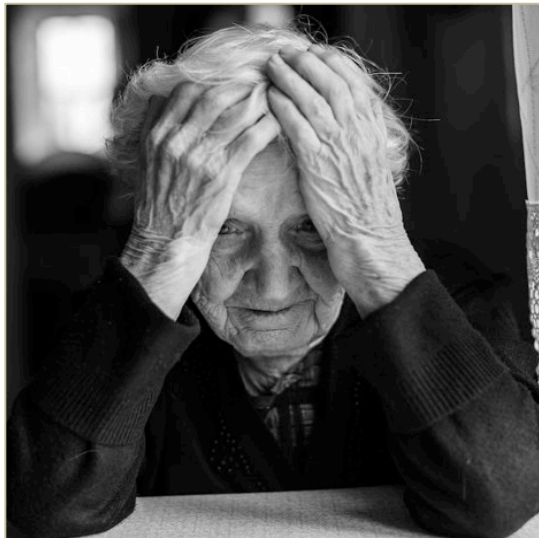




# The Epidemic of Social Isolation & Loneliness: Building Connections with Older Adults



Maureen Feldman M.A.  
The Social Isolation Impact  
Project



**MPTF** MOTION PICTURE &  
TELEVISION FUND

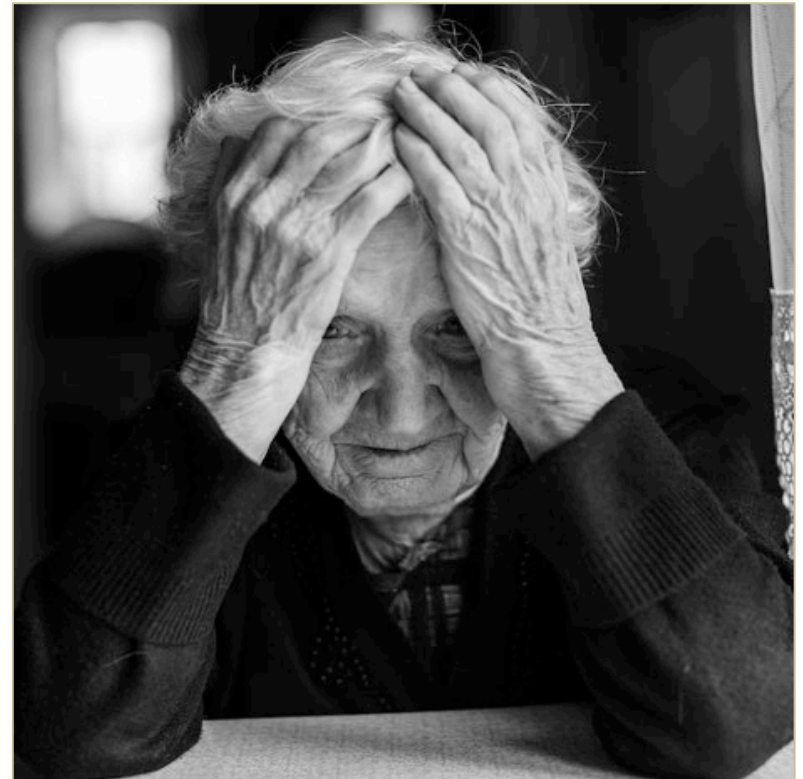


ISOLATION AND LONELINESS:  
A CRISIS WE CAN SOLVE

# TOGETHER



# Solitary Confinement - Intended as the Harshest of Punishments





Social Isolation and Loneliness are not the same but often have the same results





Social Isolation is a lack of social connections  
and lack of contact with society..  
it's quantifiable.





