Older Adults Report They Often Feel Lonely: How Does this Impact Other Outcomes in Their Lives?
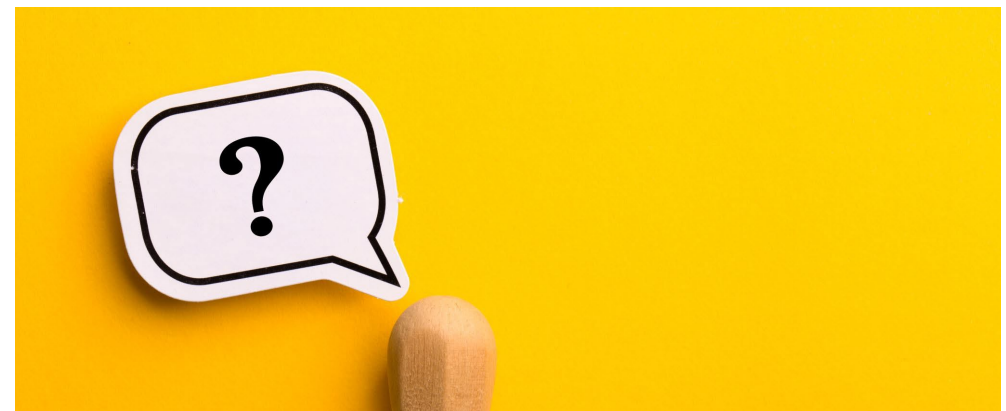

NCI·AD
NATIONAL CORE INDICATORS
PEOPLE DRIVEN DATA

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NATIONAL CORE INDICATORS--AGING AND DISABILITIES®

Who is here today?

Experience working with older adults who experience social isolation or loneliness?

Setting the Stage

Understanding Social Isolation and its Impacts

Impacts on Health and Wellbeing

Social isolation can have negative impacts to older adult physical health, including early mortality, high blood pressure, and heart disease.

The influence of social isolation on risk for mortality is comparable with well-established risk factors for mortality. (*Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review*, Perspectives on Psychological Science 2015, Vol. 10(2) 227 –237)

Loneliness also has an impact on mental and emotional health, as older adults experiencing loneliness are at increased risk of depression and cognitive decline.

Impacts on Expenditures and Service Utilization

Social isolation and loneliness have personal and social costs.

One study found that a lack of social contacts among older adults resulted in greater health care spending in fee-for-service Medicare, totaling over $1,600 more per beneficiary per year than beneficiaries with typical social contacts.

Research also found that older adults living alone and experiencing loneliness were also more likely to need assistance from community programs.

Growing Awareness of Social Isolation as a Social Determinant of Health

With research documenting the health impacts of social isolation and loneliness, there is growing recognition that these conditions are social determinants of health.

Loneliness and social isolation are experienced by adults across the age span.

Life events/transitions might lead to decreased social connections for older adults. At the same time, life experience can foster resilience.

The COVID-19 pandemic and public health emergency have created conditions that increase social isolation while also spurring new initiatives and approaches to addressing isolation and enhancing social connections.

Commit to Connect
Administration for Community Living

- **To tackle the challenge of combatting social isolation and loneliness, ACL pulled together partners from across the federal government, the aging and disability networks, philanthropy, and industry.**

- **Some of the goals of this public-private partnership include:**
  - Building a network of champions;
  - Collaborating on solutions to reach more people;
  - Developing an online, consumer-focused tool to match people to customized resources; and
  - Establishing partnerships in communities and across all levels of government to share successful initiatives.

For more information: https://acl.gov/CommitToConnect

ADvancing States Resource

1. Comprehensive and thorough training for case managers to identify individuals who may be socially isolated

2. Consider tracking health care indicators in tandem with social isolation service

3. Foster partnerships with community resources, first responders, community health workers, and other stakeholders
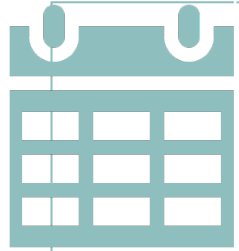

