Shaping a Social Isolation Strategy for Older Adults

Key Takeaways From a Multidisciplinary Convening

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THE NEW YORK ACADEMY OF MEDICINE

The John A. Hartford Foundation

TABLE OF CONTENTS

MEETING AGENDA

Shaping a Social Isolation Strategy for Older Adults
Wednesday, January 10, 2024
8:00 am (Registration and Breakfast)
8:45 am to 4:00 pm (Program)

The New York Academy of Medicine
President's Gallery, First Floor
1216 Fifth Avenue
New York, NY 10029

Goal of the Meeting

To develop collaborative action that will improve the care of older adults by addressing social isolation and loneliness.

The John A. Hartford Foundation is interested in this topic, given that the critical public health issue was brought to the fore by the 2020 *NASEM Social Isolation and Loneliness in Older Adults Consensus Study Report* and the *2023 U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. The Foundation is seeking evidence of effective interventions in healthcare settings and communities and ways to accelerate needed change.

Speakers

Ann Kurth, PhD, CNM, MPH, FAAN, FACNM, President, The New York Academy of Medicine

Terry Fulmer, PhD, RN, FAAN, President, The John A. Hartford Foundation

Grace Morton, MPH, Project Associate, Center for Healthy Aging, The New York Academy of Medicine

Harold Pincus, MD, National Director of Health and Aging Policy Fellowship, Columbia Department of Psychiatry

Edna Ishayik, MA, Associate Director, Science and Policy, Office of the Surgeon General

Tracy Lustig, DPM, MPH, Senior Program Officer, Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine

Jillian Racoosin Kornmeier, MPH, Executive Director, Foundation for Social Connections and Coalition to End Social Isolation & Loneliness

Jeremy Nobel, MD, Founder and President, The Foundation for Art & Healing; Faculty, Department of Global Health and Social Medicine, Harvard Medical School

Sara Czaja, PhD, MS, Director, Center on Aging and Behavioral Research, Weill Cornell Medicine

Diane Ty, MBA, MA, Managing Director, Milken Institute | Future of Aging

Lori Frank, PhD, Senior Vice President, Research, The New York Academy of Medicine*

Rani Snyder, MPA, Vice President, Program, The John A. Hartford Foundation

* Currently President, Women's Health Access Matters

Agenda

8:00–8:45 am	**Registration and Breakfast**	
8:45–8:50 am	**Welcome From NYAM**	Ann Kurth
8:50–9:00 am	**Goals of the Convening**	Terry Fulmer & Grace Morton
9:00–9:20 am	**Incorporating Social Isolation and Loneliness Into the National Aging Conversation**	Harold Pincus
9:20–9:35 am	**Social Isolation as a Public Health Priority: Review of the U.S. Surgeon General's Advisory**	Edna Ishayik
9:35–9:50 am	**What We Do Know: The NASEM Report**	Tracy Lustig
9:50–10:00 am	**Learnings From Across the Lifespan**	Jillian Racoosin Kornmeier
10:00–10:10 am	**Project *UnLonely* Book Presentation**	Jeremy Nobel
10:10–10:25 am	**Break**	
10:25–10:45 am	**The State of the Science: Interventions**	Sara Czaja
10:45 am–12:15 pm	**Discussion: Promising Models for Intervention**	
10:45–10:55 am	*Understanding Social Isolation and Loneliness (SIL) Across Settings*	Diane Ty
10:55–11:45 am	*Breakout Discussion: Settings: Community, Primary Care, Acute Care, Long-Term Care*	Facilitated by NYAM
11:45 am –12:15 pm	*Groups Report Back*	
12:15–1:00 pm	**Break for Networking Lunch**	
1:00–2:15 pm	**Discussion: Approaches to Accelerating Successful Interventions**	Facilitated by NYAM
	Which avenues are the most impactful in alleviating social isolation and loneliness?	
	What are the best avenues for the JAHF to pursue?	
2:15–2:30 pm	**Break**	
2:30–2:45 pm	**Connecting Back to the 4Ms**	Harold Pincus
2:45–3:30 pm	**Envisioning the Future**	Lori Frank
	What is the future we want to see and what would JAHF's role be?	
3:30–4:00 pm	**JAHF Next Steps**	Rani Snyder & Terry Fulmer
	Meeting Closing	

INTRODUCTION

On January 10, 2024, the Center for Healthy Aging at The New York Academy of Medicine (NYAM) hosted more than 70 participants, both in person and virtually, from across the United States to discuss collaborative action that will improve the care of older adults by addressing social isolation and loneliness. The goal of the meeting was to review the existing evidence to determine what actions can reasonably be taken by a foundation to alleviate social isolation and loneliness in older adults. For the purposes of this meeting, definitions for social isolation and loneliness were taken from the ***U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community (Murthy, 2023)***. In the advisory, social isolation is defined as "objectively having few social relationships, social roles, group memberships, and infrequent social interaction" (Badcock, et al., 2022; Holt-Lunstad & Steptoe, 2021). Loneliness is defined as "a subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience" (Prohaska, et al., 2020; NASEM, 2020).

Participants represented various sectors including aging services, academia and research, business and technology, healthcare, philanthropy, and government agencies (see Appendix A, p. 22). The summit was generously supported, both financially and programmatically, by The John A. Hartford Foundation (JAHF).

The rising rates of social isolation and loneliness pose critical public health risks among older adults, defined in this report as age 65 and older. The experiences of social isolation and loneliness are often associated with adverse physical and mental health outcomes—including heightened rates of mortality, depression, and cognitive decline—and recent research underscores their widespread prevalence among older adults. For example, data from the National Health and Aging Trends Study reveals that 24 percent of community-dwelling older adults are considered socially isolated, and a 2018 AARP Foundation survey found that more than one-third of individuals age 45 and older report experiencing loneliness (Cudjoe et al., 2020; Anderson & Thayer, 2018).

Following an introduction and agenda-setting for the convening, seven experts in the field of aging and/or social isolation and loneliness presented on various topics, including a review of both the 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) ***Social Isolation and Loneliness in Older Adults Consensus Study Report*** and the *2023 U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. Participants then attended facilitated breakout group sessions on different care settings and reported back before a break for a networking lunch. In the afternoon, NYAM facilitated a conversation on approaches to accelerating successful interventions. The day concluded with a discussion on potential next steps for The John A. Hartford Foundation to pursue.

This report summarizes discussions during the convening, including ideas generated in conversation with the larger group and the breakout groups. This report's goal is to guide The John A. Hartford Foundation to pursue effective interventions for social isolation and loneliness among older adults.