Loneliness is the subjective feeling of being alone and distress over not having enough social relationships or enough contact with people





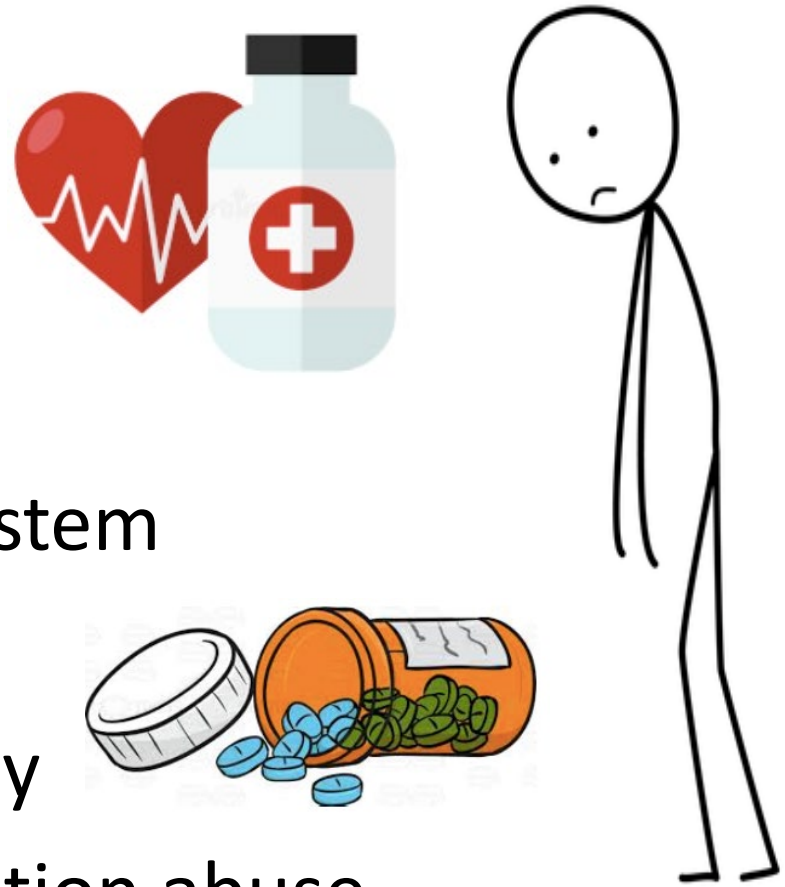
# Why Now?

Social isolation and loneliness could present the greatest public health challenge our time



# Increased Health Risks

- High Blood Pressure
- Heart Disease
- Diabetes
- Weakened Immune system
- Sleep Problems
- Depression and Anxiety
- Alcohol & Pain Medication abuse





