

October 2021

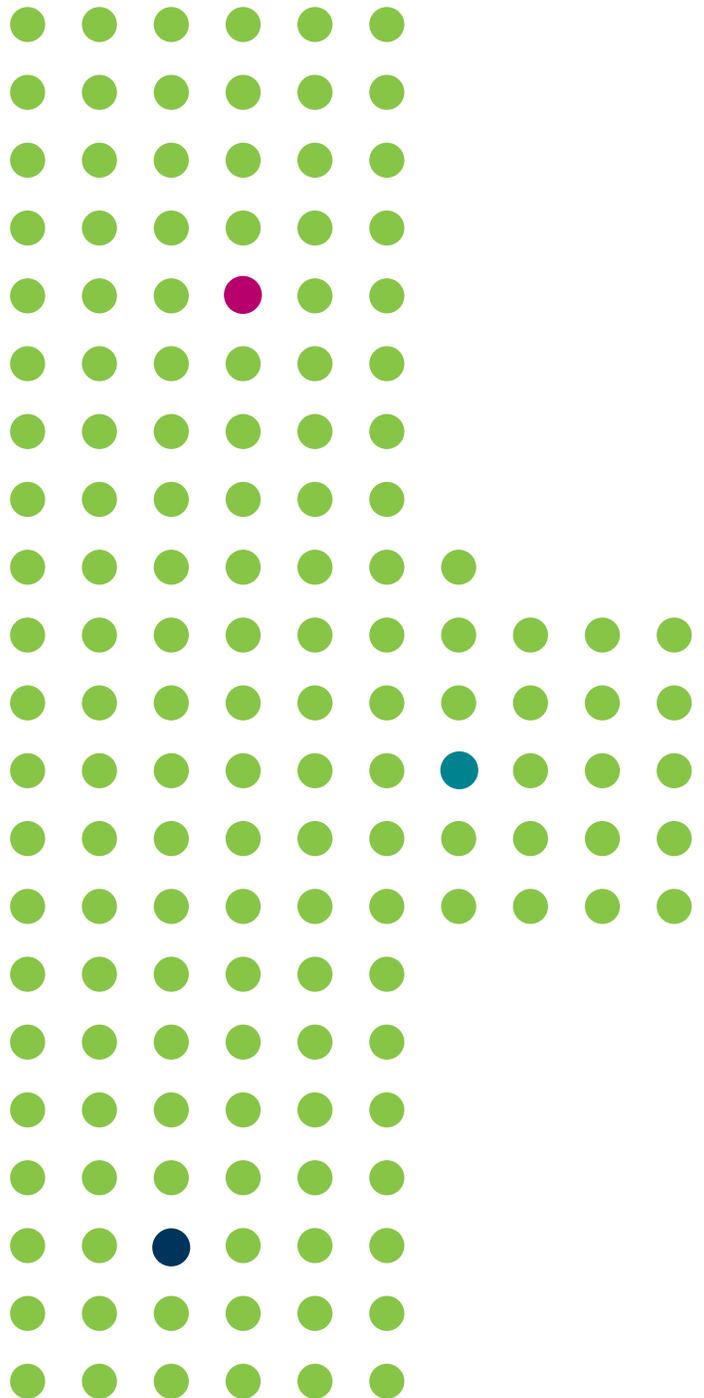
Loneliness and Social Isolation Social Determinants of Health Issue Brief

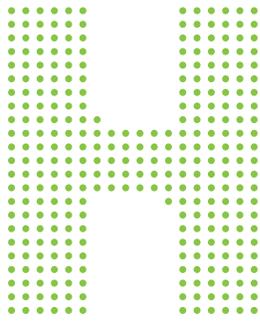
BOLD GOAL
POPULATION HEALTH STRATEGY

This brief intends to increase knowledge and inform our stakeholders of opportunities to address social determinants of health, a core function of Humana's Bold Goal, Population Health Strategy. Our Bold Goal is dedicated to improving the health of the people and communities we serve by making it easier for everyone to achieve their best health.

