Addressing Social Isolation to Improve the Health of Older Adults: A Rapid Review & Summit

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🎯 Background

- 1 in 5 Americans report feeling socially isolated or lonely
- 162,000 deaths each year in the US are reported to be attributable to low social support - more than lung cancer
- 40% older adults report feeling lonely and 24% report feeling socially isolated

Nomination Background

Nominated by Kaiser Permanent Northwest, a large integrated US health system

Kaiser was partnering with Oregon Health & Science University to hold a **Healthy Aging Summit** in 6 months to develop a roadmap and accelerate action to promote the healthy aging of older adults in Oregon

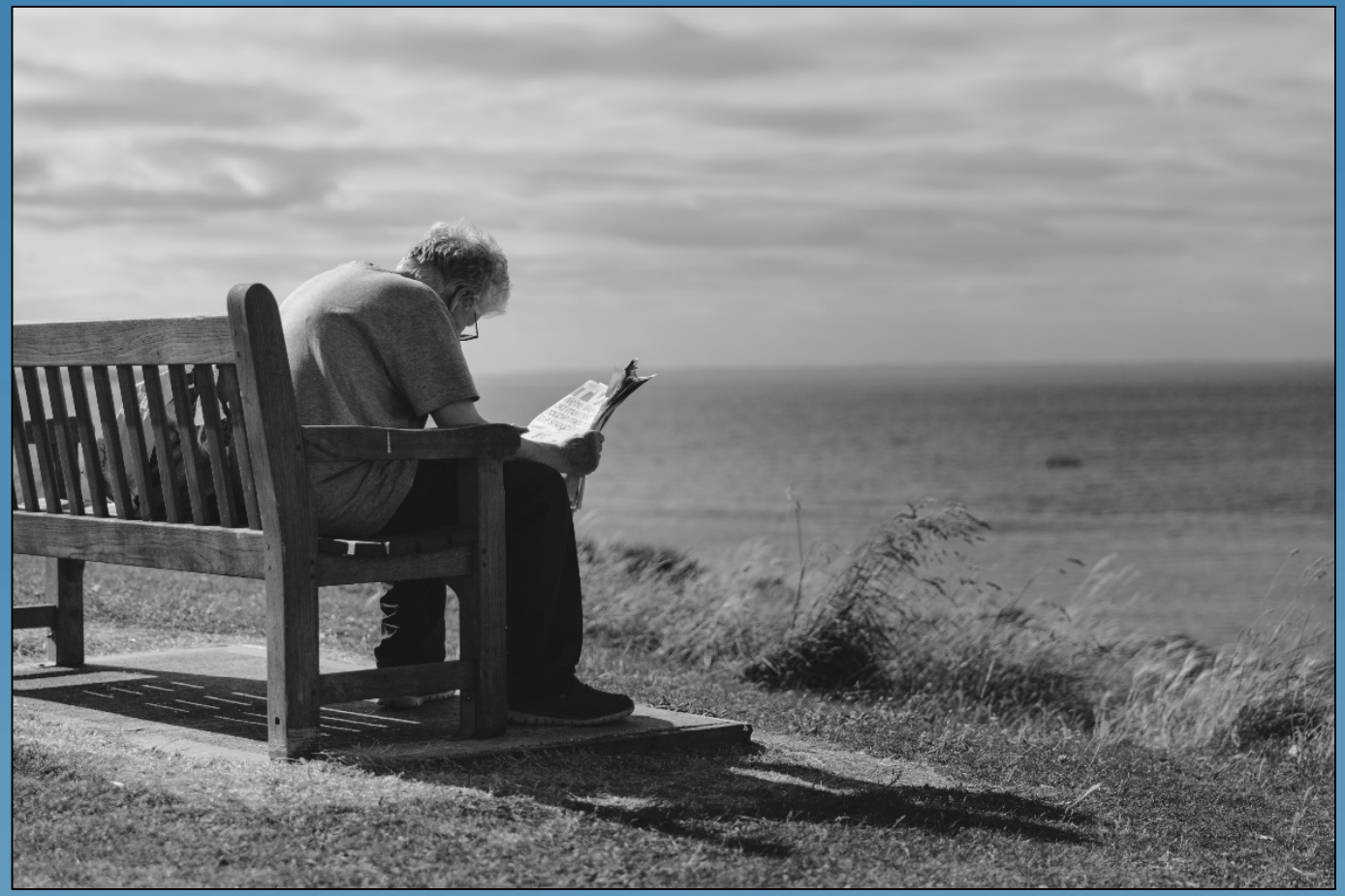
Oregon Healthy Aging Summit

KAISER PERMANENTE®
Center for Health Research

OHSU

Objective

To conduct a rapid review evaluating the effect of interventions targeting social isolation/loneliness in the general population of older adults on health and health care utilization



