PLAYBOOK

MIDTERM GOAL 3: *Social isolation and related behavioral health issues among older adults and caregivers are addressed.*

Context: Strategic Plan 2020-2025

In October 2020, the Health Foundation for Western and Central New York announced a new vision statement and strategic plan that will guide the work of the Health Foundation through 2025. An extensive planning process that began in 2019 has resulted in a new organizational vision statement, as well as three long-term goals and corresponding mid-term goals to pursue that vision. **Our new vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.**

The Health Foundation's mission will continue to be improving the health and health care of the people and communities of western and central New York. The plan also reaffirmed the Health Foundation's commitment to young children impacted by poverty; older adults; and the community-based organizations that serve them.

Our new vision will be pursued through a set of long- and mid-term goals. This playbook provides an overview of why we chose a specific goal, and how we plan to pursue it.

Midterm Goal 3: Social isolation and related behavioral health issues among older adults and caregivers are addressed.

There is increasing awareness nationally and globally about the health consequences of social isolation and loneliness. Loneliness and social isolation already represented a public health crisis for older Americans, and this problem was greatly exacerbated by the COVID-19 pandemic. Compounding the problem is a lack of understanding about what is needed to address these issues, and recognition that solutions must be adaptive, flexible, and driven by community feedback. Our region has a diverse cross-section of older adults, and there will not be a one-size-fits-all solution to social isolation and loneliness. HFWCNY is well-positioned to work in this area because of our focus on older adults, our existing partnerships with other regional and national funders, as well as our experience with using human-centered design to center the voices of older adults and co-design programs and services.

BACKGROUND

Many older adults living in the community, as well as family caregivers, are at risk of experiencing social isolation and/or loneliness. Social isolation refers to objectively fewer social contacts and fewer social relationships, while loneliness is the subjective emotional experience of feeling alone. Social isolation and loneliness can occur in tandem, or separately, and both are associated with worse physical and mental health.

According to data reported by the National Academies of Sciences, Engineering, and Medicine, about 24 percent of people over 65 years of age living in the community are considered to be socially isolated, and 43 percent of adults over 60 years old report feeling lonely. This represents a significant public health crisis, as research has found that chronic loneliness is an

equivalent risk factor for early mortality to smoking 15 cigarettes a day. Loneliness increases a person's likelihood of early mortality even more significantly than obesity. It is associated with depression, sleep problems, impaired cognitive functioning, hypertension, physiological and psychological stress, as well as other mental and physical health problems.

Some of the specific health risks associated with loneliness and social isolation include:

- Socially isolated adults have a 50 percent increased risk of developing dementia.
- Heart failure patients who are lonely are nearly four times as likely to die, 68 percent more likely to be hospitalized, and have 57 percent greater risk of repeated emergency department visits.
- Older adults with poor social relationships have a 29 percent increased risk of coronary heart disease and a 32 percent increased risk of stroke.
- Both social isolation and loneliness can heighten a person's risk of depression, and for depressed individuals, loneliness and a lack of belongingness can increase their risk of suicidal ideation.

Older adults who report chronic loneliness and feel socially isolated often have no idea where to turn to address this problem, and sometimes don't recognize it as something that has significant consequences for their physical and mental health. When it goes unaddressed, occasional loneliness can persist and become chronic, which can lead to numerous physical and mental health problems which greatly diminishes quality of life.

Likewise, depression in older adults often goes unaddressed for multiple reasons. Older adults may be less likely to spontaneously report symptoms of depression to their doctors, leading to under-recognition of the problem. When older adults do receive screening and are diagnosed with depression, they are less likely to seek mental health care than younger adults. This may be due, in part, to perceived stigma around mental illness, widespread misperception that the symptoms of depression are a normal part of aging, as well as issues of accessibility and availability of age-appropriate and culturally relevant services.

The COVID-19 pandemic exacerbated this health crisis for older adults. Even older adults with robust social networks may have experienced social isolation and loneliness as a result of having their contact with their social networks severely curtailed. While much of the rest of the world transitioned to doing business virtually during the pandemic, there are several barriers to engaging older adults using technology. These tend to fall into three categories:

