

Loneliness and Social Isolation as Public Health Crises

Impact and Screening in Primary Care

Wisconsin Research and Education Network (WREN)

October 24, 2024

Loneliness and Social Isolation

- Related, but different concepts
- Loneliness: Subjective feeling of being alone or isolated
- Social isolation: Objective state of having few social relationships or infrequent social contact with others
- Increasingly recognized as public health concerns associated with negative outcomes



Loneliness and Social Isolation have Serious Health Consequences^{1,2}

Poor social relationships:

↑ Risk of heart disease and stroke

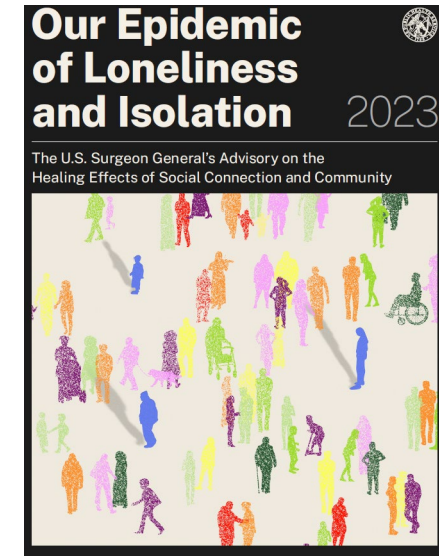
Social isolation:

↑ Risk of premature death from all causes

↑ Risk of dementia

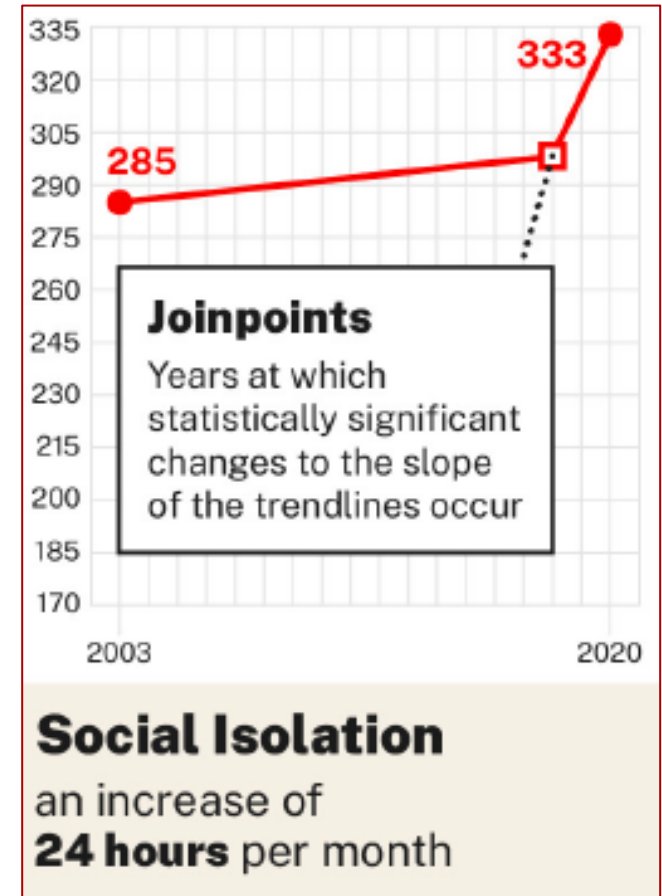
Loneliness:

- Associated with higher rates of depression, anxiety, and suicide
- Among heart failure patients, associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of ER visits



Trends in Loneliness and Social Isolation

- Although the pandemic increased loneliness and social isolation, increases were observed prior to the pandemic¹
- A post-pandemic survey indicates that more than half of US adults (58%) are considered lonely²



1. United States Public Health Service Office of the Surgeon General. Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Department of Health and Human Services, Washington, DC. May 2023.

