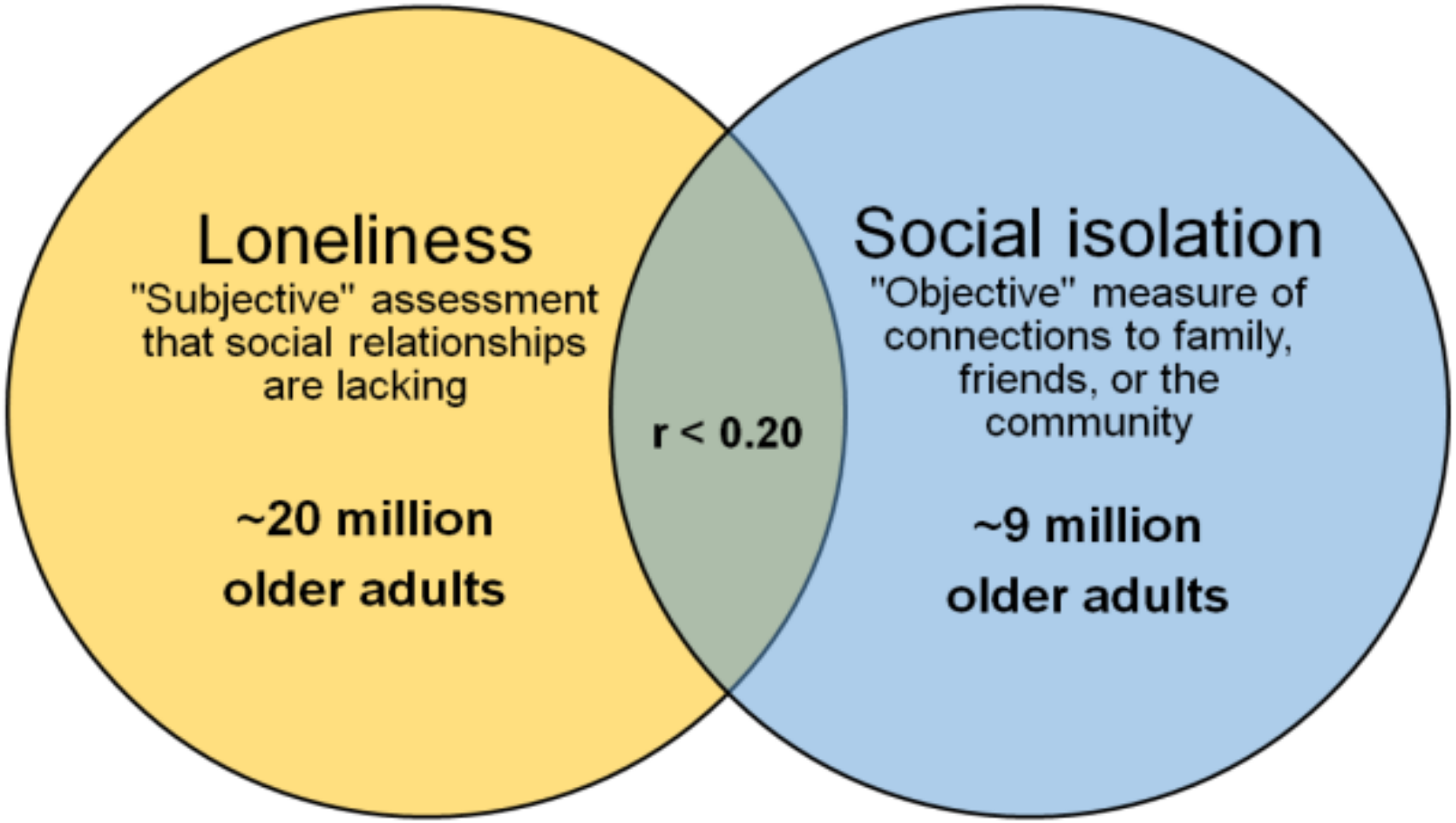


Figure from Dr. Ashwin Kotwal

Cornwell EY, Waite LJ. 2009;64(suppl_1):i38-i46

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Understanding Impact

MEASUREMENT AND DEFINITIONS MATTER

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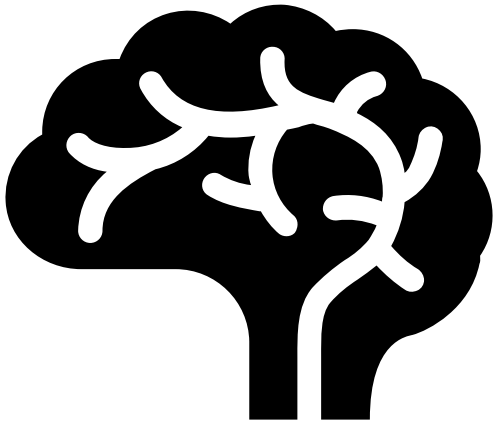
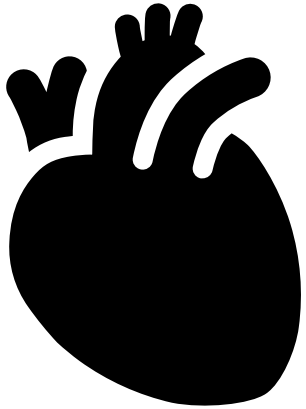




Health Effects

- May be harmful at any age, and likely worse for older adults.

Social isolation and loneliness are associated with:

- Worsened Cardiovascular disease outcomes
- Frailty
- Alzheimer's dementia
- Worse control of diabetes
- Poor Sleep
- Worsened depression
- Systemic inflammation
- **HIGHER** health care costs

Health Effects

1604 participants aged >60

Participants in the Health and Retirement Study

6 year study

Asked if they were lonely (UCLA 3 item loneliness)

- classified as lonely if responded “some of the time or often to any of the 3 questions”

Outcomes:

- Death
- Decline in Function
  - ADLs
  - Other mobility tasks (climbing stairs, upper mobility)

Perissinotto JAMA IM 2012

UCSF

Variables Examined:

