

Connecting with Medicare Beneficiaries to Lessen Social Isolation

September 2023



Contents

Overview	3
Health Impact	3
Mental Health	4
Program Description	6
Program Outcomes	7
Conclusion	9
Endnotes	10

Key Takeaways

- Health plan social connectedness programs that include clinical, proactive interventions can improve outcomes among older adults who are at risk of experiencing loneliness or social isolation.
- Social isolation and loneliness are often connected to other social drivers of health, such as reliable and accessible transportation, community inclusion, and availability of nutritious food choices.
- Participants in Elevance Health’s Member Connect program showed improved wellbeing as measured by multiple survey instruments, suggesting positive program impact.

Overview

More than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered socially isolated.¹ Social isolation and loneliness take a toll on physical and mental health, leading to poorer health outcomes, higher rates of premature mortality, and higher healthcare costs,² and have become important drivers to consider as part of a whole health approach.

Older adults are at higher risk for social isolation and loneliness due to changes in health and social connections that can come with growing older, hearing, vision, and memory loss, disability, trouble getting around, and/or the loss of family and friends.³

The population of people 65-and-older in the United States grew by over a third since 2010, representing the fastest growing population during that period.⁴ This paper describes the prevalence and impact of social isolation within this growing segment in our communities, and how health plan social connectedness programs can contribute to positive outcomes. Elevance Health's Member Connect program has shown that health promotion programs can make a positive impact on member wellbeing, as participants showed improvement between baseline and follow-up assessments when screened across multiple survey instruments.



Social isolation has been associated with roughly a 50 percent increased risk of dementia.

Health Impact of Social Isolation

Social isolation significantly increases a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.⁵⁻⁷

Among older adults, the association between loneliness and death is significant. In one longitudinal study of older adults, even after adjusting for demographics, socioeconomic status, depression, and other health and functional measures, the risk of death was 22.9 percent among lonely individuals versus 17.9 percent among the control group during the six-year follow-up period.⁸

Research further suggests that loneliness among older adults may contribute to reduced appetite and food intake,⁹ decreased physical activity, and increased prevalence of smoking.¹⁰

Loneliness in older adults has been shown to predict increased depressive symptoms, impaired cognition and dementia progression, significant likelihood of nursing home admission, and multiple negative disease outcomes, such as for individuals with hypertension, heart disease, and stroke.¹¹

A two-decade long population-based longitudinal study found that the effect of social isolation on hypertension exceeded that of clinical risk factors such as diabetes in old age.¹² Social isolation has been associated with about a 50 percent increased risk of dementia.¹³ Social isolation is also significantly associated with higher odds of skilled nursing facility stays and nursing home placement.¹⁴

Medicare: Social Isolation and Mental Health

Elevance Health engaged Health Management Associates to describe the characteristics of Medicare beneficiaries with a mental health (MH) diagnosis using the 2018 Medicare Current Beneficiary Survey (MCBS).

The MCBS includes survey responses from nearly 16,000 Medicare beneficiaries, selected to be representative of the entire Medicare population, including Medicare Advantage (MA) beneficiaries and traditional Medicare fee-for-service (FFS) enrollees.

Key Findings

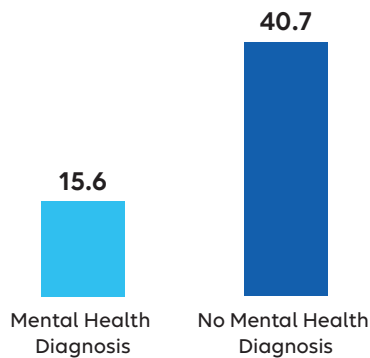
Key findings from the MCBS analysis include:

- Approximately 28 percent of the respondents reported they have been told they have a MH condition. (Figure 1)
- Nearly one in four beneficiaries reported having both depression and another MH condition. (Figure 2)
- Beneficiaries with a MH diagnosis were more likely to live alone. (Figure 3)
- Beneficiaries with a MH diagnosis indicated more limited social activities during the past month attributable to their health status. (Figure 4)

