

# Social Isolation and Engagement

## Aging in Place with Dementia:

### A Workshop

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JOHNS HOPKINS  
MEDICINE

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# Disclosures

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**Advisory:** Edenbridge Healthcare

# A Workshop

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Maybe more questions than answers

# Objectives

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- Stories
- Agreement\*
- Research
- Reflection

# Personal Story- *Grandparents with dementia*

## Community, Environment and Transitions

- Moving my grandparents to my home (USA)
- Family to my grandparents home (West African-Ghana)

## Place & Culture Matter



# Personal Story- *More than the rent*

- Renting Rooms to medical students
- Financial supplement
- Constant change
- Ongoing social connection

## Bidirectional Benefits





# Patient Stories- *Flammable Hoard*

## *Homebased primary care*

- Homebound older adults
- Aging in place as a couple in a row home
- Safety challenges
- Impact on neighbors

## Balancing Autonomy & Safety



# Social Isolation

Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.

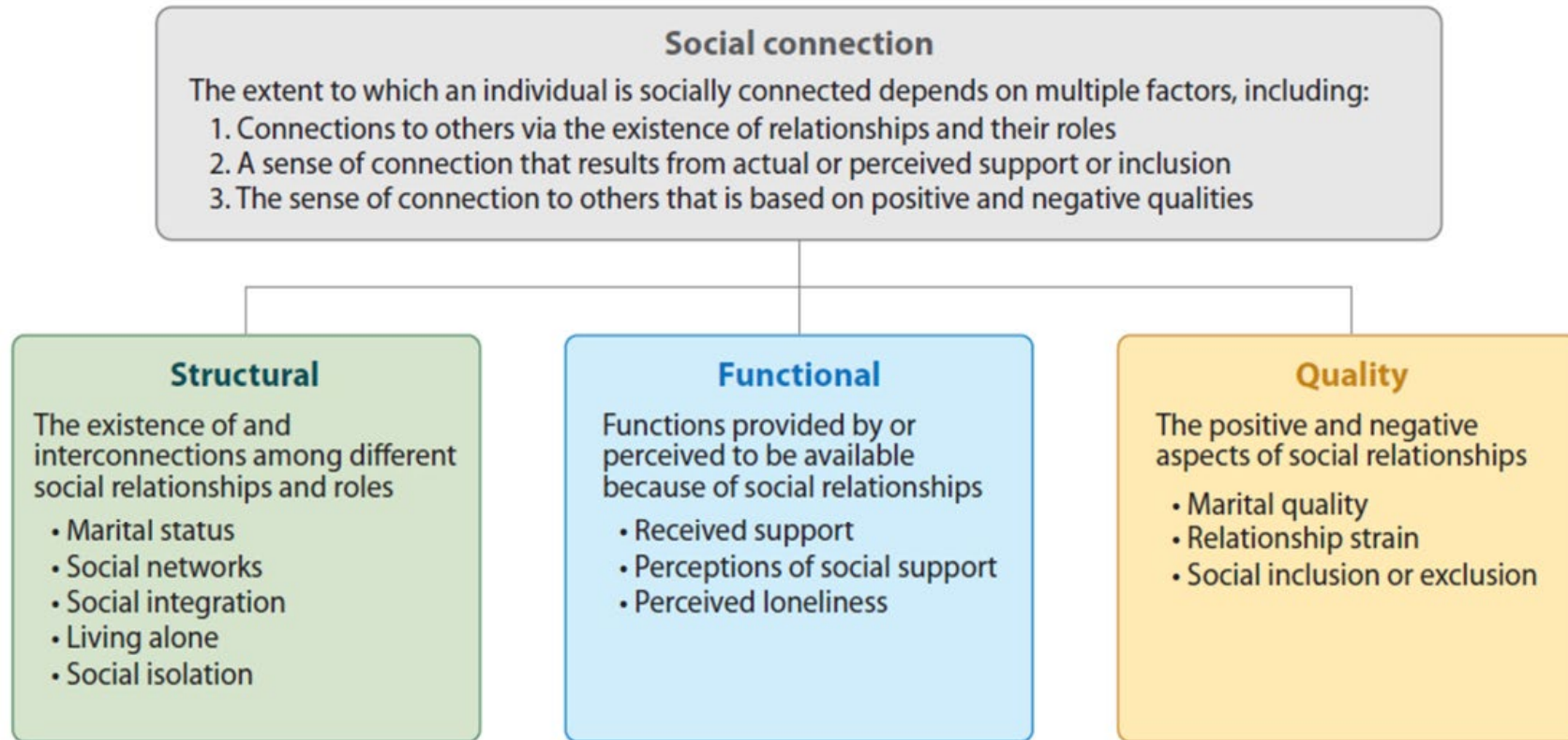


# Distinctions

Social Isolation	Loneliness
<b>Objective:</b> being isolated– like quarantine	<b>Subjective:</b> feeling isolated
Low levels of social contact	Mismatch between actual and desired social relationships
Not necessarily unpleasant, possibly preferred	Emotionally distressing and unpleasant
May be chosen: “solitude”	Low sense of control or choice

