Virtual Social Engagement Summit

Promoting social connectedness across ages, abilities and communities
Welcome and Purpose Setting

• Deborah Stone-Walls, Chief of Programs and Services, USAging
• Lori Gerhard, Director at the Office of Interagency Innovation, Administration for Community Living (ACL)
Keynote: Intersection Between Social Isolation and Equity

• Thomas K. M. Cudjoe, M.D., M.P.H., Robert and Jane Meyerhoff Endowed Assistant Professor of Medicine, Johns Hopkins Medicine
Intersection Between Social Connection and Equity

engAGED and Commit to Connect Virtual Summit - August 2 & 3, 2022

Thomas K.M. Cudjoe, MD, MPH
Robert and Jane Meyerhoff Endowed Assistant Professor of Medicine
Caryl & George Bernstein CIM HAP Scholar
Disclosure

• **Research funding and support:** National Institutes of Health- National Institute on Aging, AARP, Robert Wood Johnson Foundation, Secunda Family Foundation Scholar, JHU CIM-Caryl & George Bernstein, Robert and Jane Meyerhoff Professorship

• **Consulting:** Edenbridge Health
Objectives

- Background
- Definitions
- Discuss the state of the evidence regarding social connections and health
- Discuss approach/opportunities to promote connection and advance equity
No man is an island, entire of itself; every man is a piece of the continent, a part of the main.
Johns Hopkins Home-Based Medicine (JHOME)
Mrs. B

- Religious woman
- Unable to attend church
- Lives alone in senior housing
- Minimal contact with others
- Mental and physical health issues
- Frequent hospitalization
- Really enjoyed home visits
In the car thoughts...
In the car thoughts...
Socially Isolated—
What was my role? How could I be helpful?
Each year around 50,000 people die in New York, some alone and unseen. Yet death even in such forlorn form can cause a surprising amount of activity. Sometimes, along the way, a life’s secrets are revealed.

From social integration to health: Durkheim in the new millennium (2000)

Lisa F. Berkman\textsuperscript{a,*}, Thomas Glass\textsuperscript{b}, Ian Brissette\textsuperscript{c}, Teresa E. Seeman\textsuperscript{d}

\textsuperscript{a}Harvard School of Public Health, Boston, MA 02115, USA
\textsuperscript{b}Center of Aging and Health, Johns Hopkins Medical institutions, Baltimore, MD 21205, USA
\textsuperscript{c}Department of Psychology, Carnegie Mellon, Pittsburgh, PA 15213, USA
\textsuperscript{d}Division of Geriatrics, School of Medicine, University of California at Los Angeles, CA 90095, USA
Upstream factors

Social-structural Conditions (Macro)
- condition the extent, shape, and nature of...

Socioeconomic factors:
- relations of production
- inequality
- discrimination
- conflict
- labor market structure
- poverty

Politics:
- laws
- public policy
- differential political enfranchisement/participation
- political culture

Social change:
- urbanization
- war/civil unrest
- economic "depression"

Social Networks (Mezzo)
- which provides opportunities for...

Social network structure:
- site
- range
- density
- boundedness
- proximity
- homogeneity
- reachability

Psychosocial Mechanisms (Micro)
- which impacts health through these...

Social support:
- instrumental & financial
- informational
- appraisal
- emotional

Social influence:
- constraining/enabling influences on health behaviors
- norms toward help-seeking/adherence
- peer pressure
- social comparison processes

Social engagement:
- physical/cognitive exercise
- reinforcement of meaningful social roles
- bonding/interpersonal attachment
- "handling" effects (children)
- "grooming" effects (adults)

Person-to-person contact:
- close personal contact
- intimate contact (sexual, IDU, etc)

Access to resources & material goods:
- jobs/economic opportunity
- access to health care
- housing
- human capital
- referrals/institutional contacts

Pathways

Health behavioral pathways:
- smoking
- alcohol consumption
- diet
- exercise
- adherence to medical treatments
- help-seeking behavior

Psychological pathways:
- self-efficacy
- self-esteem
- coping effectiveness
- depression/distress
- sense of well-being

Physiological pathways:
- HPA axis response
- allostatic load
- immune system function
- cardiovascular reactivity
- cardiopulmonary fitness
- transmission of infectious disease
Who is Durkheim?
Emile Durkheim (1858-1917)

- French scholar
- Founded field of sociology
- Major Works: The Division of Labor, The Elementary Forms of Religious Life, Suicide
• Social integration influence mortality (suicide levels)
• Challenges us to understand…
• Social facts or Social factors
Fig. 1. Level of social integration and age-adjusted mortality for males in five prospective studies. *RR*, the relative risk ratio of mortality at the lowest versus highest level of social integration.
“Social relationships, or the relative lack thereof constitutes a major risk factor for health—rivaling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity”.