ADVANCING STATES

2023

ADvancing States Social Isolation Report

advancingstates.org
202-898-2578
241 18th St S, Arlington VA. 22202
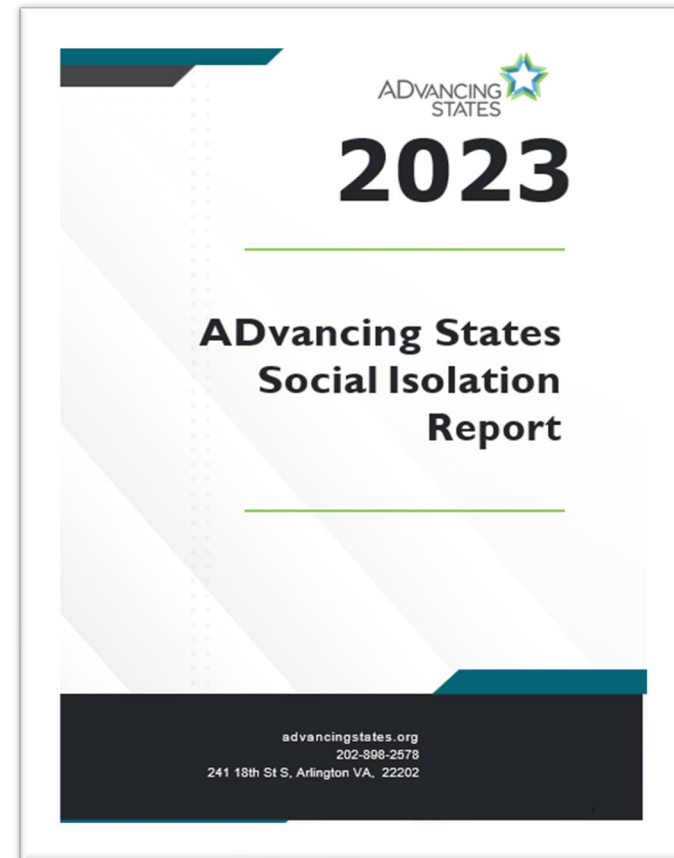
Discussion

How do you see these factors impacting your work?

What interventions have you seen that are successful?
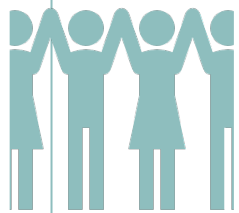
NCI-AD: An Overview
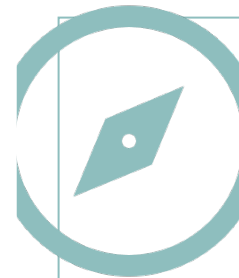
Established

- 2015
- Grew out of NCI-IDD

Participating states

- 23
- 30 throughout project

Population addressed

- Older adults and people with physical disabilities

Covers multiple domains

- AD domains and indicators
- **New** State of the Workforce Survey – Aging and Disabilities

**Adult Consumer Survey (ACS)
A Person-Centered Approach**

- **Standardized survey with a sample of individuals receiving services**
  - No pre-screening procedures
- **Survey includes:**
  - Demographic and service-related characteristics typically from existing records
  - Main survey section conducted with person receiving services
  - Some questions may be answered by a proxy respondent
- **Survey conducted in-person, via video conference, over the phone**
- **Standardized surveyor training**
- **Allows questions to be reworded or rephrased using familiar names and terms**
- **Survey portions take 50 minutes on average**
- **Minimum sample ~400**

Data can help measure disparities

Individual characteristics of people receiving services	Where people live
	Gender
	Race/Ethnicity
	Disability
The nature of their experiences with services	Interaction with staff and case managers
	Self-direction
	Choice and Control
The context of their live	Involvement with family and friends
	Access to community involvement
	Safety
Health and well-being	Utilization of health services
	Ability to manage chronic conditions
	Mental healthcare

For this analysis…

Data are from 2022-23

Analysis criteria:

- People 60 and older
- Those _not_ living in a nursing facility
- Answer question: Do you ever feel lonely?
- Total 9,015 respondents
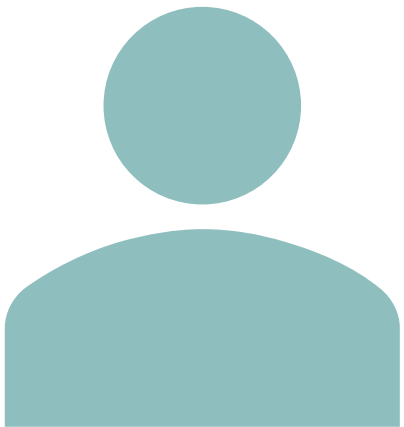
Comparison groups are based on question:

- **Do you ever have to skip a meal due to financial worries?**
  - Yes, often or sometimes (N= 933)
  - No, rarely or never (N= 8,082)

Findings between groups are significant at .01

17%
of older adults report they often feel lonely

**States ranged between
7% and 35%**

Black respondents were less likely to report they often feel lonely.

White respondents were more likely to report they often feel lonely.

Home, Relationships and Community

Older adults who reported they often feel lonely were less satisfied with where they live, lower rates of close relationships and less access to their communities.

Those who often felt lonely were…

Residence type did not show difference between groups, however those who live alone were more likely to often feel lonely
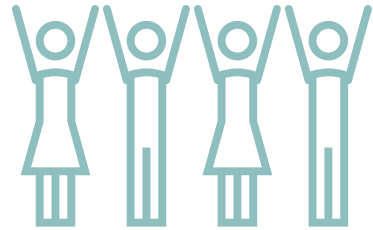
Less likely to like where they live

And more likely want to live somewhere else

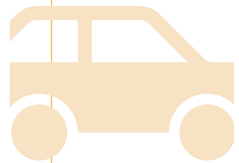# Those who often feel lonely were less like to:

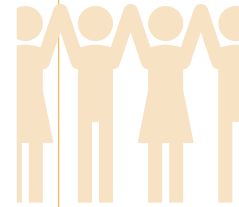**Have family or friends they do not live with who are involved in their life**

Be able to see or talk to friends and family they do not live with when they want

People who often feel lonely had lower rates of access to their community. They were less likely to…

Have transportation to get places they wanted to go

- 54% v 72%

Participate in groups with others as much as they wanted (in-person or virtually)

- 46% v 65%

Get to do things in the community as much as they want

- 38% v 71%

Health and Wellness

Older adults who reported they often feel lonely were in poorer health and wellness outcomes and had lower healthcare utilization.

