

Social Isolation and Older Adults in the World of COVID-19: *Developing Scalable Solutions for Impact*



COVID-19 has been devastating for the oldest and most frail. Forced into being alone to avoid one pandemic, older adults have been placed at risk of another epidemic– that of social isolation and its associated feelings of loneliness. Unfortunately, this [well-documented phenomenon](#) existed long before COVID-19, both benchmarked and identified as one of the [social determinants of health](#). Consider the research pre-COVID and the [status of older adult life during COVID](#):

- **Surveys and experts concur on the impact on health.** According to the researcher Julianne Holt Lundstadt, a [2015 analysis of data](#) involving 3.4 million people derived from 70 different studies confirmed that loneliness led to worse health outcomes than obesity – and that the findings held true for all ages. Other examples, presented in GreatCall’s 2017 report [Connecting the Lonely](#), link loneliness to serious health outcomes, noting that those with chronic disease risk social isolation and loneliness.
- **Activity limitations may result in social isolation and loneliness.** Older adults with multiple activity-limiting chronic diseases may be at greater risk for social isolation and feelings of loneliness. As psychologist [Romeo Vitelli noted in Psychology Today](#), “Age-related medical issues can also lead to greater psychological distress, including depression, and this can lead to people feeling even lonelier. Medical problems such as arthritis, cardiovascular disease, or cancer can make many older adults feel more disabled and helpless.” Worse, loneliness may be linked to a [greater risk for dementia](#) and [premature death](#).
- **Before COVID, it was clear what made social isolation worse.** According to a [2019 University of Michigan-AARP poll](#) of adults between the ages 50 and 80, one-third of responders said they lacked companionship and one in four felt isolated at least some of the time. This more than doubled in a [2020 University of Michigan poll](#) taken in the first months of the pandemic: more than 56 percent of people between the ages of 50 and 80 said they sometimes or often felt isolated from others, more than double the 27 percent who reported those feelings in a similar poll last year.
- **Social isolation costs Medicare nearly \$7 billion annually.** A [2017 joint study](#) between AARP Public Policy Institute, Stanford and Harvard revealed an additional Medicare cost of nearly \$7 billion per year to care for socially isolated older adults. The primary cost of longer hospital stays was attributed by researchers to not having community support at home. [Added the cost point because you reference it at the start of next section]
- **The use of technology can heighten individual feelings of loneliness.** In a 2018 AARP survey, research showed that being physically isolated and increasing the use of social media and technology for communications in lieu of in-person relationships, heightened pre-existing [feelings of loneliness](#).
- **Pre-COVID-19, some healthcare leaders planned to address the problem.** By 2019, the healthcare industry saw the relationship between social isolation and health, often noted as one of the Social Determinants of Health (SDOH). In a [March, 2019 study of 185 US healthcare leaders](#), 20% identified social isolation as a non-medical barrier to care and health – and said they planned to take action in the next 12 months [see **Figure 1**]. Also before COVID-19 took center stage, in February 2020, the American Academies of Science, Engineering and Medicine [released a report](#) offering guidance to physicians to address social isolation.

