



University of California  
San Francisco

# Loneliness and Social Isolation Among Older Adults: Bridging Medical and Social Care

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# DISCLOSURE SUMMARY

*September 13th, 2024*

## ***Commercial Sources:***

Papa Health: Research consultant

## ***Funding:***

1. National Institute on Aging
2. California Department of Public Health
3. National Palliative Care Research Center

## Key Message

Loneliness and social isolation are markers of our overall social well-being and greatly impact older adult health and efforts to “age in place.” The Village Movement is on the forefront of addressing these social needs, and continued innovation and cross-sector collaboration is critical for lasting impact.

## LEARNING OBJECTIVES

1. How are loneliness and social isolation **defined**, and what are their **health effects**?

Goal: Define each term and identify at least 2 proposed mechanisms by which they impact health

2. How are the experiences of loneliness and social isolation uniquely affected by **aging**?

Goal: Understand unique considerations in older adults

3. How can we **support** older adults experiencing loneliness and social isolation?

Goal: Understand collaborative opportunities to address social needs

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# An Epidemic of Loneliness in America?

Does it exist, and if so, what is the cause, and what can be done?

Dec. 8, 2018



John Taggart for The New York Times

MEDICAL EXAMINER

## Loneliness Is Deadly

Social isolation kills more people than obesity does—and it's just as stigmatized.

By JESSICA OLIEN

AUG 23, 2013 • 12:15 PM

PERSONAL HEALTH

## The Surprising Effects of Loneliness on Health



Paul Rogers

HUMAN TOUCH

## How Social Isolation Is Killing Us



Social isolation is a growing epidemic, one that's increasingly recognized as having dire physical, mental and emotional consequences. Damon Winter/The New York Times

**Psychosocial Health**

**Social Networks**

**Social Relationships**

**Community Engagement**

**Social Health**

**Social Support**

**Social Well-Being**

**Social Integration**

**Social Engagement**

**Social Connections**

**Social Disconnectedness**

**Social Isolation**

**Loneliness**

**Dyads and Couples**

**Social Strain**

Psychosocial Health

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Social S

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Social Integra

Social Connections

Social Isolation

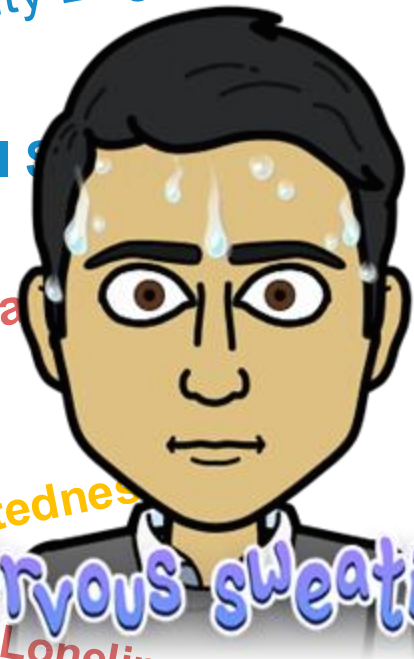
Social Disconnectedness

Dyads and Couples

Social Strain

*\*nervous sweating\**

Loneliness







A Venn diagram consisting of two overlapping circles. The left circle is light teal and contains the text 'Loneliness' and a subjective assessment. The right circle is light blue-grey and contains the text 'Social isolation' and an objective measure. The overlapping area in the center is a darker shade of blue.

## Loneliness

"Subjective"  
assessment that social  
relationships are lacking

## Social isolation

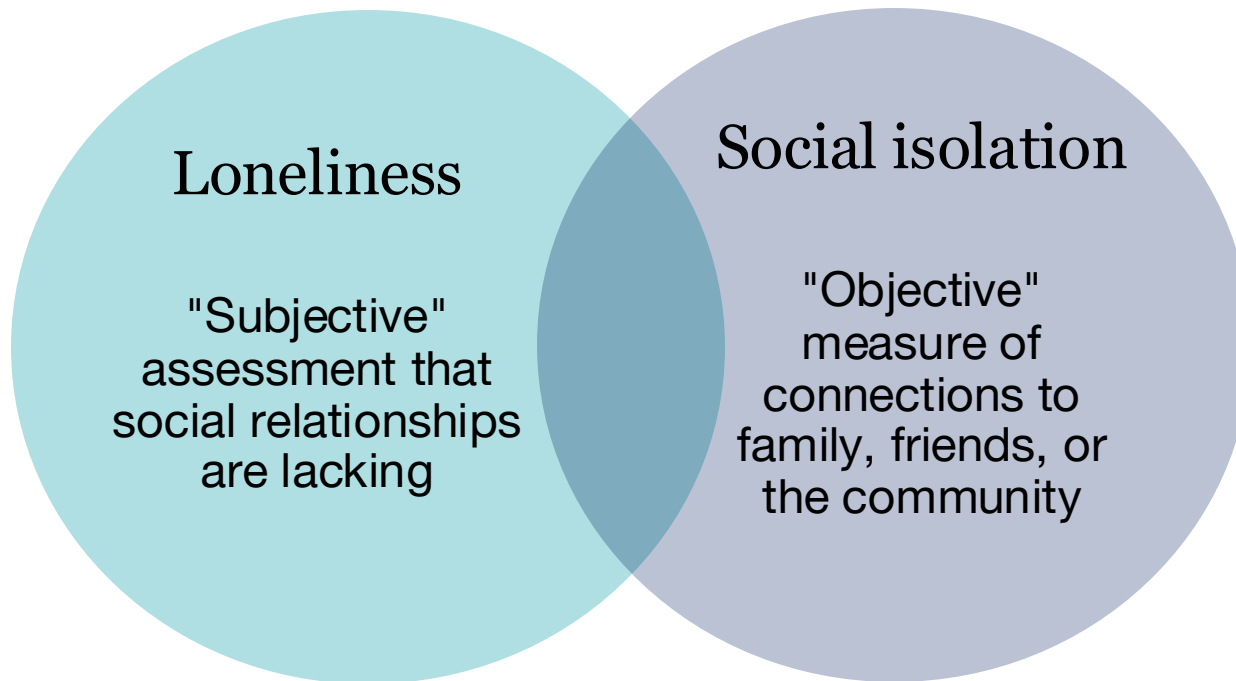
"Objective" measure of  
connections to family,  
friends, or the community

## SOCIAL CONNECTIONS

Subjective  
Function



Objective  
Structure



## Pair up!

With your partner, think about a person in your community, work, or family who experienced loneliness and social isolation.

- Why was it a problem?
- What made it challenging to address?
- What do you wish you had?

**Will return in 5 minutes**

## MR. SMITH

Bill Smith is an 84 year old veteran with mild cognitive impairment, chronic lung disease, and recently diagnosed advanced colon cancer.

- Started on chemotherapy
- Comes to clinic after a previously missed appointment
  - He is alone and has not told anyone else about his diagnosis.
  - Reports no chemotherapy-induced symptoms
  - No history of depression and negative PHQ-2
  - He has no advance directive on file or designated power of attorney.

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  - Reports no chemotherapy-induced symptoms
  - No history of depression and negative PHQ-2
  - He has no advance directive on file or designated power of attorney.

**Is Mr. Smith lonely or socially isolated?**

## HOW DO WE DEFINE LONELINESS?

Loneliness is the *subjective* feeling of being alone

“the **distress** that results from discrepancies between ideal and perceived social relationships.”