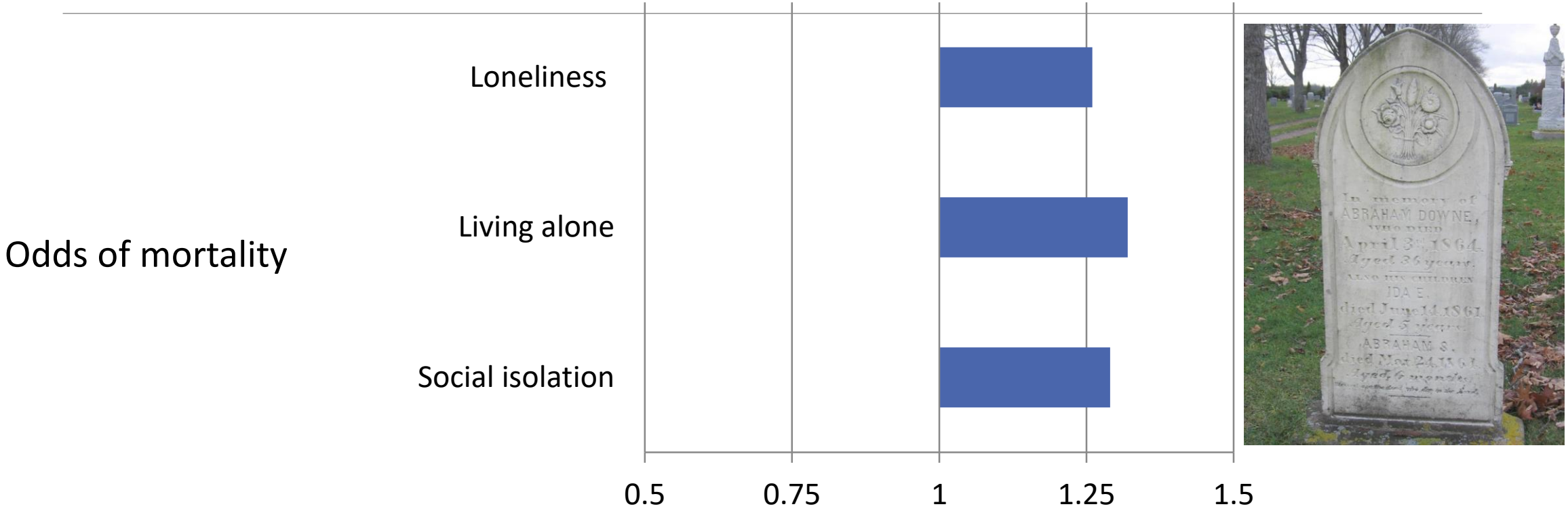
Characteristic		Lonely (N = 693)	Not Lonely (N= 911)	P-value*
Demographics	Age (mean, SD)	71.3 ± 7.9	70.5 ± 7.2	0.041
	Age Category, %			
	60-65	29.0	30.5	0.062
	65-75	42.0	45.7	
	>75	29.0	23.8	
	Female, %	67.1	53.5	<0.001
	Ethnicity, %			
	White	76.2	85.8	<0.001
	Black	14.7	8.6	
	Hispanic	7.8	4.8	
	Other	1.3	0.8	
	Married or Partnered	62.5	83.9	<0.001
SES Measures	<HS education, %	26.8	19.0	<0.001
	Income, median (IQR)	28K (16K – 46K)	39K (24K – 65K)	<0.001**
	Net worth, median (IQR)	147K (46K – 375K)	245K (88K – 554K)	<0.001**
	Working for pay, %	19.1	28.4	<0.001
Living Arrangements	Living in Urban Area, %	66.6	70.9	0.065
	Living Alone, %	26.7	10.5	<0.001

45% increased risk of deaths

Table 2: Incidence of Outcomes in Lonely vs Not Lonely Subjects

Functional Measure	Eligible for outcome	Outcome Frequency		Unadjusted RR/HR (95% CI)	Adjusted[a] RR/HR (95% CI)
		Lonely	Not Lonely		
ADLs	1233	24.8%	12.5%	1.98 (1.55, 2.53)	1.59 (1.23, 2.07)
Upper Extremities Tasks	1166	41.5%	28.3%	1.47 (1.25, 1.72)	1.28 (1.08, 1.52)
Mobility	1114	38.1%	29.4%	1.30 (1.10, 1.53)	1.18 (0.99, 1.41)
Climbing	1062	40.8%	27.9%	1.46 (1.23, 1.73)	1.31(1.10, 1.57)
Death[b]	1604	22.8%	14.2%	1.70 (1.35, 2.15)	1.45 (1.11, 1.88)

Likelihood of mortality by type of isolation



Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015

Risk factors for loneliness

Losses predict increases in loneliness (and isolation)

- Death of spouse
- Death or other loss of relatives, friends
- Change in living arrangements (less likely to be living with others)
- Institutionalization
- Deteriorating physical health
- Impairment of mobility
- Impairment of vision and/or hearing
- Reduced social activity
- Other risks: lower SES, marginalized populations

Aartsen & Jylhä, 2011; Dykstra et al., 2005; Newall, Chipperfield & Bailis, 2014; Nicolaisen & Thorsen, 2014; Tijhuis et al., 1999; Victor & Bowling, 2012; Wenger & Burholt, 2004

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Implications and Next Steps

THE ROLE OF HEALTH CARE

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"All doctors soon learn that their patients consult them far less often for specific illnesses than because they are unhappy and seek relief from their loneliness and despair."