PRESENTATION KEY TAKEAWAYS

The day's first speaker, **Harold Pincus**, MD, Professor of Psychiatry in Health Policy and Management at Columbia University, addressed various themes including loneliness, loss of autonomy, intergenerational relationships, and structural supports. Pincus emphasized the importance of facilitating strengths and social supports that older adults already have rather than focusing on deficits associated with aging. He succinctly organizes strategies for collaboration on social isolation and loneliness into ten Ps (see Figure 1). Pincus expressed the need to formalize services to address social isolation and loneliness on a national level. These services can address and alleviate the many repercussions of social isolation and loneliness, such as falling risks, ageism, and challenges with technology and transportation.

Next, **Edna Ishayik**, MA, Associate Director of Science and Policy in the Office of the U.S. Surgeon General, focused on addressing social isolation as a public health priority and outlined three primary action steps around this goal. In 2023, U.S. Surgeon General's office published the advisory on the healing effects of social connection and community, **"Our epidemic of loneliness and isolation"** (see Figure 2). First, she discussed the importance of raising awareness around social isolation and loneliness and encouraging social connectivity among older adults. Second, she emphasized the importance of continuing to develop national measures and prevalence measures, such as the National Health Interview Survey and the Behavioral Risk Factor Surveillance System. The third action step she described was exploring more research on what individuals need to ensure healthy social connection.


Figure 1. The Ten Ps of Multi–Level Collaborative Strategies for Social Isolation and Loneliness in Older Adults (Pincus, 2024).

Tracy Lustig, DPM, MPH, Senior Program Officer at the National Academies of Sciences, Engineering, and Medicine, presented the NASEM report which examines the impact of social isolation and loneliness on older adult health and well-being. The goals of producing this research included not only developing a more robust evidence base and improving awareness of the issue, but also strengthening ties between the healthcare system and community-based networks and resources (see Figure 3). The primary focus of her presentation was the role of healthcare systems in identifying and addressing social isolation and loneliness, despite challenges such as variability in terminology, limited research on specific populations, and a lack of evidence for effective interventions. The recommendations included developing a more robust evidence base, translating research into healthcare practices, improving awareness, and promoting coordinated solutions between the healthcare system and community-based social care providers—particularly in the context of emerging challenges related to COVID-19.

Jillian Racoosin Kornmeier, MPH, Executive Director at the Foundation for Social Connection and Coalition to End Social Isolation & Loneliness, spoke about the many cultural drivers contributing to increased social isolation and loneliness among older adults, such as hyper-individualism and diversion of attention to technological distractions. She emphasized that social isolation is rooted in community design, social norms, and systemic injustices, presenting the SOCIAL framework (Holt-Lunstad, with contributions to the conceptualization of the systemic framework by the members of the Scientific Advisory Council of the Foundation for Social Connection, 2022) as a guide for action across various sectors and levels of impact (see Figure 4). The importance of focusing on
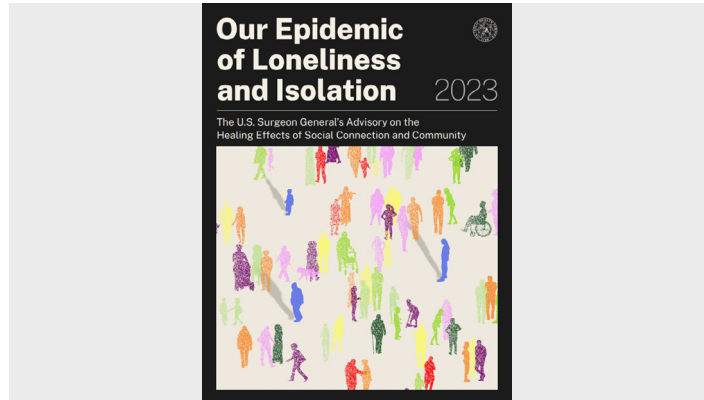
Figure 2. U.S. Surgeon General Vivek H. Murthy (2023).
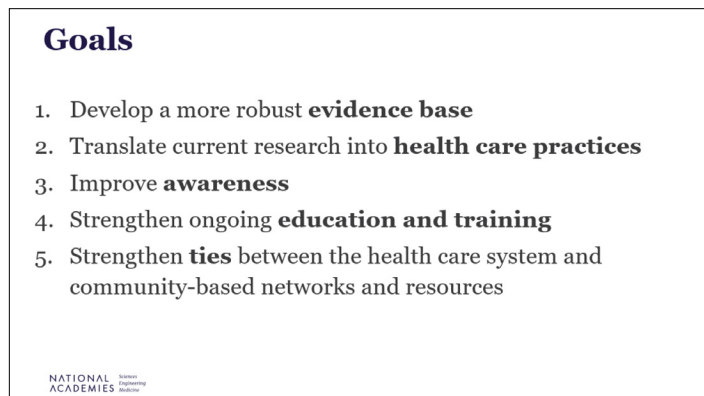
Figure 3. The Goals for Addressing Social Isolation and Loneliness in Older Adults from the 2020 NASEM report (NASEM, 2020).

Figure 4. Action Guide for Building Socially Connected Communities (Racoosin Kornmeier, 2024).

communities for improved physical, cognitive, mental, behavioral, and economic health was underscored, with practical examples such as the Peer Assistance and Leadership (PALS) Houston Pilot and initiatives addressing social isolation in the Centers for Medicare and Medicaid (CMS) priority ZIP codes.

Jeremy Nobel, MD, MPH, Faculty at the Harvard Medical School Center for Primary Care and Founder and President of The Foundation for Art and Healing, discussed themes from his new book, **_Project UnLonely_**, including addressing loneliness through creative expression and community connection (Nobel, 2023). He focused on the effects of social isolation and loneliness and introduced three types of loneliness: interpersonal/psychological, societal/organizational, and existential/spiritual (see Figure 5). His presentation explored the potential of artificial-intelligence-enabled creative activities using digital platforms, and the role of the arts as a powerful tool to reduce loneliness and the stigma surrounding seeking help. It highlighted the intersection of both high-tech and social approaches in combating social isolation and loneliness.

Finally, **Sara Czaja**, PhD, MS, Professor of Gerontology and Director of the Center on Aging and Behavioral Research at Weill Cornell Medicine, explained much of the science behind these approaches. Czaja presented effective behavioral interventions (e,g., cognitive and dialectical behavior therapies) and emphasized the need

Figure 5. Three Types of Loneliness (Nobel, 2024).
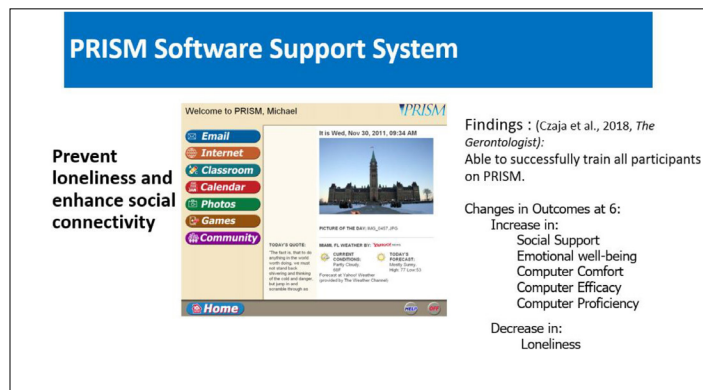
Figure 6. PRISM Software Support System (Czaja, 2024).

for a multi-systematic approach tailored to individual needs. She also described work on technology-based interventions, including the Personalized Reminder Information and Social Management (PRISM) System (Czaja et al., 2015) (see Figure 6) and virtual reality projects, showcasing positive outcomes in decreasing loneliness and enhancing social connectivity among older adults. She emphasized the need for a stronger evidence base with larger and more diverse populations in varying contexts.