# SCREENING FOR LONELINESS

**Keep it simple:** “How often do you feel lonely?”

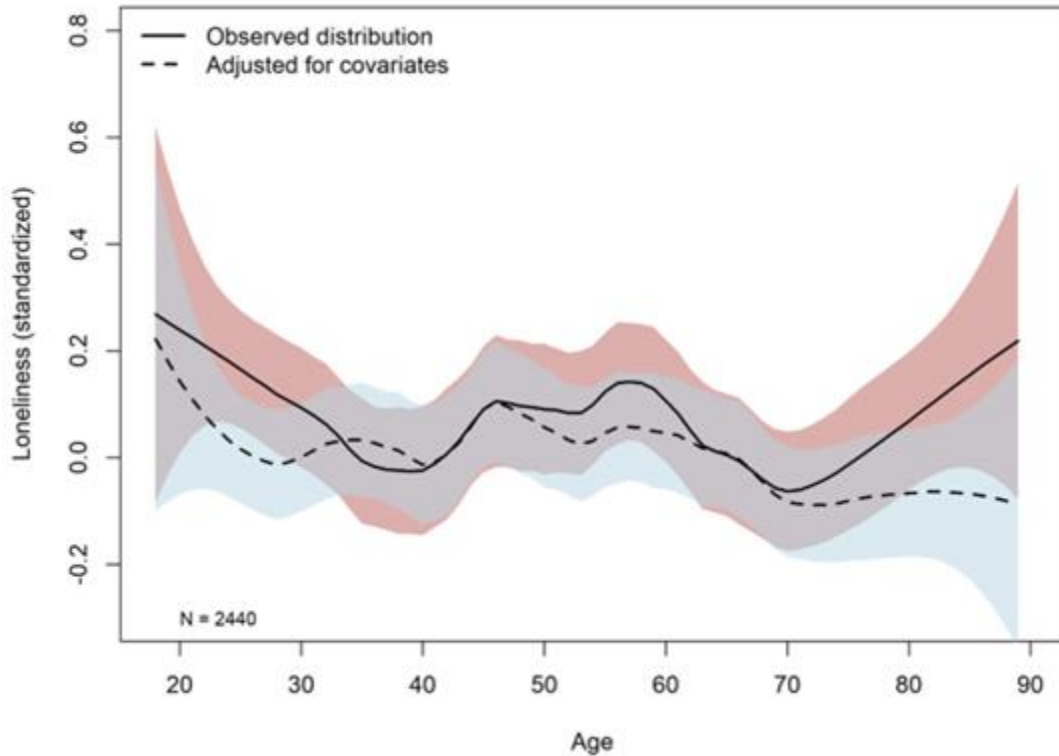
UCLA 3-Item Loneliness Scale

Question	Hardly Ever	Some of the Time	Often
I feel left out	0	1	2
I feel isolated	0	1	2
I lack companionship	0	1	2

## LONELINESS & AGE

**43%**  
of people age >60  
in the US

**10%**  
are frequently lonely





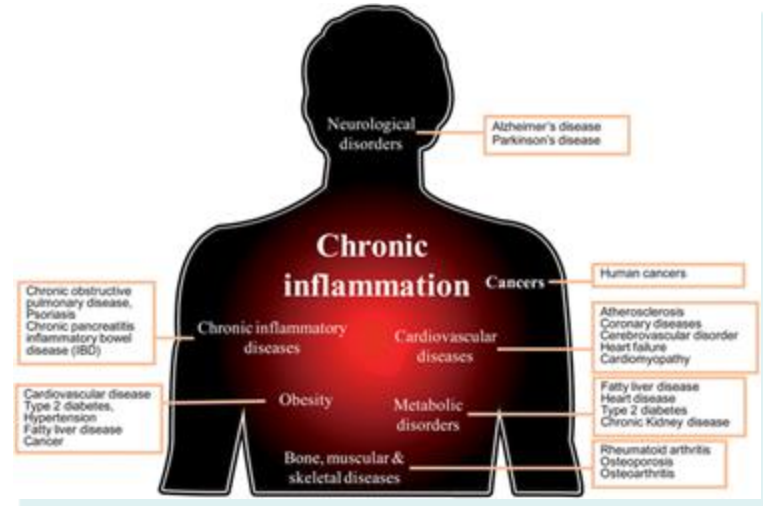
## Loneliness in Older Persons: A Predictor of Functional Decline and Death

Carla Perissinotto, MD, MHS, Irena Cenzler, MA, Kenneth Covinsky, MD, MPH

- National survey of 1604 adults aged >60 followed for 6 years
- Asked if they were lonely - UCLA Loneliness Scale
- Results:
  - Loneliness is common
    - 43% of older adults
    - 66% of married individuals
    - 25% of individuals living alone
  - Worse health outcomes
    - Increased mortality: 23% vs 14%, aOR: 1.5 (1.1-1.9)
    - ADL impairment: 25% vs 13%, aOR: 1.6 (1.2-2.1)

# Mechanisms by which Loneliness impacts Health

- Loneliness is **not** a disease
- Emotional distress → Stress Response
  - Sleep
  - Motor function
  - “Wear and tear” on our body
- Health Behaviors & Receipt of Medical Care



## MR. SMITH

- UCLA Loneliness 3-item Scale: 1 point (0-6 point scale) – “sometimes”
  - *Mentions companionship from his Cat “Yip Yip”*

## How do we define Social Isolation?

- Social isolation refers to a complete or near-complete lack of contact with society
- Relates to a *quantifiable* number of relationships
- Example clinical screener:  
“Looking back over the last year, who are the people you talked with most often about important things? ”



Social isolation  
affects  
nearly **1 in 5**  
older adults.

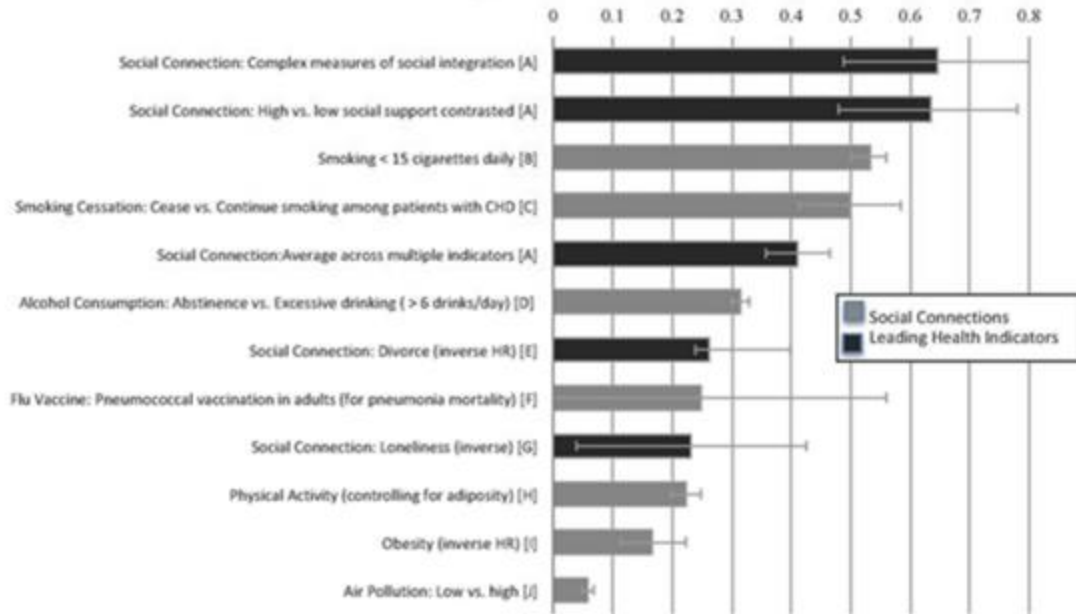


# **Social isolation, loneliness, and all-cause mortality in older men and women**

Andrew Steptoe, Aparna Shankar, Panayotes Demakakos, and Jane Wardle

- 6500 men and women followed over 7 years
- Mortality was higher if socially isolated AND lonely
- Replicated in 2020 study

