IssueBrief

November 2023

Battling the epidemic of social isolation: How case managers can connect clients

Our lack of social connection is creating an "epidemic of loneliness" that threatens our individual and collective health. That's not just a general observation: It comes directly from the US Surgeon General. The 82-page report from his office—*Our Epidemic of Loneliness and Isolation*—articulates the problem and identifies solutions.[1]

The researchers found that being socially connected not only enhances our emotional well-being but also profoundly impacts our physical health. "Health outcomes are intricately woven with the quality of our social connections," says MaryBeth Kurland, MPA, CAE, ICE-CCP, CEO of the Commission for Case Manager Certification. "In today's fast-paced world, the significance of our interpersonal connections often goes unnoticed. Yet, our relationships and interactions with family, friends and colleagues play a monumental role in our overall health and well-being." The fact that roughly half of US adults have reported feeling lonely in recent years—even before the onset of the COVID-19 pandemic—reveals a serious public health issue.

Sharing data from the report, she notes that individuals with weak social ties face a heightened (29%) risk of heart disease and a 32% risk of experiencing a stroke. "On the flip side, the involvement of family and community can offer protective advantages, especially for those battling conditions such as diabetes."

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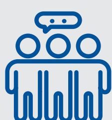
That's the message the lead scientific editor of the US Surgeon General's report, Julianne Holt-Lunstad, PhD, professor of psychology and neuroscience and director of the Social

1. US Surgeon General. Our Epidemic of Loneliness and Isolation. 2023. Available online: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

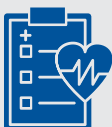
Six pillars to address the loneliness epidemic

Released in 2023, the US Surgeon General's report lays out a framework for a National Strategy to Advance Social Connection, which details recommendations that individuals, governments, workplaces, health systems, and community organizations can take to increase connection in their lives, communities, and across the country and improve their health. It's based on six foundational pillars:

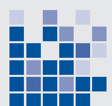


Strengthen Social Infrastructure: To strengthen social infrastructure, communities must design environments that promote connection, establish and scale community connection programs, and invest in institutions that bring people together.

Enact Pro-Connection Public Policies: National, state, local, and tribal governments play a role in establishing policies like accessible public transportation or paid family leave that can support and enable more connection among a community or a family.

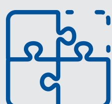


Mobilize the Health Sector: Because loneliness and isolation are risk factors for several major health conditions (including heart disease, dementia, depression) as well as for premature death, health care professionals are well-positioned to assess patients for risk of loneliness and intervene.



Reform Digital Environments: We must critically evaluate our relationship with technology and ensure that how we interact digitally does not detract from meaningful and healing connections with others.

Deepen Our Knowledge: A more robust research agenda, beyond the evidence outlined in the advisory, must be established to further our understanding of the causes and consequences of social disconnection, populations at risk, and the effectiveness of efforts to boost connection.



Cultivate a Culture of Connection: The informal practices of everyday life significantly influence the relationships we have in our lives. We cannot be successful in the other pillars without a culture of connection.

Connection & Health Lab at Brigham Young University, is delivering around the country. In a world where social connection is increasingly undervalued, the work of Holt-Lunstad and her colleagues alerts us to the profound impact of loneliness and isolation on our health. She emphasizes the urgent need to prioritize social connection as a key component of overall well-being, and her insights and recommendations provide valuable guidance that can help case managers to address this epidemic.

Understanding the problem

She emphasizes that some of what we think we know about the issues is incorrect. For example, who is lonely? Holt-Lunstad offers the following examples:

- Daniel, a teenager, recently moved to a new town with his family, and hasn't been able to make any new friends yet, so he spends most of his time alone, almost constantly playing video games.
- Sarah has been battling multiple sclerosis for years. Her symptoms have gotten worse. And she finds it hard to get out and do the things she used to do. Many of the friendships she made playing golf and tennis are now difficult to maintain because she's no longer able to participate.
- Maria, a new mother, often finds herself isolated at home with her infant. She struggles to attend social gatherings, or even get out of the house due to the demands of caring for her baby, or exhaustion from lack of sleep.

These examples bust the myth that loneliness primarily affects the elderly. The highest prevalence rates were among young adults, especially in the 18-to-24 range, she reports. It was, nevertheless, present in all age groups. "So anyone, at any age, in any demographic can experience loneliness."

Defining our terms

Another major challenge in discussing loneliness and social isolation is ensuring everyone clearly understands the concepts.

- **Social connection** is an umbrella term that encompasses the structure, functions, and quality of social relationships.
- **Social isolation** is objectively being alone, having few relationships, or infrequent social contact.
- **Loneliness** is subjectively feeling alone. It represents the discrepancy between one's desired level of connection and one's actual level.