CONCEPTUAL FRAMEWORKS

The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States, developed the Age–Friendly Health Systems initiative. This initiative created an evidence–based framework called the 4Ms of an Age–Friendly Health System, including *What Matters* (e.g., older adults' needs and goals about their healthcare), *Medication* (e.g., drug interactions, side effects), *Mentation* (e.g., awareness of changes in memory or mood), and *Mobility* (e.g., getting around from place to place safely) (Institute for Healthcare Improvement, n.d.). This framework guided the meeting discussion around characterizing social isolation and loneliness as a deeply impactful social determinant of health.

The meeting discussion was also anchored in several conceptual frameworks that address the relationship between social connection and health outcomes among older adults as well as effective approaches to addressing issues of social isolation and loneliness. For example, the NASEM report (2020) provided a framework that explores the association between risk factors, social connection, mediators, health impacts, and mortality at the individual, community, and societal levels (see Figure 8). In addition, Donovan & Blazer (2020) built upon this framework to expand upon the risk factors (living alone, bereavement, poor health, etc.), social connection (social isolation and loneliness), mediators (sleep, stress, blood pressure, etc.), health impacts (cardiovascular disease, stroke, incident dementia, etc.), and mortality (see Figure 9).
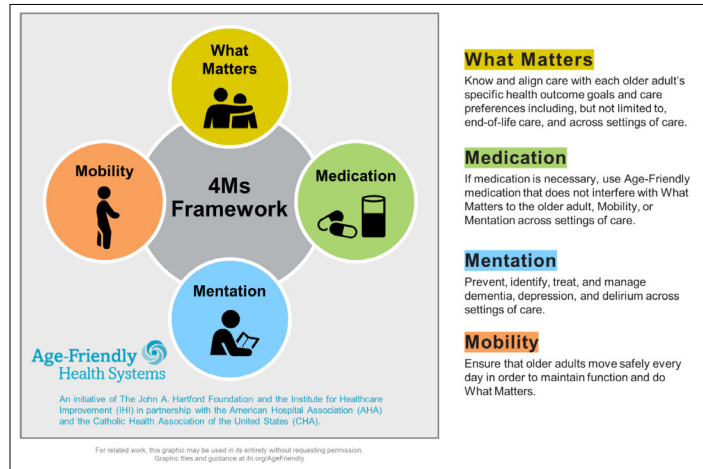
**Figure 7.** The 4Ms Framework (Institute for Healthcare Improvement, n.d.).
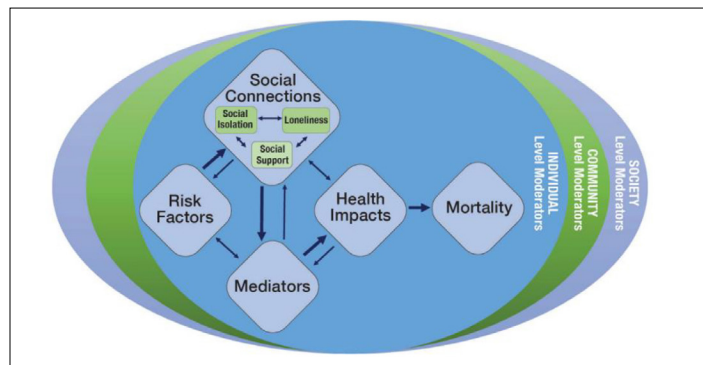
Figure 8. National Academies of Sciences, Engineering, and Medicine (2020), Guiding framework.
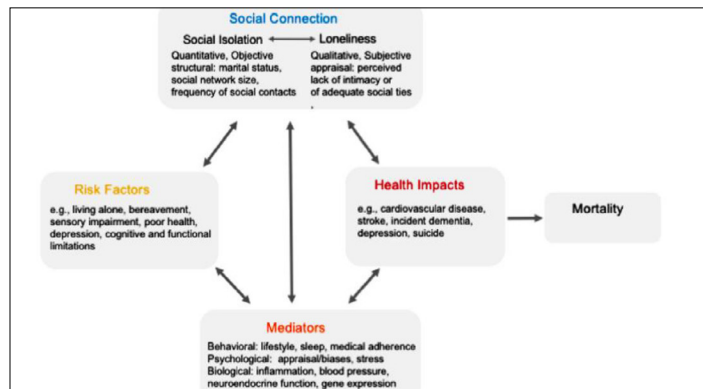
Figure 9. Donovan & Blazer's putative mechanisms by which social connections influence morbidity and mortality (2020). Adapted from the National Academies of Sciences, Engineering, and Medicine (2020) and Holt–Lunstad & Smith (2016).
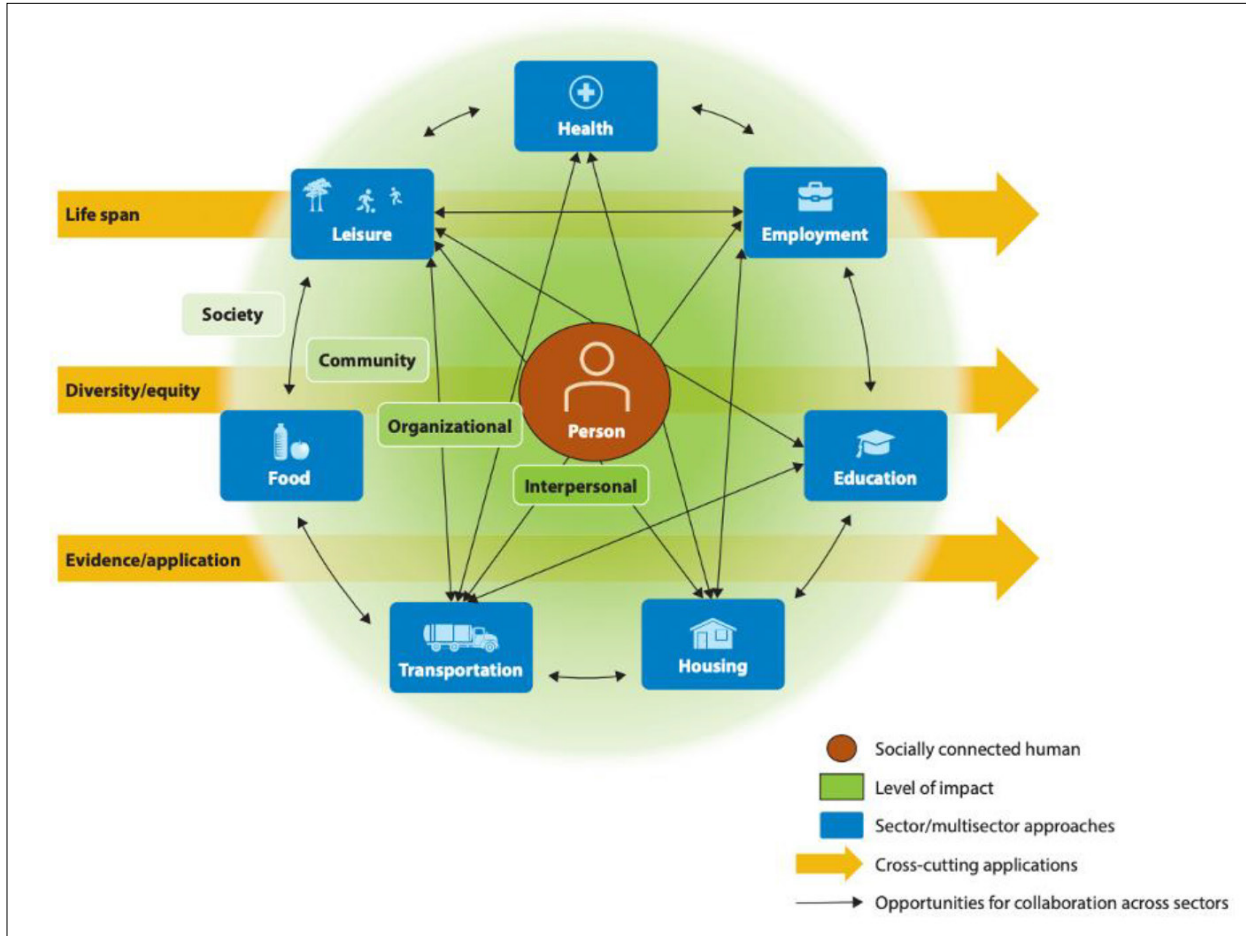
Figure 10. Holt-Lunstad (2022)'s Systemic Framework of Cross-Sector Integration and Action Across the Lifespan (SOCIAL).