# Socially isolated or lonely people have a higher risk of:

Needing long-term care

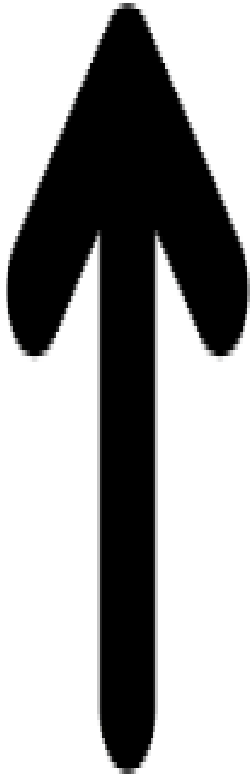
Increased ER visits

Be a victim of fraud

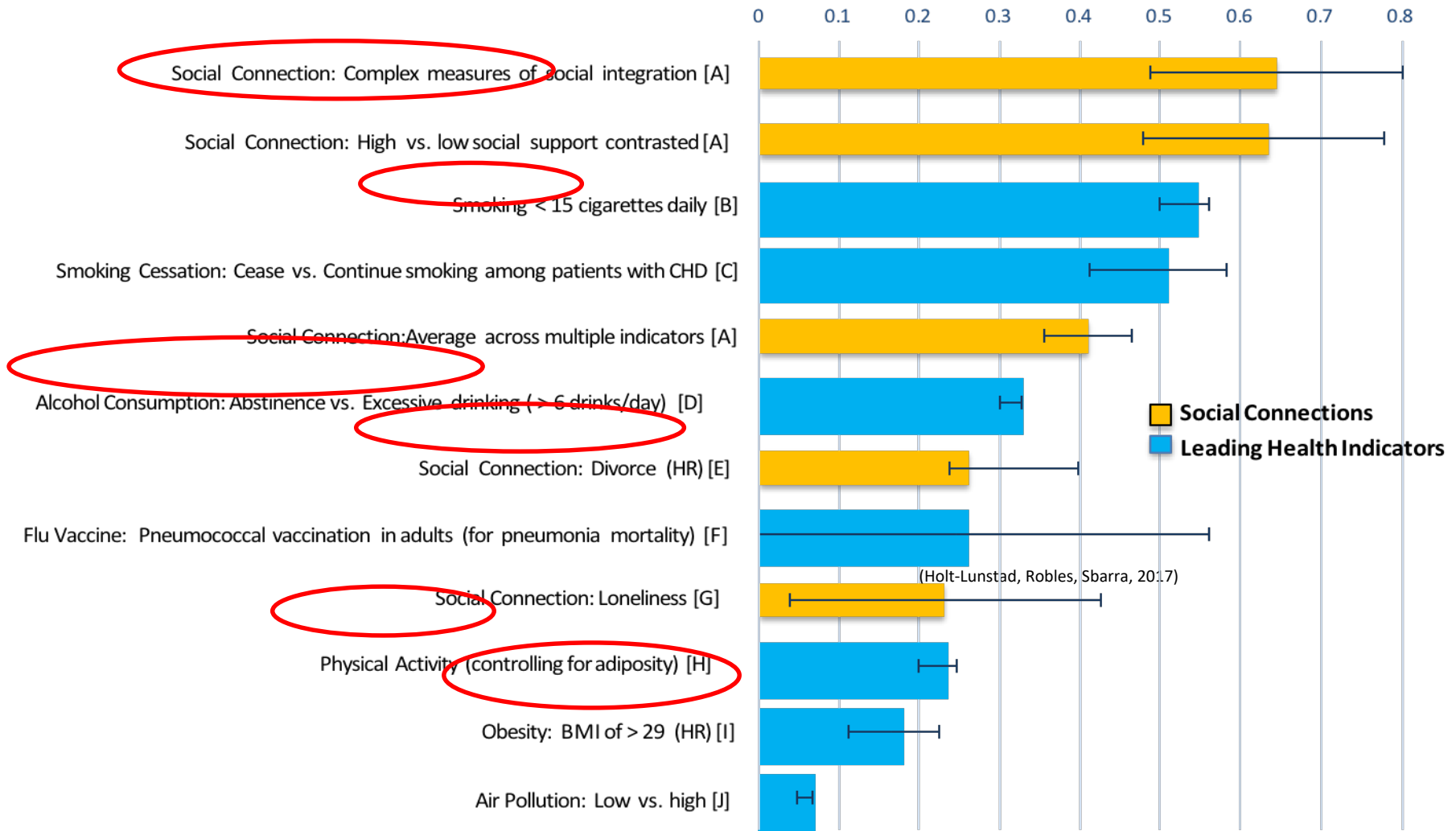
Experience elder abuse

**64%** Dementia

**26%** likelihood of death



# Social Connections have a Profound Effect on Risk for Mortality



# Why Are so Many Living Alone?



- Higher divorce rates
- People are having fewer children
- Families moving farther and farther apart
- Choosing not to marry or have children
- Adult children not available



# Triggering Events

- Loss of a loved one
- Retirement or loss of income
- Loss of a drivers license or transportation
- Psychological and cognitive challenges
- Chronic health conditions or disability
- Sensory impairment (hearing, eyesight)



# Being a Caregiver





# Caregivers in the LBG<sup>T</sup> community face compounded challenges




# Veterans have increased Risk

- Older veterans



- Veterans with functional limitations
- Those who had experienced traumatic events are most at risk