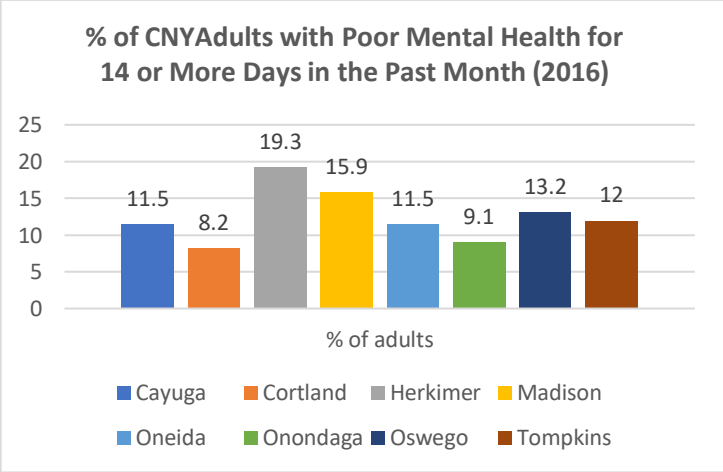
- Technology access: many older adults lack broadband access in their homes and devices to access services, such as tablets or laptops.
- Tech literacy: this refers to knowledge of how to set up and use technology to connect virtually over platforms such as Zoom, as well as using email and/or social media platforms such as Facebook; it also includes knowledge about security, avoiding scams, and protecting their personal and financial information.

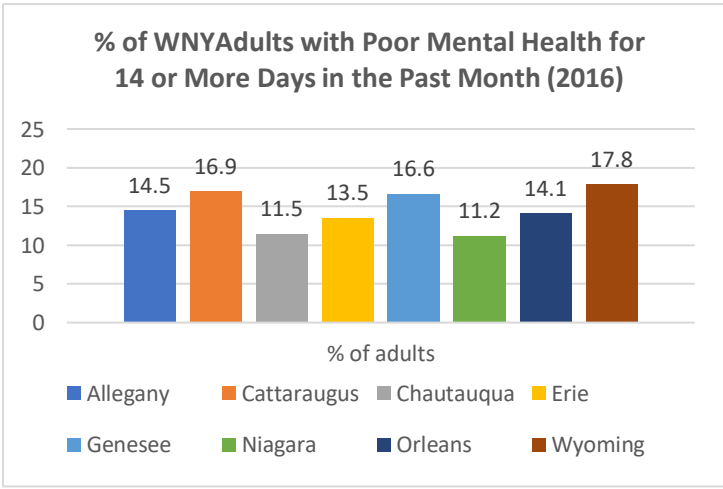
- Comfort level: some older adults with access to technology and some tech literacy are still uncomfortable using technology for things such as socializing or accessing services such as physical and mental health.

Social Isolation, Loneliness and Caregiving

Family caregivers are at a heightened risk for loneliness, as well as the physical and emotional consequences associated with being chronically lonely. Although caregivers are often not objectively socially isolated, due to the time spent with their care recipient, this relationship may not meet all their social and emotional needs, and can sometimes result in even greater feelings of isolation and loneliness due to the time commitment. In a report on caregiving from AARP, one out of five caregivers of adults noted feeling alone. These feelings of loneliness are associated with feelings of stress and strain and decreased health for caregivers. In addition, primary caregivers, those who provide more intense and higher hours of care, and those who feel they had no choice in caring for another all report feeling alone.

Addressing loneliness for caregivers may require different strategies and could incorporate respite and skills for self-care, as well as providing joint enrichment opportunities with their care recipient. While respite and caregiver burnout are topics that have received research and media focus, how loneliness may exacerbate caregiver strain is not well studied, and programs for caregivers rarely directly tackle this issue.





Mental Health in Western and Central New York

There is no local data on the prevalence of loneliness and social isolation among older adults; national data suggests the rate is as high as 1 in 3 older adults. However, social isolation and loneliness are strongly associated with poorer overall mental health and depression, so these proxy indicators were identified to help gauge the current scale of the problem in western and central New York. The data on the percentage of people reporting poor mental health days is from Behavioral Risk Factor Surveillance System (BRFSS).

Across both regions, it is apparent that poor mental health and depression are problems in both rural and urban counties. However, the

highest prevalence rates are in rural counties. Wyoming County leads the western New York region with 17.8 percent of the population reporting 14 or more poor mental health days in the past month. In central New York, Herkimer County leads with 19.3 percent.

This pattern points to the importance of primary care physicians and access to mental health facilities. In both regions, counties with higher ratios of primary care physicians per 1,000 people and more mental health facilities had lower percentages of adults with 14 or more poor mental day days in a month. Conversely, Wyoming and Herkimer counties have the fewest primary care doctors per 1,000 residents, and each has only one mental health facility. While the relationship between poor mental health and access to mental health facilities as well as primary care physicians is not a 1:1 correlation, it supports the need for increased access to mental health care, and the importance of primary care physicians in identifying mental health needs.

These place-based disparities between rural and urban counties in terms of healthcare access may be exacerbated for members of minority communities. Data from the Kaiser Family Foundation found that Native Americans in New York report significantly more poor mental health days per month than other racial and ethnic groups. This is especially problematic because older adults who are members of racial and ethnic minority groups are even less likely to receive mental health services, and some research has suggested they are more likely to be misdiagnosed based on racial and neighborhood characteristics. One study that used national population level data found that Hispanic and Black patients receive less than half as much outpatient mental health care as do whites; for talk therapy, Hispanics had a rate of 38.4 visits per 1,000, and Blacks had a rate of 33.6/1,000 visits, compared to the rate of 85.1/1,000 visits for white Americans.