INTEGRATION INTO PUBLIC HEALTH AND HEALTH SYSTEMS

-Goldberg, 2001

Population Level Framework

Primary Prevention:
Identify patients at risk for loneliness and Isolation

Women, lower SES, older, LGBT

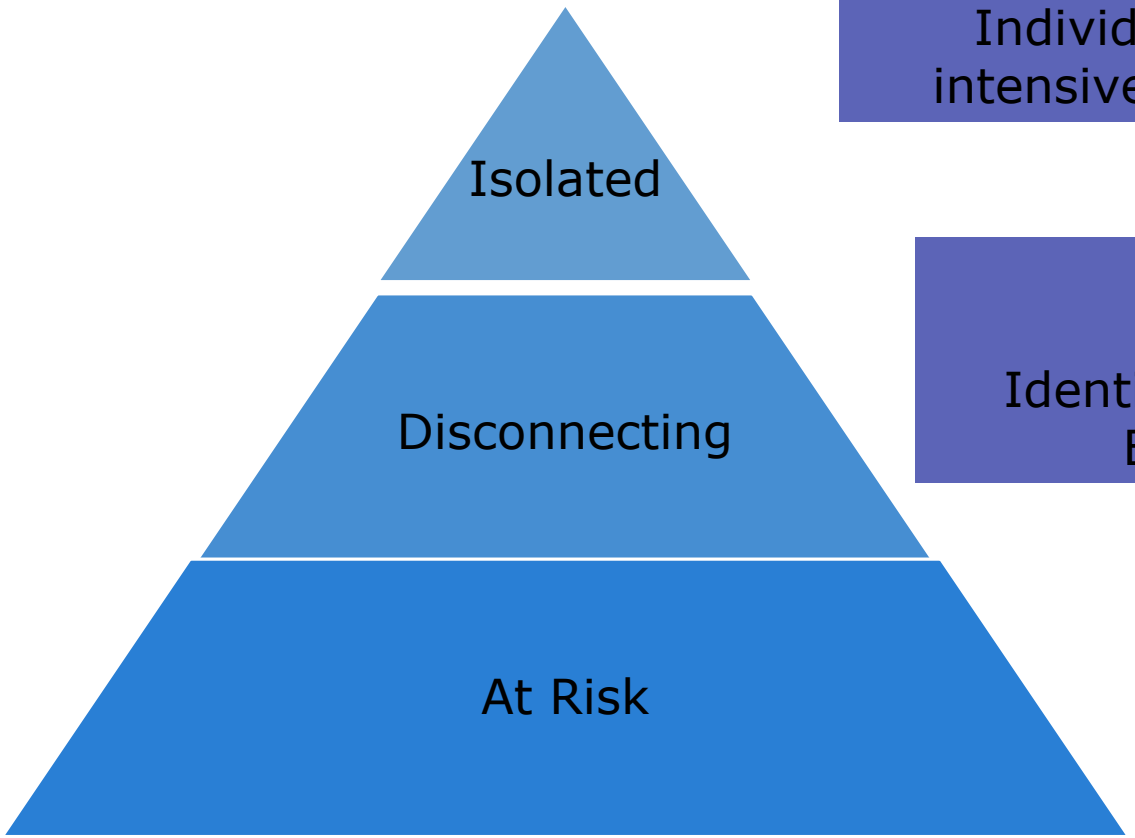
Recent losses

Secondary Prevention:
decrease the consequences for those who are lonely and or isolated

Requires screening

Knowing which interventions work

Pyramid of Vulnerability:



Individualized and intensive intervention

Awareness
Education
Identify and address risk
Build resilience

Detection

Jeremy Nobel, MD MPH
EA Casey

Frieden's Health Impact Pyramid

Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

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What We Know and Don't Know

- There are many ways to measure social isolation and loneliness
- Loneliness and isolation are not routinely or systematically asked about in health care encounters
- There are no accepted US national guidelines on assessments in health care settings that have been systematically adopted

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The National Academies of | SCIENCES ENGINEERING MEDICINE

ABOUT US PUBLICATIONS ACTIVITIES MEETINGS

Activity

The Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults

Social Isolation and Loneliness In Older Adults: Opportunities for the Health Care System

NAS Study Recommendations

Develop a more robust **evidence base**

Translate current research into **health care practices**

Improve **awareness**

Strengthen ongoing **education and training**

Strengthen **ties** between the health care system and community-based networks and resources

NAS Study Recommendations: Interventions and Solutions

- **Recommendation 9-5:** Those who fund, develop, and operate programs to assess, prevent, and intervene in social isolation and loneliness should prioritize research on the following major gaps in the evidence base:
  - **Tailored interventions based on a public health framework of primary, secondary, and tertiary prevention**.
  - Approaches for assessments of and interventions among understudied groups of older adults (e.g., low income, LGBT) and those who face unique barriers to health

- **Recommendation 9-6:** System designers as well as those who are developing and deploying technology in interventions should **ensure that technological innovations related to social isolation and loneliness are properly assessed and tested** so as to understand their full range of benefits and potential adverse consequences in order to prevent harm, and they should work to understand and take into account contextual issues, such as broadband access and having sufficient knowledge and support for using the technology.mary, secondary, and tertiary prevention.

NCMHA
National Coalition on Mental Health & Aging

Coalition to End Social Isolation & Loneliness

Biological Impacts

Dr. Bert Uchino
Chair, Dept. of Psychology, University of Utah

Understanding the Biological Impacts of Social Isolation and Loneliness

BERT N. UCHINO
UNIVERSITY OF UTAH
DEPARTMENT OF PSYCHOLOGY AND
HEALTH PSYCHOLOGY PROGRAM

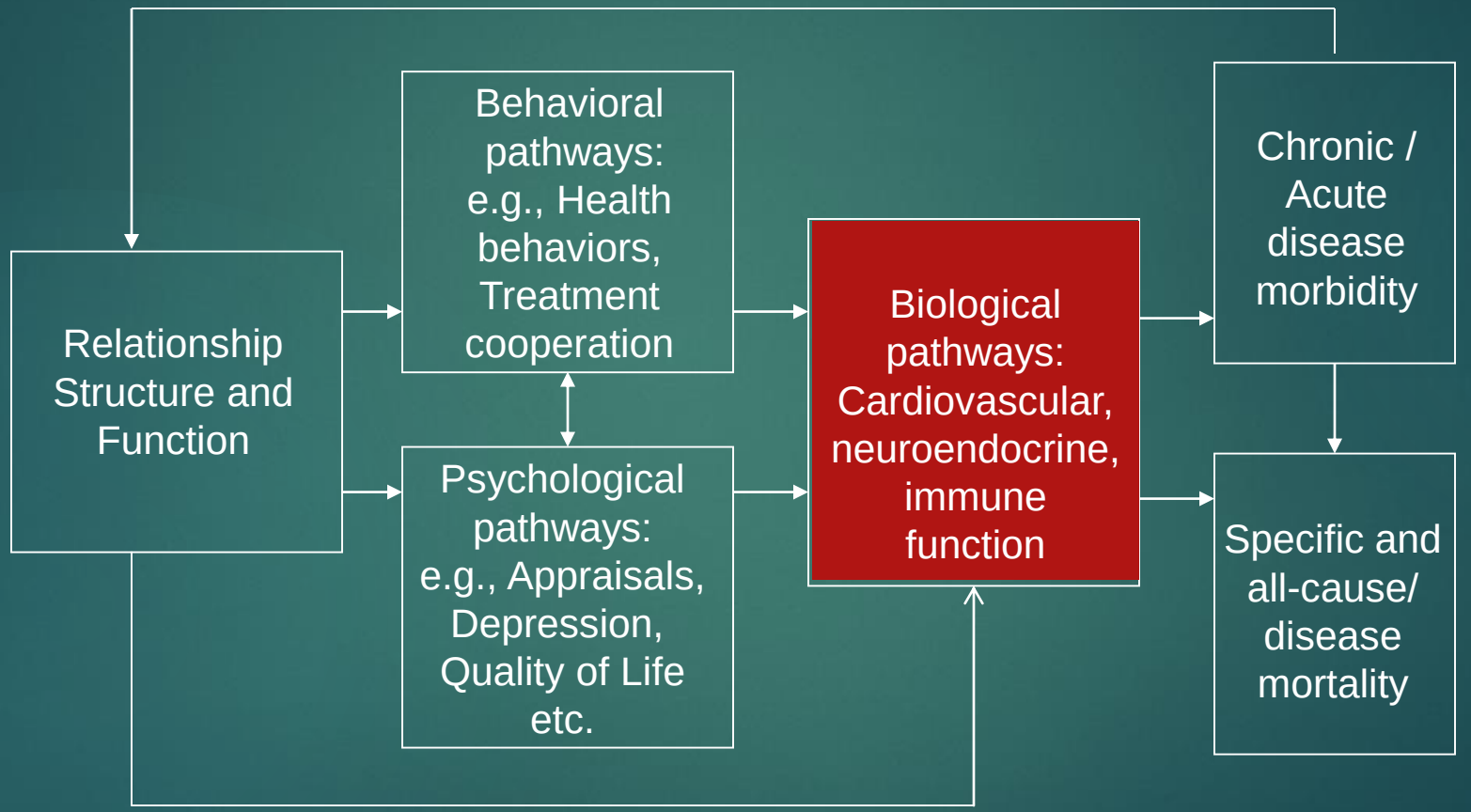
Overview

- What are the biological mechanisms linking social relationships to health outcomes such as cardiovascular disease and infectious illnesses?
  - Autonomic nervous system (ANS).
  - Neuroendocrine system.
  - Immune system.
- COVID-19 context
- A general model and evidence.

