South Carolina Institute of Medicine & Public Health

South Carolina DEPARTMENT ON AGING

JUNE 2023

Addressing Social Isolation in Older Adults as a Determinant of Health

South Carolina Institute of Medicine & Public Health

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Letter from the Taskforce Chair MaryGail Douglas

Allow me to bring greetings from the Social Isolation in Older Adults Taskforce. My name is MaryGail Douglas, and it has been a privilege for me to serve with this hard-working group of people. Members of our Taskforce come from all parts of South Carolina. We are 40+ individuals who are practitioners, state agency staff, senior center staff, researchers, Area Agencies on Aging staff and a host of other interested parties who are focused on providing care and services for our older population in South Carolina.

While social isolation finds its way to all ages, our focus centers on the impact it has on older adults in our state. In our report, you will learn about the effect social isolation has on the physical and mental health of older adults.

The recommendations in the following report are noted as the top areas of concern, and we have suggested ways to reduce problems associated with social isolation in our most vulnerable population. We recognize the magnitude of putting many of these recommendations into practice.

As in best-practice approaches, it is the reliance on communities that helps get the job done. Many communities are already doing small things in huge ways. They can be encouraged to grow what they're already doing. Our job as individuals and a Taskforce is to help them find ways to do that.

On the heels of our COVID experiences, many churches followed the public into lockdown and reduced their programs and activities. There were many who were hungry for beautiful music, but more than that, they were starving for social connection. In response to this need, a community choir was established that includes 30+ individuals from ten faith-based organizations of diverse denominations. So great was the urge for connection, members traveled all way from Winnsboro, Ridgeway, Blythewood and Columbia, South Carolina. The members of this group have grown to be a support system for each other. I have watched the mental and physical health of our members improve as our social connectivity became stronger.

This is one of many ideas shared in our many discussions among Taskforce members. As chair of this Taskforce, I applaud the participation and input from all the members and the contribution from the staff of the South Carolina Institute of Medicine and Public Health. Isolated individuals are all around us. The challenge is up to all of us to seek out, assist and serve individuals who may not even know they're isolated. For those in positions of leadership: you have an opportunity to address this public health concern. As Taskforce members, we encourage you to engage in conversations to make a difference. That has been the mantra of our Taskforce. Again, many thanks for this opportunity of service.

With sincerest regards,

MaryGail Douglas
Chairperson

List of 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.

Introduction

During the COVID pandemic, many individuals experienced social isolation due to physical distancing guidelines, quarantines and isolation periods. However, the growing prevalence of social isolation in the United States was recognized as a risk to public health years prior to the COVID pandemic. U.S. Surgeon General Dr. Vivek Murthy called the issue of social isolation an epidemic. Social isolation became one of his top priorities during his tenure as Surgeon General as he saw it affect people of all ages and socioeconomic backgrounds, across all communities in our country.

> When I began my first tenure as surgeon general in 2014, I did not expect loneliness and social isolation to become one of my top priorities. But, as I traveled across America and listened to the stories of people from all walks of life, the topic of loneliness came up again and again. It ran like a dark thread through our nation's most pressing public health challenges—from addiction to obesity, from heart disease to depression. People struggling with opioid use disorder said they felt stigmatized and cast aside. Teachers and parents worried that their children were becoming more and more socially isolated. And older people, often after children had moved out or a spouse had died, said they felt inescapably alone.

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." 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.

In addition to an association with an earlier death, experiencing social isolation and loneliness is strongly correlated with numerous adverse health conditions, such as heart disease, stroke, type two diabetes, obesity, depression, poor cognitive functioning and dementia. Social isolation has also been associated with suicides and unintentional deaths among those with drug and alcohol use disorders, also known as *deaths of despair.* Social isolation is also costly; a recent AARP study found that social isolation is associated with $6.7 billion in yearly Medicare expenditures. The benefits of increasing social connection among older adults are innumerable.

Older Adults in South Carolina[a]

In South Carolina, older adults (persons 65 years and older) made up 18.7% of the state's population in 2020. The U.S. Census Bureau estimates 24% of South Carolina's population will be 65 and older by the year 2035. The older adult population will continue to grow in South Carolina as those in the Baby Boomer[b] generation continue to age and as more retirees move to South Carolina.[c]

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[a] For the proposed recommendations included in this report, we define older adults as persons 60 years and older. Medical research defines an older adult as an individual who is 65 years of age and older. Due to this definition, data sourced from the Centers for Disease Control and Prevention (CDC), U.S. Census and the South Carolina Department of Health and Environmental Control (SC DHEC) will be representative of persons 65 years and older.
[b] Baby Boomers are defined as those born between the years 1946-1964.
[c] South Carolina continues to rank in the top 5 most popular states for relocation for retirees.

Addressing the needs of older adults in the U.S. is not a new priority. In July of 1965, Congress passed the Older Americans Act (OAA) to address the concerns of policymakers about the lack of community social services for older adults. The OAA was created for older adults, defined as persons 60 years and older, to live at home and in the community with dignity and independence for as long as possible. Services and programs include congregate and home-delivered nutrition services, family caregiver support and services to prevent abuse, neglect and exploitation of older adults.

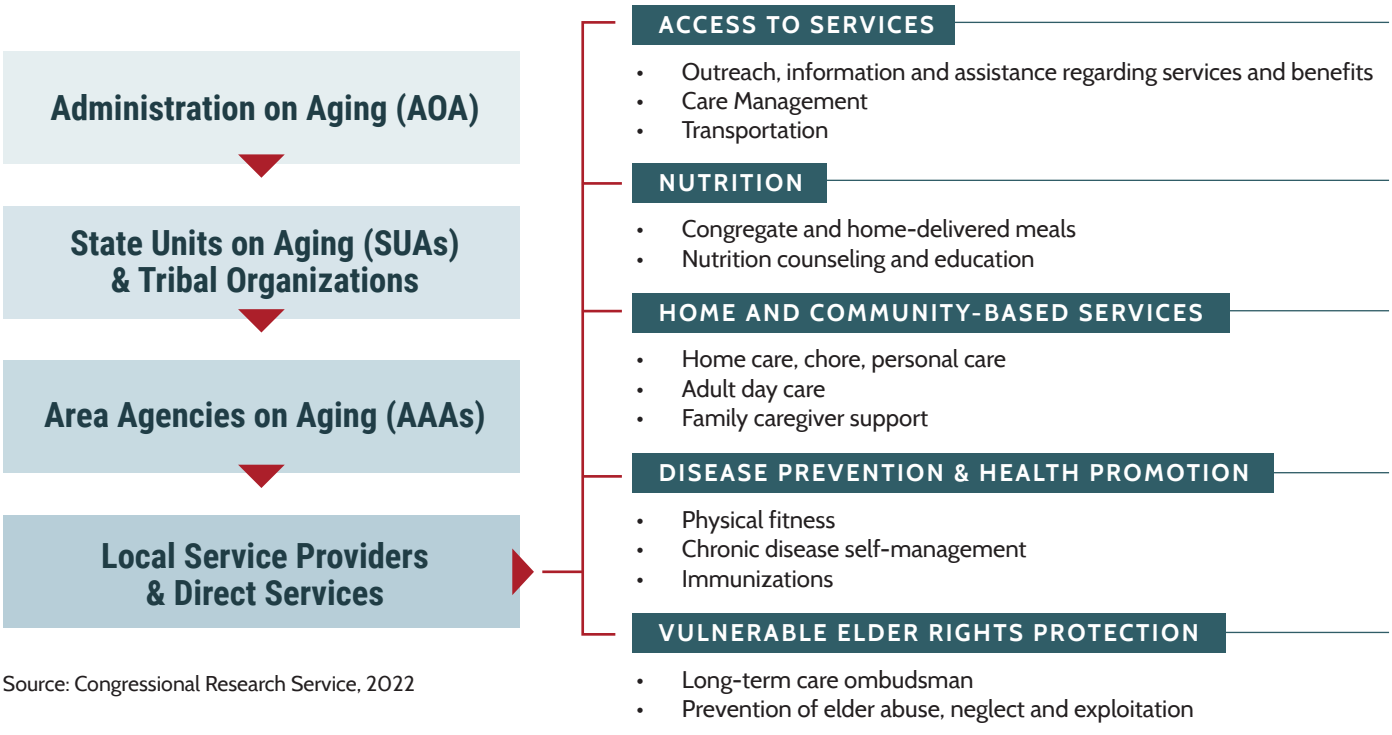
In South Carolina, the South Carolina Department on Aging (SCDOA) is identified as the State Unit on Aging (SUA), the state agency primarily responsible for planning, policy development and administration of OAA activities. The SCDOA, in partnership with regional and local organizations, leverages federal funds, along with state and private grant funds, to develop and manage various services related to the health and well-being of older adults in South Carolina. As of January 2023, 51% of SCDOA funding came from federal funds, 38% from state funds and 11% from other funds. According to Director Connie Munn,

> The South Carolina Department on Aging ensures that in South Carolina, with our growing population, that our older adults have a place to live, have quality of life and can age with dignity and peace. We meet the critical needs of our rapidly growing population and take this to heart and always have. We have a large task ahead to make sure we have a system in place to serve these older individuals.

Due to the influx of federal dollars from COVID relief funds, including the Coronavirus Aid, Relief, and Economic Security Act and American Rescue Plan Act, SCDOA was able to expand upon existing programs and initiatives leveraging technology to support social connectedness in older adults. SCDOA provided over 200 robotic pets to older and disabled adults, partnered with Walton Options and South Carolina Assistive Technology to provide 14 digital devices to older adults and partnered with Palmetto Care Connections to provide digital literacy training and 60 electronic devices to older adults to facilitate telehealth appointments and to stay connected with family and friends.

FIGURE 1

The Aging Network



Source: Congressional Research Service, 2022

Over a five year period, South Carolina agencies provided:

FY2018 - FY2022

Source: South Carolina Department on Aging, 2023

Over 2.8 Million Rides

To doctor's offices, grocery stores and other essential places.

More than 14.3 Million Meals

Over 1 Million Hours of Service

Personal Care, Homemaker or Chore Services

More than 1.3 Million Hours of Respite Care

To meet the evolving needs of our growing older adult population, we need to have a better understanding of the factors influencing social isolation and structure programs and services in a transformative way to support our older adults.

