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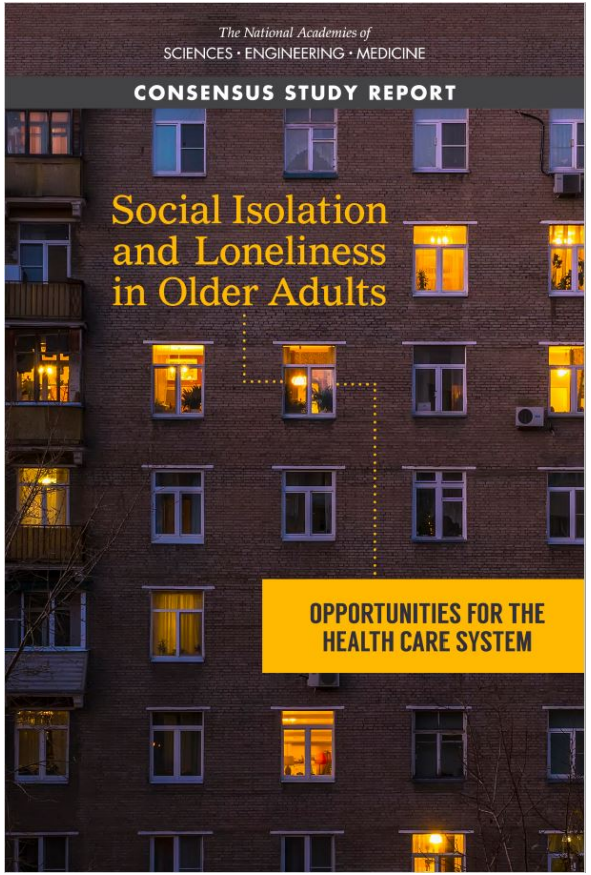
# Social Isolation and Loneliness In Older Adults:

## Opportunities for the Health Care System


The National Academies of
SCIENCES • ENGINEERING • MEDICINE
CONSENSUS STUDY REPORT
Social Isolation and Loneliness in Older Adults
OPPORTUNITIES FOR THE HEALTH CARE SYSTEM

# Committee Membership

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- **Carla Perissinotto,** University of California, San Francisco
- **Juliann G. Sebastian,** University of Nebraska Medical Center

# 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.

# Statement of Task (continued)

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
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- Questions?