Social Connections and Mortality

Meta-analysis of 70 studies, 3.4 million participants
• Increased likelihood of death
  • 26% for loneliness
  • 29% for social isolation
  • 32% for living alone

Conclusions from Mortality Evidence

- Effect is robust relative to other risk factors
- Consistent across gender, health status, cause of death, country of origin
- Objective and Subjective indicators of social connection predict risk
Deaths of Despair
(Anne Case & Angus Deaton)
Midlife mortality from “deaths of despair” across countries
Men and women ages 50-54, deaths by drugs, alcohol, and suicide

Engaging and Listening

Comiendo Juntos
Eating Together

www.jhcentrrsol.org
Equity rather than Equality

Equality

Equity
Equity is…

**Health equity** means that **everyone** has a fair and just opportunity to be healthy. This requires **removing obstacles** to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
Remembering Mrs. B. --- How can I help her remove obstacles?
Remembering Mrs. B. --- How can I help her remove obstacles?

Assets
- Religious community, Had family & friends in past, congregate building, motivated

Note: Variability in the experience of social isolation
Socially integrated-
All older adults aren’t socially isolated
Spectrum of experiences…

Social Connection
Social connection

The extent to which an individual is socially connected depends on multiple factors, including:
1. Connections to others via the existence of relationships and their roles
2. A sense of connection that results from actual or perceived support or inclusion
3. The sense of connection to others that is based on positive and negative qualities

Structural
The existence of and interconnections among different social relationships and roles
- Marital status
- Social networks
- Social integration
- Living alone
- Social isolation

Functional
Functions provided by or perceived to be available because of social relationships
- Received support
- Perceptions of social support
- Perceived loneliness

Quality
The positive and negative aspects of social relationships
- Marital quality
- Relationship strain
- Social inclusion or exclusion
What is Social Isolation?

• the objective lack of (or limited) social contact with others

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc…
How many relatives do you see or hear from at least once a month?
How many relatives do you feel at ease with that you can talk about private matters?
How many relatives do you feel close to such that you could call on them for help?

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood
How many of your friends do you see or hear from at least once a month?
How many friends do you feel at ease with that you can talk about private matters?
How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
What is Loneliness?

- the perception of social isolation or the subjective feeling of being lonely

UCLA Loneliness Scale

How often do you feel that you lack companionship?
How often do you feel left out?
How often do you feel isolated from others?

**Responses:** Hardly ever
Some of the time
Often
## Distinctions

<table>
<thead>
<tr>
<th>Social Isolation</th>
<th>Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> being isolated—like quarantine</td>
<td><strong>Subjective:</strong> feeling isolated</td>
</tr>
<tr>
<td>Low levels of social contact</td>
<td>Mismatch between actual and desired social relationships</td>
</tr>
<tr>
<td>Not necessarily unpleasant, possibly preferred</td>
<td>Emotionally distressing and unpleasant</td>
</tr>
<tr>
<td>May be chosen: “solitude”</td>
<td>Low sense of control or choice</td>
</tr>
</tbody>
</table>

Holt Lunstad, NIMH 2020
How many people are socially isolated?

1 in 4 adults age 65 and older are socially isolated.
How many people are socially isolated?

Prevalence of Social Isolation in the National Health and Aging Trends Study (2011-2020)

Year 1: 25%
Year 2: 23%
Year 3: 25%
Year 4: 21%
Year 5: 23%
Year 6: 20%
Year 7: 21%
Year 8: 21%
Year 9: 20%
Year 10: 31%
Why this matters...

Socially isolated older adults...

• Are 3.4 times as likely to have depression\(^2\)
• Are 2 times as likely to develop cognitive impairment\(^3\)

*Social isolation increases annual Medicare costs by an additional $6.7 billion\(^4\)*

Burden of social isolation

Socially isolated$^1$  Low income, 2x

Death, 3.7 times
Hospitalization, 1.7 times
ED visit, 1.6 times$^2$

Advance Care Planning$^3$

Homebound$^4$

Primary Prevention:
Identify patients at risk for loneliness and isolation

- Women, lower SES, older, LGBT
- Recent losses

Secondary Prevention:
decrease the consequences for those who are lonely and or isolated

- Requires screening
- Knowing which interventions work
Populations at Risk

- Older Adults and disabled
- Low income
- Live alone
- Immigrants
- LGBTQ+ groups
- Functional/Sensory deficits
- Language difference
What are risk/protective factors for social isolation?

- Physical Health Factors
- Psychological, Psychiatric, and Cognitive Factors
- Social and Cultural Factors
- Environmental Factors
Approach to Social Isolation: Individual

- **Exploring.** What is happening now? Facilitate the person’s telling of his or her story and review the degree of loneliness or social isolation.