Social Isolation and Risk Factors

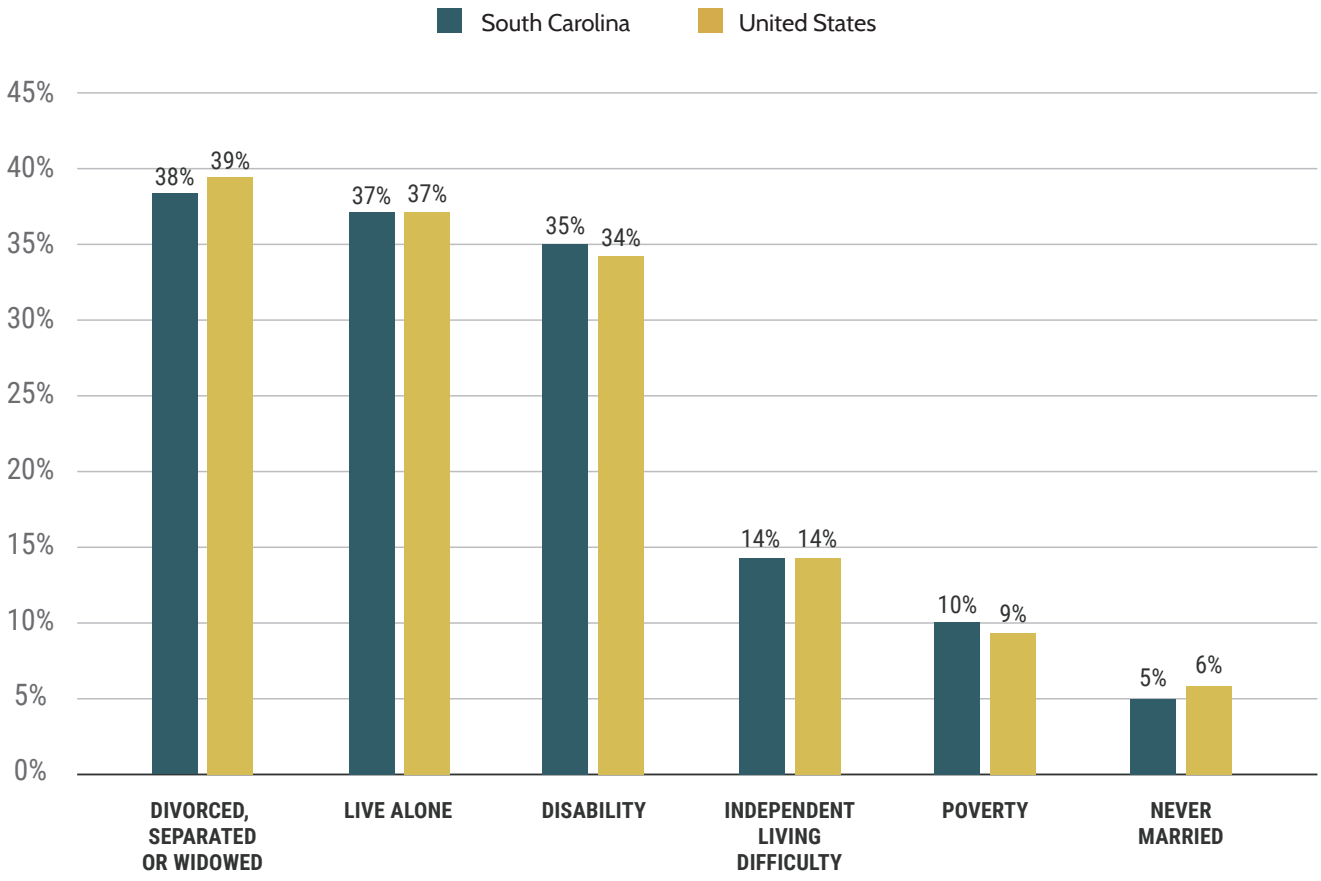
We have all heard the saying or some version of it: *Humans are social creatures*. We thrive when we connect and interact with others. Without social relationships, there is a significantly increased risk of premature death, comparable to and sometimes greater than other risk factors like smoking and obesity.

When discussing social relationships and their impact on health and well-being, it is important to understand the distinction between social isolation and loneliness. Social isolation is defined as objectively being alone, having few relationships or infrequent social contact. Loneliness is subjectively feeling alone; there is a discrepancy between one's desired level of connection and one's actual level. Though the terms are similar and may occur at the same time, they should not be used interchangeably.

Older adults are more vulnerable to social isolation. Some risk factors for social isolation in older adults include living alone, loss of significant other, depression, poor health, loss of independence, loss of driver's license and limited financial resources. Below, graphs 1 and 2 illustrate the percentage of older adults in South Carolina experiencing various social isolation risk factors, including poverty rates disaggregated by race.

GRAPH 1

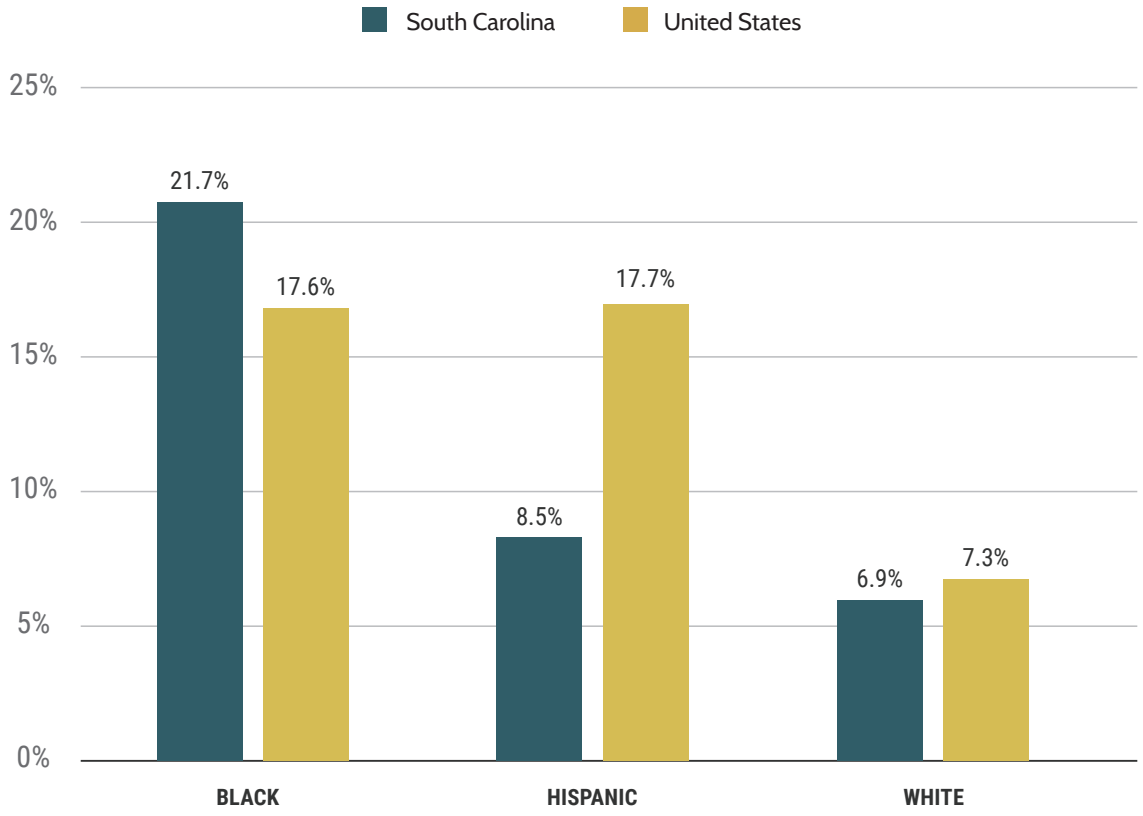
Subpopulations Risk of Social Isolation, Ages 65+ in South Carolina



Source: America's Health Rankings, US Census Bureau, American Community Survey, 2016-2020

GRAPH 2

Poverty Levels by Race and Ethnicity, Ages 65+ in South Carolina



Source: America's Health Rankings, US Census Bureau, American Community Survey, 2019

To address social isolation in older adults, we must also focus on the systemic and environmental factors.

Social Isolation as a Social Determinant of Health

An individual's health is influenced by many elements, including genetics, behaviors, environmental and physical influences, medical care and social factors. According to the Centers for Disease Control and Prevention (CDC), the non-medical elements that influence health outcomes, including the systems that shape the conditions of daily life, are social determinants of health (SDOH). Community and social factors, one category of SDOH, like support systems and community engagement, can have a major impact on an individual's health outcomes. Though social isolation was previously identified as a critical SDOH, the pandemic has increased its prevalence and severity.

There are many non-medical factors that can contribute to social isolation in older adults. These environmental and structural factors can reduce the opportunities older adults have for social interactions.

Geographic Location

Residing in a rural area can make it more difficult to feel connected and involved in one's community. An older adult may encounter physical barriers of connecting, even if they are seeking social support. Physical barriers, including "transportation challenges and built environments that are not always walkable" can be a burden when there is a large distance between an older adult's residence and the locations providing services and programs. Older adults living in rural areas may also have less reliable or limited access to reliable broadband internet, reducing their opportunities for virtual interactions.

Older adults may also choose to move away from their communities after retirement for financial reasons, requiring them to establish a new social network in their new community.

Disability

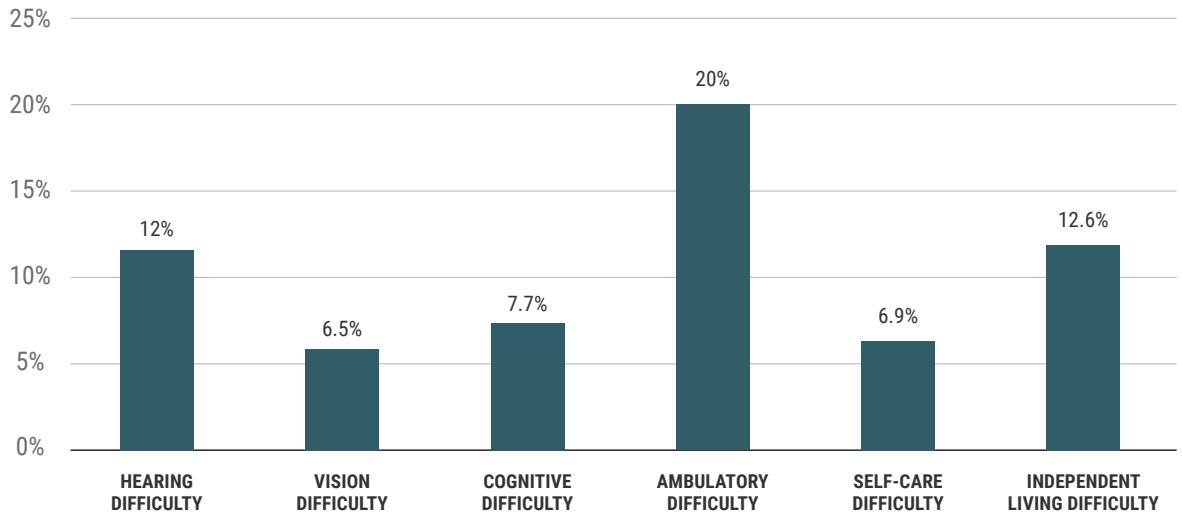
Individuals with a disability are more likely to report being socially isolated than individuals without a disability. Data from the Health and Retirement Study revealed that social isolation was twice as prevalent for individuals with a disability compared to individuals without a disability (21.5% of individuals with any disability, between the ages of 50 and 65, experience social isolation and 10.9% of individuals without a disability, between ages of 50 and 65, experience social isolation).

Hearing loss and visual impairment contribute to social isolation as they can make communication more difficult and are associated with a worse quality of life. Older adults living in rural areas with these impairments have more barriers to access medical services, putting them at greater risk of social isolation than their urban counterparts.