People who often feel lonely were more likely to report they are in poor health
(27% v 13%)

And report that their health has worsened in the past year
(12% v 5%)

Older adults who often felt lonely had lower access to nutrients.

More likely to have to skip meals due to financial worries

And less likely to have access to healthy foods if they want them

People who often feel lonely were more likely to use emergency services.

In the past year, they were more likely to have had an *emergency room visit* and been *admitted to a hospital or rehab facility* for an overnight stay.

People who often felt lonely were more likely to have a mental health diagnosis (51% v 29%) ...

...but less likely to have access to mental health services if they wanted them (85% v 91%)

Those who often feel lonely were more likely to report have concerns around falls.

They were more likely to:

- Have experienced frequent falls

- Report they or someone else had concerns about their falling

However, fewer worked with someone to reduce their risk of falling

Those who often feel lonely were more likely to report forgetting things more frequently in the past year (64% v 39%)

But discussed forgetting things with a health professional *at the same rate* as those who did not often feel lonely.

Services and Supports

Older adults who reported they often feel lonely lower access to needed supports

People who often feel lonely more less likely to report they always have the support they need for everyday activities and self care

They are also less likely to have a back-up plan if their paid staff do not show up

People who often feel lonely were less likely to feel in control of their life (56% v 77%)

Fewer respondents who often feel lonely reported the services and supports they receive meet all of their needs and goals (55% v 75%)

The top service needs among people who often feel lonely…

Transportation
- 37%

Homemaker/chore services
- 35%

Personal care assistance
- 30%

Housing assistance
- 22%

Companion services
- 20%

People who often feel lonely were less likely than those who did not to feel that supports and services help them live a better life (75% V 92%)

Thoughts? Questions? Reactions?

Discussion:

How could these best practices make a difference?

Do you work in a state that has implemented any of these strategies? What changes have you seen?

Other thoughts?

Federal Funding Available through MFP to Gather Person-Reported Data: HCBS Quality Measure Set

Source

Vast majority of measures are drawn from surveys of people with lived experience

Flexibility

CMS permits states flexibility to determine which survey tool they implement (from the following):

NCI®-IDD

NCI-AD™

HCBS CAHPS®

POM®

Resources

Services to Address Social Isolation: Findings and Recommendations, ADvancing States, 2023

Available at:
http://www.advancingstates.org/sites/nasuad/files/Social%20Isolation%20Recs%20Report%208.22.23.pdf

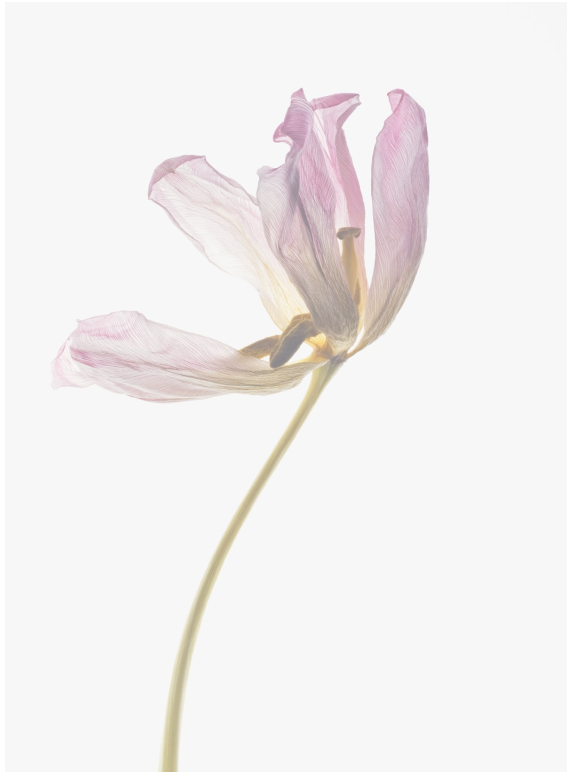**ADvancing States HCBS Clearinghouse: Social Isolation**

http://www.advancingstates.org/hcbs-topics-other/social-isolation

NCI for Aging and Physical Disabilities (NCI-AD) https://nci-ad.org/

Frequently Asked Questions: Frequently Asked Questions (nationalcoreindicators.org)

ADvancing States: www.advancingstates.org

HSRI: www.hsri.org

Thank you!

Contact us:

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