# THE GERONTOLOGICAL SOCIETY OF AMERICA®

OXFORD

## Spotlight Article

# Innovations in Social Connectedness

## Lisa Marsh Ryerson[1],*

[1]President, AARP Foundation

*Address correspondence to Lisa Marsh Ryerson, AARP Foundation, 601 E Street, NW, Washington, DC 20049. E-mail: foundationpresident@aarp.org.

Strong social connections are central to our physical and mental well-being. When vulnerable older adults experience setbacks or life transitions, those connections may unravel. Research shows that the negative health consequences of chronic isolation and loneliness, while harmful at any age, are especially so for older adults.

The health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Low-income older adults from underrepresented communities—people of color, LGBTQ+ individuals, immigrants, refugees, and those living in rural areas—face additional barriers that contribute to isolation (Evans, Wethington, Coleman, Worms, & Forngillo, 2008).

With data showing that 17% of people over 65 may be isolated (Ortiz, 2011), AARP Foundation has made a long-term commitment to ending isolation in older adults, beginning with the launch of Connect2Affect (connect2affect. org). A collaborative effort with the Gerontological Society of America, Give an Hour, the National Association of Area Agencies on Aging, and UnitedHealth Group, Connect2Affect features tools and resources to help evaluate isolation risk, reach out to others who may be feeling lonely and disconnected, and find practical ways to reconnect to the community.

In support of that mission, we are embracing social entrepreneurship and other engagements by the private sector on this critical issue. We are exploring using technology not as a substitute for, but as a facilitator of human connection.

This article details how, through research and ongoing collaboration, AARP Foundation is working to create a deeper understanding of isolation and loneliness, draw much-needed attention to these issues, and identify solutions that foster the social connections older adults need to thrive.

## Getting Seniors Where They Need to Go

Transportation limitations have been shown to negatively affect seniors' access to health care resources, as well as their independence, self-confidence, and social connectedness. Ride-hailing apps are opening fresh avenues to connectedness, yet only 4% of U.S. adults aged 65 or older have ever used one.

AARP Foundation is working with Lyft, the USC Center for Body Computing, UnitedHealth Group, and other stakeholders to study whether using a ride-hailing app can improve overall health care in older adults—particularly those who have no previous experience with such applications.

We are launching this research project with three health systems in Los Angeles, Atlanta, and Chicago. Participants will be offered unlimited rides (medical and non-medical) and will be trained to use the Lyft app to request rides. Those unable or unwilling to use the app will schedule rides via a phone-based concierge.

Our aim is to use the data gathered, lessons learned, and strategic collaborations developed to create a long-term sustainable transportation model that improves health care utilization and reduces social isolation among older adults.

## Supporting Seniors With Technology

Eighty-one percent of seniors say technology is essential to staying in touch with family and friends, and 2017 data released by the Pew Research Center shows that this group is more digitally connected than ever (Anderson and Perrin, 2017).

AARP Foundation proposes to encourage active living and social connections by harnessing the simplicity and

**124**

vast capability of hands-free, voice-controlled devices. To that end, we are engaged in a pilot project to investigate the viability of hands-free, voice-controlled technology in reducing or delaying isolation and its adverse health outcomes in adults aged 60–80.

We are testing a theory: that an interactive device with built-in speech recognition and the ability to provide voice responses will make it easy, fast, and fun for older adults to get reminders and community information, and to discover and deepen new relationships. The six-month pilot will provide seniors at risk of isolation with a voice-controlled device at no cost, with capabilities that are built specifically to address issues of isolation. The device can also serve as a companion to banter with and as a motivator for maintaining social connections.

The goal is to make these devices affordable in the long term—through funding and other discount programs—so older adults can have access to voice-controlled technology that helps them stay active, healthy, and connected.

## Warm Line Calls to Reduce Isolation

An AARP Foundation grant is funding a pilot program to assess the efficacy of a person-to-person "warm line" service focused on isolated older adults. We have teamed up with the Motion Picture & Television Fund to implement and evaluate this joint effort.