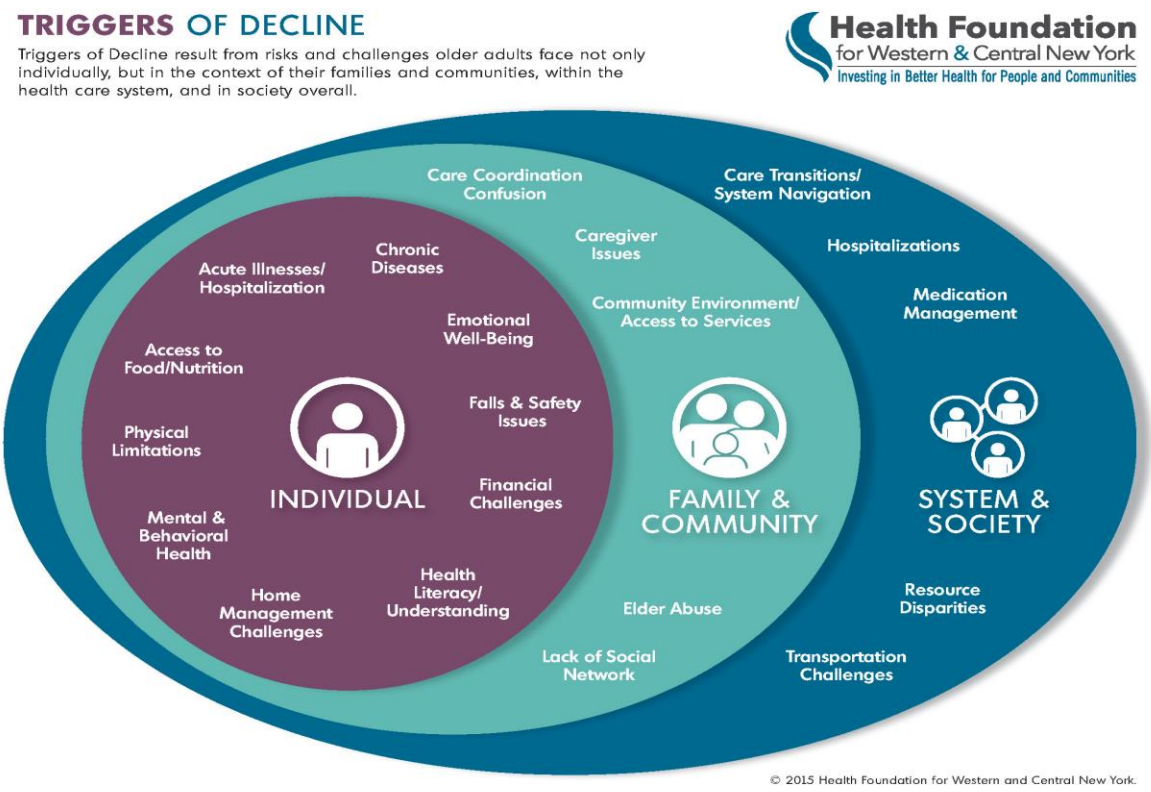
WHAT THE HEALTH FOUNDATION HAS DONE TO DATE TO ADDRESS THIS GOAL

The Health Foundation's interest in social isolation and loneliness emerged over the past several years as staff explored various predictors of poor health in older age identified within the Triggers of Decline framework. That framework highlights several individual, community, and society-level factors that put older adults at risk of decline, including mental and behavioral health, and emotional well-being.

The Health Foundation launched Aging by Design in 2016 with a goal of working with older adults in the community to identify what they believed were the most significant challenges they faced as they aged, and to co-design better solutions for addressing those challenges. During the initial learning phase, social isolation and loneliness were the most frequently cited concerns by older adults. Several of the grantee teams developed projects to address barriers that led to social isolation such as lack of transportation and language barriers. Others focused on increasing socialization opportunities and addressing attitudes that marginalized older adults.

The Health Foundation has also supported several small pilot projects that promote healthy aging and show promise as a means of reducing social isolation and loneliness and building

connections with others. These projects often incorporated the arts, music, and story-telling. Although the goals of these projects were often focused on cognitive functioning and preventing decline, the format greatly increased social connections for older adults.



2020-25 STRATEGIES

Moving forward, the Health Foundation has two strategies it will pursue to advance this goal. One will continue the work we have been doing to explore approaches to addressing the broader problem of social isolation and loneliness. The other will focus on depression in older adults and how to improve access to care.

