

Social isolation: The underrated senior health risk

How senior living communities can build on growing awareness and lessons learned to reduce loneliness and improve health of residents.



Social isolation is a serious, yet underrated, health risk for seniors

And while avoiding seclusion is a reason so many are attracted to assisted living communities and the social activities they offer, many still struggle with loneliness and its negative impacts on mental and physical health.

Pandemic lockdowns and the many rules surrounding social distancing and infection control only exacerbated the problem. This led to increased or worsening depression and anxiety among senior living residents,¹ and raising new concerns about their long-term effects.

Looking forward

One positive from the pandemic fallout is that it underscored and raised awareness among caregivers, residents and their families about the importance of identifying and helping senior living community members deal with social isolation.

“The pandemic brought to light mental health issues in a way that nothing else ever has,” said Jean Fortgang, NP-C, ACHPN, and associate director of the UnitedHealthcare® Assisted Living Plan.

It also fueled innovative – and often times very simple – new programs that have the potential to drive long-term improvements in behavioral health care in senior living communities.

The ‘underappreciated’ health risk: Social isolation

Social isolation and loneliness were serious, yet underappreciated, public health risks across a significant portion of the older adult population long before COVID-19, according to a 2020 report from the National Academies.²



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– Jean Fortgang, associate director, UnitedHealthcare Assisted Living Plan



“Approximately one-quarter of community-dwelling Americans aged 65 and older are considered to be socially isolated as they are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, the loss of family or friends, chronic illness, and sensory impairments,” the report states.

That isolation and feelings of loneliness present a major risk for premature mortality that is comparable to other risk factors such as high blood pressure, smoking or obesity, the report concluded.

A separate pre-COVID-19 study³ links loneliness in older adults to depression, pain and fatigue, poorer general health, increased likelihood of nursing home admissions, cognitive decline and dementia, increased inflammation and increased mortality.

“The research out there really underscores what an important piece mental health is to the whole human being,” said Fortgang. “That’s why when we are treating senior living residents, we need to make sure first and foremost we are talking about the whole person, not just their physicality.”

Small steps by staff can yield big results for residents

Despite the progress, Dr. Cathy Lipton, national medical director for senior community care at Optum, said hurdles remain.

“Because this is an older population, there are still some stigmas attached to saying, ‘I’m going to counseling, or I’m on medication for anxiety or depression,’” Lipton said. “I do believe the pandemic allowed a little bit of grace with that, helping people realize it’s OK to say, ‘I’m sad. I’m lonely. I’m not happy with the way things are.’ And then others can help them address that.”

The first step in helping residents deal with isolation is, of course, identifying the symptoms. The good news is that as communities have grappled with the many new challenges presented by the pandemic, Optum advanced practice clinicians (APCs) report more staff and family awareness of symptoms of depression and anxiety.

“I’m not sure all of the staff, particularly those without a medical background, know what to call the changes they are seeing. But I think it’s striking them more, recognizing if a resident isn’t acting like they used to,” Fortgang said. “They are calling out the differences more frequently. And I think that goes for all the staff, not just clinical staff. It really is a community, an extended family. So, they may not know to call it mental health, but they know to call out when a behavior is different.”

And that enables the Optum team, as part of the community, to provide more education and support to help senior living communities address behavioral health issues.

“Not every situation we address is medical in nature,” said Lipton. “And we were able to be there to help. And I know, that was tremendously valued by assisted living communities.”

And while the level of mental health resources for helping residents varies widely across assisted living communities, even small steps can produce big results.

- Talk with family members, who may pick up on behavioral changes more easily during visits than staffers who have daily interaction with residents
- Train the staff who interact with residents daily to help identify warning signs
- Help residents overcome anxiety by encouraging them to take a short walk, get out for lunch or just sit in the lobby for one hour
- Look at physical therapy and other options to help them regain physical strength, and therefore, confidence



Key signs residents may be struggling:

- Are they less likely to leave their room?
- Are they less willing to join group activities?
- Are they fearful?
- Are they disengaged?
- Are they missing meals?

The social game-changer: Technology

With every crisis comes change. “Assisted living communities adopted a number of innovative responses to reduce isolation during lockdowns – from putting up tents outdoors where residents and family members could socialize, to setting up window visits, and bringing in dogs for pet therapy,” Fortgang and Lipton said.