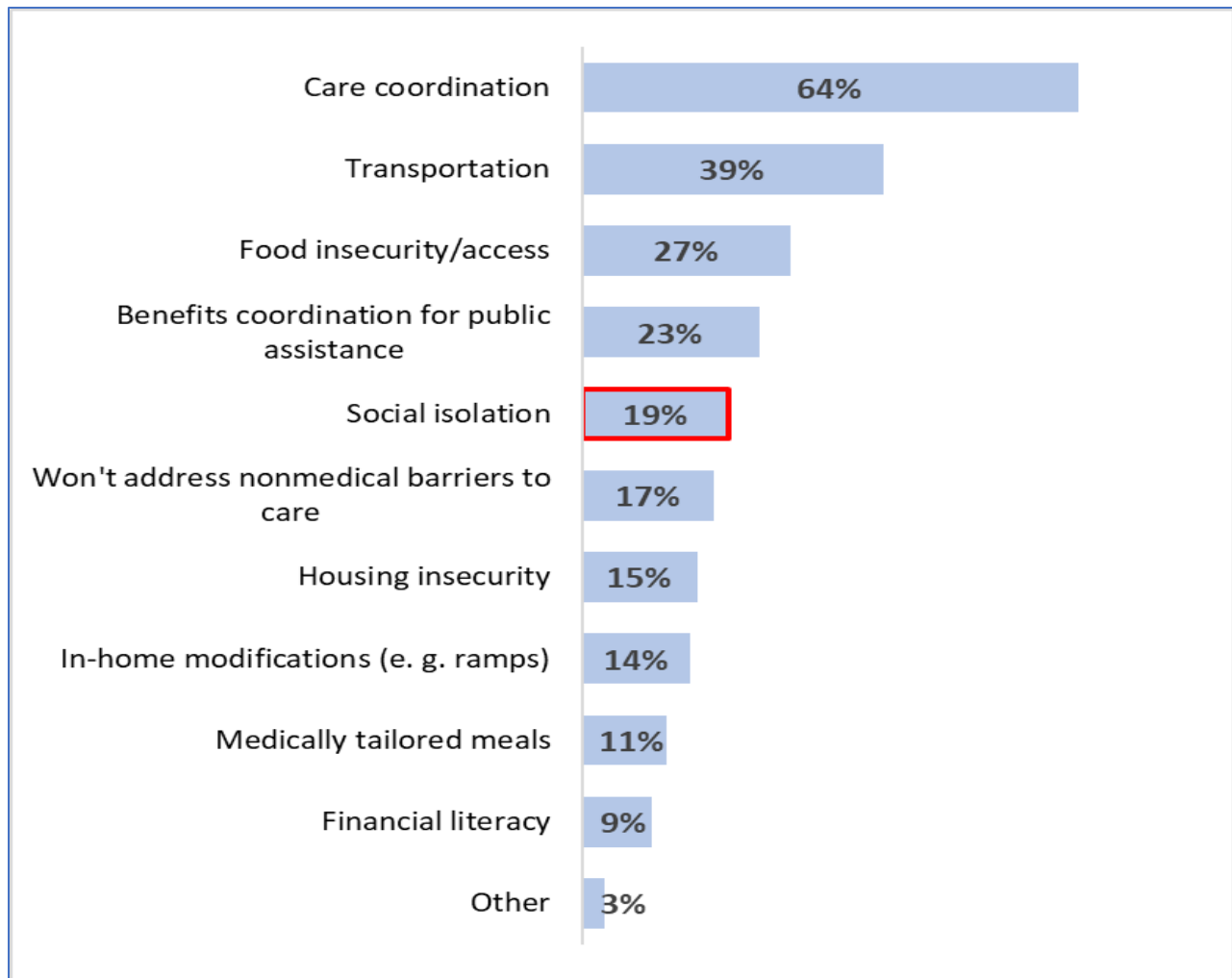


Figure 1 Healthcare Leaders in 2019 were concerned about social isolation

All that was then: In 2020, Covid-19 life made life far worse for older adults

Researchers studying social isolation and loneliness never envisioned the impact of COVID-19 on older adults. Lockdowns banning family and friends from visiting nursing homes, senior living communities and hospitals brought unimaginable consequences. The situation has thrust several issues into glaring focus:

- **Illness and death – the greatest risk for the oldest.** People over the age of 80 years and those with chronic diseases are the most vulnerable. For those over 80, [approximately 15% of those infected will die](#). For those under the age of 50, the death rate was under 1%. The most recent CDC information indicates 78 as the median age of those who died from COVID-19.
- **Social distancing – a disheartening change and downside for seniors.** Consider the effect of [social distancing](#) – the result has only been downside for the elderly, including [visiting with family](#), hugging or being hugged by adults and grandchildren. An August

2020 survey by ValuePenguin by LendingTree found a hike in existing anxieties as well as the growth of new concerns among the older adults across the U.S. A not-surprising 36 percent of adults over age 75 said they felt lonelier than ever (see **Figure 2**).

