Age Positive

2020 ReVision

Sept. 9-11, 2020

Aging in a Changing World

Welcome! The program will start promptly at 9 a.m.

Thanks to our event partners:
Age Positive

2020 ReVision

Welcome and Conference Announcements

Denise Sullivan
University of Missouri Extension and Age Positive 2020 Planning Committee Member

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Addressing Loneliness and Social Isolation Through a Circle of Friends

Marla Berg-Weger
Professor, Saint Louis University of Social Work and executive director, Saint Louis University School of Medicine Gateway Geriatric Education Center

Tweet about this event at #AgePositiveKC
Loneliness and Social Isolation Among Older Adults: How Can We Provide Support?

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Age Positive
September 10, 2020
Disclosures

Marla Berg-Weger
- HRSA GWEP Funding
- MAOI Technologies
- Saint Louis University COVID-19 Funding

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Thank you to Kaisu Pitkäla and her colleague in Helsinki, Finland for creating Circle of Friends and sharing it with us.
Objectives

- Overview of concepts and prevalence of age-related:
  - Loneliness and social isolation

- Assessment of loneliness and social isolation

- Intervention strategies to address loneliness and social isolation
Age-Related Loneliness and Social Isolation: Prevalence

“An epidemic in plain sight....”

--Jain Sachen, SCAN Group Health Plan
What is loneliness? Social isolation?

Loneliness:
- Discrepancy between actual and desired social relationships (Hawkley & Cacioppo, 2010)--differs from living alone, solitude, and social isolation but are inter-related
- Subjective feelings of a lack of satisfying human relationships (Routasalo & Pitkala, 2003)

Social Isolation:
- actual number of engagement/social contacts (Routasalo & Pitkala, 2004)

While these terms are used synonymously, but they are, in fact, different.

While it's likely they can overlap, it is the perceived expectations that an older adult has for the quality of social relationships. Loneliness and social isolation can occur when expectations are not fulfilled.
Predictors of Loneliness

- Predictive factors:
  - Living in rural area—being left behind when others migrate
  - Poor functional status, particularly in IADLs and cognitive impairment
  - Being unmarried (e.g., single, widowed) (47% of those widowed in last 5 years are lonely)
  - Being female—may be due to increased expressiveness and value on relationships
  - Lower income and education—those at higher levels may have more resources/networks
  - Subjective causes—illness, deaths, lack of friends, losses, etc.
  - *Depression
  - *Living alone
  - *Poorly understood by others
  - LGBTQ+ older adults

*Stronger predictors than health, functional status or widowhood

((AARP, 2012; 2018; Routasalo et al., 2006; Savikko et al., 2005); Cohen-Mansfield et al., 2016; Jakobsson & Hallberg, 2005)
Loneliness impacts older adults in these ways:

**Physical Health**
- Increased blood pressure, depression, weight gain, smoking, alcohol/drug use, and alone time (Tait, 2018)
- Co-occurring with frailty, increased risk for mortality (Hoogendijk, et al., 2020)
- Loneliness is more dangerous than obesity and as damaging to health as smoking 15 cigarettes/day (HRSA, 2019)

**Increased Mental Health Challenges**
- Stress and depression (Courten & Knapp, 2015)
- Impaired cognition (Fragilgiioni et al., 2004; Tilvis et al., 2000)
- Important risk factor for all-cause dementia (especially AD but not vascular dementia) (Sundstrom et al., 2020)
- 40% increased risk (Sutin et al., 2020)

**Healthcare Services**
- 50% Emergency services, >12 PCP visits/year (Dreyer et al., 2018)
- Institutionalization (English Longitudinal Study of Ageing, 2018; Tilvis et al., 2000—10-year study)

“Loneliness acts as a fertilizer for other diseases. The biology of loneliness can accelerate the buildup of plaque in the arteries, help cancer cells grow and spread and promote inflammation in the brain. Loneliness promotes several different types of wear-and-tear in the body” (Steve Cole, UCLA)
43% of seniors feel lonely on a regular basis.

There is a 45% increased risk of mortality in seniors who report feeling lonely.

Loneliness is more dangerous than obesity and as damaging to health as smoking 15 cigarettes a day.

HRSA, 2019
Age-Related Loneliness and Social Isolation: Assessment

“Loneliness automatically triggers a set of related behavioral and biological processes that contribute to the associated between loneliness and premature death in people of all ages.”