But the real game-changer was technology. As many assisted living communities went into lockdowns or restricted visitation, virtual platforms became much of the world’s social lifeline. So Optum bought tablets to bring to residents in communities that didn’t have the means to help residents set up those communication channels.

“Such programs helped bridge the digital divide for seniors, many of whom already had smartphones, computers and tablets, but used them more for simple tasks like email and playing games,” Lipton said.

Besides using the technology to see their families, increasingly tech-savvy seniors also learned to tap into virtual options for attending everything from their grandchildren’s recitals to religious services.

“I don’t think that will go away,” Lipton said. “Because a number of these folks are physically disabled or don’t have transportation. So, the more of these opportunities they have to potentially sit in their apartment and participate remotely, the better. So that’s really a nice outcome. There are so many ways that they can now participate in social activities that doesn’t require them going across town.”

How Optum creates a community of care

The tablet program was just one way Optum was able to help assisted living communities deal with the mental health fallout from the pandemic.

While senior living center staff focused on the increased challenges the pandemic created for day-to-day operations, Optum APCs were deemed essential workers, meaning they were able to continue their regular visits with residents.

“They really do know these members and their families, and their kids and grandkids and they talk about kind of all things personal as well, which is extremely impactful,” said Lindsey Haagensen, product director for the UnitedHealthcare® Assisted Living Plan.

“But on top of that we have a high focus on social determinants. So, we have a lot of resources at our disposal that the nurse practitioners can activate to help with anything related to behavioral health or social isolation, which I think is really important.”

Optum specialists also helped train assisted living staff to identify if residents are struggling. “We’re not just there to visit that one resident, but to really get a sense of what’s going on in the larger environment,” Lipton said.

APCs in Optum’s the Optum care model are nurse practitioners or physician assistants who do much more than assess and monitor their patients’ physical health. They assess the broader environment to help identify all their needs and work closely with their primary care and other doctors to develop personalized plans for their care. And they continually monitor residents’ progress.



Restoring connections

Optum bought tablets for assisted living residents to help reopen communication channels after COVID-19 lockdown.

“We come in and do a comprehensive assessment on each one of our members,” Fortgang said. “So we talk through and look at not just their physical, health, but also their mental health. We do regular geriatric depression screens on our patients. We have different behavioral health resources our patients can access. We also can get online with a mental health provider and say, I want to talk through this patient with you to make sure that we have the right treatment plan for them.”

The next crucial challenge: Building on lessons learned

How the long-term impacts of social isolation during the pandemic will play out for both mental and physical health will no doubt be studied long after COVID-19 fades.

In the meantime, it’s important that senior communities continue to build on the momentum achieved in helping residents cope with the mental health challenges of social isolation.

“A lot has been learned,” Lipton said. “There have been very important lessons about addressing things early, communicating with families, figuring out ways to put things in place that reduce social isolation and its mental and physical health impacts.”

“Just realizing that again, there is a risk regardless of how well adapted residents may appear and keeping vigilant and being aware there are situations that can happen even without a pandemic, such as losing an old friend. It’s so important to make sure that everybody involved with the assisted living residents knows that.”

“Some steps assisted living communities can take to continue building on those lessons, Lipton said. “Engage with the community and get volunteers to come in and talk about mental health issues, encourage more programs like pet therapy and provide more technology and training for residents.”

“The digital piece is key, the video,” Lipton said. “Being able to have the video conferencing capabilities, but frankly, even telephones. But the other piece to that, is making sure that these folks are more plugged in to meaningful social media and that sort of thing. That can be very helpful.”

While many of these pandemic lessons and innovative programs may seem like small, simple steps, social isolation remains a serious health risk for seniors – and one that needs serious attention. That’s why keeping them in place and building on them is crucial to improving mental health, and in return physical health, to keep senior living residents happy, healthy and able to stay in their communities longer.

About Optum

The Optum care model and UnitedHealthcare Assisted Living Plan brings specialized health plan benefits, clinical support and expertise to residents in assisted living communities. The model is led by an advanced practice clinician who works one-on-one with residents to coordinate and support their physical and behavioral health care needs



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For more information:

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