



REDUCING THE EFFECTS OF LONELINESS AND ISOLATION ON OLDER ADULTS DURING COVID-19

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These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

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CONTEXT

Loneliness and isolation have negative impacts on mental and physical health, and social distancing can exacerbate the problem, particularly in older adults

- Social isolation, loneliness, and living alone can lead to heightened mental and physical health problems, resulting in an average increase in likelihood of mortality of 29%, 26%, and 32%, respectively, according to a meta-analytic review of 70 studies (nearly all of which examined social isolation, loneliness, or living alone separately).²⁰ Specifically, social isolation and loneliness are associated with an array of negative health outcomes, including increased rates of:
 - Heart disease and strokes²³
 - Dementia^{19, 24}
 - Anxiety, depression, and suicidal ideation^{2, 25}
- Loneliness and isolation are compounded by several factors for older adults, including loss of peers, shifting societal roles, physical health problems, and financial insecurity, among others. 15 Older adults are also being encouraged to shelter in place as some states begin to reopen, lengthening their periods of isolation. 22
- Several factors may lead to increased prevalence of poor mental health among older adults during COVID-19, including:^{11,17}
 - Preexisting high levels of living alone
 - High levels of poor mental health, including self-reports of feeling depressed, worried, nervous, or anxious alongside the
 prevalence of suicidal ideation the highest suicide rate in the U.S. is in older, white males
 - Increased likelihood of serious COVID-19 symptoms in older adults and the increase in depression associated with those requiring home health care or hospitalization
- Long-term health may be threatened even after social distancing subsides due to lack of exercise, a changed diet, reduced cognitive stimulation, and other factors.¹²
- Deaths of despair those caused by drugs, alcohol, and suicide are predicted to rise in the US by between 27,644 to 154,037 across age groups over the next decade due to COVID-19, depending on the pace of recovery and impact of unemployment.¹⁸

ENCOURAGE OLDER ADULTS TO STAY CONNECTED AND ACTIVE

Even in the face of isolation and limited opportunities for socialization, literature advises maintaining activities, peer supports, and connectivity

Perform proactive outreach

- Redeploy senior center staff and volunteers to combat social isolation by performing outreach to all seniors in a catchment area³⁰
- Jurisdictions have set up senior outreach lines staffed by county employees (such as within the library system) to reach-out and check-in on older adults³¹

Maintain activities, exercise, and sleep

- Best practice guidance encourages reading, writing, and humor,⁵ alongside ensuring older adults are exercising and getting the right amount of sleep^{2, 12}
- Games like jigsaw puzzles, sudoku, and crossword puzzles help with cognitive stimulation^{12, 14}
- In the absence of going somewhere in person, use the internet to "travel" (e.g., via Google Earth) or virtually visit museums¹⁴

Utilize peer support

- Some states and organizations use peer support networks, which pair an older adult specialist with a peer to work on wellness issues¹⁵
- Peer Partners groups can be found through Mental Health America affiliates and the MHA's Resource Center¹⁵
- Potentially through peers, the CDC advises notifying older adults that distress is common during crises and that help exists¹⁶

Stay connected

- Older adults who take part in social groups have a lower risk of death.²⁷ Many such groups – including <u>numerous book</u> <u>clubs</u>, <u>exercise classes</u> – have moved online
- Encourage
 communication through
 Facebook, Facetime,
 email, and other sources
 as possible;¹⁴ some have
 organized online matching
 programs to pair older
 adults with neighbors for
 key needs like groceries
- Family and loved ones can ask how they can help, advise "news diets,"⁶ and increase the frequency of telephone contact³

USE DATA TO TARGET NEED FOR COMMUNICATION & INTERVENTION

Data can be used to target individuals at risk for loneliness / social isolation and tailor communications and intervention

Leverage data

- Healthcare entities can use data to target marginalized and disadvantaged communities with mental health interventions first³
- Utilize predictive analytics to identify groups at high risk for loneliness and social isolation⁹
- For example, Humana has developed a loneliness predictive model to identify at-risk members and target them with interventions. The model incorporated demographic, claims and an independent loneliness assessment²⁹
 - Interventions have included connecting college students to seniors for companionship, house help, technology, etc., and encouraging the use of Silver Sneakers – a physical activity app for aging individuals – and the company built on the efforts with a loneliness and isolation awareness campaign related to COVID-19²⁹
- Similarly, Cigna launched a <u>social connectivity pilot</u> <u>program</u> for its Medicare Advantage members that uses predictive analytics to identify those most at risk for COVID-19

Develop a communications strategy

- Healthcare organizations should engage with elderly patients through their preferred channels and with multiple touchpoints, and ideally with forward-looking information to help older adults envision the future⁹
- Research has found that about 85% of seniors age 65 and above own a cell phone (with about half owning a smart phone). As such, text messages can reach most of this population. It can also be helpful to include a caregiver, when appropriate, in communications²⁸
- Data shows that Medicaid members respond best to text messages and phone calls; a feedback loop on modalities and contact times can improve future engagement⁹
- Before COVID-19, health insurance companies like Humana, Cigna, CareMore, Blue Cross Blue Shield, and Commonwealth Care Alliance had begun to <u>communicate with at-risk members</u> with surveys, regular calls, and tips and tricks around loneliness

