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Together Apart

Findings from the Social Isolation Impact Summit

BY CAROLINE SERVAT AND JENNIFER BAKER

With a call to action by Scott Kaiser, MD, and Nora Super

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For the past three decades, the Milken Institute has served as a catalyst for practical, scalable solutions to global challenges by connecting human, financial, and educational resources to those who need them. Guided by a conviction that the best ideas, under-resourced, cannot succeed, we conduct research and analysis and convene top experts, innovators, and influencers from different backgrounds and competing viewpoints. We leverage this expertise and insight to construct programs and policy initiatives.

These activities are designed to help people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities.

About the Milken Institute Center for the Future of Aging

The Milken Institute Center for the Future of Aging promotes healthy, productive, and purposeful aging.

About the MPTF (Motion Picture & Television Fund)

The MPTF supports working and retired members of the entertainment community with a safety net of health and social services, including temporary financial assistance, case management, and residential living. From childcare to living and aging well with dignity and purpose, MPTF is there to guide the industry workforce through the enormous obstacles life presents. For nearly 100 years, the extraordinary generosity of the entertainment community has enabled MPTF to deliver charitable services to industry members in need. To learn more, visit mptf.com.
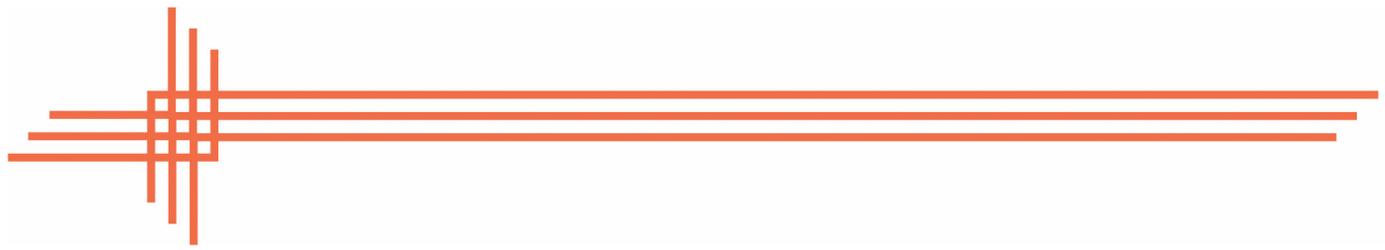
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INTRODUCTION

By Bob Beitcher, CEO, MPTF (Motion Picture Television Fund), and Paul Irving, Chairman, Milken Institute Center for the Future of Aging

During a turbulent time in America, in the midst of a grim viral pandemic and fractious racial and social divides, the MPTF (Motion Picture and Television Fund) and the Milken Institute Center for the Future of Aging convened the Social Isolation Impact Summit in July 2020. We brought together a diverse group of experts and thought leaders in health and aging from across the country for one unifying objective: to share inspirational stories, innovative approaches, tools, and resources to confront and address the realities of isolation and loneliness and the risks to older adults.

Social isolation is the other pandemic, and the COVID crisis has elevated awareness of this urgent public health issue, which has been in the shadows for far too long. More than one in four adults aged 50 to 80 reported that they felt isolated even before the COVID outbreak.[1] The impacts and health costs of isolation and loneliness to individuals, families, communities, and the broader society are massive and sadly under-reported. More attention has been needed for years, but the COVID pandemic has dramatically raised the stakes.

Social distancing, so critical to protect the vulnerable, has heightened the threats of isolation and loneliness for people of all ages, but older adults may be most endangered. Separated from children and grandchildren,

distanced from friends, and too often alone, aging adults, particularly those in disadvantaged and underserved communities, may be at higher risk of a number of serious health conditions if they are isolated from their loved ones and traditional support networks.

But there is hope—and opportunity. Communities and organizations across America and the world are taking action to implement evidence-based interventions and promote social connection and support for those in need. Programs that recognize the diverse needs of the growing population of aging adults are being developed, scaled, and spread. Families and caregivers are increasingly engaged, volunteers are stepping up, and technologies are being deployed in new ways. The Social Isolation Impact Summit focused on innovative programs in California, but these promising practices can be effective in many places.

This report aims to summarize the key themes raised by Summit panelists: promoting social connection across diverse communities, intergenerational cohesion, and the mind-body connection. The pages that follow present not only the challenges but also recommendations, explanations, takeaways, and examples of creative solutions to the social isolation crisis. Our teams have also gathered additional resources in each chapter provided to us by many Summit participants. The lists are not meant to be exhaustive; we welcome suggestions for other helpful resources.

We trust that you will find this report enlightening and the call to action compelling. We hope that you will take action and get involved. Now, more than ever, is the time for us to come together, collaborate, and tackle the pandemic of social isolation and loneliness.
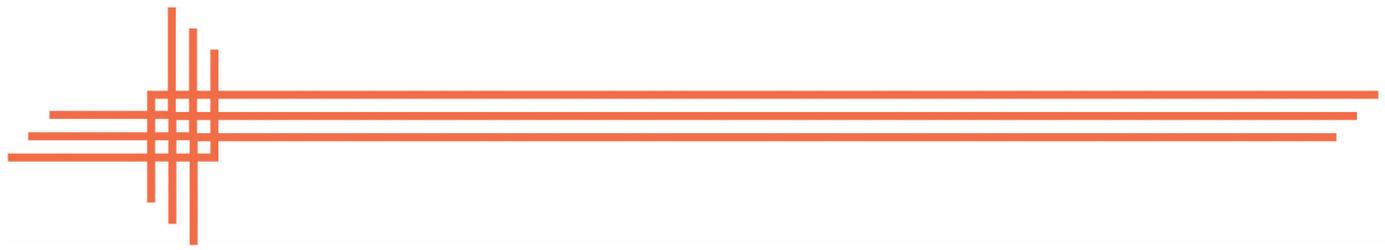
SOCIAL ISOLATION IMPACT SUMMIT AGENDA

July 1, 2020
DESCRIPTION
Opening Remarks from Bob Beitcher, CEO of MPTF and Paul Irving, Chairman of Milken Institute Center for the Future of Aging
Introduction by Scott Kaiser, Chief Innovation Officer of MPTF and Lisa Marsh Ryerson, President of the AARP Foundation
A message from Julianne Holt-Lunstad, PhD, Professor of Psychology and Neuroscience at Brigham Young University

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Session 1: Confronting Loneliness in a Turbulent World Acting now to prevent a social recession amidst the greatest health, economic, and social challenges of our time	Kim McCoy Wade, Director, CA Department of Aging Marc Freedman, President and CEO, Encore.org Sachin Jain, MD, CEO, SCAN Health Plan Moderator: Ina Jaffe, Correspondent, NPR

A message from Trent Stamp, CEO of the Eisner Foundation

DESCRIPTION

Session 2: Identifying and Filling Loneliness Gaps across California Government and nonprofit roles and initiatives to increase opportunities for social connection among older adults	Laura Trejo, General Manager, LA City Department of Aging Donna Benton, PhD, Director, USC Family Caregiver Support Center Carla M. Perissinotto, MD, Associate Chief, Geriatrics Clinical Program at UCSF Jennie Chin Hansen, Board Chair, The SCAN Foundation Moderator: Nora Super, Senior Director, Milken Institute Center for the Future of Aging
A message from Sam Polk, CEO of Everytable	
A message from Jeremy Nobel, MD, Founder of The Foundation for Art and Healing	
Session 3: Connecting the Dots— Social Prescribing, Social Justice, and Social Connection Exploring the intersection between social isolation and other social determinants of health; promising approaches to catalyze meaningful social connections while addressing fundamental inequities and building more resilient communities	Tim Carpenter, CEO and Founder, EngAGE Romilla Batra, MD, Chief Medical Officer, SCAN Health Plan Sheila Shapiro, SVP, National Strategic Partnerships, UnitedHealth Dora Hughes, MD, Associate Research Professor, Milken Institute School of Public Health Moderator: Lisa Marsh Ryerson, President, AARP Foundation
Closing: Call to Action	Scott Kaiser, MD, Chief Innovation Officer, MPTF Lisa Marsh Ryerson, President, AARP Foundation Nora Super, Senior Director, Milken Institute Center for the Future of Aging
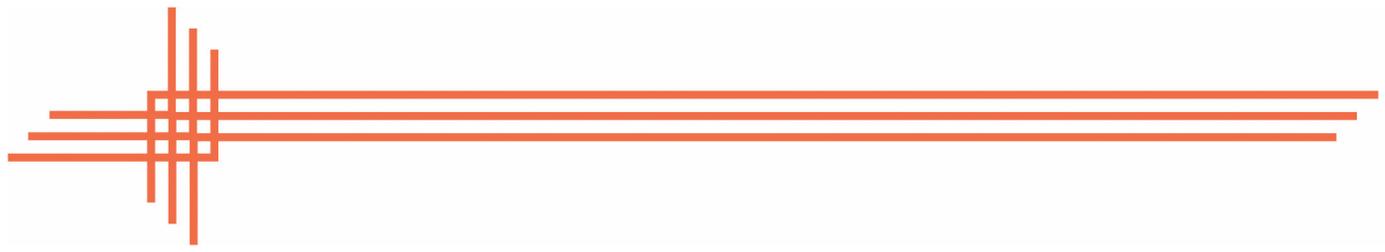
CHAPTER 1