Humana

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Loneliness During and After “Social Distancing”

Although previously identified as critical social determinants of health (SDOH), loneliness and isolation were elevated and amplified during the pandemic by necessary public health precautions such as “social distancing” and mask-wearing. Some studies found an initial increase in perceived social and emotional support, yet as the pandemic wore on month-over-month, likely no person in the United States was spared their impact. According to a survey conducted by the AARP Foundation in August 2020, two-thirds of adults aged 18 and older experienced social isolation during the pandemic, while about the same amount reported that a loved one had experienced social isolation. In addition, an analysis of data from the Medicare Current Beneficiary Survey found that “more than one-third of Medicare beneficiaries reported feeling less socially connected to friends and family since the start of the COVID-19 pandemic.” These feelings were particularly prevalent among beneficiaries who were women, had a history of cancer or depression and practiced more social distancing measures.

Loneliness

Is subjectively feeling alone. It is the discrepancy between one’s desired level and one’s actual level of connection.

Social isolation

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

Social support

Is the actual or perceived availability of tangible, emotional or informational resources from others.

Source: [The Gravity Project](#)

The following brief provides an update on industry-wide efforts to address loneliness and social isolation. It also highlights research on interventions and health impact and includes considerations for areas of exploration.



By the Numbers

6.7
BILLION

Annual additional Original Medicare fee-for-service **spending** on older adults who are socially isolated.

62%

Of working women with children feel lonely and isolated sometimes or always, according to a pre-pandemic survey of **employee well-being**. Women overall expressed higher levels of loneliness than men.

91%

Higher risk for **dementia** later in life for people who were “persistently lonely” between the ages of 45 and 64.

“

Older adults experiencing loneliness are more likely to use sleep medications, antidepressants, benzodiazepines and pain medications, putting them at risk for cognitive impairment, accidents and drug dependency, according to a nationally representative study of community-dwelling seniors.

”

Political and Regulatory Landscape

Even before the pandemic, policymakers at all levels of government recognized the threat of loneliness and social isolation to population health, particularly with the growing senior population in the U.S. Several pieces of legislation have been introduced in the 117th Congress to tackle many facets of the crisis. For example, to meet the immediate need of addressing loneliness amongst older adults during the coronavirus pandemic, Senators Tina Smith (D-MN) and Kirsten Gillibrand (D-NY) introduced the **Strengthening Social Connections Act**, S. 410, which would provide emergency supplemental funding to programs that address loneliness as well as the adverse health effects of social isolation.

Members of the House of Representatives and Senate reintroduced the **Improving Social Determinants of Health Act of 2021**, H.R. 379/S. 104, recognizing that more research and innovation are needed for understanding and addressing loneliness and other social health needs. This legislation would create a new SDOH program at the U.S. Centers for Disease Control and Prevention (CDC) to provide grants and technical guidance to empower public health departments and community organizations to lead efforts to build integrated systems that research and address the social factors that negatively impact health.



Finally, a number of bills have been introduced to expand broadband infrastructure to close the digital divide and ensure people in the U.S., particularly those in rural and low-income households in unserved and underserved communities, have internet connectivity to learn and work from home, access telehealth services and stay connected to loved ones. For example, the [Accessible, Affordable Internet for All Act](#), H.R. 1783/S. 745, would invest billions of dollars in expanding infrastructure and ensuring equitable access and adoption. For more information about access to broadband internet as an SDOH and steps taken by the federal government and Humana to expand access during the pandemic, please see the April 2021 [Access to Healthcare Issue Brief](#).

Federal health agencies have also expanded their programs targeting loneliness, mental health and well-being. These include:



CDC’s [How Right Now](#) campaign offers inspiration and resources “to promote and strengthen the emotional well-being and resiliency of populations adversely affected by COVID-19–related stress, grief and loss,” including resources from the CDC and its partners on [loneliness](#).



The Administration for Community Living’s [Commit to Connect](#) campaign is a public-private partnership to build a nationwide network of solutions and an online, consumer-facing [clearinghouse](#) of resources that can help people who are socially isolated connect and engage.