In South Carolina, the prevalence of disabilities grows as individuals age. One in every 10 adults 65 years and older have hearing difficulties, which jumps to one in every five of those persons 75 years and older. Older adults with independent living difficulties may be home-bound and have limited physical abilities, further limiting their opportunities for social engagement.

GRAPH 3

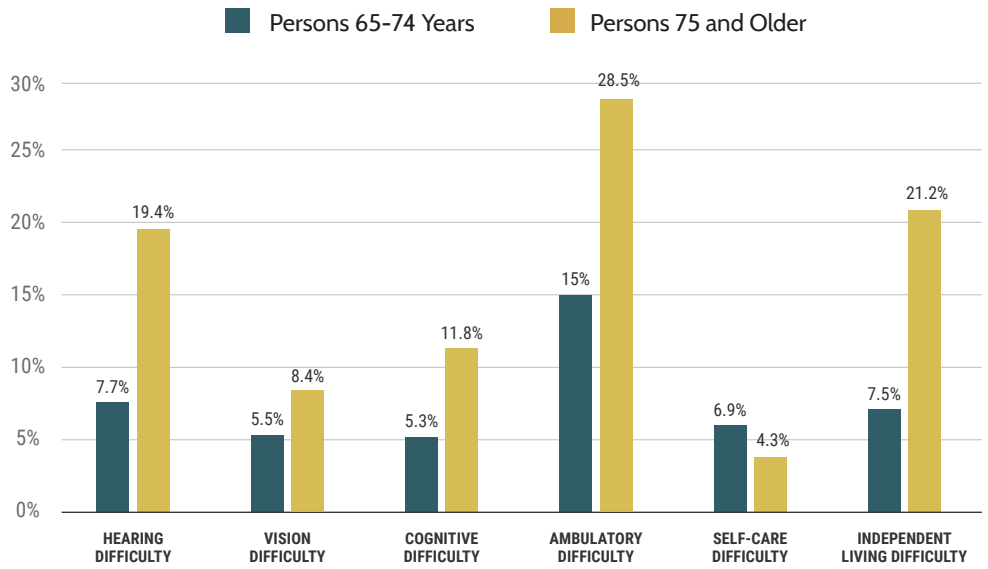
Percent of Persons 65 Years and Older with a Disability in South Carolina, by Disability Type



Source: American Community Survey, 2021 ACS 1-Year Estimates Subject Tables

GRAPH 4

Percent of Persons 65-74 Years and 75 and Older with a Disability in South Carolina, by Disability Type



Source: American Community Survey, 2021 ACS 1-Year Estimates Subject Tables

Socioeconomic Status

There is growing evidence that social isolation is more prevalent in older adults with low socioeconomic status (SES). Socioeconomic status (SES) is determined by a combination of social and economic factors like income, educational attainment, financial security and perceptions of social status/class. The Centers for Disease Control and Prevention (CDC) developed the Social Vulnerability Index to identify vulnerable communities, using factors identified in Figure 2. Below, map 1 illustrates the level of vulnerability across counties of South Carolina, based on an individual's socioeconomic status, according to the Socioeconomic Status elements of the Social Vulnerability Index. Graph 5 specifically identifies educational attainment, a factor used to determine SES.

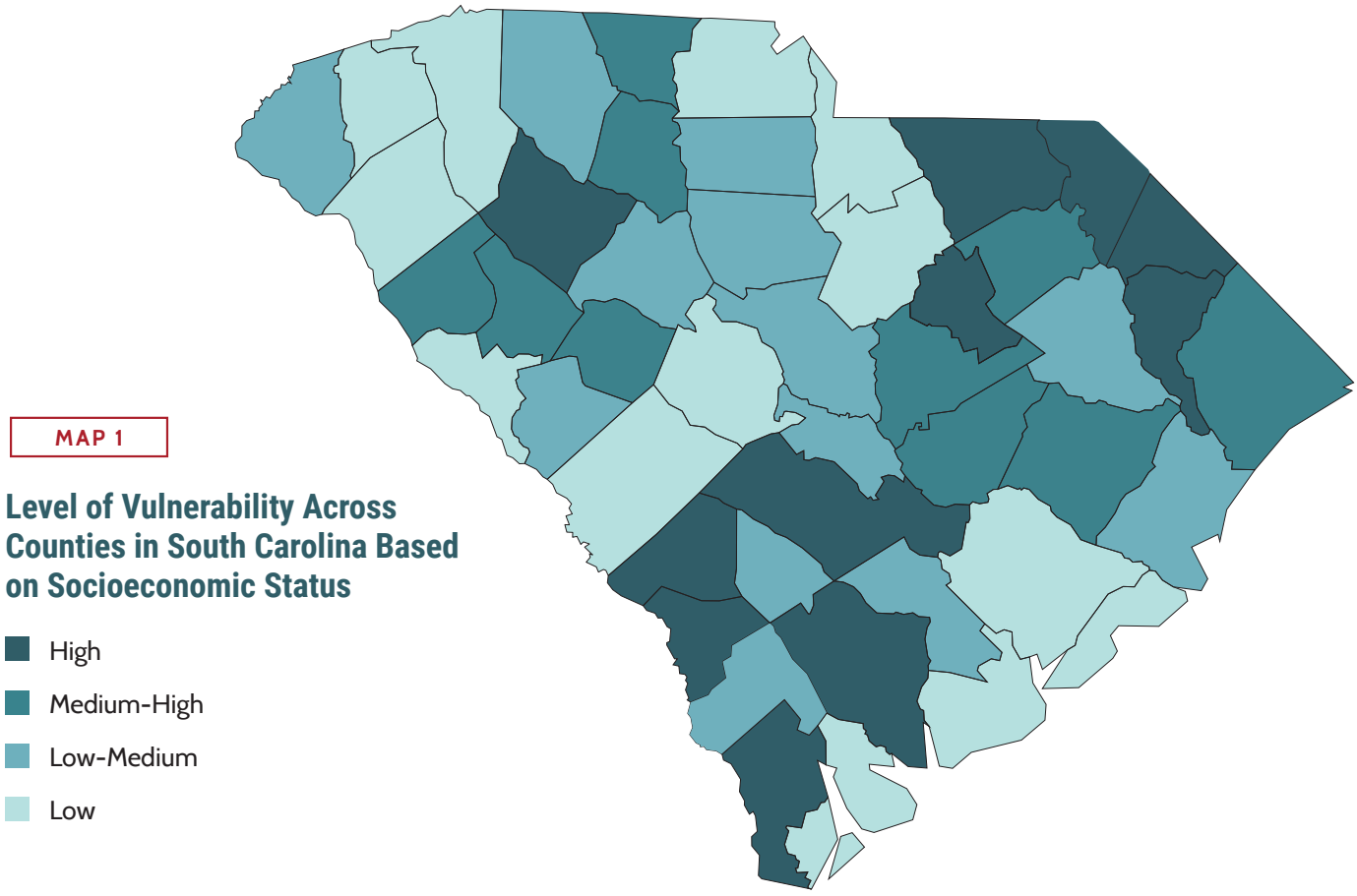
FIGURE 2

Social Vulnerability Index

Socioeconomic Status	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
• Below 150% poverty • Unemployed • Housing cost burden • No high school diploma • No health insurance	• Aged 65 and older • Aged 17 and younger • Civilian with a disability • Single-parent households • English language proficiency	• Hispanic or Latino (of any race) • Black or African American • Asian • American Indian or Alaska Native • Native Hawaiian or Pacific Islander • Two or more races • Other races	• Multi-unit structures • Mobile homes • Crowding • No vehicle • Group quarters

MAP 1

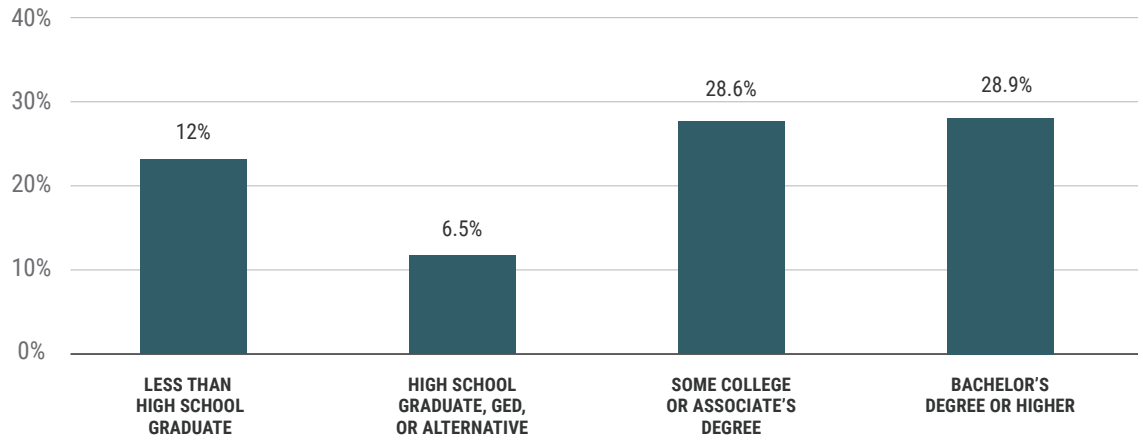
Level of Vulnerability Across Counties in South Carolina Based on Socioeconomic Status



Source: Agency for Toxic Substances and Disease Registry, CDC, Social Vulnerability Index Interactive Map, 2023

GRAPH 5

Educational Attainment of Persons 60 Years and Older in South Carolina



Source: American Community Survey, 2021 ACS 1-Year Estimates Subject Tables

Additional research is needed to better explain and understand the potential effects of socioeconomic status on social isolation in older adults.

Cultural and Language Barriers

Older adults who also identify as immigrants, 13.9% of the older adults in the U.S. in 2018, are more likely to experience social isolation than non-immigrants. Factors such as racism and discrimination based on race or ethnicity and separation from family and friends put older adult immigrants at higher risk of social isolation. Those with limited English-language proficiency may also struggle to connect with individuals outside of their family, leading to social isolation.

Traditionally Marginalized Groups

Overall, there is limited research on the impact of social isolation and loneliness on older adults from traditionally marginalized groups.

In the elderly population, some are at higher risk of social isolation and corresponding loneliness. These subpopulations include people living in rural areas, people from lower socioeconomic backgrounds, individuals with disabilities, first-generation immigrants and LGBTQ+ members. In other words, those from traditionally understudied and underrepresented groups often face barriers to health care and other needed resources.

It is estimated that by 2030, five million Americans over the age of 50 will identify as lesbian, gay, bisexual and/or transgender. This community has faced decades of discrimination and victimization, leaving individuals at greater risk for physical and mental illness as well as social isolation. There are other factors that compound this issue including the fact that members of the LGBTQ+ community are two times more likely to live alone and four times less likely to have children than their non-LGBTQ+ peers. It should also be noted that a significant portion of this generation was decimated by the AIDS epidemic, which dramatically decreased the size of the social network and associated connectedness.