Promoting Social Connection across Diverse Communities

"The one and only blessing of COVID-19 is that it has made, to many, what was invisible visible, and that's the beginning of a powerful activism."

Bob Beitcher
CEO, MPTF (Motion Picture Television Fund), at the Social Isolation Impact Summit

FACTS AT A GLANCE

- Loneliness occurs across any age, income level, living situation, and gender. However, the highest rates are found among those with lower incomes, LGBTQ+, and those living alone.[2]

- Since the pandemic and the necessary stay-at-home and social distancing recommendations, 20 to 30 percent of adults report that they are feeling lonelier now than pre-COVID.[3]

- Nationwide, about 28 percent of our population over the age of 65 live by themselves. Over the next two decades, the number of single-person households with older adults will grow dramatically, from 4.7 million in 2018 to an estimated 10.1 million in 2038.[4]

Social isolation, or a lack of meaningful connection with others, has the same impact on mortality as smoking 15 cigarettes a day and is a preventable public health challenge.[5] This fact, brought to us by Summit presenter and researcher Julianne Holt-Lunstad, chillingly demonstrates how harmful social isolation can be to our health. Even before the COVID-19 pandemic began in early 2020, more than 8 million older adults were socially isolated and at an increased risk of heart disease, depression, dementia, and hospitalization as a result.[6] The federal government spends an additional $6.7 billion on health-related costs each year because of social isolation among older adults.[7]

Summit participants discussed the dangers of social isolation—especially in light of the significant demographic shift occurring in the United States; the population of

adults aged 65 and older will likely more than double from 46 million today to more than 98 million by 2060.[8] This demographic shift may contribute to a more significant prevalence of social isolation in the coming years. The physical distancing guidelines implemented in response to COVID-19 exacerbate the already existing loneliness epidemic in the United States, and traditional interventions to enhance social connectedness are temporarily unavailable (e.g., senior centers, congregate meal sites, and lifelong learning opportunities).

The lack of consensus regarding a standard definition of social isolation makes universal measurement of the problem challenging. For this report, we define isolation as "the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties."[9]

Social isolation and loneliness are different. Social isolation refers to the experience of being alone (which is objective), and loneliness refers to the experience of feeling alone (which is subjective). Evidence shows that both lead to poorer health outcomes. Summit presenters and participants discussed innovative strategies to improve these outcomes. We've summarized key takeaways from the discussion.

EXPOSING INEQUITY, DEMANDING ACTION

"We need to meet the needs of a very diverse group of older Americans—diverse in age, diverse in ability, diverse in life experience, income, race, and experiences of race and language in this country. So, we need to understand there's not just one loneliness story, there are many."

Kim McCoy Wade
Director, California Department of Aging

TAKEAWAY 1

Bolster creative, community-based interventions tailored to the unique needs of populations at risk of experiencing compounded stress from social isolation and financial insecurity.

Since the calls for staying at home and social distancing took place, 20-30 percent of adults report that they feel lonelier now than pre-COVID. While loneliness knows no geographic, racial, or age-specific bounds, Summit panelist and leading loneliness researcher Julianne Holt-Lundstad observed that the highest rates of loneliness are experienced among people with low incomes, people who are LGBTQT+, and people living alone. A comprehensive study from
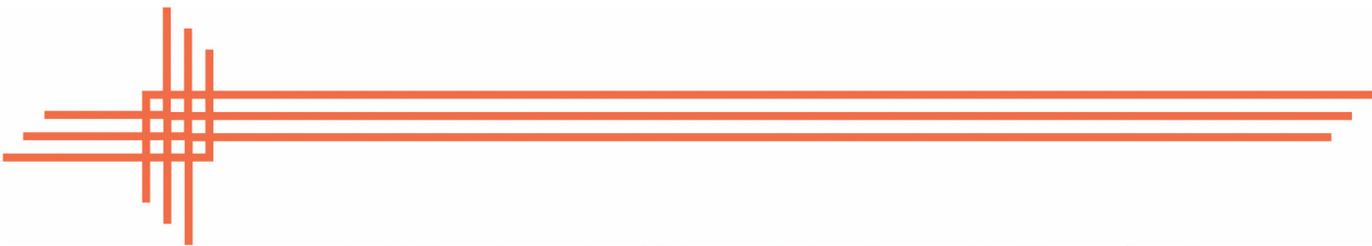
the National Academies of Sciences, Engineering, and Medicine confirms the disproportionate impact of social isolation along socioeconomic, racial, and cultural dimensions.

Aging advocates have long known that the United States must address the structural and systemic factors that contribute to this discrepancy. Environmental and health stresses can exacerbate the cumulative risks associated with the pandemic's stay-at-home recommendations. Because the relationship between health and social isolation are bidirectional—that is, social isolation and loneliness influence health and vice versa—the cyclical nature of chronic stressors, whether financial, social, or otherwise, demand our collective attention. Panelist Dora Hughes, associate research professor at the Milken Institute School of Public Health at George Washington University, encouraged participants to consider the race, ethnicity, and other demographic variables for the communities and people they serve and not to take a one-size-fits-all approach to reduce social isolation.

The Navajo Nation Protects Its Elders

While access to traditional home- and community-based services has stalled in the face of the pandemic, specific communities are delivering grassroots support to protect their own. Native Americans, including the Navajo, who have been historically underserved by traditional community-based outreach, are tapping young adults to help keep their elders safe at home. Young Navajos are spearheading a range of response efforts, from community fundraisers, food delivery, and virtual campaigns to reach isolated residents and recruitment of medical volunteers to staff clinics.[10] Since late March, the Protect the Sacred campaign has held three live-streamed events featuring Navajo health-care professionals, political leaders, and celebrities, such as actor Mark Ruffalo and filmmaker Taika Waititi.

TAKEAWAY 2

To better support communities of color, who often care for isolated older adults, the United States must prioritize the safety and health of all essential workers, including those in long-term care settings, with the same urgency and resource allocation afforded to frontline health-care workers.

When considering the broader impacts of physical isolation and social distancing in the COVID era, the "essential workforce," including direct care workers who interact with older adults across a variety of in-home and long-term care facilities, remains particularly vulnerable. People of color disproportionately fill low-wage occupations considered part of the essential workforce, and higher rates of infection among these communities compound the stress and social disruption associated with the pandemic.[11] Direct care workers, for example, are often family caregivers themselves. Panelist Donna Benton, director of the USC Family Caregiver Support Center, shared the distressful tradeoff that black communities face: go to work while symptomatic and risk exposure to others, or lose income.
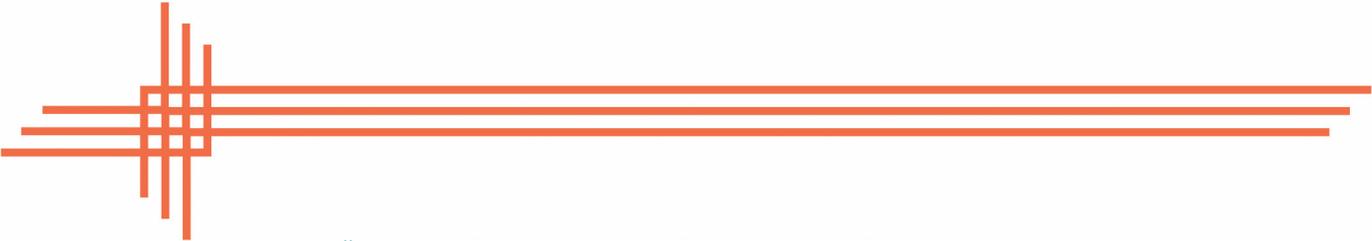
"We need to understand that the shelter in place has been very different for Black communities. Our caregivers, in particular, and many of the African American caregivers are in the fields that are considered essential workers. So, they have been exposed, then they're trying to go back, and they haven't been able to isolate. They had to make a choice between having an income or social distancing."