## Comparison of Decreased Mortality across Social Connection and Leading Health Indicators



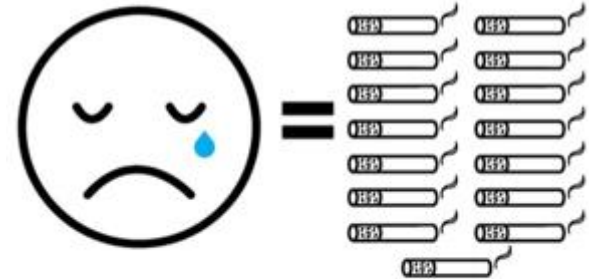
Note. Odds (InOR) and Hazards (InHR). Effect size of zero indicates no effect. The effect sizes were estimated from meta analyses: ; A = Holt-Lunstad, Smith and Layton, 2010; B = Shavelle, Paculdo, Strauss, and Kush, 2008; C = Critchley and Capewell, 2003; D= Holman, English, Mine, and Winter, 1996; E = Shor, Roelofs, and Bougy, 2012; F= Fine, Smith, Carson, Meffe, Sankey, Weissfeld, Detsky, and Kapoor, 1994; G = Holt-Lunstad, Smith, Baker, Harris, and Stephenson, 2015; H= Katzmarzyk, Janssen, and Ardern, 2003; I= Flegal, Kit, Orpana, & Graubard, 2013; J = Schwartz, 1994.



u.s.surgeongeneral

...

**#ScienceAlert:**  
**Social isolation is as bad for your health as smoking.**



source: Holt-Lunstad, 2015 & 2010

# Mechanisms through which Social Isolation impact Health

- Do not experience benefits of socializing
- Lack sources of support:
  - Financial
  - Medical
  - Caregiver
  - Emotional





## MR. SMITH

- UCLA Loneliness 3-item Scale: 1 point (0-6 point scale) – “sometimes”
  - *Mentions companionship from his Cat “Yip Yip”*
- Social History
  - *Lives alone, divorced, no children*
  - *Has no close friends (“all my friends have died”)*
  - *Unsure how to use a video device or smart phone*
  - *Wishes he could give back to other veterans*
  - *Medical Power of Attorney: “Can you be my DPOA?”*

Summary: Socially isolated, occasional loneliness



A Venn diagram with two overlapping circles. The left circle is light teal and contains the text 'Loneliness' and a subjective assessment. The right circle is light blue-grey and contains the text 'Social isolation' and an objective measure. The overlapping area is a darker shade of blue.

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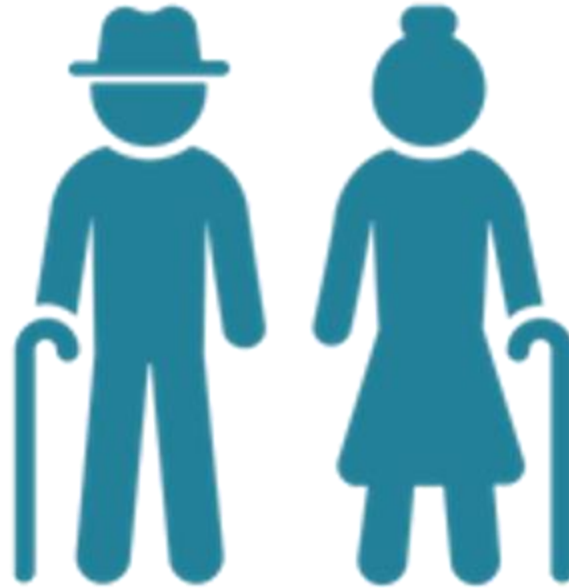
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## Geriatricians' Approach to Care for Older Adults



# Geriatrics 5Ms



Mind



Mobility



Medications



Multicomplexity



Matters Most

# Geriatrics 5Ms



## Mind

Manage dementia, delirium, and depression



## Mobility

Maintaining gait and balance; preventing falls and injuries



## Medications

Prescribing & deprescribing in a patient-centered manner



## Multicomplexity

Manage medical conditions while being aware of factors that influence health



## Matters Most

Addressing and aligning medical care with goals of care

## What matters most?

- Individuals and family members care about social needs
  - “Have someone who will listen” - 99%
  - “Share time with close friends” - 85-91%
  - “Presence of family” - 81-95%
  - “Be able to help others” - 88%



## What matters most?

- Individuals and family members care about social needs
  - “Have someone who will listen” - 99%
  - “Share time with close friends” - 85-91%
  - “Presence of family” - 81-95%
  - “Be able to help others” - 88%
- Yet, individuals with serious illness or approaching the end of life have twice the prevalence of loneliness and/or social isolation
  - Dementia and advanced lung disease (such as chronic obstructive pulmonary disease and emphysema) are particularly isolating conditions

**Loneliness and social isolation are not unique to older ages**

**Loneliness and social isolation are not unique to older ages**

...but there are unique considerations at this life stage

## Losses which predict loneliness and social isolation

Death of spouse

Death or other loss  
of relatives,  
friends

Change in living  
arrangements  
(less likely to be  
living with others)