Figure 1

Community-Dwelling Medicare Beneficiaries, 2018

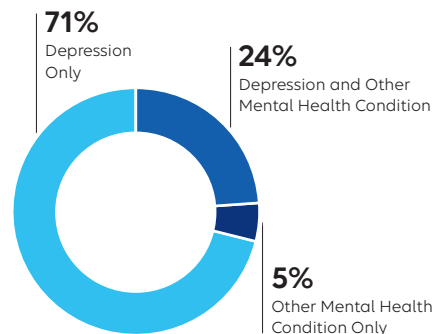
In millions



Source. MCBS Survey Respondents, 2018.

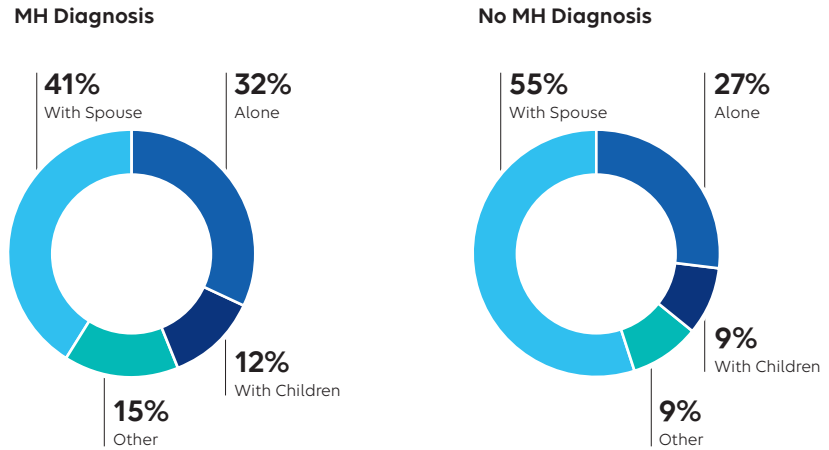
Figure 2

Medicare Beneficiaries with a MH Condition, 2018



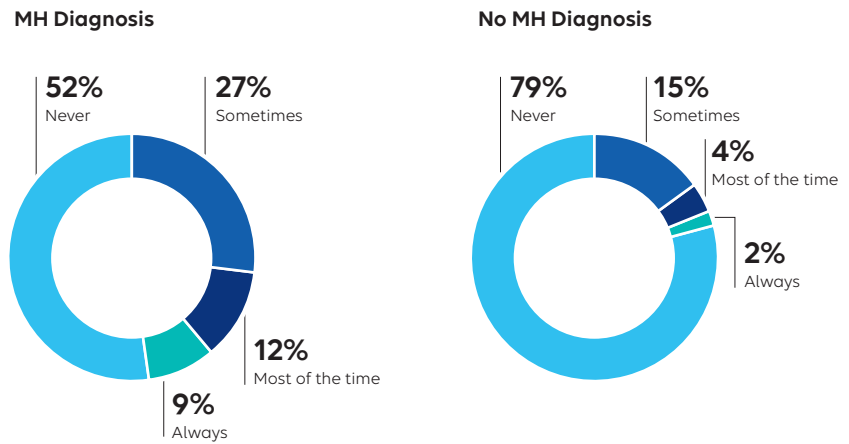
Source. MCBS Survey Respondents, 2018.

Figure 3
**Medicare Beneficiaries’
 Living Arrangements, 2018**



Source. MCBS Survey Respondents, 2018.

Figure 4
**Medicare Beneficiaries’
 Social Activities, 2018**
 How much of the time during the past month has your health limited your social activities, like visiting with friends or close relatives?



Source. MCBS Survey Respondents, 2018.

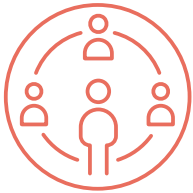
Member Connect Program

Member Connect is an Elevance Health clinical initiative that addresses the social challenges that older adults experience daily.