"Isolation and loneliness can co-occur. Objectively being alone can increase your risk of *feeling* alone, but these don't always necessarily co-exist. You can be isolated, but not feel lonely, and you can be lonely and not isolated," Holt-Lunstad explains. Importantly, both indicate low social connection.

Clients may lack social connection in a variety of ways, including isolation, loneliness, lack of social support, poor quality relationships, or any combination of these or other factors. Social isolation and loneliness present in different ways and have different underlying causes, but all impair health."

The health connection: 15 cigarettes

Think of loneliness as a prompt, Holt-Lunstad says. "Because we are humans and social beings, we have social needs. And if those social needs are not being met, then loneliness is an adaptive signal, like hunger or thirst, signaling us to make a change." And as with hunger or thirst, you need to do something or your health will deteriorate.

The Surgeon General's report looked at indicators of low social connection, including data from over 3.4 million participants followed for an average of seven years. They found that loneliness is associated with an increased likelihood of earlier death by 26%. To drive this home, she and her colleagues point out that lacking social connection can increase the risk of premature death as much as smoking 15 cigarettes a day.

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The report also found that only 39% of U.S. adults felt a strong connection to others, with half reporting feelings of loneliness, yet studies emphasize the profound importance of such connections, showing that social bonds can increase survival odds by as much as 50%. Furthermore, loneliness is associated with increased risk for anxiety, depression, and dementia and it may increase susceptibility to viruses and respiratory illness.

It's not just individual health. "Efforts to address isolation and loneliness don't just alleviate distressing feelings that an individual may experience," she says. Those efforts are critical for a flourishing society.

There's also a heavy economic burden. For instance, an AARP study found that social isolation among older adults was associated with $6.7 billion in annual Medicare spending.[2] But that doesn't factor in the economic burden of greater workplace absenteeism, lower productivity, and lower quality of work.

The role of case managers

Because case managers serve as advocates for their clients' overall health and wellbeing,

2. Noel-Miller C, Farid M, Shaw J, et al. Medicare Spends More on Socially Isolated Older Adults. AARP. Published November 27, 2017. https://www.aarp.org/pri/topics/health/coverage-access/medicare-spends-more-on-socially-isolated-older-adults.html

particularly during care transitions, they need to understand the health impact of lacking social connection. This will empower case managers to prioritize interventions, leverage family and community support, and identify ways in which you can connect the clients they serve to community resources, support groups, and social services, Holt-Lunstad explains.

Case managers need to be equipped to offer support and resources to clients, while educating family members and other team members about the vital role and link between strong social connections and health. Case managers will likely encounter individuals whose health conditions may be related to lacking social connection, so it's important to understand how to identify those who may be at risk to ensure appropriate care.

A variety of factors can influence how social connection: Individual, relationship, communities and societal factors all contribute. For example, individuals who experience health or financial difficulties, disabilities, or live alone, may be at greater risk of becoming isolated or lonely. (She shared a longer list of contributing factors; see sidebar below.)

Just as there is no single cause, there is no one-size-fits-all approach to addressing loneliness or social isolation.

Lend an EAR

She offers a flexible, simple framework for case managers, especially those who work in health care settings. She says that trying to know what to do for clients can be somewhat overwhelming. This evidence-based model is meant to be simple and flexible. "We use the acronym EAR to help us think about listening to our clients."

EDUCATE: Many individuals do not readily recognize how important social connections are for their health.

ASSESS: It's important to assess and document a client's level of social connection—ideally, in the EHR. "We can identify patients or clients who are at risk using validated measures of social isolation and loneliness, as well as other indicators of social connection." It will be important to track these over time to see if efforts are associated with improvements.

RESPOND: Case managers need to respond in ways that meet the client's needs. As mentioned earlier, this will vary. It can include integrating psychosocial support from all care team members, offering referrals tailored to clients' needs and partnering with local community resources. It also includes reassessing patients regularly for changes in their circumstances and responding accordingly.

This approach is important because isolation and loneliness can have varying root causes. "That's where we may need to tailor interventions to suit the needs of our individuals that we're serving, or the specific groups, or the degree or type of disconnection that they may be experiencing," Holt-Lunstad says.

Your client (or you) may be at greater risk if they

- Live alone
- Can't leave home
- Had a major loss or life change, such as the death of a spouse or partner, or retirement
- Struggle with money
- Are a caregiver
- Have psychological or cognitive challenges, or depression
- Have limited social support
- Have trouble hearing
- Live in a rural, unsafe, and/or hard-to-reach neighborhood
- Face language barriers
- Experience age, racial, ethnic, sexual orientation, and/or gender identity discrimination where they live
- Are not meaningfully engaged in activities or are feeling a lack of purpose

That someone lives alone can be obvious. But it's harder to recognize whether they have people that they can rely on for support. It might require some probing to identify the contributing factors. But interventions do work.