Institutionalization

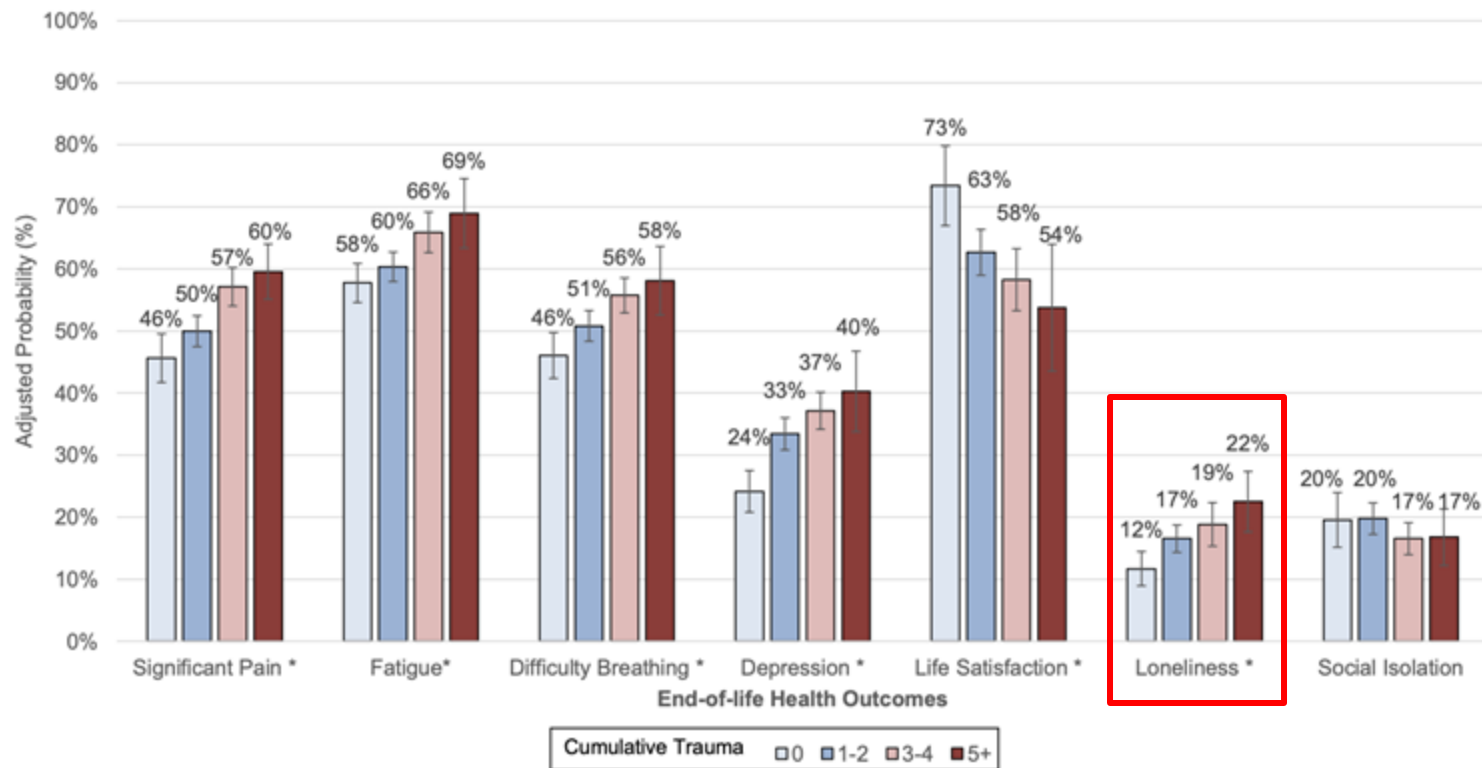
Deteriorating  
physical health

Impairment of  
mobility

Impairment of  
vision and/or  
hearing

Reduced social  
activity

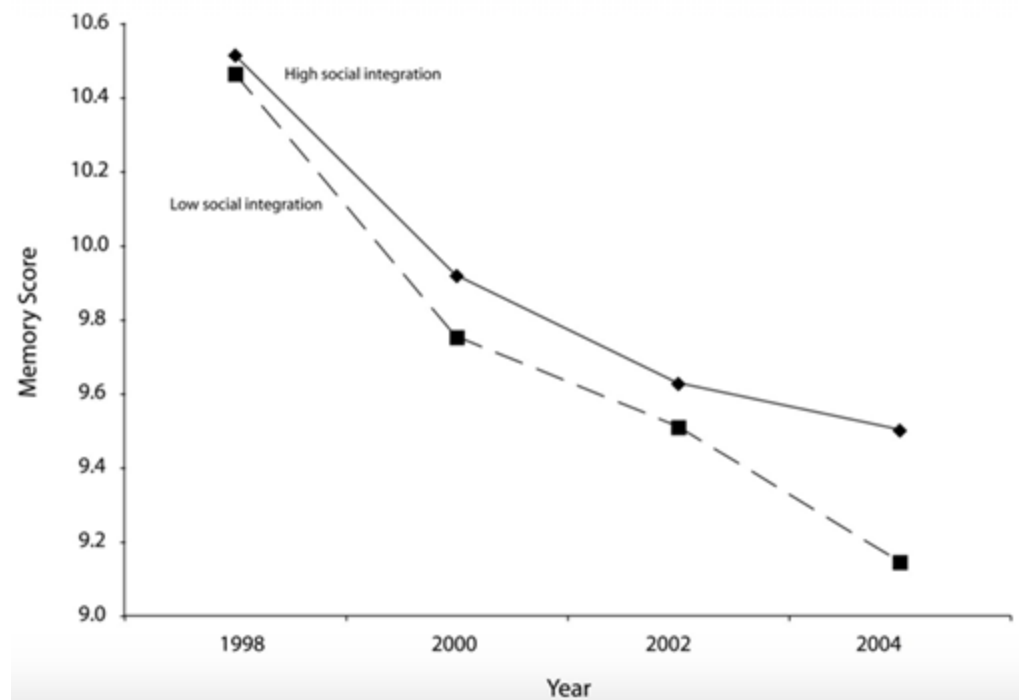
# Lifetime trauma predicts late-life loneliness



Adjusted probabilities were derived from multivariate logistic regression models adjusting for age, gender, race and ethnicity, and childhood socioeconomic status. Asterisks on the x-axis represent p-values <0.05 and error bars represent 95% confidence intervals. Cumulative trauma is derived from an 11-item scale (Krause, et al., 2004). Exit interviews asked

# How do loneliness and social isolation reduce the likelihood of “Aging in Place?”

- They increase the likelihood of:
  - Becoming functionally impaired, frail, or homebound
  - Requiring early nursing home residence
  - Developing cognitive impairment