With permission from Louise Hawkley, PhD

# Social Connection framing



**CONSENSUS STUDY REPORT**

# Social Isolation and Loneliness in Older Adults

OPPORTUNITIES FOR THE  
HEALTH CARE SYSTEM

**Develop a More Robust Evidence Base**

**Translate Research into Healthcare Practice**

**Improve Awareness**

**Strengthen Education & Training**

**Optimize ties b/w Health Syst. & Community Networks/Resources**



# Our Epidemic of Loneliness and Isolation



2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community



**Strengthen Social Infrastructure**

**Enact Pro-Connection Public Policies**

**Mobilize the Health Sector**

**Reform Digital Environments**

**Deepen Our Knowledge**

**Cultivate a Culture of Connection**

US Surgeon General Advisory, 2023

# Measurement

nature aging

<https://doi.org/10.1038/s43587-023-00472-4>

## Reflections on measures of social isolation among older adults

 Check for updates

In 2020, the National Academies of Science, Engineering, and Medicine reported on opportunities for the healthcare system to address social isolation and loneliness, which are risk factors for morbidity and mortality<sup>1</sup>. Shortly after the report was released, the COVID-19 pandemic ensued – which pushed social isolation up the research and public health agendas as broad swathes of the population experienced this phenomenon. Studies demonstrate social isolation as a key risk factor for adverse physical, mental and cognitive health outcomes<sup>1,2</sup>. Despite these implications, the research community lacks consensus on how to measure social isolation, which hinders progress toward solutions to combat this challenge.

Social isolation affects 15–25% of community-dwelling older adults, but estimates vary

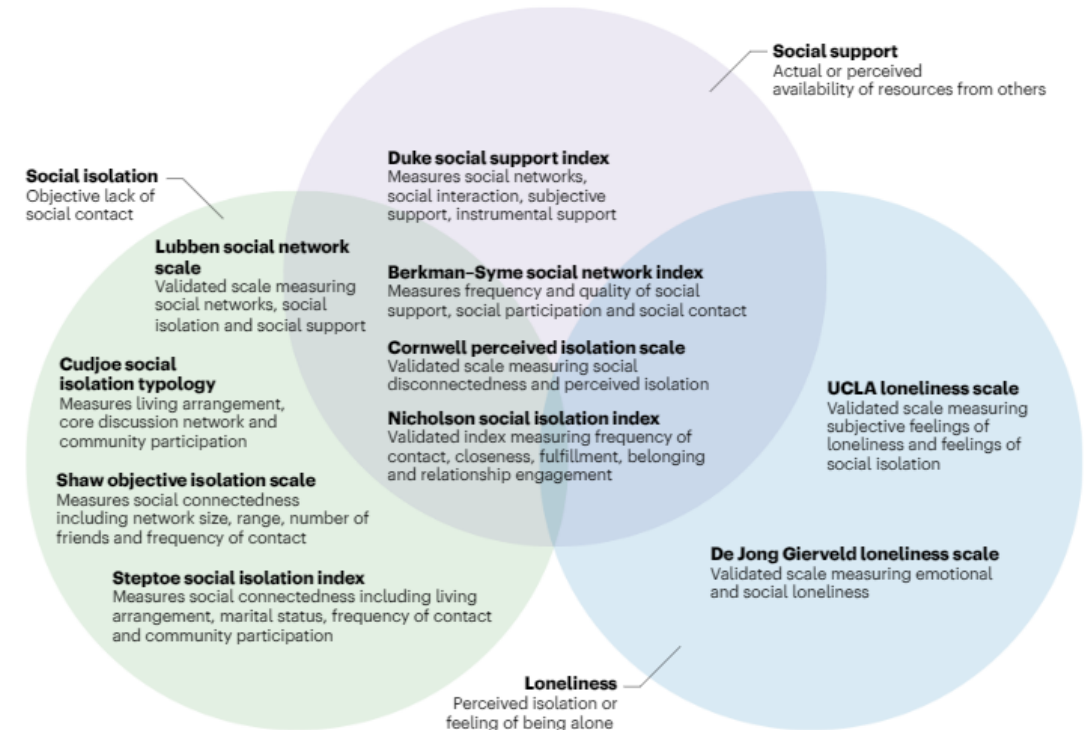
widely owing to the lack of a uniform metric<sup>3</sup>. Literature reviews identify more than fifty measures related to social isolation<sup>4</sup>. The lack of measurement consensus and use of instruments that vary in their content, rigor and uptake inhibits progress toward building knowledge on social isolation and its consequences. Standardized measurement is crucial to assess and address the health risks of social isolation, as highlighted in a 2023 advisory from the US Surgeon General<sup>5</sup>.

