



Addressing Social Isolation and Loneliness Among Older Dually Eligible Individuals

Introduction to Social Isolation and Loneliness³

Social isolation and loneliness impact many individuals dually eligible for Medicare and Medicaid. Loneliness is defined as the feeling of being alone or socially isolated *regardless* of the amount of social contact, while social isolation is a lack of *actual* social contact, which can lead to loneliness.^{4,5} According to the Centers for Disease Control and Prevention (CDC), more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated.⁶

Older adults face an increased risk of loneliness and isolation due to changes in life circumstances, living situations, health conditions, and social connections.⁷ The many role transitions that often occur with age may contribute to social isolation and loneliness, including retirement, serving as a caregiver for a spouse or family member, and losing friends and family members. Older adults may also experience changes in their health status, mobility, and sensory functions that inhibit their ability to maintain social connections that may have previously been present in their lives. Sensory losses, including

Negative Health Effects of Social Isolation and Loneliness¹

Interpersonal relationships and social connectedness have a strong impact on health and well-being. [Healthy People 2030](#), a Department of Health and Human Services initiative to improve health for Americans, organizes social determinants of health into five domains, one of which is social and community context. Healthy People 2030 notes that relationships are important for physical health and psychosocial well-being. Loneliness is associated with higher rates of depression, anxiety, and suicide.

In addition to mental health challenges, social isolation and loneliness lead to many negative physical health effects:

- Weakened immune response
- Decreased exercise
- Increased hospitalizations and emergency room visits
- Cardiovascular disease
- Dementia
- Premature death

Researchers found that social isolation and loneliness are as harmful to physical health as smoking 15 cigarettes a day and are twice as harmful to physical and mental health as obesity.²

¹ National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press.

² Ibid.

³ Social isolation and loneliness interventions may not be covered by Medicare/Medicaid coverage. It is recommended to evaluate whether interventions are covered by an individual's insurance prior to suggesting the intervention.

⁴ National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press.

⁵ Splaine, M., & Manning, C. (2021). *Reaching socially isolated people living with dementia*. Administration for Community Living - National Alzheimer's and Dementia Resource Center Webinar Series.

⁶ Centers for Disease Control and Prevention. (2021). *Loneliness and social isolation linked to serious health conditions*. Centers for Disease Control and Prevention – Alzheimer's Disease and Healthy Aging. Retrieved from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.

⁷ Ibid.

hearing and vision loss, can be isolating as well and are also risk factors for dementia, further increasing the risk of loneliness.⁸

Older adults from vulnerable populations such as immigrants; lesbian, gay, bisexual, and transgender (LGBT) individuals; and Black, Indigenous, People of Color (BIPOC) are more likely to experience loneliness. For example, LGBT individuals may experience loneliness due to stigma and discrimination.¹⁵ LGBT older adults are also twice as likely to live alone than non-LGBT older adults and are at higher risk of isolation.¹⁶ Immigrants may experience stressors including language barriers, complex family dynamics, and new relationships that lack depth or history. Immigrants may also have fewer social ties and lower levels of integration into their new communities.¹⁷

Older adults may also experience changes to societal roles due to ageism, which is defined as stereotypes, prejudice, and discrimination against older adults.¹⁸ Negative stereotypes can lead to increased feelings of loneliness, while experiencing social rejection can lead to an older adult feeling hurt, unwanted, and rejected, potentially leading to withdrawal and avoidance of social activities.

Loneliness and Social Isolation in Individuals with Intellectual and Developmental Disability (I/DD)

Individuals with I/DD are at greater risk of experiencing loneliness and social isolation compared to individuals without I/DD. Contributing factors include a limited social network, co-occurring mental health problems, and communication difficulties. Social isolation and loneliness treatments should focus on improving individuals' social lives, mental health, and physical health, as poor mental and physical health is associated with increased loneliness and social isolation. Further research is needed on evidence-based social isolation and loneliness interventions for individuals with I/DD.¹⁴

Loneliness and Social Isolation in Younger Individuals

Younger dually eligible individuals are also affected by social isolation and loneliness. Some individuals with disability (e.g., serious mental illnesses, spinal cord injury, and intellectual and developmental disabilities) experience loneliness, barriers to social participation, and social isolation at higher rates than individuals without disability.^{9,10,11,12,13}

⁸ Mick, P., Parfyonov, M., Wittich, W., Phillips, N., Guthrie, D., & Kathleen Pichora-Fuller, M. (2018). *Associations between sensory loss and social networks, participation, support, and loneliness: Analysis of the Canadian Longitudinal Study on Aging*. *Canadian family physician Medecin de famille canadien*, 64(1), e33–e41.