# Lonely Older Adults & Veterans Experience Higher Rates of

**Pain**



**Anxiety**



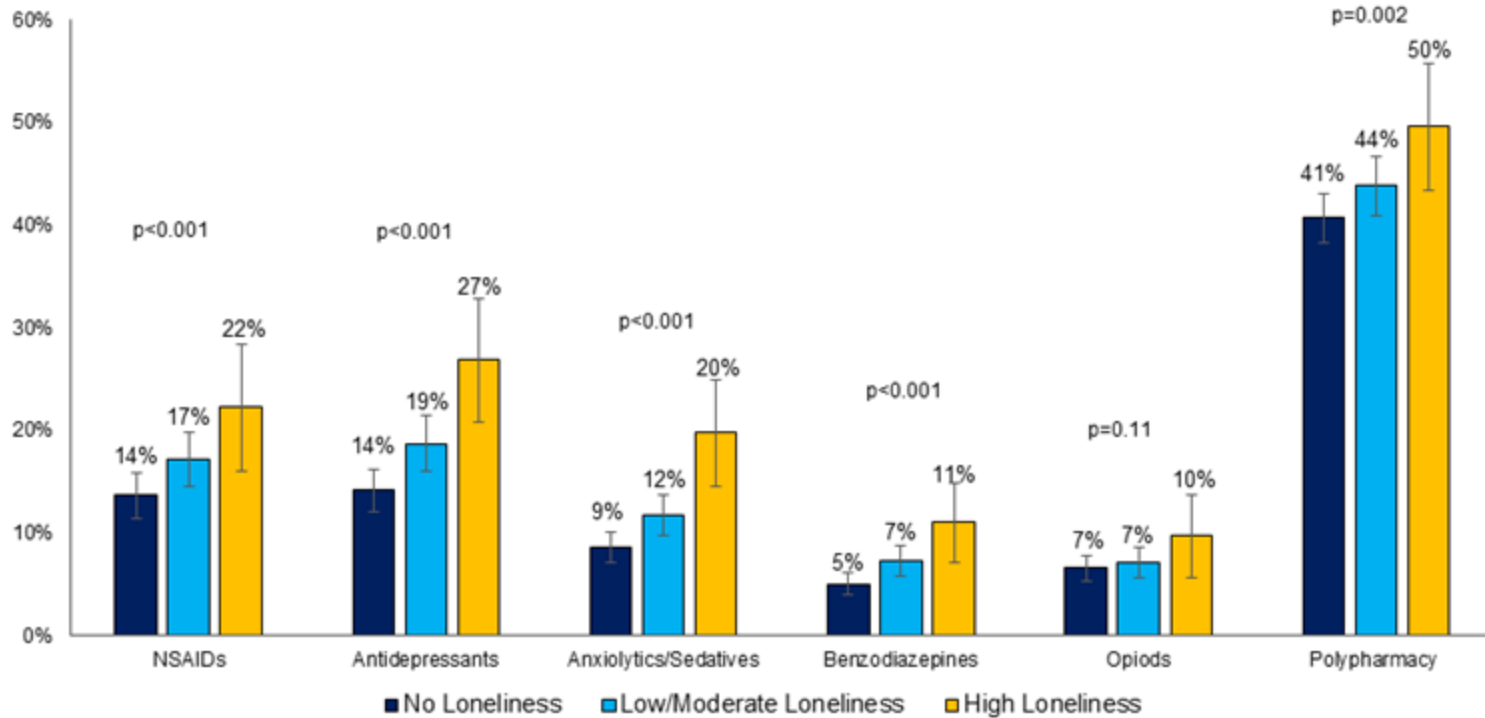
**Depression**



**Fatigue**

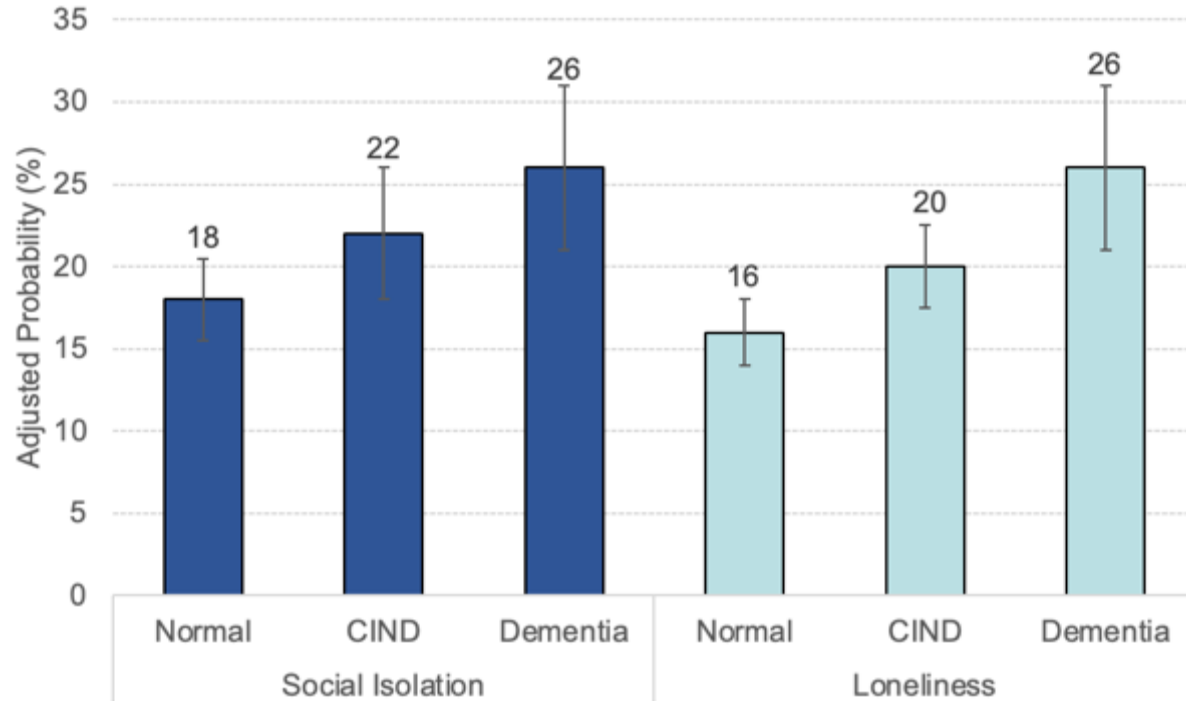


# Loneliness and High-Risk Medication Use





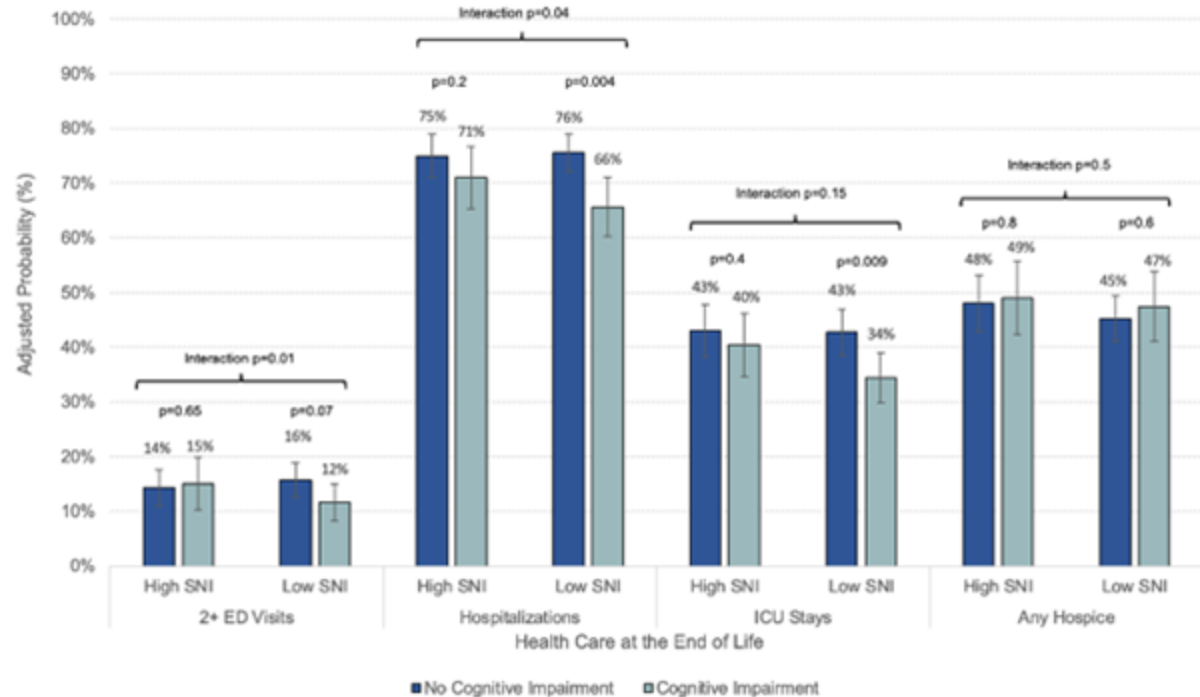
## Older Adults with Cognitive Impairment



\*Adjusted for time before death, age, sex, race/ethnicity, and education

## At the end of life, socially isolated older adults with cognitive impairment have:

- Lower Hospice Use
- Lower end-of-life acute care (ED, hospital stays, ICU stays)



## Experiences of Older Adults Living Alone with Dementia

- Preference of older adult with cognitive impairment
  - Actively avoiding health care and social activities
  - Experiencing shame or self-stigma
  - Concealing impairment from others
- Lack of Tailored Services
  - Difficulty accessing services
  - Example of sudden loss of drivers license

## Stigma & Avoidance

“[Wife]] notices that I-- my memory is not as good as it used to be or should be. Psychologically, it's a big downer to know that I have Alzheimer's. It's embarrassing ... I think of people that have Alzheimer's as just slobbering, babbling idiots, and social, same thing, why would I want to go out and look like a slobbering, babbling idiot.”