Donna Benton
Director, USC Family Caregiver Support

The panelists agreed that aging services networks should prioritize the unique needs of communities of color throughout the pandemic, and they should work with community-based organizations to develop interventions aimed at reducing isolation and supporting caregivers. The unprecedented disruption to the critical community-based services aimed at providing supplemental support and respite for the nation's 43.5 million unpaid caregivers[12] calls for more significant investment in innovative, virtual solutions to address this challenge. For example, panelist Laura Trejo, general manager for the City of Los Angeles Department of Aging, discussed a collaboration between the Department of Aging and the Mexican American Opportunity Foundation to identify the social determinants of health that impact feelings of social isolation and loneliness among Mexican Americans, older adults, and family caregivers during the pandemic.

As part of the Families First Coronavirus Response Act, Congress enabled certain health-care providers to declare themselves exempt from the CARES Act paid-leave requirement, and the US Department of Labor determined that nursing homes and home care providers qualify for the exemption. Seventy-five percent of exempt workers are women, and 39 percent are people of color.[13] Although the HEROES Act, signed on May 15, 2020, removed the exemption, the damage was already done. By then, nearly 40,000 long-term care residents and workers had died from the virus, accounting for 40 percent of the country's fatalities.

Connecting Caregivers Spotlight

The SUNY Plattsburgh Alzheimer's Disease Caregiver Support Initiative, nationally recognized for its caregiver relief services in northern New York, offers free support services to caregivers of individuals with Alzheimer's disease and other dementias, including Memory cafes (community sites where both caregivers and people living with Alzheimer's and other dementias can socialize), support groups, educational training and materials, and respite services. When COVID put an end to in-person gatherings and services, the Caregiver Support Initiative continued to provide most services remotely.[14]
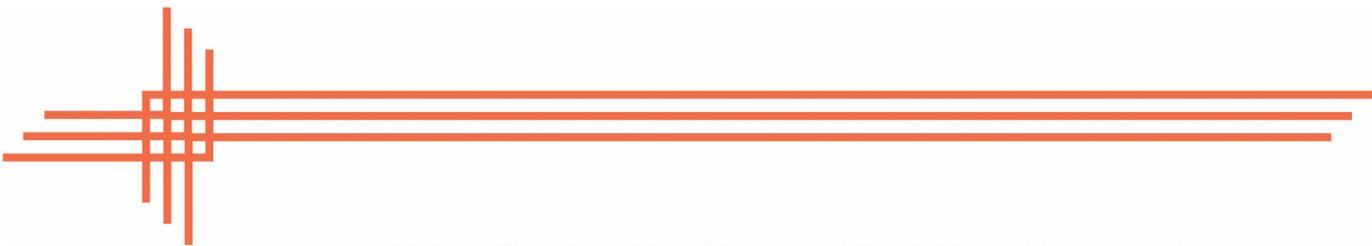
A STRENGTHS-BASED APPROACH TO REDUCING SOCIAL ISOLATION: NOTHING ABOUT US, WITHOUT US

"Oftentimes the gifts, talents, or the tools already exist in a community, either within organizations or within the individuals who are the community, and tapping into that purpose and that agency is really important."

Lisa Marsh Ryerson
President, AARP Foundation

TAKEAWAY 3

Prioritize the diverse perspectives of older adults in co-creating interventions that utilize their strengths as mechanisms for combatting social isolation and loneliness.

The aging services network is navigating the realities of the COVID-19 pandemic while addressing the consequences of pervasive racism and ageism. The panelists agreed that the "–isms" must be addressed concurrently within the context of the COVID-19 pandemic and beyond. As Lisa Marsh Ryerson, president of the AARP Foundation and Summit moderator, stated, "If we intend to address social isolation and loneliness, we have to do it from an equity-building framework."

Yet, too often, programs and services focus on how to help an aging population, rather than bringing the diverse perspectives of older adults into the conversation. This approach further stigmatizes aging and may contribute to increased social isolation. The panelists discussed a growing movement in the United States that aims to combat ageism by taking a strengths-based approach to navigating through the aging process. Aging-related research has shown that positive perceptions about the aging experience may enhance quality of life and enable older adults to live independently for longer.[15] The COVID-19 pandemic poses a unique challenge to engaging older adults meaningfully, though, and requires programs across the country to think creatively about how to work with older adults from diverse backgrounds to reduce social isolation.

> "I think ageism has to come into the conversation as part of the pandemic too, and we know that paying attention to the strengths and perspectives of older adults is important. We're faced with a lot of isms right now, and as part of that, we've been told that older adults are expendable. We've all been given a dose of what isolation feels like though, and I think that we are now better able to relate to what older adults have been facing for a long time."

Tim Carpenter
CEO and Founder, EngAGE

TAKEAWAY 4

Ensure that local community members are involved in any public health response to aging-related issues, including social isolation.

The panelists agreed that older adults are the experts of their own lived experiences and all face unique barriers to social connection. For an intervention to be successful, the perspectives of older adults from diverse backgrounds must be incorporated into strategies designed to foster social connection. No one-size-fits-all approach exists to building community and reducing social isolation.

The public health crisis posed by the COVID-19 pandemic highlights the grave importance of working within communities of color to address potential threats and barriers to health equity. In San Francisco's Chinatown, for example, residents face an increased risk of exposure to the virus due to dense living conditions and frequent international travel. Panelist Jennie Chin Hansen described the Chinese Hospital, a local acute care facility in the heart of Chinatown that quickly mobilized the community and reduced the spread of the virus because of long-standing relationships with residents in the neighborhood and through targeted messaging.[16] This example demonstrates that localized approaches that address barriers to health equity and incorporate the perspectives of older adults have the most potential to create positive change.

> "San Francisco's Chinatown response to the COVID-19 pandemic is an example of what's possible when we have respect for the underlying community structure [and] established public health practices and leadership, and work highly collaboratively to respond to a crisis."

Jennie Chin Hansen
Independent Consultant, Hirsch Philanthropic Advisers

The social isolation and racism epidemics in the United States existed long before the public health crisis created by the COVID-19 pandemic occurred. However, the virus and its corresponding restrictions have laid bare the adverse impacts of racism, ageism, and social isolation. As the country looks forward to a post-pandemic world, the aging services network must prioritize the perspectives and strengths of older adults while working in partnership with local community organizations that understand the unique attributes of their community to address social isolation.

Additional Resources

This report describes many highly regarded initiatives, organizations, best practices, and research. We provide additional resources below.

- AARP Foundation's Connect2Affect Connected Communities opens the door for older adults to "connect with others, gain access to information, and enjoy freedom and independence."

- The recent Older Americans Act reauthorization increases spending by 35 percent over the next five years and extends the RAISE Family Caregivers Act, which strengthens the National Family Caregiver Support Program. The program provides family caregivers with respite care, education, training, and other support.

- Age-Friendly Health Systems may help address health equity. Read more about The John A. Hartford Foundation and Institute for Healthcare Improvement's initiative and the different ways to reduce systemic inequities.

- The Alzheimer's Association helps to connect people living with dementia and their caregivers to local resources on its "Find Your Local Chapter" page.

- Everytable launched the Everytable Helpline during the crisis to help connect the most vulnerable seniors with food relief resources.