Further, Holt-Lunstad (2022) developed the Systemic Framework of Cross-Sector Integration and Action Across the Life Span (SOCIAL)—which draws on the socioeconomic model and the Health in All Policy frameworks—which aim to "illustrate untapped opportunities to significantly influence population health" (Holt-Lunstad, 2022, p. 204) (see Figure 10). The framework incorporates levels of impact (e.g., interpersonal, organizational, community, and society), multiple sectors (e.g., food, leisure, health, employment, education, transportation, and housing), cross-cutting applications (e.g., lifespan, diversity/equity, and evidence/application), and opportunities for collaboration across sectors. Importantly, this framework emphasizes the potential for collaboration between sectors and levels to accelerate progress toward a more socially connected and supported society.

SUMMARY OF DISCUSSION: PROMISING MODELS FOR INTERVENTION

The attendees separated into breakout groups to discuss important considerations for researchers, service providers, and policymakers in the following care settings: *community*, *primary care*, *long-term care*, and *acute care*. Key takeaways from these discussions are summarized in the following section.

COMMUNITY

The community group discussed the importance of identifying older adults aging in community who are at risk for and/or currently experiencing social isolation and loneliness. Community-based organizations (CBOs)—senior centers, social service providers, etc.—often do this by regularly screening for social isolation and loneliness. However, the group acknowledged that CBOs have limited capacity and funding, and it is important to be aware of this when asking them to take on the additional role of screening clients. To address this, policy advocacy is needed to increase funding support for CBOs that are providing essential social services for older adults. Another way to address this capacity issue could be to embed screening within existing programs such as Meals on Wheels or intergenerational programming. Furthermore, communities can develop community-based innovations in aging such as age-friendly community initiatives—a national movement championed by the World Health Organization (WHO) and AARP that involves multisectoral collaborations of CBOs seeking to ensure that older adults are aging well in their social environments—as well as "Villages," which are grassroots, neighborhood-based membership

organizations that coordinate essential services for community-dwelling older adults (Village to Village Network, n.d.). Finally, the community group discussed the improvement of referral systems, such as ensuring that there is adequate follow-through and collaboration across community and healthcare organizations.

PRIMARY CARE

Primary care is defined as the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community (Donaldson et al., 1996). In terms of primary care settings, the discussion underscored various opportunities for intervention within primary care to address social isolation and loneliness. First, the group discussed the importance of clinicians providing integrated, accessible healthcare services and developing sustained partnerships with patients. Clinicians are urged to consider racial, ethnic, and religious traits in different contexts, particularly in terms of cultural sensitivity and social determinants of health (SDOH). Furthermore, providers need to be educated to think beyond purely "medical" solutions, recognizing that individuals may subconsciously visit the healthcare practice more frequently, such as for minor clinical complaints, as an opportunity for conversation and connection. Additionally, the discussion suggests exploring Programs of All-Inclusive Care for the Elderly (PACE) as a potential avenue to address social isolation and loneliness.

Financial support for clinical teams was deemed crucial during discussion, with an emphasis on the need to fund diverse pilot programs across different institutions and regions. The integration of community care with primary care was proposed to reach individuals not connected outside of their primary care provider. This involves promoting interdisciplinary, team-based care and educating providers on a collaborative care model to tackle social isolation.

Assessments (e.g., UCLA Loneliness Scale) were suggested as beneficial touchpoints in primary care practice to track social isolation over time, with an emphasis on prevention rather than response. Primary care providers are encouraged to recognize social isolation as a medical issue, requiring a collaborative care model and person-centered care plans. Moreover, the discussion called to address the workforce shortage in both CBOs and healthcare settings, with a focus on training employees in the critical area of social isolation and loneliness.

LONG-TERM CARE

Long-term care involves various services designed to meet a person's health or personal care needs when they can no longer perform everyday activities on their own (National Institute on Aging, 2023). The long-term care discussion centered around the need for these services from across the long-term care continuum and how they must be integrated with one another to ensure comprehensive care. Further, there must be additional research into how we can standardize and collect data in the context of clients

and a variety of settings. The discussion emphasized the importance of direct care workers being provided with education and guidance around social isolation and loneliness to enhance their knowledge and expertise in this area. State Master Plans for Aging (MPAs)—also known as the Multisector Plans for Aging (MPAs)—pilot programs, and modified curricula in medical schools and training programs can foster knowledge in social isolation and loneliness early on in all healthcare providers' education and training.

