The Cost of Social Isolation to Medicare and What AARP is Doing About It?

Social Isolation and Loneliness Over the Life Course: Older Adults

Health Policy Institute of Ohio
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AARP, with its nearly 38 million members in all 50 States, the District of Columbia, and the U.S. territories, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

The Public Policy Institute (PPI) is responsible for public policy research and analysis at AARP. Founded in 1985, PPI’s team of experts develop policy and policy solutions that address current AARP priorities and emerging issues that will affect older adults in the future.
Overview of Today’s Discussion

- **Definitions**: Social Isolation vs. Loneliness

- **Context**: Social Isolation as a Social Determinant of Health

- **Prevalence**: Social Isolation in the U.S. and UK

- **Impact**: Affect of Social Isolation on Health of Older Adults

- **Cost of Isolation**: PPI/Stanford Study

- **Public Policy**: Recommendations

- **Programs**: Some AARP Solutions
Social Isolation: What is It?
Isolation vs. Loneliness

Isolation is an objective concept often measured the number and frequency of social contacts.

Loneliness is a subjective concept related to an individual’s feelings.
Isolation vs. Loneliness

- Both concepts—social isolation and loneliness—are distinct but can be interrelated and may co-exist.
- Each concept may require separate and distinct solutions.
Isolation: An Important Social Determinant of Health
World-Wide Recognition of Social Isolation

The World Health Organization recognizes the growing issue of social isolation as a determinant of health.
The WHO defines the social determinants of health as the conditions in which people are born, grow, live, work and age, that shape health. These factors include characteristics such as socioeconomic status, education, neighborhood and physical environment, employment and social support networks.

Social Determinants of Health White Paper
Isolation: Some Prevalence Data

About 20 to 43 percent of adults ages 60 and older experience frequent or intense loneliness. C.M. Perissinotto, et al., Loneliness and Older Persons: A Predictor of Functional Decline and Death, Archives of Internal Medicine, 172: 1078-83, 2012.
More than nine million people (14 percent) in the U.K. often or always feel lonely.
U.K. Moving to Address Isolation on Population Level

- Prime Minister Theresa May recently appointed a new Minister for Loneliness
- The Charge: Develop public policies that address isolation in the UK
- Promising Move: The U.K. Office for National Statistics will establish a population-based method to measure loneliness
Health Affects of Solation Isolation
Isolation: The New Silent Killer

- Asymptomatic
- Occurs when a person has few or no social connections
- Older adults are at risk for social isolation and loneliness due to changes in their social networks
- Social isolation and/or loneliness have negative effects on health
Being Socially Isolated is as Bad for Health as Smoking

Social isolation is as bad for your health as smoking up to 15 cigarettes a day.
Isolation Affects Multiple Health Domains

Social relationships affect . . .

- physical health
- mental and bran health
- health behaviors
Social Isolation and Physical Health

Socially isolated people at higher risks for . . .

- Cardiovascular disease
- Infections
- Hypertension
Social Isolation, Mental Health and Brain Health

- Socially isolated seniors are 3.4 times more likely to have depression
- Socially isolated seniors are two times more likely to develop Alzheimer’s disease
- Socially isolated seniors are at higher risk for premature cognitive decline
Isolation and Health Behaviors

Less engagement in regular physical activity

Less consumption of healthy foods like fruits and vegetable

More likely to be overweight or obese

More likely to smoke
Isolation is Deadly

Having social connections reduces the risk of early death by 50 percent

Holt-Lunstad et al., 2010.
AARP- Stanford Study
Study Was a Team Effort

AARP Public Policy Institute
- Lynda Flowers
- Claire Noel-Miller
- Ari Houser

Stanford University
- Jonathan Shaw
- Jay Bhattacharya
- Lena Schoemaker
- Monica Farid (now at Harvard)

Funding Support
- AARP Public Policy Institute
- National Institute on Aging
Social Isolation Kills, but is it Costly?

Research Question: The health consequences of social isolation among older adults are well known, but does social isolation impact Medicare costs?
To learn the answer, we….

- Linked nationally representative data from the **Health and Retirement Study** (to derive social isolation) to **Medicare claims data** (showing actual beneficiary spending)

- We followed spending over an average of **five years**
We Also….

Controlled for factors known to influence Medicare spending:

- demographics
- health and functional status
- socio-economic status
- region
- living arrangement
- supplemental coverage
Major Finding
Social isolation increases Traditional Medicare costs by an estimated $6.7 billion every year*

* In 2012 dollars
That’s **$1,608** more per person per year (in 2012 dollars) that Medicare spends for each older adult who has limited social connections than for those who are more socially active.

This translates to an estimated **$15 million in added Medicare spending** each year in Wyoming alone, and **$6.7 billion** for the whole country.

The extra Medicare costs of isolation to the nation are comparable to the extra costs associated with certain chronic diseases like **hypertension and arthritis**!
Why Does Isolation Cost Medicare More?