Support Innovative Pilots to Promote Positive Behavioral Health and Address Social Isolation among Older Adults

There is work underway that has a specific focus on addressing social isolation and loneliness for older adults and their caregivers. These projects tackle different aspects of social isolation using a combination of innovative approaches and evidence-based strategies.

Community-driven Solutions. The Aging Services Coalition in central New York was awarded an AARP grant to work on reducing social isolation; the Health Foundation provided the required matching funding in late 2019. The coalition had just begun this work when the COVID-19 pandemic began, and their work pivoted to focus on socially distant and technology-based solutions to address social isolation and loneliness. These strategies include some low-tech

solutions, such as group phone lines that older adults can call into on a daily basis to chat, play phone games and socialize over the phone with other older adults. They also have engaged community stakeholders to develop solutions to address the digital divide and are engaging with the local Age-Friendly efforts and other technology access groups in the region.

Transportation. Transportation has been long recognized as a tremendous problem for older adults, and this need has increased as a result of COVID-19. Many older adults feel unsafe taking taxis or using public transportation, and the government has discouraged them from doing so as a result of the pandemic. Hearts and Hands was an Aging by Design grantee, and their project used volunteer drivers to provide transportation for older adults in a rural community. Their Aging by Design pilot found that the social interactions between drivers and clients was immensely valuable and improved clients' well-being and mental health. The Health Foundation has funded an expansion of the program into high-need areas of the City of Buffalo through the Health Leadership Fellows CALL to Action program.

Movers and Makers. The Health Foundation staff worked with Dr. Nikhil Satchidanand to develop a proposal for Movers and Makers. This proposal outlined plans for the development of an innovative program that would combined physical activity and art making in a group setting with the multiple goals of addressing fall risk, preventing and/or reducing cognitive decline, and addressing loneliness and social isolation.

As a result of the pandemic, this project is currently on hold, and the project directors are piloting an at-home virtual art program for older adults. This project was designed to test how older adults feel about group-based art programming delivered in a virtual setting, and provides technology as well as technical support to address some of the most common barriers to virtual programming for older adults.

Addressing Needs among Caregivers. Working in partnership with the Ralph C. Wilson, Jr. Foundation, the Health Foundation is looking to address the social and emotional needs of caregivers by increasing opportunities for respite and improving program options for family caregivers. Ongoing projects incorporate digital technology, intergenerational approaches, and the arts. One pilot in particular will look to extend beyond caregivers. The Memory Café Concert Series through West Falls Center for the Arts will use a joint enrichment model that engages older adults with dementia and their caregivers to provide music, socialization, education and support. As part of this pilot, West Falls will look to design and develop a new concerts series specifically for isolated older adults, and will be working to identify and engage socially isolated older adults and partner them with volunteer caregivers from the community to alleviate their isolation and loneliness.

Continue Research on Older Adult Depression

The Health Foundation commissioned a scan from researchers at the University at Buffalo to examine physician primary care providers' perspectives and practices related to screening their older adult patients for depression. The overwhelming majority of primary care providers (97 percent) reported they routinely screen their older adult patients for depression. However, only 17 percent of providers felt their previous medical training was sufficient to prepare them to

identify older adult patients who might be suffering from depression. Of even greater concern was that only 11 percent of providers felt their training had sufficiently prepared them to treat older adult patients with depression. This highlights the need for additional training for primary care providers to increase their expertise and confidence in addressing the mental health of their older adult patients. Being able to address mental health needs in primary care is particularly critical for older adults given that research has shown they are more willing to receive mental health treatment if it is provided by their primary care doctor than if they have to be referred to a mental health specialist.

The Healthy IDEAs pilot program addresses both of these issues; it provides training and tools for primary care providers and is focused on screening for depression in primary care and providing services to older adults. This is an evidence-based program for addressing depression in older adults, and is being coordinated and run by the Western New York Integrated Care Collaborative in partnership with local service providers and primary care offices. Depression in older adults is often rooted in loneliness and social isolation, and Healthy IDEAS promotes healthy socialization and behavioral activation as part of the treatment process.

Over the course of the next twelve months, staff will be advancing this work in a number of ways and anticipate bringing proposals to the Board of Trustees to support continued exploratory work on social isolation. In addition, we will be working to sharpen our strategy on addressing depression and other mental health needs of older adults.

KEY PERSONNEL

Jordan Bellassai—Program Officer overseeing Aging by Design and Aging Mastery Program. Participating in development of future programming related to social isolation.
Ken Genewick—Program Officer overseeing Healthy IDEAS, and work being done on behalf of caregivers.
Jessy Minney—Program Development and Evaluation Manager participating in the Onondaga Aging Services Coalition and contributing to future programming related to social isolation.
Diane Oyler—working with program team on future program development with a focus on older adult behavioral health.