Its goal is to improve physical, psychological, and social wellbeing by encouraging participants to re-engage with healthcare, connect with community-based organizations, and increase physical activity.

Elevance Health's affiliated MA plan members are identified as a potential fit for the Member Connect program through a number of means, including the house call program, care management and behavioral healthcare case management participation, cancer care programs, and customer service entry points. Members must meet at least one of the following criteria:

- Live alone
- Live with others, but majority of their day is spent in isolation
- No social support (i.e., long distance caregiver or no caregiver)
- Self-report loneliness or isolation
- Is a caregiver with little support
- Newly widowed with little social support
- Recent diagnosis of a serious or terminal illness
- Diagnosis of dementia



The Member Connect team builds connections and supports members in making changes to reduce social isolation.

Member Connect Team. The team includes an Elevance Health community health worker, also known as a social care partner (SCP), and an Elevance Health employee volunteer, or phone pal, who together build connections with members. The approach focuses on establishing personal connections with affiliated MA plan members and supporting them to make changes in activities to reduce isolation and loneliness.

Social Care Partner. The SCP is a full-time employee dedicated to the program with a background in social work or counseling and is responsible for introducing members to the program and following them throughout the time they are engaged. SCPs perform psychosocial assessments and screens for barriers to connectedness such as lack of transportation, mobility difficulties, or recent loss of a partner.

The SCP develops a care plan, engages in regular (at least biweekly) calls with the member, and works with the member to address barriers to reducing isolation. Individuals typically “graduate” from the program after 9-24 months of participation.

Phone Pal. The phone pal reinforces the work of the SCP during weekly calls, while creating an additional social engagement and relationship building opportunity for the member. Weekly phone pal calls provide the member with the opportunity to share personal stories and interests, talk about life and health goals, and discuss health and daily living needs where they may need assistance. Phone pals can encourage changes in

habits that improve social connectedness through tangible steps in the member's community. For instance, phone pals may locate the nearest SilverSneakers program or walking group for the member or challenge the member to a shared weekly step goal.

Phone pals are also often the first to hear about any concerns the member may be having, and they can report any needs back to the SCP, who can help the individual to address them. For instance, SCPs have assisted with member referrals for fair housing counseling in their communities when their rent has been raised to unaffordable levels.

Since the Member Connect program's inception in 2017:

- 5,740 unique members have participated in the program
- 216,833 phone calls have been made to participants

Member Connect Program Outcomes

According to the National Council on Aging (NCOA), to better understand the positive impact health promotion programs have on older adults' loneliness and/or social isolation, measurement is key.

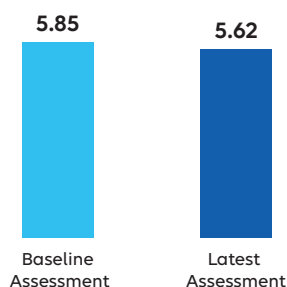
UCLA Loneliness Scale. One reliable and widely used scale for measuring aspects of social connectedness is the UCLA Loneliness Scale.¹⁵ A brief, three-item version asks about companionship, belongingness, and isolation. The scores for each individual question can be added together to give a possible range of scores from 3 to 9, with a higher score representing a greater degree of loneliness. Researchers have grouped people who score 3–5 as “not lonely” and people with the score 6–9 as “lonely.”¹⁶ When administered at different points in time, this three-item scale may be used to determine changes in loneliness.¹⁷

Participants in the Elevance Health Member Connect program for a period longer than 145 days were screened using the UCLA 3-Item Loneliness Scale at two points during a program participation period of January 2021 and April 2023. This allowed for a minimum participation period between their baseline screening and follow-up assessment.¹⁸

Of the total sample of 117 individuals, there was an average 4 percent improvement of respondents' feelings of loneliness and social isolation. (Figure 5)

Figure 5

Average Score on UCLA 3-Item Loneliness Scale among Member Connect Participants

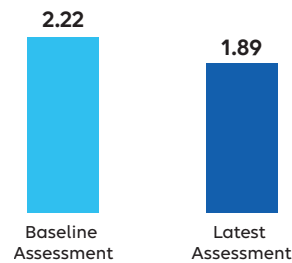


Source. Elevance Health Internal Data.