## Stigma & Avoidance

"My dad, especially when my mom was gone, was very scared and emotional and labile, and easy to trigger, and so a couple friends came by and got sort of scared off and started to get the feeling like, "I'm just-- I'm not helping by being here, so I just won't come." So very quickly, people didn't come. So he was pretty lonely, except for the caregiver and me. And my family. Yeah. I mean, very few visitors."

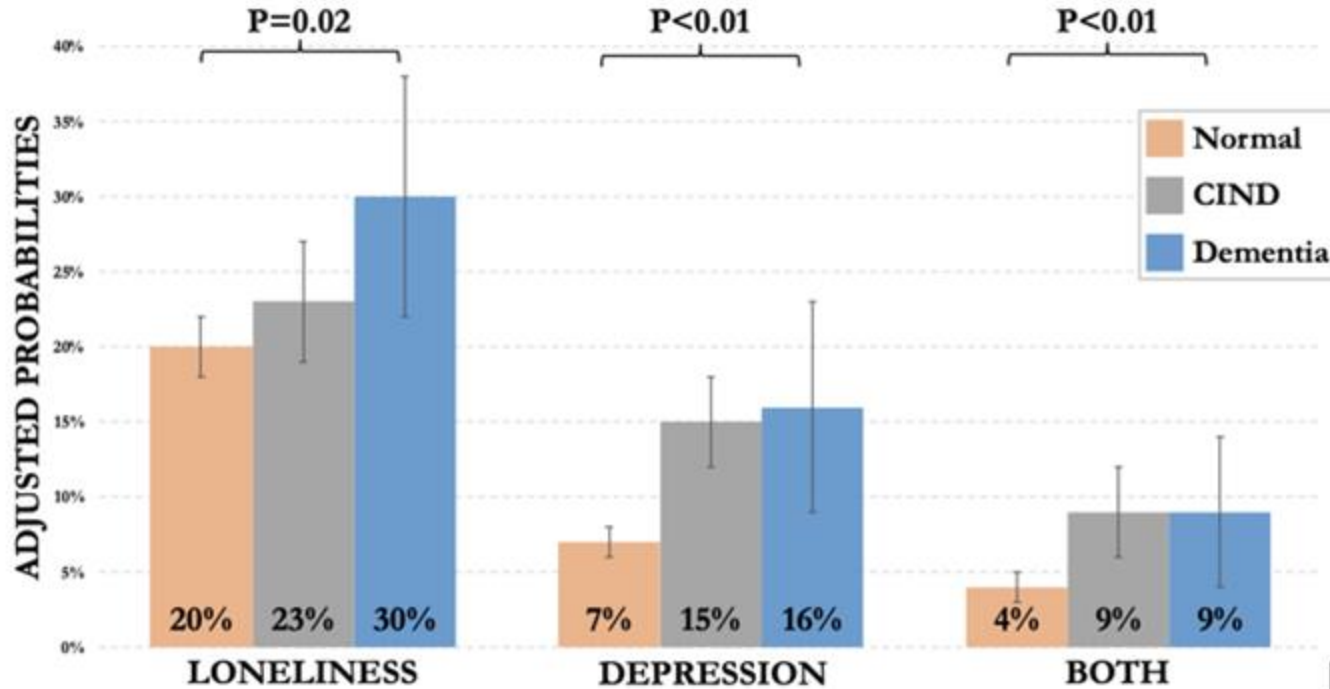
## Spousal Caregiver's Perspective

“The emotional stress is very debilitating because as I have always said you're taking care of someone who's the love of your life so you're losing that core relationship by becoming a caregiver. But you try to cling to it and they can't respond to it and it's just this back and forth struggle to make sense of this relationship that you're now basically a nurse for. ”

## Spousal Caregiver's Perspective

“It was harder for me than it was for [[Spouse]]. [[Spouse]] adjusted to [[Assisted Living]] over the course of a few months ... but my husband leaving home was a sad, one of the saddest, if not the saddest day of my life. And then coping with that, with him still being alive but not being able to be at home, it was very lonely... it was much more difficult for me, being lonely, and I was exhausted from caring for [[Spouse]] at home.”

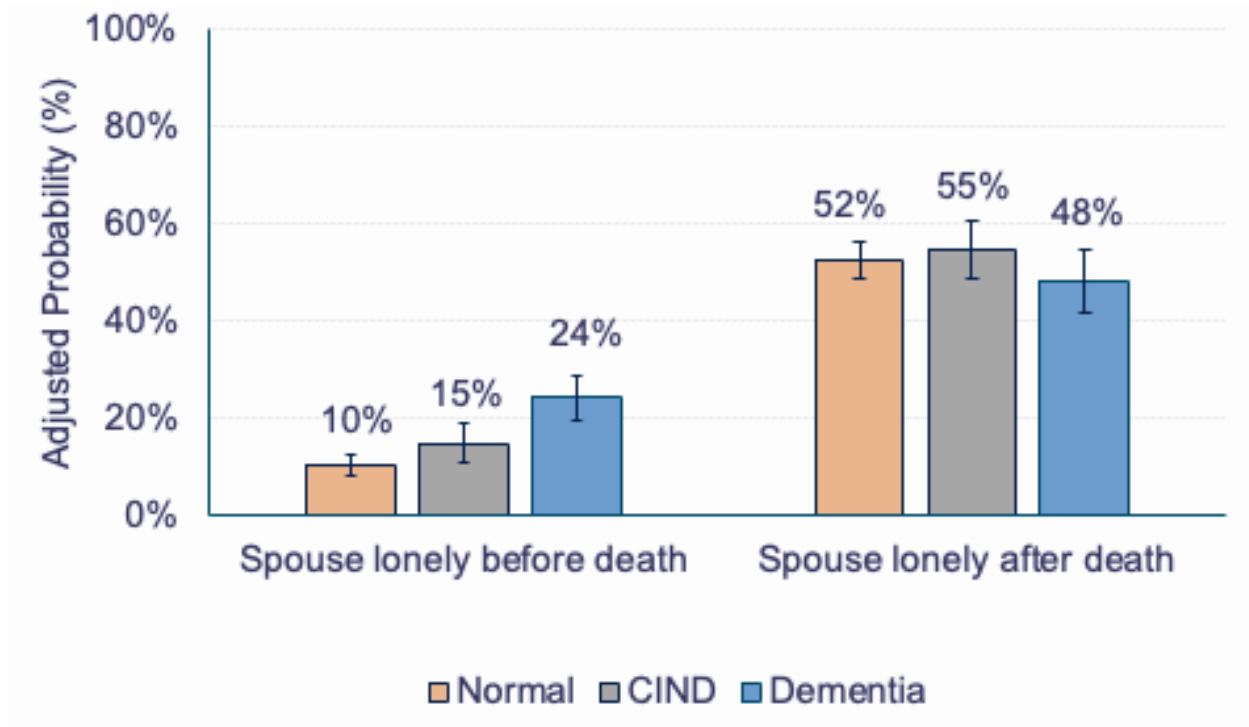
# Spouses of Persons with Dementia Experience Higher Rates of Loneliness and Depression



Hsu, K. Y., Cenzer, I., Harrison, K. L., Ritchie, C. S., Waite, L., & Kotwal, A. (2023). In sickness and in health: Loneliness, depression, and the role of marital quality among spouses of persons with dementia. *Journal of the American Geriatrics Society*.