Among the measurement issues is the problem of single-item metrics. Proxy variables such as ‘living alone’ or ‘not married’ are easy to administer but do not capture key aspects of social isolation, such as social connection at the group (for example, network size or frequency of contact) or community (for example, volunteering) level<sup>4</sup>. Social

isolation measures should capture objective and quantitative components of relationships. Although some researchers have used multidomain metrics, single-item indicators persist and may confound estimates.

Furthermore, many studies interchange social isolation with loneliness<sup>4</sup>. Social isolation is the lack of social contact and relationships, whereas loneliness is subjective and characterized by feeling isolated<sup>1</sup> (Fig. 1). These interrelated concepts are moderately correlated and associated with distinct health outcomes<sup>1,2</sup>. There is also a need to disentangle the effects of social isolation from other aspects of social connection on health<sup>4</sup>. Refined and well-validated measures of social isolation would help to achieve this goal.

Measures that capture both objective and subjective aspects of social connection are



**Fig. 1 | Common measures of social connection.** Various measures are used to evaluate social isolation and related concepts that fall under social connection, a multifactorial construct that encompasses distinct but related aspects (including social support (functional aspect), social isolation (structural aspect) and loneliness (quality aspect))<sup>4,5</sup>.

Pomeroy et al 2023, Nature Aging

9/20/2023

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Older people living with dementia are at greater risk than others for social isolation and having little or no support can have serious consequences for their ability to remain in the community over time.