⁹ Nagata, S., Townley, G., Brusilovskiy, E., & Salzer, M. S. (2020). Community participation differences between adults with or without serious mental illness. *Psychiatr Serv*, 71(11), 1191–1194. doi: 10.1176/appi.ps.201900608.

¹⁰ Newman, S., Li, C., & Krause, J. (2016). Social isolation after spinal cord injury: Indicators from the longitudinal aging study. *Rehabil Psychol*, 61(4):408–416.

¹¹ Li, C., Clark, J., & Krause, J. (2021). Twenty-five-year cross-sequential analysis of self-reported problems: Findings From 5 cohorts from the spinal cord injury longitudinal aging study. *Archives of Physical Medicine and Rehabilitation*, 102(5), 888–894. <https://doi.org/10.1016/j.apmr.2020.11.016>.

¹² Alexandra, P., Angela, H., & Ali, A. (2018). Loneliness in people with intellectual and developmental disorders across the lifespan: A systematic review of prevalence and interventions. *Journal of Applied Research in Intellectual Disabilities*, 31(5), 643–658. <https://doi.org/10.1111/jar.12432>.

¹³ Macdonald, S., Deacon, L., Nixon, J., Akintola, A., Gillingham, A., Kent, J., . . . Dore, S. (2018). 'The invisible enemy': disability, loneliness and isolation. *Disability & Society*, 33(7):1138–59.

¹⁴ Petroutsou, A., Hassiotis, A., & Afia, A. (2018). Loneliness in people with intellectual and developmental disorders across the lifespan: A systematic review of prevalence and interventions. *Journal of applied research in intellectual disabilities: JARID*, 31(5), 643–658. <https://doi.org/10.1111/jar.12432>.

¹⁵ Centers for Disease Control and Prevention. (2021).

¹⁶ SAGE. (2020). *Social isolation*. Your Rights and Resources. Retrieved from <https://www.sageusa.org/your-rights-resources/social-isolation/>.

¹⁷ Centers for Disease Control and Prevention. (2021).

¹⁸ Shiovitz-Ezra, S., Shemesh, J., McDonnell/Naughton, M. (2018). *Pathways from ageism to loneliness*. In: Ayalon L., Tesch-Römer C. (Eds). *Contemporary perspectives on ageism*. *International Perspectives on Aging*, vol 19. Springer, Cham. https://doi.org/10.1007/978-3-319-73820-8_9.

Additionally, perceptions of discrimination can build up over many years and lead to feelings of loneliness.¹⁹ Researchers have found that if an older adult has positive perceptions of aging, they are more likely to experience better functional health. Conversely, an older adult that believes aging is tied to negative outcomes is more likely to experience decreased functional health.

Dually eligible older adults may experience financial instability, a potential barrier to experiences outside of the home that encourage social interaction, such as access to transportation or social outings.²⁰ Additionally, financial instability can affect an older adult's living environment (e.g., unstable housing and the need to move away from social connections) which influences feelings of loneliness and isolation.²¹ At least twice as many older adults living in nursing and assisted living facilities experience loneliness compared to community-dwelling older adults.^{22,23} This may be attributed to an unfulfilled need for meaningful social relationships and a loss of self-determination.

Differences in social isolation and loneliness are also observed when comparing older adults who live in rural or urban areas. Although older adults living in rural areas report more social relationships compared to older adults in urban areas, older adults in rural areas are still at a high risk of being lonely and report more frequent feelings of being left out.²⁴ Challenges with driving long distances to see family and friends may increase social isolation and loneliness, as a reliance on private transportation may make it more difficult to maintain social connections if an older adult loses the ability to drive. Older adults in rural areas also experience limited access to behavioral health care, limited economic resources, and limited access to communication channels such as internet and phone services.²⁵

COVID-19 Social Connectivity Paradox¹⁰

Older adults with chronic diseases and co-morbidities are at higher risk for COVID-19 complications. COVID-19 and the necessary measures to mitigate the spread of the virus including physical distancing, self-quarantine, and isolation of positive cases have limited interactions with family, friends, caregivers, and organizations. Limited physical interactions hinder ongoing efforts to reduce social isolation and improve connectivity.