Rapid Reviews

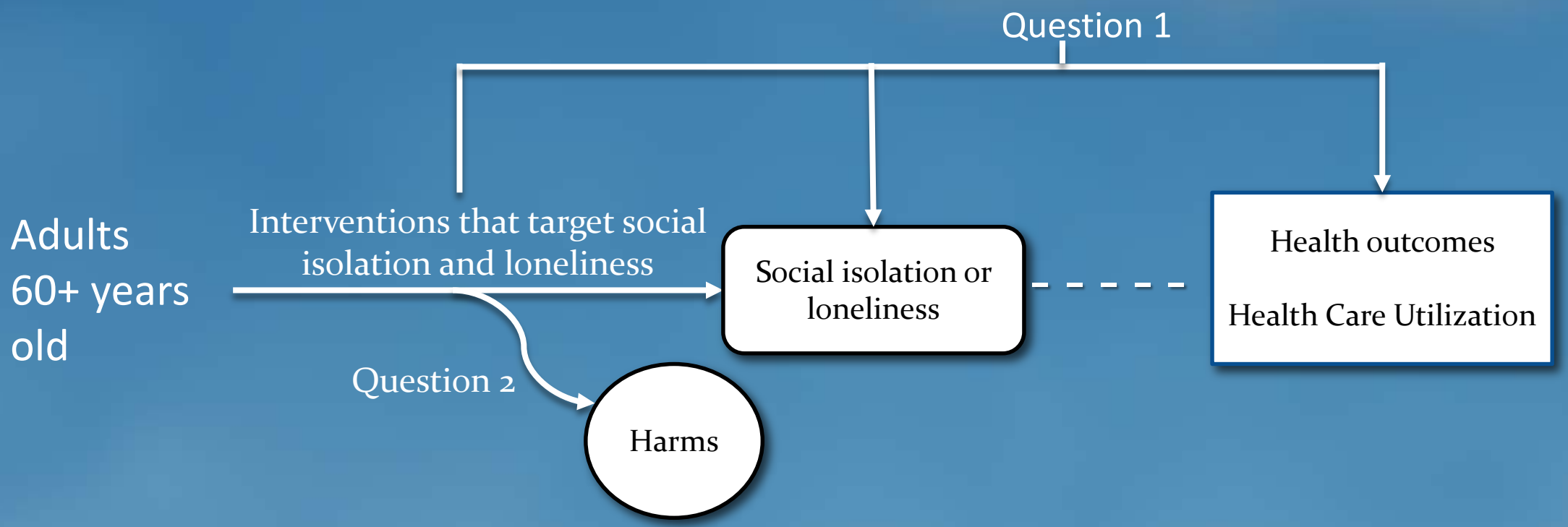
People and organizations may need to make decisions on short timelines where full comprehensive reviews are not feasible

Not a systematic review

Adapts systematic review methods

- Prioritizes processes that avoid bias & maximize relevance
- Relies on high quality systematic reviews
- Transparent reporting
- Critical appraisal
- Considers contextual information important to decision
- Synthesis that is easily understandable & pertinent to decision

Analytic Framework



Question 1: Among older adults, what is the effectiveness of interventions that target social isolation and loneliness to improve health and reduce unnecessary health care utilization?
Question 2: Among older adults, what are the harms associated with interventions that target social isolation and loneliness to improve health and reduce unnecessary health care utilization?