## Loneliness of spouses 2 years before and after the death of their partners



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# Our Epidemic of Loneliness and Isolation



2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community



**1**

### Strengthen Social Infrastructure in Local Communities

Design the built environment to promote social connection

Establish and scale community connection programs

Invest in local institutions that bring people together

**2**

### Enact Pro-Connection Public Policies

Adopt a "Connection-in-All-Policies" approach

Advance policies that minimize harm from disconnection

Establish cross-departmental leadership at all levels of government

**3**

### Mobilize the Health Sector

Train health care providers

Assess and support patients

Expand public health surveillance and interventions

**4**

### Reform Digital Environments

Require data transparency

Establish and implement safety standards

Support development of pro-connection technologies

**5**

### Deepen Our Knowledge

Develop and coordinate a national research agenda

Accelerate research funding

Increase public awareness

**6**

### Build a Culture of Connection

Cultivate values of kindness, respect, service, and commitment to one another

Model connection values in positions of leadership and influence

Expand conversation on social connection in schools, workplaces, and communities

FIGURE 6: The Six Pillars to Advance Social Connection

## Pair up!

With your partner, think about **opportunities** to improve our support for older adults experiencing loneliness and social isolation?

- What is the biggest barrier?
- What are you most excited about?

**Will return in 5 minutes**

# Opportunities

1. **Identify** people we are missing
  - a. Loneliness:
    - Stigma and social norms can make it hard to talk about

“I've noticed that many people have been feeling lonely recently, is that something you have experienced?”

# Opportunities

## 1. **Identify** people we are missing

### a. Loneliness:

- Stigma and social norms can make it hard to talk about

### b. Social Isolation

- People who have limited contact
- Serious Illness

“I've noticed that many people have been feeling lonely recently, is that something you have experienced?”

“Do you need help connecting with others?”

# Opportunities

## 1. **Identify** people we are missing

### a. Loneliness:

- Stigma and social norms can make it hard to talk about

### b. Social Isolation

- People who have limited contact
- Serious Illness

### c. By Setting

- Nursing Homes and Assisted Living Facilities
- Health Care Systems
- Payors
- Community Leaders

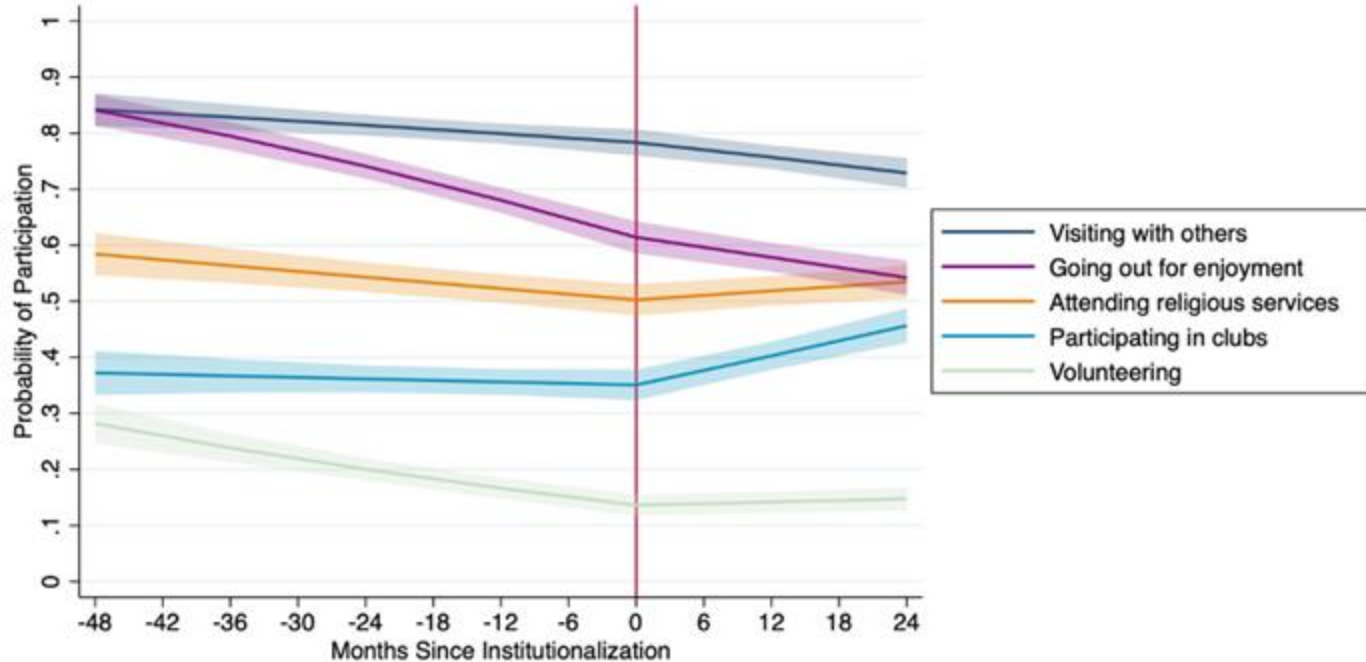
“I've noticed that many people have been feeling lonely recently, is that something you have experienced?”

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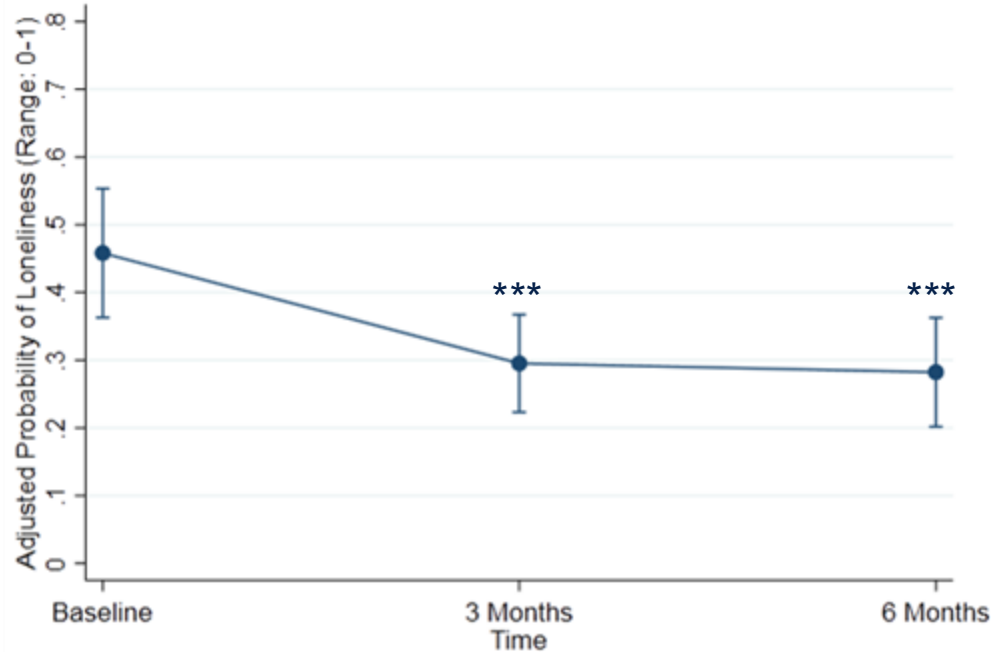
# Social Lives in Long-Term Care