Solutions include:

- **Distanced Connectivity:** Maintaining social connectivity through the telephone, computer, or other virtual methods.
- **Telephonic Reassurance and Engagement:** Outreach conducted by healthcare providers and health plans to check in on individuals, identify their needs, offer socialization opportunities, and share resources.
- **Virtual Program and Service Delivery:** Virtual offerings of evidence-based programs to provide continued health care services, including behavioral interventions to prevent falls and self-manage chronic conditions, among other services.

¹⁹ Shiovitz-Ezra, S., Shemesh, J., McDonnell/Naughton, M. (2018).

²⁰ National Academies of Sciences, Engineering, and Medicine. (2020).

²¹ Ibid.

²² Simard, J., & Volicer, L. (2020). Loneliness and isolation in long-term care and the COVID-19 pandemic. *Journal of the American Medical Directors Association*, 21(7), 966–967. <https://doi.org/10.1016/j.jamda.2020.05.006>

²³ A care home refers to long-term care services, including residential care facilities and nursing homes.

²⁴ University of Minnesota. (2019). *Issue brief: Rates of social isolation vary by rurality and demographics*. News and Events. Retrieved from <https://twin-cities.umn.edu/news-events/rates-social-isolation-vary-rurality-and-demographics>

²⁵ Henning-Smith, C. (2020). Meeting the social needs of older adults in rural areas. *JAMA Health Forum*, 1(11): e201411. doi:10.1001/jamahealthforum.2020.1411

Screening for Social Isolation and Loneliness

Providers, health care organizations, and community-based partners that serve individuals at high risk of being socially isolated or lonely can implement screening tools to identify those most at risk. It is also important to screen for risk factors contributing to social isolation and loneliness, including hearing and vision loss, as well as adequacy of supports to assist individuals if they have unmet needs for activities of daily living (ADL) and instrumental activities of daily living (IADL). Screening should be ongoing to assess any new risks or to measure improvement.²⁶

Examples of screening tools include:

- The [Campaign to End Loneliness Measurement Tool](#) is a three-question tool that was co-developed with older adults and service providers. It uses positive, non-intrusive language and measures the change resulting from an intervention to address loneliness.
- The [UCLA 20-Item Loneliness Scale](#) measures an individual's subjective feelings of loneliness and social isolation. This tool is widely used and often considered the standard measure of loneliness.²⁷
- The [UCLA 3-Item Loneliness Scale](#) was adapted from the UCLA 20-Item Loneliness Scale specifically for use through a telephone survey. This tool asks individuals how often they experience certain feelings and situations associated with loneliness.
- The [Lubben Social Network Scale](#) focuses specifically on older adults and concentrates on the quality and frequency of an individual's relationships with family and friends through 10 questions.
- The [6-Item De Jong Gierveld Loneliness Scale](#) asks individuals to rate how much they agree with statements relating to social loneliness, defined as missing a wider social network, and emotional loneliness, defined as missing an intimate relationship.
- The [Upstream Social Isolation Risk Screener \(U-SIRS\)](#) is a 13-item screening tool completed telephonically that measures social isolation risk among community-dwelling older adults. The tool is used to link older adults to resources, services, and programs.

Several health care providers (and partnered technology vendors) in the US have implemented their own processes to screen for and address social isolation and loneliness in the populations they serve. A few of these are highlighted below:

- Aetna developed a [Social Isolation Index](#) based on member claims data and screening information on social needs to identify high-risk dually eligible beneficiaries and estimate their risk of social isolation. Members at high risk for social isolation are then contacted by trained staff from Aetna's [Resources for Living Program](#), who connects the member to appropriate community resources.
- Caremore Health introduced the [Togetherness Program](#) to identify and reduce loneliness among older adults. Caremore Health clinicians screen patients at their first appointment for loneliness, social isolation, and other social determinants of health. Trained volunteers contact

²⁶ Smith, M., Steinman, L., & Casey, E. (2020). Combatting social isolation among older adults in a time of physical distancing: The COVID-19 social connectivity paradox. *Frontier Public Health*, 8(403). doi: 10.3389/fpubh.2020.00403.

