Loneliness & Isolation

Executive Summary

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental health outcomes. Aging adults have vastly different needs based on progressing stages of life and/or worsening medical conditions. Individuals who are isolated have vastly different needs, and as such, different approaches are necessary to address the root causes.

Across the state, Area Agency on Aging (AAA) programs targeting various goals and wellness outcomes effectively reduce risks associated with loneliness and isolation. These are many and varied, and often serve as catalysts to launch delivery of other needed services. Therefore, reduction in any local AAA or senior service programming effectively compounds risks for isolation.

Recommendations:

- Equally prioritize virtual and face-to-face interactions
- Invest in program designs that are adaptable to emergency responses
- Strengthen collaboration between Aging and Behavioral Health programs
- Emphasize the component domains of local and statewide Age-Friendly Communities
- CDA to create a “Minister of Engagement” position to be paid through funding set aside from FAMILIES FIRST & CARES Acts
- Provide state/local data that allows for informed decisions and targeted efforts
- Promote and bolster volunteer programs
- Launch opportunities for cross-system partnerships between local and statewide programs
- Engage traditional and non-traditional partners from a standard practice framework:

⬆Nutrition ⇔ ⬇Isolation ⇔ ⬆ Connections

Background

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death. Older adults are at higher risk of physical separation (living alone) and feelings of loneliness or distress due to the unexpected death of a spouse or partner, separation from friends and family, retirement, loss of mobility, and/or lack of transportation.

Conversely, people who engage in meaningful, productive activities with others tend to live longer, boost their mood, and have an increased sense of purpose. These activities seem to help maintain their well-being and may improve their cognitive function (National Institute on Aging, 04/23/19).

As we age, risk factors occur simultaneously to exacerbate the effects of physical, social, and psychological barriers that act to isolate an individual and lead to diminished health. The most commonly cited factors that impact isolation are living alone and life changes associated with (worsening) physical impairment, losing a partner and/or close friends, and losing an important meaningful role.

Risk Factor
Living Alone
Having Impaired Mobility (physical, poor sensory functions)
Experiencing a Major Life Transition (loss of partner/spouse or other primary network members, employment, or resources in general)
Having Low Income (limited resources)
Being a Caregiver (for someone with a severe chronic disability or illness)
Having Psychological or Cognitive Vulnerabilities (depression, low self esteem, compromised self-efficacy, addiction)
Living in a Rural Location
Having Neighborhood/Community Limitations (inaccessible, lacking meaningful events, and/or unsafe)
Having a Small Social Network and/or Inadequate Social Support
Speaking a Language Other Than English
Belonging to a Minority Group (an ethnic and/or racial minority group, the LGBTQ community, or a religious or other cultural minority group)

Individuals who are isolated have vastly different needs. Therefore interventions must address the root cause of experiences that act to further widen the physical, social, and psychological divide.

Older Americans Act Programs

Across the state, programs administered by local Area Agencies on Aging (AAA's) reduce risks associated with loneliness and isolation. Nutrition services in particular act as catalyst to service delivery and can serve as an anchor to other senior services (outlined below). AAA call centers indicate that 1 in 5 requests for food is associated with other needs for assistance: transportation, utility, affordable housing. Additionally, data from Meals on Wheels programs show that two-fifths of recipients said they would have little daily contact with people if not for those who delivered their meals. Of those on a wait list, 1 in 7 (14%) had no one to call for help, and 1 in 5 (20%) were in touch less than once per month with a friend or family member.

AAA programs focus on rich and purposeful interactions that nurture opportunities to give voice to vulnerable individuals:

AAA Programs	Provide:
Nutrition / Home Delivered Meals	*More than just a meal:* • Welfare check • Social contact • Trusted service connection
Caregiver Support	*Beyond caregiving:* • End of life preparation • Grieving, health, healing • Connection
Outreach & Wellness Programs	*Practical, virtual, social:* • One-stop call centers (ADRC) • Telephone & virtual outreach • Inter-generational engagement • Support for custodial grandparents • Meaning & purpose through volunteerism
Multipurpose Senior Services Program (MSSP)	*Dignity at home:* • Alternative to facility setting • Improved Health outcomes at home (vs. institution)

The challenge facing social service providers is to innovate and evolve programs to adapt to the COVID-19 pandemic and still impact the targeted outcomes for which it was designed. Recommendations are:

Future programming must equally prioritize virtual and face-to-face interactions (with appropriate physical distancing), to address the vastly different needs of aging adults in various stages of life.

Program designs must be adaptable, to encourage and foster continued access and engagement as vulnerable adults progress to different stages of life and/or medical conditions.

Behavioral Health & Well Being

The COVID-19 social distancing and stay at home orders have disproportionately impacted seniors and individuals with disabilities. During this pandemic, trends of reported loneliness, depression, suicidal ideation and others are on the rise. **Now more than ever, it is critical to strengthen collaboration between Aging and Behavioral Health, particularly Prevention and Early Intervention (PEI) programs.**

PEI screens seniors for concerns related to depression and loneliness and seeks to address the condition early in its manifestation. PEI programs are provided in places where behavioral health services are not traditionally provided, such as at home, in community centers, and in faith-based organizations with the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services.