In addition, in March 2021, Dr. Vivek H. Murthy was confirmed by the U.S. Senate to serve as the 21st Surgeon General of the United States, his second time in that role. Dr. Murthy has long spoken of the growing threat of stress and loneliness to Americans’ physical and mental well-being. He is the author of a book on this issue, *Together: The Healing Power of Human Connection in a Sometimes Lonely World*. In returning to the role of the “Nation’s Doctor” during a public – and social – health emergency, Dr. Murthy has further opportunity to raise awareness of and combat loneliness and social isolation.

Medical Coding for Loneliness and Social Isolation

Clinicians can document SDOH in a patient’s medical records in an interoperable format using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis and other types of medical codes, particularly the “z-codes” (Z55-Z65) that identify patients with socioeconomic and/or psychosocial circumstances that may affect their health.

DIAGNOSIS	ICD-10-CM CODE	DESCRIPTION
Social Isolation	Z60.2	Problems related to living alone
Loneliness	Z60.4	Social Exclusion and Rejection
Inadequate Social Support	Z60.8	Other problems related to social environment
Inadequate Social Support	Z63.8	Other specified problems related to primary support group
Loneliness	Z65.9	Problems related to unspecified psychosocial circumstances
Social Isolation	Z91.89	Other specified personal risk factors, not elsewhere classified

For more information, please see Humana’s [SDOH Provider Coding Guide](#).



Many states have established resources to help their residents maintain social connections during the coronavirus pandemic. These include a “friendly caller” program introduced by the [Ohio Department of Medicaid](#) to reduce loneliness among residents in long-term care facilities. During the 2020 holiday season, the state’s five Medicaid managed care organizations and the Area Agencies on Aging worked together to pair residents with volunteers for 30-minute informal calls twice a week. Several [states](#) launched or expanded emotional support hotlines, such as Illinois, Michigan, New York and Texas. Others leveraged digital technology to connect people to one another. For example, [California](#) created a Neighbor-to-Neighbor campaign to encourage Californians to communicate with and check in on vulnerable neighbors using the Nextdoor application. [Florida](#) and [New Mexico](#) both provided tablets to residents in Assisted Living Facilities and nursing homes to help them connect with loved ones. Additionally, Florida delivered [robotic pets](#) to socially isolated seniors and adults living with Alzheimer’s and dementia.

Coalition to End Social Isolation and Loneliness



Humana is a member of the [Coalition to End Social Isolation and Loneliness](#), which works to engage diverse stakeholders, increase public awareness, promote innovative research and advocate for policy change that combats the adverse consequences of social isolation and loneliness for all Americans. One of the Coalition’s recent significant accomplishments is establishing the [Foundation for Social Connection](#) to spur the development and implementation of evidence-based models for addressing social isolation and loneliness. The Foundation has collaborated with Social Health Labs to launch a thought leadership series – Connect+Conversations – to answer the question: “How can we make society less lonely?”

Humana’s contributions include co-chairing the Coalition’s communications committee to advance our collective vision for “all Americans to have the opportunities and supports necessary to be socially engaged in society.” In this role, Humana also helps to lead the [Action Forum](#). This annual conference brings together member organizations and stakeholders from around the world to raise the visibility of the crisis of social isolation and loneliness, identify key innovations, promote policy solutions and spur commitments to action.

RESOURCES FROM HUMANA TO HELP ADDRESS LONELINESS AND SOCIAL ISOLATION

For individuals and caregivers	For healthcare providers
<p>Staying Connected During COVID-19 Seniors and Loneliness Veterans and Loneliness</p>	<p>Screening Guide for Physicians Loneliness & Social Isolation Toolkit The Social Determinants Of Suicide In The Military – A call to action published in Health Affairs Blog</p>



WHAT IS HUMANA DOING

Addressing loneliness and isolation has been a critical area of focus in Humana's social health strategy since the launch of the Bold Goal in 2015. However, the coronavirus pandemic required the company to rapidly expand the scope of interventions and innovate to reach our members in a "socially distant" world.

Connecting Our Members

Humana had already integrated screenings for loneliness into many clinical programs, but screenings for loneliness and other health-related social needs (HRSNs) were expanded in response to the pandemic.