# Social isolation is prevalent among older adults



**1 in 4 adults**  
age 65 and older are  
socially isolated.



National Health &  
Aging Trends Study

how daily life changes as we age

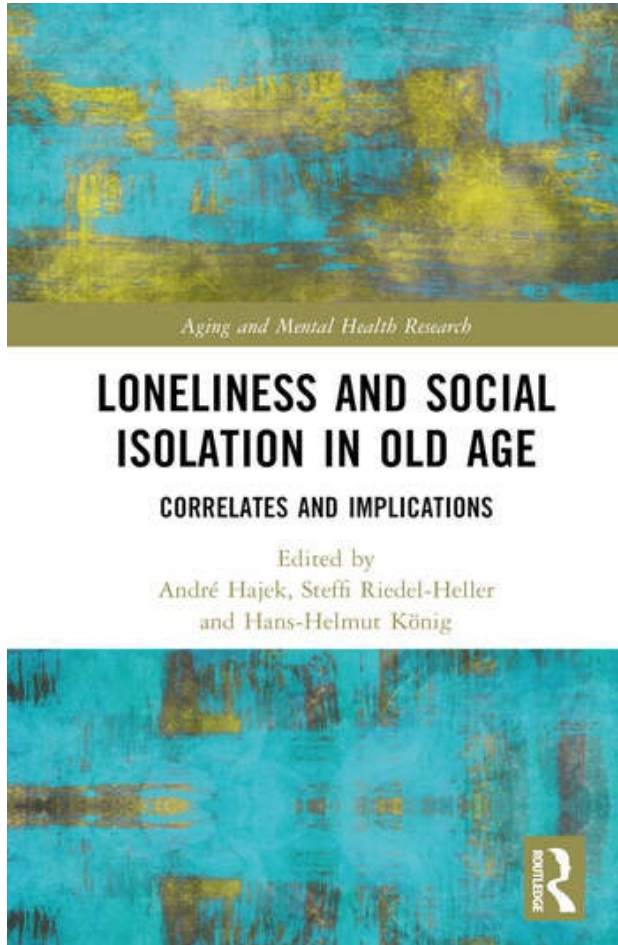


# Social Isolation prevalent and changes

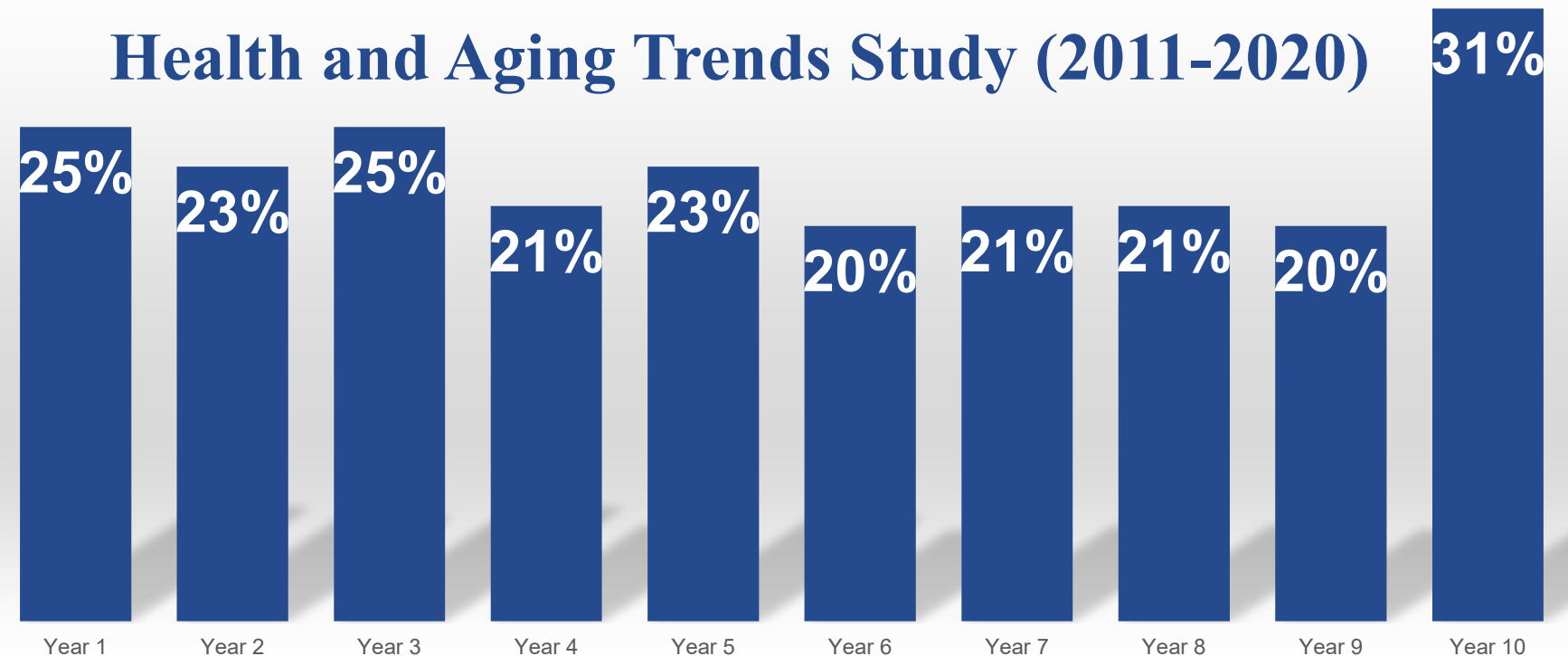


National Health &  
Aging Trends Study

how daily life changes as we age



## Prevalence of Social Isolation in the National Health and Aging Trends Study (2011-2020)



Cudjoe TKM 2023, Routledge

# Social isolation matters at the cellular level

Received: 7 June 2021 | Revised: 13 September 2021 | Accepted: 1 October 2021

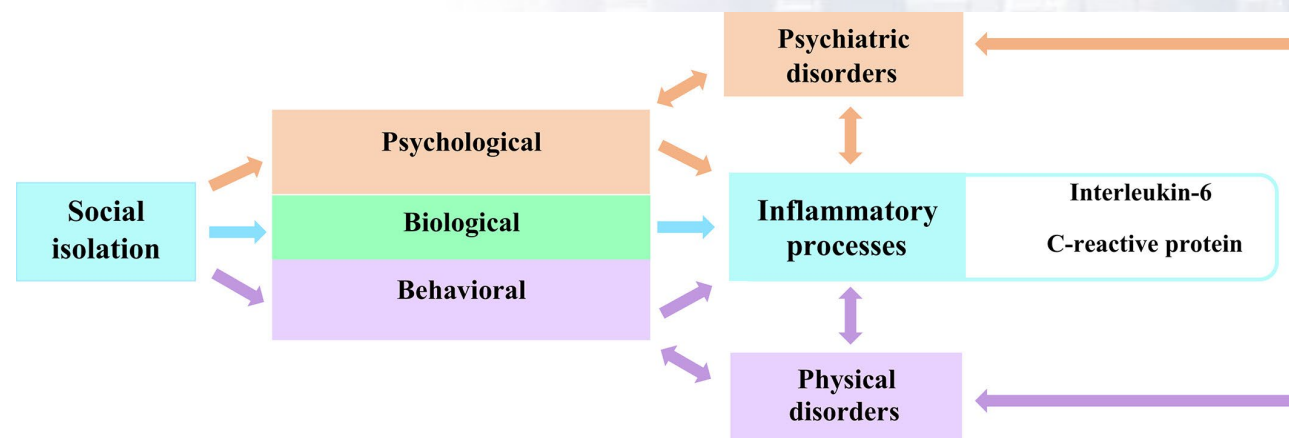
DOI: 10.1111/jgs.17518

Journal of the  
American Geriatrics Society

JOURNAL  
OF THE  
AMERICAN  
GERIATRICS  
SOCIETY

## Getting under the skin: Social isolation and biological markers in the National Health and Aging Trends Study

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Shang-En Chung ScM<sup>1</sup> | Carl A. Latkin PhD<sup>2</sup> | David L. Roth PhD<sup>1</sup> |  
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# Social Isolation increases dementia risk