Hispanic people represent the largest racial/ethnic minority group in the United States. Current research focused specifically on this group demonstrates that loneliness is associated with an increase in comorbid conditions, specifically metabolic and cardiovascular disorders, and social isolation is associated with a decline in physical health (including cognitive function). Furthermore, research found older immigrants are at risk for social isolation due to language barriers and a lack of social connections in their new country.

For individuals with low socioeconomic status, income is a major barrier to necessary resources. In fact, one study found that those with low income or living in poverty faced higher levels of isolation due to a lack of belonging within their communities. Typically, those living in urban areas had greater access to services than those living in rural settings. However, low-income status made even those living in highly populated areas with social engagement opportunities less likely to take part in those activities.

Finally, those living with disabilities are more likely than their non-disabled peers to report feeling lonely, disconnected from their community and socially isolated. These feelings are compounded for those living alone.

Factors Impacting Social Isolation

Alzheimer's and Dementia

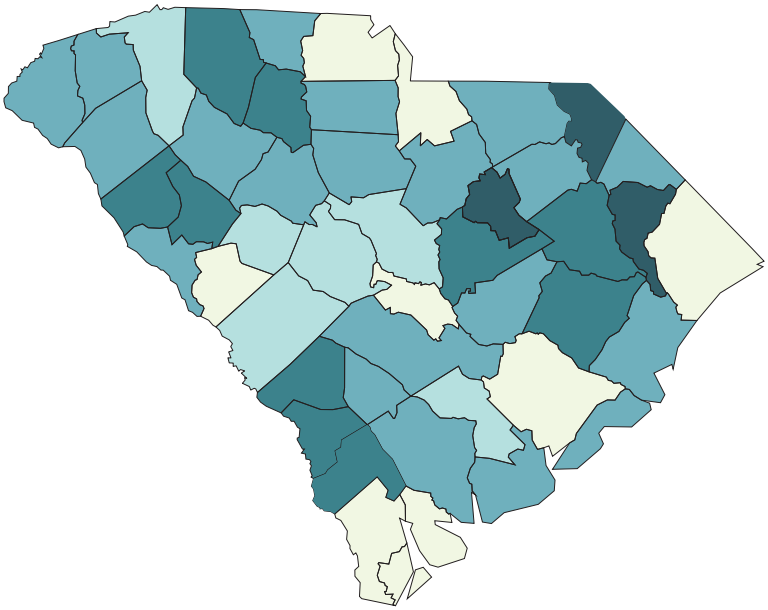
Social isolation has been associated with an approximately 50% increased risk of developing dementia. According to the Alzheimer's Association, 28.3% of individuals with memory problems lived alone in South Carolina in 2019. Older adults with dementia[d] may develop poor self-esteem as communication and interactions become more challenging. They may notice they lose their train of thought or cannot remember someone's name, leading to feelings of embarrassment. These factors, combined with a dementia diagnosis, can worsen social isolation.

A long-term study (2011-2020) conducted at the Johns Hopkins University School of Medicine reviewed data from the National Health and Aging Trends Study, representative of the U.S., to assess the association between social isolation and dementia.

- Of the 5,000+ adults, 23.3% were socially isolated and showed no signs of dementia at the start of the study.
- At the end of the study in 2020, 21% of the participants had developed dementia.
- The risk of developing dementia was 27% higher among socially isolated adults.

The risk of dementia in socially isolated individuals (1.28-fold increased risk) identified in the Johns Hopkins' study is consistent with findings from a study conducted in the UK, using Biobank data. Researchers followed a cohort of individuals for 11 years, completing MRI scans, memory tests and assessments of social contact. They concluded that social isolation was associated with a 1.26-fold increased risk of dementia. The socially isolated individuals also had lower brain volume in regions of the brain associated with learning and thinking.

Alzheimer's disease is the most common dementia diagnosis among older adults. It is the sixth leading cause of death in the U.S. overall and fourth leading cause of death in persons 65 years and older in South Carolina in 2020. Additional information on the impact of Alzheimer's in South Carolina can be found in Appendix A.



MAP 2

Percent of Population with Alzheimer's Disease or Related Dementia in South Carolina, 2017

- 7.0 - 7.2%
- 6.0 - 6.9%
- 5.0 - 5.9%
- 4.0 - 4.9%
- 2.9 - 3.9%

Source: 2021 Annual Report, South Carolina Alzheimer's Disease with data from SC Alzheimer's Disease Registry (2017) and Census Annual County Population Estimates (2017)

[d] Dementia is defined as the loss of cognitive functioning to an extent that it interferes with a person's daily life and activities.

According to the 2021 South Carolina Alzheimer's Disease Registry Report, based on the Registry data and 2017 population estimates from the United States Census:

- Alzheimer's disease and related dementias (ADRD) affect 11% of the population of South Carolina persons 65 years and older and 51% of those over age 85.
- African Americans are at a higher risk of an ADRD diagnosis than non-Hispanic whites.
  - » At ages 65 and older, for example, African American South Carolinians were 59% more likely to have ADRD than non-Hispanic whites.
  - » Older Hispanics are about one and one-half times as likely to have ADRD as older whites.

Dementia Dialogues® is a "nationally registered and evidence-informed, intervention program. This five-module training course is designed to educate community members and caregivers for persons who exhibit signs and symptoms of Alzheimer's disease and related dementias (ADRD)."
More information about Dementia Dialogues, through the Office for the Study of Aging at the Arnold School of Public Health, University of South Carolina, can be found in Appendix B.

As our older adult population continues to grow, it is imperative that South Carolina addresses potential risk factors, including social isolation, to protect brain health.

Behavioral Health

Loneliness and social isolation can significantly impact behavioral health. In fact, research suggests that ongoing social isolation can lead to increased depression, anxiety, sleep disturbance and increased fatigue, cognitive decline, and, in some cases, suicidal behaviors. These conditions have led to an increase in alcohol and drug use as a coping strategy among older adults.

Alcohol is the most commonly used substance among older adults and can lead to significant medical, psychiatric and functional problems. Due to its association with many chronic medical conditions, even minimal consumption can be unhealthy for members of this group. Further, suicide risk increases for those with depressive symptoms who use alcohol. Pharmaceutical interventions like naltrexone, coupled with behavioral intervention, can significantly reduce dependence on alcohol and suicide risk associated with it.

Statistics demonstrate that older adults are more likely than younger adults to be prescribed prescription painkillers like opioids and benzodiazepines due to chronic pain. For older adults, misuse of these prescription drugs can lead to psychiatric issues and misuse of other illicit substances. Understanding patterns of substance use disorder, as well as the physical and psychological health issues associated with social isolation and loneliness, is vital to managing older adults using prescription medication and preventing misuse.

The literature detailing the physical effects of social isolation and loneliness is extensive. However, the effects on mental and behavioral health, though not as thoroughly researched, are compelling; social connection is strongly correlated with cognitive and psychiatric well-being especially in later life. Living arrangements and social networks that increase perceived social support can help to moderate cognitive decline and improve mental health, especially for women. It should also be noted that individuals who are not married (i.e., divorced, widowed or never married) and those facing homelessness are at an increased risk for using negative coping mechanisms to deal with social isolation and loneliness.

Elder Abuse

Elder abuse is a global issue that affects millions of older adults and is largely preventable. Reports of elder abuse have increased since the onset of the COVID-19 pandemic. The Centers for Disease Control and Prevention (CDC) defines elder abuse as any intentional action or failure to act by a caregiver or another individual in a relationship with an expectation of trust that causes harm or creates risk of harm to an older adult. Elder abuse typically falls into five categories: physical abuse, psychological abuse, sexual abuse, material exploitation and/or neglect. Domestic violence or intimate partner violence (IPV) is another common form of violence that occurs between current and/or former romantic partners but is often connected to other forms of abuse. The CDC categorizes domestic violence in four ways: physical violence, sexual violence, stalking and psychological aggression. This kind of violence often starts at an early age and continues throughout a victim's life, resulting in a range of conditions (often chronic) affecting the cardiovascular, musculoskeletal, digestive, reproductive and nervous systems. Further, victims can experience mental health problems such as depression and Post Traumatic Stress Disorder, putting them at higher risk for engaging in behaviors such as smoking, binge drinking and risky sexual activity.

Researchers have established a correlation between elder abuse and social isolation. Although social isolation and quarantine protocols were necessary during the COVID-19 pandemic, they have put many people in dangerous situations at home. Individual risk factors for victims of elder abuse include poor physical health, functional dependence or disability, dementia or cognitive impairment, poor mental health and/or low-income/socioeconomic status. Globally, women are more likely to experience elder abuse than men, but the prevalence of violence is variable over the lifespan, affecting 20 to 30% of women over the age of 65. One study, focused on the prevalence of elder mistreatment in South Carolina, found that 12.9% of the sample (902 participants over the age of 60) reported emotional abuse, 2.1% reported physical abuse, 0.3% reported sexual abuse, 5.4% reported potential neglect and 6.6% reported financial exploitation by a family member.

Individual risk factors for becoming a perpetrator of elder abuse include mental illness, substance misuse and abuser dependency (abusers being dependent physically, emotionally and/or financially on their victims). Relationship types and cultural norms affect the potential for elder abuse. In the United States and European countries, the most common perpetrator of elder emotional and physical abuse is a spouse/partner, whereas in Asian countries the most common perpetrators of these mistreatment types are children and children-in-law.

In the last decade, 7.3% of U.S. adults between the ages of 65-74 and 6.5% of persons 75 years and older were victims of financial fraud. In addition to the billions of dollars lost annually to scams, indirect societal costs include paying for the care and support of elders who lost their life savings and the expense of investigating cases and prosecuting offenders. Researchers found that victims fall into two distinct categories: the first are high-SES, married adults while the second are low-SES, widowed females. Victims typically experience two kinds of fraud: bogus prize promotion or investment fraud. Social isolation, cognitive decline and stress related to life events exacerbates the risk of being the victim of this type of abuse. Family and friends are important to protecting older adults from victimization.

The literature from the United States and Canada suggests that specific racial/ethnic groups have divergent risk trends in relation to different types of elder abuse. Compared with the white population, African American older adults may be at increased risk of financial abuse and psychological abuse, while older Hispanic adults have shown lower risk of emotional abuse, financial abuse and neglect.

Higher levels of social support and greater embeddedness in a social network significantly lower the risk of elder abuse. Prevention strategies must be multifaceted and focus on caregiver support and intervention, and include money management programs, helplines, emergency shelters and multidisciplinary teams to help victims of violence get help and access needed resources.

Technology and Social Media

Older adults who live alone or in long-term care facilities, have lost their partner, who have fewer friends or have limited contact with family members are at an increased risk for social isolation and loneliness. One area of increasing interest in combating the effects of social isolation and loneliness is information and communication technologies (ICTs). For some older adults, the use of ICTs is considered significant in maintaining social connection and improving emotional wellbeing.

