RECOMMENDATIONS

GOAL 1: DEVELOP A MORE ROBUST EVIDENCE BASE

Recommendation 2-1: Major funders of health research, including the government (e.g., the National Institutes of Health (NIH), the Center for Medicare and Medicaid Innovation (CMMI), and the Patient-Centered Outcomes Research Institute (PCORI)), foundations, and large health plans should fund research on social isolation and loneliness at levels that reflect their associations with mortality.

Recommendation 3-1: Major funders of health research, including the government (e.g., NIH, CMMI, PCORI), foundations, and large health plans should fund research to improve the basic scientific understanding of the links between social connection and health, including the study of risk factors and mechanisms.

Recommendation 9-3: Funders should prioritize research that builds a scientific foundation for clinical and public health interventions that reduce the health and medical impacts of social isolation and loneliness based on standard theoretical frameworks.

Recommendation 9-4: Major funders of health research, including the government (e.g., NIH, CMMI, PCORI), foundations, and large health plans should fund research on interventions in clinical settings to identify, prevent, and mitigate the effects of social isolation and loneliness in older adults.

Recommendation 9-5: Those who fund, develop, and operate programs to assess, prevent, and intervene in social isolation and loneliness should prioritize research on the following major gaps in the evidence base:

- Tailored interventions based on a public health framework of primary, secondary, and tertiary prevention. In particular, researchers should examine improved measures to identify individuals who may be at high risk for social isolation or loneliness and primary interventions in order to target such individuals.
- Trends among current younger adults as they age (e.g., use of technology, economic trends) to gain knowledge that informs future approaches to addressing social isolation and loneliness.
- Flexibility in funding to allow for the pilot testing and evaluation of innovative funding mechanisms for interventions
- Approaches for assessments of and interventions among understudied groups of older adults (e.g., low income, LGBT) and those who face unique barriers to health

Recommendation 9-6: System designers as well as those who are developing and deploying technology in interventions should ensure that technological innovations related to social isolation and loneliness are properly assessed and tested so as to understand their full range of benefits and potential adverse consequences in order to prevent harm, and they should work to understand and take into account contextual issues, such as broadband access and having sufficient knowledge and support for using the technology.

GOAL 2: TRANSLATE CURRENT RESEARCH INTO HEALTH CARE PRACTICES

Recommendation 7-1: Health care providers and practices should periodically perform an assessment using one or more validated tools to identify older adults experiencing social isolation and loneliness in order to initiate potential preventive interventions after having identified individuals who are at an elevated risk due to life events (e.g., loss of a significant relationship, geographic move, relevant health conditions).

- In the case of older adults who are currently socially isolated or lonely (or at an elevated risk for social isolation or loneliness), health care providers should discuss the adverse health outcomes associated with social isolation and loneliness with these older adults and their legally appointed representatives. Providers should make appropriate efforts to connect isolated or lonely older adults with needed social care.

- For older adults who are currently socially isolated or lonely, health care providers should attempt to determine the underlying causes and use evidence-based practices tailored to appropriately address those causes (e.g., hearing loss, mobility limitations).

Recommendation 7-2: Health care systems should create opportunities for clinicians to partner with researchers to evaluate the application of currently available evidence-based tools to assess social isolation and loneliness in clinical settings, including testing and applications for specific populations.

Recommendation 7-3: The committee endorses the recommendation of previous National Academies reports that social isolation should be included in the electronic health record or medical record.

GOAL 3: IMPROVE AWARENESS

Recommendation 8-1: The U.S. Department of Health and Human Services should advocate for including measures of social isolation and loneliness in major large-scale health strategies (e.g., Healthy People) and surveys (e.g., National Health Interview Survey).

Recommendation 8-2: Health and aging organizations, relevant government agencies, and consumer-facing organizations should create public awareness and education campaigns that highlight the health impacts of social isolation and loneliness in adults.

- Health care systems, associations representing all types of health care workers (e.g., American Medical Association, American Nurses Association, American Psychological Association, National Association of Social Workers, American Geriatrics Society, American Association for Geriatric Psychiatry, organizations representing direct care workers), health-related organizations (e.g., American Heart Association), consumer-facing health-related organizations (e.g., AARP), aging professional associations (e.g., American Society on Aging, Gerontological Society of America), aging services organizations (e.g., area agencies on aging, state departments on aging), and organizations working with at-risk older adults (e.g., National Hispanic Council on Aging) should actively communicate information about the health impacts of social isolation and loneliness through print and digital media.

- Organizations representing health plans and providers should include consumer-friendly information about the health impacts of social isolation and loneliness in their repository of patient resources (e.g., where the organization provide information about the self-management of various chronic diseases).

GOAL 4: STRENGTHEN ONGOING EDUCATION AND TRAINING

Recommendation 8-3: Health professions schools and colleges as well as direct care worker training programs should include education and training related to social isolation and loneliness in their curricula, optimally as interprofessional team-based learning experiences.

- Health education and training programs should include information on clinical approaches to assessing and intervening when an older adult is at risk for social isolation and loneliness.
- As evidence on effective interventions develops, health education and training programs should provide education on integrating care related to social isolation and loneliness into clinical practice and as part of discharge planning, care coordination, and transitional care planning with community organizations.

Recommendation 8-4: Health professional associations should incorporate information about the health and medical impacts of social isolation and loneliness on older adults in their advocacy, practice, and education initiatives.

- Health professional associations should include social isolation and loneliness in conference programming, webinars, toolkits, clinical guidelines, and advocacy priorities.

Recommendation 8-5: Health professional associations, membership organizations, academic institutions, health insurers, researchers, developers of education and training programs, and other actors in the public and private sectors should support, develop, and test different educational and training approaches related to the health and medical impacts of social isolation and loneliness in older adults across different segments of the healthcare workforce (including health care professionals and direct care workers) in order to determine the most effective ways to enhance competencies. In addition to initial clinical education, these approaches should apply to professional education, continuing education modules, online learning, and other forms of lifelong learning.

GOAL 5: STRENGTHEN TIES BETWEEN THE HEALTH CARE SYSTEM AND COMMUNITY-BASED NETWORKS AND RESOURCES

Recommendation 9-1: Health care providers, organizations, and systems should partner with social service providers, including those serving vulnerable communities, in order to create effective team-based care (which includes services such as transportation and housing support) and to promote the use of tailored community-based services to address social isolation and loneliness in older adults.

Recommendation 9-2: Given the public health impact of social isolation and loneliness, the U.S. Department of Health and Human Services should establish and fund a national resource center to centralize evidence, resources, training, and best practices on social isolation and loneliness, including those for older adults and for diverse and at-risk populations.

To read the full report, please visit
nationalacademies.org/isolationandloneliness

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