INVEST IN ACCESS TO TECHNOLOGY

Despite obstacles to adoption and use of technology, its use is particularly critical in an environment of social distancing

Build access to general tech tools



- While the "digital divide" between older adults and their counterparts has lessened in recent years, barriers
 to technology adoption and use, ranging from lack of comfort and familiarity with technology to physical
 challenges with its use, still remain²⁶
- Ensuring older adults have the opportunity to engage with technology with time, patience, and practice
 can be beneficial for learning outcomes, as can well-written instructions or steps for an array of online
 skills²¹
- Caregivers and health professionals can help with implementation of technology while also using it to monitor the needs and wellbeing of older adults^{4, 13}
- Creative uses of technology include streaming relevant events for a given organization's population (e.g., religious services, exercise classes, lectures, and other events that help older adults feel connected to their communities)¹⁰

Use telehealth services



- Telephone and video visits for medical purposes can be improved by certain common-sense interventions, including:¹²
 - Ensure vulnerable patients are wearing their hearing aides
 - Enlisting the help of a family member to assist with tech
 - Enlist a caregiver/family member in three-way call
- Clinicians should inquire about unmet social and functional needs¹²
- Consider that certain procedures which are elective for younger adults may not be elective for older adults¹²
- Cognitive behavioral therapies can be delivered online to both decrease loneliness and improve mental wellbeing, and some support groups have migrated online, as well

MOST USEFUL RESOURCES

If you only have a few minutes or are looking for something specific

- An excellent analysis of research and a poll on the implications of COVID-19 on mental health, including a section on older adults. Nirmita Panchal et al., "The Implications of COVID-19 for Mental Health and Substance Abuse," Kaiser Family Foundation, 21 April 2020.
- An accessible summary of the challenge facing older adults' mental health alongside potential interventions. Patrick Hendry, "Older Adults & Isolation During COVID-19," Mental Health America, 2020.
- A compilation of resources related to loneliness and COVID-19. Coalition to End Social Isolation & Loneliness, "How to stay connected while intentionally isolated," accessed 13 May 2020.

REFERENCES

1	Coalition to End Social Isolation & Loneliness	How to stay connected while intentionally isolated.
2	Coalition to End Social Isolation & Loneliness	Social Isolation & Loneliness During COVID-19
3	Lancet Public Health	COVID-19 and the consequences of isolating the elderly
4	Johns Hopkins Medicine	Coronavirus and COVID-19: Caregiving for the Elderly
5	Medscape	COVID-19: Mitigating Loneliness, Anxiety in Seniors
6	AARP	Stress, Social Isolation From the Coronavirus May Raise Suicide Risk
7	World Health Organization	Mental health and psychosocial considerations during the COVID-19 outbreak
8	ResearchGate	Covid-19: An Exposition, with a Focus on Social Isolation in the Elderly (UK) (Draft)
9	AHIMA	COVID-19 and Social Isolation Puts Elderly at Risk for Loneliness
10	American Journal of Managed Care	Preventing Loneliness Among the Senior Population During the COVID-19 Crisis
11	Kaiser Family Foundation	The Implications of COVID-19 for Mental Health and Substance Use
12	JAMA Network	Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic
13	Psychology Today	How to Help Older Adults Fight Loneliness During COVID-19
14	Home Care Assistance	Stimulating Activities to Keep Seniors Engaged During the COVID-19 Pandemic
15	MHA National	Older Adults & Isolation During COVID-19
16	Centers for Disease Control and Prevention	Stress and Coping
17	Centers for Disease Control and Prevention	Older Adults
18	Well Being Trust	Projected Deaths of Despair from COVID-19
19	Evidence-Based Nursing	Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later
20	Perspectives on Psychological Science	Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review
21	Stanford Center on Longevity	Older Adults and Technology: Moving Beyond the Stereotypes
22	AARP	Older Adults Are Encouraged to 'Shelter in Place' as States Start to Reopen
23	ScienceDaily	Loneliness is bad for the heart
24	JAMA Network	<u>Loneliness and Risk of Alzheimer Disease</u>
25	Journal of Affective Disorder	Suicidal thoughts and behaviors and social isolation: A narrative review of the literature.
26	Pew Research Center	Tech Adoption Climbs Among Older Adults
27	American Psychological Association	The risks of social isolation
28	Weave	Best Practices for Sending Reminder Messages to Elderly Patients
2 9	Humana	<u>Loneliness and Social Isolation Issue Brief</u>
30	Center for an Urban Future	Supporting older adults through coronavirus
31	NBC12	Henrico launches Senior Outreach Call Center during COVID-19 pandemic