- 
- **Loneliness** was linked to depression symptoms more than any of the other forms of social connectedness
  - Veterans who had required inpatient treatment for a mental health condition were **five times** more likely to be readmitted to hospital if they were at a high risk of social isolation
  - **Loneliness and social isolation** were linked to suicide attempts, with loneliness being the most common trigger for veterans reaching crisis point and turning to a crisis hotline



# “WHY DO I FEEL ISOLATED?”

Survey respondents reveal what's keeping them from staying connected



**29%**

No access to Internet at home



**13%**

Caregiver responsibilities



**17%**

No longer drive or don't have a car



**12%**

Physical limitations



**48%**

Family and friends too far away



**10%**

No public transportation



**42%**

Family and friends too busy



# Myths about Loneliness

- It's a normal part of aging
- It's synonymous with depression
- It can't occur if you live with others and have friends
- It doesn't exist in married couples
- It will go away if you join a group

Dr. Carla Perissinotto



# An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.<sup>1</sup>

By 2030, **1 in 5** Americans will be 65 or older.



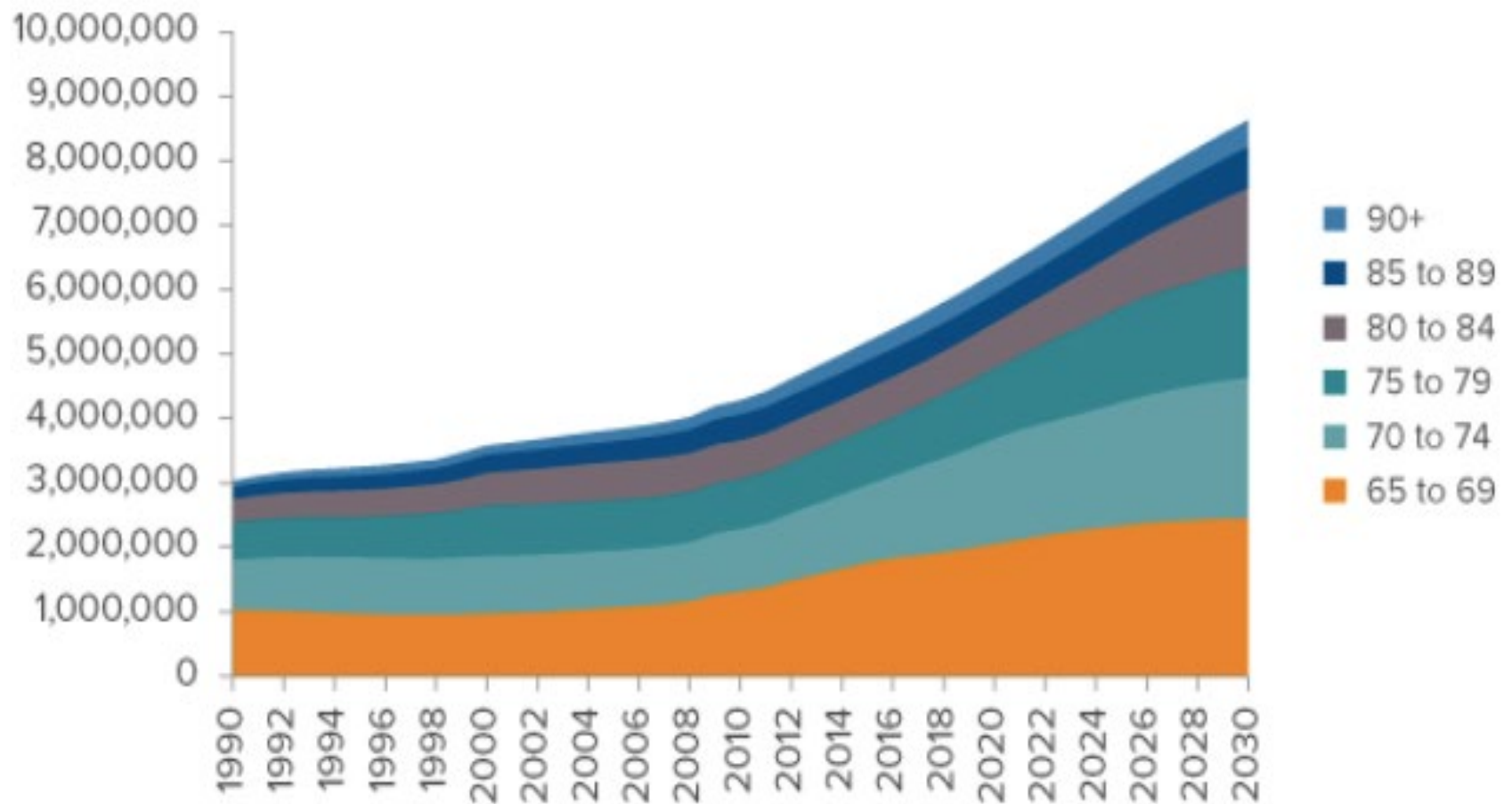
**As this demographic shift occurs, there will be a corresponding increase in the need and demand for fiscal, health and social supports to ensure a sound quality of life for millions of older Americans.**