PHQ-2 Depression Scores. Member Connect participants were additionally screened for PHQ-2 Depression Scores over the same period. The PHQ-2 asks about the frequency of depressed mood over the past two weeks, with a score ranging from 0 to 6, with 6 being more indicative of depression than 0. It is intended to screen for depression rather than diagnose it.¹⁹ Respondents again demonstrated a favorable change from baseline to the latest assessment, exhibiting a 15 percent improvement in the frequency and degree of depressed mood. (Figure 6)

Figure 6

Average PHQ2 Depression Score Among Member Connect Participants

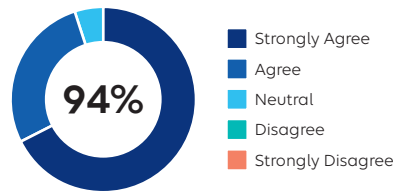


Source: Elevance Health Internal Data.

Member Experience Surveys. These surveys conducted by SCPs by telephone with Member Connect program members found:

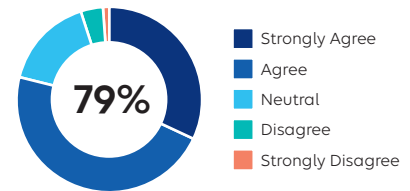
Figure 7

Survey Responses with Member Connect Program Members



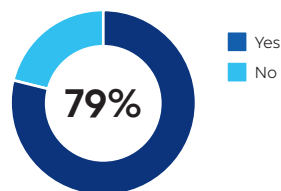
Connections with people.

94 percent of program participants agreed/strongly agreed that they have had more meaningful connections with people since joining the program.



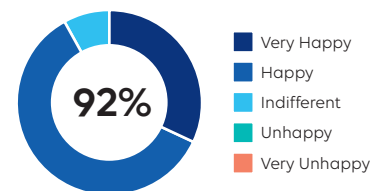
Activities that bring joy or purpose.

79 percent of members agreed/strongly agreed that they have had an increase in activities that bring them joy or sense of purpose since joining the program.



Self care.

79 percent of members have changed something about how they take care of themselves since joining the program.



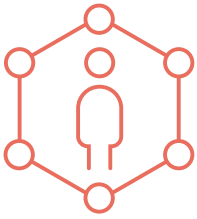
Happiness.

92 percent of program participants are happy/very happy when taking all life aspects into account since joining the program.

Source: Elevance Health Member Connect Program. Survey data 10/4/2021–2/16/2022 from 190 participants.

Conclusion

The negative physical and mental health consequences that accompany social isolation and loneliness in older adults underscores the importance of health plans as partners in addressing this increasingly prevalent societal issue.



Health plan social promotion programs can be an integral component of a whole health approach to improving wellbeing among older adults.

MA plans are equipped to identify and engage individuals at-risk for social isolation, such as those who are newly widowed, who are care-givers, or who report feelings of isolation. Early findings from Elevance Health's Member Connect program demonstrate the positive impact on member wellbeing.

While this research did not examine healthcare utilization, the known impact of social isolation on health suggests that these programs could lead to downstream improvements in healthcare utilization.

Health plan social connectedness programs should be considered an integral part of a whole health approach to improving wellbeing among older adults at-risk of social isolation, loneliness, and other MH concerns.