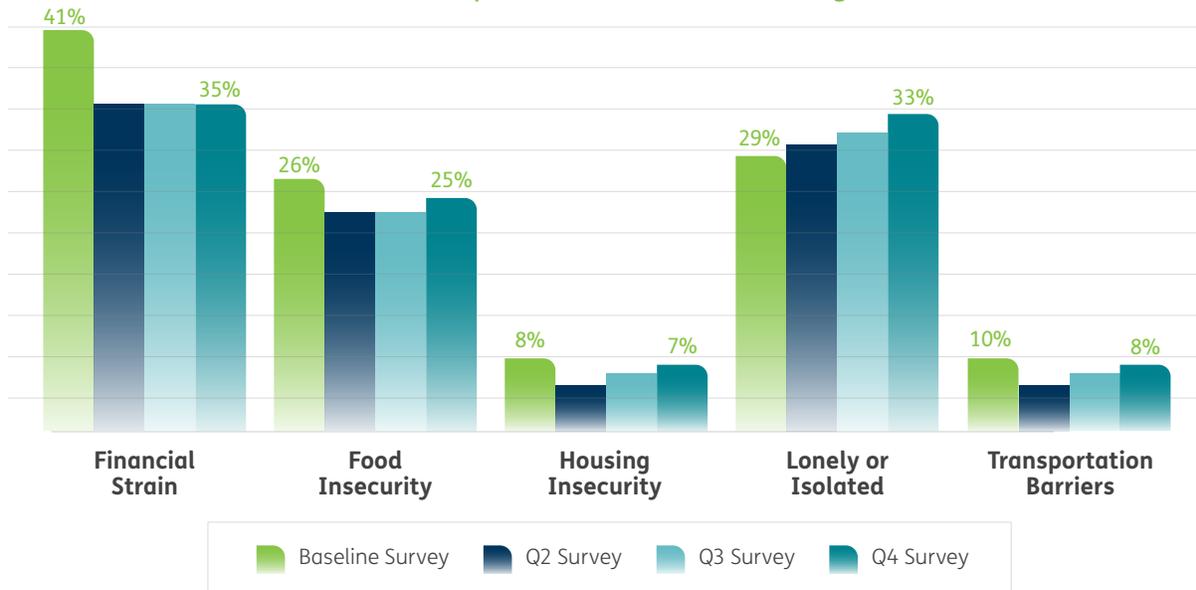
By the end of 2020, Humana more than doubled our goal for social need screenings with 6,157,340 screening events.

However, Humana is committed to not only identifying HRSNs but also to helping to resolve these needs and improve member health and well-being, so we are working to capture data in a way that allows us to measure our impact. For example, from December 11, 2020 to March 15, 2021, we measured the **gap closure rate** of six HRSNs for a subset of MA members. While some needs were more immediately resolved, many needs – including loneliness – require more time and resources to address. Truly solving for social needs requires long-term, repeated outreach to connect members to community resources, access to member plan benefits and care plans for managing complex needs. Screening for multiple HRSNs gives us a comprehensive understanding of barriers and ability to provide more individualized solutions. Through this continued work, we are learning the type and number of interventions needed.

Humana Neighborhood Centers, which offer opportunities for social connection, health education, physical activity and customer service for seniors who are members and non-members in communities across the country, quickly shifted from in-person to virtual interactions with the launch of the Virtual Neighborhood Center. With daily online classes like cooking demos, crafts and meditation, as well as additional programming offered through Facebook Live, seniors can stay active, engaged and connected from the safety of their homes. This includes offering virtual SilverSneakers® physical activity classes.

In addition, Humana Neighborhood Center staff proactively reached out to more than 20,000 regular visitors to ensure their physical, social and mental health needs were met during the pandemic. Thousands of members have received one-on-one health education or customer service. Staff screened members for food insecurity, with nearly 5,000 meal kits delivered to those with immediate needs.

Health-Related Social Needs of a National Sample of MA Members During 2020



With rising loneliness and isolation, Humana also launched new interventions and supports to address these needs. As a national resource for all Humana Medicare Advantage (MA) members, Humana and the [Institute on Aging \(IOA\)](#) established a dedicated telephonic [Friendship Line](#). This program allowed any member-facing associate to connect struggling members with trained staff to offer companionship and emotional support in the comfort and safety of their own homes. The Friendship Line is also a live connection to provide well-being checks, grief support through assistance and reassurance, information for isolated older adults and adults living with disabilities and a way to report elder abuse confidentially. Many of the members connected to the Friendship Line have used it repeatedly for ongoing support.