Social lives before and after residence in a long term care facility



# Collaborating with Payors

Reductions in loneliness among Medicare Advantage recipients identified as at risk for loneliness through a proactive companionship line



## Opportunities

1. **Identify** people we are missing
2. **Quantify the impact** of enhancing social connection on **outcomes** which matter to funders and policymakers

# Opportunities

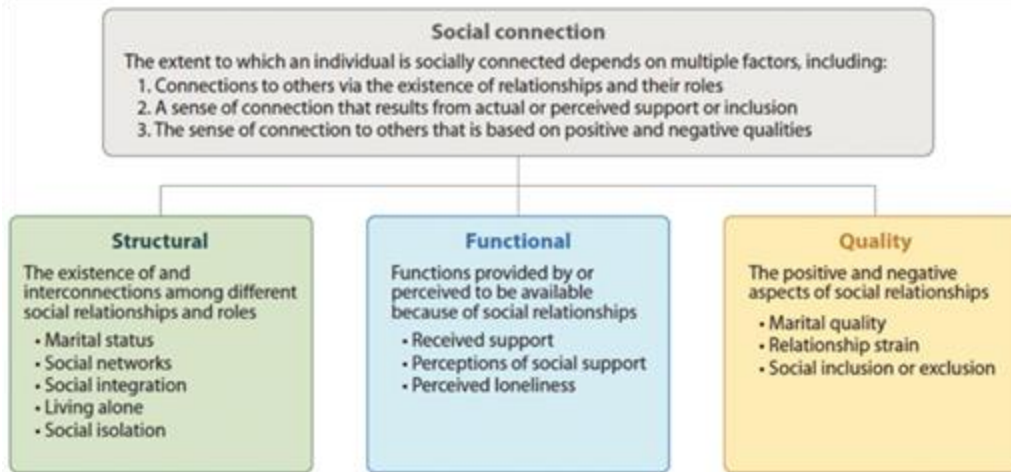
1. **Identify** people we are missing
2. **Quantify the impact** of enhancing social connection on **outcomes** which matter to funders and policymakers
  - a. Health care costs: \$6.7 billion/year; \$1,608 annual increase in cost
  - b. The impact of “Aging in place”

# Opportunities

1. **Identify** people we are missing
2. **Quantify the impact** of enhancing social connection on **outcomes** which matter to funders and policymakers
3. **Coordination** with health systems and community programs
  - a. Health Systems: Addressing medical contributors (Vision & Hearing, Functional Needs, Pain, Incontinence, Depression)
  - b. Community programs: Complementary programs

# Social Prescribing

- Health systems actively participate and make referrals to community organizations with expertise and awareness of programs to enhance social connection
- Cross-sector collaboration



# Community Programs

- Need to individually-tailor programs to people's needs
- Evidence-based programs:
  - Peer support
  - Intergenerational programs
  - Telephone support: Friendship Line
  - Exercise/Group Classes
  - Volunteer opportunities: ExperienceCorp

NorCal Coalition for Social Connection at UCSF	
<u>American Foundation for Suicide Prevention, Greater San Francisco Bay Area Chapter</u>	<u>Peninsula Family Service</u>
<u>Art With Elders</u>	<u>Petaluma People Services Center</u>
<u>Asian American Home Health by CenterWell</u>	<u>Pilipino Senior Resource Center</u>
<u>Bay Area Older Adults</u>	<u>Project Open Hand</u>
<u>Bayview Senior Services</u>	<u>RAMS Inc</u>
<u>City of Daly City</u>	<u>Regional Resource Center aka Vietnamese American Community Center of the East Bay</u>
<u>ComForCare Home Care Central San Jose</u>	<u>San Francisco Tech Council</u>
<u>Community Action of Napa Valley</u>	<u>San Francisco Village</u>
<u>Community Living Campaign</u>	<u>San Mateo County Health</u>
<u>Community Tech Network</u>	<u>Self-Help for the Elderly</u>
<u>Curry Senior Center</u>	<u>Senior Coastsiders</u>
<u>DayBreak Adult Care</u>	<u>Sequoias San Francisco</u>
<u>Eskaton</u>	<u>Shanti Project</u>
<u>Friendly Voices - Phone Buddies for Seniors</u>	<u>Social Prescribing</u>
<u>Front Porch Community Services</u>	<u>Swords to Plowshares</u>
<u>Institute on Aging</u>	<u>Telegraph Hill Neighborhood Center</u>
<u>Jewish Family and Children's Services</u>	<u>TeleVisit.org</u>
<u>Little Brothers, Friends of the Elderly</u>	<u>The Center for Independent Living</u>
<u>Meals on Wheels Diablo Region</u>	<u>Training and Health Equity Collaborative</u>
<u>Metta Fund</u>	<u>UCSF Memory and Aging Center Community Outreach Program</u>
<u>Mission Neighborhood Center Inspiring Success</u>	<u>UpValley Family Centers</u>
<u>Napa/Solano Area Agency on Aging</u>	<u>Vallejo Senior Citizens Council, Inc./Florence Douglas Center</u>
<u>On Lok</u>	<u>Vivalon</u>
<u>Open Source Wellness</u>	<u>West County Community Services</u>

ExperienceCorp - Fried et al.; Group Classes - Cohen al 2006; Intergenerational work - Norman et al. 2018; Peer support - Kotwal et al. 2021;

## Where does technology fit in?

- It depends...



# Where does technology fit in?

- It depends...
- Online technology can (Waytz & Gray 2018):
  - Benefit connectedness when it complements already-deep offline relationships
  - Impair connectedness when it replaces deep offline relationships with superficial online engagement
  - Enhance connectedness when deep offline engagement is difficult or impossible to attain.

# Where does technology fit in?

- It depends...
- Online technology can (Waytz & Gray 2018):
  - Benefit connectedness when it complements already-deep offline relationships
  - Impair connectedness when it replaces deep offline relationships with superficial online engagement
  - Enhance connectedness when deep offline engagement is difficult or impossible to attain.
- Learning Technology
  - Older adults want to learn
  - We should actively address ageism
  - Group classes can be beneficial

## Mr. Smith

Mr. Smith lived for a year from his diagnosis of cancer.

- Case manager for coordination of his care
- Early discussions about what he would want
- Connected him with support groups and volunteering
- Found a friend and family member
- Early referral to hospice services

## Returning to our Key Message

Loneliness and social isolation are markers of our overall social well-being and greatly impact older adult health and efforts to “age in place.” The Village Movement is on the forefront of addressing these social needs, and continued innovation and cross-sector collaboration is critical for lasting impact.

Thank you!

Questions or Comments?

[ashwin.kotwal@ucsf.edu](mailto:ashwin.kotwal@ucsf.edu)

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Social Connections & Aging Lab

<https://socialconnectionsandaging.ucsf.edu/>

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John Boscardin, PhD

Michael Steinman, MD

Louise Aronson, MD

Louise Walter, MD

Rebecca Sudore, MD

Elena Portacolone, PhD

Louise Hawkley, PhD

Thomas Cudjoe, MD

Krista Harrison, PhD

Vicky Tang, MD

Eric Widera, MD

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