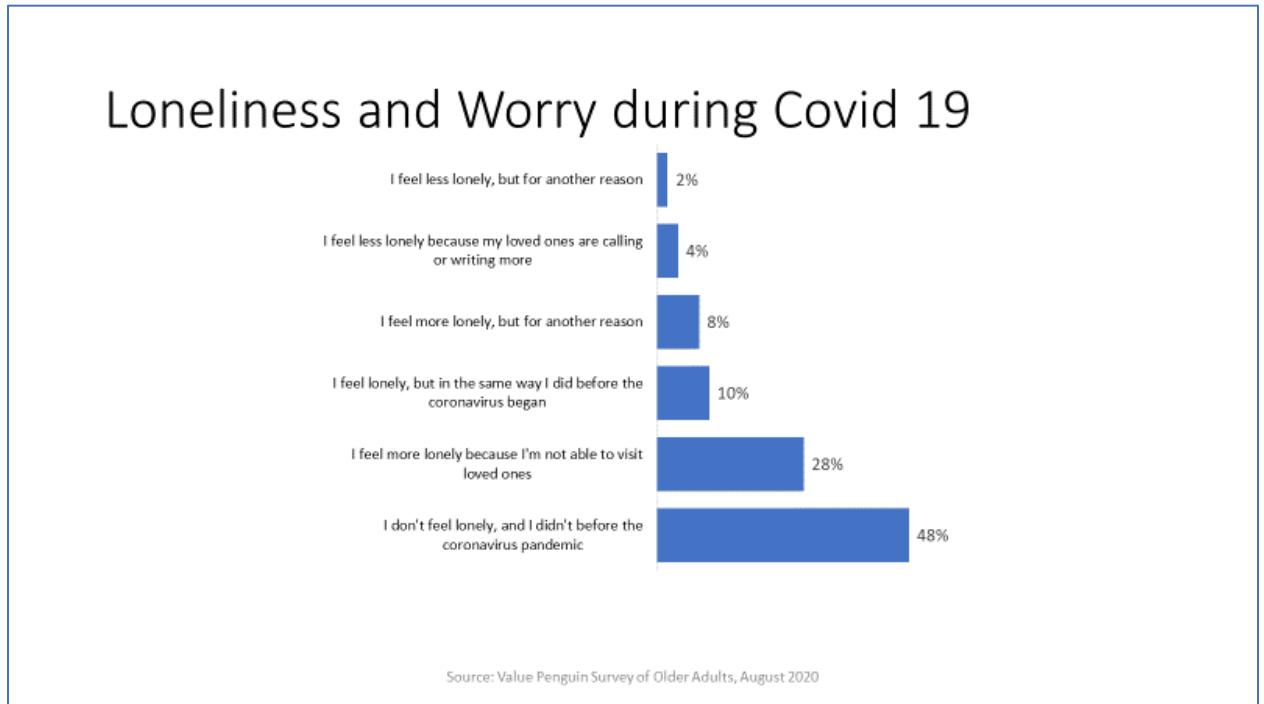


Figure 2 Loneliness and Worry During Covid 19 -- Value Penguin, August 2020

- **Ageism emerges – even if unintended.** As the pandemic continued, [a notable increase in well-documented ageism appeared](#). Government officials, media, and educational institutions were part of the chorus of recommendations to lock down, isolate and avoid encounters with other. This had an impact on older adults in a myriad of ways, including depression and anxiety. Those who may have been viewed as independent, healthy and capable now were often seen as dependent, sick and incompetent—in other words, a burden and a problem.
- **Mental health decline – an unanticipated side effect.** Experts have become increasingly concerned about the [mental health and well-being of older adults](#). Kaiser Health News has described social isolation as “a pandemic of despair.” And “no visitation” has been particularly confusing for those with Alzheimer’s and dementia. These older adults may not understand why family and friends cannot spend face-to-face time with them or the purpose of masks. So far during 2020, there has been a surge in Alzheimer’s deaths, resulting from a [variety of factors](#), which include anxiety and depression. One desperate woman became a [dishwasher at a nursing home](#) so she could see her 66-year-old husband who has early onset Alzheimer’s disease.

