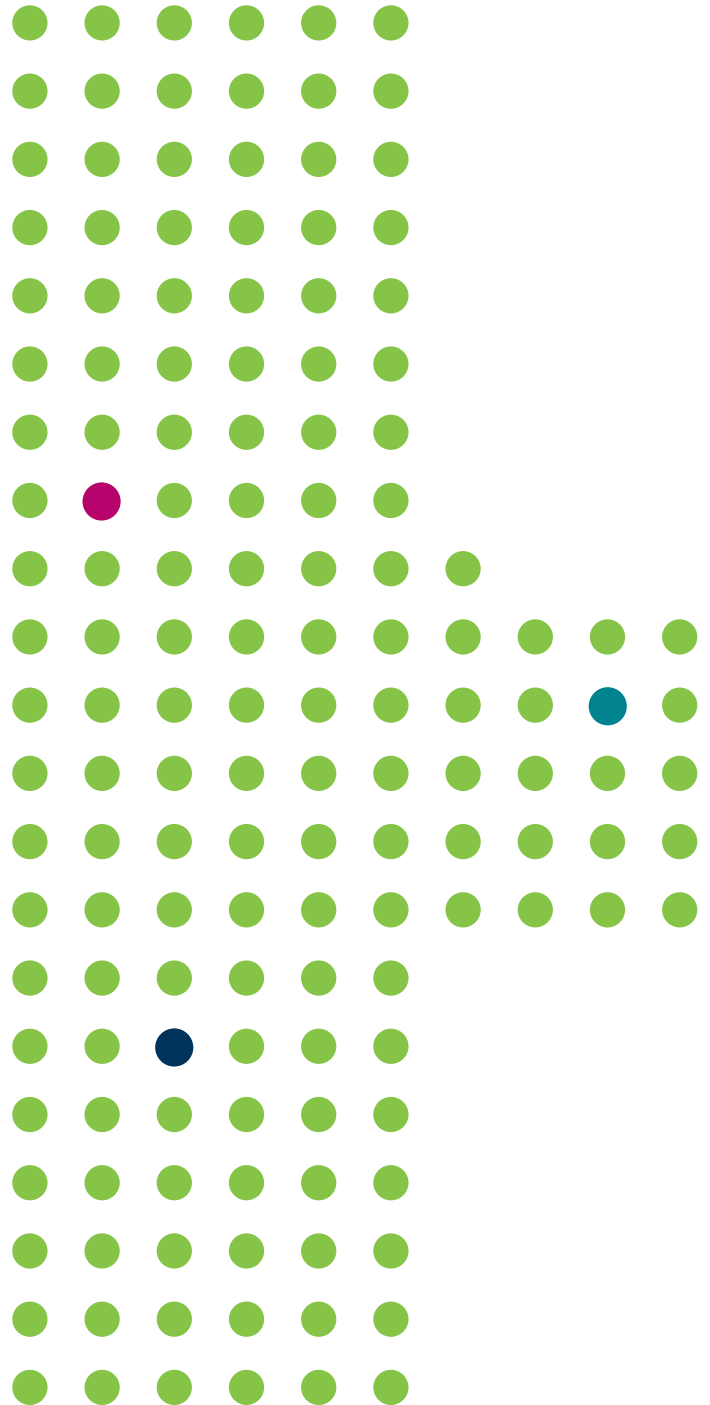


March 2020

# Loneliness & Social Isolation

BOLD GOAL,  
POPULATION HEALTH STRATEGY  
OFFICE OF HEALTH AFFAIRS AND ADVOCACY

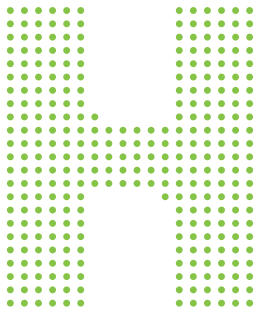
The intent of this policy brief is to inform stakeholders on loneliness and social isolation as social determinants of health, including research and legislation. It's meant to spark conversations over opportunities to affect change. Humana's Bold Goal is dedicated to improving the health of the communities we serve 20 percent by 2020 and beyond by addressing the health of the whole person.