There is little research demonstrating the impact of various technologies on lessening the effects of social isolation and loneliness among older adults. However, the work that has been done demonstrates that technologies including general ICTs, video games, social network sites, robotics, Telecare and asynchronous support including peer support chat rooms, personal reminder information and social management systems can reduce social isolation for older adults. In one study, ICTs and videoconferencing demonstrated the best results in maintaining connectedness. Another study found that individuals over 50 who use the internet reported significantly less social isolation than non-users. On average, 31.4% of non-users reported high levels of social isolation, in comparison to 12.9% of internet users. The use of smart home systems and robotics (such as robotic pets) can help in detecting and addressing social isolation and loneliness.

Interventions must focus on e-inclusion of older adults to combat social isolation and loneliness. This includes access to affordable broadband internet services. As of 2021, 22 million older adults in the United States were unable to access the internet in their homes, leaving approximately 40% of older adults unable to access needed online services. Although the recent pandemic shed light on this service gap, connectivity issues have existed for over a decade. Research has demonstrated that individuals who are older, less educated, poor and African American or Hispanic were up to five times less likely to have access to online health information. Due to the current broadband infrastructure, there is a dramatic urban-rural divide. Older adults residing in rural areas are 1.6 times less likely to be able to access internet service in their homes than their urban-residing peers.

Additionally, even when broadband is available, it is often out of reach due to lack of affordability. In South Carolina, only half of residents can purchase broadband internet services for $60 per month or less (excluding promotions or government programs). In an effort to address internet affordability for older adults, broadband benefits that discount the monthly fees for qualifying households have gone into effect. But access and affordability are only two barriers to utilizing technology as a means of reducing social isolation and loneliness; older adults must be able to use it. For this reason, many community-based organizations have been providing training programs so that older adults not only know what is available to them and how to use it but feel comfortable doing so. This will also help to address concerns about privacy, fraud and data sharing that often come with using digital technology.

The Role of Faith Communities

According to Pew Research Center's 2014 Religious Landscape Study, 90% of adults in South Carolina believe in God and of those, 78% attend religious services at least a few times a year. The vast majority identify as Christian (78%). Of those, 66% are members of the Protestant faith (Evangelical, Mainline or Historically Black), 10% are Catholic and less than 4% are "other" Christian. In addition, there are approximately 3% that identify with a non-Christian faith (i.e. Jewish, Muslim, Buddhist, etc.). Although there has not been another iteration of the Religious Landscape Study, Pew Research Center has continued to monitor religious identification and participation over time. Since 2014, the U.S. has seen a significant decline (12%) in those who identify as Christian, which is reflected in church attendance, but also a sharp increase in those who describe themselves as agnostic, atheist or unaffiliated. However, the data shows that older adults (persons 60 years and older) are still firmly rooted in religious tradition.

Faith-based organizations in South Carolina are in a unique position to enhance the well-being and social-connectedness of their members. As adults retire and their social circle begins to shrink, they often turn to their faith communities, which research has demonstrated results in a significant decrease in social isolation and loneliness, especially when virtual activities are offered. This is especially relevant for older adults who view religion and faith as more significant than younger individuals and consider their faith-based community as an extended family. Several studies have indicated a positive association between involvement in religious institutions and enhanced social ties. Participation in faith-based activities reduces anxiety and depression, while increasing individual's feelings of hope, well-being and meaning of life.

In order for faith-based communities to fully meet the needs of older adults and combat social isolation and loneliness, they must be ready to engage the community and develop outreach programming. Faith leaders must be involved in identifying the needs of their members, leveraging partnerships with community organizations that provide resources to address those needs and developing intergenerational training and programming to their network of volunteers to ensure efforts are sustainable.

Gaps in Research and Future Considerations

The definitions of social isolation and loneliness are often used interchangeably, though they are two distinct concepts. The utilization of inaccurate terms has led to variability in how the concepts are measured, making it more of a challenge to determine the success of an intervention.

It is also important to note that social isolation and loneliness are often not significantly correlated. We need a "better understanding of how social isolation and loneliness are connected with each other and how they impact health." Without that foundational knowledge, researchers are unable to translate the insights into effective clinical and public health interventions.

The World Health Organization (WHO) and the United Nations (UN) have identified the decade from 2021 – 2030 as the UN Decade of Healthy Aging, focusing on "giving everyone the opportunity to add life to years, wherever they live." An area of focus for this initiative is social isolation and loneliness, including a priority around

identifying a framework for successful interventions, as 80% of social isolation interventions do not work. Initial findings from the gap analysis being conducted by the UN state that the LGBTQ+ population and persons 80 years and older are rarely populations of focus in research related to social isolation.

Interventions to address social isolation need to be customized to meet the needs of the target populations and the level of social isolation being experienced. Future research in this area should be focused on identifying what types of interventions work for whom, with a clear understanding of the degree of social isolation being experienced and other context for that specific population.

Recommendations, Background and Context

In October 2022, the South Carolina Institute of Medicine and Public Health (IMPH), in partnership with the South Carolina Department on Aging (SCDOA) launched the Social Isolation in Older Adults Taskforce. The Taskforce, comprised of stakeholders from across South Carolina, has collaboratively identified actionable, South Carolina-specific recommendations to address social isolation in older adults. The recommendations include a focus on the prevention of social isolation in older adults and interventions for older adults experiencing social isolation. The Taskforce members determined that it was important to focus on both strategies while developing the recommendations.

Programs to Promote Social Connection

Social isolation is costly and has a significant impact on the health of older adults. Social isolation in older adults has been linked to a 50% increased risk of dementia, 32% increased risk of stroke and 29% increased risk of heart disease. As our older adult population in South Carolina continues to grow, funding for programs specifically focused on fostering social connectedness needs to grow to meet the growing demand. This includes funding from foundations, philanthropies and funding appropriated by the South Carolina Legislature.

The South Carolina Legislature appropriates state funds to the South Carolina Department on Aging for Home and Community-Based Services to "be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home." As outlined in Part 1B SECTION 40 - L060 - DEPARTMENT ON AGING, specifically Section 40.5, the list of allowable services as defined in the Department on Aging State Plan includes group dining, home-delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, home chore, home modification, legal assistance and assessments.

To meet the needs of our growing, socially isolated older adult population, funding needs to be allocated to specifically foster opportunities for 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.
- 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 Home and Community Based Services (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.

CHAMPIONS	TIMELINE
Area Agencies on Aging, foundations, philanthropies, SC Legislature, South Carolina Department on Aging	6 months – ongoing

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According to South Carolina State Code, Section 59-111-320, persons 60 years and older may attend classes without payment of tuition.

> State-supported colleges and universities, and institutions under the jurisdiction of the State Board for Technical and Comprehensive Education, are authorized to permit legal residents of South Carolina who have attained the age of sixty to attend classes for credit or noncredit purposes on a space available basis without the required payment of tuition, if these persons meet admission and other standards deemed appropriate by the college, university, or institution.

These programs provide an opportunity for reducing social isolation and developing intergenerational connections. Intergenerational programs bring together different generations to learn from one another, foster new friendships and combat ageism. The opportunity to attend classes without payment of tuition comes with numerous barriers for older adults, ranging from differences across the higher education institution application and enrollment processes to limited, accessible parking on campus.

The Taskforce has agreed that it is important to identify the barriers to participation to identify strategies to increase access to and utilization of this opportunity for older adults in South Carolina.

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.

CHAMPIONS	TIMELINE
Clemson University (including Institute for Engaged Aging), Department of Education, SC State University, State Commission of Higher Education, State Board for Technical and Comprehensive Education, University of South Carolina	1-3 years

The South Carolina Department on Aging (SCDOA) sponsors the GetCareSC tool, an online resource that allows older adults, caregivers and adults with disabilities to search for resources in their area. This tool was launched in 2017 and allows individuals to search for available resources by zip code. Some of the service categories users can search for include education, health and transportation. To increase access to and utilization of programs to support social connectedness in older adults, it needs to be easy for older adults and their caregivers to identify related programming.

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.

The Aging Network includes, but is not limited to, the Administration on Aging within the Administration for Community Living (ACL), the South Carolina Department on Aging, Area Agencies on Aging (AAAs) and Local Aging Service Providers and Direct Services.

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.

CHAMPIONS	TIMELINE
Area Agencies on Aging, South Carolina Department on Aging	6 months – 1 year

Older adults may notice their social circles get smaller with age as they retire or experience the loss of friends and family. These risk factors are associated with higher levels of social isolation in older adults. Programs are in place to provide companions for older adults, help with activities of daily living and provide friendships for older adults.

One example of a companionship program is the AmeriCorps Seniors Senior Companionship Program. This AmeriCorps Program provides grants to organizations to engage low-income Americans 55 years and older in providing supportive, individualized services to help homebound and other older adults maintain their dignity and independence. In 2021, Seniors Companions in South Carolina provided independent living support to more than 180 individuals. This program provides an opportunity for social connectedness for both the AmeriCorps Senior Member and the older adult seeking a companion.

A member from the Patient Engagement Studio, based at the University of South Carolina School of Medicine in Greenville, shared that the end of their career due to retirement and exit from the workforce left them feeling like they had lost a limb. They had lost their sense of purpose, even though they felt they still had tremendous amounts of knowledge and skills to contribute back to society. This opportunity to volunteer, connect with another individual and feel a sense of purpose can help to mitigate some of the negative consequences older adults experience when they exit the workforce.

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.

CHAMPIONS	TIMELINE
Aging Service Providers, Area Agencies on Aging, community member volunteers, Neighbor to Neighbor, South Carolina Department on Aging, The FriendShip	1-3 years

There are many factors that can contribute to social isolation, including community design and systemic inequities. When designing public spaces, there need to be considerations for safety and accessibility for all patrons, including those with disabilities and mobility challenges. Fear of violence and/or discrimination in public spaces can limit opportunities for social connections, especially for an already vulnerable population of older adults.

Inclusive public spaces create an environment that promotes health and fosters social connections through parks, green spaces, gardens, libraries and community centers that strengthen a sense of community. For example, considerations should be made to include sensory gardens with plants that stimulate the senses as they can help to reduce agitation and improve quality of life for individuals with dementia.

The availability and accessibility of public spaces has the potential to bring people together. Considerations should also be made to include spaces designed for conversation in planning phases of new development projects. This could be something as simple as providing seating in a new park, with the dual purpose of creating a space for conversation or rest.

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.

CHAMPIONS

AARP, City and County Managers/Administrators, City and County Planners, public libraries, South Carolina Councils of Governments, South Carolina Department of Health and Environmental Control, South Carolina Department on Aging, state and local park and recreation centers

TIMELINE

Ongoing

There are numerous community-based interventions that could be adopted by organizations to reduce social isolation and strengthen community.

Intergenerational programs bring together individuals of different ages, creating opportunities for mutually beneficial interactions, awareness building of issues facing different generations and a more cohesive community. There is growing evidence that intergenerational programs can reduce social isolation, improve mental well-being, increase self-confidence in both generations and build a more cohesive community.

One intergenerational program, known as the Big and Mini program, offered "a promising approach with mutual benefits for participants." Young and older adults connected via a phone call on a weekly basis during the COVID-19 pandemic in an effort to help older adults cope with the social isolation they were experiencing. During the height of the COVID-19 pandemic, the South Carolina Department on Aging encouraged Aging Service Providers and other volunteers to participate in a similar program known as "Care Calls." From March 18th, 2020, to December 31st, 2021, over 850,000 Care Calls were completed. The script and resources, found in Appendix C, could be adapted and implemented as a youth-led intergenerational program.

