

Addressing Social Isolation in Older Adults as a Determinant of Health

Executive Summary



South Carolina Institute of
Medicine & Public Health



South Carolina
**DEPARTMENT
ON AGING**

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Older adults are more susceptible to social isolation due to many factors, including declining health, spousal death and transportation issues. Approximately “one-quarter (24%) of community-dwelling Americans 65 years and older are considered to be socially isolated.”¹ In the older adult population, some are at higher risk of social isolation. These subpopulations include people living in rural areas, people from lower socioeconomic backgrounds, individuals with disabilities, first-generation immigrants and LGBTQ+ members.^{2,3} As our older adult population continues to grow in the U.S. and in South Carolina, it is imperative that we identify social isolation as a determinant of health and public health priority.

Social Isolation:

objectively being alone, having few relationships or infrequent social contact.⁴

Social isolation is costly; a recent AARP study found that social isolation is associated with **\$6.7 billion** in yearly Medicare expenditures.⁵

The Social Isolation in Older Adults Taskforce was convened by the South Carolina Institute of Medicine and Public Health (IMPH), a nonpartisan, nonprofit organization with the mission to collectively inform policy to improve health and health care, in partnership with the South Carolina Department on Aging. The Taskforce, with 40+ members, was launched in October 2022 to collaboratively identify approaches to address social isolation in older adults. The Taskforce has identified recommendations to address policy, environmental and programmatic changes to meet the evolving needs of our growing older adult population.

Recommendations

Programs to Promote Social Connection

SC1: Develop funding models to support increased programming to foster social connectedness.

SC1a: To support increased programming to foster social connectedness, the South Carolina Department on Aging (SCDOA) should:

- Request a modification to Proviso 40.5 to include “programs to promote social connection” in the list of allowable expenditures for Home and Community Based Services (HCBS).
- Update its policies and procedures manual to define and allow reimbursement for programs to promote social connection.
- Launch a limited program at the beginning of the state fiscal year, subsequent to the passing of the modification to Proviso 40.5, in order to gather data on how many clients may take advantage of the program statewide.
- Request additional state HCBS funding based on the estimates and analysis of the gathered data, including the number of participants, type of activity and pre/post social isolation assessment results.
- Encourage local community senior centers to continue to apply for grants and other funding opportunities to expand and grow programs to promote social connection.
- Promote cost-sharing principles, where clients pay a portion of the program cost if they are able, to be applied to social connectedness programming options to assist with expanding the service.

SC1b: Funders, at various levels, should prioritize efforts focused on social connection in older adults to reduce the negative health outcomes associated with social isolation.

SC2: The Institute for Engaged Aging at Clemson University should complete a study of the existing processes required of older adults at the different state-supported colleges, universities and institutions under the jurisdiction of the State Board for Technical and Comprehensive Education offering tuition-free classes to persons 60 years and older. The study would identify barriers to participation, opportunities for standardization and other elements to encourage use of the benefit.

SC3: The South Carolina Department on Aging should incorporate language about social isolation and related resources into the GetCareSC website Guide to Services page to assist older adults and their caregivers with finding resources to promote social connection.

SC3a: Establish a social connectedness category on the GetCareSC website Guide to Services page containing information related to the programs and services available through the Aging Network to promote social connectedness.

SC3b: Develop a communications/outreach campaign to promote the newly established social connectedness category on the GetCareSC website Guide to Services page.

SC3c: Include learning in retirement programs (including, but not limited to, state-supported programs offering classes to persons 60 years and older without payment of tuition and Lifelong Learning Programs) in the GetCareSC resource database to promote additional opportunities for social connectedness.

SC4: The regional Area Agencies on Aging and Aging Service Providers across the state should expand Senior Companionship Programs, like the AmeriCorps Seniors Senior Companionship Program, to increase the number of trained staff and volunteers available to assist with activities of daily living to provide home visits for social connection among older adults that are homebound (1:1 social visits) and provide transportation to access programming that promotes social connection.

SC5: Communities should develop and/or improve safe places for older adults to gather, including increasing the number and quality of accessible and safe indoor and outdoor public spaces and centers, to meet the needs of a growing older adult population.

SC6: Older adult-serving organizations should promote intergenerational programs to enrich the lives of participants, while addressing social isolation and building community.

SC6a: Encourage older adults to volunteer as an opportunity for social connectedness.

SC6b: Encourage youth programs to adopt a “Care Calls” program for older adults using the existing SCDOA “Care Calls” script to help older adults fight social isolation.

SC7: The South Carolina Legislature should reinstate the South Carolina Long Term Care Council, as outlined in Section 43-21-130 in South Carolina State Code.

SC7a: The Social Isolation in Older Adults Taskforce endorses the recommended changes proposed by SCDOA to Section 43-21-130 and 43-21-140, including the proposed addition of the Director of Department of Veterans Affairs or their designee to serve as a voting member on the Council and sharing necessary data and information for informed recommendation development.

Data and Information Sharing

DIS1: The Office for the Study of Aging at the Arnold School of Public Health at the University of South Carolina should form an inclusive, ongoing coalition focused on social isolation in older adults to continue the efforts of the South Carolina Institute of Medicine and Public Health and South Carolina Department on Aging Social Isolation in Older Adults Taskforce. This coalition will continue to build partnerships and foster intervention strategies across sectors. The coalition will meet quarterly.

