Coalition to End Social Isolation & Loneliness

LONG TERM CARE DISCUSSION GROUP

WHAT CAN HEALTH PLANS AND ADVOCATES DO TO ADDRESS SOCIAL ISOLATION?

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Introduction to the Coalition
Outline

• Introduction to the Coalition
• Evidence Base & Innovations to Address the Epidemic
• Policy Goals
• Next Steps
About the Coalition – Mission/Vision

Mission Statement
To engage diverse stakeholders, promote innovative research, and advocate for policy change that combats the adverse consequences of social isolation and loneliness and advances approaches that improve social connectedness for all Americans.

Vision Statement
That all Americans have the opportunity and support necessary to be socially engaged in society.
About the Coalition

What’s the purpose:

Convene a diverse group of allied stakeholders to address the epidemic of social isolation and loneliness.

Who should participate:

Stakeholders include: Consumers, Health Plan, Health Systems, Providers, Employers, Community-Based Organizations, non-medical organizations and entities, etc.
Coalition Structure

**Steering Committee**
(Tier 1)
- Sets Coalition's priorities and agenda and provides overall guidance on direction of Coalition
- Considers and acts on recommendations from Coalition Committees

**Policy & Advocacy Committee**
- Committee Co-Chairs (Tier 2)
  - Oversees Activity of Committee
- Committee Members (Tier 3)
  - Makes policy recommendations
  - Provides input on policy and advocacy activities
  - Develops, reviews, and authors policy and advocacy agenda

**Communication Committee**
- Committee Co-Chairs (Tier 2)
  - Oversees Activity of Committee
- Committee Members (Tier 3)
  - Coordinates communications outreach and advocacy activities
  - Develops and implements public engagement activities (i.e. briefings)
Evidence Base & Innovations
Evidence Base & Innovations
Definitions

Social Isolation

A state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships.¹

Loneliness

Loneliness, which is conceptually distinct from social isolation, can occur in the presence or absence of social isolation. An early definitions of loneliness characterized it as a lack of social intimacy⁶ or as a deficiency in social relationships.⁷ Loneliness is often described as a subjective feeling of isolation, not belonging, or lacking companionship.²

Mortality Risk

Data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity).³

Evidence Base & Innovations

Prevalence

• Nearly half of Americans report sometimes or always feeling alone (46 percent) or left out (47 percent).

• Two in five Americans sometimes or always feel that their relationships are not meaningful (43 percent) and that they are isolated from others (43 percent).

• One in five people report they rarely or never feel close to people (20 percent) or feel like there are people they can talk to (18 percent).

• Only around half of Americans (53 percent) have meaningful in-person social interactions, such as having an extended conversation with a friend or spending quality time with family, on a daily basis.

• Generation Z (adults ages 18-22) is the loneliest generation and claims to be in worse health than older generations.

• Social media use alone is not a predictor of loneliness; respondents defined as very heavy users of social media have a loneliness score (43.5) that is not markedly different from the score of those who never use social media (41.7).\(^4\)

Evidence Base & Innovations
Co-Occurring Illnesses - Depression

• Loneliness is known to be a major risk factor for depression which itself accelerates functional decline and increases mortality rate. (Mehta et al., 2002) and depression may contribute to the increased mortality and cardiovascular diseases.

• Depression may increase mortality and illness through several mechanisms diminished serotonin function and thereby increase risk for myocardial infarction and stroke.

• There may also be increased heart rate variability and increased release of adrenaline, both leading to increased risk of cardiac arrhythmia (Seymour & Benning, 2009).

• Whatever the mechanism, the effect of depression on mortality is significant in size.5

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Evidence Base & Research
Innovative Program Examples

CareMore
- Togetherness Program
  - Launched in 2017 to address loneliness in the senior population
  - Focused on building personal connections with at-risk patients through consistent and positive engagement
  - **Goals**: Re-engage in healthcare, connect to community based organizations, increase physical activity
  - **One year after launch, over 942 lives changed by the program**

Humana
- Bold Goal
- Loneliness Toolkit

Cigna
- Launched an online survey (a 10-question version of the UCLA Loneliness Index) to help people assess loneliness and improve vitality.
Policy Objectives
Coalition Consensus-Based Policy Objectives

1. Increase public awareness for social isolation and loneliness and its effect on health and wellbeing.
2. Enhance social services and supports to address social isolation and loneliness.
3. Advance health services and supports that address social isolation and loneliness.
4. Leverage innovative technology solutions that foster connection and social integration.
5. Advance research to develop the evidence base necessary to design effective programs and policies.
Encouraging Signs in Washington

1. Senator Mike Lee’s (R-UT) headed a multi-year research effort to study the importance of the “web of social relationships.” Senator Lee, along with other Republicans on the Joint Economic Committee, released a report this past January finding that Americans have fewer people around to help provide care as they age compared with two decades ago.

2. In April 2017, Julianne Holt-Lunstad, Ph. D., testified before the U.S. Senate arguing that the lack of social connection can have life threatening consequences and that the problem is structural as well as psychological.

3. In February 2019, AHRQ released a report evaluating the effect that interventions targeting social isolation/loneliness in community dwelling older adults (60 years and older) have on the outcomes of social isolation/loneliness, health, and health care utilization.
Next Steps: Policy Agenda Release and Advocacy Efforts

March 2019
- Finalize Policy Agenda
- Develop Communications/Launch Plan

July 2019
- Bipartisan/bicameral Hill meetings
- Administration engagement
- Grassroots engagement

June 2019
- Public launch of Coalition and Policy Agenda
- Begin to raise visibility of issue on Capitol Hill and among stakeholders

August 2019
- Development of Hill champions and supporters
- Hill briefing with researchers, innovators, MOCs
- Administration engagement – CMS/CMMI
Join Us!

For more information, please contact:

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Thank You!

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