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## The role of healthcare

Loneliness and social isolation are two social determinants of health (SDOH) that have negative health impacts on people of all ages. Loneliness refers to the quality of relationships within a person's social network. Social isolation refers to the quantity and structure of a person's social network and participation in social activities.

In February 2020, the National Academies of Sciences, Engineering, and Medicine (NAEM) published a consensus study report on [\*\*Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System\*\*](#). The committee concluded that the healthcare sector is uniquely positioned to play a key role for seniors because interactions with the healthcare system may be the only opportunity to identify affected individuals.

The following brief provides an update on industry-wide efforts to address loneliness and social isolation. It also highlights research on interventions and health impact, and includes considerations for areas of exploration.

“

**Human beings are social by nature, and high-quality social relationships are vital for health and well-being.**

”

– NAEM, [Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System, 2020](#)

### By the numbers

**2–5x increase** Likelihood of socially isolated individuals to die prematurely than those with strong social ties

**57% increase** Risk of emergency department visits among heart failure patients who are lonely

**64% increase** Risk for seniors developing clinical dementia and [\*\*doubled\*\*](#) the risk of Alzheimer's disease



## Political and regulatory landscape

### Older Americans Act Reauthorization

Policymakers and advocates are succeeding in raising the awareness of loneliness and social isolation as public health issues. In March 2020, Congress voted to reauthorize the Older Americans Act with its passage of the **Supporting Older Americans Act of 2020 (H.R. 4334)**. OAA authorizes key programs and services to help seniors maintain independence, such as nutritional services, health promotion activities, abuse and neglect prevention, and caregiving services.

To address loneliness and social isolation, H.R. 4334 will:

- Support screening for the prevention of social isolation and the coordination of supportive services and healthcare to address social isolation and loneliness;
- Increase the Assistant Secretary on Health's focus on social isolation through the development of a long-term plan for supporting efforts to detect, prevent and raise awareness of the negative health effects; and
- Promote research on interventions to address social isolation and loneliness by directing the Secretary of Health and Human Services to develop a report on recommendations to reduce the negative health effects caused by the issues.

### Medicare Advantage Policy

On Feb. 5, 2020, the Centers for Medicare & Medicaid Services (CMS) released the Proposed Rule for *Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly*. This proposed rule would revise a number of regulations for MA, the Medicare Prescription Drug Benefit (Part D), Medicaid, and a number of other programs. This year, the Rate Notice did not include a Call Letter, so all policy changes for these programs will go through a formal rule-making process. The Proposed Rule would codify the authority of MA plans to offer Special Supplemental Benefits for the Chronically Ill (SSBCI) as well as make a few technical changes from 2020.

### The Coalition to End Social Isolation and Loneliness

A key advocate for these policies is the **Coalition to End Social Isolation and Loneliness**.

Humana is one of the inaugural members of the coalition, which launched in 2019 and consists of organizations in both the public and private sectors. The Coalition's five strategic goals are:

1. Increase public awareness of social isolation and loneliness and its effect on health and well-being.
2. Enhance social services and supports to address social isolation and loneliness.
3. Advance health services and supports that address social isolation and loneliness.
4. Leverage innovative solutions that foster connection and social integration.
5. Advance research to continue to develop the evidence base necessary to design effective programs and policies.



## Special Supplemental Benefits for the Chronically Ill

### Who is eligible for SSBCI?

A chronically ill enrollee is defined as an individual who:

1. Has one or more comorbid and medically complex chronic condition that is life threatening or significantly limits the overall health or function of the enrollee;
2. Has a high risk of hospitalization or other adverse health outcome; and
3. Requires intensive care coordination.

MA plans may also consider an individual's social determinants of health when determining eligibility.

