

CONNECTING THE LONELY:

Making a Difference in the
Well-Being of Older Adults



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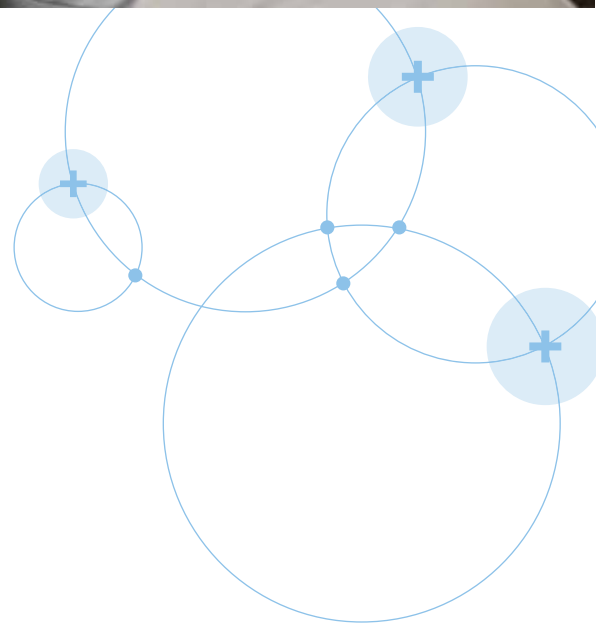


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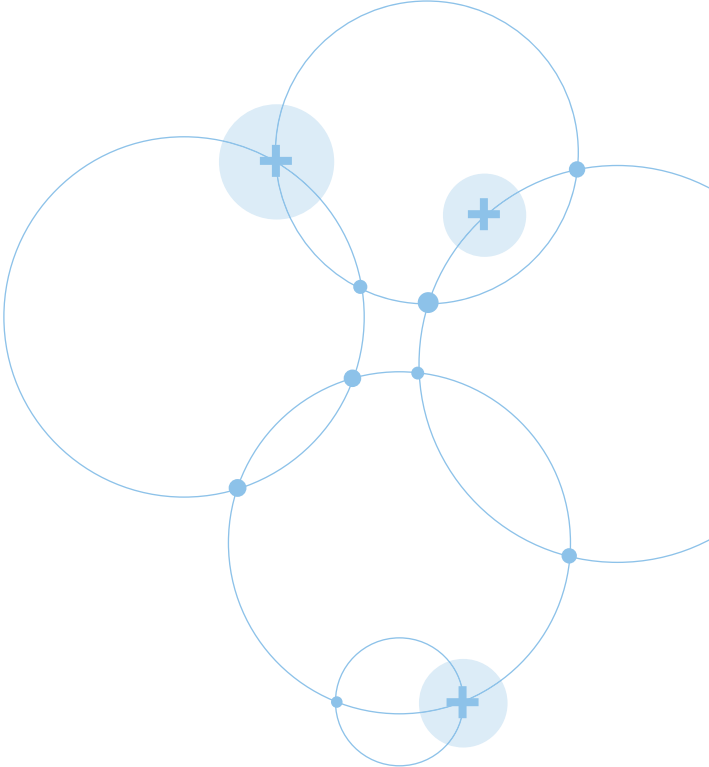
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Loneliness & Social Isolation In Older Adults: A Growing Health Risk

Introduction

The scope and impact of loneliness in our aging society is beginning to receive more attention in the media and among the healthcare community and policy makers. Why? Many older Americans are living alone, lacking contact, and suffering from social isolation.¹ Others may be married but have left the workforce, have close, long-time friends who have moved or gotten sick, act as a family caregiver or they or a spouse have mobility or cognitive issues.

Life events boost likelihood of being alone and isolated. Experts say that the prevalence of social isolation may be as high as 43 percent among community [non-institutional] dwelling older adults. An AARP Foundation-funded 2016 research project found that nearly half of older adults aged 62-91 experienced occasional or relatively frequent loneliness.²



Defining the Problem

What is the difference between loneliness and social isolation? According to the AARP report, “**loneliness**” denotes how people perceive their experience and whether they feel isolated or not. **Social isolation** “is defined as quantifiable measurements, such as the size of one’s social network (and the frequency of engagement with it), availability of transportation, and ability to access resources and information.” Loneliness is exacerbated by risk factors, particularly when there are more than one. These may include:

- Suffering chronic medical problems and illness – according to the British Medical Journal article published in 2015, loneliness and social isolation were determined to be risk factors for coronary heart disease and stroke.³
- Not being married
- Having three or fewer friends
- Socializing less than once a week
- Experiencing strain in family relationships
- Being retired or out of the workplace - losing your social circle
- Lacking financial stability

Loneliness and poor health – a particularly vicious cycle. While loneliness is linked to serious health problems and earlier death, the reverse may also be true. Older adults with multiple activity-limited chronic diseases may be at greater risk for social isolation and the feelings of loneliness. As Dr. Romeo Vitelli notes in Psychology Today, “Age-related medical issues can also lead to greater psychological distress, including depression, and this can lead to people feeling even lonelier. Medical problems such as arthritis, cardiovascular disease, or cancer, can make many older adults feel more disabled and helpless.”⁴ Combinations of risk factors can lead to a cycle of worsening loneliness and decline (see Figure 1).