# What Does The Future Look Like?



**By 2030 83.7 million Americans will  
be 65 years old and over**

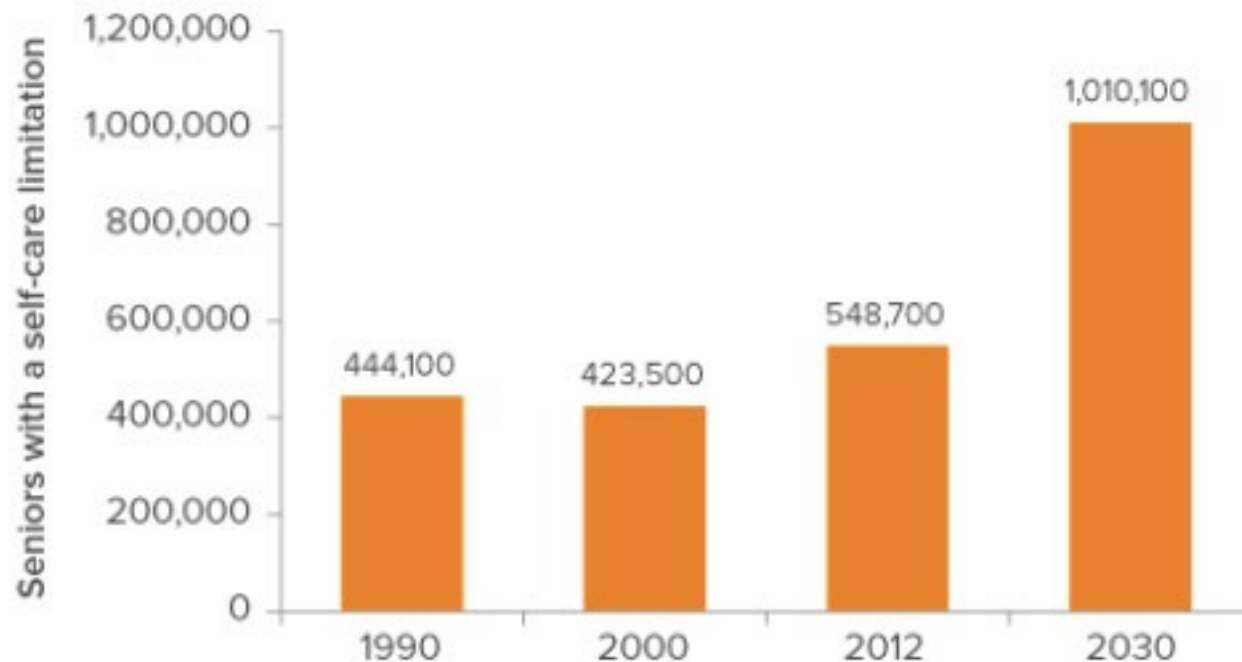
Figure 1. California's senior population will nearly double by 2030



SOURCE: State of California, Department of Finance, State and County Population Projections by Race/Ethnicity, Sex, and Age 2010-2060, Sacramento, California, December 2014.