### What types of benefits are permitted?

An SSBCI can be in the form of:

1. Reduced cost sharing for Medicare covered benefits;
2. Reduced cost sharing for primarily health-related supplemental benefits;
3. Additional primarily health-related supplemental benefits; or
4. Additional non-primarily health-related supplemental benefits to address an individual's SDOH.

### What about uniformity requirements?

SSBCI is intended to relate to an individual enrollee's specific medical condition and needs. Therefore, plans may offer non-uniform SSBCI so long as the benefit has a reasonable expectation of improving or maintaining the health or overall function of that chronically ill enrollee.

## National Service Programs

While not always explicitly discussed, ensuring seniors have a sense of purpose and social connections is not a new policy objective. For instance, [Senior Corps](#) is an agency under the Corporation for National and Community Service (CNCS), and its programs date to the 1960s.

These three national service programs for Americans 55 and older are:

- **Foster Grandparents:** Volunteers stay active by serving children and youth in their communities as role models, mentors and friends to children with exceptional needs.
- **Senior Companions:** Volunteers provide assistance and friendship to older adults who have difficulty with daily living tasks, such as shopping or paying bills. They help these adults remain independent in their homes rather than moving to institutional care and provide some relief to caregivers.
- **RSVP:** Volunteers may connect with diverse and flexible opportunities in their communities through one of the largest volunteer networks in the nation for people age 55 and older.

Not only are these volunteers helping people in their community, but research also shows that the Senior Corps volunteers also benefit. A [study](#) published in 2019 found that, after two years of volunteering, volunteers were less socially isolated (88% reported fewer feelings of isolation), less depressed (78% reported fewer symptoms of depression), and in better health (84% reported stable or improving health).



## Transportation impacts on loneliness

More than **100 million Americans** do not drive—which is one-third of the U.S. population. While transportation is important for accessing medical care, it is also essential to being socially engaged with people and activities. With new flexibility granted by CMS, it is now permissible for health plans to provide transportation for nonmedical or health-related social needs to MA members, in certain circumstances.



For a detailed look at transportation as a social determinant of health, see Humana's [2019 Transportation Issue Brief](#).

In 2019, the Humana's Bold Goal team began evaluating the desirability of a nonmedical transportation benefit, and the findings so far have been encouraging. Transportation is a significant barrier to seniors living more fulfilling, independent lives. Having access to transportation (i.e. via a ride-sharing service such as Lyft or Uber) would empower members by giving them freedom to do things, such as shopping and socializing, as well as exploring new interests and activities.

For the first time, Humana surveyed a representative sample of our MA membership for a comprehensive set of social needs, including transportation (see the [2019 SDOH Data Issue Brief](#) for details). Of the responders, **10.3% answered “yes” to the question below on transportation access:**

*In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?*

Further, 32.7% of responders who expressed feeling “lonely or isolated” reported also having transportation barriers. However, this may not capture the full need. In consumer research, members who do have transportation resources still expressed frustration with pre-scheduling requirements and wait times, and they feared becoming a burden on their family and friends.



### New Resource from Humana

[Transportation Consumer Flyer](#) (updated October 2019) | A helpful guide for those struggling with transportation barriers to provide them with helpful tips, resources and information that help to alleviate concerns about transportation services.