Received: 10 June 2022 | Revised: 26 September 2022 | Accepted: 26 October 2022

DOI: 10.1111/jgs.18140

Journal of the  
American Geriatrics Society

## Social isolation and 9-year dementia risk in community-dwelling Medicare beneficiaries in the United States

Alison R. Huang PhD<sup>1</sup> | David L. Roth PhD<sup>2</sup> | Tom Cidav MS<sup>2</sup> |  
Shang-En Chung ScM<sup>2</sup> | Halima Amjad MD, MPH, PhD<sup>2</sup> |  
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Thomas K. M. Cudjoe MD, MPH<sup>2</sup>  

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Socially isolated older adults have a 27% higher chance of developing dementia than older adults

Huang et al. JAGS, 2023

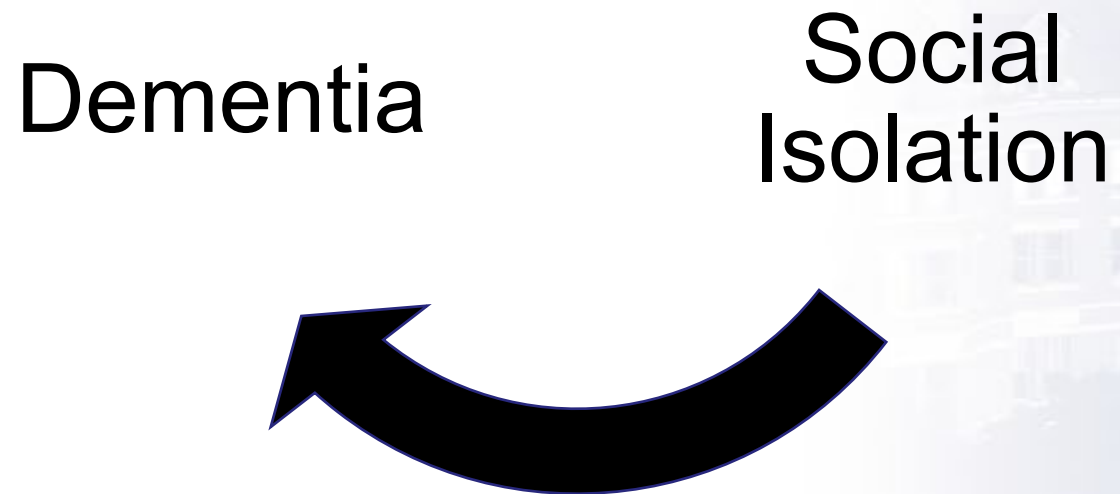
# Is there sufficient evidence?

Older people living with dementia are:

(a) at greater risk than others for social isolation and

(b) having little or no support can have serious consequences for their ability to remain in the community over time.