Loneliness and social isolation are health risks. In fact, research studies reveal that lacking social connections can be as damaging to health as smoking 15 cigarettes per day.⁵ According to the researcher Julianne Holt-Lundstadt, a 2015 analysis of data about 3.4 million people derived from 70 different studies, confirmed that loneliness led to worse outcomes than obesity – and that the findings held true for people of all ages.

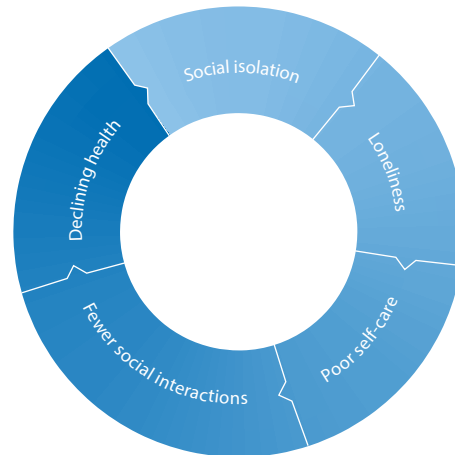


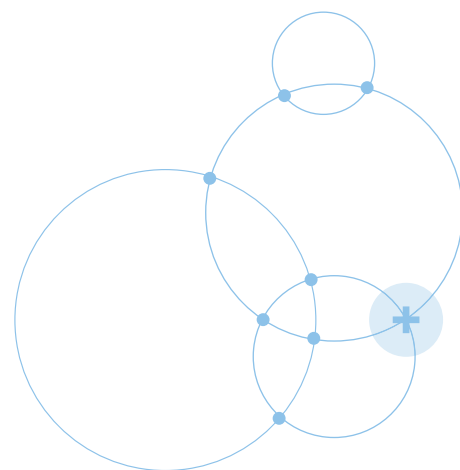
FIGURE 1:
The vicious cycle of loneliness

What happens to older adults who are lonely? First, they feel less healthy. Studies continue to reinforce the specific health issues, starting with self-assessment by lonely people themselves. In a recent report from AARP, 19 percent of people aged 62-92 are lonely and rate their health as worse than the non-lonely group, but effects go well beyond self-perception.⁶ The lonely group, according to the study, was more likely to be impaired in their ability to conduct activities of daily living, including dressing, bathing, feeding, or toileting.

Loneliness sets the stage for a deteriorating future.

Loneliness has been cited as a predictor of functional decline and death.⁷ Loneliness, rather than living alone, may be linked to a 64 percent greater risk for dementia.⁸ For example, in Florida, 20 percent of the state's population is aged 65+ which is the highest percentage in the US.⁹ In 2015, there were 3,152 suicides, with 44 percent (1,401) of them aged 55+, including 425 individuals who were aged 75+.¹⁰ In a University of Chicago study, researchers conducted a longitudinal study that concluded "for older adults, perceived social isolation is a major health risk that can increase the risk of premature death by 14 percent."¹¹

Loneliness can be a predictor of cognitive decline. In the University of Chicago analysis by Louise Hawkey & John Cacioppo to consider the effects of loneliness and social isolation, the author concluded: "Feelings of loneliness at age 79 predicted 'lifetime cognitive change' as indicated by lower IQ at age 79 adjusting for IQ at age 11, living arrangements at age 11 and at age 79, sex, marital status, and ideal level of social support. This finding does not rule out a reverse causal direction; cognitive impairments may hamper social interactions, prompt social withdrawal, and thus lead to loneliness. Other studies, however, have indicated that loneliness is a precursor of cognitive decline. For instance, the cognitive functioning of 75–85-year-olds (as assessed by the Mini-Mental State Examination) did not differ as a function of loneliness at baseline but diminished to a greater extent among those high than low in loneliness over a 10-year follow-up."^{12 13}