²⁷ Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies. *Research on aging*, 26(6), 655–672. <https://doi.org/10.1177/0164027504268574>.

members who screen positive for social isolation and loneliness to engage them (if they agree) in regular phone calls, home visits, and connections to community-based programs. Since the start of the program, Caremore has reported a 21 percent decrease in hospital admissions.²⁸

Interventions for Decreasing Social Isolation and Loneliness

Understanding the underlying causes, contributing factors, and impacts of social isolation and loneliness in older adults is useful in identifying effective interventions. Older adults may experience loneliness due to a variety of causes such as a decrease in social participation, leisure activities, sleep quality, or challenges with technology. Interventions may be categorized by approach; some use social facilitation or psychological therapies to address social isolation and loneliness in older adults, while others rely on technology to support this population.

Social Facilitation

Social facilitation interventions encourage social interaction among individuals with the goal of benefiting everyone involved.³¹ One example of social facilitation for older adults is the senior center model, a recreation center often offered by local departments of parks and recreation specifically for adults 50 years and older. Health plans and providers can connect older members to their local senior center and encourage participation to broaden their social circle and help them feel more connected to people in their community. This type of community center provides a space for older adults to congregate, socialize, and engage in activities with those of the same age in their community. According to the National Council on Aging, 75 percent of senior center participants visit one to three times a week and spend an average 3 hours at the center per visit.³² Senior centers may offer meal and nutrition programs; health, fitness, and wellness programs; transportation services; public benefits counseling; employment assistance; volunteer and civic engagement opportunities; social and recreational activities; educational and arts programs; and intergenerational programs.³³

If an older adult faces social isolation due to a shrinking social circle and limited participation in social activities, they may benefit from exploring opportunities to meet new people. Seniors can join friendship clubs offered at senior centers or through websites such as Facebook or [MeetUp](#) – offering access to online and in-person groups of people who meet based on a shared interest (e.g., bird watching and reading a certain genre of books). Joining such a group can be an opportunity for older adults to connect socially with others who have the same interests. Additionally, organizations are promoting intergenerational connections to reduce isolation and enhance social connections among

Caring for Caregivers

Family caregivers have been highlighted as a subpopulation at high risk of increased anxiety and depression and decreased social participation due to the COVID-19 public health emergency (PHE).²⁹ [Caregiver Homes](#) from SeniorLink is a program that provides overall support, guidance, and financial assistance to caregivers. The goal of this model is to help caregivers feel confident in providing care for a loved one in the home.³⁰

²⁸ CareMore Health. (2019). 4 ways health insurers are addressing loneliness, a social determinant of health. Retrieved from <https://www.caremore.com/Media/News/2019/20190730-MediaLogic.aspx>.

²⁹ Beach, S. R., Schulz, R., Donovan, H., & Rosland, A.-M. (2021). Family Caregiving During the COVID-19 Pandemic. *The Gerontologist*, 61(5), 650–660.

³⁰ Caregiver Homes. (n.d.) About Caregiver Homes. Retrieved from <https://www.caregiverhomes.com/about>.

³¹ Williams CYK, Townson AT, Kapur M, Ferreira AF, Nunn R, Galante J, et al. (2021) Interventions to reduce social isolation and loneliness during COVID-19 physical distancing measures: A rapid systematic review. *PLoS ONE* 16(2): e0247139. Retrieved from <https://doi.org/10.1371/journal.pone.0247139>.

³² National Council on Aging. (2015). *Get the Facts on Senior Centers*. Retrieved from <https://www.ncoa.org/article/get-the-facts-on-senior-centers>.

³³ National Council on Aging. (2015).

older adults and young people, especially in rural areas. The Northland Foundation launched the [AGE to age](#) program in rural Minnesota to empower youth, adults, and older adults to explore how their generations are both alike and different through a variety of community and relationship-building activities. Benefits of the program among older adults include strengthened connection to community, renewed sense of purpose and value, and improved physical and emotional well-being.