NOTE: See [Technical Appendix A](#) for detailed tables and [Technical Appendix B](#) for data and methods used to generate the projections.

# The number of seniors facing difficulties with self-care will nearly double



SOURCE: ACS and Decennial Census and author calculations.

NOTE: See [Technical Appendix A](#) for detailed tables and [Technical Appendix B](#) for data and methods used to generate the projections.



# \$ Cost to Community, Social and Health Care Services

- Medicare costs were **\$134** more monthly for those who identified with being isolated or lonely



- **\$1608** is spent per person annually

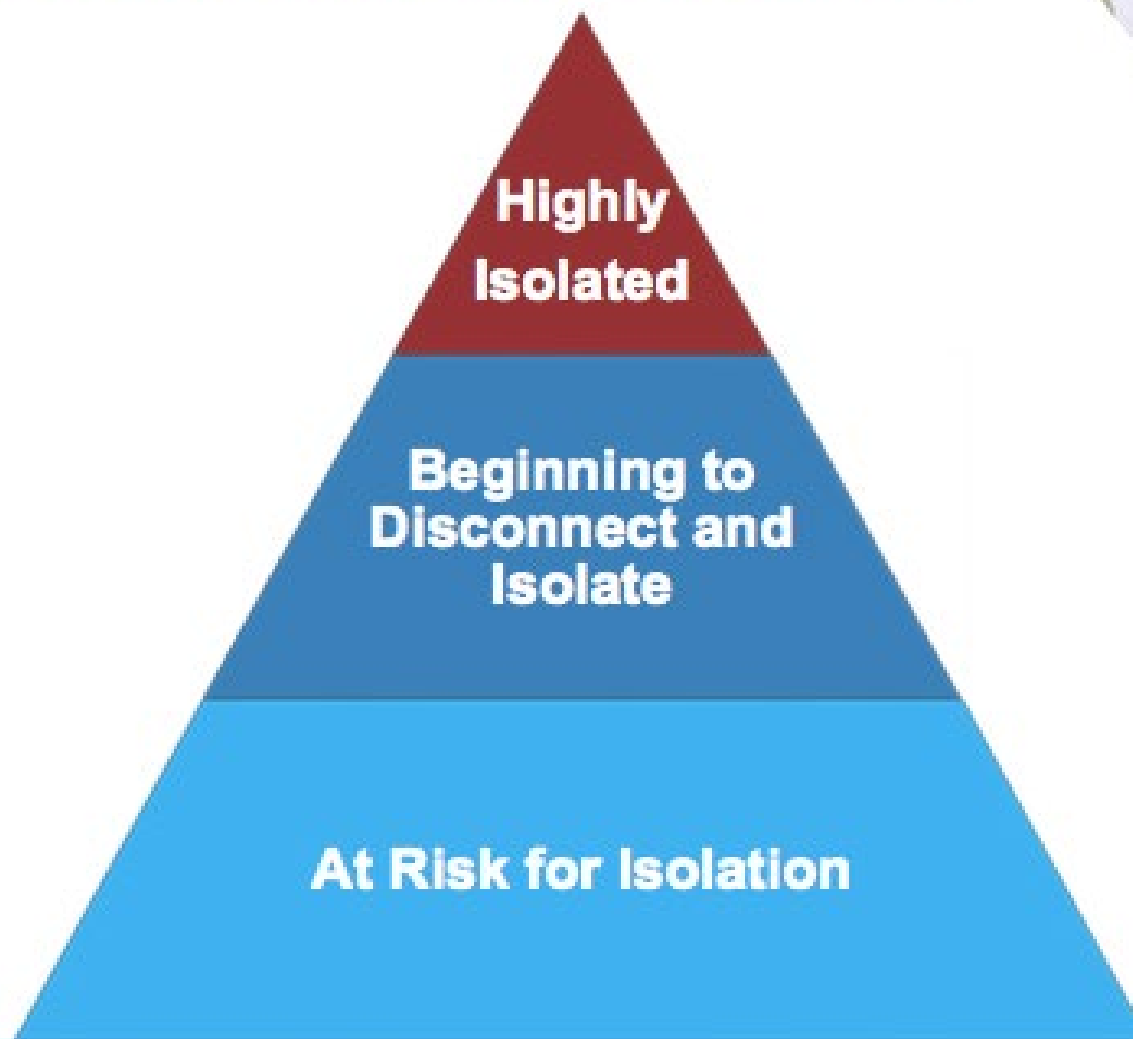


**\$6.7 billion annually**





# A Pyramid of Vulnerability: Potential Healthcare Engagement







# What Can We Do Right Now?


- **Screen.** Recognize the symptoms and triggers.
- De-stigmatize the issues, educate clients of the risks
- Encourage clients and their families to **expand social circles** and support systems
- Become familiar with resources

# Screening Tools

UCLA

- The UCLA 3-question scale
- De Jong Giervald 6-question scale
- Lubben Social Network Scale (LSNS)
- The Duke Social Support Index (DSSI)
- AARP Connect2Affect –self test or for a friend





# Connect2Affect Self Assessment

## [www.connect2affect.org](http://www.connect2affect.org)

All questions are required.

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**1.** I live alone.

Yes

No

---

**2.** I see or talk to family members at least once a week.

Yes

No

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**3.** I see or talk to friends at least once a week.

Yes

No

---

**4.** I provide daily care or support to a family member or friend who needs help with everyday tasks (such as grocery shopping, preparing meals, and providing transportation).

Yes

No

---

**5.** I almost always have a ride or the transportation I need to get where I want to go.

Yes

No

---



# Types of Interventions

- **Family** involvement –some technology could help