Recommendations are:

AAA Directors make contact with their respective Behavioral Health Directors to initiate a conversation about ways in which we might strengthen collaboration. These conversations will differ by location, depending on how closely the two departments collaborate currently. It stands to reason that there is room for improvement across the board, and the strengthening of these partnerships is in line with the goals of the Master Plan on Aging.

Bridging Physical, Social, & Technical Divide

Loneliness and isolation manifest differently between people and communities. Individual readiness to access and engage in supportive programs are impacted by physical infrastructure (signal and connectivity), accessibility and adaptability of the tool, and personal preferences to use traditional methods of engagement and/or learn new modalities. Below are existing strategies that seek to bridge differing levels of readiness to engage. During the COVID-19 pandemic, service modalities must be repurposed to adjust to the precautionary restrictions of staying at home and limiting physical contact.

ACCESSIBILITY & CONNECTIVITY (How ready are our clients?)	WHAT IS IN PLACE (In AAA's + Other Partners)	WHAT IS NEEDED **Recommendations to Prioritize**
Tech-Savvy (all in!)	Friendly visitor daily calls Virtual Reality (Alz & end-of-life training) Virtual low impact exercise courses, virtual socialization opportunities, messaging tailored to older adults via social media	Funding to purchase technology Partnership with ILC Technology Programs via ADRCs
Willing to Learn (almost there)	Zoom Tai Chi for arthritis classes daily Zoom classes for on-line grocery shopping Informational "cheat sheets" on how to access facetime, Zoom, conference calls Parks and Rec on-line courses	Classes or instructions on how to use technology • Peer-based classes • Intergenerational classes
Lack of connectivity; technology (no signal)	Daily check-in's with Home Delivered Meals clients during meal delivery Wellness call center calling once weekly Technology Training classes Direct referrals from Water Co. customer service for seniors with bill delinquencies	Low/no cost internet access Public/private infrastructure to support technology
Traditional Contacts (no desire for tech)	Stuffers in Great Plates & pantry bags Materials at 55+ low income communities, grocery stores, animal shelters Calls to 60+ denied for benefits News ads; media releases	More (targeted) partnerships with departments that serve seniors or disabled (e.g. CalFresh Expansion)

	Information being shared via mass mailing, weekly wellness calls, and at grocery stores Statewide and Regional on-line opportunities (e.g., Friendship line)	

Recommendations

Existing and emerging best practices seek to reduce isolation and enhance self-confidence through strategies that connect individuals to the outside world, expand social support, and provide opportunities for meaningful engagement. C4A recommends investment in the following strategies to mitigate impacts of loneliness and promote supportive relationships.

Emphasize the component domains of local and statewide Age-Friendly Communities projects that address senior loneliness, isolation, and participation.

Provide state/local data that allows for informed decisions, targeted efforts, and benchmarks that measure success.

- Request to California Department of Aging (CDA) for research/data analysis on isolation trends based on information provided by AAA's in Area Plans, Needs Assessments, Client Surveys, etc.

- Request CDA to create a "Minister of Engagement" position to be paid through funding set aside from FAMILIES FIRST & CARES Act. This position would provide leadership and engagement strategies in collaboration with various state departments and projects to ensure that senior isolation solutions are considered for inclusion throughout state plans and services. Bridging the Digital Divide would be a component of the Senior Engagement Project

Promote and reinvest in the Senior Volunteer Section of the Older Californians Act to bolster volunteer programs such as Foster Grandparent and Senior Companion Programs (consider the use of general fund, First 5, CalFresh Outreach, and behavioral health dollars).

Increase partnership and funding opportunities to encourage cross-system efforts between departments and programs to create a more streamlined and robust safety net for seniors and vulnerable adults (No Wrong Door).

A. Department Services	Considerations for Enhanced Service Integration
Cal Fresh (Expansion program)	Targeted outreach to seniors
Medi-Cal Eligibility Denials for Aged, Blind, Disabled	Safety net options for individuals who are aged, living alone, and with a disability when they are denied for services: • County program administrators already have this information • Assess for vulnerability & isolation
Adult Protective Services	Outreach & education • Loneliness and isolation is a precursor to abuse and exploitation • Follow-up services after investigation
Health Plans / Hospitals / Clinics In-Home Supportive Services	Care Transitions Intervention • Home-based care to support treatment plan • Respite
Behavioral Health Services (MHSA)	• PEI Short-term interventions • Long-term senior companion visitors • co-location
First 5 Veteran Services	Direct linkage and support services for grandparents, veterans (and their spouses) who are denied for services • Transportation • Caregiving, child care • Respite

B. Other Partners	Considerations for Nontraditional Partnerships
Water & Power /Utility Companies	Use of existing state protection mandates to garner support for a standard response plan when vulnerable individuals are at risk • Senate Bill 998 Water Shutoff Protection Act • Direct referrals to senior programs for assessment of other needs
Department of Motor Vehicles	For every individual whose license is suspended or not renewed due to age or disability • Direct referral to local ADRC, senior engagement programs and/or counseling • promote the personal and community benefits of volunteerism (using virtual or face-to-face) senior engagement opportunity • use of peer volunteers for transportation, errands

Schools & Education Systems	Direct linkage to offer support for households who identify as having custodial grandparents (as is being done for parents who are in active military service) • Standard process to provide free senior service information, facilitated referrals when needed Inclusion of APS and/or OOA in schools emergency & disaster plans for coordinated services, with specific considerations for children and adults in the home with special needs.