Loneliness, depression and anxiety of older adults can be rapidly reduced through layperson-delivered calls focused on empathetic listening, according to a [randomized clinical trial](#) conducted in 2020.

Humana is also testing a variety of interventions to connect members to friends and families, peers who share common interests or different generations. Addressing loneliness and social isolation requires an individualized approach based on personal preferences and existing social support resources, which is why the portfolio includes a range of options that address different aspects of loneliness, delivered both in-person and digitally. These are under evaluation for their positive impact on loneliness and a member’s health and to determine which Humana populations would most benefit from adopted services. Humana is also reviewing evidence-based strategies to look for more ways in which loneliness in members can be most effectively addressed to improve health and well-being.



Connecting Communities

In 2020, Humana launched **Far From Alone**, a public health awareness campaign based on partnerships and resource sharing to help all lonely and isolated people feel more socially connected during the coronavirus pandemic and beyond. Over 25 organizations – including Meals on Wheels, Nextdoor, the National Alliance on Mental Illness (NAMI) and IOA, among others – have partnered with Humana to provide research, resources and inspirational stories people can access via the Far From Alone website to help themselves and their loved ones feel less lonely and improve their mental health and wellness. The campaign also hopes to inspire other organizations to join the coalition and take action on this issue. Additionally, Humana and its campaign partners continue to meet regularly to elevate the message that we are all #FarFromAlone and build a community that drives more conversations about feelings of loneliness and ways to seek help.



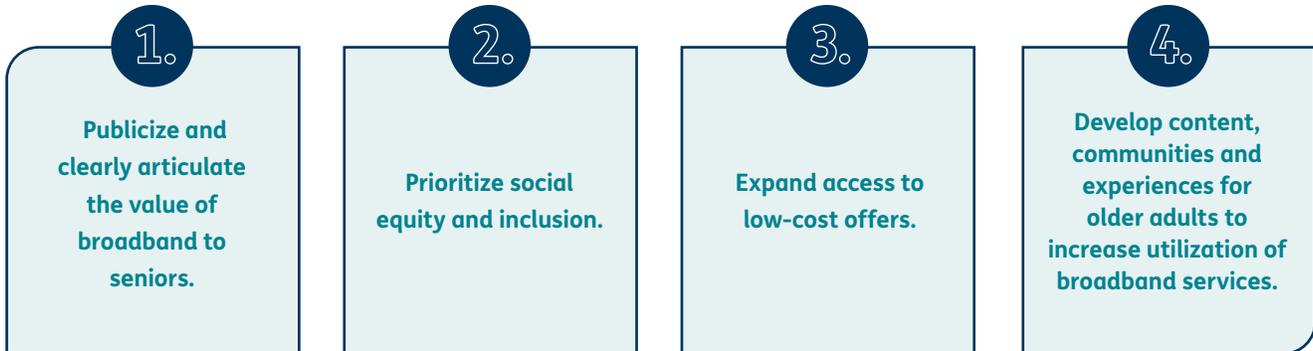
Nearly 22 million – 42% – of seniors in the U.S. lack broadband access at home.

Low-income, Black, Latino and functionally impaired individuals are more likely to be offline.

The Humana Foundation, in partnership with Older Adults Technology Services, Inc. (OATS), launched an unprecedented national, cross-sector campaign – **Aging Connected** – to bridge the digital divide and help older adults access essential public health information, social services and online community through affordable, accessible internet. The evidence from **Aging Connected: Exposing the Hidden Connectivity Crisis for Older Adults** quantifies, for the first time, the size and degree of the digital isolation crisis among seniors in the U.S. The campaign identified a 4-pronged approach to bring at least one million older Americans online with high-speed internet by 2022.



