

# 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  
December 13, 2019

Lynda Flowers, JD, MSN, RN  
AARP Public Policy Institute

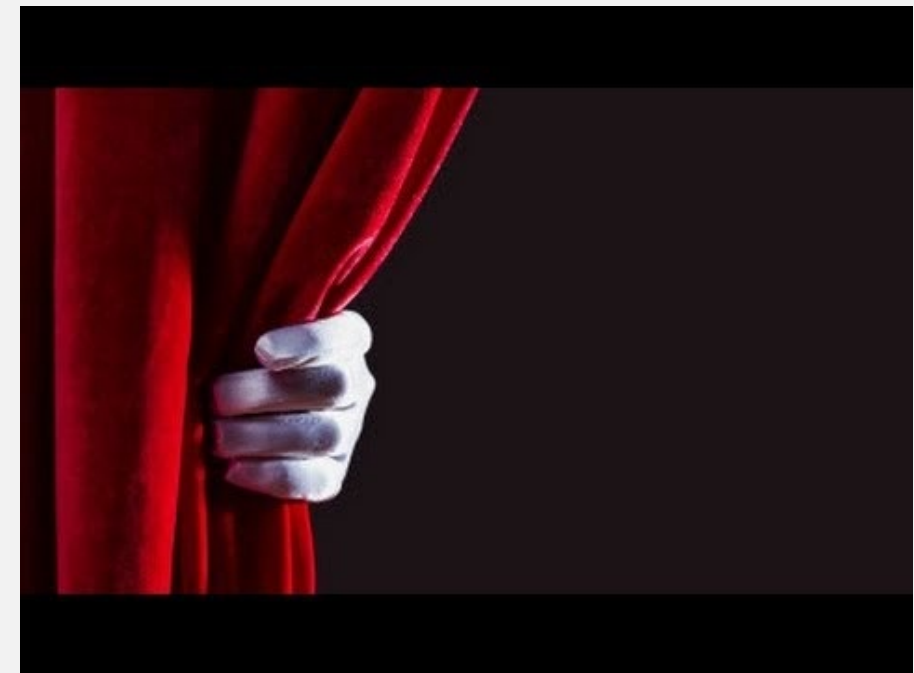
# Who We Are

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

# The United States



- **Survey data suggest that 17 percent of U.S. seniors are isolated.** Ortiz, H. *Crossing New Frontiers: Benefits Access Among Isolated Seniors*, National Council on Aging, 2011.
- **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.

# The U.K.

**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

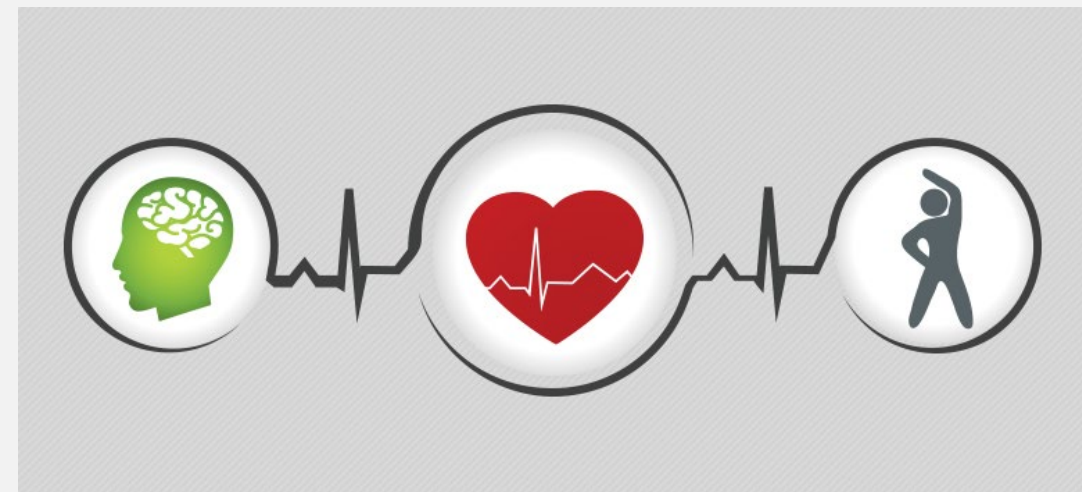
Social isolation is as bad for  
your health as smoking up to  
**15 cigarettes** a day.