Tentatively titled the Daily Call Sheet, the volunteer-based program makes regular calls to entertainment-industry retirees living alone in the Los Angeles area, often without family and with limited resources. The Daily Call Sheet provides companionship and support, and helps call recipients feel connected to the larger world.

The pilot's goal is to evaluate the effectiveness of phone outreach in reducing the incidence of poor health among low-income older adults who live alone.

## Building a Body of Research

Currently, there are important gaps in our knowledge about isolation and loneliness that underscore the need for more research. AARP Foundation has begun laying the groundwork for a body of research that would bring a more unified, heightened awareness to the topic and identify recommendations for preventive and remedial actions, such as educating health professionals about how to assess, monitor, and treat both conditions.

### A Profile of Social Connectedness in Older Adults

Loneliness isn't an inevitable outcome of the aging process, but many of the challenges inherent in aging put older adults at risk. In *A Profile of Social Connectedness in Older Adults* (Hawkley, Kozloski, & Wong, 2016), developed with AARP Foundation support, researchers from the University of Chicago examined existing data

on older U.S. adults to gauge the prevalence of loneliness and identify both the characteristics of lonely older adults and the segments of the older adult population at high risk for loneliness. The data examined for the report derive from the National Social Life, Health and Aging Project, a panel study funded by the National Institutes of Aging in which a population-based sample of 3,240 older adults was surveyed in 2010 when participants were 62–91 years of age.

Although related, loneliness and isolation are not the same thing (Steptoe, Shankar, Demakakos, & Wardle, 2013). Loneliness (also known as subjective isolation) denotes how people perceive their experience and whether they feel isolated. Objective isolation involves quantifiable measurements, such as the size of one's social network and frequency of engagement with it, availability of transportation, and ability to access resources and information. The scope of this study was specific to loneliness.

The study found the following:

- Nearly half of older adults in the United States experience some degree of loneliness;
- Lonely older adults have lower household incomes and less wealth than non-lonely adults;
- Marital status is a strong indicator of loneliness;
- Lonely people are more likely to live alone, in large part because they are less likely to be married;
- Although there is no significant difference in number and severity of chronic health conditions between the two groups, lonely people rate their health less positively; and
- Lonely older adults have more physical limitations in carrying out the activities of daily living (e.g., dressing, bathing, and feeding oneself).

Risk factors for loneliness include:

- Not being married;
- Having three or fewer friends;
- Socializing less than weekly; and
- Experiencing considerable strain in family relationships.

The more of these risk factors are present, the study found, the greater the odds of being lonely.

## What the Future Holds

Isolation touches more than the isolated; we all lose without the knowledge, perspective, and talents older adults can bring to our communities. But fighting and preventing isolation in people aged 50 and above isn't about fixing one thing.

Through the Connect2Affect collaboration, AARP Foundation is looking at all the connections that make up a person's life and coming up with ways to make sure those connections stay strong, even in times of stress and crisis. Because when people connect, they affect each other's lives.

## Endnotes

To learn more about AARP Foundation's multilayered efforts to increase economic opportunity and social connections to help prevent and reduce senior poverty, visit aarpfoundation.org.

## References

Anderson, M., & Perrin, A. (2017). *Tech adoption climbs among older adults*. *Pew Research Center*. Retrieved from http://www.pewinternet.org/2017/05/17/tech-adoption-climbs-among-older-adults/.

Evans, G.W., Wethington, E., Coleman, M., Worms, M., & Frongillo, E.A. (2008). Income health inequalities among older persons: The mediating role of multiple risk exposures. *Journal of Aging and Health*, 20(1), 107–125. doi:10.1177/0898264307309938

Hawkley, L., Kozloski, M., & Wong, J. (2016). *A profile of social connectedness in older Americans: a report submitted to AARP Foundation*. NORC at the University of Chicago. Retrieved from https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf.

Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. doi:10.1177/1745691614568352

Ortiz, H. (2011). *Crossing new frontiers: Benefits access among isolated seniors*. National Center for Benefits Outreach and Enrollment (NCBOE), National Council on Aging. Retrieved from http://www.CenterforBenefits.org.

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*, 110(15), 5797–5801. doi: https://doi.org/10.1073/pnas.1219686110.