--Loneliness in the Modern Age...Stephanie Cacioppo, PhD
**Measurement issues to consider**

- Two types of measurement tools:
  - Multi-item scales that do not ask about loneliness
    - 3 to 6-item measures prevalence: 24% - 55%
      (Musich et al., 2015; Nicolaisen & Thorsen, 2014; Simon et al., 2014)
  - Single-item questions that directly ask about loneliness
    - Single-item measures prevalence: 10% - 39%
      (Beutel et al., 2017; Nicolaisen & Thorsen, 2014; Theike, 2009; Victor & Bowling, 2012)

- All age groups over-estimate prevalence of loneliness in older adults (except older adults) (Abramson & Silverstein, 2006; Dykstra, 2009; Fokkema et al., 2012)

*Women more likely to report feeling lonely when asked directly, while men will respond they are lonely on scaled questions* (Nicolaisen & Thorsen, 2014)

We know that loneliness & social isolation are underassessed
Strategies to Assess Loneliness and Social Isolation

- **Standardized measures:**
  - Mood—depression and anxiety
  - Social Support
  - Loneliness
  - Physical health

- **Qualitative and Open-ended questions:**
  - Self-perception of loneliness
  - Contacts within a specified amount of time (e.g., day or week), including in-person, phone, on-line
Sample assessment questions

- “Tell me about your daily life and routines”
- “Tell me about your life overall (i.e., life course).”
- “What do you think about loneliness?”
- “Are you lonely?”
- “Tell me about your interests (e.g., culture, nature, music, hobbies, etc).”

What additional questions would you ask?
Share your thoughts in the chatbox.
Comprehensive Assessment

- **Cognition**

- **Depression/Anxiety**
  - **PHQ-2** (Developed by Drs. R.L. Spitzer, J.B.W. Williams, K. Kroenke and colleagues, with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute). If positive for depression, consider completing the **PHQ-9**
  - **PhQ-9** (© 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD® is a trademark of Pfizer Inc)

- **Social Support**

- **Loneliness**
  - **Revised UCLA Loneliness Scale** (Russell et al., 1980)
  - **ALONE Scale** (Morley, 2019)

ALONE Scale—new tool for assessment of loneliness

To assess an individual’s perception of being lonely, ask each of the items below using the following rating scale:

- Yes
- Sometimes
- No

A  Are you emotionally **Attractive** to others as a friend? Yes _____ Sometimes _____ No _____

L  Are you **Lonely**? Yes _____ Sometimes _____ No _____

O  Are you **Outgoing/friendly**? Yes _____ Sometimes _____ No _____

N  Do you feel you have **No friends**? Yes _____ Sometimes _____ No _____

E  Are you **Emotionally upset** (sad)? Yes _____ Sometimes _____ No _____
Age-Related Loneliness and Social Isolation: Intervention

One size does not fit all....

“Social isolation is a micro-level consequence of macro-level social forces”
Sandra Edmonds Crewe, 2020
Interventions to Address to Loneliness & Social Isolation

- Early interventions showed some promising results reported, but dropout rates were high (Andersson, 1985)
  - Often, the focus did not include health, health care utilization, or mortality (Wikstrom, 2002)
- Effective interventions include:
  - Physical activity/exercise
  - Cognitive stimulation
  - Facilitators trained in:
    - Group dynamics
    - Empowerment
    - Client-centered interventions
    - Promoting interactions

The idea of people wanting to 'age in place' sometimes ends up with them 'aging in isolation.' We must look for ways in which we can help people age in a more connected fashion, and that unfortunately requires more commitment from us as a society.

Philip A. Rozario, PhD, MSW, FGSA (2020)
Identifying the isolated and lonely

Engaging

Impacting

Sustaining

Protocol

Placed-Based/Population-Based approaches

Proactive Approaches

Broad-Based Approaches

Recruiting

Drawing on local knowledge, networks and community organizations

Letters phone calls, door to door, home visits

Public spaces, radio, advertising, leaflets, referrals from healthcare clinics, community centers

Goal

Understanding of local needs and provision gaps, trusted by beneficiaries

Reaches hidden populations including isolated people and those not accessing support

Moves beyond the traditional reach, creates community awareness and referral sources
Gerontological health providers can…

- Adequately treat health issues that limit independent (e.g., chronic pain, sensory impairment, incontinence, foot health, malnutrition, and oral health)
- Identify depression and cognition
- Integrate such strategies as:
  - Comprehensive geriatric assessment which can increase by 25% the likelihood that older adult will still be living at home six months after assessment
  - Regularly monitoring patient’s needs
  - Promote clear and open communication with older adult and caregiver
  - Recognize and incorporate caregiver into the treatment process
  - Engage in “social prescribing” (i.e., making appropriate community referrals) and facilitate a warm-handoff to referral resources