We found that socially isolated older adults were:

- More likely to use skilled nursing facility care and when they did, they cost Medicare more.
- Not more likely to use more inpatient hospital care, but when they did, they cost Medicare more.
Costs to Medicare Might Be Even Higher

Total costs to Medicare might have been higher if we had included:

- Medicare prescription drug spending (Part D)
- Spending on younger Medicare beneficiaries with disabilities
- Spending on Medicare beneficiaries enrolled Medicare Advantage private plans
We estimated that there were approximately **4 million** socially isolated older adults in traditional fee-for-service Medicare.
Who was Isolated in our Study?

Isolated older adults were more likely to be . . .

- Men
- Depressed
- Dually eligible for Medicare and Medicaid
- Having trouble performing activities of daily living (bathing, dressing, etc.)
It’s Counter Intuitive!

You might think that people who live alone or are single are more likely to be the socially isolated.

That’s not what we found!

That’s why it’s important to not exclude certain populations from screening.
Policy Recommendations
Step One: Identify the Isolated

Develop a valid and reliable tools to screen for isolation and loneliness

- Short
- Easy to use
- Usable in a variety of settings
Step Two: Develop Evidence-Based Interventions

- Private-public partnerships are highly desirable
- Interventions should be culturally competent
- Explore feasibility and desirability of using technology
Step Three: Require Screening in Medicare

- Use Welcome to Medicare and Annual Wellness Visits to identify people who are socially isolated.

- Screeners should connect people to evidence-based interventions.

- The private sector will likely follow Medicare’s lead.
Step Four: Engage Public Health

- Recognize social isolation and as an important social determinant of health

- Work towards population-level surveillance

- Disseminate public health messages to overcome possible stigma
AARP Initiatives

- AARP Age Friendly Communities
- AARP Livable Communities
- AARP Foundation-Funded Projects
WHO Age-Friendly Cities and Communities

International effort launched in 2006 to help people prepare for population aging

Participating communities in more than 20 nations, as well as 10 affiliates representing more than 1,000 communities

One of eight domains of livability identified by WHO = social participation

Social participation domain can be used to promote policies and programs designed to alleviate isolation
AARP Network of Age Friendly Communities

The AARP Network of Age-Friendly states and communities is the U.S. affiliate of the WHO’s Age-Friendly Cities and Communities Program.

AARP works with local officials and partner organizations around the country to identify communities for membership in the Age-Friendly Network.

AARP facilitates the community's enrollment and guides its representatives through the network’s implementation and assessment process.

Membership in AARP’s Network gives member communities access to resources to improve the age-friendliness of their communities.
A livable community fosters interaction among residents. From social engagement to civic action to Internet access, residents’ individual opportunities to connect and feel welcomed help lessen social isolation and strengthen the greater community.

The Livability Index explores and examines the different ways in which residents engage with and support their communities, and how they impact livability as a whole.
AARP Livability Index

Web-based tool developed by PPI to measure community livability. Searchable by address, ZIP Code, or community to find an overall livability score, as well as a score for each of seven major livability categories.

One category measured by the index = engagement
Examples of AARP Foundation-Funded Projects

Connect 2 Effect

The Daily Call Sheet
Connect 2 Affect

Collaborative effort spearheaded by AARP Foundation in cooperation with the Gerontological Society of America, Give an Hour, National Association of Area Agencies on Aging and UnitedHealth Group.
Connect 2 Affect

- Web-based 14-question assessment tool
- Access to local resources by zip code
Foundation funds to the Motion Picture and Television Fund to pilot a buddy call system to alleviate isolation.

MPTF volunteers call industry members once or twice a week to connect.

Participants can talk about whatever their heart desires.

Participants don’t actually have to do anything—just talk on the phone and enjoy a conversation with a friendly industry member.

Best efforts are made to match participants with someone they have something in common with. No obligation, just friendly conversation.
# MPTF Daily Call Sheet

<table>
<thead>
<tr>
<th><strong>225</strong></th>
<th>Industry Members Have Participated</th>
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<tbody>
<tr>
<td><strong>163</strong></td>
<td>Receiving Regular Phone Calls</td>
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<tr>
<td><strong>90</strong></td>
<td>Trained Volunteers</td>
</tr>
<tr>
<td><strong>69</strong></td>
<td>Active Volunteers</td>
</tr>
<tr>
<td><strong>23</strong></td>
<td>Will Train Over the Next 3 Months</td>
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<td><strong>3,000</strong></td>
<td>Hours of Social Conversation Provided:</td>
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<td><strong>10,000</strong></td>
<td>Total Calls Made Since Jan, 2017</td>
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<td>In the Last 6 Months:</td>
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50% Increase in Recipients
50% Increase in Call Volume
Findings from the Daily Call Sheet Project

Our Findings

✓ Loneliness can be treated with intervention

✓ Social calls truly can be a lifesaving intervention

✓ Connects people in need with key resources

✓ Beneficial to both recipients and volunteers

✓ Establishes ongoing system of support and positive expectations for the future
Disrupt Aging in America

- AARP CEO Jo Ann Jenkins urges us to challenge outdated notions of what it means to grow older.

- That means we must challenge the idea that lack of adequate social networks is an inevitable part of growing older.

- This is a call to action to keep this on the aging community's radar until we solve the problem!
If You Want To Go Fast, Go Alone.
If You Want To Go Far, Go Together.

– African Proverb
Elderly people have a higher risk of completed suicide than any other age group worldwide.1
Thank You!

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