# Isolation Affects Multiple Health Domains

**Social relationships affect . . .**

- physical health
- mental and brain 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**

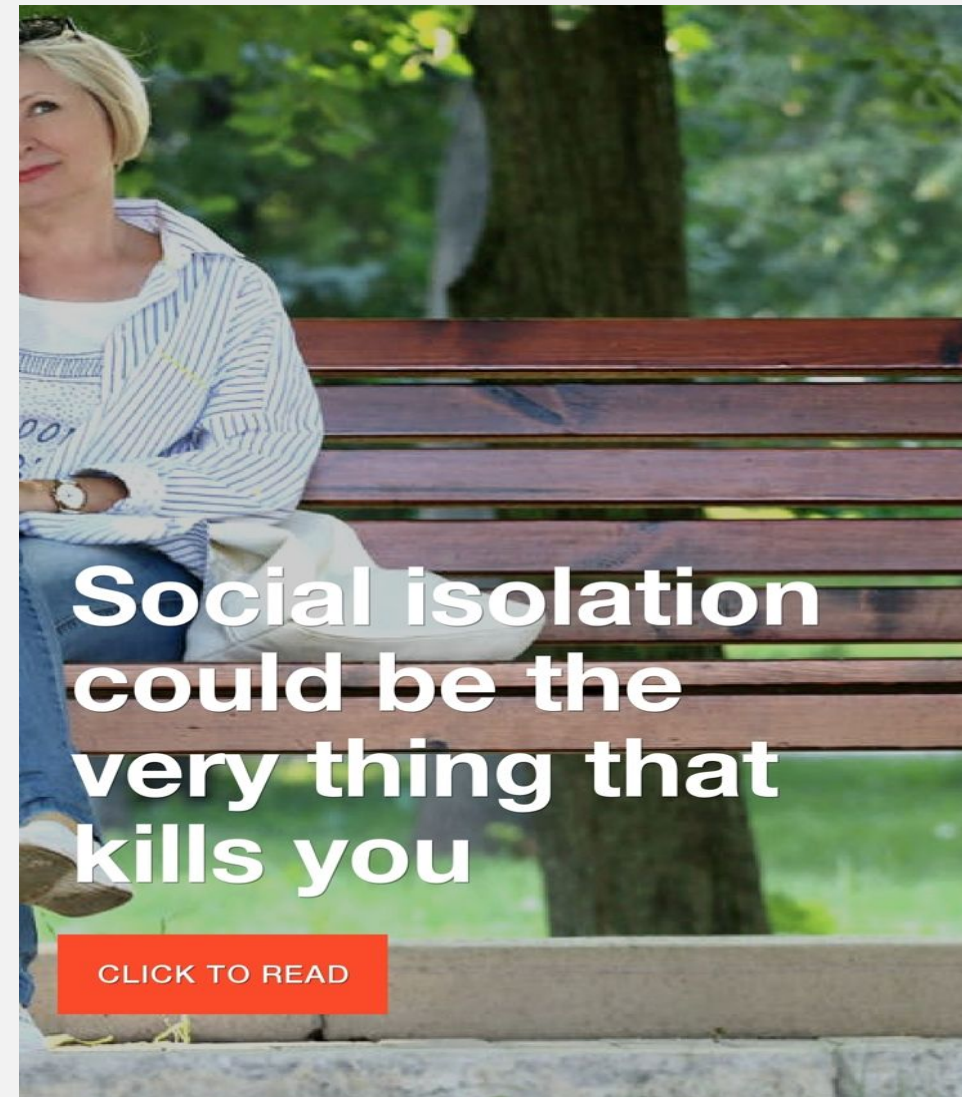
**More likely to smoke**



# 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

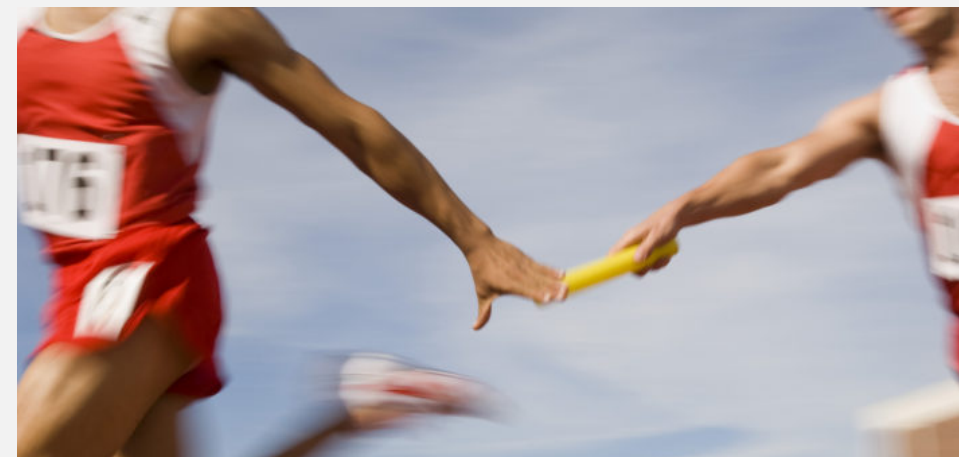
- Lynda Flowers
- Claire Noel-Miller
- Ari Houser

## 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

# Millions are Isolated

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.)