Responsibilities of the coalition may include, but are not limited to:

DIS1a: Share an update with the Long Term Care Council, once reinstated, on a quarterly basis and with the SC Advisory Council on Aging on an annual basis.

DIS1b: Establish subcommittees of the coalition for specific populations, such as older adult veterans, older adults with disabilities and LGBTQ+ older adults, to identify the specialized needs of those population groups to connect and develop resources to meet those needs.

DIS1c: Develop a community of practice, such as a Social Isolation in Older Adults Learning Network, to share best practices on interventions (events and programs) that have successfully reduced social isolation among older adults, including representation from faith-based organizations and nonprofit organizations. Include best practices related to the use of technology in reducing social isolation to support homebound older adults.

DIS1d: Create an older adults technology subcommittee to create and study replicable pilot projects to provide social isolation intervention and prevention models for faith-based and community-based organizations.

DIS1e: Review resources and programs related to social isolation listed in United Way's SC 211 Services database on an annual basis, adding in new resources and programs to support social connectedness among older adults as they become available, including learning in retirement and Lifelong Learning Institutes across the state.

DIS1f: Publish an annual report with data on programs across the state serving older adults and demographic data on those participating in the programs to support data-driven decision-making across the state. The report should be distributed to the Governor, members of the Legislature, members of the South Carolina Association of Area Agencies on Aging, Aging Service Providers, all state agencies and the general public, and will be prominently displayed on the South Carolina Department on Aging website and social and traditional media channels.

DIS1g: Develop and launch communication campaigns with clear calls to action to increase public awareness about social isolation in older adults, including continued education for funders about the need to invest in efforts to reduce social isolation in older adults.

DIS1h: Identify and adopt a common, validated social isolation screening tool for use among health and human service providers around South Carolina to identify and quantify patients in need of support services to promote social connection, to ensure referrals to services to promote social connection are made and to be used in the coalition's annual report.

DIS2: Leverage existing data collected through various efforts, including community health needs assessments, to support the development of future community-based programs, supports and referral structures that support social connection.

DIS2a: To gain a better understanding of the impact social isolation has on the residents of South Carolina, social isolation should be considered a social determinant of health in community health needs assessments. The availability of data on the prevalence of social isolation will allow for the establishment of meaningful prevention and intervention strategies. These insights can be leveraged in future planning processes, from internal organization strategic plans to the SC State Health Improvement Plan, the State's Master Plan on Aging and the 5-year State Aging Plan.

Digital Literacy and Technology

DLT1: The Social Isolation in Older Adults Taskforce endorses and supports the efforts of the GetConnectedSC initiative of the South Carolina Office of Regulatory Staff and the South Carolina Department of Administration, along with community partners throughout the state, to bring reliable, high-speed internet to every South Carolinian.

DLT2: As a state, South Carolina should invest in digital equity by providing digital literacy training, ensuring access to reliable internet services and support access to hardware/devices to be utilized for telehealth, social networking and other virtual programming for older adults.

DLT2a: Expand successful interventions leveraging technology, such as Companion Charlie.

DLT2b: Encourage existing programs serving older adults to develop or adopt an existing digital literacy curriculum (ex. Palmetto Care Connections Digital Literacy Training), with best practices for direct care workers and other caregivers to provide technical assistance to older adults, to help build their confidence and to ultimately increase engagement in virtual programs and services.

DLT2c: Train more individuals to be digital navigators, helping older adults apply for programs like the federal Lifeline Support and Affordable Connectivity Program to lower the monthly cost of phone or internet services.

DLT2d: Increase access and awareness to the online virtual modules of the digital literacy training offered by Palmetto Care Connections through their learning management software.

Transportation Services

TS1: The state of South Carolina should develop a policy to ensure volunteer protections for volunteer drivers, including reducing insurance obstacles for volunteer drivers.

TS2: The Transportation Association of South Carolina, in partnership with the South Carolina Department of Transportation, should conduct a statewide study of public and private transportation options available to older adults.

TS2a: As a focus of the study, identify possible funding sources that may be leveraged to increase transportation options for older adults in South Carolina.

TS2b: As a focus of the study, identify and highlight successful local partnerships on transportation.

References

- 1 National Academies of Science, Engineering and Medicine. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Healthcare System. <https://nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>
- 2 Heape, A. (2021). A physical and mental toll: Isolation goes beyond loneliness. ASHAWIRE. <https://leader.pubs.asha.org/doi/10.1044/leader.OTP.26102021.34/full/>
- 3 Heinze, N., Hussain, S.F., Castle, C.L., Godier-McBard, L.R., Kempapidis, T., and Gomes, R.S.M. (2021). The Long-Term Impact of the COVID-19 Pandemic on Loneliness in People Living with Disability and Visual Impairment. *Frontiers Public Health* 9:738304. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.738304/full>
- 4 National Academies of Sciences, Engineering, and Medicine 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- 5 Flowers, Lynda, Ari Houser, Claire Noel-Miller, Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Monica Farid. Medicare Spends More on Socially Isolated Older Adults. AARP. November 27, 2017. <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>

The South Carolina Institute of Medicine and Public Health (IMPH) is a nonpartisan, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. In conducting its work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement.

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