ACUTE CARE

Acute care is when a patient receives immediate and short-term treatment for a critical or life-threatening injury, illness, or disease (Emergency Hospital Systems, 2021). Acute care services provide a chance to communicate preventive approaches, especially important in the context of older adults. Formally adding social isolation and loneliness to the 4Ms Framework provides an opportunity to standardize the additional of this issue in the workflow of a healthcare practice. Further, there were discussions on educating students in healthcare fields, particularly nursing students and physician associates (PAs), and addressing the need for a balance between technical skills and social engagement in education. Challenges included the identification of acute care settings and the utilization of assessment data. Models of interventions, including accredited geriatrics emergency departments (GEDs), were discussed, emphasizing the importance of having an appropriate response for people facing medical emergencies due to social isolation (American College of Emergency Physicians, n.d.). The need for a more coordinated effort between education and training across different healthcare settings and sectors was underscored for more comprehensive and robust efforts.

SCALABLE TOOLS AND PROGRAMS

The meeting attendees discussed how effective measurement of social isolation and loneliness in older adults is crucial for healthcare professionals in ensuring the overall well-being of the aging population. Valid and reliable social isolation and loneliness assessment tools can be used to measure the effectiveness of targeted interventions designed to improve social connection and enhance the overall quality of life among older adults.

Furthermore, precise measurement plays a pivotal role in the prevention and management of various health conditions associated with social isolation and loneliness in older adults. For instance, healthcare professionals can use validated instruments to identify those who may be at risk of depression or anxiety due to social isolation and loneliness. Early detection allows for timely interventions, such as social support programs, community engagement initiatives, and mental health services, which can help mitigate the negative effects of social isolation and loneliness on mental well-being. In addition to individual health outcomes, effective measurement of social isolation and loneliness in older adults is essential for public health planning and resource allocation. Accurate data on the prevalence and patterns of social isolation and loneliness can inform policymakers and healthcare organizations in developing targeted strategies and programs to address this growing public health concern for older adults and for people of all ages. By understanding the magnitude of the issue, healthcare professionals can advocate for and help to implement policies that foster social connection, create supportive environments, and enhance community resources, ultimately contributing to a healthier and more resilient aging population.

Several measurement tools are available to healthcare professionals for assessing social isolation and loneliness in older adults, contributing to a more comprehensive understanding of their well-being. The UCLA Loneliness Scale, often referred to as UCLA-3, is a widely used instrument that assesses perceived social isolation (Russell, 1996). It gauges the subjective feelings of individuals regarding their social connection and has been validated across various populations, making it a valuable tool for healthcare professionals working with older patients. Measurement tools like this one not only assist in identifying the presence and severity of social isolation, loneliness, and depression, but also guide healthcare professionals in tailoring interventions to address specific aspects of these complex issues, promoting more effective and person-centered care for older adults.

Community-run intergenerational programs already exist and have demonstrated success in alleviating social isolation and loneliness. New York City's DOROT, named after the Hebrew word for "generations," operates a wide range of programs that engage people of all ages including multiple successful intergenerational programs connecting more than 1,500 youth volunteers age 12 to 24 with 700 older adults (DOROT, 2023). Through various programs like Genuine Connections™, teen internship programs, and school partnerships, and individual volunteering opportunities, DOROT effectively addresses social isolation and loneliness by fostering meaningful relationships and skill development across generations. Scaling locally based programs like DOROT's intergenerational programs to a national level can significantly enhance impact by fostering widespread connections, mitigating social isolation,

and addressing the Surgeon General's recognized "epidemic of social Isolation and loneliness" on a broader scale.

The meeting attendees also discussed the importance of reaching high-risk populations, including widows and widowers, as crucial for effectively addressing social isolation and loneliness among older adults. Widows and widowers often face unique challenges, as the loss of a spouse can significantly impact one's social network and emotional well-being (Berardo, 1970). Targeted outreach efforts can involve community-based support groups, counseling services, or home visits to provide tailored assistance.

Other high-risk populations include members of the LGBTQ+ community, those living in long-term care facilities, individuals with limited mobility, and those with chronic health conditions that may restrict their social interactions (LGBTMap.org, n.d.; Boamah, et al., 2021). Healthcare professionals can implement outreach strategies, such as telehealth programs, transportation services, and technology training sessions, to connect with these populations and ensure they receive the necessary support. By identifying and addressing the specific needs of high-risk groups, healthcare providers contribute to a more inclusive and responsive approach to mitigating social isolation and loneliness in older adults.

APPROACHES TO ACCELERATING SUCCESSFUL INTERVENTIONS

When recognizing the comprehensive impact of social isolation and loneliness on the well-being of older adults, there is a pressing need to integrate financial reimbursement mechanisms to support interventions addressing these challenges in clinical settings. Attempts have been made to underscore the value of SDOH within healthcare financing structures. By including metrics on the effectiveness of social isolation and loneliness interventions in value-based models, clinics can incentivize healthcare providers to prioritize holistic care. This approach not only acknowledges the broader determinants of health but also stresses the importance of preventive strategies in delivering patient-centered care. Aligning reimbursement with the recognition of the significant impact of social factors on health outcomes encourages healthcare systems to invest in comprehensive interventions that contribute to the overall health and quality of life for older adults (Huffstetler & Phillips, 2019).

The Geriatrics Workforce Enhancement Program (GWEP) stands out as a potential platform for training the future healthcare workforce to effectively tackle the challenges of social isolation and loneliness in older adults (American Geriatrics Society, n.d.). GWEP sites, supported by the Health Resources and Services Administration (HRSA), are uniquely positioned to provide targeted and specialized training, based on the 4Ms of age-friendly care that address the psychosocial dimensions of aging (HRSA, n.d.). The GWEP sites' comprehensive approach incorporates evidence-based practices, communications strategies, and community engagement methods, making it particularly well-suited for equipping healthcare professionals with the nuanced skills required to identify, assess, and address social isolation among older adults. GWEP's emphasis on interdisciplinary collaboration and real-world application through community partnerships enhances the practical application of these skills. By fostering a workforce with a deep understanding of geriatric care and a holistic approach to addressing social isolation, GWEPs ensure that future healthcare professionals are well-prepared to meet the evolving needs of an aging population.

OPPORTUNITIES FOR IMPLEMENTATION

Shaping a Strategy for Social Isolation and Loneliness in Older Adults convened more than 70 stakeholders from across multiple sectors and the nation who all contribute, in some way, to identifying social isolation and loneliness among older adults and developing effective interventions for this ongoing concern. This active discussion, both in person and online, resulted in a series of opportunities for funders, government agencies, and others to utilize as guidelines for impacting positive change. These recommendations are as follows:

1 | Include Social Isolation and Loneliness as a Social Determinant of Health

Advocating for a new social determinant of health framework that expressly incorporates social isolation and loneliness is imperative, particularly in the context of older adults. These psychosocial factors exert a substantial impact on the overall well-being of older adults, influencing their susceptibility to a range of chronic physical conditions and mental health challenges. By formally recognizing social isolation and loneliness within a dedicated framework for older adults, healthcare professionals can adopt a more targeted and holistic approach to patient care. This tailored framework will prompt healthcare practitioners to integrate specific assessments and interventions, acknowledging the unique challenges faced by older adults in maintaining social connection. Such a focused approach enhances the quality of medical

interventions and pushes for the development of preventive strategies, acknowledging the profound influence of social connections on older adults' health outcomes.