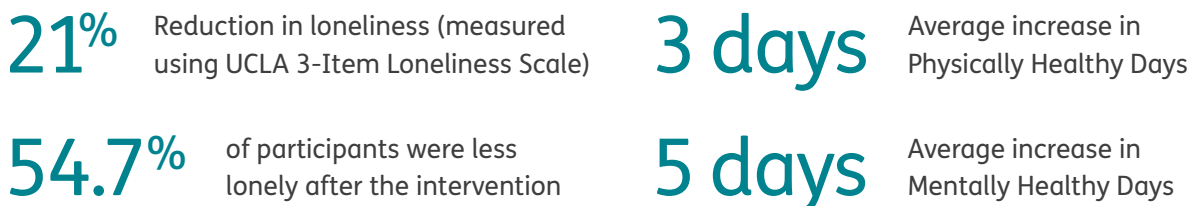


## What Humana is doing

### Papa “Grandkids On-demand” Pilot

Papa Inc. connects college students, known as Papa Pals, to older adults who need companionship, assistance with house chores, technology lessons and other senior services. In October 2018, Humana launched a proof-of-concept pilot with Medicare Advantage (MA) members in Tampa, Florida, offering lonely MA members up to 10 hours per month of service for four months. Papa enrolled 189 members, with 158 members completing at least one visit.

#### Pilot results for Tampa participants



*“This program has helped me lift my spirits. I just recently had a stroke and I was not able to travel to see my grandkids graduate from high school. I was really sad about that. The Papa Pals have been there for me in my time of need, even helped me with my phone so I can at least Facetime® them and congratulate them.” – Trudy, age 72, pilot participant*

#### Pilot expansion

With the success of the proof-of-concept phase, Humana is expanding our testing of the Papa program. In late 2019, we launched in Louisville, Kansas City metro, New Orleans, Atlanta and Richmond, Va. Papa Pals will provide assistance to members for up to two hours per week or a maximum of eight hours per month for 6 months. With the extended intervention period and increased enrollment, we will have the opportunity to measure the impact on hospital admissions and readmissions, cost, utilization, health outcomes and quality outcomes.

## Other ways Humana is helping

### Loneliness Health Navigator pilot

Social needs, such as loneliness, can be difficult for doctors to address in the clinical setting. Humana is committed to using our analytical models and care management programs to support the doctor-patient relationship.

In 2019, Humana collaborated with Atrium Health in Charlotte, N.C., to test this model. The primary objective of the Loneliness Health Navigator proof-of-concept pilot is to determine if we can improve MA members' health-related quality of life (as measured by Healthy Days) and thereby reduce utilization through a one-on-one telephonic outreach intervention, conducted by the Humana Wellness team, over 4 months. This pilot is on-going, with outcomes expected in 2020.

### The Public Good Projects | Communication about loneliness

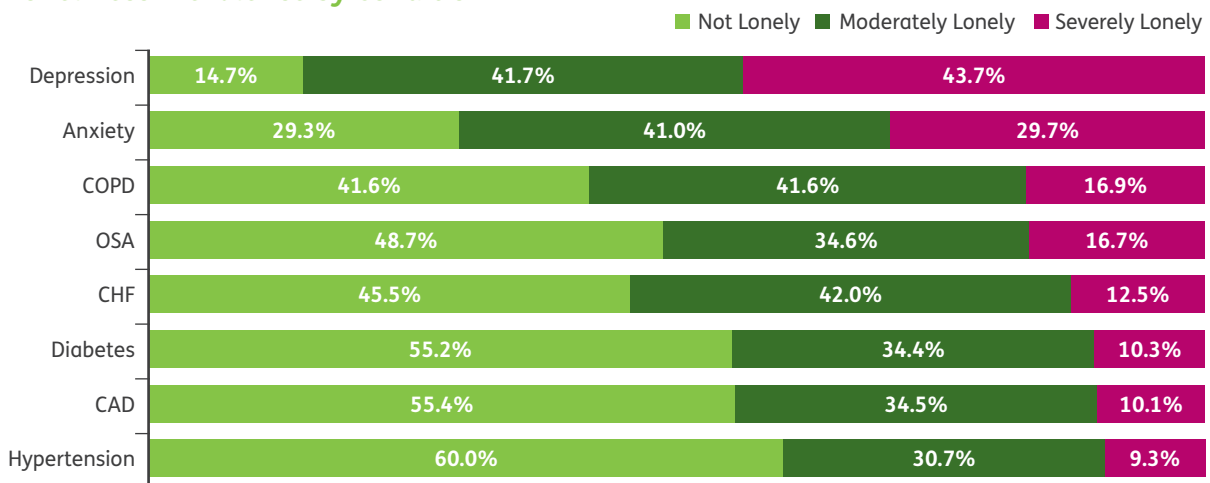
In 2019, Humana partnered with The Public Good Projects (PGP), a public health nonprofit composed of experts in public health, media and marketing. The goal was to study how to strengthen programs that intervene with older adults who are isolated or lonely. The research found that efforts should be made to use terminology that will best resonate with the target audience, as some terminology may be unfamiliar or carry social stigma. Future research should examine innovative and sustainable ways to meet older adults where they are by using specific, tailored messaging. This research is pending publication.