Setting the COVID-19 Context

- Relationships as structural or functional / subjective constructs.
  - Structural: Social integration/isolation.
  - Functional/Subjective: Social support, social negativity, loneliness, specific relationship quality).
- Risks: Isolation, loneliness, social conflict.
- Opportunities: Taking stock of positive online social interactions, Improving relationship functioning.

General Model Linking Social Relationships to Health



Uchino et al. (2018)

Relationships and the ANS

Relationship	Blood Pressure	Card. Reactivity
Social Support	↓	↓
Social Integration	↓	—
Relationship Quality	↓	↓
Loneliness	↑	↑
Social Negativity	↑	↑

Selected references: Brown et al., 2018; Cacioppo et al., 2006; Cundiff & Matthews, 2018; Grewen et al., 2005; Hawkley et al., 2003; Holt-Lunstad et al., 2008; Norman et al., 2011; Manczak et al., 2015; Ong et. al., 2012; Robles et al., 2014; Shankar et al., 2011; Thorsteinsson & James, 1999; Troxel et al., 2010; Uchino et al., 1999; Uchino et al., 2016.

Relationships and Neuroendocrine Function

Relationship	Cortisol	Oxytocin (less studies)
Social Support	↓	↑
Social Integration	↓	↑
Relationship Quality	—	↑
Loneliness	↑	↓
Social Negativity	↑	↓

Selected references: Chang et al., 2014; Gerteis et al., 2016; Grewen et al., 2005; Heinrichs et al., 2003; Holt-Lunstad et al., 2008; Holt-Lunstad et al., 2015; Horsten et al., 1999; Hostinar et al., 2014; Norman et al., 2011; Robles et al., 2014; Seltzer et al., 2010; Stadler et al., 2012; Stafford et al., 2013; Steptoe et al., 2004; Steptoe et al., 2009; Uchino & Baldwin, 2017.

Relationships and Immunity

Relationship	Inflammation	General Immunity	Vaccine Resp. (less studies)
Social Support	↓	↑	↑
Social Integration	↓	↑	↑
Relationship Quality	↓	↑	—
Loneliness	↑	↓	↓
Social Negativity	↑	↓	↓

Select references: Bakermans-Kranenburg et al., 2013; Bosch et al., 2009; Cacioppo et al., 2015; Cole et al., 2007; Cresswell et al., 2012; Glaser et al., 1992; Hasselmo et al., 2018; Jaremka et al., 2013; Kiecolt-Glaser et al., 1993; Kiecolt-Glaser et al., 2005; Lee & Baldwin, 2019; Levy et al., 1990; Lutgendorf et al., 2005; Nersesian et al., 2018; O'Connor et al., 2015; Phillips et al., 2005; Pressman et al., 2005; Shankar et al., 2011; Uchino et al., 2018; Uchino et al., 2013.

Summary and Implications

- Relationships most conclusively linked to blood pressure, cortisol, and inflammation.
- These biological outcomes are linked to leading causes of morbidity and mortality.
- These risks might be exacerbated in older adults (Charles, 2010; Kiecolt-Glaser & Glaser, 2001)
- However, these risks are associated with more long-term relationships processes and less clear if shorter-term isolation has similar influences.

Implications

- What does this mean for the social context of COVID-19?
  - Prolonged isolation and conflict within families likely to negatively influence the biological health of individuals.
  - Social support, integration, and high quality relationships likely to have a protective influence.

  - Helping socially isolated/lonely individuals (CBT, Mindfulness, Cresswell et al., 2012; Masi et al., 2011; Lindsay et al., 2019).
  - Keeping in touch with high quality relationships and improving relationship perceptions/interactions (Clark et al., 2018; Holt-Lunstad et al., 2013; Miller et al., 2014).

Coalition to End Social Isolation & Loneliness

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National Coalition on Mental Health & Aging

Promising Interventions

Robin Caruso
Chief Togetherness Officer, CareMore Health

Maureen Feldman
Director, Social Isolation Impact Program, MPTF

Andrew Parker
CEO and Founder, Papa

CareMore Health

THE TOGETHERNESS PROGRAM

ROBIN CARUSO, LCSW
TOGETHERNESS OFFICER

CareMore HEALTH

Program Goals:
Build connections, increase socialization and re-engage in healthcare = *reduced loneliness and social isolation*

Profiles	Approaches	Actions

Lives alone
Lives with others, but majority of their day is in isolation
No social support (i.e. long distance caregiver, no caregiver)
Self reports loneliness or isolation
Members that are caregivers with little support
Newly widowed with little social support
	1 **We build connections**	• Friendly weekly call from Phone Pal
		  • Actively listen
		  • Provide no judgment
		  • Share personal experiences
		• Screen for social isolation, loneliness and depression scores
		• Stratify members into high, medium, low risk

	2 **We increase socialization**	• Evaluate social support and social activities • Identify barriers impacting member's well-being such as home safety, nutritional, and transportation needs • Provide community resources to assist with eliminating barriers • Connect to community based organizations for socialization
	3 **We re-engage members with their healthcare**	• Identify medical care needs • Assist with medical care coordination • Increase physical activity • Encourage Nifty After Fifty/Silver Sneakers participation

From the Member's Perspective - A Human Approach

1. **Learns about Togetherness**
2. **Referred to Togetherness**
3. **Welcome Call/ Initial Assessment**
4. **Getting to Know You**

Month 1

5. **Connect You to Services & Introduce Social Activities**

Month 2 - 9

6. **Checking in on You**

Month 10 - 14

7. **Join Alumni Activities**

Month 15

TOGETHERNESS

CareMore HEALTH

108,000 + Calls and visits

6,000 + referrals to resources & programs

57% ↑ participation in exercise programs

21% ↓ Hospital admissions

= Lives Changed

*Preliminary results based on internal and preliminary reporting, on 12 months of utilization, and subject to change as additional data is received. Participation in exercise programs increased by 56.6% for the program's participants compared to those not involved in the program. Hospital admissions per thousand members among program participants are 20.8% lower than admissions among the intent to treat population.