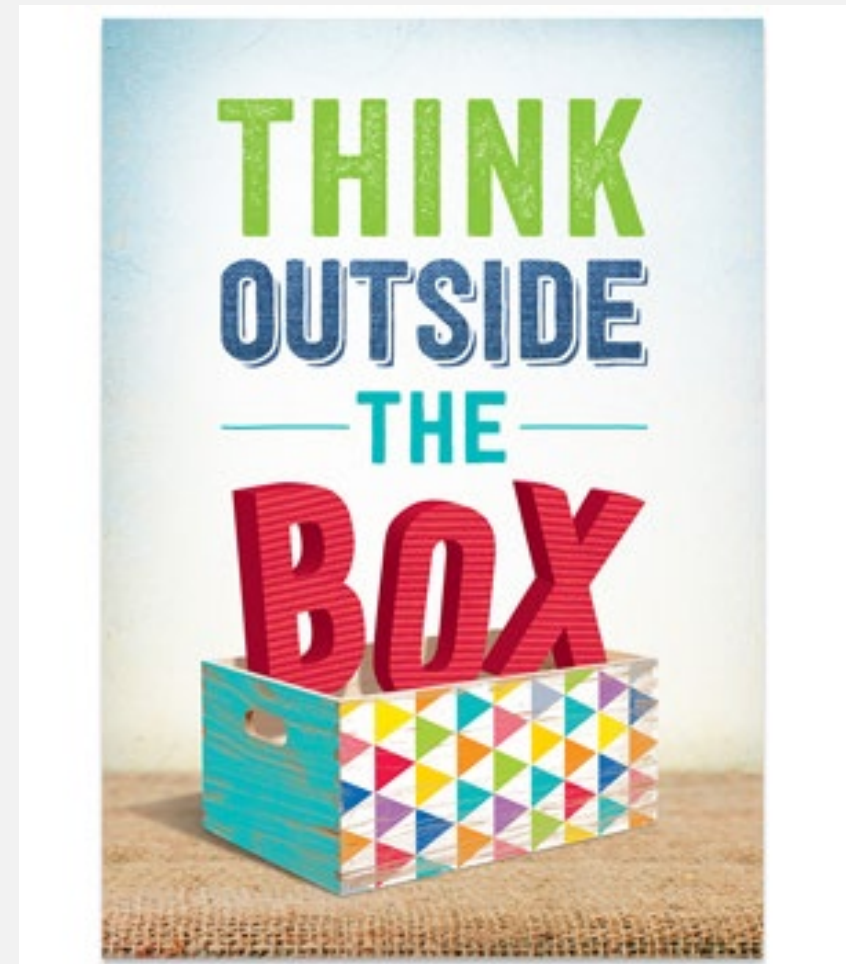


# It's Counter Intuitive!

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 its 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 Solutions

# AARP Initiatives

- **AARP Age Friendly Communities**
- **AARP Livable Communities**
- **AARP Foundation-Funded Projects**