AGING CONNECTED'S 4-PRONGED APPROACH TO BRIDGING THE CONNECTIVITY GAP FOR OLDER ADULTS



WHAT OTHERS ARE DOING

Fostering Connectedness During the Pandemic

Blue Shield of California partnered with DoSomething.org to launch a digital mental health guide – for students by students – to help youth cope with stress, anxiety and isolation during the COVID-19 crisis by sharing tips and strategies on combating these feelings.

Centene partnered with **Beyond Differences™** and schools across the country to organize virtual **No One Eats Alone Day** – which aims to teach students how to make friends and create a culture of belonging – assemblies, reaching more than 23,500 children in 47 schools. The virtual assemblies taught children about social isolation and the negative impact it can have on health and academic performance. The Centene Charitable Foundation sponsors No One Eats Alone Day.

Cigna launched a pilot program to reach out to MA members to increase social connectivity and monitor their general health and well-being and access to basic needs.

ConnectiCare, a Connecticut-based health plan that is a subsidiary of EmblemHealth, developed a “Peace of Mind” initiative, which uses nurse care managers to deliver telephonic mental health services to its most vulnerable members, including those most at risk of being lonely and isolated during the pandemic.

SCAN Health Plan launched a new Togetherness Program to reduce senior loneliness through peer-to-peer interactions. Programs include a “Friendly Phoner” where Peer Advocates – who are plan members or SCAN employee volunteers – regularly reach out to members by telephone and a “Tech Buddy” for those who want to learn how to use digital devices to connect. While **inspired by CareMore Health’s** Togetherness Program, SCAN’s program places greater emphasis on peer support.

Investing in Innovative Programs

Advocate Aurora Enterprises, a subsidiary of Advocate Aurora Health, acquired Senior Helpers, which has more than 320 franchised and corporate-owned locations in 44 states as well as Canada and Australia. The home care company provides various services, including companionship, transportation, respite care and specialty clinical programs.

Aetna and **Regence** are among the health plans offering a companionship benefit for MA members through **Papa**.

Cigna has established a comprehensive research agenda on loneliness in America, including partnering with Ipsos to conduct annual **surveys** of working-age adults in the U.S. This research examines the impact of loneliness on the workplace and contributes to the development of new programs and resources.

Rush University Medical Center in Chicago added a social connection question in its standard SDOH screening tool and established referral pathways to interventions such as a friendly caller initiative where volunteer community members, Rush employees, students and AmeriCorps members make weekly to isolated older adults who request them.

Humana research partner, **the Social Interventions Research and Evaluation Network (SIREN)**, part of the University of San Francisco California, released an issue brief on **Interventions to Address Social Isolation and Loneliness: Lessons Learned from Programs Around the Globe** in May 2021. The brief identifies successful models and evaluates how they are developed, implemented, scaled and sustained to inform researchers, clinicians and funders. The authors identified a few key ingredients for success:



Partnerships with local organizations and community groups, as well as government agencies



Publicly normalizing and reducing the stigma associated with loneliness and social isolation



Gaining community trust



Clearly defining the intervention target population because the authors found that “selecting participants based on shared experiences is important to program success”



HUMANA PRIORITIES TO PURSUE

Evaluate and utilize all available pathways to reduce loneliness and increase social connectedness among the members we serve, including benefit design, quality improvement initiatives and community support. Loneliness and social isolation affect all age and demographic groups and result from individual and community characteristics, so Humana and its partners must continue to tackle these issues holistically.

Support physicians in screening their patients for loneliness and providing assistance, particularly among those most at risk (i.e., patients who are chronically ill, in long-term care, live alone or have a disability or mental health condition). Patients **appear comfortable** with screening and may welcome the discussion with their primary care provider. Humana can assist by providing screening tools, training and referral pathways. Humana can further support by encouraging clinicians to document these social needs in medical codes by providing appropriate care coordination and benefits.

Contribute to the evidence base about the drivers of loneliness, health impacts and effective interventions. Particular areas of interest include:



Outcomes-based interventions that improve health outcomes by addressing loneliness or social isolation



The impact of technology as a driver of loneliness as well as a potential intervention



Interventions that the unique needs of specific populations, such as adolescents and young adults, Medicaid beneficiaries and residents of **rural communities**