How Living Alone Can Impact Loneliness and Social Isolation

For older adults, living alone and being socially isolated can negatively affect health.¹⁴ Living alone, being both socially isolated and lonely – are rising to the top of age-related health issues. Concern has grown about the public health implications of this trend. At the April 2017 Senate hearing titled **Aging without Community**, the physical outcomes of loneliness and social isolation were compared to smoking, obesity and cancer. At that hearing Senator Susan Collins said: “Just as we did when we made a national commitment to cut smoking rates in this country, we should explore approaches to reducing isolation and loneliness. Each has a real impact on the health and well-being of our seniors.”¹⁵

Older adults living alone can be disconnected from family. Family connectedness, or lack thereof, may be related to whether older adults lives alone or with others. According to Pew Research, older adults living alone have less frequent contact with grandchildren (see **Figure 2**).

Living alone — what are the numbers? Per Pew Research, the numbers are comprised mostly of women: 32 percent of women aged 65+ live alone reaching 46

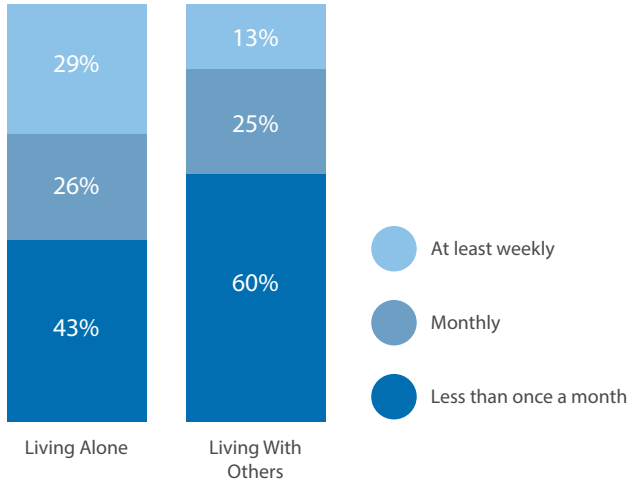


FIGURE 2: Living alone results in less frequent contact with grandchildren

percent by age 75+. However, while the share of women living alone has declined slightly (down from 1990’s 38 percent), the share of older men living alone is on the rise, from 15 percent to 18 percent in the same time period. Older adults living alone are also in less frequent contact with their children and grandchildren than adults who live with others. When asked to describe their household’s financial situation, only 33 percent of those living alone say they live comfortably.¹⁶ Thirty-five percent of women aged 65+ living alone are widows.¹⁷ Half of seniors aged 85+ live alone, with two-thirds of them women.¹⁸

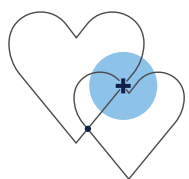


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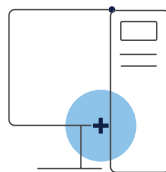
Family caregivers can suffer from social isolation. Among those caregiving for a family member, particularly one with dementia, social isolation and loneliness may go with the territory. In fact, 40–70 percent of family caregivers have clinically significant symptoms of depression. About a quarter to half of these caregivers meet the diagnostic criteria for major depression.¹⁹ Some caregivers may also find that they are literally facing isolation. For instance, a spouse caring for their partner may be providing care on a 24-hour basis, and feel unable to leave their care recipient. According to the Family Caregiver Alliance, “The lack of social interaction and stimulation from individuals other than their care recipient, especially when cognitive impairment is present, can be an undeniable trigger for loneliness.”

Using Technology to Mitigate the Risks of Loneliness and Social Isolation

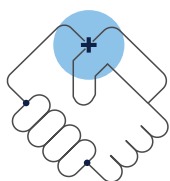
“Your world dying before you do.” IBM conducted a study published in May 2017 to better understand how businesses could address what the study termed as a ‘looming crisis.’ IBM executive Dr. Paul Tang observed that loneliness has been described as “your world dying before you do.” And he went on to note that to mitigate loneliness, it is important to “help people rebuild social connections and engagement with their communities.”²⁰ As the statistics multiply, leaders in the public and private sectors have launched initiatives to combat loneliness and isolation. They include:



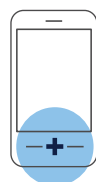
Campaign in the community. In November 2016, AARP Foundation and the Area Agencies on Aging launched a campaign to help combat social isolation.²¹ The ongoing [Connect2Affect](#) initiatives and series of resources, reports and activities were a direct outcome of that campaign. These include research about social isolation, stories (and videos) and various ways to become involved.