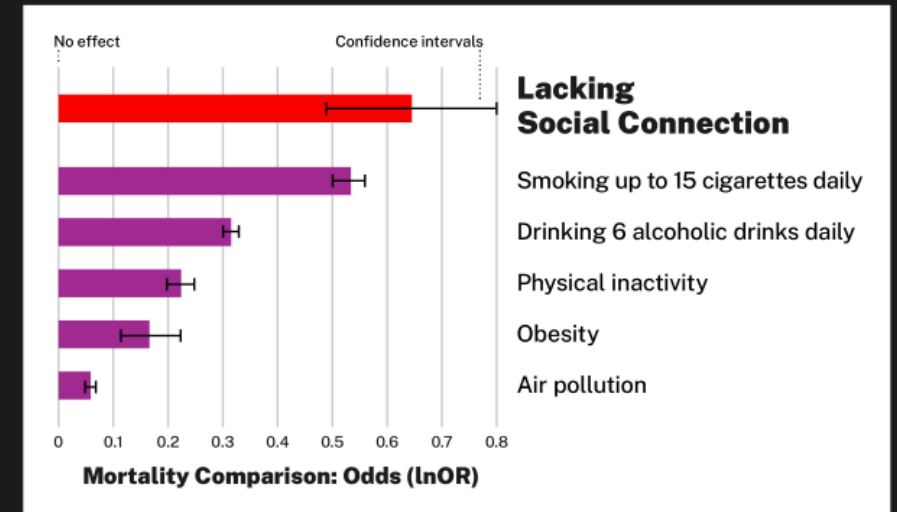
2. Morning Consult Survey of 2,496 US Adults, December 13-19, 2021; commissioned by Cigna Corporation. Accessed February 14, 2024.

<https://newsroom.thecignagroup.com/loneliness-epidemic-persists-post-pandemic-look>

Work is Needed to Understand Effective Interventions

“Urgent action is needed, including additional research to further advance our understanding of the causes and consequences of social connection, trends, populations at risk, and the **effectiveness of interventions and other efforts to advance connection**”

Lacking social connection is as dangerous as smoking up to 15 cigarettes a day.



Comparison groups: Complex measures of social integration: high v. low; not smoking v. smoking < 15 cigarettes daily; alcohol abstinence v. drinking > 6 alcoholic drinks daily; physical activity v. inactivity; low BMI v. high BMI; low air pollution v. high air pollution.
Source: Holt-Lunstad J, Robles TF, Sbarra DA. Advancing Social Connection as a Public Health Priority in the United States. *American Psychology*. 2017;72(6):517-530. doi:10.1037/amp000103. This graph is a visual approximation.

WREN Collaboration on a Focus Group



PCORI-funded Rural Board of Older Adult Advisors (BOAAs; Project Lead: Barbara King, PhD, RN) held in June 2023

- Loneliness was considered to be important as loneliness impacts people's health and quality of life
- BOAA members provided feedback on the proposed study, including feasibility of screening for loneliness in primary care clinics
 - Even people who are isolated seek medical care, so clinics are good places to find those who need help addressing loneliness
- Offered suggested approaches to:
 - Recruitment
 - Introducing the topic of loneliness to patients
 - Language to describe the interventions to patients



Studying Loneliness and Social Isolation Begins with Screening



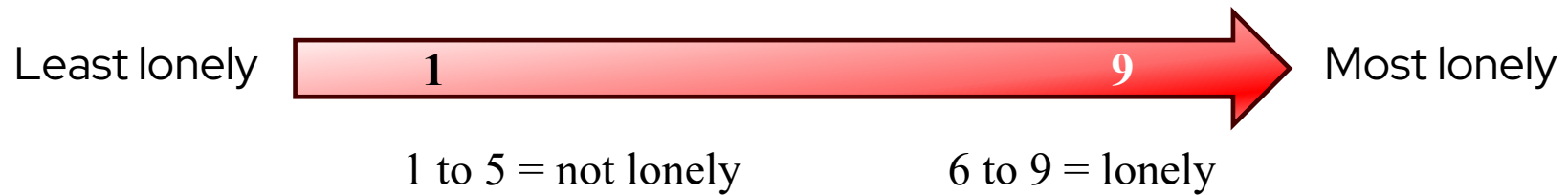
Validated methods to screen for loneliness

- UCLA 3-Item Loneliness Scale¹⁻³
- 20-Item versions test loneliness and social isolation
- Questions do not mention “loneliness”
- Brief scale used as a self-administered tool and for telephone interviews³

UCLA 3-Item Loneliness Scale



1. How often do you feel a lack of companionship?		
Hardly ever 1	Sometimes 2	Often 3
2. How often do you feel left out?		
Hardly ever 1	Sometimes 2	Often 3
3. How often do you feel isolated from others?		
Hardly ever 1	Sometimes 2	Often 3