The Power of Social Connectedness

Maureen Feldman

Director, Social Isolation Impact Project

MPTF | 100

MOTION PICTURE & TELEVISION FUND

Caring is Infinite

daily call sheet

An **MPTF** *Program*

MPTF | 100
MOTION PICTURE & TELEVISION FUND
Caring is Infinite

MPTF was created by **Charlie Chaplin, Mary Pickford, and Douglas Fairbanks** who realized the need for reaching out to those in the entertainment industry who fell upon hard times

The Motion Picture & Television Fund is a Charitable Organization

- MPTF offers assistance and care to those in the motion picture & television industries with limited or no resources serving over 150,000 individuals
- Our mission is to support our community in **living and aging well, with dignity and purpose,** and to help each other in times of need through health and human services.

MPTF recognized the need to support those suffering from social isolation & loneliness in 2016 when they launched their successful social call program

daily call sheet

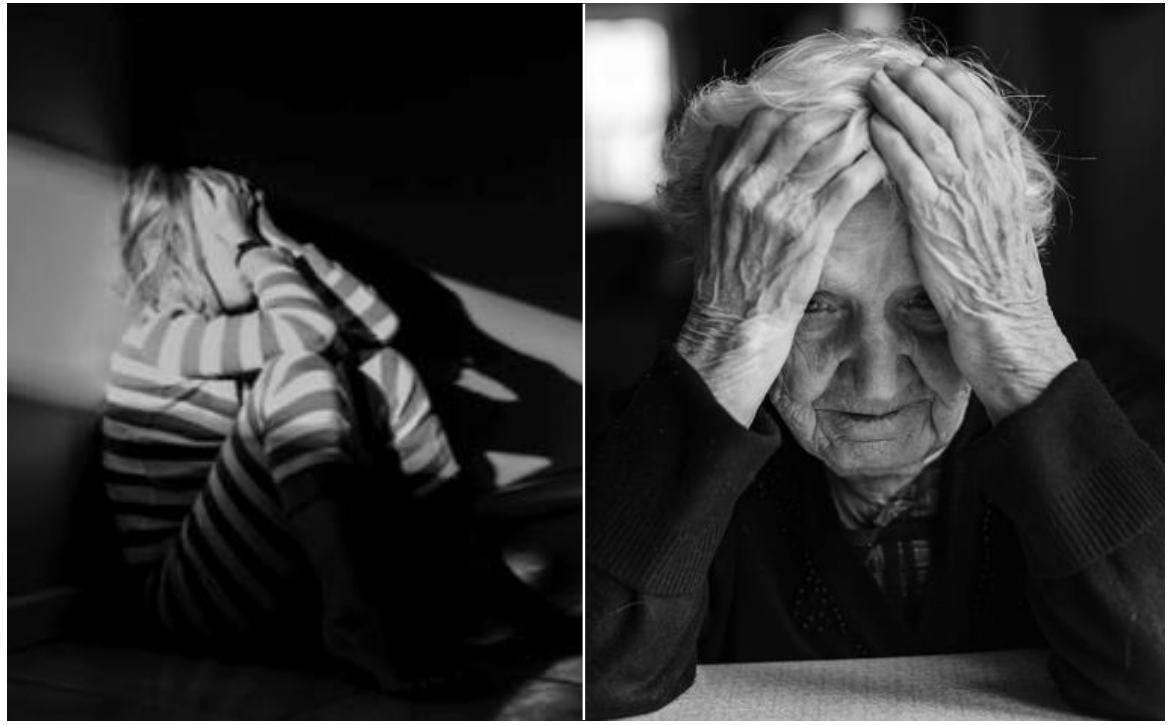
WE'RE ALL CONNECTED

Impact

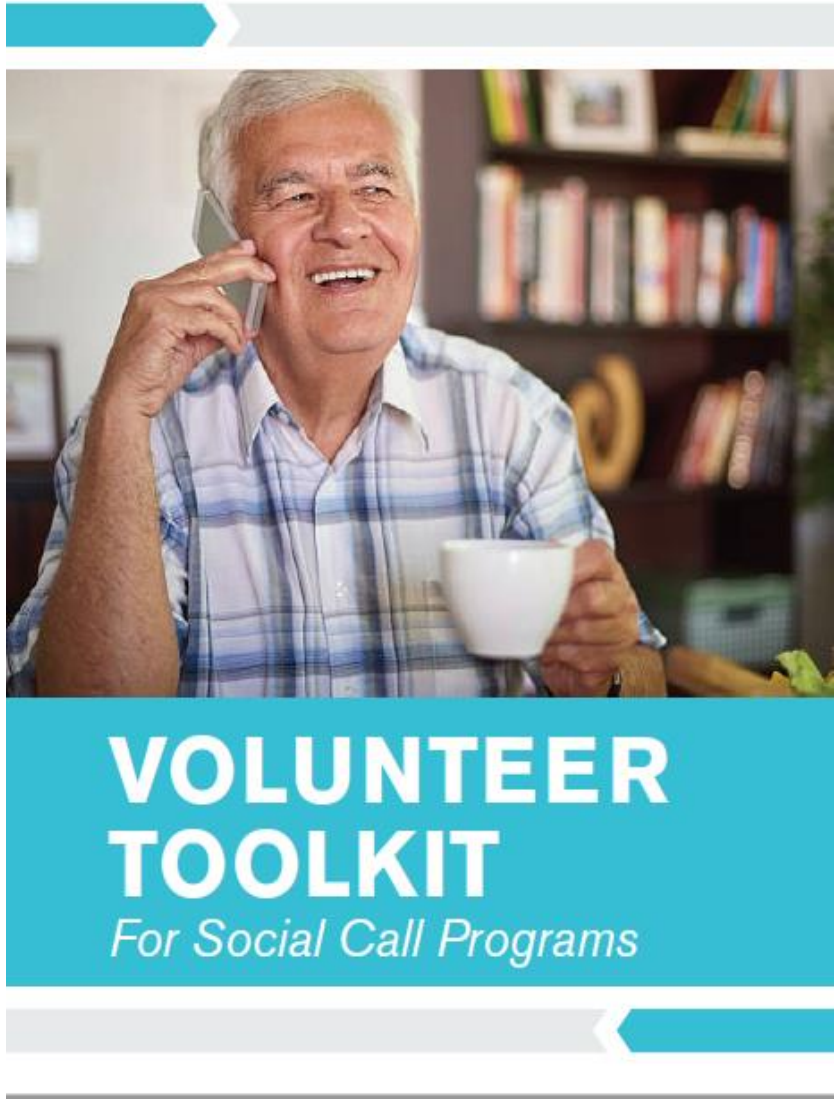
- **30,000 + outgoing calls**
- **12,000 +** Hours of conversations
- **500 +** Industry members engaged
- **150** Active Volunteers
- **22** Volunteers have ***become*** recipients
- **12** Recipients have ***become*** volunteers