Wofford College in Spartanburg, South Carolina, has implemented the *Intergenerational Connections* program, led by Dr. Kara L. Bopp. This program creates opportunities for college students to interact with local older adults throughout the semester, once or on a weekly basis. Students and local older adults formed strong positive relationships from the interactions that lead to decreases in ageism and increase in psychological well-being for both groups. A student, Marshall, who participated in the program in 2020 shared, "...With older adults, I actually didn't realize how much I need to respect their approach. They are seeing things from a completely different way than I would.", demonstrating the value intergenerational programs can have.

Emergency Management of Spartanburg has launched a free program called "Silver Checks" for residents who live alone and are homebound or would benefit from a welfare call. If a resident does not answer a call or text, a volunteer will conduct a welfare check to be sure the individual is okay. Spartanburg Emergency Management Director Robbie Swofford hopes older adults will know that there is someone out there who cares.

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, found in Appendix C.

CHAMPIONS

AARP, American Legions, Area Agencies on Aging, Boys & Girls Clubs, Clemson University, Elk Clubs, faith-based organizations, Furman University, Let's Walk, Lifelong Learning Institutes, nonprofit organizations, public libraries, Rotary Clubs, Rural Libraries Network, senior centers, University of South Carolina, Walk with a Doc, YMCAs, youth programs

TIMELINE

6 months - ongoing

The South Carolina Department on Aging (SCDOA) is seeking to reinstate the South Carolina Long Term Care Council to "identify future policy issues in long term care and may conduct research and demonstration activities related to these issues. Through close coordination of each member agency's planning efforts, including sharing necessary data and information, the council shall develop recommendations for a statewide service delivery system for all health-impaired elderly or disabled persons, regardless of the persons' resources or source of payment."

The reinstatement of the South Carolina Long Term Care Council, as outlined in Section 43-21-130 in South Carolina State Code, would convene key leaders including the Governor or his designee, the Director of the Department of Social Services, the Director of the Department of Health and Environmental Control, long term care consumers and others who have a vested interest in the reduction of social isolation and promotion of social connection of older adults across our state. The Council would ensure movement of key recommendations from

the soon-to-be-formed coalition focused on social isolation in older adults and provide traction for growth of social connectedness in our state.

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.

CHAMPIONS

AARP, South Carolina Department of Disabilities and Special Needs, South Carolina Department of Health and Environmental Control, South Carolina Department of Mental Health, South Carolina Department of Social Services, South Carolina Department of Veteran's Affairs, South Carolina Department on Aging, South Carolina Legislature

TIMELINE

1 year – ongoing

Data and Information Sharing

Taskforce members expressed the value of the current Social Isolation in Older Adults Taskforce and felt it was imperative to establish a coalition focused on social isolation in older adults to continue to lead the charge on various efforts to reduce social isolation in older adults. Taskforce members shared the establishment of this new coalition would provide members with an opportunity to evaluate progress of the recommendations in this report and identify new recommendations, strategies and partnerships to work toward reducing social isolation in older adults. Along with the recommendation is a non-exhaustive list of recommended responsibilities of this new Coalition.

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 as 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 in 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.

CHAMPIONS

AARP, Able South Carolina, Aging Service Providers, Area Agencies on Aging, Center for Community Health Alignment, Clemson University, Disability Rights of South Carolina, interfaith organizations, Legislative Study Committee on Aging, Lifelong Learning Institutes, local United Ways of South Carolina, older adults and older adult caregivers, Palmetto Care Connections, SC Thrive, South Carolina Department of Disabilities and Special Needs, South Carolina Department of Health and Environmental Control, South Carolina Department of Health and Human Services, South Carolina Department of Mental Health, South Carolina Department of Social Services, South Carolina Department of Veteran's Affairs, South Carolina Department on Aging, South Carolina Educational Television, South Carolina Hospital Association, South Carolina Medical Association, South Carolina Office of Rural Health, South Carolina Silver Hair Legislature, United Way of South Carolina, University of South Carolina

TIMELINE

Establish within 6 months – ongoing

Data-driven decision making involves using existing data or collecting new data to inform decision-making processes. It leads to a better understanding of the current situation by removing potential biases and assumptions that may be in place, providing transparency and creating new opportunities through identification of gaps that might currently exist.

In January 2021, the Centers for Medicare and Medicaid Services issued new guidance to state health offices to adopt strategies that address the social determinants of health (SDOH) in Medicaid and the Children's Health Insurance Program. This included the addition of seven Standardized Patient Assessment Data Elements (SPADEs) to the patient assessment tools related to demographic and SDOH data. The assessments now collect race, ethnicity, preferred language, health literacy, transportation and social isolation data. Similar SDOH assessments are being implemented at Prisma Health and Spartanburg Regional Healthcare System.

Organizations across the state have adopted practices to collect SDOH data to better understand the impact they have on health outcomes. Absolute Total Care, a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees, continues to evolve to meet the needs of their enrollees. They are currently working on setting up a social determinants of health team to better understand the non-medical factors impacting the health outcomes of their enrollees, define their population and capture a better understanding of strategies to leverage with various resources and referrals. More information on the efforts of Absolute Total Care can be found in Appendix D.

Leveraging existing data and identifying methods for new 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 South Carolina State Health Improvement Plan, the State's Master Plan on Aging and 5-year State Aging Plan.

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 South Carolina State Health Improvement Plan, the State's Master Plan on Aging and 5-year State Aging Plan.

CHAMPIONS

Alliance for a Healthier South Carolina, Center for Community Health Alignment, Clemson University, health systems, newly formed coalition focused on social isolation in older adults, SC Thrive, South Carolina Department of Health and Environmental Control , South Carolina Department on Aging, South Carolina Hospital Association, South Carolina Revenue and Fiscal Affairs Office, University of South Carolina

TIMELINE

1-3 years

Digital Literacy And Technology

During the COVID-19 pandemic, internet access emerged as a predictor of health outcomes. Access to the internet serves as a "gateway to information and services" and "should be a public utility" given the relationships that exists with internet access and health outcomes.

On February 21, 2023, Governor Henry McMaster and Congressman James E. Clyburn were joined by officials from the South Carolina Office of Regulatory Staff's (ORS) Broadband Office (SCBBO) and the South Carolina Department of Administration's (Admin) Digital Equity Office (SCDEO) to announce GetConnectedSC. The bi-partisan campaign is "designed to identify the areas of greatest need in our state, invest in broadband infrastructure to those areas and provide support services to make that transformation possible for every home, business and community organization in South Carolina." Part of this campaign includes community-listening sessions to understand the "barriers to internet adoption of unserved, underserved and underrepresented communities statewide."

> "We recognize having fiber cable does not improve your life unless you can afford the monthly service, have a working device and know how to use the technology," said Mike Shealy, director of Admin's newly formed South Carolina Digital Equity Office. "We are excited to work alongside elected officials, other state agencies, and local organizations to help people adopt and use high-speed internet service."

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.

CHAMPIONS

AARP, Carolina Connect, Clemson University, community partners, Digital Equity Collaborative initiated by the SC Office of Rural Healthe, Palmetto Care Connections, South Carolina Department of Administration, South Carolina Department on Aging, South Carolina Digital Equity Office of the South Carolina Department of Administration, South Carolina Office of Regulatory Staff, South Carolina Office of Rural Health, South Carolina residents, South Carolina Telehealth Alliance, University of South Carolina[e]

TIMELINE

1-3 years

[e] The Digital Equity Collaborative (DEC) foundation and partners work towards organizations and end-users having equitable opportunities for funding and access. The DEC recognizes a broad and emerging workforce which needs funding and recognition for educational pipeline efforts. These efforts impact economic develop of all areas and DEC ensures to include rural areas as an equal participant in the digital economy. Although DEC was initiated through the SC Office of Rural Health, it is energized by sharing the DEC platform with state-wide organization impacting communities.

For these reasons, it is important that as a champion for the recommendations in this report, the DEC supports with the understanding that the examples and entities listed are not the sole players in access and digital education, and their digital equity plans should be transparent. Furthermore, that if other organizations with similar quality capacities emerge, that they too will be included in collaborative and/or funding opportunities.

The Taskforce acknowledges that technology is not a solution to social isolation for all individuals, but technology can be a part of an intervention or program designed to reduce social isolation in older adults. Access to the internet can create opportunities for digital social connections when other methods of in-person connection are more of a challenge (i.e., for homebound adults).

It is important to acknowledge that are multiple barriers to participation in interventions and programs that leverage technology for older adults including lack of digital literacy, limited or no internet access and lack of digital devices. The Taskforce encourages South Carolina to recognize the importance of continued digital support for older adults by providing resources to support the development and continuation of a phone and online call program where older adults can reach out when technical difficulties arise. One Taskforce member shared, "It is one thing to get older adults to cross the digital divide to use technologies. However, it also takes resources to ensure that they can continue to use the technologies when technical difficulties arise."

Meals on Wheels in Greenville has launched a new initiative to connect with its clients socially and engage with them using virtual games, exercises and other activities. The initiative provides older adults with brief digital literacy training and a tablet, with a year of free cellular data, delivered right to their door. The tablet, known as Companion Charlie, is loaded with messaging programs, internet, games and other applications requested by the user. This initiative addresses the barriers listed above, while also keeping clients engaged with their family, friends and community. More information about the Companion Charlie initiative can be found in Appendix E.

Another emerging technology with virtual home assistants, such as Amazon Alexa or Google Assistant, have been "perceived by many older adult users as companions and improve social connectedness and reduce loneliness."

When interventions including technology are being implemented, considerations should also be made for vision and fine motor limitations older adults may experience. There is a need for further research to evaluate the effectiveness of how technology can be used to reduce social isolation as technological advancements continue to be made.

DLT2: As a state, South Carolina should invest in digital equity[f] 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.

https://www.lifelinesupport.org/

https://www.affordableconnectivity.gov/

[f] Per the National Digital Inclusion Alliance, digital equity is a condition in which all individuals and communities have the information technology capacity needed for full participation in our society, democracy and economy. Digital equity is necessary for civic and cultural participation, employment, lifelong learning and access to essential 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.

CHAMPIONS

AARP, Area Agencies on Aging, Center for Community Health Alignment (including Community Health Workers), community organizations, Digital Equity Collaborative initiated by the South Carolina Office of Rural Health with the understanding that additional organizations engaged in the Collaborative should be included as these efforts progress and evolve, GetConnectedSC, interfaith partners, Palmetto Care Connections, South Carolina Department of Health and Human Services, South Carolina Department on Aging, South Carolina Digital Equity Office of the South Carolina Department of Administration, South Carolina Legislature, South Carolina Telehealth Alliance

TIMELINE

1-3 years

Transportation Services

Many nonprofit organizations rely on volunteer drivers to transport and deliver services to older adults. South Carolina should develop a policy to ensure protections for volunteer drivers, including reducing insurance obstacles.