2 | Support Efforts to Train Healthcare and Social Service Professionals on Social Isolation and Loneliness Among Older Adults

Social isolation and loneliness training for healthcare professionals who engage with older adults coping with these issues is paramount to alleviating the significant impact on the well-being of older individuals. Comprehensive training will equip healthcare professionals with the awareness and skills needed to effectively recognize, assess, and address social isolation and loneliness. Training will ensure that healthcare practitioners are well-prepared to navigate the complexities of addressing social isolation and loneliness, contributing to enhanced patient outcomes and the cultivation of a more compassionate healthcare environment. Integrating the essential components of training on social isolation and loneliness into existing programming, such as Age-Friendly Health Systems, presents a unique opportunity to leverage the momentum and name recognition of established programs. By incorporating this training seamlessly into broader healthcare frameworks, we not only harness existing infrastructure but also enhance

the comprehensiveness of healthcare services for older adults. This synergistic approach ensures that healthcare professionals, already engaged in established and recognizable programs, can seamlessly integrate insights and practices related to social isolation and loneliness, contributing to a more cohesive and impactful healthcare system that prioritizes the holistic well-being of older adults.

3 | Promote Partnerships Between Community-Based Organizations and Healthcare Organizations, Networks, and Resources to Address Social Isolation and Loneliness Among Older Adults

Leveraging partnerships between CBOs—including Area Agencies on Aging (AAAs)—and healthcare providers is a strategic approach for addressing social isolation and loneliness among older adults. By fostering collaboration, partner organizations can tap into one another's unique strengths to create comprehensive and targeted interventions. Community organizations bring local knowledge, trusted connections, and the ability to design culturally and regionally sensitive programs, while healthcare providers can contribute clinical expertise and resources. Joint initiatives can include community-based support groups, outreach programs, and educational campaigns to raise awareness about the importance of social connection to overall well-being. This collaborative model not only maximizes the reach of interventions

but also ensures that older adults receive both medical and community-based support, addressing the multifaceted nature of social isolation and loneliness. These partnerships create a synergistic approach that enhances the impact of interventions and contributes to a holistic and integrated healthcare system.

4 | Build Upon Existing Federally Funded Efforts to Develop a National Resource Center on Social Isolation and Loneliness Among Older Adults

There is a need for comprehensive leadership at the national level to combat social isolation and loneliness among older adults. National initiatives focused on centralization of efforts do already exist for social isolation and loneliness. EngAGED: The National Resource Center for Older Adults is "a national effort to increase the social engagement of older adults, people with disabilities and caregivers by expanding and enhancing the Aging Network's capacity to offer social engagement" (engAGED, n.d.). In addition, the Administration for Community Living (ACL), in partnership with the Office of the Assistant Secretary for Health, has funded the Commit to Connect initiative, which is "a cross-sector initiative to fight social isolation and loneliness by helping people connect" across all ages (Commit to Connect, n.d.). Support for coordination at the national level can amplify efforts like these to bring together professionals and older adults with lived experiences to exchange knowledge and best practices around mitigating social isolation and loneliness.

5 | Focus Policy Efforts on Older Adults Who Have Been Historically Underserved

The group discussed the effect of structural racism on issues of social isolation and loneliness among ethnoracially minoritized older adults. Evidence suggests that because ethnoracially minoritized older adults are disproportionately affected by lower incomes, lack of access to essential resources, and fewer neighborhood assets, these groups are at greater risk for social isolation compared to non-Hispanic white older adults (Adepoju et al., 2024). To address these inequities, the voices of older adults belonging to ethnoracially minoritized groups should be centered in policy efforts to minimize social isolation and loneliness. In addition, research, evaluation, and policy advocacy around social isolation and loneliness can focus on strengths that exist in these communities so that resources can be directed to amplify and sustain those strengths.

6 | Standardize the Approach to Measurement and Documentation of Social Isolation and Loneliness Among Older Adults

In order to undertake a national approach to addressing social isolation and loneliness in older adults, it is necessary to standardize the processes for measurement and documentation of these issues among older adults. Participants at the convening discussed both the utility and shortcomings of the most recent version of the UCLA Loneliness Scale, a 20-item measure that assesses how often a person feels disconnected from others (Russell, 1996). Even with the availability of this tool, there is not a consistent point in the healthcare system at which social isolation and loneliness are measured and documented. To alleviate this gap, a new guide for best practices in documenting social isolation and loneliness should be established for healthcare providers caring for older adults. One key place that this could be integrated into is the Mentation arm of the 4Ms Framework of Age-Friendly Health Systems.

7 | Ensure That Older Adults Are Included As Active Partners in Social Isolation and Loneliness Research and Evaluation

It is essential that older adults are included as active partners in all stages of the evaluation process when studying social isolation and loneliness among aging adults. A recent review of efforts to involve older adults in influencing policy and programs through participatory action research by Corrado et al. found that there is a lack of research "positioning older adults as equitable partners, co-learners, and agents for change" (Corrado et al., 2020). Accordingly, it is important to prioritize funding social isolation and loneliness evaluation and research that centers older adults in its design and implementation.

8 | Advance the Role of Technology in Mitigating Social Isolation and Loneliness Among Older Adults

Though often viewed as a vulnerability or challenge for older adults, technology holds significant potential for addressing social isolation and loneliness among aging populations. While there exists a digital divide in access to and familiarity with technology among older adults, technology has proven to be a way for older adults, especially those who are physically isolated, to alleviate feelings of loneliness and remain in contact with their support systems (Waycott, Vetere, & Ozanne, 2019). Technology can also facilitate communication through video calls and social media, foster virtual communities and events, and enable telehealth services. Technology applications such as the PRISM (Personal Reminder Information and Social Management) System, discussed at the meeting by Sara Czaja, and the voice-operated care companion ElliQ are important examples of this (Czaja et al., 2015; Noyes, 2023). Funders can prioritize supporting pilots, evaluation, and direct programming around the use of technology to address social isolation and loneliness among older adults.

Conclusion

The discussion during Shaping Social Isolation Strategy for Older Adults on January 10, 2024, provided insights into the multifaceted issue of social isolation and loneliness among older adults, which contributes to heightened rates of mortality, depression, and functional impairment. Fortunately, collective efforts such as this convening representing diverse sectors can amplify the urgency and significance of addressing this critical issue and create a society where older adults are supported, engaged, and empowered. The convening delivered several important recommendations for consideration, which encompass a multidimensional approach to addressing social isolation and loneliness among older adults.