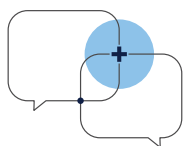
Social media utilization. Being part of an online community can help older adults feel more connected to family members they may not see regularly – enabling them to be better in touch and feel connected.²² One small study indicated that access to Skype and Facebook could result in improved health for the surveyed older adults.²³



CareMore Campaign. The Anthem subsidiary, led by Dr. Sachin Jain, has launched a campaign to fight the health issues resulting from loneliness, calling it [“Be in the Circle: Be Connected.”](#) To lead the way, the insurer appointed a “Chief Togetherness Officer” to rally and train the staff on the program and outcome measurements.



Connection by phone. In the UK, the Silver Line launched in 2013 as a volunteer network to take calls from lonely and isolated older adults. Today, the Silver Line receives 10,000 calls per week.²⁴ Since its launch, the service has added Silver Circles, group calls with people who share interests, and Silver Letters for people who prefer written communication or are hearing-impaired.²⁵



Communication. Organizations like the National Council on Aging ([Benefits Call Center Training](#)) and technology organizations such as [GreatCall](#) provide specific training programs to tailor service response to older adult callers.

Technology access is growing... As young people well know, technology connects people with online tools supplanting telephone and face-to-face contact, sometimes even within the same location.

The good news:

- **Older adults are moving online.** According to Pew Research, 64 percent of the population aged 65+ uses the Internet.²⁶ One of the many by-products of that usage is identifying resources and shared interest groups for a particular geographic or population segment. In addition, older adults online are better able to connect with long-distance family members and friends, and are able to exchange emails, view videos, websites, and chat in real time.
- **Older adults are using (some) social media – 62 percent of the 65+ are on Facebook.**²⁷ However, only 8 percent acknowledge direct use of Instagram, 10 percent admit to using Twitter, and 20 percent indicate use of LinkedIn. It may be coincidence that the percentage using LinkedIn is nearly the same as the percentage of people aged 65+ still in the workforce.²⁸
- **Older adults may increasingly have smartphones.** According to Pew Research's most recent survey, 42 percent of the 65+ population now have smartphones.²⁹ However, even though owning a smartphone could boost connection to long-distance families and friends, according to the US Census, smartphone ownership declines with advancing age and lower income.³⁰ Lower use in upper aged demographics may also be related to issues with ease of use, but also due to lack of available training. In more urban areas, technology training can be found in stores, from organizations and often in senior centers. Smartphone training can also be found via [AARP TEK](#), [OATS/SeniorPlanet](#) senior centers, [libraries](#), Apple stores and through [local programs](#).

...But for each category, what's needed to boost access, ownership, use? Looking at the older adult non-usage of some technology categories, what will make a difference for closing the technology ownership and usage gaps?

- **Simplicity of user interface design.** Whether it is the getting-started experience, an app on a phone, a tablet or PC/Mac screen, exposure matters most. Is it easy to find help, get questions answered, or contact someone who can answer? For whomever the initial device or tool was acquired, is there an unlimited channel for asking follow-up questions? Is there understanding of the need for updates, especially related to security? Can they get help in doing those updates?
- **Variety of options – both device and service.** One size fits all is not a fit for the older adult market, so devices, training options, and service offerings should be available to support the novice, the intermediate and those with growing technology sophistication. At all levels of expertise, the questions of “Why doesn't this work?” or “How do I do this?” or “Where can I find this?” apply.
- **Quality of call-center based customer service.** Call-center services know that they must be steps ahead of the caller, with up-to-the minute training and service skills. Employees are trained on how to provide information and also understand what an older adult may be experiencing – but may not be saying.³¹

Mitigating Loneliness – It’s about Community, Online and Offline

While loneliness is on the rise, it does not have to be permanent. Here are some strategies organizations can use to reduce the experience and impact of loneliness:

Help older adults make plans to be with other people.

Rethink housing.

Locate and encourage the young people.

Encourage interaction with pets – their own or others.

Participate in online forums, social media and online classes.