Lack of mobility directly affects patterns of social engagement by dictating access to resources and services. Access to transportation services that fit the needs of individuals in terms of accessibility, affordability, convenience and safety will inevitably increase their access to activities that will decrease their isolation.

In order for isolated older adults to utilize the non-virtual services that are currently available to them or might be made available in the future, they must have access to transportation to and from these services.

South Carolina does not have very robust public transportation options, especially in rural areas of the state. People who cannot drive themselves or don't have family they can rely on for transportation are at a distinct disadvantage when attempting to utilize services or seek care.

Some organizations and service providers use volunteers to provide transportation but encounter logistical issues such as liability in the event of an accident. Thirty-eight states currently have a cap on the amount of financial liability a volunteer driver can incur while driving their own vehicle on behalf of a nonprofit organization. This is a legislative intervention to eliminate a barrier on the use of volunteer drivers.

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

CHAMPIONS

AARP, Neighbor to Neighbor, organizations utilizing volunteers, South Carolina Department on Aging, South Carolina Legislature

TIMELINE

1-3 years

The South Carolina Department of Transportation (SCDOT) has funding earmarked for assisting older adults and people with disabilities with their transportation needs. In order for SCDOT to understand the particular needs of older adults in the state, especially those in rural areas without significant infrastructure, a statewide study to show how older adults are currently getting back and forth to their healthcare appointments and recreational activities is needed. The study would identify how funds earmarked for transportation services could increase access to transportation. It would also identify barriers to utilization of existing transportation and the difficulties faced by older adults and people with disabilities who would otherwise take advantage of such services. Such barriers might include infrequency of routes, physical inaccessibility, public safety issues, geographic impracticality and lack of reliability.

This study would provide a blueprint for SCDOT and organizations that provide or would like to provide transportation for older adults in South Carolina.

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.

CHAMPIONS

AARP, city planners, Neighbor to Neighbor, researchers, rideshare programs (Uber, Lyft), South Carolina Councils of Governments (SC COGs), South Carolina Department of Health and Environmental Control, South Carolina Department of Transportation, South Carolina Department on Aging, South Carolina Emergency Management Division, Transportation Association of South Carolina

TIMELINE

1-3 years

Conclusion

As our older adult population continues to grow, it is imperative that we address social isolation as a determinant of health and public health priority. The negative health outcomes our older adult population experiences due to social isolation can be reduced with policy, environmental and programmatic changes. The various champions identified in the recommendations of this report would benefit from more data on prevalence of social isolation in older adults, additional research on successful interventions and continued support from funders to implement programs and interventions to foster social connectedness.

The thoughtful and specific recommendations developed by the Social Isolation in Older Adults Taskforce will continue to be shared, promoted and evaluated after the end of the Taskforce as the new coalition focused on social isolation in older adults, which will be housed at the Office for the Study of Aging at the Arnold School of Public Health at the University of South Carolina, along with countless dedicated partners, continue to advance this work.

Appendices

Appendix A: South Carolina 2023 Alzheimer's Statistics

SOUTH CAROLINA

2023 ALZHEIMER'S STATISTICS

PREVALENCE

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR	TOTAL
2020	95,000
2025	120,000

ESTIMATED % INCREASE

26.3%

WORKFORCE

66 # OF GERIATRICIANS IN 2021

336.4% INCREASE NEEDED TO MEET DEMAND IN 2050

31,750 # OF HOME HEALTH AND PERSONAL CARE AIDES IN 2020

31.8% INCREASE NEEDED TO MEET DEMAND IN 2030

CAREGIVING

UNPAID CAREGIVERS (2022)

216,000 # OF CAREGIVERS

355,000,000 TOTAL HOURS OF UNPAID CARE

$5,465,000,000 TOTAL VALUE OF UNPAID CARE

CAREGIVER HEALTH (2021)

60.6% OF CAREGIVERS WITH CHRONIC HEALTH CONDITIONS

31.0% OF CAREGIVERS WITH DEPRESSION

15.2% OF CAREGIVERS IN POOR PHYSICAL HEALTH

HEALTH CARE

HOSPICE (2017)

6,038 # OF PEOPLE IN HOSPICE WITH A PRIMARY DIAGNOSIS OF DEMENTIA

20% HOSPICE RESIDENTS WITH A PRIMARY DIAGNOSIS OF DEMENTIA

HOSPITALS (2018)

1,558 # OF EMERGENCY DEPARTMENT VISITS PER 1,000 PEOPLE WITH DEMENTIA

21.7% DEMENTIA PATIENT HOSPITAL READMISSION RATE

MEDICAID

$652M MEDICAID COSTS OF CARING FOR PEOPLE WITH ALZHEIMER'S (2020)

25.4% PROJECTED CHANGE IN COSTS FROM 2020 TO 2025

MEDICARE

$26,789 PER CAPITA MEDICARE SPENDING ON PEOPLE WITH DEMENTIA (IN 2022 DOLLARS)

MORTALITY

OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

2,323

165.8% INCREASE IN ALZHEIMER'S DEATHS 2000-2019

AIM® ALZHEIMER'S IMPACT MOVEMENT

ALZHEIMER'S ASSOCIATION®

*More than **6 million Americans** are living with Alzheimer's, and over **11.5 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$345 billion** in 2023, increasing to nearly **$1 trillion** (in today's dollars) by mid-century.*

For more information, view the ***2023 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

Appendix B: University of South Carolina Arnold School of Public Health Dementia Dialogues®

MODULE TOPICS

01 The Basic Facts: An Overview of Alzheimer's Disease and Related Dementias

02 Keep the Dialogue Going: Strategies for Effective Communication

03 It's a Different World: Understanding the Impact of the Environment & Ways to Promote Independence

04 It's Nothing Personal: Addressing Challenging Behaviors

05 Now What Do We Do? Creative Problem Solving

SCHEDULE A TRAINING.

CONTACT US:

Office for the Study of Aging
Discovery Building
915 Greene Street, Room 529
Columbia, SC 29208

Email: OSA@sc.edu
Website: osa-sc.org
Phone: 803-777-5334

UNIVERSITY OF South Carolina

Dementia Dialogues®

Millions of Americans are living with Alzheimer's disease and related dementias.

Learn how you can help.

UNIVERSITY OF South Carolina
Arnold School of Public Health

The Office for the Study of Aging is home to the Alzheimer's Disease Registry, a comprehensive statewide registry of South Carolina residents diagnosed with Alzheimer's disease and related dementias (ADRD).

BECOME A DEMENTIA DIALOGUES® SPECIALIST

Individuals who attend and complete all 5 modules of the training course will be awarded a Certificate of Completion.

Since 2001, over **21,000** individuals have been trained in at least one module and over **10,000** individuals have completed the entire course.

WHAT IS DEMENTIA DIALOGUES®?

Dementia Dialogues® is a nationally registered and evidence-informed, intervention program. This 5-moduole training course is designed to educate community members and caregivers (formal or information) for persons who exhibit signs and symptoms of Alzheimer's disease and related dementias (ADRD).

Training is offered and hosted throughout the nation by Certified Dementia Dialogues® Instructors.

Contact the Office for the Study of Aging to schedule a training for your organization or community.

HOW MUCH DOES IT COST?

Dementia Dialogues® is provided at **NO COST** to participants through the Office for the Study of Aging at the Arnold School of Public Health, University of South Carolina and through funding from the South Carolina Department of Health and Human Services.

WHO SHOULD ATTEND?

- Caregivers
- Families
- Social Workers
- Nurses
- Counselors
- Volunteers
- Clergy
- Certified Nursing Assistants
- Personal Care Assistants
- Medical Professionals
- Activity Directors
- Public Health Professionals
- Emergency Responders
- **Anyone who is interested**

CONTINUING EDUCATION

Continuing education (or CEUs) hours vary by state and type. Contact the Office for the Study of Aging for information on approved CEUs in your state.

WANT TO BECOME A DEMENTIA DIALOGUES® INSTRUCTOR?

If you want to raise awareness about dementia and help caregivers of loved ones with dementia, consider becoming a Certified Dementia Dialogues® Instructor.

Visit the program webpage to learn more about this opportunity and how to apply.

Office for the Study of Aging
Arnold School of Public Health
UNIVERSITY OF SOUTH CAROLINA

osa-sc.org

S.C. SENIOR CARE CALLS

South Carolina
DEPARTMENT ON AGING

MARCH 24

S.C. Department on Aging

S.C. Senior Care Calls

A response to social isolation among seniors during the COVID-19 Crisis.

S.C. Care Calls is an answer to helping seniors in S.C. fight social isolation. Weekly, bi-weekly, or even daily calls from staff, volunteers, or members of the faith-based community will serve as an outreach to vulnerable seniors. The guidelines included are intended to provide a starting point or blueprint for a multitude of agencies and organizations.

Appendix C: South Carolina Department on Aging
S.C. Senior Care Calls (cont.)

The S.C. Department on Aging recognizes the need for seniors to remain connected during the COVID-19 Crisis. We will providing guidelines to address social isolation and provide wellness calls to seniors. While many providers across the state have been making these calls since the beginning of the crisis, we will now also be including the use of volunteers, faith communities, and other civic organizations.

It is our hope to not only provide connection for seniors already in the network, but also to reach out to seniors who may now be isolated due to current circumstances.
As local currently contracted providers make calls to seniors, they can identify seniors who are "at risk" for social isolation and in need of further contact. This can be completed by either professional judgement and/or use of the Lubben Social Network Scale (LSNS-6). These identified seniors will then be sent to the local AAA or disbursed within the agency to make more frequent connections with the seniors. Providers will be reimbursed for these calls at the rate of 1 call per senior per week either through IIID funds or IIIB as it is allowed by ACL during the time of a declared disaster. The calls in which reimbursement is approved will be only those in which the local currently contracted service providers use their paid staff.

Local providers, AAAs, as well as the SCDOA have volunteers who are willing to help seniors. These phone calls are a way to connect seniors with a volunteer while still practicing safe social distancing. If a senior is identified "at risk," providers will refer them back if they do not have a volunteer base to cover the need. Seniors will be paired with a volunteer who will make a wellness call at least once a week.

Faith-based organizations have a strong connection to their senior population. Many have expressed an interest in conducting wellness calls as a way to help their home-bound seniors. This packet will also be available for those organizations as a blueprint to develop their wellness calls program. They may develop their program to fit individual organizational needs.

Call Questionnaire

We recommend developing a call questionnaire form that your staff or volunteers will use when conducting their phone calls to the senior. An example call questionnaire is included in this document as Attachment 1.

Tip #1: Only ask about needs you can respond to. If you ask if the participant has all the medications they need and they respond no, what comes after their response?

Tip #2: Think about questions specific to your organization. For example, if you are a religious organization, you may want to ask if the participant has any prayer requests. If your organization has volunteers willing to assist with household task such as grocery pick-up or assistance with yard maintenance, add this to your questionnaire.

Tip #3: Use this time to inform the participant of any important information. If you know of an upcoming tele-event or online support group the participant may be interested in, use the time on the phone to share that information.