Solitary confinement was intended to be the harshest of punishments, yet many of our nations most vulnerable adults spend hours without human contact

- Based on the success of The Daily Call Sheet, MPTF created a tool kit to support other organizations wishing to launch social call programs
- To date they have trained thirty organizations ultimately affecting 100’s of individuals
- Currently MPTF is actively working with multiple organizations across the country providing training and support



MPTF's Scalable Social Call Tool Kit



MPTF TRAINED AGENCIES

LOS ANGELES LGBT CENTER

St. Vincent Meals on Wheels

Alzheimer's LOS ANGELES

Huntington Hospital

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

LACRC
LOS ANGELES CAREGIVER RESOURCE CENTER
A program of the USC Family Caregiver Support Center

WISE & Healthy Aging

JEWISH FAMILY SERVICE OF LOS ANGELES
A family of services. A family that serves.

COUNTY OF LOS ANGELES Public Health

AGEOPTIONS

Chai VillageLA
Independent • Together

PROJECT ANGEL FOOD

Partners in Care FOUNDATION

Palisades Alliance FOR SENIORS

Jewish Federation OF SAN DIEGO COUNTY

L.A. WORKS

OUTCOMES

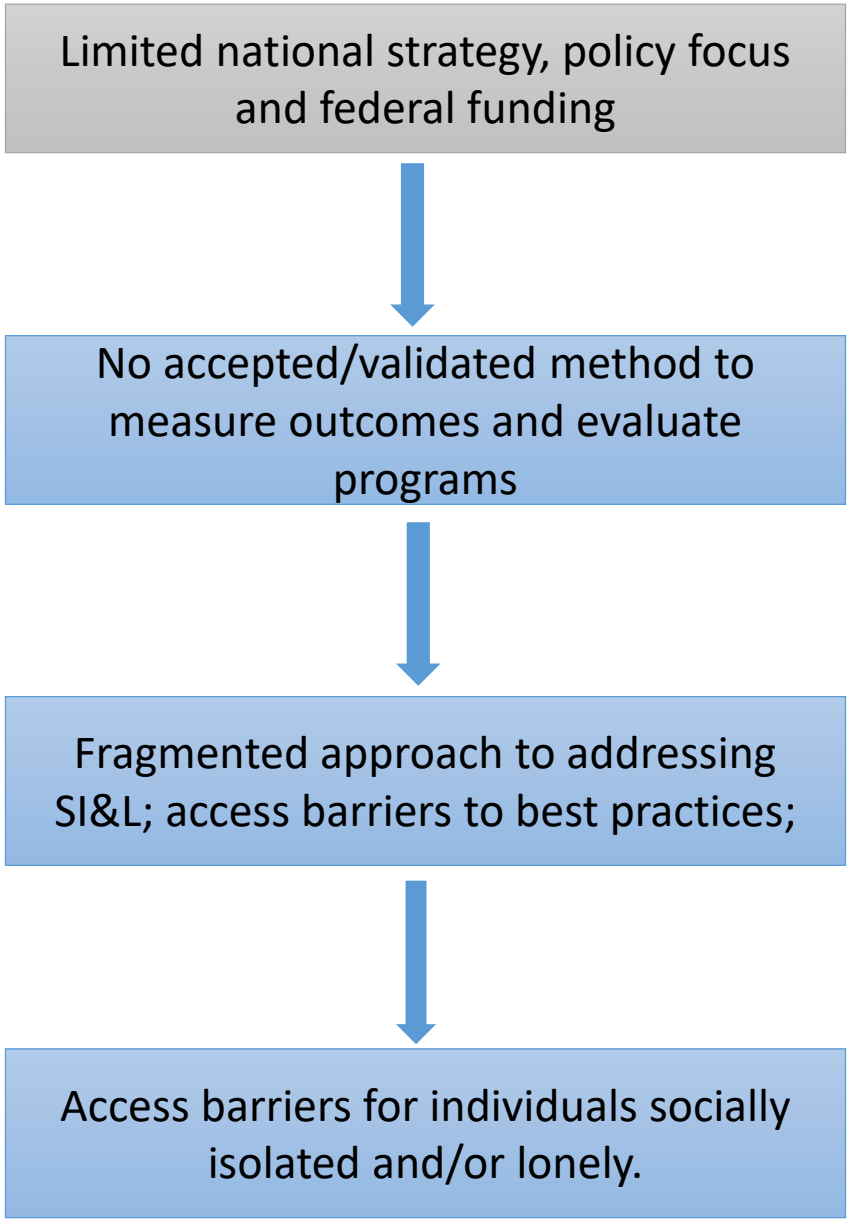
- Increased awareness of negative impacts from social isolation
- More programs being developed & executed nationwide
- Increase in # of older adults being reached
- More services being accessed
- Increased quality of life for older adults

Los Angeles Social Isolation & Loneliness Coalition

OUTCOMES

The Los Angeles Health Geriatrics Workgroup is integrating a SDOH screener with validated questions on social isolation & loneliness and expanded resources

- **LA LGBTQ Center**, **Jewish Family Services, L.A. Works, Jewish Federation, Valley Intercommunity Council, Project Angel Food, L.A. Falls Prevention Coalition, & Meals on Wheels** are implementing friendly calling programs
- **Beach Cities** trains local police on social isolation issues and resources for homeless individuals
- **Partners In Care** added UCLA 3 question survey to their intakes and have started a friendly caller program
- **Fielding Graduate University** is working to provide access to economical graduate education to older adults allowing them social connections and skills to age in place
- **Bet Tzedek Law Firm** trained staff on indicators and risks of social isolation and is developing more comprehensive resources



Barriers to Expansion

- Lack of federal awareness/focus on social isolation & loneliness has led to a fragmented and sparse public health effort, nationwide.
- Decreased federal funding leads to access barriers for the most underserved populations.
- Training and support for non-profits

Opportunities and Recommendations for Policy

1. **Improve federal focus and funding** on data collection and research initiatives measuring the impact of social isolation/loneliness—establish a central strategy to measure social isolation and loneliness, as well as a central strategy to assess programs addressing the impact of social isolation and loneliness.
2. Improve funding for, and access to, technologies and platforms that improve social connection and bridge gaps to service access for underserved and vulnerable populations.
3. Expand funding streams for those addressing social isolation and loneliness in Medicare, Medicaid, TRICARE, and other public coverage vehicles.