Methods

- Registered Review in PROSPERO
- Publically posted protocol AHRQ Website
- Draft reviewed by experts and publically posted
- Searched systematic reviews published in last 5 years
- Gap search for primary studies in last 2 years
- 272 Systematic Reviews
- 1,572 Primary Studies

Findings – 16 Studies

5 **Physical activity** (resistance exercise; walking, stretching & weight exercise; tai chi; endurance & strength; circuit training)

5 **Social support** (group discussions; reading to children; sharing memories; phone calls & home visits)

4 **Arts & recreation** (art projects; singing)

2 **Health services access** (peers refer to services; peers checking on health)

Findings

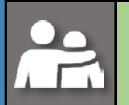
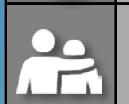
Intervention					Total
Good	0	1	0	0	1
Fair	5	1	1	0	7
Poor	0	3	3	2	8
Total	5	5	4	2	16

Findings: Effect on SI & Health

8 Good and fair quality studies

Study	+SI/loneliness	+health/h.c. utilization
		
		
		
		
		
		
		
		

8 Poor quality studies

Study	+SI/loneliness	+health/h.c. utilization
		
		
		
		
		
		
		
		

No consistent SI measurement tool used; 2 +SI/+Health tools not validated

Findings: Social Isolation or Health

Fair/Good Quality Studies

Two multi-component **physical activity** interventions improved health outcomes:

- Physical activity + nutrition, psychosocial support, or leisure activities
- Quality of life, functionality, depression, and social capital improved

One tai chi intervention and one facilitated group discussion intervention improved loneliness but not health/health care utilization

Characteristics of effective interventions:

- Frequent (>1/week)
- Involved health care professionals

Findings: Healthcare utilization

Poor quality evidence (2 studies):

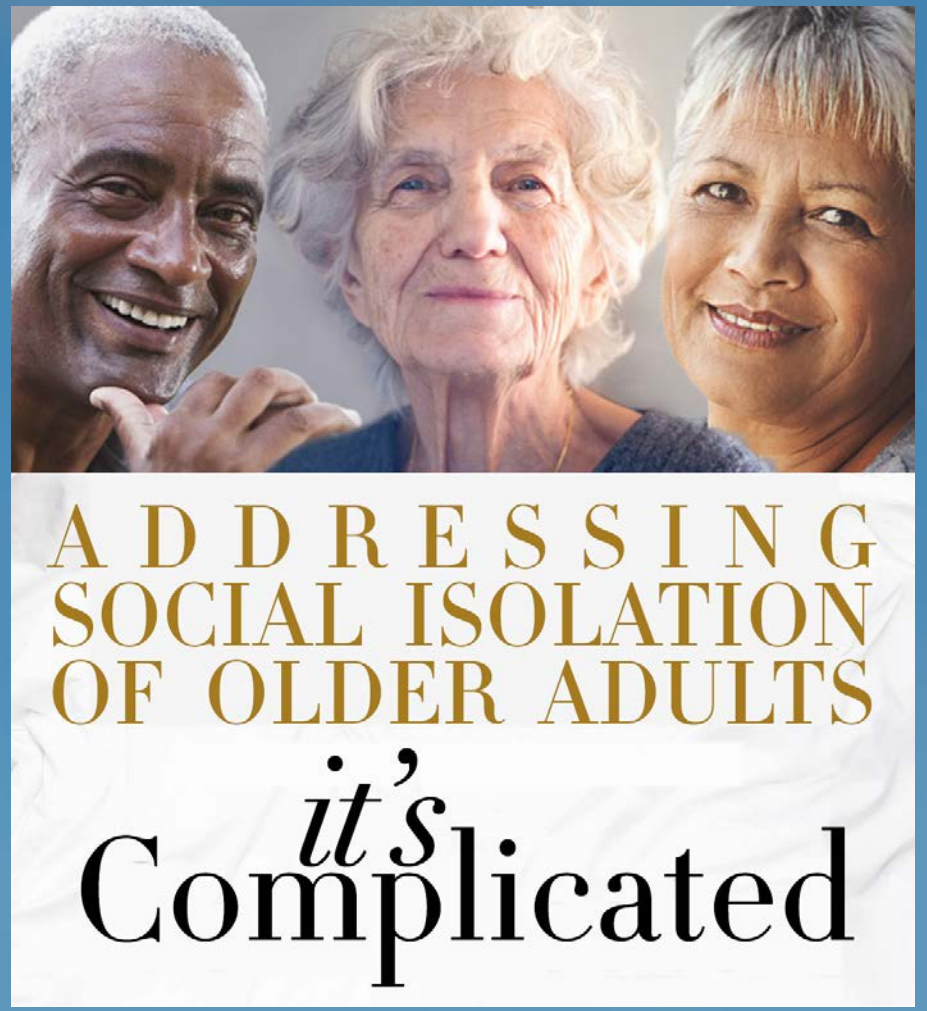
- Peer accountability may reduce hospital days and slow the rate of growth in expenses ($432 greater in the standby group)
- Group social support may increase nurse visits (6.65 to 10.42), no significant change in physician or social worker visits.