# What comes first...



# More research is needed on the social connections of people living with dementia.

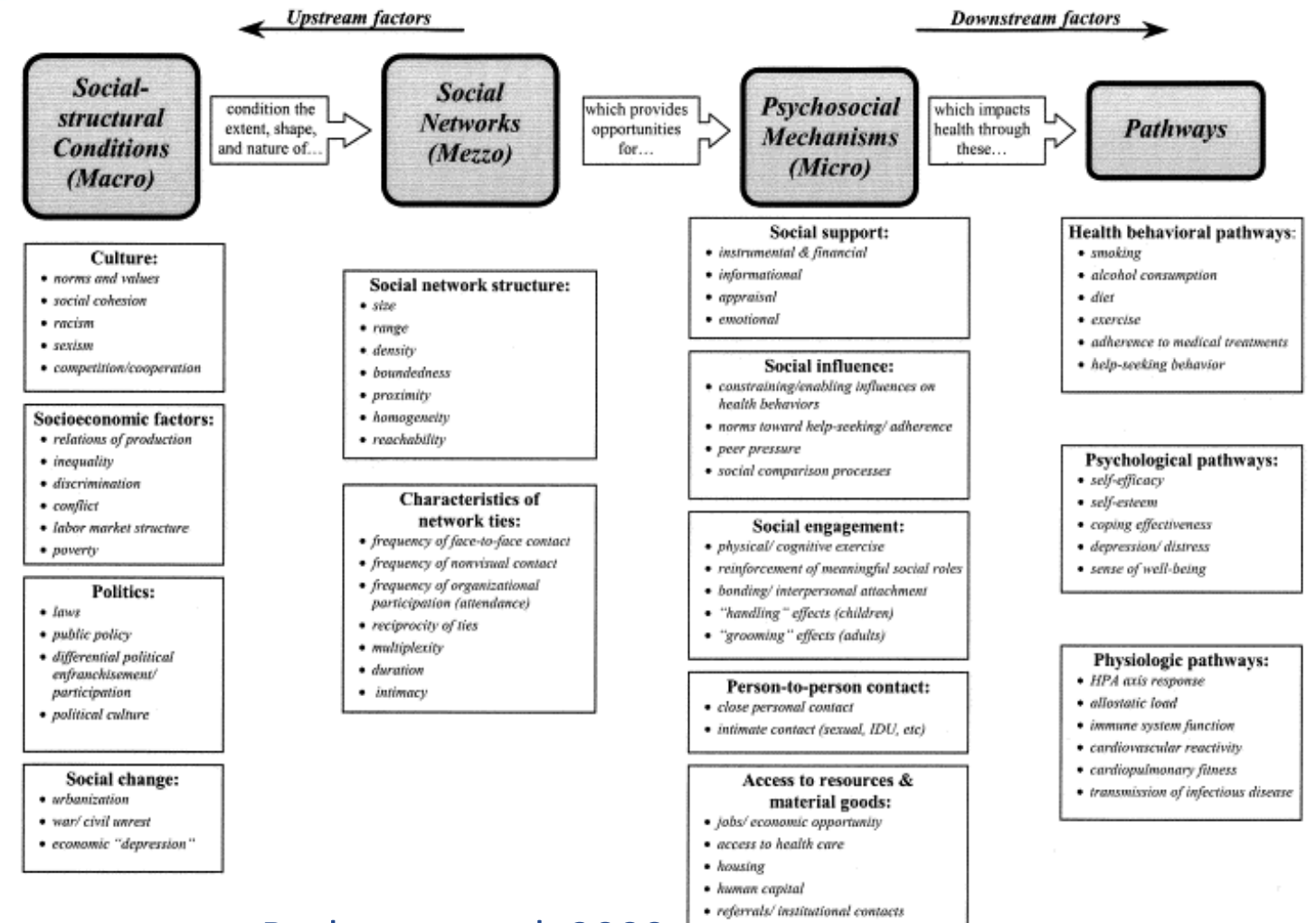
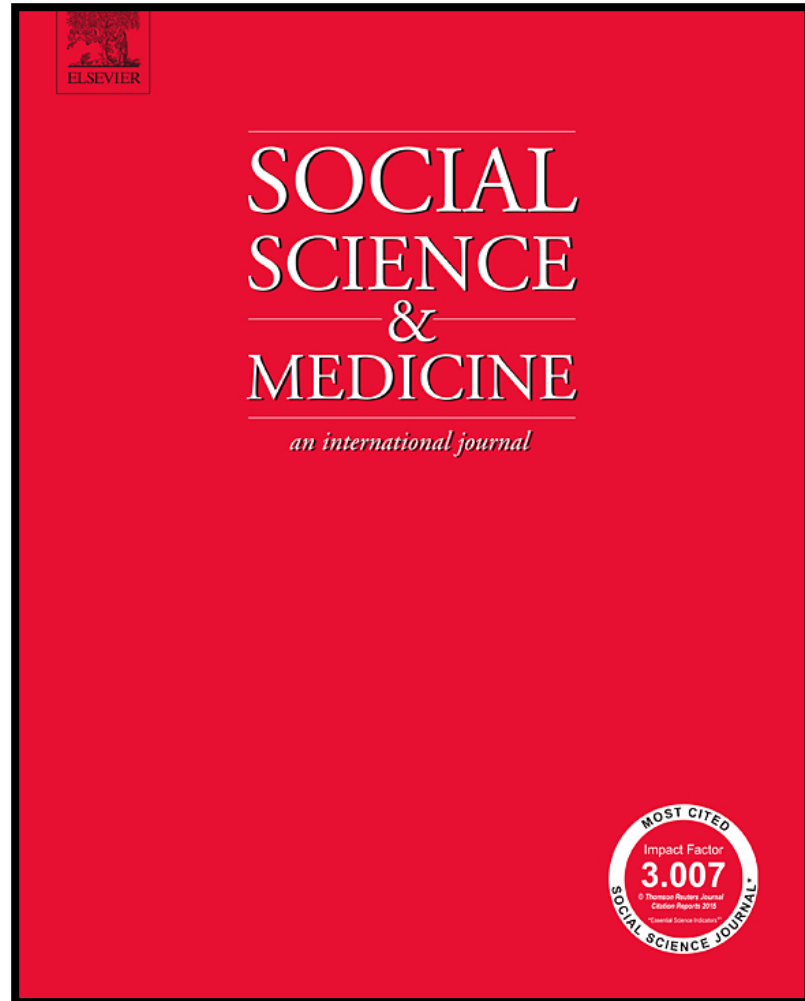
- Many studies indicate that social isolation increases risk for dementia (Evans et al 2019, NASEM 2020)
- Are individuals with dementia at greater risk for social isolation? Fewer studies examine reverse causation
  - Heterogeneity of individual and community resources
  - Challenges in diagnosis and care of people living with dementia
  - Evolution and change in cognition with time