Family On-Demand

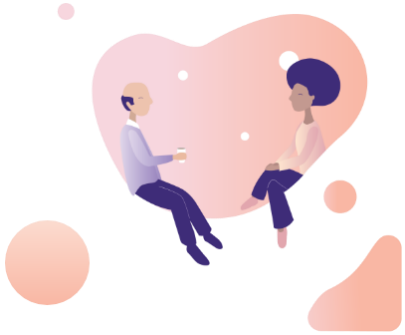
Andrew Parker, Founder and CEO

Private and Confidential. © 2019 Papa Inc.

Papa connects older adults & families to Papa Pals for companionship, assistance, and transportation.

Health Plans send Papa eligibility files with eligible members

Members enroll in the program for weekly visits



The member and Papa Pals have a great visit!

Private and Confidential. © 2019 Papa Inc.

How Do Our Pals Address Loneliness?

- Appointments & Trips
- Reminders
- Personal & Habitat Safety
- Fun & Mood
- Essential Assistance
- Community Engagement

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Impact on Loneliness

IMPROVED LONELINESS

53%

IMPROVED PHYSICAL UNHEALTHY DAYS

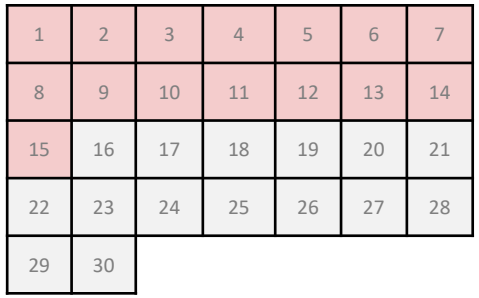
16%

IMPROVED MENTAL UNHEALTHY DAYS

14%

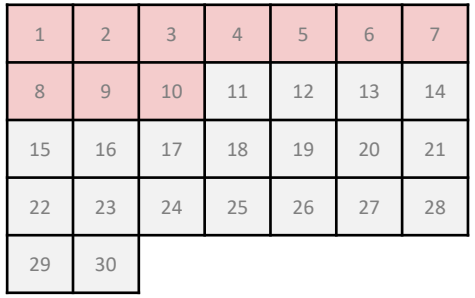
PHYSICAL UNHEALTHY DAYS

BEFORE



15.29

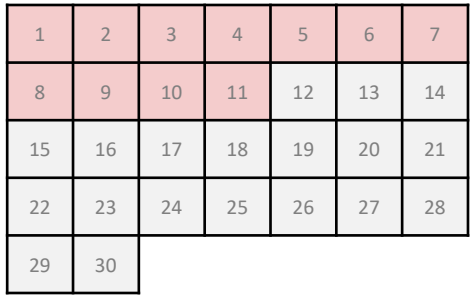
TO DATE



10.24

MENTAL UNHEALTHY DAYS

BEFORE



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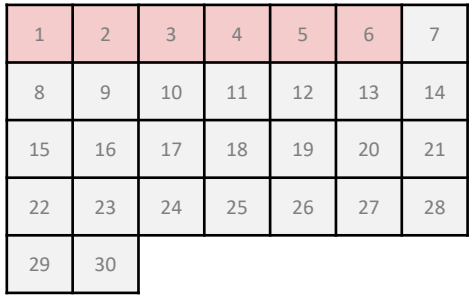

6.73

- The average lonely patient used the ED 60% more than the average nonlonely patient. [1]
- Total medical costs were an estimated $1,608 annually greater for each socially isolated older adult. [2]

[1] https://www.mdedge.com/familymedicine/article/60985/loneliness-predictor-hospital-emergency-department-use/page/0/2

[2] https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf

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Support Families Throughout the Aging Journey

Mom & toddler Support
Post partum
Prenatal appointments

Household organizational support, errand assistance, school pick ups

Respite care for parents, grandparents and other relatives to alleviate workday distractions and distance challenges

Yard work, errand assistance, lifting, house help

Medical appointments, care gap reminders, community mobility

Aging in place, personal safety, fall hazards, food insecurity

Solutions for: Medicare Advantage, Medicaid, Commercial Benefit, Provider Organizations

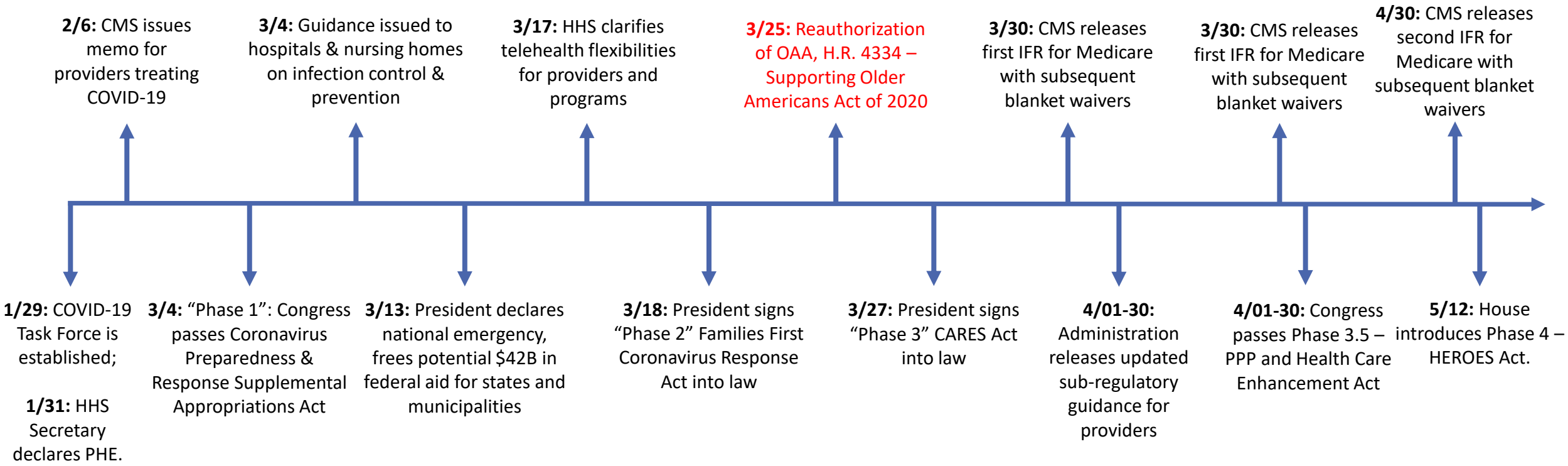
NCMHA
National Coalition on Mental Health & Aging

Coalition to End Social Isolation & Loneliness

Policy Considerations

Brian Lindberg
Public Policy Advisor, Gerontological Society of America

Federal Response to COVID-19



Reauthorizing the Older Americans Act

On March 25th, the President signed into law H.R. 4334 – Supporting Older Americans Act of 2020. H.R. 4334 includes several provisions that address social isolation and loneliness. These are highlighted below.