- **Help older adults make plans to be with other people.** The concept seems simple, but in reality it is difficult to engage those who most need engagement. Collate and communicate resources that can help mitigate loneliness. Identify support programs, senior communities, church-related offerings, and see if any of them encourage or offer virtual senior centers or training on use of connection technologies. Partner with local organizations to find those seniors who most need more social connection.
- **Rethink housing.** New approaches for boomers and seniors are blossoming throughout the US. i.e. shared housing with housemates, co-housing with occasional communal meals and informal daily interaction. Initiatives are emerging that encourage aging in place while being part of a neighborhood Village.³² These villages offer activities and services organized by a coordinator. Services are also offered within a naturally occurring retirement community (NORC).³³ And finally, there are communities where boomers and elders move to support a social mission or benefit from the presence of a college or university.
- **Locate and encourage the young people.** Seniors should be encouraged to participate in intergenerational activities to boost sense of purpose and knowledge sharing. But the flipside is also true – local high schools encourage volunteering in senior communities – these programs can be formalized (like reverse mentoring 4H programs) or informal – encouraged by presentations and material shared with school administrators about the shared benefits for their students and elderly.³⁴
- **Encourage interaction with pets – their own or others.** The data is compelling --- older adults have fewer health issues, likely because they meet others who also have pets.³⁵ Even interaction with robotic pets, like Hasbro’s Joy For All line of cats and dogs can soothe an older adult who is anxious and/or lonely.³⁶
- **Participate in online forums, social media and online classes.** Many communities offer lifelong learning programs that can help seniors gain online access or make better use of it. Inventorying and communicating programs like SeniorNet, regional AARP TEK programs, Osher Lifelong Learning or others can help seniors boost tech confidence.³⁷ Once gained, they can enjoy use of tools like Facetime, Skype, phone calls email, and photo sharing to keep social connections strong and nurture new connections.

Tackling the loneliness epidemic – it must be done on all fronts.

As noted by neuroscience professor Julianne Holt-Lunstad in her Senate testimony's conclusion: "There is robust evidence that lacking social connection/ isolation significantly increases risk for premature mortality, and the magnitude of the risk exceeds many leading health indicators. The World Health Organization (WHO) explicitly recognizes the importance of social connections. Indeed, many nations around the world now suggest we are facing a loneliness epidemic. The challenge we face now is what can be done about it."

David Inns, CEO of GreatCall, agrees that technology has a leading part to play in combating the health risks associated with loneliness and isolation. The company, which provides an innovative suite of mobile solutions that help older consumers live more independent lives, reports receiving up to 250 calls per month from customers who just want someone to talk to.

"GreatCall's commitment to active aging has independence at its core. Independence does not mean being alone - it means enabling older adults to live in their communities and stay connected to friends and family while having a safety net," said David Inns.



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Every GreatCall device connects to its 5Star Urgent Response Service, where specially-trained agents can provide support and emergency service. GreatCall empowers older adults to leave their homes safely by providing easy-to-use cell phones that include 5Star, along with texting, email and social connections as well as access to Lyft through the Personal Operator. Corresponding services, like the GreatCall Link app, give family caregivers peace of mind and enables them to live their lives while staying informed about the health and safety of family members.

"Technology alone cannot mitigate social isolation, but it can have an impact on this growing issue," David Inns concluded.

About Aging in Place Technology Watch

Laurie M. Orlov, a tech industry veteran, writer, speaker and elder care advocate, is the founder of Aging in Place Technology Watch -- market research, trends, blogs and reports that provide thought leadership, analysis and guidance about technologies and services that enable boomers and seniors to remain longer in their home of choice. In her previous career, Laurie spent many years in the technology industry, including 9 years at analyst firm Forrester Research. She has spoken regularly and delivered keynote speeches at forums, industry consortia, conferences, and symposia, most recently on the business of technology for boomers and seniors. Her segmentation of this emerging technology market and trends commentary have been presented in the Journal of Geriatric Care Management. Her perspectives have been quoted in Business Week, CNBC, Forbes, Kiplinger, NPR, the Wall Street Journal, and the New York Times, where she was profiled as well. She has a graduate certification in Geriatric Care Management from the University of Florida and a BA in Music from the University of Rochester. Laurie has provided testimony

about technology at a 2015 Senate Aging Committee hearing, consulted frequently to AARP, and served on the Think Tank for The Philips Center for Health and Well-Being. Her latest reports were Tech-Enabled Home Care 2017 published in January and a 2017 Update Market Overview Technology for Aging in Place. Email: laurie@ageinplacetech.com

About GreatCall

GreatCall is the leader in connected health for active aging. With health and safety solutions for older adults and their family caregivers, GreatCall's innovative suite of easy-to-use mobile products and award-winning approach to customer care helps aging consumers live more independent lives. Products and services include: Lively Mobile, Jitterbug Flip, Jitterbug Smart, Lively Wearable, Healthsense, Dashboard, HealthNotes and health, safety and wellness apps Urgent Care, GreatCall Link, MedCoach and 5Star Urgent Response Service. GreatCall's products and services are sold nationwide at leading retailers as well as direct to consumers at 1-800-296-4993 and online at GreatCall.com. GreatCall is headquartered in San Diego, CA. To learn more, please visit www.GreatCall.com.

Footnotes

- 1 https://www.nytimes.com/2016/12/22/upshot/how-social-isolation-is-killing-us.html?_r=0
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