Solutions from national organizations have continued to develop – shining a light on new directions

COVID-19 delayed program development timelines and reduced or eliminated existing programs. Fortunately, the pandemic also saw the creation of new pilots and initiatives. Here are six notable initiatives:

1. [NCOA Aging Mastery](#). Launched in 2013 through its 600 senior centers, this 10-part program helps older adults learn key skills to age successfully. In August 2020, despite the shutdown of many senior centers, 75 remained open. [NCOA announced](#) the launch of virtual classes (online and by telephone) to continue the program during the pandemic.
2. [Clear Path for Veterans Buddy Check Social Engagement](#). During April, 2020, Clear Path for Veterans, an upstate New York non-profit, launched its [Buddy Check program](#). Team staff members check on, and talk with, veterans, military members and their families. Those who need it are connected to a mental health professional.
3. [AARP Foundation Connect2Affect](#) has offered multiple initiatives to address social isolation, including a [study on social isolation and loneliness published in early 2020](#) and an online self-[assessment](#).
4. [Cox Communications](#). The network provider began rolling out its virtual [One-Call-a-Day program](#) in 2020 as part of [The Connection Project](#). Cox employee volunteers call isolated seniors for much-needed conversation. Started in San Diego, the program is being introduced in as many as 14 additional states, including those where Cox has no current business presence.
5. **Representatives David Trone and Tina Smith introduced legislation in August.** [The Strengthening Social Connections Act of 2020](#) was introduced to add funding to programs for seniors within the Older Americans Act. The goal of the act was to strengthen home and community-based programs, offer technical assistance to area agencies on aging, and address health effects of social isolation, particularly in minority populations.
6. **Commonwealth Care Alliance (CCA) has deployed 10,000 LifePods for high-cost/high-need .** By [investing \\$5 million in this expanded relationship with LifePod Solutions](#), CCA “will use this ‘proactive voice’ capability to greatly enhance its ability to engage with its Massachusetts members and to check in on their medical, behavioral health and social needs at a time when home visits are severely reduced to protect public health and safety.” This feature enables speaking without requiring a senior to initiate the conversation. It can be personalized for caregivers to integrate into the care routine.

Insurance firms look for new ways to mitigate social isolation

As fragmented nationally as insurers are, a number of them, particularly Medicare Advantage plans, have tried pre-COVID to address loneliness and social isolation. For example, Cigna, CareMore and Humana have each started programs to tackle the issue--so clearly identified as a social determinant of health.

These initiatives emerged at the end of 2019 and have continued through the Covid-19 pandemic:

- **CVS Health study.** The company, which provides insurance plans through Aetna, published a report in 2019 that asked adults about social isolation. Findings revealed that at least a quarter of older adults don't know where to meet new people or live in places where it is difficult to be social.
- **CareMore Health Togetherness Program.** The insurer views '[loneliness as a clinical issue](#).' Senior patients are screened for loneliness by clinicians using a tool embedded in the electronic health record during the annual "Healthy Start" appointment. Those deemed at risk are referred to the Togetherness Program. Togetherness Connectors reach out by phone to discuss support needs, which could include a wheelchair, an oxygen tank, or referral to a behavioral health counselor.
- **Humana Bold Goal.** The insurer set a goal of 20 percent improvement in health in the communities it serves by 2020 as core to its Bold Goal Initiative. Using the CDC "Healthy Days" survey, it measures health-related quality of life with programs to create more healthy days and healthier communities. Humana set a [goal of one million screenings last year](#) and far surpassed it with 2.6 million. In 2020, the insurer updated its [Issues Brief](#) for clinicians. According to Caroline Coats, VP of Humana's Bold Goal initiative, "Understanding the social health needs of our members doesn't just happen in the provider office—most often it doesn't happen in the provider office," she said. "So, it's really important to meet the members where they are."
- **AARP Community Connections seeks community involvement.** The new program aims to involve localities in a [Give Help-Get Help](#) volunteer program for those suffering from loneliness who might need a phone call or other types of assistance.
- **BCBS Michigan launched MyStrength in partnership with Livongo.** The digital well-being tool helps members with chronic conditions cope with Covid-19 issues such as social isolation and staying connected while social distancing, [BCBS Michigan launched MyStrength](#) – a digital health initiative based on a [Livongo acquisition in 2019](#).
- **Meal delivery and tech access.** [2020 Medicare Advantage supplemental plans initiated coverage](#) for meal delivery to people with chronic conditions as part of supplemental benefits that also include technology access. And Aetna offers Silver Sneakers as part of

its Medicare Advantage plan – which enables access [to Silver Sneakers online exercise videos](#). United Healthcare began making [Health Navigators available](#) to people at risk of social isolation.