“It’s bigger than the physician…”

Tim Carpenter, EngAGE

Gerontological practitioners can…

- Assess for frequency and severity of both loneliness and social isolation and process origins and manifestations in the older adult
- Promote a community role to address socially isolating practices
- Recognition within research, education, and practice such issues, including:
  - Stigma may exist
  - Older adults have a right to self-determination
  - Need for “best practices” that creatively promote different interventions for loneliness and social isolation, including
    - group intervention for social isolation
    - One-on-one interventions for loneliness (e.g., cognitive behavior therapy)
  - Most importantly, intervention plans should be individualized to the person and/or the group

Coyle, 2020; Taylor, 2020
Strategies to Consider for Group Interventions

- Interview participants before the group to assess and determine fit
- Get participant input regarding their expectations and goals for a meaningful experience
- Provide ample time for connecting
- Address loneliness
- Empower participants to help themselves and others
- Facilitate meaningful activities
- Understand and monitor the group process and evolution
- Provide positive feedback
- Facilitator’s goal is to transition out of their role

(Jansson et al., 2019)
Intervention Examples

- Friendship and Chat Benches
- Befriending Services—in person and with technology
- Co-Living Arrangements
- Circle of Friends©
Friendship Benches

• Alternative to traditional clinician-provided therapy:

• Bench is placed outside PCP clinics and staffed by lay-trained health workers (“grandmother health providers”)

• Staff completed structured psychosocial assessments

• Six, 30-45 minute sessions use a problem-solving approach focus:
  • Problem identification and exploration
  • Development of action plan
  • Implementation of action plan, and follow-up (referrals, etc).

• Results:
  • Decreased depression scores
  • Accessibility, patient-focused flexible approach
  • Support structure
  • Immediate service for low income persons
  • Low cost intervention

(Abas et al., 2016; Chibanda et al., 2015)
Chat Benches (UK)

- UK created a Ministry of Loneliness to explore business-government partnerships to decrease loneliness
  (Myers & Palmarini, 2017)

- In recognition of the UN World Elder Abuse Awareness Day 2019, UK police departments launched the “Chat Bench” program in city parks
  (17% of older adults speak with family, friends, and/or neighbors <once/week, placing them at risk for crimes, fraud, and on-line scams)

- Residents are invited to visit the benches and engage with others.
Befriending Services

- In-Person:
  - “A relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more more parties as likely to benefit” (Joseph Rowentree Foundation, 1998)
  - Delivered in-person or by phone, research shows befriending:
    - decreases loneliness (Cattan et al., 2011; Gardiner & Barnes, 2016; Poscia et al., 2017)
    - Decreases social isolation by creating regular, reliable contact, shows that someone cares for them, brings news, and can evolve into reciprocal friendship
    - Benefits the volunteer (Wiles et al., 2019)

- Using Technology (Savage, 2020):
  - Voice-activated smart speakers give sense of control
  - Virtual care assistants
  - Interactive photo sharing
  - Websites that match older adults with others (e.g., cooks and runners)
Co-Living Arrangements

- Addresses loneliness, social isolation, and affordable access to housing
- Reasons cited for choosing co-housing
  - Cannot or choose not to live alone due to health and/or financial reasons
  - Fear of loneliness and lack of social engagement
  - Seeks intentional community, emotional and practical support, shared values and interests
Co-Housing Approaches

- Intergenerational co-living with older adults and young adults (often college students)
- Groups of older adults living together
- Similarities—“village” environment, shared communal space, formal and informal activities, resident management, and time commitment

**Differences**
- Resident-owned—most require significant buy-in
- Rental (e.g., Thistledown Co-Living (New Holland, PA)—older adults share kitchen, dining and living room and laundry areas; sliding scale—residents pay 30% of their income

**Benefits**
- Social interaction, friendship, support, growth and development

**Challenges/Barriers**
- Time commitment, expenses, self-governance, and conflict

Check out book on co-housing Cummings & Kropf: A New Way Forward for Active Older Adult, 2019, (Springer Publishing)
Circle of Friends® is:

- Developed by scholars/practitioners at the Central Union for the Welfare of the Aged at Helsinki University in the early 2000s, C of F is a group rehabilitation model for older people, who experience loneliness from time to time or perhaps every day.

- The aim is to alleviate and prevent loneliness.

- The group of 8 meets 12 times in 3 months.