Findings

- There is limited evidence that interventions to improve social isolation have a significant effect on health outcomes
- Of the 4 interventions that had a positive effect
  - most met more than once a week
  - involved a health care professional
- Rapid review process has limitations
- Studies had several methodological issues
  - lack of consistency on whether and how social isolation/loneliness are measured
  - follow-up not long enough to see health benefits
  - lack of measurement of health care utilization or harms

Findings & Recommendations

- Future research should focus on capturing the complex relationship between social isolation and health and health care utilization
- Interventions that connect socially isolated older adults to health services are conceptually promising and need good-quality studies
- More real-world data are needed: Health systems should rigorously evaluate their efforts and share results



Study Impact

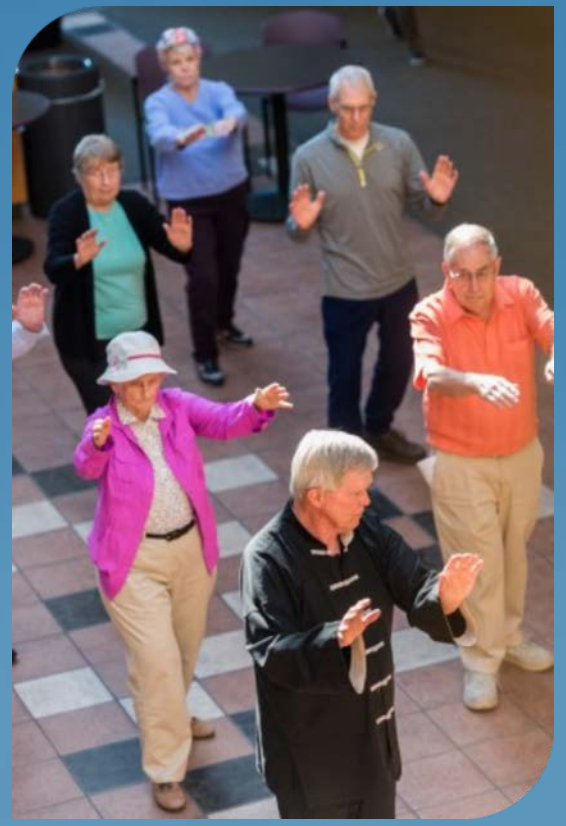
Oregon Healthy Aging Summit

- Representatives from 24 local agencies:
  - Oregon Dept. of Human Services
  - Clackamas County
  - Greater Oregon Behavioral Health Inc.
  - Portland State University Institute on Aging
  - Meals on Wheels
  - YWCA
  - Senior and community centers
  - Organizers, and more
- State policy officials
- Project Access Now
- Four major health systems in Oregon
  - OHSU
  - Kaiser NW
  - Legacy
  - Providence

Top 3 Priorities

Conclusion: Problem is too big for any one organization to address

1. Develop a single information system that connects health systems and community resources
2. Co-create measures & implementation strategies - evaluate programs using same definitions and measures
3. Maintain a person-centered approach that promotes equity



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Thank you!

Report available at:
https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/rapid-social-isolation-older-adults-final.pdf