# WHO Age-Friendly Cities and Communities

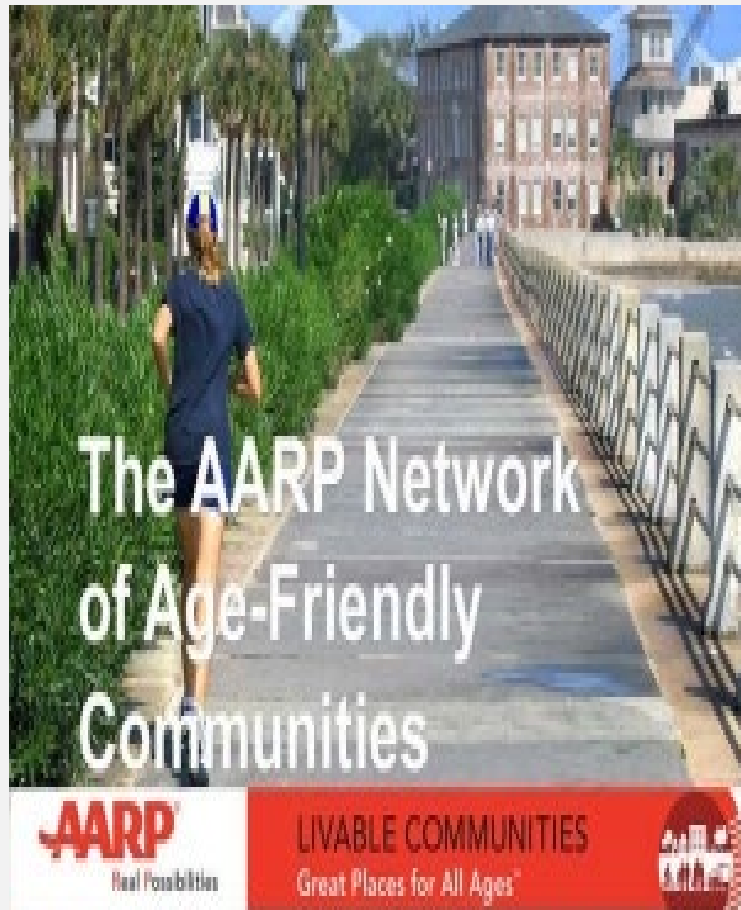
International effort launched in 2006 to help people prepare for population aging

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.

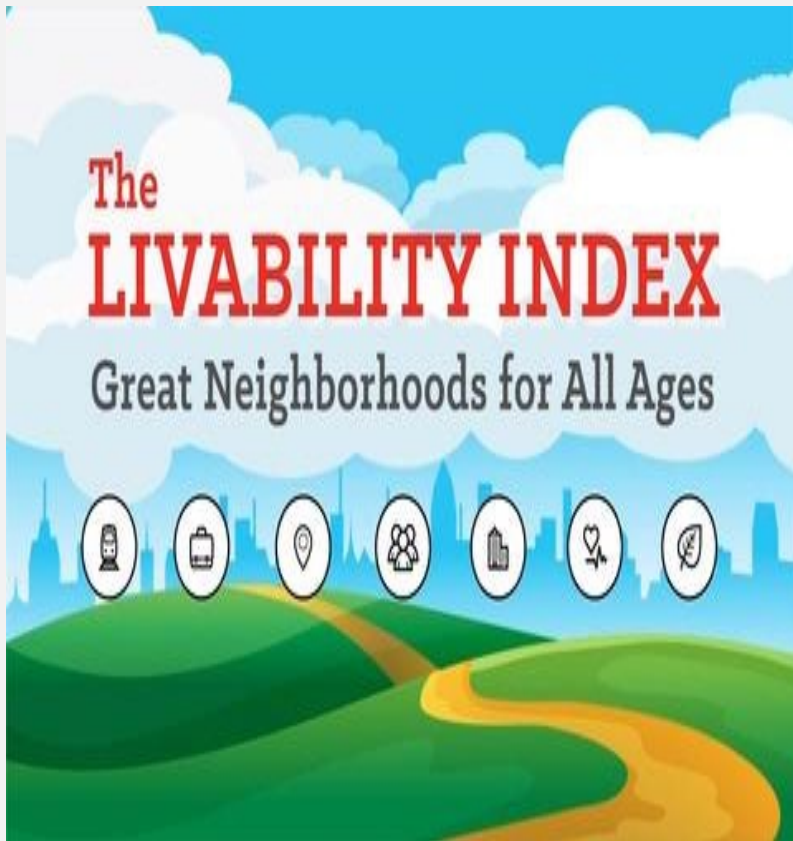


# AARP Livability Index

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**






# Building Awareness


LATEST UPDATES

Quiz




**QUIZ: How Much Do You Know About Isolation and Older Adults?**

Self-Assessment



**Self-Assessment: Is Isolation Affecting Me?**



**Britain gets first-ever 'minister for loneliness' to tackle isolation**

## Find your connections.

Reconnect with your community. Search our directory to find programs and services near you. Not sure where to start? Try looking for transportation, volunteer programs, senior centers.

### Isolation Risk Assessment Results



**Moderate Risk**

**What This Means**  
Isolation risk is moderate. Take steps to avoid isolation by becoming aware of the risk factors.

**Helpful Resources**

- [Learn more about the issue](#)
- [Explore the connection resource directory](#)
- [Explore how to talk about this problem](#)



Low Risk



Moderate



High Risk

### How Connected Is the Older Adult You Know?

Complete the assessment below and we'll provide you with information and resources to help the older adults you know get and stay connected.