Video conferencing with family and friends is a simple social facilitation that may increase social interaction and decrease feelings of social isolation and loneliness among older adults. While older adults may need support setting up and accessing video conferences, it is a relatively low cost and easy intervention to help connect beneficiaries to their loved ones. Some health plans serving dually eligible individuals partner with external organizations to supply tablets and provide resources to assist beneficiaries. Examples of these programs are listed in Table 1 below.

Older adults experiencing social isolation and loneliness may also benefit from programs such as AARP's no-cost "[Friendly Voice](#)" program, which connects older adults by phone to a Friendly Voice volunteer – individuals who have been trained to help callers to feel less lonely. This program is also available to Spanish speakers. Similarly, [SAGEconnect](#) is a program through SAGE, a national advocacy and services organization for LGBT older adults. LGBT older adults can sign up to receive a weekly call for casual friendly conversations with trained volunteers. National [Alzheimer's Buddies](#) is a program that builds friendships between college students and individuals, typically older adults, with Alzheimer's disease. The program engages individuals with Alzheimer's living in residential care facilities with trained volunteers who visit weekly and help individuals cope with the challenges they face. The program has demonstrated decreased depression and increased engagement in social activities among participants.³⁴

Psychological Therapies

Psychological therapies are a class of interventions focused on changing thought patterns and behaviors and have shown evidence for reducing loneliness.³⁵ For example, cognitive behavioral therapy (CBT) is a structured, time-limited psychological therapy that helps individuals understand how their thoughts influence their feelings and behaviors.³⁶ Through CBT, individuals evaluate their core beliefs, dysfunctional assumptions, and negative thoughts.³⁷ CBT has been shown to decrease loneliness in older adults.^{38,39} CBT can also be used in a group setting to reduce loneliness. A study on group CBT's effect on loneliness in older adults found that older adults who completed 12-weeks of CBT experienced a significant decrease in loneliness compared to a group of older adults who did not receive CBT.⁴⁰

³⁴ National Alzheimer's Buddies. (n.d.) What we do. Retrieved from <http://www.alzbuddies.org/what-we-do>.

³⁵ Hickin, N., Käll, A., Shafraan, R., Sutcliffe, S., Manzotti, G., & Langan, D. (2021). The effectiveness of psychological interventions for loneliness: A systematic review and meta-analysis. *Clinical Psychology Review, 88*, 102066–102066.

³⁶ Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT, 6*(9), 579–585. <https://doi.org/10.1177/1755738012471029>.

³⁷ Ibid.

³⁸ Jarvis, M. A., Padmanabhanunni, A., & Chipps, J. (2019). An evaluation of a low-intensity cognitive behavioral therapy mHealth-supported intervention to reduce loneliness in older people. *International Journal of Environmental Research and Public Health, 16*(7), 1305. <https://doi.org/10.3390/ijerph16071305>.

³⁹ Gorenko, J. A., Moran, C., Flynn, M., Dobson, K., & Konnert, C. (2021). Social isolation and psychological distress among older adults related to COVID-19: A narrative review of remotely delivered interventions and recommendations. *Journal of Applied Gerontology, 40*(1), 3–13. <https://doi.org/10.1177/0733464820958550>.

⁴⁰ Smith, R., Wuthrich, V., Johnco, C., & Belcher, J. (2021). Effect of group cognitive behavioural therapy on loneliness in a community sample of older adults: A secondary analysis of a randomized controlled trial. *Clinical Gerontologist, 44*:4, 439-449.

Another intervention that may reduce loneliness is mindfulness, a practice through which individuals focus on awareness of a present moment, using sensory perceptions. Through mindful meditation, individuals train themselves to be aware of and accepting of their thoughts. In a study testing two-week smartphone-based mindfulness training, participants who were trained in both attention-monitoring and acceptance experienced a 22 percent reduction in loneliness and an increase in social interactions.⁴¹ Similarly, a small, randomized controlled trial following an 8-week mindfulness-based stress reduction (MBSR) program found that the program reduced loneliness in the experimental group compared to small increases in the control group.⁴²