Transcending the tactics to date, identifying what works and what has potential

To answer the “Where do we go from here?” question for everyone looking at this issue, we first must look at what elements need to be part of the solution. One tactic that is critical to success – *and* scalable - is the concept of Assessment. Assessment is broadly deployed by AARP and could be implemented by more Medicare-related insurers, perhaps as part of sign up or annual renewal.

Four examples are:

1. [Cigna’s 2020 Loneliness Index](#) uses data from more than 10,000 individuals and its questions from the [UCLA Loneliness scale](#). Assessment by insurers can define the elderly population most at risk and also scale to span the covered populations.
2. **The Administration for Community Living (ACL) innovation challenge.** Along with Health and Human Services and other government agencies, ACL is sponsoring an innovation challenge competition to develop an easy-to-use online system that gives recommendations for programs, activities, and resources that can help users connect with others and engage in the community. They are awarding \$750,000 in prizes and announcing results in early 2021.
3. **AARP’s** broadening effort to end social isolation **includes Connect2Effect.** Created by the AARP Foundation, it offers a [structured assessment of social isolation](#); the organization is attempting to deploy at scale.

“AARP Foundation has been working to bridge the digital divide and social isolation within affordable housing by rapidly deploying smart speakers, 4G LTE-enabled tablets, and smartphones alongside AARP Foundation’s voice first solutions.” Ryan Elza, Social Entrepreneur in Residence, Social Connectedness, AARP Foundation

4. **University of Chicago piloted EngAGE to encourage exercise.** EngAGE is a new pilot project from the [University of Chicago School of Medicine](#) “designed to help adults 65 and older stay active at home with assistance from Amazon’s voice-controlled speaker Alexa.” Instead of ordering physical therapy, which has an end??, the program walks older adults through a daily exercise routine, adjusting the intensity by participant. This is a way to combine two objectives--reduce social isolation and promote physical activity.

“We believe you can use social relationships as both a motivation and reinforcement for physical activity,” says Louise Hawkey, Senior Research Scientist, NORC, University of Chicago

Moving forward – Key elements for engagement and impact

To make a significant dent in the loneliness and social isolation worsened by the pandemic, three specific approaches should be standardized – perhaps by a combination of public policy and insurer processes. These should capitalize on the work that has occurred to date – surveys, measurement, and best practice technology deployment – all with demonstrable outcomes that actually move the needle. Here are the categories:

Assessments: Insurers should standardize assessments and regularly deploy them. Well-structured assessments can guide interventions. For those who fit the characteristics identified in the the [UCLA Loneliness Scale](#) the insurer should provide an annual assessment, either by phone or online. Cigna (See **Figure 3**) for example, uses the UCLA survey Or an assessment should be done for those who are living alone, are low income, have physical limitations or poor health, considering the [Duke Social Support Index](#). At the very least, insurers should be surveyed annually by their partners – government agencies or technology providers like Best Buy Health -- on what they have done/are doing and how they define success.