Endnotes

- ¹ United States Department of Health and Human Services. (2020, April). Loneliness and Social Isolation Linked to Serious Health Conditions. Retrieved January 24, 2023 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.
- ² Ibid.
- ³ Courtin, E., et al. (2015, December 28). Social Isolation, Loneliness and Health in Old Age: a Scoping Review. *Health and Social Care in the Community* 25(3). Retrieved 2/21/2023 from <https://onlinelibrary.wiley.com/doi/10.1111/hsc.12311>.
- ⁴ United States Census Bureau. (2021, October 8). 65 and Older Population Grows Rapidly as Baby Boomers Age. Retrieved May 24, 2023 from <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>.
- ⁵ National Academies of Sciences, Engineering, and Medicine. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Retrieved January, 24, 2023 from <https://doi.org/10.17226/25663>.
- ⁶ United States Department of Health and Human Services (2023, May 3). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Retrieved May 4, 2023 from <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.
- ⁷ Ibid.
- ⁸ Perissinotto, C.M., et al. (2012, July 23). Loneliness in Older Persons: A Predictor of Functional Decline and Death. *Archives of Internal Medicine* 172(14). Retrieved April 20, 2023 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4383762/>.
- ⁹ Ramic E., et al. (2011). The Effect of Loneliness on Malnutrition in Elderly Population. *Med Arh* 65(2). Retrieved June 30, 2023 from https://www.researchgate.net/publication/51139459_The_effect_of_loneliness_on_malnutrition_in_elderly_population/link/562fb2a108aefb4c6cb9ca85/download.
- ¹⁰ Kobayashi L.C., Steptoe A. (2018, July). Social Isolation, Loneliness, and Health Behaviors at Older Ages: Longitudinal Cohort Study. *Annals of Behavioral Medicine* 52(7). Retrieved June 30, 2023 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6377432/>.
- ¹¹ Ong, Antony D., et al. (2016). Loneliness and Health in Older Adults: A Mini-Review and Synthesis. *Gerontology* 62(4). Retrieved April 20, 2023 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6162046/>.
- ¹² Yang, Yang C. et. al. (2016, January 19). Social Relationships and Physiological Determinants of Longevity Across the Human Life Span. *Proceedings of the National Academy of Sciences of the United States of America* 113(3). Retrieved April 20, 2023 from <https://pubmed.ncbi.nlm.nih.gov/26729882/>.
- ¹³ National Academies of Sciences, Engineering, and Medicine. (2020).
- ¹⁴ Pomeroy, M.L., et al. (2023, July 24). Association of Social Isolation with Hospitalization and Nursing Home Entry Among Community-Dwelling Older Adults. *JAMA Internal Medicine Online First*. Retrieved July 24, 2023 from <https://jamanetwork.com/journals/jamainternal-medicine/article-abstract/2807616>.
- ¹⁵ National Council on Aging. (2022, May 4). On Your Own Doesn't Have to Mean Alone: How to Help Older Adults Stay Socially Connected. Retrieved 2/20/2023 from <https://www.ncoa.org/article/staying-socially-connected-can-stave-off-isolation-and-loneliness>.
- ¹⁶ Campaign to End Loneliness (UCLA Loneliness Scale, 2004).
- ¹⁷ The UCLA 3-item questionnaire has been found to be accurate when it is part of a self-completed questionnaire, and when an interviewer asks questions over the phone.
- ¹⁸ Member Connect participants may be assessed at the 145-day mark based on ability to reach the member and the member's preference to complete follow up assessments.

About Us

Elevance Health Public Policy Institute

The Public Policy Institute (PPI) was established to share data and insights that inform public policy and shape the healthcare programs of the future. PPI strives to be an objective and credible contributor to healthcare transformation through the publication of policy-relevant data analysis, timely research, and insights from Elevance Health's innovative programs. For more information:

Visit us

ElevanceHealthPPI.com

Follow us

[PPI on LinkedIn](#)

Elevance Health

Elevance Health is a lifetime, trusted health partner fueled by its purpose to improve the health of humanity. The company supports consumers, families, and communities across the entire care journey—connecting them to the care, support, and resources they need to lead healthier lives. Elevance Health's companies serve approximately 118 million people through a diverse portfolio of industry-leading medical, digital, pharmacy, behavioral, clinical, and complex care solutions. For more information:

Visit us

ElevanceHealth.com

Follow us

[Elevance Health on LinkedIn](#)