1. The older adult I know lives alone.  Yes  No
2. The older adult I know sees or talks to family members and friends at least once a week.  Yes  No
3. The older adult I know provides daily care or support to a family member or friend who needs help with everyday tasks (such as preparing meals, providing transportation and grocery shopping).  Yes  No
4. The older adult I know almost always has a ride or the transportation they need to get where they want to go.  Yes  No
5. The older adult I know finds it difficult or impossible to leave their home without assistance.  Yes  No
6. The older adult I know avoids socializing because it's hard to understand conversations, especially when there's background noise.  Yes  No
7. The older adult I know feels they make a meaningful contribution to their community.  Yes  No
8. The older adult I know participates on a weekly basis in social activities or attends organized groups, such as choirs, cultural performances, exercise classes, group meals, support groups, etc.  Yes  No
9. The older adult I know often feels that they lack companionship.  Yes  No
10. The older adult I know often feels left out.  Yes  No
11. The older adult I know knows someone they could rely on if they had a problem and needed help or advice.  Yes  No
12. The older adult I know has suffered a major loss or change, like the death of a loved one or retirement.  Yes  No

Enter your ZIP code so we can provide you with local resources

**AARP** Foundation®

# MPTF Daily Call Sheet

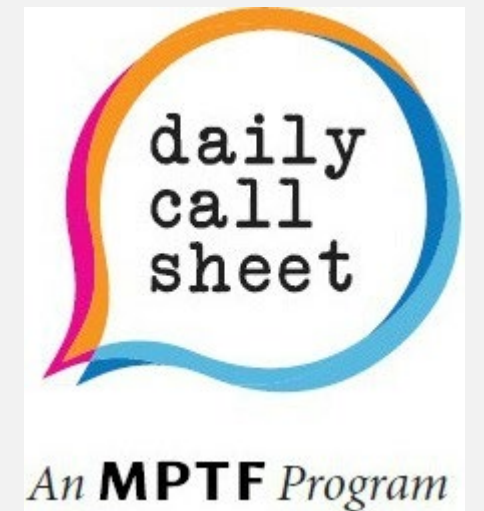
Foundation funds to the Motion Picture and Television Fund to pilot a buddy call system to alleviate isolation.

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* –but talk on the phone and enjoy a conversation with a friendly industry member.

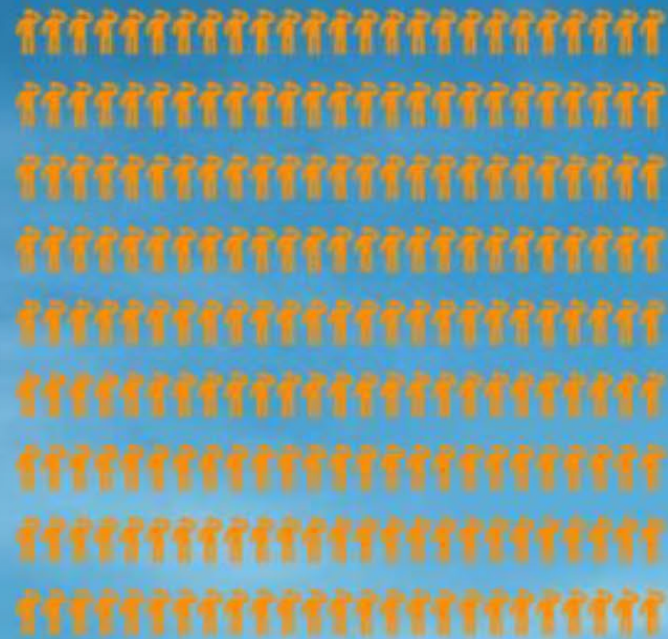
Best efforts are made to match participants with someone they have something in common with. No obligation, just friendly conversation.





# MPTF DAILY CALL SHEET

**225** INDUSTRY MEMBERS HAVE PARTICIPATED



**163** RECEIVING REGULAR PHONE CALLS

**90** TRAINED VOLUNTEERS

**69** ACTIVE VOLUNTEERS

**23** WILL TRAIN OVER THE NEXT 3 MONTHS



HOURS OF SOCIAL CONVERSATION PROVIDED:



**3,000**



OVER **10,000** TOTAL CALLS MADE SINCE JAN, 2017

IN THE LAST 6 MONTHS:



INCREASE IN RECIPIENTS  
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.<sup>1</sup>



Thank You!

[lflowers@aarpp.org](mailto:lflowers@aarpp.org)