Psychosocial support works

Among patients randomly assigned to receive some type of psychosocial support in addition to standard medical care, there was a 20% increased likelihood of survival compared to control groups receiving just standard medical care. Among the studies that looked at length of survival, those patients who received social support had a 29% increased probability of survival over time among intervention recipients compared to controls.[3]

"In other words, receiving some kind of social support intervention increased patients' survival and lengthened survival time compared to standard medical treatment alone," she says.

Social prescribing

Case managers can also play a key role in linking patients with non-medical interventions available in the community.

"There is an increasing interest in what is being referred to as social prescribing, which is in essence connecting patients to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing," she explains.

Ideally, case managers can co-design interventions with the groups they're working with to ensure they can be sustained long-term. "Local actions that are co-developed are more relevant, feasible, and sustainable to implement in the long term. A co-design framework can empower communities to take ownership of local action and sustain efforts beyond just the initial phase."

She adds a bit of advice: "Pay special attention to the characteristics of those in our community and society. Characteristics such as whether our neighborhoods are safe, walkable, provide spaces to gather, and are accessible . These significantly influence our connection. Each of these can be the underlying cause of isolation or loneliness, but each can also be sources for solutions."

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Caring for clients and caring for yourself

"By recognizing the importance of social connections, case managers and disability management specialists are better equipped to provide clients with the multifaceted support they need to thrive," Kurland says. She adds that case managers also need to be alert to social isolation in their own lives.

Holt-Lunstad agrees, suggesting it may require stepping out of their comfort zone. "I think far too often we wait for others to initiate a social engagement. We wait for others to invite us to lunch or to a dinner party, or whatever it might be. But we can take the first step."

It's also important to engage with the community—not just in the role of case manager, but in the role of a human being. "As we are more engaged, we are not only more likely to get to know our neighbors and those in our community, but we also feel a greater sense of belonging and investment in our communities to help our communities thrive. Each one of us has the power to model the core values of connection in all that we do." ■

3. Smith TB, Workman C, Andrews C, Barton B, Cook M, Layton R, Morrey A, Petersen D, Holt-Lunstad J. Effects of psychosocial support interventions on survival in inpatient and outpatient healthcare settings: A meta-analysis of 106 randomized controlled trials. PLoS Med. 2021 May 18;18(5):e1003595. doi: 10.1371/journal.pmed.1003595. PMID: 34003832; PMCID: PMC8130925.

About the Experts

MaryBeth Kurland, MPA, CAE, ICE-CCP,
CEO of the Commission for Case Manager Certification

Dr. Julianne Holt-Lunstad
PhD, professor of psychology and neuroscience and director of the Social Connection & Health Lab at Brigham Young University

MaryBeth Kurland leads and sets the Commission's strategic mission and vision. She manages relationships with likeminded organizations and oversees business development as well as the Commission's programs, products and services. She works directly with the Board of Commissioners, building its corps of volunteer and subject-matter experts who directly support and evaluate certification and related services.

Prior to becoming CEO, Kurland served as the Commission's chief operations officer and was staff lead for the development and launch of the Commission's signature conference, the CCMC New World Symposium®. Kurland brings extensive experience to her role, having served as executive director of organizations including the Association of Medical Media, Office Business Center Association International and the League of Professional System Administrators.

She holds a bachelor's degree from the University of Delaware and is a member of the Institute for Credentialing Excellence, the American Society of Association Executives and the Mid-Atlantic Society of Association Executives. In 2011, Kurland was recognized as Association TRENDS Young & Aspiring Association Professional.

Dr. Julianne Holt-Lunstad currently serves as a Professor of Psychology and Neuroscience while also directing the Social Connection & Health Lab at Brigham Young University and was the lead scientific editor for the U.S. Surgeon General's Advisory "Our Epidemic of Loneliness and Isolation." She has an adjunct professorship at Iverson Health Innovation Research Institute Swinburne University of Technology; Melbourne, Australia; and is the founding Scientific Chair for the US Coalition to End Social Isolation and Loneliness and the Foundation for Social Connection. Her research about the impact of social connection on health outcomes has been highly cited and her research includes data from more than 300,000 participants worldwide. Her research and writing have been featured across the globe on major media networks such as CNN, NPR, The New York Times, Forbes and BBC News.

Commission for Case Manager Certification
1120 Route 73, Suite 200 · Mount Laurel, NJ 08054
(856) 380-6836 · ccmchq@ccmcertification.org
www.ccmcertification.org

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