Section	Provision Summary
Section 110	Adds "screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation" as a "disease prevention and health promotion service" under the OAA.
Section 115 & 126	Directs the Assistant Secretary of Aging to develop objectives, priorities, and a long-term plan for supporting State and local efforts addressing the effects of social isolation; submit a report to Congress highlighting the impact of current programs addressing social isolation.
Section 213	Establishes grant funding for services that screen for negative heath effects associated with social isolation.
Section 214	Establishes grant funding for services that promote or support social connectedness and reduce negative health effects associated with social isolation.
Section 304	Establishes demonstration to address negative health impacts associated with social isolation.
Section 306	Establishes grant funding for multigenerational activities and civic engagement activities that reduce social isolation and improve participant social connectedness.

Key Actions Addressing SI&L in Older Americans During COVID-19

Congressional: Below are the key congressional actions that address social isolation and loneliness among older Americans, both during and after COVID-19.

- Passage of H.R. 4334 – reauthorizing the Older Americans Act
- Increased federal funding for: States and Medicaid programs; telehealth expansion among underserved and safety net regions; ACL and Aging Network services; geriatrics workforce training
- Expanded provider flexibilities for general telehealth and other virtual services; expanded home health practice flexibilities for non-physician practitioners (NPPs) as well as hospice flexibilities

Administration: Below are the key regulatory actions that address social isolation and loneliness among older Americans during the current PHE.

- Expanded flexibilities for telehealth and other virtual services (pursuant to congressional directives) – ***including mental and behavioral health services***; broadened "homebound" designation
- (Codified and expanded key provisions passed by Congress)

Recommendations for Fourth COVID-19 Relief Package

On April 30th , the Coalition sent a letter to key members of Congress, providing policy recommendations that address the impact of social isolation and loneliness amidst the COVID-19 PHE.

The Coalition recommended the following overarching proposals:

1. Maintain and improve access to mental and behavioral health services that mediate the mental health implications of social isolation and loneliness for vulnerable populations;
2. Improve the public health response to COVID-19 and widespread social isolation and loneliness;
3. Provide for additional targeted funding for programs and services under the Older Americans Act (OAA);
4. Enhance supports for our Nation's education

Coalition to End Social Isolation & Loneliness

April 30, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Russell Senate Office Building, 317
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Hart Senate Office Building, 322
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S House of Representatives
Longworth House Office Building, 1236
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Rayburn House Office Building, 2421
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

On behalf of the Coalition to End Social Isolation & Loneliness (the Coalition), we write to strongly urge Congress to address the burgeoning crisis of social isolation and loneliness in the United States as part of the next COVID-19 relief legislative package. The Coalition commends Congress for its extraordinary efforts to date to improve access to health care and social services to ameliorate the impact of the pandemic, as well as emergency financial relief for entities providing such services. However, more must be done to address the mental and behavioral health impacts of social isolation and loneliness Americans are experiencing as a direct result of COVID-19.

The Coalition to End Social Isolation & Loneliness brings together a diverse set of national organizations including, but not limited to, consumer groups, community-based organizations, technology innovators, health and mental health care providers, patient advocates, public health organizations and health insurers to develop and advocate for federal policy solutions that address social isolation and loneliness in the U.S. With a comprehensive policy agenda that focuses on public awareness, social and health services, technology, public health and research, the Coalition works to combat the adverse health effects of social isolation and loneliness and advance social connectedness for all Americans. In response to COVID-19, the Coalition and its members have been leaders in providing evidence-based resources that assist individuals experiencing social isolation and loneliness.

A body of evidence indicates that anywhere from 25-45% of the total U.S. population experienced social isolation and/or loneliness prior to the current public health emergency.[1][2][3] Research conducted at Brigham Young University shows that social isolation and loneliness are associated with a 29 percent and 26 percent increased risk of mortality, respectively, comparable to that of obesity and cigarette smoking.[4]

[1] Kaiser Family Foundation. Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. 2018. See: http://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey
[2] National Academies of Sciences, Medicine, and Engineering. The Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. 2020. See: https://www.nap.edu/resource/25663/Social%20Isolation%20and%20Loneliness%20Report%20Highlights.pdf
[3] CIGNA. "U.S. Loneliness Index: Survey of 20,000 Americans Surveying Behaviors Driving Loneliness in the United States." 2018. See: https://www.cigna.com/assets/docs/newsroom/loneliness-survey-2018-full-report.pdf
[4] J. Holt-Lundstad, et. al. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2016.

H.R. 6800 – the HEROES Act

On May 12th, House leadership introduced their fourth COVID-19 relief package—H.R. 6800. Many of the policies advocated by the Coalition were included in the final House bill.

- ✓$100 million to ACL – $85 million specifically to Aging Network ($20 million for Title III B and $10 million for Title III D services)
- ✓Substantial funding for SAMHSA and HRSA to improve access to mental and behavioral health services
- ✓Establishes 9-8-8 National Mental Health and Suicide hotline
- ✓Several provisions improving the funding and strategy for the public health response to all health complications of COVID-19 (including mental health complications)
- ✓Funding for broadband infrastructure expansion/improvement

*** A full side-by-side comparison of the Coalition's policy recommendations and their status in HR 6800 can be found in the Appendices.**

Immediate Policy Asks

The Coalition continues to push for the immediate policy solutions outlined below to address the impact of COVID-19, and widespread social isolation and loneliness.

- **Older Americans Act:** Further funding for OAA services/supports that address social isolation and loneliness, as well as funding to transition current evidence-based programs to virtual/telephonic platforms

- **Service coverage/access:** Expand provider reimbursement and patient access to mental/behavioral health services that address social isolation and loneliness; establish funding for peer support services (and virtual peer support groups/aides); increase (fund) social isolation and loneliness screenings in Medicare/Medicaid/TRICARE

- **Public Health Response and Infrastructure:** Continue to direct and improve funding for a more centralized, and targeted public health response to widespread social isolation and loneliness (research and intervention); continue to improve funding through the FCC and other relevant vehicles to improve broadband expansion and access for underserved/vulnerable populations.

NCMHA
National Coalition on Mental Health & Aging

Coalition to End Social Isolation & Loneliness

Wrap Up

Edward Garcia, MHS
Co-Director, Coalition to End Social Isolation & Loneliness

“We all have a deep and abiding need to be seen for who we are – as fully dimensional, complex, and vulnerable human beings.

We all need to know that we matter and that we are loved. These are the deep-seated needs that secure relationships satisfy, and when they are met, we tend to live healthier more productive and more rewarding lives.

When they go unmet, we suffer.”

- Vivek H. Murthy, MD
19th Surgeon General of the United States

Together, The Health Power of Human Connection in a Sometimes Lonely World

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