- The Anti-Ageism Clearing House has a plethora of COVID-related resources.

- Family Caregiver Alliance hosted a webinar on "Social Isolation and Well-Being for Caregivers during COVID-19" on April 17. Watch the full recording here and visit the Caregiver Connect page for resources.

- For advocacy on behalf of direct care workers, follow the National Domestic Workers Alliance and the Paraprofessional Healthcare Institute's work.

- The National Caucus and Center on Black Aging works to protect the health and wellness of older African Americans. Keep up to date with its "Caucus Corner" newsletters.

- The National Hispanic Council on Aging works to improve the lives of Hispanic older adults and their caregivers. Its blog is updated regularly with pertinent COVID-19 information and resources.

- The SAGE National LGBT Elder Hotline connects LGBT older people to friendly responders who are ready to listen.

- The USC Family Caregiver Support Center at USC Leonard Davis School of Gerontology has made strides toward helping older African Americans stay connected to and engaged in their communities.

CHAPTER 2

Intergenerational Cohesion

FACTS AT A GLANCE

- One in five Americans lives in a multi-generational household. This trend is even more common among people of color, with 29 percent of Asian Americans, 27 percent of Latinx, and 26 percent of African Americans reporting living with multiple generations compared with 16 percent of white non-Hispanic people.[17] Around 7 million grandparents in the United States live with grandchildren under age 18, and 39 percent have primary caregiving responsibilities.[18]

- Millennials and baby boomers share many of the same worries. For example, both generations cited affordable housing, high-speed internet access, and safe streets among their top three concerns when surveyed by the American Planning Association.[19]

- A recent survey in the UK showed that 60 percent of younger (ages 18-59) and older adults (ages 60 and older) are communicating more with one another since the start of the COVID-19 pandemic.[20]

INTERGENERATIONAL CONNECTIONS IN HOMES AND COMMUNITIES

"We invented retirement communities, senior centers, nursing homes, and a whole set of social institutions—and some public policies—that help create walls between older people and the larger community. Now, we're going to need to be as creative in bringing people together as we've been about separating them."

Marc Freedman
CEO, Encore.org

TAKEAWAY 5

Equip local communities with the resources necessary to ensure that members of multi-generational households can safely engage with one another throughout the pandemic.

Summit panelists agreed that intergenerational connections are vital to reducing social isolation and loneliness. The built environment, though, often creates generational silos that limit the potential for meaningful relationships across the ages. The COVID-19 pandemic further highlights societal barriers to intergenerational connection. Speakers suggested creative ways to reduce the barriers to connection, though most agreed that the United States must emerge from the COVID-19 pandemic with a renewed commitment to fostering community.

In the United States, more than 12 million older adults live alone and therefore are often less financially comfortable and socially connected.[21] Aging advocates and urban planners have been exploring options for a different type of housing that fosters connectivity and community. For example, panelist Kim Wade McCoy, director of California's Department on Aging, asked, "How do we build affordable housing that brings us together instead of pushing us apart?" Multi-generational housing is a potential tool for reducing social isolation and may provide psychosocial and financial benefits to residents across all ages.

EngAGE is a nonprofit organization that creates community and changes lives by transforming affordable senior and multi-generational housing communities into vibrant centers of learning, wellness, and creativity. In Glendale, California, EngAGE partnered with the Glendale YMCA to create an affordable multi-generational apartment community. The housing complex supports three generations of artists—older professional artists, younger professional artists, and families with children involved in the arts.

As noted, people of color are more likely than white, non-Hispanic people to live in multi-generational housing. Because a disproportionate share of people from these communities are often deemed essential workers, they face an increased risk of exposure to the COVID-19 virus. At the Summit, Donna Benton described a heartbreaking scene playing out in multi-generational households across the country where older adults can no longer hug their adult children or grandchildren because of fear of transmission. "We find for the African American and Hispanic populations, while they may be in multi-generational households, that doesn't mean that they can't begin to feel lonely and isolated even with family around because they're not interacting the same way," she explained. "You're not getting your medicine the way you had before from hugs."

TAKEAWAY 6

Local health departments need to prioritize social connections and relationships across the generations as part of their planning process and within resiliency strategies.

Summit panelists said that communities must provide pathways to meaningful connections to address the epidemic of social isolation. Sachin Jain, president and CEO of the SCAN Group and Health Plan, called for a "new social contract" that reimagines the role of an individual within the community. The panelists offered a variety of perspectives about how best to accomplish this goal, although most highlighted the importance of volunteerism across the generations.

The COVID-19 pandemic complicates traditional pathways to intergenerational volunteerism. In response, The Eisner Foundation, one of the few US funders investing in intergenerational solutions to enrich communities, offered a Rapid Response Fund to combat social isolation in the wake of COVID. CASA of Los Angeles used the Rapid Response funds to ensure that older adult volunteers can continue to connect with children through video and phone conversations.
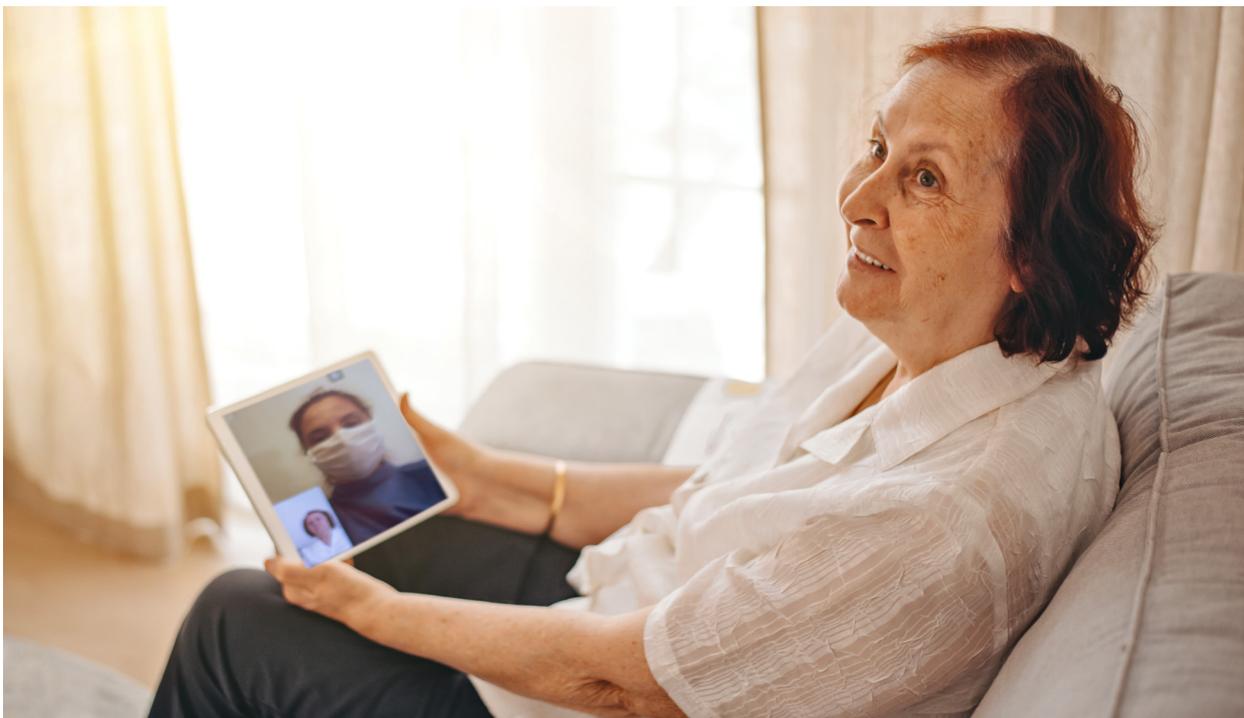
Intervention Spotlights:

AARP Foundation's Experience Corps is an intergenerational volunteer-based tutoring program that is proven to improve learning outcomes among low-income students while providing health benefits to older adult volunteers. The program harnesses the experience, wisdom, and energies of older adults from the community to address the needs within low-resource elementary schools. The model builds upon an understanding that Experience Corps members can be both a resource to improve educational outcomes for children and the social glue that binds adults and children across generations and racial and socioeconomic boundaries. Additionally, a study conducted by the Johns Hopkins University Bloomberg School of Public Health found that participation in intergenerational civic engagement programs can improve brain and cognitive function among older adults.[22]

The Connect CallHub was created by MPTF, with the support of the Eisner Foundation, to help address the growing social isolation and loneliness crisis. Building upon its experience combatting social isolation and loneliness in the entertainment community, MPTF developed a scalable end-to-end solution that enables countless individuals and organizations to mobilize to create meaningful social connections between volunteers and isolated older adults.