- The purpose of the group is for the participants to:
  - make new friends
  - feel less lonely
  - share the feelings of loneliness
  - do and experience meaningful things together with other group members
  - help the groups to become self-supportive and encourage them to continue meeting on their own.

- A group-based, goal-oriented intervention in which participants are allowed to influence the content of

"Enhance interactions among group of older adults experiencing loneliness by sharing feelings" (Jansson et al., 2017)
Evidence for Circle of Friends®

- Founders have trained 750+ facilitators and engaged 10,000+ older adults (Jansson et al., 2017). Outcomes from multiple studies show that Circle of Friends® participation includes:
  - Randomized control trial of 235 older adults 75+ years at 2 years post-intervention (Pitkala et al., 2009; 2011):
    - 97% survival (90% for Adult Day Services control group) Increased subjective health, decreased health care costs and hospitalizations
    - 2.5% drop-out rate
    - 6 of 15 original groups continued meeting
    - Improved cognition
  - 117 community-dwelling persons 75+ (Routasalo et al., 2008; 2009; Savikko et al., 2009):
    - 95% reported no more loneliness
    - 45% - 85% made new friends
    - 40% continued meeting
    - Increased feelings of being needed (meaningful activities and meaning to life) and psychological well-being

Activities, sharing pasts and feelings about loneliness, peer support, and solidarity diminishes loneliness
Long Term Evidence

Jansson, Savikko, & Pitkälä (2017) conducted 10-year follow-up study and learned that compared to 2009 study (Pitkälä et al., 2009):

- 67% of groups continue to meet following initial facilitator-led groups (compared to 40%)
- 87% reported no longer feeling lonely (compared to 95%)
- 70% reported finding new friends (compared with 45%)

Conclusions:

- Circle of Friends© intervention is an effective long-term option for older adults experiencing loneliness and social isolation
- As the groups continued to meet, the original protocol may have become diluted but remain effective
Why does Circle of Friends Work?

- Positive group-based input (Cattan et al., 2005)
- Process evaluation—observation, reading, written feedback & interviews
- Social support impacts neuroendocrine systems (i.e., immune system blood pressure) (Cacioppo & Hawkley, 2003; Fratiglioni et al., 2004)
- Stimulation creates to new neural pathways (Park et al., 2007)
- **Member involvement in planning promotes emotional engagement** through (Pikala et al., 2011):
  - Empowered to improve self-efficacy & self-care
  - Mentally stimulating activities to enable members to see life and self differently
  - Being an active participant; not a bystander
- Low drop-out rate is due to:
  - Facilitator mentoring
  - Member engagement

It’s not the activities or the leaders. It’s peer support, group dynamics, & cohesion (Pikala et al., 2009)

CHIPS/St. Louis Public Housing CoF groups
Session Components

- Art and Inspiring Activities with discussion
  - Bring artists, attend cultural events, create art

- Group Exercise and Health-themed Discussion
  - Nature walks, strength training, swimming, dancing

- Therapeutic Writing with Sharing/Reflecting
  - Reminisce about the past, discuss loneliness, and feelings about the group
Who is appropriate for Circle of Friends®?

**Step 1:** Age 65 years or more
- **YES**
- **NO**

**Step 2:** Subjective feeling of loneliness
- **YES**
- **NO**

**Step 3:** Willingness to participate (and Online access)
- **YES**
- **NO**

**Step 4:** Vision, hearing, and mobility allows for participation
- **YES**
- **NO**

**Step 5:** Cognition and memory impairment not moderate to severe
- **YES**
- **NO**

**Result:**
- **YES:** THIS PERSON MIGHT BE INCLUDED IN THE GROUP
- **NO:** THIS PERSON SHOULD NOT BE INCLUDED IN THE GROUP
What have we as a society learned from COVID-19?

### Social Health
- Relationships are important
- Need to stay connected
- Need to plan for illness (including ACP), resources, and connections
- Pay attention to needs and feelings
- Engage in meaningful, stimulating activities

### Physical Health
- Eat healthy
- Exercise
- Get regular and adequate sleep
- See your health care provider

### Technology
- Not everyone has access to and/or technology literacy
- No need to be tech-savvy to stay connected
- Set boundaries on news and social media (“news diet”) and only go to trusted sources

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**Decreased contact with family increased loneliness in older adults (Losada-Baltar et al., 2020)**

**Stay-at-home orders increased loneliness (Tull et al., 2020)**

**Questionnaire to assess impact of COVID-19 on Older adults:**
https://www.qiacpoa.com

2020: AARP; Logan & Wexler; Rodriguez-Manas et al., Van Orden, WHO & World Economic Forum
What have we as providers learned?

