

A new study suggests health care providers must be pro-active with questions for older adults.

Although Karen says “my health is good,” she pays regular visits to her doctor.

The retired dental hygienist has used a wheelchair since 1995 when an accident during back surgery left her a paraplegic. Today she occupies a tidy apartment in an assisted living community in Jacksonville, Florida.

“I moved here after my husband passed away,” said Karen, 77. “I needed the help.”

Karen expresses contentment with her life; her children and grandchildren visit regularly, she take meals with fellow residents and enjoys the companionship of her cat.

In the future, it’s possible the strength of Karen’s social connections will be tracked by her health care team, regarded as just as relevant to her long-term health as how she’s managing her incontinence and pressure sores.

A new report concluded that the nation’s health care system is “an underused partner in preventing, identifying, and intervening for social isolation and loneliness.”

Funded by AARP Foundation through the National Academies of Sciences, Engineering and Medicine, the yearlong review of medical, public health, and mental health research confirms that the risks of social isolation are real.

The study reaffirmed that loneliness in older adults is associated with poor physical and mental health outcomes, including significantly higher rates of mortality, depression, chronic diseases, cognitive decline and lower quality of life.

“Clinicians at various levels of licensure are positioned to identify older adults at risk. It’s only when we understand the risk that we can then connect people with appropriate interventions,” said AARP Foundation president Lisa Marsh Ryerson.

“We have an opportunity to leverage the assets of the health care system. We can work together to create validated screening tools and better connected pathways of care.”

The study points out that nearly everyone over the age of 50 interacts with the health care system. That would allow their practitioners to strategically quiz them about their social connections and feelings of loneliness in the same way they now routinely ask if patients feel safe in their homes or are showing signs of depression.

It also recommends a plan of action when clinicians identify a patient who is socially isolated.

“We need to ensure that we have more than warm handoffs. We have to connect them more tightly to organizations that can address their particular needs,” Ryerson said.

“It makes sense to embed this information into electronic health records so once you have the assessment, you can make sure it’s being followed. The health care provider makes the appropriate referral so it’s a closed loop.”

Training Practitioners

The study builds on previous research that found that social isolation among older adults carries a high cost, bumping up Medicare spending by an estimated \$6.7 billion every year.

The AARP Foundation has been working on quantifying social isolation for almost a decade. Its president hopes the mounting evidence will influence policy and decisions makers to recognize the issue as a public health concern. That includes the higher educational

institutions that prepare practitioners-in-training, from doctors and nurses to home health aides and personal care attendants.

“We can’t expect them to understand the issue if they’re not being trained to identify, assess and refer at risk patients,” Ryerson said. “This needs to be in the curriculum and included in ongoing training as well.”

Ryerson pointed to a growing number of health care systems and hospitals that have a heightened awareness of the social determinants of health across the lifespan.

“We know certain life events elevate risk: the loss of a spouse, moving to a new community. These transitions are a time to screen and connect.”

Older adults who are isolated are at higher risk for financial exploitation, physical, psychological, and sexual abuse and neglect. The report acknowledges that such dire consequences are especially prevalent among low-income, underserved and vulnerable adults and their unpaid caregivers. For them, an intervention from the health care system may not just be the best point of referral—it may be the only one.

“Marginalized people already experience a disconnect from community organizations. We need to challenge ourselves to design interventions and validated tools that are culturally relevant for their needs,” Ryerson said.

Technology’s Role In Easing Loneliness

While nothing beats human connections in blunting the pain of loneliness, technology has a role to bridge the gap for older people.

Residents of Heaven’s View, a subsidized housing community in Delta, Colorado, are using technology to connect to the world—and each other—in new ways.

“Some of them were leery at first but they’re enthusiastic now. This brings the larger world to them,” said Linette Gerlach, service coordinator for the program for residents who are 62 and older.

In January, residents of the 40 apartments in the wifi-enabled Heaven’s View building plugged in their own smart speakers, an Amazon Echo Dot 3. The community got the hardware and the training, setup and installation for it through a pilot project funded through AARP Foundation’s Connected Communities program.



Residents of Heaven's View apartments asking questions as they learn to use their voice activated devices. (Photo courtesy Linette Gerlach)

"We sat down with them and created email accounts; a lot of these folks didn't have one. Then we helped each person set up with an Amazon account so they can pick from what they would like to load to the device," Gerlach explained.

Residents started with the basics, asking the small round speakers to check the time, set a reminder or get a weather report for the Western Slope of the Rocky Mountains.

“Now we’re doing lessons to build and grow with the Dot. They’re playing games; we have one resident who uses it for foreign language and another who uses it for her Buddhism practice,” Gerlach said. “They can call each other from one apartment to the next. They’re all talking about what they’re doing. It’s brought them together in a different way.”

The Colorado rollout follows a successful trial with the hands-free, voice-activated technology at other partners serving low-income people over 50.

A case study by the Leading Age Center for Services Technology looked at three East Coast subsidized senior housing providers that collaborated with the AARP Foundation in a Connected Communities project. Participants completed baseline and post surveys about their use of the devices.

The report concludes, “...overwhelmingly, participants who completed both surveys showed decreased feelings of loneliness at follow-up.” It goes on to say “...residents that did not previously interact with one another were able to form new relationships and connections... participants continued to gather to play games, share music, and collectively discover new skills that enhanced their everyday lives.”

That’s consistent with the way residents at Heaven’s View have connected through their new devices.

“It’s a wonderful tool. We’re just a few months into it but I can call it a success,” Gerlach said.

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