Drawing on MPTF's direct experience managing a successful social call program, the CallHub was designed to provide community organizations with the tools they need to effectively reduce loneliness and social isolation, engage volunteers, identify unmet needs, and build resilient and connected communities. CallHub features include the following:

- Organizations manage a social call program within a secure database.

- Calls are made and exchanged seamlessly through a dedicated toll-free number (protecting personal information, reducing confusion, and creating a centralized resource).

- Volunteers are of service from anywhere, anytime.

- Isolated older adults connect and enjoy a bridge to a world of resources, using just a telephone.
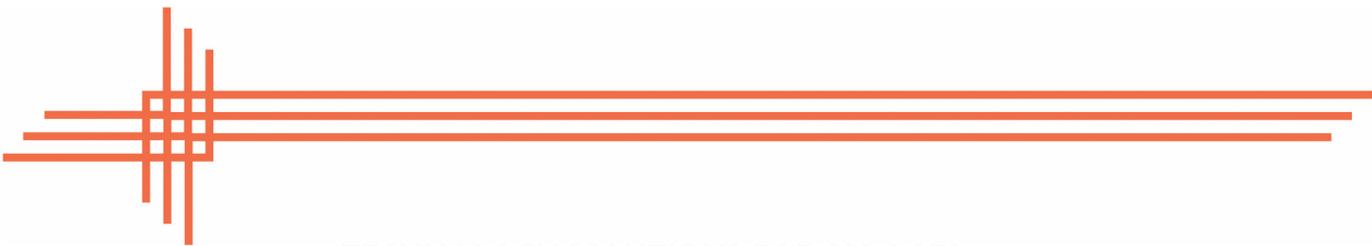
TECHNOLOGY SOLUTIONS FOR ALL AGES

Summit participants shared varying viewpoints about the approach and delivery of new technology solutions to connect older adults amid the pandemic. Many emphasized that technology can assist in bridging the distance across generations in both social and clinical contexts. Still, we must meet the older adults where they are and learn from them how they prefer to communicate.

TAKEAWAY 7

Encourage companies that provide tech-based communication platforms to engage the older user in the product design process formally and account for the broad range of user needs, including for low-income older adults and individuals living with dementia or with visual and hearing impairments.

The pandemic has accelerated the adoption of virtual technologies and communication platforms by many people, including older adults, their caregivers, and long-term care facilities. The rapid scaling up of telehealth and teletherapy makes for a valuable test case to demonstrate new, cost-efficient ways to connect the generations. A new study published in the Journal of the American Medical Association assessed the variance in telemedicine "unreadiness" among older adults in the United States during the pandemic. Researchers estimated that 38 percent were not ready for video visits, and 20 percent of older patients were ill-equipped for telephone visits because of difficulty hearing or communicating or dementia.[23] Furthermore, unreadiness was more prevalent in older patients, men, unmarried individuals, Black and Hispanic individuals, individuals residing in nonmetropolitan areas, and individuals with less education, income, and poorer self-reported health.

Tech adoption among older adults has increased significantly in recent years—but with a widening digital divide driven by education and income. Among people aged 65 and older with incomes of $75,000 or more, 87 percent have access to high-speed internet at home, compared with 27 percent of people with incomes under $30,000.[24] Panelists observed that, although there is no shortage of websites and resources to enable training, without broadband access or smartphones, the digital divide will persist because of socioeconomic disparities.

Still, ageist assumptions and monolithic characterizations hamper the product design process and may preclude the ability of inclusive technology prototyping to meet the needs and preferences of a diverse older adult population. "The stereotype that older Americans are unable to adopt technology as a solution," Sachin Jain observed at the Summit, "ends up being a justification for robbing people of digital solutions and tools that can help them."

Older adults living with Alzheimer's and related dementias have faced some of the most significant barriers to technology solutions during the pandemic. Recognizing this problem, New York-based startup Elovee uses leading-edge conversation software to create an interactive digital avatar resembling a family member in appearance and vocal quality, intending to provide innovative, empathetic solutions to address social isolation and loneliness for elders during moments when family members may not be available.

As much promise as high-tech devices present to older populations, many panelists lauded the often-overlooked value of connecting via telephone. Bob Beitcher, CEO of MPTF, speaking of the organization's newly launched intergenerational Care Calls program, put it this way: "Who knew that in 2020 in the middle of a COVID disaster, the telephone would become so valuable in breaking down the barriers of physical isolation and connecting people, bringing fresh voices into people's lives, and bringing a little bit of joy?"

"Even as we're transitioning a lot of our programming online, we're also being mindful that it may not be the only way that we will reach most of our clients. So, we've gotten very good at these conference calls with 5,000 seniors. But you know what? That works. It's a functional use and it connects people in communities."

Laura Trejo
General Manager, Los Angeles Department on Aging

The UnLonely Project Online Film Festival

The Foundation for Art and Healing launched The UnLonely Project in 2016 to amplify how creative arts expression can engage and connect us, thereby reducing isolation and improving health outcomes. Recently, in collaboration with the AARP Foundation, it launched a website called Stuck at Home Together, inviting people through creative activities to share their stories of COVID-19, with guidance to resources. Founder Jeremy Nobel, also a faculty member at the department of global health and social medicine at Harvard Medical School, reflected: "We talk about creative arts as a way to connect, and some people say, 'Well, gee Jeremy, you're a medical doctor, what are you doing with that kind of fluffy stuff, the arts, that's nice.' But in our work, it's clear creative arts impact our brains and gets to the center of who we are on many levels. It allows us to be inspired, to be in touch with thoughts and feelings, to share those with other people, and to be connected. And so, yes, we use films and other expressive arts as a very powerful way to tell stories."

TAKEAWAY 8

Increase the deployment and evaluation of scalable public and private initiatives aimed at expanding digital access with the support and oversight of trusted community-based partners and academic institutions.

Recognizing the largely untapped market opportunity of designing age-friendly tech, some companies have released new products aimed specifically at addressing the needs of socially isolated older adults. Facebook recently introduced its Portal device, a home video communications device that makes it easier for people to connect using a smart camera that tracks movement so that people can move and talk hands-free. Mighty Health, a San-Francisco based startup, has created a nutrition and fitness wellness app tailored to older adults with hip or joint problems. Founded by James Li, a child of immigrants, and Bernard Chang, vice chair of research at Columbia University Medical Center, Mighty Health provides "live coaching; content focused on nutrition, preventative checkups and workouts; and celebrations that let family members tune into their loved ones' achievements"[25] for a monthly fee. The founders are in discussion with insurers with hopes of the services becoming a covered benefit.

Insurance companies are also taking note of the need for more equitable access to tech-based loneliness solutions. The national nonprofit Older Adults Technology Services recently announced a $3 million investment from The Humana Foundation to launch a national accessibility initiative for older adults. Age-On! will focus on "getting at least one million disconnected seniors online, particularly those in marginalized communities, and will support equitable access to technology, helping older adults access critical digital health tools and maintain social connectedness."[26]

Still—as many summit participants noted—simply deploying new devices and providing discounted broadband services are not a panacea to erase the digital divide. Kim McCoy Wade pointed out that, although tackling the digital divide is essential, devices must provide content that is useful, interesting, and relevant across life stages. Furthermore, many participants agreed that the key to successful adoption involves the partnership and oversight of a trusted community partner, caregiver, family member, or friend—which invites a compelling opportunity for multi-generational exchange.