- **Discussing solutions and goals.** What solutions are there? Help the person imagine a different future. Have the individual set their own goals.

- **Action.** What needs to be done? Help the person construct a plan that maps out where they wants to get to.

Freedman & Nicolle, Canadian Family Physician (2020), Campaign to End Loneliness

8/3/2022
Remembering Mrs. B. – How could I be helpful?

Referral to the **Program for All inclusive care for the Elderly**

- Established in the early 1970s
- Provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits.
Approach to Social Isolation: Community & Societal

- Design, Maintain, and Activate Inclusive Public Spaces
- Prioritize Connection in Transportation Systems
- Construct Housing Environments that Build Community
- Invest in Inclusive Practices and Community-led Solutions
- Make Social Connectedness a Community Norm
National Academies of Medicine Report

- Develop a more robust evidence base
- Translate current research into healthcare practices
- Improve awareness
- Strengthen ongoing education and training
- Strengthen ties b/w healthcare systems and community based networks and resources
Challenges for Research, Public Health, & Policy

- Conflation of social isolation and loneliness with other related concepts
- Greater attention is given to deficits vs assets (protective factors)
- Variability in terminology, measures and outcomes
- Limited research on at risk groups
- Quality of intervention literature
- Role of technology
Opportunities

• Awareness of the impact of social isolation and loneliness on health
• Communities coming together to help
• Alignment of resources for communities, care, and scientific advancement
• Technology
• Time and Attention
The Way Forward

• Focus on Equity
• Remember Social Determinants of Health
• Policy Strategies- Investment in people and places
• Align Public and Private Efforts
• Connect Meaningfully
• Start Proximal then extend
Social Connection is medicine

Social connections that create a sense of caring, contributing, and community have a range of benefits for health and well-being at all ages.

“Unlike many other illnesses, what I find profoundly empowering about addressing loneliness is that the ultimate solution to loneliness lies in each of us. We can be the medicine that each other needs. We can be the solution other people crave. We are all doctors and we are all healers.”

--Vivek Murthy, MD, MBA, US Surgeon General
Acknowledgements

• Cynthia Boyd
• Carl Latkin
• Roland Thorpe
• Sarah Szanton
• Joseph Gallo
• David Roth
• Division of Geriatric Medicine and Gerontology
• JHU Center on Aging and Health

• Baltimore Commission on Aging and Retirement Education
• Community Partners
• NIH/NIA
• Robert Wood Johnson Foundation
• Secunda Family Foundation
• Caryl & George Bernstein Family CIM Human Aging Project
• AARP Foundation
• Robert and Jane Meyerhoff
Thank you!

Email: tcudjoe2@jhmi.edu

@tkmcudjoe
Social Engagement and Equity Issues: Research Perspective Panel
Social Engagement and Equity Issues: Research Perspective

- Anne Ordway, Program Specialist at the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), ACL (Moderator)
- Tracey Gendron, Chair and Associate Professor, Department of Gerontology and Executive Director, Virginia Center on Aging, Virginia Commonwealth University
- Rayna Sage, Principal Investigator, The Rural Institute for Inclusive Communities
- Carla Perissinotto, M.D., M.H.S., Professor of Medicine, University of California, San Francisco
Social Engagement and Equity Issues: Practice Perspective Panel
Social Engagement and Equity Issues: Practice Perspective

- Sherri Clark, Senior Aging Services Program Specialist, ACL (Moderator)
- Diane Slezak, Chief Executive Officer, AgeOptions
- Dianne Stone, Associate Director, Network Development and Engagement, National Council on Aging
- Lauren Pongan, Diverse Elders Coalition
- Larry Curley, Executive Director, National Indian Council on Aging
Call to Action and Wrap-Up

• Sandy Markwood, Chief Executive Officer, USAging
Save the Date!

• Save the Date: The Foundation for Social Connection will be hosting their 2022 End Social Isolation and Loneliness Action Forum from October 11-13, 2022. Register now!
Connect With Us!

engAGED
Website: www.engagingolderadults.org
Email: info@engagingolderadults.org
Facebook: @engAGEDCenter
Twitter: @engAGEDCenter

Commit to Connect
Website: www.committoconnect.org
Email: info@committoconnect.org
Thank You!

• This Friday, we will be sending a follow up email that will contain links to the resources highlighted and the recordings from both days.

• The email will also include a survey evaluation link. Please take a moment to complete that survey as your feedback will help shape our future events and offerings. Keep an eye out for that email and thank you in advance for providing your feedback so we can ensure our content meets your needs!
Thank you for participating in the Virtual Social Engagement Summit!