- Senior Centers with group & social activities, low-cost meals
- **Neighborhood and community** involvement
- Volunteer social phone calls & friendly visiting programs
- **Faith based** programs



LOS ANGELES LGBT CENTER  
SENIOR SERVICES



MPTF

UCLA

Alzheimer's  
LOS ANGELES

AARP Foundation



UCSF

COUNTY OF LOS ANGELES  
Public Health

ONEgeneration



Partners in Care  
FOUNDATION



FIELDING  
Graduate University

LOS ANGELES COUNTY DEPARTMENT OF  
Mental Health  
hope. recovery. wellbeing.



USC University of  
Southern California



St. Vincent Meals on Wheels



LACRC

LOS ANGELES CAREGIVER RESOURCE CENTER  
A program of the USC Family Caregiver Support Center



covia

PROJECT  
ANGEL  
FOOD

VIC  
Your bridge to help

BET TZEDEK  
JUSTICE FOR ALL

WISE  
Healthy Aging



PROMISES  
TREATMENT CENTERS

PROVIDENCE  
Tarzana  
Medical Center



MILKEN INSTITUTE  
CENTER FOR THE FUTURE OF AGING

# Volunteering

- Volunteering can provide a feeling a belonging which can have a positive impact on cognitive wellbeing
- Two thirds of those who volunteer report a decrease in social isolation and feelings of loneliness
- 70% of those reported a decrease in depressive symptoms after one year





# Educate Family



# Include Neighbors





# Create Community Programs





**MPTF**

**AARP** Foundation



daily  
call  
sheet

# Friendly Caller Model



WE'RE ALL CONNECTED



## AGENCY TOOLKIT

*For Social Call Programs*



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## VOLUNTEER TOOLKIT

*For Social Call Programs*



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# Help older adults maintain and strengthen ties to family and friends



# Future Tasks & Goals

Work together to **reduce the stigma** associated with loneliness and isolation

Reach and **support** more older adults most at risk

Increase the **number** of programs and services offered





# Mr. Stone



**ALONE WE CAN DO SO  
LITTLE; TOGETHER WE  
CAN DO SO MUCH!**

*Helen Keller*





# The Social Isolation Impact Project

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