Responding to the lack of scalable, community-based, peer-to-peer, digital training for low-income older adults in California, researchers at the Center for Information Technology Research in the Interest of Society at the University of California recently

launched Lighthouse for Older Adults, a public-private initiative to pilot access to telehealth and internet services to low-income older adults living in affordable housing communities. With $3.6 million in funding and partners, including affordable housing providers, technology distributors, and nongovernmental organizations, Lighthouse will pilot a technology-enabled ecosystem to promote whole health that can serve as a model for replication during the COVID crisis.

Additional Resources

- Communities across the country are developing action plans to become more age-friendly, which includes reducing social isolation and loneliness for older adults. Read Pittsburgh's action plan.

- The Daily Call Sheet allows MPTF members to call on industry members to connect.

- EngAGE is a nonprofit that provides arts, wellness, lifelong learning, community building, and intergenerational programs to thousands of seniors and families.

- The Gary and Mary West Senior Wellness Center is gathering data to demonstrate the positive outcomes of community-based care coordination.

- Generations United is working hard through the COVID-19 pandemic to strengthen, not weaken, bonds between generations. Its resource library is full of information and inspiration.

- Grantmakers in Aging hosted a webinar during which panelists discussed the current state of digital health and what their organizations are doing to combat social isolation using technology.

- In San Francisco, the Community Living Campaign hosts virtual events to cultivate connections for older adults aging in place.

- The Eisner Foundation's innovative programs that unite multiple generations are inspiring. Read the Eisner Journal for information about maintaining intergenerational connections remotely.

- Tivity Health is committed to transform rural aging and build social connection among isolated older adults. Learn more about its campaign here.

- Twilio provides social impact organizations with technical, financial, and strategic support.

SPECIAL FEATURE

The California Master Plan for Aging

> "We are going to go forward to a new reality, and what you see on the ground is that people have both expanded their services to meet the moment and redesigned them. There has been kind of a revolution in traditional aging network services."

Kim McCoy Wade
Director, California Department of Aging

FACTS AT A GLANCE

- More than a supermajority of Californians (69.3 percent) support the state's plans to prioritize the implementation of a Master Plan for Aging.[27]

- California has the largest number of adults aged 65 and older of any state[28] but ranks second to last for affordable places for older adults to live.[29]

- California's share of multi-generational households is the second largest by state, behind Hawaii.

A PLAN TO DRIVE CONNECTIVITY AND COMMUNITY

California Gov. Gavin Newsom signed an executive order in June 2019 to establish a Master Plan for Aging to improve the quality of life and drive coordinated, person-centered care for older Californians. The first commitment by a California governor to a wholesale system review of aging services across the state, the plan is intended to serve as a blueprint for state and local government, as well as the private sector. With the support of The SCAN Foundation, in partnership with the Archstone Foundation, Rosalinde and Arthur Gilbert Foundation, The James Irvine Foundation, Metta Fund, The San Diego Foundation, May & Stanley Smith Charitable Trust, and the Gary and Mary West Foundation—and the input of state-appointed Stakeholder Advisory Committee members—the state is expected to release its 10-year plan in December 2020. Upon issuing his executive order, Gov. Newsom emphasized that the plan[30] will advance four thematic goals, outlined in the Master Plan for Aging Progress Report:[31]

- services and supports,

- livable communities and purpose,

- health and well-being, and

- economic security and safety.

Each of the goals addresses elements of the isolation crisis both as drivers of and solutions to the challenge, and COVID-19 has increased the urgency of responding to these needs. On April 1, 2020, the California Department of Aging and the California Health and Human Services Agency announced the "Stay Home, Save Lives, Check In" Campaign focused on systematic neighbor-to-neighbor check-ins for older adults, "helping to ensure they feel connected and that they have the food, medicine, and other supplies they need while they stay at home to keep safe from COVID-19." Join this effort by taking the pledge.

The governor's executive order also called for the establishment of a Research Subcommittee and the development of key indicators to guide the plan's evaluation framework. To that end, the Research Subcommittee is establishing a dashboard with key indicators, benchmarks, and targets in each of the four goal areas of the Master Plan for Aging. There will be several indicators related to social isolation.

To help gauge Californians' priority issues amid COVID-19 and to generate feedback to guide the planning effort, the SCAN Foundation released a voter survey in summer 2020. The phone-based survey produced several key insights:

- A majority (54.7 percent) believe that the state is not prepared to care for its growing aging population. However, a supermajority (69.3 percent) support the state's plans to prioritize the implementation of the Master Plan for Aging.

- Almost 62.0 percent believe that the pandemic has made it more urgent for California's elected officials to focus on the Master Plan for Aging.

- When asked, "What should be the three TOP priorities for California's Governor and Legislature to address immediately for the state's aging population," voters resoundingly highlighted affordability issues, from health-care and long-term care services (48.1 percent) to housing options (37.4 percent).[32]

While social isolation received less attention as a top priority area for voters (9 percent), when placed within the context of broader affordability and health equity issues, the interconnection becomes more apparent. Kim McCoy Wade advanced the perspective that the state's affordable housing crisis cannot be met without a comprehensive assessment of isolation and connectivity for at-risk communities. "The question becomes, 'What do we do in housing so that we don't just become

isolated?'" she remarked. "I mean, this is a big problem in California, both the housing problem and the isolation problem, and they are connected ... How do we build housing that brings us together and doesn't push us apart? How do we have multi-generational housing?"

Intervention Spotlight:

In response to the COVID-19 crisis, the Gary and Mary West Foundation is increasing funding, resources, and support to its nonprofit and community-based grantees who are delivering meals, expanding telehealth services, and providing critical support to older adults and their families. The foundation recently awarded a grant to San Diego Oasis to provide computers, connectivity, computer training, and access to online classes to prevent isolation and loneliness among low-income seniors in North San Diego County.

SOCIAL ISOLATION SOLUTIONS AT SCALE

"As both the first partner of California and the chair of the California Volunteers Commission, I've been so proud of all the different ways that Californians have stepped up to take care of each other ... It reminded me that I should never doubt what a difference even just one small act of kindness can make in someone's life. It inspired me to continue the work ahead, because I know we have so much more to do to ensure that every senior is cared for, not just with regard to their physical health but, again, for their mental and emotional health."

Jennifer Siebel Newsom
First Partner of California; Founder, The Representation Project

In the wake of COVID, the state ramped up its focus on socially isolated older adults by launching public awareness campaigns, scaling local programs, and establishing new ones.

Restaurants Deliver: Home Meals for Seniors is a first-in-the-nation program that closes the gap for meal-delivery for isolated older Californians who are ineligible for other income-contingent nutrition programs. With the support of the Federal Emergency Management Agency, in addition to providing meal delivery, the program recruits local restaurant workers and owners whose incomes have diminished during the pandemic or are currently furloughed. The program specifically targets

independent restaurants left out of the Paycheck Protection Program's first round of funding. Food sales are subject to sales taxes to help offset the deep revenue losses that California cities expect in the aftermath of COVID. The program has provided vital meals for older adults, needed income to workers who are struggling, and sales tax revenue for the state. Praising the program's multi-pronged arrangement, Lee Ohanian, an economist at the University of California Los Angeles, said, "Whenever you can hit three policy goals with a program, that's really, really good."[33]

The Friendship Line, the nation's only toll-free, 24-hour, accredited crisis line for people aged 60 and older and adults living with disabilities, was launched in the San Francisco Bay Area by the Institute on Aging nearly half a century ago. As a testament to the program's success and heightened need, Gov. Newsom announced that the state will make the critical resource available statewide in partnership with the California Department of Aging.[34]

The Social Bridging Project mobilizes more than 1,000 callers to reach out proactively to older Californians who are isolated at home. The project is multi-generational by design, and spearheaded by Listos California (the state's emergency response campaign arm) in partnership with the California Department of Aging, United Airlines, Community Emergency Response Teams, and gerontology students from Sacramento State University. Department of Gerontology Chair Cheryl Osborne applauded the program for "(allowing students) to serve in a capacity that meets community needs at a critical time," in addition to (giving) them the opportunity to put into use all of the things they're learning at school."[35]

"The most isolating situation that older adults and family caregivers face is not being seen and heard by health-care and other service providers. It is high time for care models to place older adults with complex needs and their loved ones in the center, focusing on their individualized needs, values, and preferences. California's Master Plan for Aging and similar efforts are leading the way toward a world where we can all age well in connected community."