Reminiscence groups are a therapeutic intervention through which participants share memories and reflections from life events with individuals in their peer-group. By reminiscing, it is thought that older adults can accept their own life experiences, feel more confident, and gain greater perspective.⁴³ Reminiscence therapy is typically categorized as one, or a combination, of the following: simple reminiscence, life review, and life-review therapy.⁴⁴ The choice of which type of reminiscence to utilize depends on the population's mental conditions and needs. Studies testing group reminiscence in older adults found that self-esteem significantly improved in the experimental group.⁴⁵ Research suggests that a side effect of group reminiscence may be the development of support networks among older adults, which could improve social interactions in residential settings.⁴⁶ In a feasibility study of intergenerational reminiscence groups, results showed that older adults who partook in reminiscence with children experienced decreased loneliness and improved self-esteem and quality of life.⁴⁷

An evidence-based program from the National Council on Aging (NCOA), [Healthy IDEAS](#), is targeted to older adults. It integrates depression education, awareness, and management into care settings with which they already engage, such as chronic care management.⁴⁸ Through depression screening, Healthy IDEAS can connect older adults as needed with providers and support. The program also provides education and self-management support for depression and uses a behavioral activation approach that encourages individuals to engage in meaningful activities to address the inactivity commonly associated with depression.⁴⁹ Results from the program demonstrated a decrease in depression and an increase in depression knowledge and management among participants.⁵⁰

Health Plan Programs

Health plans can play a role in supporting their members through transitions of care by facilitating health promotion programs and social isolation and loneliness interventions. Transitions of care can be

⁴¹ Lindsay E.K., Young S., Brown K.W., Smyth J.M., Creswell J.D. (2019) Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial. *Proceedings of the National Academy of Sciences* Feb 2019, 116 (9) 3488-3493; Retrieved from <https://doi.org/10.1073/pnas.1813588116>.

⁴² Creswell, J. D., Irwin, M. R., Burklund, L. J., Lieberman, M. D., Arevalo, J. M. G., Ma, J., Breen, E. C., & Cole, S. W. (2012). Mindfulness-based stress reduction training reduces loneliness and pro-inflammatory gene expression in older adults: A small randomized controlled trial. *Brain, Behavior, and Immunity*, 26(7), 1095–1101. Retrieved from <https://doi.org/10.1016/j.bbi.2012.07.006>.

⁴³ Gaggioli, A., Scaratti, C., Morganti, L., Stramba-Badiale, M., Agostoni, M., Spatola, C. A., Molinari, E., Cipresso, P., & Riva, G. (2014). Effectiveness of group reminiscence for improving wellbeing of institutionalized elderly adults: study protocol for a randomized controlled trial. *Trials*, 15, 408. Retrieved from <https://doi.org/10.1186/1745-6215-15-408>.

⁴⁴ Pinquart, Martin; Forstmeier, Simon (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging & Mental Health*, 16(5):541-558. Retrieved from <https://doi.org/10.5167/uzh-70978>.

⁴⁵ Chao, S. Y., Liu, H. Y., Wu, C. Y., Jin, S. F., Chu, T. L., Huang, T. S., & Clark, M. J. (2006). The effects of group reminiscence therapy on depression, self-esteem, and life satisfaction of elderly nursing home residents. *The journal of nursing research: JNR*, 14(1), 36–45. Retrieved from <https://doi.org/10.1097/01.jnr.0000387560.03823.c7>.

⁴⁶ Chao, S. Y., Liu, H. Y., Wu, C. Y., Jin, S. F., Chu, T. L., Huang, T. S., & Clark, M. J. (2006).

⁴⁷ Gaggioli A., Morganti L., Bonfiglio S., Scaratti C., Cipresso P., Serino S. & Riva G. (2014).

⁴⁸ National Center on Aging. (2020). Evidence Based Program: Healthy IDEAS. Retrieved from <https://www.ncoa.org/article/evidence-based-program-healthy-ideas>.

⁴⁹ Healthy Ideas. (n.d.) The Program. Retrieved from <https://healthyideasprograms.org/about/>.

⁵⁰ National Center on Aging. (2020).

challenging for older adults, especially if they are going from a long-term care facility back into their community or home. Individuals making this type of transition may become isolated and lack social connection and support in their homes. To ease this transition, health plans can support members in accessing social activities from home. Table 1 below provides examples of programs and interventions health plans can use to address social isolation and loneliness among their beneficiaries.

