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

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Statement of Task

1. Summarize and examine the evidence that social isolation and loneliness predict poor health outcomes and increase a person’s 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.
4. Examine avenues for translation and dissemination of new findings and communication of new information targeting health care practitioners.
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
Definitions

• **Social isolation** is the objective lack of (or limited) social contact with others.

• **Loneliness** is the perception of social isolation or the subjective feeling of being lonely.

• **Social connection** is an umbrella term that encompasses the structural, functional, and quality aspects of how individuals connect to each other.
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
Health Impacts

• Overall, greater incidence of major psychological, cognitive and physical morbidities and lower perceived well-being or quality of life

• Social isolation associated with a significantly increased risk of premature mortality from all causes.
  – Some evidence that the magnitude of the effect on mortality risk may be comparable to or greater than other risk factors (e.g., smoking, obesity)

• At-risk populations: sparse evidence
Risk and Protective Factors

- **Physical**: heart disease, stroke, cancer, functional status, sensory impairment (e.g., hearing loss).
- **Psychological, psychiatric, and cognitive**: major depression, anxiety, impairments related to dementia.
- **Societal, cultural, and environmental**: bereavement, retirement, housing status, driving status.
Moderators and Mediators

- **Moderators** (factors that influence magnitude/direction of effect on health).
  - Some evidence for demographic factors
  - Quality and number of relationships
- **Mediators** (factors that explain HOW social isolation and loneliness affect health).
  - Linked to changes in cardiovascular, neuroendocrine, and immune function; inflammation; decreased quality of sleep; and physiological stress response.
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
• Research on effective clinical and public health interventions
Basic Science Research

- Translating science into effective interventions first requires a better understanding of basic science.
- Recommend: **increased funding of basic science research**
  - How interaction between social isolation and loneliness
  - Risk factors
  - Mediators and moderators
Interventions Research

• Quality of evidence is mixed.
  – Which specific approaches work best for which populations or risk factors?
• Adequate funding
• Major gaps in evidence base
Interventions Research - Recommendations

• **Quality**: key elements of intervention design/evaluation (to allow for comparison)
  
  – Theoretical framework, appropriate choice of measure, specific target population, scalability, sustainability, data sharing.

• Increase **funding** for interventions in clinical settings
Interventions Research - Recommendations (continued)

• **Gaps: priority areas**
  – Tailored interventions based on public health framework
  – Trends among current younger adults as they age (e.g., social media)
  – Innovative funding mechanisms and approaches
  – Approaches for specific at-risk populations
  – Assessment and testing of technological innovations for full range of benefits, adverse consequences, and contextual issues.
Goal 2: Health Care Practice

• Periodic assessments
  – Use validated tools
  – Connect to needed social care
  – Determine underlying causes

• Study use of research tools in clinical settings

• Include data in electronic health record
Goal 3: Awareness

- Inclusion in large-scale health strategies and surveys
- Public health awareness and education campaigns
- Consumer-friendly information
Goal 4: Education and Training

- Include information in curricula
- Interprofessional, team-based learning
- Integration of interventions as evidence evolves
- Test different educational and training approaches
Goal 5: Strengthen Ties

- **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
Thank you

- www.nationalacademies.org/isolationandloneliness
- Twitter: @NASEM_Health
- Facebook: NASEM Health and Medicine

- Questions?