Gretchen Alkema
Vice President of Policy and Communications, The SCAN Foundation
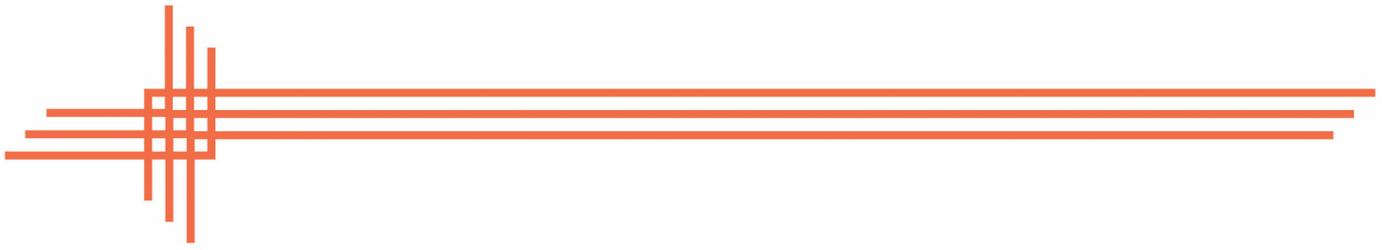
CHAPTER 3

The Mind-Body Connection: Evidence-Based Solutions to Address Social Isolation

FACTS AT A GLANCE

- Social isolation adds an estimated $6.7 billion to Medicare spending annually.[36]

- Nearly half of Americans say they or someone they live with has delayed care since the start of the pandemic.[37]

- Lonely or socially isolated older adults are four times more likely to be readmitted to a hospital within one year of discharge.[38]

LEVERAGING DATA TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
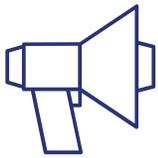
TAKEAWAY 9

Highlighting the consequences of social isolation in public policy discussions around health equity may accelerate the use of low-cost and immediate ways to address social determinants of health.

Social determinants are the "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."[39] Public health advocates have long heralded the importance of social determinants in influencing key health indicators to inform interventions better. Only relatively recently has the term entered the vernacular of business leaders and policymakers to explain socioeconomic and health disparities that affect the populations they serve. Although different sectors may adopt this phrase with particular attention to issues such as housing insecurity, transportation accessibility, education, and neighborhood design, social isolation is seldom considered in this context.

Panel moderator Lisa Marsh Ryerson underscored the importance of a comprehensive social determinants framework that includes social connections as a key aspect of health. "Social engagement is part of our overall health and well-being," she said. "Framing social determinants of health work with the intersectionality of identity and community supports is critically important. We need to embed

important social determinants work in the health-care system, to promote total well-being and increased connection."

Several leading health insurers, particularly those serving Medicare beneficiaries, have formed national initiatives focused on monitoring and ultimately reducing the risks of social isolation to at-risk older adults. Humana is targeting social determinants with its Bold Goal Initiative focused on food insecurity, loneliness, and social isolation "because of their direct impact on healthy days and clinical outcomes."[40] These initiatives include a predictive model that allows care managers and clinicians to identify patients at risk of loneliness and isolation. In May 2020, the company partnered with Uber Health, Papa, the Coalition to End Social Isolation and Loneliness, and the NASA-funded Translational Research Institute for Space Health to launch "Far from Alone" to draw attention to health-related social needs and promote understanding of loneliness and social isolation.

TAKEAWAY 10

Provide incentives for health plans to work collaboratively with community-based organizations to collect standardized data and evaluation metrics, bolstering the evidence base for specific interventions aimed at reducing social isolation.

Many panelists agreed that a barrier to assessing the efficacy of interventions to reduce loneliness is the lack of comparable datasets, which would allow researchers to establish a uniform quantitative basis of measurement. A National Academies of Sciences, Engineering, and Medicine study advises "funders (to) 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," which includes ways to encourage data sharing.[41]

"We have so much data about the health effects of loneliness and isolation, and we also know about the financial implications. What's fascinating is the huge gap in the evidence of interventions. The onus is on all of us to show that they work."

Carla Perissinotto
Associate Chief for Geriatrics Clinical Program,
University of California, San Francisco

Summit panelist Sheila Shapiro is the senior vice president of national strategic partnerships for UnitedHealthcare, the largest provider of Medicare Advantage (MA) and Medicare Supplement plans. Shapiro develops and implements industry-leading models to standardize and use nontraditional data and partnerships to improve health outcomes and to build and improve those at scale. She detailed how UnitedHealthcare is targeting social isolation at a very localized level with

community organizations, noting that the safety net they provide is so critical. Still, those programs need to scale up to show the order of magnitude of impact that organizations can have on overall health and well-being. In July 2020, the company donated $12.3 million through Empowering Health grants to community-based organizations across 21 states. More than half of the grants will focus on capacity-building to expand access to care and support communities disproportionally impacted by COVID-19.

Shapiro described how UnitedHealthcare is using data and technology to connect members with social and government referral services to help address their unmet needs, such as food security, housing, transportation, and social support. Working together with community-based organizations, UnitedHealthcare has been able to not only identify the unmet social needs of its members but also to provide more than 1.8 million referrals to more than 2.7 million members who identified at least one social determinant of health barrier.

Romilla Batra, chief medical officer at SCAN Health Plan, a nonprofit Medicare Advantage Plan based in California, emphasized the need for more comprehensive social needs assessments that can interface with the more commonplace health risk assessments (HRAs) adopted by health plans. "When we did social HRAs, which ask questions around living status, access to food, access to social support, and then isolation, both on the communities that we serve through our clients as well as on the health plan side, we saw a very apparent need for social factors like food and transportation, but also social support," Batra said at the Summit. "We then took the data of the folks who said, 'Yes, I need help with social support, I need help with food and transportation,' and we overlaid it with our own outcomes. When we looked at folks who ended up going to the ER/getting admitted to the hospital there was a distinct correlation."

Now with greater regulatory flexibility through the enactment of the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act, MA plans can pay for targeted services that are not primarily health-related, creating opportunities for more robust evaluation of social determinants of health. For the time being, however, implementation challenges remain. According to the rules, non-medical benefits can be targeted based on clinical criteria rather than social needs, and coding can vary significantly across providers, making eligibility criteria challenging to navigate.[42]

AVOIDING CONTACT AND DELAYING CARE: HOW TO STRIKE A BALANCE FOR TOTAL HEALTH

"This is not a problem that requires a new drug. It's not a problem that requires a new medical device to be pioneered. It is, frankly, a problem that requires a new social contract. We must not waste this crisis but instead ensure that we come out of this very challenging moment more connected to each other than ever before."
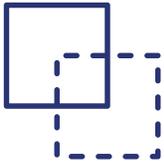
Sachin Jain
President and CEO, SCAN Group and Health Plan

TAKEAWAY 11

The COVID-19 pandemic has inspired cross-sector collaborations and reduced silos to meet aging services demands associated with the public health crisis.

The panelists reached a consensus about the need to develop interventions that balance the risk of contracting COVID-19 with the risks associated with prolonged isolation. The COVID-19 pandemic disproportionally affects older adults, and it is estimated that eight out of ten COVID-19-related reported deaths in the United States have been among people aged 65 and older.[43] In the absence of an effective treatment or vaccination for the virus, all older adults will remain at risk even as states relax physical distancing guidelines. The stay-at-home orders offered in response to COVID-19 exacerbate the preexisting social isolation epidemic.