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REFERENCES

Adepoju, O. E., Ojinnaka, C. O., Pieratt, J., & Dobbins, J. (2024). Racial and ethnic differences in predictors of participation in an intergenerational social connectedness intervention for older adults. *BMC geriatrics*, 24(1), 70.

American College of Emergency Physicians (ACEP). (n.d.). *Geriatric Emergency Department Accreditation Program (GEDA)*. ACEP.org. **https://www.acep.org/geda**

American Geriatrics Society (AGS). *GWEP Coordinating Center*. American Geriatrics Society. (n.d.). **https://www.americangeriatrics.org/programs/gwep-coordinating-center**

Anderson, G. Oscar and Colette E. Thayer. (2018) Loneliness and Social Connections: A National Survey of Adults 45 and Older. Washington, DC: AARP Research. **https://doi.org/10.26419/res.00246.001**

Badcock, J. C., Holt-Lunstad, J., Bombaci, P., & Lim, M. H. (2022). *Global initiative on loneliness and connection. Global Initiative on Loneliness and Connection*. **https://www.endsocialisolation.org/global-initiative-on-loneliness-and-connection**

Berardo, F. M. (1970). Survivorship and Social Isolation: The Case of the Aged Widower. *The Family Coordinator*, 19(1), 11–25. **https://doi.org/10.2307/582141**

Boamah, S. A., Weldrick, R., Lee, T.-S. J., & Taylor, N. (2021). Social Isolation Among Older Adults in Long-Term Care: A Scoping Review. *Journal of Aging and Health*, 33(7-8), 618–632. **https://doi.org/10.1177/08982643211004174**

Commit to Connect, (n.d.). Our Work. Retrieved from: **https://committoconnect.org/our-work/**

Corrado, A. M., Benjamin-Thomas, T. E., McGrath, C., Hand, C., & Laliberte Rudman, D. (2020). Participatory action research with older adults: a critical interpretive synthesis. *The Gerontologist*, 60(5), e413–e427.

Cudjoe, T. K. M., Roth, D. L., Szanton, S. L., Wolff, J. L., Boyd, C. M., & Thorpe, R. J. (2020). The Epidemiology of Social Isolation: National Health and Aging Trends Study. *The journals of gerontology*. Series B, Psychological sciences and social sciences, 75(1), 107–113. **https://doi.org/10.1093/geronb/gby037**

Czaja, S. J., Boot, W. R., Charness, N., A Rogers, W., Sharit, J., Fisk, A. D., Lee, C. C., & Nair, S. N. (2015). The personalized reminder information and social management system (PRISM) trial: rationale, methods and baseline characteristics. Contemporary clinical trials, 40, 35–46. **https://doi.org/10.1016/j.cct.2014.11.004**

Czaja, S. (2024). *Interventions targeting social isolation and loneliness: The State of the Science*. [PowerPoint presentation]

Donaldson, M. S., Yordy, K. D., Lohr, K. N., & Vanselow, N. A. (1996). *Primary care: America's health in a new era*. The National Academies Press.

Donovan, N. J., & Blazer, D. (2020). Social isolation and loneliness in older adults: review and commentary of a National Academies report. *The American Journal of Geriatric Psychiatry*, 28(12), 1233-1244.

DOROT, (2023, August). *Impact Report: DOROT's Intergenerational Programs*. Our Impact. **https://www.dorotusa.org/about/our-impact**

Emergency Hospital Systems (2021). What is Acute Care? Emergency Hospital Systems LLC. **https://www.emergencyhospitals.care/what-is-acute-care/#:~:text=Acute%20care%20is%20when%20a,the%20patient's%20health%20and%20stability**

EngAGED, (n.d.). engAGED: The National Resource Center for Engaging Older Adults. Retrieved from: **https://www.engagingolderadults.org/**

Health Resources and Services Administration. (n.d.). Geriatrics Workforce Enhancement Program. Health Resources and Services Administration. **https://www.hrsa.gov/grants/find-funding/HRSA-24-018**

Holt-Lunstad, J. and the Scientific Advisory Council of the Foundation for Social Connection (2022). Social connection as a public health issue: The evidence and a systemic framework for prioritizing the "social" in social determinants of health. Annual Review of Public Health, 43, 193–213.

Holt-Lunstad, J., & Steptoe, A. (2021). *Social Isolation: An underappreciated determinant of physical health*. **https://pubmed.ncbi.nlm.nih.gov/34438331/**

Huffstetler, A. N., & Phillips, R. L. (2019). Payment structures that support social care integration with clinical care: Social deprivation indices and novel payment models. *American Journal of Preventive Medicine, 57*(6). **https://doi.org/10.1016/j.amepre.2019.07.011**

Institute for Healthcare Improvement (n.d.). The 4Ms of Age-friendly Care. Retrieved from: **https://www.ihi.org/initiatives/age-friendly-health-systems**

Ishayik, E. (2024). *The Importance of Social Connection to Individual and Community Health and Well-being*. [PowerPoint presentation]

Lustig, T. (2024). *Social Isolation and Loneliness in Older Adults: Opportunities for the Healthcare System*. [PowerPoint presentation]

Movement Advancement Project, SAGE, and Diverse Elders Coalition. November 2017. *Infographic: LGBT Seniors and Social Isolation*. **https://www.lgbtmap.org/LGBT-Older-Adults-Social-Isolation**

National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. The National Academies Press. **https://doi.org/10.17226/25663**

National Institute on Aging. (2023). What is long-term care? **https://www.nia.nih.gov/health/long-term-care/what-long-term-care**

Noyes, R. (2023, August 1). *NYSOFA's rollout of AI companion robot ElliQ shows 95% reduction in loneliness*. New York State Office for the Aging. **https://aging.ny.gov/news/nysofas-rollout-ai-companion-robot-elliq-shows-95-reduction-loneliness**

Nobel, J. (2024). The John A. Hartford Foundation and The New York Academy of Medicine Convening: Addressing Loneliness and Isolation in Older Adults. [PowerPoint presentation]

Nobel, J. (2023). *Project UnLonely: Healing our crisis of disconnection*. Avery, an imprint of Penguin Random House.

Pincus, H. (2024). *Incorporating Social Isolation and Loneliness into the National Aging Conversation*. [PowerPoint presentation]

Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkley, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C., & Fried, L. (2020). Consensus statement: loneliness in older adults, the 21st century social determinant of health?. BMJ open, 10(8), e034967. **https://doi.org/10.1136/bmjopen-2019-034967**

Racoosin-Kornmeier, (2024). *Advancing Social Connection Across the Lifespan*. [PowerPoint presentation]

Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of personality assessment*, 66(1), 20–40.

Waycott, J., Vetere, F., Ozanne, E. (2019). Building Social Connections: A Framework for Enriching Older Adults' Social Connectedness Through Information and Communication Technologies. In: Neves, B., Vetere, F. (eds) *Ageing and Digital Technology*. Springer, Singapore. **https://doi.org/10.1007/978-981-13-3693-5_5**

Appendix A: Attendees

The following individuals attended *Shaping a Social Isolation Strategy for Older Adults* on January 10, 2024. To view biographies, please visit **this website**.