# Decades\* of Research

From social integration to health: Durkheim in the new millennium☆

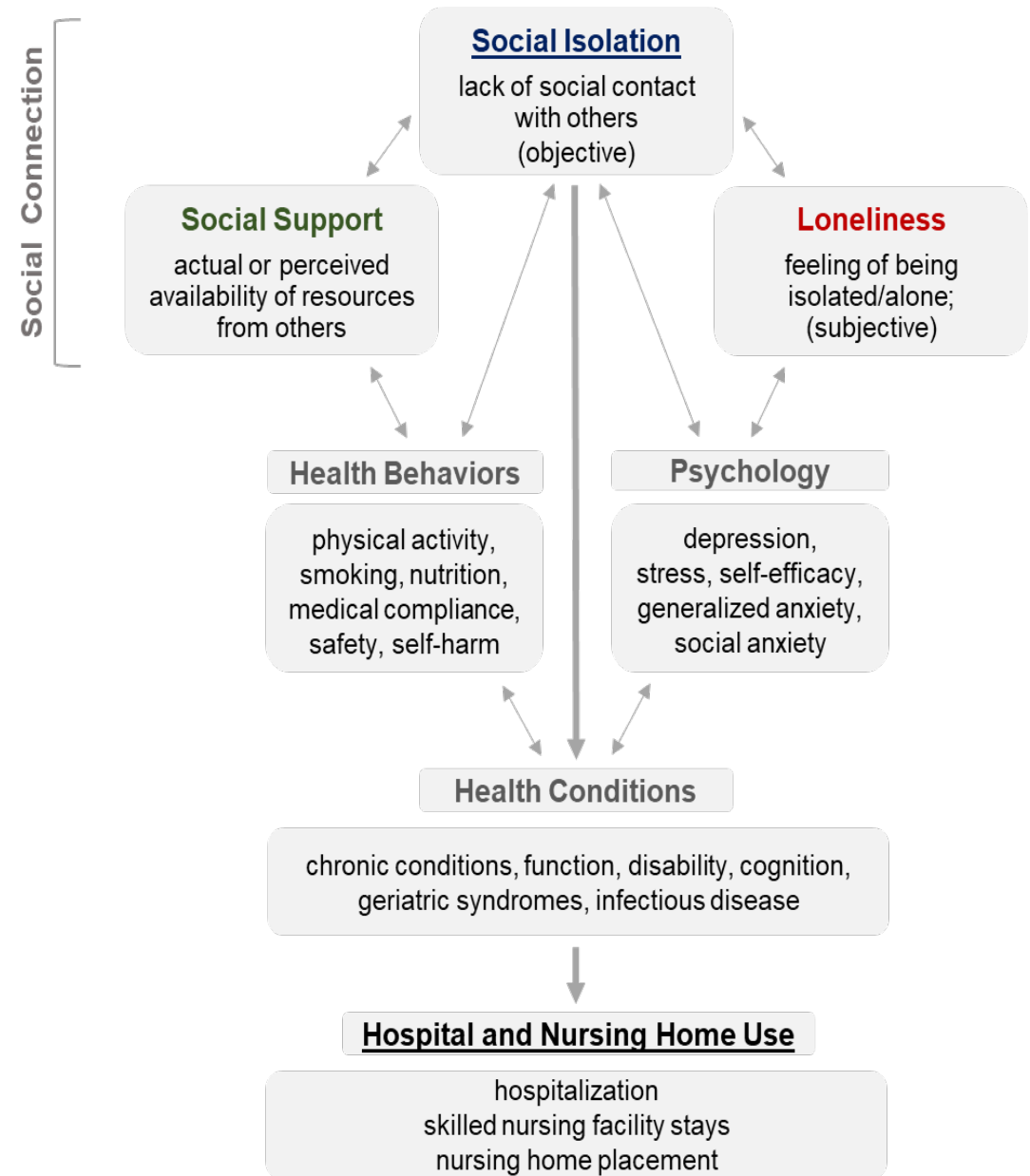
Lisa F. Berkman<sup>a,\*</sup>, Thomas Glass<sup>b</sup>, Ian Brissette<sup>c</sup>, Teresa E. Seeman<sup>d</sup>



Berkman et. al, 2000



# Conceptual Framework Modeling Bidirectional Pathways between Social Isolation and Healthcare Utilization



# How does dementia influence social connection?

## *Different responses*

### Increased connection

- Utilization of clinical and community based services
- Family/Friend/Community supports amid increased needs

### Decreased connection

- Memory challenges in maintaining connection
- Compounding risk of poor health/function
- Stigma, Stress, Misunderstanding, Fear, Anxiety
- Communication impact

# Driving Questions

- How are people living with dementia vulnerable to risks of isolation?
- What individual and community level factors improve or worsen the consequences of isolation for people living with dementia?
- What interventions are available that might be useful to support those without family or friends available?

