

STRATEGIC PLAN 2020-25

Overview: Midterm Goal 3

Social isolation and related behavioral health issues among older adults and caregivers are addressed



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 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 document 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.

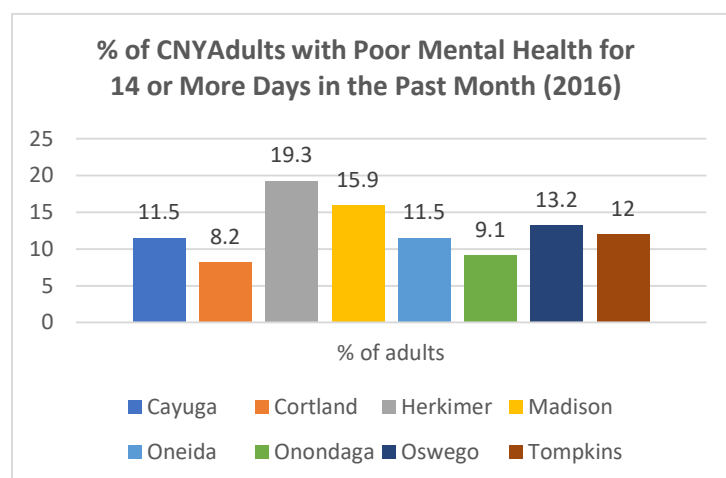
- Comfort level: some older adults with access to technology and some tech literacy are still uncomfortable using technology for things such as socializing or accessing services such as physical and mental health.

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.

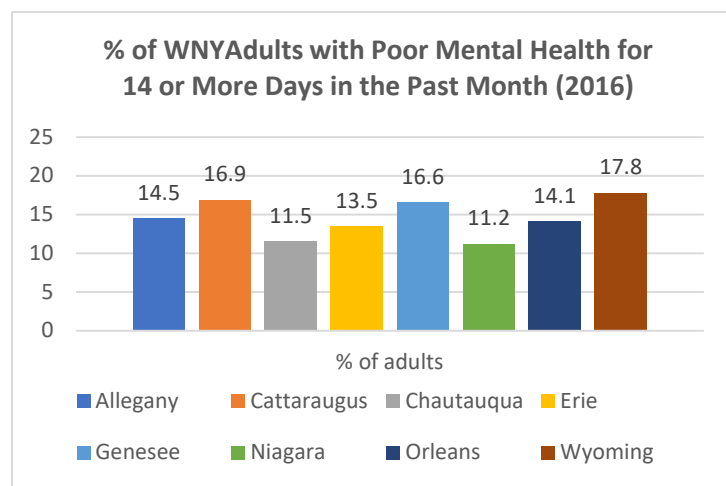
Addressing loneliness for caregivers may require different strategies and could incorporate respite and skills for self-care, as well as providing joint enrichment opportunities with their care recipient. While respite and caregiver burnout are topics that have received research and media focus, how 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 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.

STRATEGIES MOVING FORWARD

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.

Starting in 2021, the Foundation looks to increase awareness of this public health challenge and begin a community dialogue on how we can reduce loneliness and social isolation for the most vulnerable in the sixteen counties we serve across western and central New York, and address depression among older adults.

We will also continue to support efforts to increase availability of evidence-based interventions, such as Healthy IDEAS, and community based approaches to addressing isolation.

KEY HEALTH FOUNDATION PERSONNEL IN THIS WORK

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FURTHER READING

[Pandemic Has Created Loneliness Epidemic, New Report Shows](#) (AARP)

[National Poll on Healthy Aging: Many Older Adults Feel Isolated](#) (AARP)

[Caregiving in the United States 2020](#)

[Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System \(2020\)](#)

(National Academies of Sciences, Engineering, and Medicine)

[Promising Approaches to Reducing Loneliness and Isolation in Later Life](#) (Campaign to End Loneliness, Age UK)

[Campaign to End Loneliness Research and Resources Hub](#)

[Loneliness as a Threat to Health](#) (Campaign to End Loneliness)