John Allen, The John A. Hartford Foundation

Scott Bane, The John A. Hartford Foundation

Justin Barclay, Tivity Health

Abigail Barth, Foundation for Social Connection

Gwen Bergen, National Center for Injury Prevention and Control, CDC

Arlene Bierman, The Center for Evidence and Practice Improvement

Dan Blazer, Duke University School of Medicine

Erin Bruner, National Center for Injury Prevention and Control, CDC

Rafael Campos, Office of the Surgeon General

Jane Carmody, The John A. Hartford Foundation

Kelly Cronin, The Administration for Community Living

Thomas Cudjoe, Johns Hopkins School of Medicine

Sara Czaja, Weill Cornell Medicine

George Demeris, University of Pennsylvania and The National Academy of Medicine

Nancy Donovan, Brigham and Women's Hospital

Erin Emery-Tiburcio, Rush University Medical Center

Marcus Escobedo, The John A. Hartford Foundation

Robert Espinoza, National Skills Coalition

Maureen Feldman, Motion Picture Television Fund

Alexa Fleet, New York State Psychiatric Institute

Lori Frank, The New York Academy of Medicine*

Colleen Galambos, University of Wisconsin–Milwaukee

Melissa Gerard, National Institute on Aging

Robyn Golden, Rush University Medical Center

Emily Greenfield, Rutgers School of Social Work

Meredith Hanely, USAging

Louise Hawkley, The Bridge at NORC

Maureen Henry, International Longevity Center

Jeremy Holloway, University of North Dakota

Julianne Holt-Lunstad, Brigham Young University

Musa Hussain, The New York Academy of Medicine

Narda Ipakchi, The SCAN Foundation

Edna Ishayik, Office of the Surgeon General

Ann Mond Johnson, American Telehealth Foundation

Elana Kieffer, The New York Academy of Medicine

Priscilla Ko, The Harry and Jeanette Weinberg Foundation

Lesley Krien, The CDC Foundation

Ann Kurth, The New York Academy of Medicine

Abby Levy, Primetime Partners

Greg Link, The Administration on Community Living

Tracy Lustig, The National Academies of Sciences, Engineering, and Medicine

Sandy Markwood, USAging

Kevin McIntyre, Trust for America's Health

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Earl Millett, The Harry and Jeanette Weinberg Foundation

Sarita Mohanty, The SCAN Foundation,

Adrianna Nava, The National Committee for Quality Assurance

Liz Necka, The National Institute on Aging

Jeremy Nobel, Harvard Medical School and The Foundation for Art and Healing

Emmeline Ochiai, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

Mary O'Donnell, RRF Foundation for Aging

Renee Pepin, Geisel School of Medicine at Dartmouth

Carla Perissinotto, The University of San Francisco

Harold Pincus, Columbia University, The New York State Psychiatric Institute, and the Health and Aging Policy Fellowship

Jillian Racoosin-Kornmeier, Foundation for Social Connection

Jessica Retrum, Metropolitan State University of Denver

Judy Salerno, Faculdade de Medicina da Universidade de São Paulo and The New York Academy of Medicine

Lucy Savitz, The University of Pittsburgh School of Public Health

Clara Scher, Rutgers University School of Social Work and The New York Academy of Medicine

Vicki Shepard, Tivity Health

Alya Simoun, The New York State Psychiatric Institute

Rani Snyder, The John A. Hartford Foundation

Joy Solomon, River Spring Living

Brigitta Spaeth, The New York State Psychiatric Institute

Carolyn Stem, The New York Academy of Medicine

Diane Ty, Milken Institute | Future of Aging

Nancy Wexler, The John A. Hartford Foundation

Meghan Wolfe, Trust for America's Health

Serena Worthington, RRF Foundation for Aging

Appendix B: Foundational Literature

The meeting discussion was grounded in the following reports:

National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system. The National Academies Press*. Retrieved from: **https://nap. nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the**

U.S. Surgeon General Vivek H. Murthy (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community*. Retrieved from: **https://www.hhs.gov/sites/ default/files/surgeon-general-social-connection-advisory.pdf**

Additional articles mentioned during discussion included:

Campus for Creative Aging. (n.d.). *About*. **Campusforcreativeaging.org/about/**

Hawkley, L. C. (2024). Public policy and the reduction and prevention of loneliness and social isolation. In A. Hajek, S. Rieder-Heller, & H.-H. König (Eds.). *Loneliness and social isolation in old age. Correlates and implications* (pp. 181–190). New York, NY: Routledge.

Innovations Hub. engAGED. (n.d.). **https://www.engagingolderadults.org/hub**

The John A. Hartford Foundation. (n.d.). *Journal of Professional Nursing Guest Editorial: Nursing Homes for Nursing Education*. The John A. Hartford Foundation. **https://www.johnahartford.org/dissemination-center/view/ journal-of-professional-nursing-guest-editorial-nursing-homes-for-nursing-education**

Jeste, D. V., Nguyen, T. T., & Donovan, N. J. (2022). *Loneliness: Science and practice*. American Psychiatric Publishing, Inc.

John Hopkins University. (n.d.). *Artificial Intelligence & Technology collaboratory for aging research*. Hopkins AITC for Aging Research. **https://aitc.jhu.edu/**

Li, L., Carrino, L., Reinhard, E., & Avendano, M. (2023). Has the UK Campaign to End Loneliness Reduced Loneliness and Improved Mental Health in Older Age? A Difference-in-Differences Design. *The American journal of geriatric psychiatry: official journal of the American Association for Geriatric Psychiatry*, S1064-7481(23)00447-5. Advance online publication. **https://doi.org/10.1016/j.jagp.2023.10.007**

OSF HealthCare. (2022). *OSF HealthCare joins with state of Illinois to improve the health of vulnerable, older adults*. **https://newsroom.osfhealthcare.org/osf-healthcare-joins-with-state-of-illinois-to-improve-the--health- of-vulnerable-older-adults/**

Pomeroy, M.L., Mehrabi, F., Jenkins, E. et al. Reflections on measures of social isolation among older adults. *Nat Aging* 3, 1463–1464 (2023). **https://doi.org/10.1038/s43587-023-00472-4**

U.S. Department of Health and Human Services. (2024). *Race and national origin*. National Institutes of Health. **https://www.nih.gov/nih-style-guide/race-national-origin**

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The
John A. Hartford
Foundation

The John A. Hartford Foundation, based in New York City, is a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. For more than three decades, the organization has been the leader in building a field of experts in aging and testing and replicating innovative approaches to care. The Foundation has three areas of emphasis: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care. Working with its grantees, the Foundation strives to change the status quo and create a society where older adults can continue their vital contributions. For more information, visit johnahartford.org and follow @johnahartford.

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