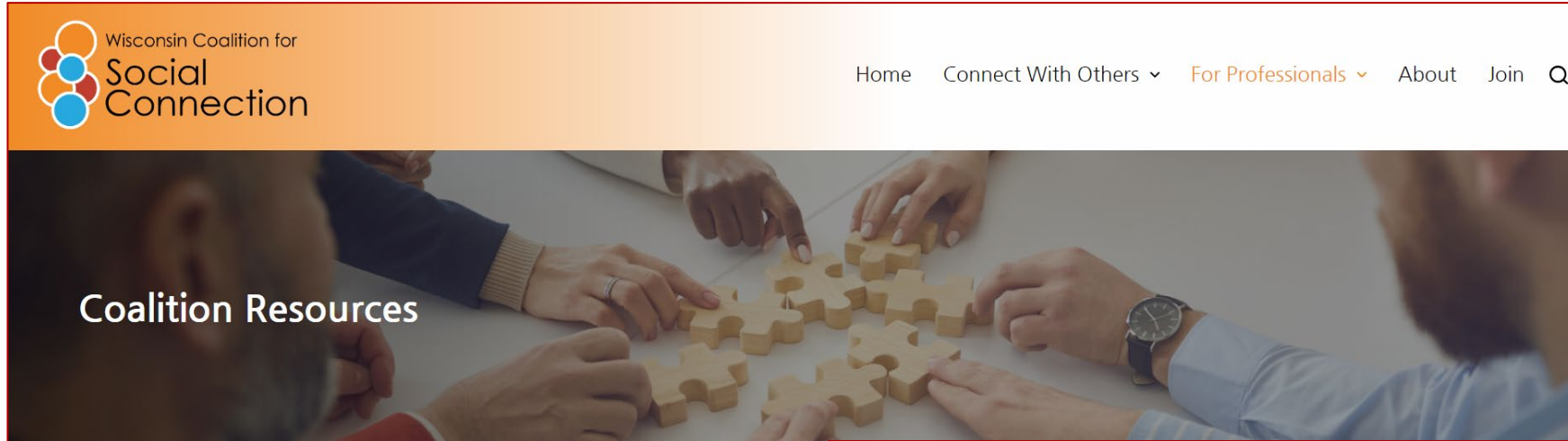


1. Russell D, et al. *J Pers Assess.* 1978;42(3):290-294. 2. Russell DW. et al. 3. Hughes ME, et al. *Res Aging.* 2004;26(6):655-672.

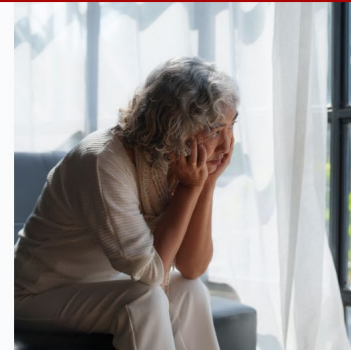
Involvement with Wisconsin Coalition for Social Connection



Previously known as the Wisconsin Coalition to End Social Isolation and Loneliness (WCESIL)



- Projects on screening
- Helped disseminate information about resources
- Monthly meetings



Social Isolation

The **objective** experience of having few or infrequent social connections.



Loneliness

The **subjective** and distressing feeling of being alone or isolated, often defined as the difference between actual and desired level of social connection



Social Connection

The ways that people can be physically, emotionally, and culturally connected to others.



Pilot Project in Brown County



Methods

- Pilot began in summer 2022
- Used UCLA 3-Item Loneliness Scale
- Aging and Disability Resource Centers (ADRC) specialists, nutrition, prevention

Results

- As of July 15, 2024, Aging & Disability Resource Center of Brown County has screened **368** individuals using the 3-Item screening tool
- Screening questions **opened the client conversation** for engagement in social activities in the community and ADRC programs

Showed that screening by ADRC was feasible, although not always consistently used

WREN: Use of the UCLA 3-item Loneliness Scale



We evaluated the use of the UCLA 3-item Loneliness Scale using EHR from UW Health

Chart review data

- The number of times the UCLA 3-item loneliness scale was accessed in primary care (DFMCH and GIM)
- The number of patients (and percentage) who met criteria for loneliness (ie, positive for loneliness)
 - Categorization by age group (18-64 years old, and ≥ 65 years old) and by clinic to help determine percentages of patients served by rural clinics
- Which primary care clinicians accessed the loneliness scale and the frequency of use of the scale for each clinician

Chart Review



Age Category, years	Metric	2022
18-64	Unique Patients Screened	1932
	Unique Patients Screened Positive #	755
	Unique Patients Screened Positive %	39.1%
65+	Unique Patients Screened	372
	Unique Patients Screened Positive	138
	Unique Patients Screened Positive %	37.1%

WREN: Ongoing Survey



The main questions are:

“Why did you screen for loneliness?”

“If your patient screened positive for loneliness, what did you do?”

If we screen for loneliness, need to be able to offer patients evidence-based interventions to address

Proposals for new projects will evaluate interventions such as:

- Cognitive behavioral therapy
- Social navigation/social prescribing

Thank you!