Table 1. Social Isolation and Loneliness Programs

Program/ Organization Name	Program Details
UCare	<p>UCare is a non-profit health plan that partners with health care providers and community organizations throughout Minnesota and Wisconsin to support individuals with health coverage. UCare serves over 18,000 dually eligible individuals and runs UCare Connect + Medicare (SNBC), a Dual Eligible Special Needs Plan (D-SNP) serving dually eligible adults in Minnesota with a disability. Examples of interventions UCare has implemented to address social isolation and loneliness include:</p> <ul style="list-style-type: none"> • Senior Companions – through a partnership with Lutheran Social Service of Minnesota, UCare matches socially isolated individuals with a companion that visits with the member, offers support and advocacy, and assists with transportation to medical and dental appointments and errands. During the COVID-19 PHE, UCare shifted to offering services via phone and video chat, and also provided iPads to individuals enrolled in this program. • iPad provision – at the beginning of the COVID-19 PHE, UCare realized the importance of helping older adults maintain connections with friends and family during stay-at-home orders. They purchased and offered a supply of iPads to LeadingAge, which provides services for group homes and assisted living. They also provided a supply of iPads to members of the Living at Home/Block Nurse Program, a network of over 40 community-based organizations across Minnesota that helps older adults stay at home. UCare sent staff to individuals’ homes to teach them how to use the technology. Members used the iPads for community education online classes, online yoga, and other services (e.g., finding friends on Facebook).
SCAN Health Plan Togetherhness Program	<p>SCAN Health Plan’s recently launched Togetherhness Program uses peer-to-peer interactions to establish meaningful social bonds among members and decrease feelings of loneliness. The program provides support and companionship to older members and includes virtual and in-person classes and activities based around shared interests. The program also includes a “Friendly Phoner” program through which peer advocates and SCAN employee volunteers regularly reach out to members by telephone, and offers “Tech Buddy” support for members who would like assistance using tablets and other digital devices to connect with other people.</p>
Pyx Health/Banner Health Pilot	<p>Pyx Health partnered with Banner University Health Plans (BUHP) to provide 24/7 companionship and support for individuals recently discharged from the emergency room or inpatient care through a mobile application and support center. The application, Pyxir, supplies companionship and resources to users through online chat conversations and text check-in prompts each day to promote self-management of loneliness and social isolation. Pyxir also screens for social determinants of health needs and connects users to relevant resources to</p>

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Program/ Organization Name	Program Details
	navigate their health journey. BUHP targeted use of Pyxir towards high-utilizing Medicare and Medicaid D-SNP members who were experiencing a transition of care. They found that members who utilized Pyx Health services utilized fewer services in the six months following Pyx Health use compared to six months prior to engagement with Pyx Health. ⁵¹
Papa Pals	Humana partnered with Papa Inc. to connect college students to seniors at risk for loneliness through the Papa Pals program. The young adults provide companionship, assistance with house chores and appointments, technology lessons, and other task-based services. Humana aims to alleviate loneliness, minimize isolation, and achieve positive health outcomes among enrolled Medicare Advantage members. Humana used predictive modeling to identify members likeliest to benefit from the Papa pilot and plans use the UCLA three-question loneliness scale and the CDC's Healthy Days methods to measure the pilot's success. ⁵²
MyHello by LifeBio	MyHello is a phone-based loneliness intervention geared towards the aging population. This program offers weekly one-on-one or group calls that provide meaningful engagement for individuals who face challenges leaving their homes. MyHello uses LifeBio's research-based life story/reminiscence work to foster social connections among older adults and is an effective tool for older adults who may require more attention or individual interaction from staff. The program does not require high-speed internet or a phone with a wireless data plan; beneficiaries can use the program through any telephone available. A variety of services and settings can offer the program to individuals, including health plans (e.g., Medicare and Medicaid), community organizations, home health, senior living facilities, and health systems.
PEARLS	The Program to Encourage Active, Rewarding Lives (PEARLS) is an evidence-based program that helps low-income older adults with depression create happier, healthier lives. PEARLS educates older community members about depression and helps them develop the skills they need for self-sufficiency and more active lives. ⁵³ PEARLS participants work with coaches through six to eight one-hour one-on-one sessions offered at-home or in another more accessible setting. Studies have demonstrated that six months after PEARLS enrollment, participants demonstrated significant improvement in three social connectedness constructs (social interactions and satisfaction with social support; perceived isolation; loneliness) and that PEARLS can be a promising intervention for increasing social connectedness among underserved older adults living with depression. ⁵⁴
Wider Circle	Health Plan of San Mateo sponsored this pilot program in partnership with Wider Circle, a local non-profit. This program hosts social events for older adults in the community to meet one another and engage in healthy lifestyle discussions and moderate physical activity. Members typically join a kick-off event followed by six

⁵¹ Ball, T.M. & Stein, S. (2021). Pyx Health expands Banner University Health Plans' 24/7 care team to decrease medical spend among high-utilizing members. Retrieved from <https://pyxhealth.com/white-paper/>.