# How are people living with dementia vulnerable to risks of isolation?

- Memory challenges –living alone and overall safety
- Performing ADLs/IADLs
- Accomplishing health/medical task (i.e taking meds, going to appointments)
- Maintaining basic needs- food+ water/shelter/clothing
- Risk for elder mistreatment

# What individual and community level factors improve or worsen the consequences of isolation for people living with dementia?

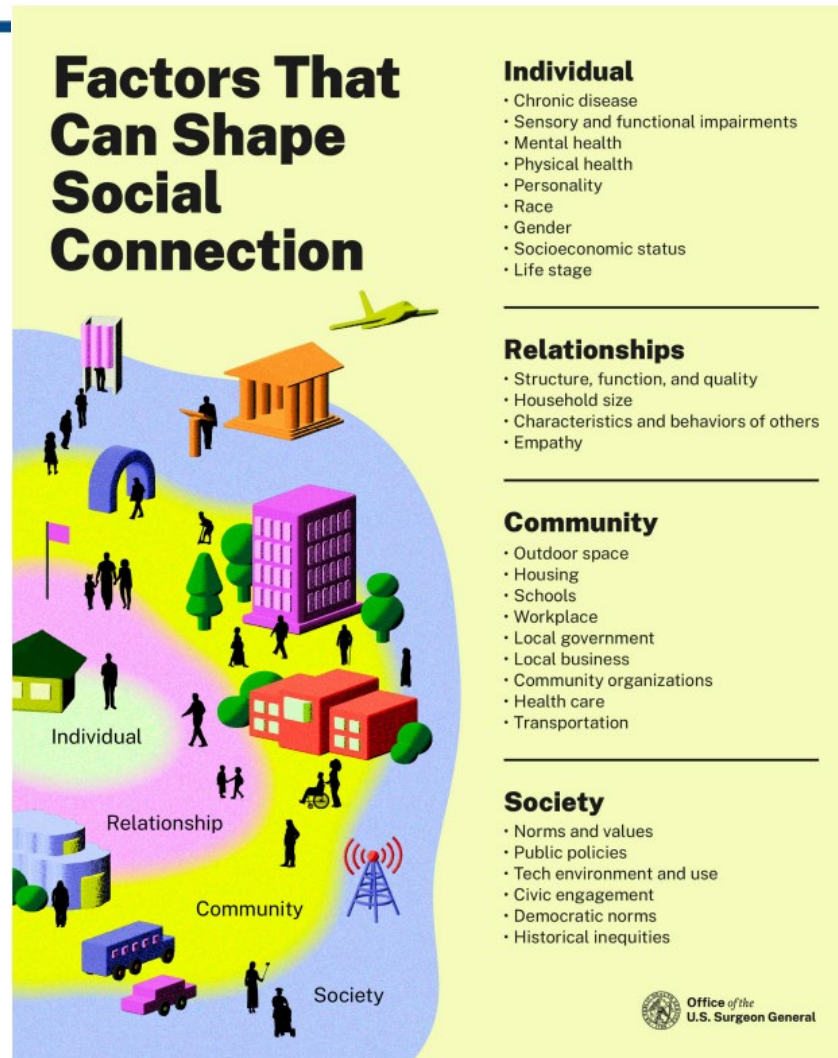


FIGURE 3: Factors That Can Shape Social Connection

## Individual

- Life course matters
- Demographics (Race, sex/gender, income, education, zip code)
- Personality & Preferences

## Community

- Housing & Living arrangements
- Transportation
- Networks of support (family, friends, neighbors)
- Social infrastructure (libraries, senior centers, café)

# What interventions are available that might be useful to support those without family or friends available?

- Lot of activity in intervention development, differing outcome measures
- Before the intervention –how to identify those in need
- Think upstream – before dementia or MCI
- Menu or platform of solutions– person/place focus
- Group based and purpose orientation



# Addressing Social isolation

- Educate, Assess, Respond- EAR Framework<sup>1</sup>
- Solutions - Easy, Adaptable, Sustainable
- Starting Proximal
- Sawubona- “I see you”



# Social Isolation and Engagement

## Aging in Place with Dementia

- Balancing Perspectives: Personal, Clinical, Population
- Expand Awareness
- Improve Measurement—Identifying
- Investment in Research & Intervention Development
- Equity & Justice at the core of efforts
- Realize Assets

Thank you!

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