- Ageism and health disparities still exist
- Fear and anxiety about the post-COVID period is real for many older adults
- We can reach out to patients and caregivers on a regular basis, particularly those who do not have family and friends in the area
- We can communicate in different ways (mail, phone, telehealth)
- Technology is a tool that should be adapted for older adults (vs. older adults adapting to the tool)
- We need to take care of ourselves—self-care is a marathon, not a sprint

What have you learned? Please share in the chat box.
How can we address social isolation at the community level?

Increase education for professionals regarding:
- Impact of social isolation, particularly related to marginalized populations need for sensitivity and assessment

Develop interprofessional, multi-system, approaches at all family, community, and societal levels; interventions for loneliness & social isolation may need to be different (Capcioppo et al., 2015)
- Address the structural factors that impact loneliness/social isolation (e.g., crime, environmental factors, available and accessible services, etc.) (Portocolone, 2018)

Evidence for:
- Service utilization
- Accurate measurement of social isolation
- Evaluation of interventions
- Respect for self-determination
- Role of technology (e.g., smartphone apps, etc.)

Lee et al., 2019; Lubben et al., 2015
How can we address loneliness & social isolation at the individual level?

**Interventions**
- Tailored, non-stigmatizing, and meaningful
- Different for loneliness than social isolation (Victor et al., 2018)

Emphasize interventions that provide support, lifestyle adaptation, physical activity, nutrition, balanced social media, health education, treatment, and accurate information (Rodríguez-Mañas et al., 2020)
- Ask older adult to assess the risk to their physical/mental health

**Social connections planning**
- Identify wanted and needed connections and obstacles
- Focus on changing perspective (thoughts)
- Focus on changing physical sensations (relax, imagine, soothe)
- Address behaviors (take action) (Van Orden, 2020)
Final Takeaway: We Need an Ecological Approach to Address Loneliness and Isolation

- Policymakers and organizations to bring attention to needs on a broader scale
- Neighbors, housing authority, case managers, and providers help identify needs and screen for abuse
- Both immediate and extended family coordinate needs and receive education
- Older adults feeling safe and continue addressing their biopsychosocial needs
Resources

- **Circle of Friends®** (for English, click on translate button in top right hand corner)
  - Twitter: @JanssonAnu; Finnish Association for the Welfare of Older people @VTKL10
  - Circle of Friends is #Ystäväpiiri, and we also use #loneliness and #lääkeyksinäisyyteen.

- **Gateway Geriatric Education Center**
  - [http://aging.slu.edu](http://aging.slu.edu)

- **AARP**: Connect2Affect Self-Assessment: [https://connect2affect.org/](https://connect2affect.org/)

- **SAGE**: SAGEConnect, volunteers matched with LGBT older adult for weekly calls: [https://www.sageusa.org/sageconnect/](https://www.sageusa.org/sageconnect/)

- **Social Networking sites**: Stitch—social networking for people over 50: [https://connect2affect.org/](https://connect2affect.org/); Talk Space—mobile therapy: [www.talkspace.com](http://www.talkspace.com); Betterhelp—online therapy: [www.betterhelp.com](http://www.betterhelp.com); Uniper—live, interactive, and recorded opportunities to engage: [https://www.unipercare.com/](https://www.unipercare.com/)
Resources

- **Boston College Institute on Aging**—On-line learning modules
  - [https://www.bc.edu/centers/ioa/videos.html](https://www.bc.edu/centers/ioa/videos.html)

- **Grand Challenges for Social Work: Eradicating Social Isolation**

- **National Academies of Science, Engineering, & Medicine: Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults**

- **AARP Foundation**—enter “social isolation” into search box to review multiple documents and postings that address social isolation
  - [https://www.aarp.org/aarp-foundation/](https://www.aarp.org/aarp-foundation/)


Thank You!
Please indicate on your evaluation if you are interested in Circle of Friends© training

For more information:
aging.slu.edu
Marla.bergweger@slu.edu
QUESTIONS?

Look for an email with a link to a participant evaluation immediately following this session.

Tweet about this event at #AgePositiveKC
Break time!

The next session, “Programming for a Moving Target” will begin promptly at 10:30 a.m.

Upcoming sessions
Thursday, Sept. 10:
• 10:30 a.m.: Programming for a Moving Target

Friday, Sept. 11:
• 9 a.m.: Resources to Help You Navigate Through the Pandemic
• 10:30 a.m.: Reframing Aging During COVID-19

Tweet about this event at #AgePositiveKC