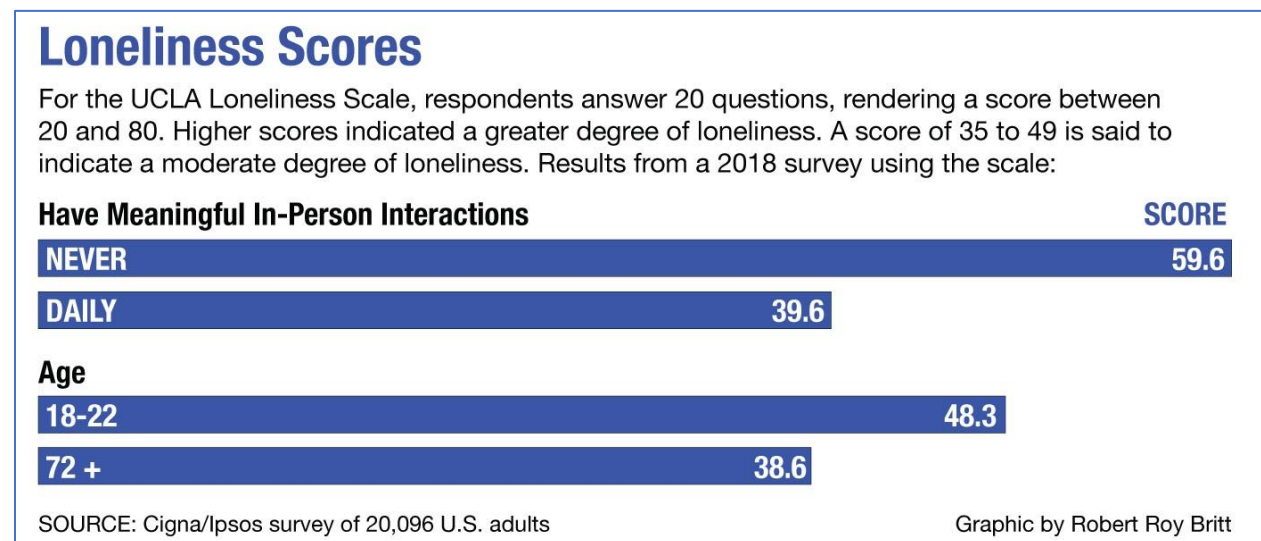


Figure 3 Cigna/Ipsos 2018 survey of adults

Measurements: Declaring improvement needs documentation. How will we know during or post-Covid-19 that any of the tactics worked or that the costs of caring for individuals was maintained and/or reduced? Or which will be continued, and which will be dropped, because they are ineffective? Surveying insurers about their mitigation efforts should be a regular program – perhaps in partnership with a government organization like ACL following its

innovation challenge awards. Likewise, there also needs to be structured surveys of non-profits like AARP (Foundation, States) and the non-profit Commonwealth Care Alliance (or its equivalent in other states) on their effort and impact. And [the Campaign to End Loneliness](#) (UK) offers an example of a simple measurement tool that can be repeated to detect improvement among a selected population (see **Figure 4**).

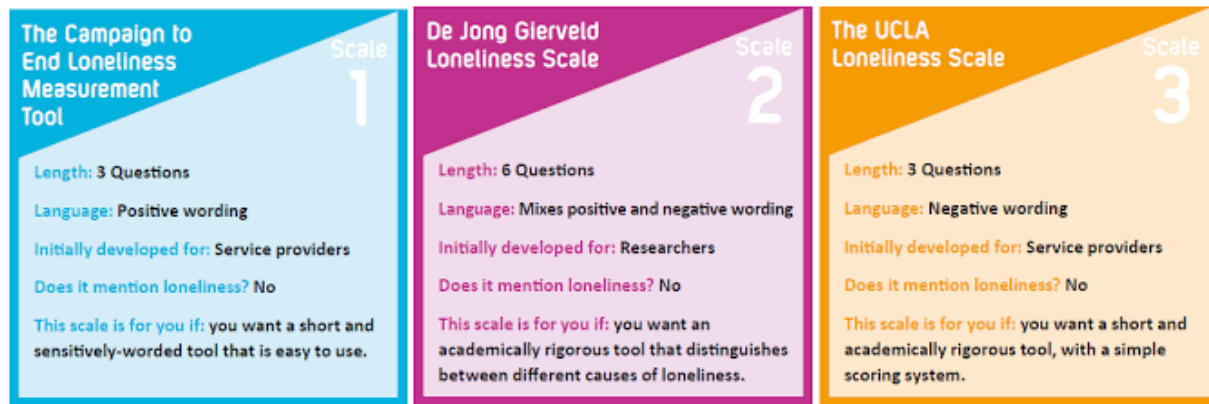


Figure 4 [Measuring Your Impact on Loneliness in Later Life](#) (2015)

Technology access: Many initiatives surfaced during Covid-19 to boost access to, and adoption of, technology to help older adults connect with family members and one another. Gaps such as the lack of broadband deployment and/or devices were highlighted – and attempts have been made to [distribute smart devices](#), including [Echo Dots](#), to more people in more places. The FCC and other organizations such as AARP are looking at ways to expand broadband access to more older adults. [One NYU study found](#) that 92 percent of Chinese American older adults with low income and low education have a smart device and use WeChat to connect people from a distance to overcome social isolation.