⁵² Home Health Care News. (2018). Humana Keeps Focus on the Home with 'Grandkids on Demand' Pilot. Retrieved from <https://homehealthcarenews.com/2018/11/humana-keeps-focus-on-the-home-with-grandkids-on-demand-pilot/>.

⁵³ University of Washington Health Promotion Research Center. PEARLS Details & FAQs. Retrieved from <https://depts.washington.edu/hprc/programs-tools/pearls/pearls-details-faqs/#pearls-faqs>.

⁵⁴ Steinman, L., Parrish, A., Mayotte, C., Acevedo, P. B., Torres, E., Markova, M., ... & Snowden, M. (2021). Increasing social connectedness for underserved older adults living with depression: a pre-post evaluation of PEARLS. *The American Journal of Geriatric Psychiatry*, 29(8), 828-842.

Program/ Organization Name	Program Details
	weekly 90-minute onboarding sessions that provide social connection. After the six-week program, members are encouraged to join the chapter program, which arranges monthly community events such as restaurant outings and museum tours for larger groups.

Additional Resources

[Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#)

This report by the National Academy of Sciences Engineering Medicine (NASEM) summarizes the evidence base and explores how social isolation and loneliness affect health and quality of life in adults aged 50 and older, particularly among low income, underserved, and vulnerable populations. The report also makes recommendations for clinical settings to identify those who face negative health impacts of social isolation and loneliness and target interventions to improve their social conditions.

[Commit to Connect](#)

The Administration for Community Living (ACL) convened partners from across federal government, the aging and disability networks, philanthropy, and industry to provide interventions and resources for healthcare and community-based partners. Resources include toolkits to address social isolation and loneliness, guides to help older adults create connections with or without technology, and connections to phone and online services to foster social interactions.

[Connect2Affect](#)

The AARP Foundation launched Connect2Affect to provide resources for older adults experiencing social isolation and loneliness. The website includes a three-minute assessment for individuals to evaluate their social isolation risk as well as tools and resources to help individuals reach out to others who may be feeling lonely and disconnected and find practical ways to reconnect with their community.

[Foundation for Social Connection](#)

The Coalition to End Social Isolation and Loneliness runs this innovation accelerator to support the tailored development of evidence-based programs, partnerships, and technology interventions to address social isolation and loneliness. Services include pro bono consulting, experienced consultation, and subject matter expertise.

[Solutions for Social Isolation: What We Can Learn from the World](#)

The Robert Wood Johnson Foundation developed this issue brief during the COVID-19 PHE. The brief details how other countries deal with the challenges of social isolation and how to adapt those promising ideas to the United States. Noted future opportunities for addressing social isolation include raising the visibility of social isolation and its root causes, implementing screening to aid

with early identification and prevention, building an evidence base around promising interventions, and exchanging best practices across nations.

▶ **Webinar: Understanding Social Isolation and its Impact on Older Adults and Those Living with Disabilities**

The National Council on Aging hosted a webinar in partnership with the National Coalition on Mental Health and Aging to help aging services practitioners, individuals, and caregivers better understand the similarities and important differences between loneliness and social isolation and the impact on the health and well-being of older adults.

✿ **Social Isolation and Loneliness Outreach Toolkit**

The National Institute of Health's (NIH) National Institute on Aging developed an outreach toolkit for older adults, caregivers, and health care providers to help reduce social isolation and loneliness. Resources in the toolkit include educational materials such as infographics, flyers, and videos to inform older adults and caregivers about the harmful effects of social isolation and loneliness and strategies to stay connected.

Special thanks for contributions to this guide:

Subject Matter Experts at the Coalition to End Social Isolation and Loneliness



The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com.