***Making the Call**. See Attachment #1. This is designed as a starting point for conversation with seniors. You may add more questions to this, but be careful to only ask about needs you or your organization are prepared to respond to.*

Appendix C: South Carolina Department on Aging
S.C. Senior Care Calls (cont.)

***The Wellness Check**: This can be found as Attachment 1 to this document. After the wellness check has been completed there must be follow up to include the Lubben Scale Questions.*

***The Lubben Scale:** This can be found as Attachment 2 to this document. The Lubben Scale is a validated instrument designed the gauge social isolation. This scale will need to be completed in its' entirety. This will validate a senior who is at high risk for social isolation. All AAAs must capture this data and keep documents on file and must provide documentation upon request by SCDOA. Send the completed questionnaires to jbrewton@aging.sc.gov*

***Do Not Call:** Some seniors may prefer not to be called at all. If a senior is identified as not wishing to be contacted for the purpose of a wellness call, please identify them as such so no other employee or volunteer will attempt to make a wellness call.*

***Postcards:** We suggest that any agency utilizing the SC Senior Care Calls send postcards to identified seniors as a way they can reach out to you.*

Attachment 1

Wellness Check

Date of Call_____
Older Adult Name:

_____
Older Adult Phone Number:

_____
Good morning/afternoon Ms./Mr. _____, this is _____, I am a (Volunteer/Employee at X/Church member at X). I am calling to check on you today.
1-How are you feeling today?
2-Who have you spoken with today? How often do you talk with family/friend?
3-Are you able to get groceries/ Medications? If not, who helps you with this?
4-Do you have access to the internet? If so, can I provide you a website that has information find helpful? Great, that address is aging.sc.gov
I would like you to write down these numbers to ask for help. (Provide numbers your organization can respond to)

I have truly enjoyed talking with you today. Would it be ok if I, or another volunteer called you again next week/later in the week?

Caller Name/Affiliation:

_____
If Volunteer- Phone Number:

_____
Feedback/Concerns/Observations during call: _____

South Carolina
DEPARTMENT ON AGING

Attachment 2

Appendix C: South Carolina Department on Aging
S.C. Senior Care Calls (cont.)

Lubben Social Network Scale (LSNS-6)

The LSNS-6 is a validated instrument designed to gauge social isolation in older adults by measuring the number and frequency of social contacts with friends and family members and the perceived social support received from these sources. Please complete the form for each individual.

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc.

1. How many relatives do you see or hear from at least once a month? __ none __one __ two __three or four __ five thru eight __nine or more

2. How many relatives do you feel at ease with that you can talk about private matters? __none __one __ two __ three or four __five thru eight __nine or more

3. How many relatives do you feel close to such that you could call on them for help? __ none __ one __two __three or four __ five thru eight __ nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month? __none __one __two __three or four __five thru eight __ nine or more

5. How many friends do you feel at ease with that you can talk about private matters? __ none __ one __ two __three or four __five thru eight __ nine or more

6. How many friends do you feel close to such that you could call on them for help? __none __one __two __ three or four __ five thru eight __nine or more

To score responses and interpret the results: The LSNS-6 total score is an equally weighted sum of these six items. Each LSNS-6 question is scored from 0 to 5 and the total score ranges from 0 to 30. The answers are scored: none = 0, one = 1, two = 2, three or four = 3, five thru eight = 4, nine or more = 5. A score of 12 and lower delineates “at-risk” for social isolation.

Source: J. Lubben, E. Blozik, G. Gillmann, S. Iliffe, W. R. Von Kruse, J. C. Beck and A. E. Stuck, Gerontologist 2006, 46, 503-513

Appendix D: Absolute Total Care – Prioritizing Data Driven Decision-Making to Improve Quality of Care

> "It is a priority for leadership at Absolute Total Care to establish a social determinants of health team, leveraging currently available data to better support enrollees."
>
> - Lee Jernigan, Director, Case Management at Absolute Total Care

Absolute Total Care, a Medicare-Medicaid Plan, is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees. The goal of Absolute Total Care is to improve the patient experience in accessing care and to improve the quality of health care. Absolute Total Care is data rich and focused on leveraging the data and using analytics to better understand their population's needs and identify additional resources.

Upon enrollment, the South Carolina Comprehensive Assessment, a requirement for all Medicare-Medicaid Plans (MMP), is administered to enrollees. The assessment includes multiple tools to help identify enrollees who are potentially socially isolated. This includes the Lawton-Brody Instrumental Activities of Daily Living Scale (IADL) to assess independence and community involvement, a communication assessment to test for hearing and vision conditions that may impact social interactions, testing for independence and the Patient Health Questionnaire. The South Carolina Comprehensive Assessment also includes the PHQ9 Geriatric Depression screener, caregiver assessments to evaluate caregiver stress levels, substance use assessments to identify substance use disorder and other coping skills and the Elder Abuse Suspicion Index to evaluate potential abuse or isolation related to abuse. During the intake process, the enrollee will also be placed with a Care Coordinator. The Care Coordinator may accompany the enrollee to appointments and plays a valuable role as being another social connection for the enrollee.

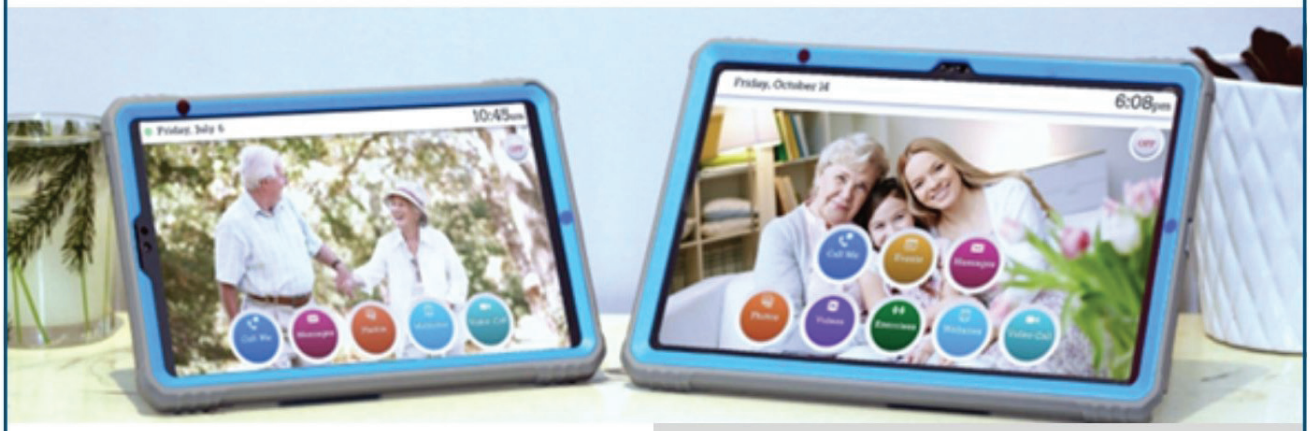
If an individual is observed to be socially isolated through the various health assessments or during a home visit communicates that they are socially isolated, the first step is a community long-term care referral. Their Care Coordinator will also utilize additional tools like FindHelp.org to identify available community resources. The Care Coordinator may also help to identify support groups in the area or make a referral for companion care. Referrals for companion care go to state partners via Phoenix in Community Long Term Care (CLTC). Their team then evaluates the referral and develops a service plan in conjunction with the member and their Care Coordinator. The Care Coordinator may also place a referral to an in-house behavioral health team for evaluation and input. Absolute Total Care continues to evolve to meet the needs of their enrollees. They are currently working on setting up a social determinants of health team to better understand the non-medical factors impacting the health outcomes of their enrollees, define their population and capture a better understanding of what can be done with various resources and referrals.

For 2023, Absolute Total Care has also placed social isolation on its roadmap for exploration with the company Pyx. Pyx is a case management vendor focused on social isolation. Current Care Coordinators will be able to make referrals to Pyx, opening an opportunity for a deeper dive into understanding the needs of their enrollees and developing targeted outreach to meet their needs.

These efforts demonstrate the value of identifying social isolation and making appropriate referrals to connect enrollees with resources to support their health outcomes.

Appendix E: Companion Charlie Tablet Program

COMPANION CHARLIE TABLET PROGRAM



WHAT IS IT?

Meals on Wheels Companion Charlie program uses technology to improve the lives of clients at home by connecting them with friends, family and volunteers. The client is provided a companion tablet for one year, free of charge. The tablet allows the client to receive daily engagement through pictures, videos and messages from Meals on Wheels and client's family and friends.

CLIENT

TESTIMONIAL

"The tablet has been a godsend. I spend a lot of time alone, especially since I have been sick. It gives me other things to concentrate on. Thank you so much for the opportunity to use the tablet."

MONICA B.
Meals on Wheels of Greenville client

COMMUNICATION

Email & text messaging
Video calling
Photo album
Calendar reminders
Call me function

ENTERTAINMENT

Games
Videos
News
Websites
Weather

WELLNESS

Exercises
Check-ins
Wellness surveys
Alerts
Medication reminders

15 Oregon St. Greenville, SC 29605 | 864.233.6565 | www.MealsonWheelsGreenville.org

2022 CLARIS COMPANION CHARLIE STATISTICS

CLIENT DATA

- May 4, 2022 - we took our first tablet out to Client Lucien Bergeron.
- Between May 4 – December 31, we have distributed 42 tablets.
- 36 Claris Companion Charlie Tablets are active with clients.
- 14 Claris Companion Charlie Tablets have been returned due to the following:
  - Health related issues or death, lack of engagement or clients returned them.

CLIENT DEMOGRAPHICS

- Age Range: 51 - 91
- Gender: Female 25 and Male 11
- Race: African American - 14, White - 20 and Other - 2
- Veterans: 6
- Clients by Funding: 10 ACOG and 26 Donation

CLIENT ENGAGEMENT AND INSIGHTS

• Sent over 250 general engagements out including: Motivation Monday, Good News Tuesday, Throwback Thursday, Friday Trivia, Sunday Menu and staff pictures

• In September, Client Services team started sending out Nutrition News and Birthday Messaging

• Insights - 27,458 total interactions, includes: web browsing, games played, messages sent and received, exercises, surveys taken, and event reminders

• What We've Learned: Clients love YouTube with over 1,618 views, followed by Google, News, and the Bible

CLIENT STORIES

• We have a mother and daughter who are clients, but don't have the ability to see each other. They both have tablets and stay connected to each other through them. Both are very engaged with staff as well.

• We also had two sisters utilizing the tablets. One passed away; the other sister has continued to use it, and engage with staff and other family members.

• We had a client not utilizing their tablet. Her MOWGVL client manager reached; received no response, which made her reach out to emergency contacts. From there, we discovered she had been in the hospital and was recovering at a rehab center. Having this connection through the tablet helped us see the issue and act faster, especially with family members.

LOOKING AHEAD TO 2023

• Staff and Volunteer engagement level with smaller groups of Claris Companion Charlie Tablet clients will be rolled out by the end of the year.

• Create a quick one-pager to give perspective Claris Companion Charlie Tablet clients and their families to help them better understand the tablet and features.

• Schedule Zoom meetings between Claris Companion Charlie Tablet clients for social interaction.

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