Public health researchers know that social isolation causes adverse health effects and increases an individual's risk of heart disease, depression, dementia, and hospitalization. As panelist Julianne Holt-Lunstad, professor of psychology and neuroscience at Brigham Young University, said, "Social isolation and loneliness can actually kill." The long-term health consequences associated with the necessary and extended physical distancing guidelines remain to be seen. In the weeks since the Social Isolation Impact Summit, though, several prominent aging researchers have raised significant concerns about the impact of the pandemic on older adults' cognitive health.[44] These concerns are particularly troublesome because there are currently 5.7 million people living with Alzheimer's disease or related dementias in the United States, and the health-care system has almost reached its capacity to provide care and support.[45]
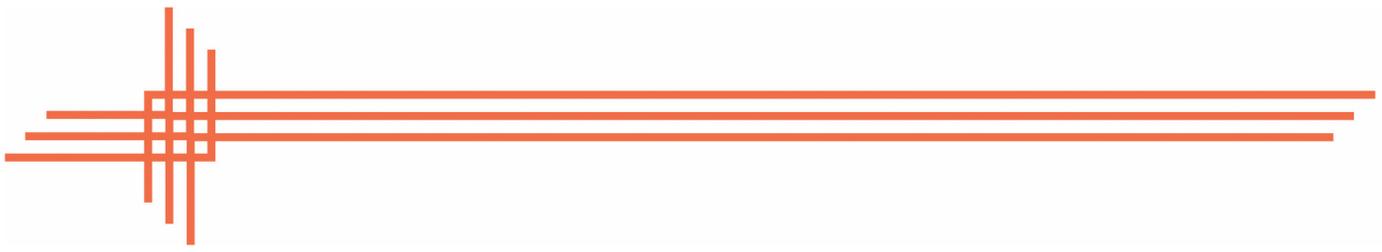
TAKEAWAY 12

Take advantage of heightened focus and the shared experience of social isolation resulting from the pandemic to push forward new policy proposals and funding initiatives.

Several panelists explained that the pandemic is not only exacerbating the social isolation epidemic but also contributing to deferred medical treatments. This development is particularly concerning because health maintenance is vital to the sustained independence and well-being of older adults. Carla Perissinotto addressed this intersectionality when she shared that patients have died because of delayed care, which is a "direct effect of COVID-19 and social isolation." This experience is not unique; it is estimated that one in three of the excess deaths, defined as the number of deaths above expected baseline levels, in the United States during the pandemic may be attributed to deferred care.[46]

The panelists agreed that the aging services network should identify and deploy innovative strategies to address the unique challenges to meaningful social connections caused by the pandemic. The crisis, while devastating, provides a unique window of opportunity to reduce siloes across the aging and health networks. Across the country, the aging and health services networks are mobilizing together to create a coordinated effort to ensure that older adults can access the resources necessary for overall health and well-being.

Featured Example:

Panelist Laura Trejo, general manager for the City of Los Angeles Department of Aging, ensured that the local Area Agency on Aging could redirect the traditional support systems to address the changing needs of older adults in the community. The Area Agency on Aging quickly built capacity for an information and referral call system for older adults. Prior to the pandemic, the call system averaged 200 to 300 calls per day. Now, 160 Los Angeles city employees answer 3,000 calls per day, seven days a week, to ensure that older adults are connected to the necessary resources and support.

Several panelists and moderators mentioned that a "silver lining" in the pandemic is a renewed commitment to engagement with older adults and to building community. They agreed that by prioritizing relationships with one another, we can improve overall health and well-being among older adults throughout the pandemic and beyond.

Intervention Spotlight:

Panelist Dora Hughes, associate research professor of health policy and management at the Milken Institute School of Public Health at George Washington University, shared that Accountable Communities for Health may enable the aging services network to work more collectively to address social isolation in the United States. Accountable Communities for Health are multisector collaborations involving public health, health-care, and social services stakeholders designed to improve health care, reduce health-care costs, and enhance population health. These collaborations were gaining momentum pre-pandemic, and the current public health crisis has inspired renewed energy in this space.

"It's clear that no one sector can solve this important issue alone, but together we can begin to create the change we so desperately need. One of the things that I feel like has been somewhat of a silver lining of this pandemic is the greater awareness of just how important our relationships are, and not only getting through this current crisis but getting through the everyday crises of everyday life, we need each other. And I hope that people will start really prioritizing their relationships in their everyday life and reaching out to others and looking out for those most vulnerable in their communities. This really is a crisis that we can solve together."

Julianne Holt-Lunstad
Professor of Psychology and Neuroscience, Brigham Young University

Additional Resources

- The Adventures in Caring Foundation teaches the art and practice of communicating with compassion.

- The Aging and Disability Business Institute works to build partnerships between community-based organizations and the health-care system. Its webinars and success stories share best practices for public-private partnerships.

- The John A. Hartford Foundation and The SCAN Foundation co-designed and funded a nationwide survey to gather data about older adults' isolation, loneliness, and care delays during the pandemic.

- Partners in Care Foundation works to innovate and build partnerships focused on addressing the social determinants of health in diverse populations.

- A new survey from Gallup and West Health revealed that people of color are nearly twice as likely to worry about their ability to pay for health care if diagnosed with COVID-19 than their white counterparts.

- King's College London and the University of Exeter are recruiting participants to help study the impact of COVID-19 isolation on the health and well-being of older people.

- Terry Fulmer, president of The John A. Hartford Foundation, addressed the ways health systems can help older adults address social isolation and loneliness with the Better Care for People with Complex Needs Playbook.

- The SCAN Foundation focuses on initiatives to improve the connectedness and resiliency of older adults. Its California Advocacy Network brings together nearly 1,000 organizations to make care accessible, coordinated, and responsive to older adults and people with disabilities.

- Vivek Murthy, the 19th Surgeon General of the United States, makes a case for loneliness as a public health concern in his new book, Together: The Healing Power of Human Connection in a Sometimes Lonely World.

CALL TO ACTION

By Scott Kaiser, Chief Innovation Officer, Motion Picture Telivsion Fund, and Nora Super, Senior Director, Milken Institute Center for the Future of Aging

The Social Isolation Impact Summit held on July 1, 2020, occurred at a moment characterized by uncertainty, fear, and loss. The convergence of the viral pandemic with long-standing and systemic structural inequities provided a distinct frame through which to consider efforts to increase social connection, foster improved health and well-being, and build resilient communities. Bringing together thought leaders, community organizers, and experts within this context, the Summit created a unique opportunity to approach this set of critical public health issues with a newfound level of passion and commitment. The robust engagement of our audience—representing a wide range of geographies, disciplines, and backgrounds—and a steady stream of comments indicated that our themes struck a chord that resonated broadly. A strong coalition emerged of individuals and organizations that increasingly recognize the critical role healthy social connections play in our lives and that are committed to reducing loneliness and social isolation, particularly for our most vulnerable. This palpable enthusiasm, combined with the critical insights and innovative approaches shared, yield great promise and a sense that we achieved our objective—fueling collaborative efforts to tackle isolation and loneliness now, in the age of COVID-19, and well into the future.

While it is difficult to capture this level of energy in a written report, hopefully this summary will advance ongoing work, stimulate new ideas, and catalyze further activity to advance our mutual objectives. Harnessing the power of this groundswell and enlisting an ever-broader coalition in this movement, the following key themes and conclusions from this Summit may serve as helpful guideposts:

- Leverage the new awareness of social isolation brought on by COVID-19 to educate and engage policymakers and funders.

- Increase funding to community-based organizations to ensure we do not revert to a socially isolated society after the pandemic resolves.

- Target research funding to understand better which interventions prove most effective, demonstrate value, and are most scalable for impact.

- Broaden the availability of continuing education and information to caregivers to increase resiliency and protect health.

- Bridge the gap between the promise of technology and actual needs, developing solutions that "meet older adults where they are," account for preferences, and accommodate special needs—especially hearing, visual, and cognitive impairments.

- Design, innovate, and build with us, not for us.

- Assure that efforts to build toward equity and inclusivity are at the core of work to address loneliness and social isolation.

- Recognize that various populations may address social isolation challenges differently; maintain a central focus on the experience of minority and disadvantaged populations.

- Embrace and celebrate our uniqueness while elevating commonalities that can help all of us thrive.

Now, at this formative moment, we have an unprecedented opportunity to reimagine and restructure the way we engage, care, and connect. Maintaining our steadfast commitment to addressing loneliness and social isolation and recognizing these factors as critical determinants of health and well-being, let us remember—this is a crisis we can solve together. Join us!

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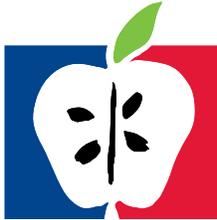
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