### Prevalence of loneliness in older adults with chronic conditions

It is important for Humana to understand the emotional and mental needs of chronically ill patients to help us provide the most useful support possible. In October 2019, Humana presented [new research](#) on this topic at the American Academy of Family Physicians 2019 Global Health Summit. Some of the findings are below. Future research should explore the association between risk of loneliness and higher rates of healthcare utilization.

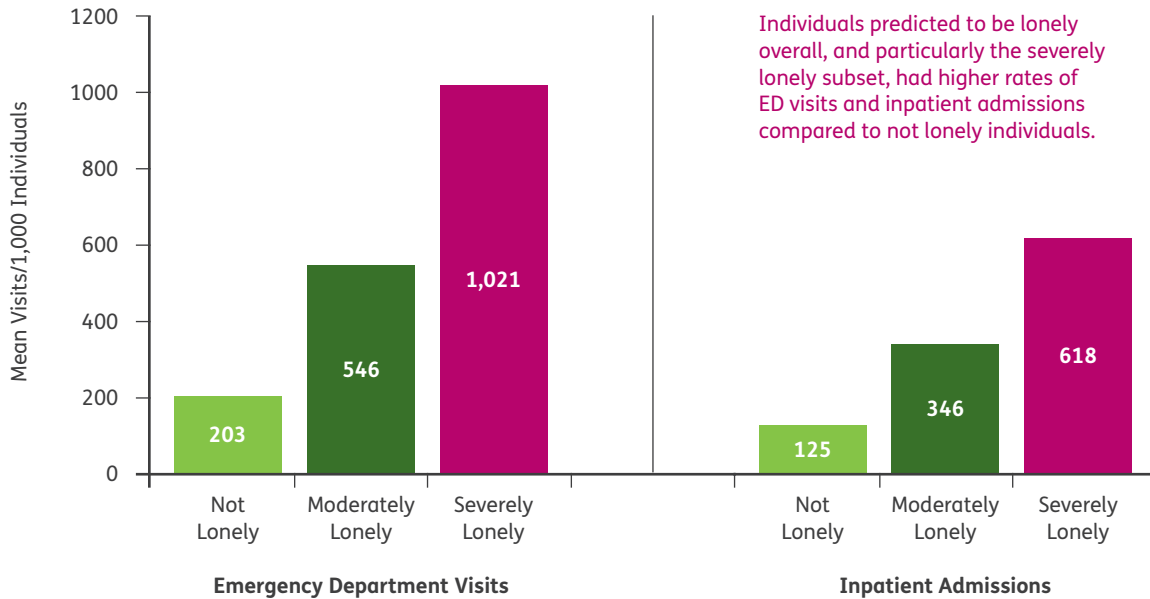
COPD, chronic obstructive pulmonary disease  
OSA, obstructive sleep apnea  
CHF, congestive heart failure  
CAD, coronary artery disease

### Loneliness Prevalence by Condition





## Healthcare Utilization by Loneliness Segment



## Plan Benefit: Meals on Wheels™ Friendly Visitor Program

As noted in Humana’s [2019 Food Insecurity Issue Brief](#), beginning in plan year 2019, specific MA plans offered a meal benefit with Meals on Wheels™ for post-acute and chronic condition members. This benefit not only addresses food insecurity and transportation by delivering healthy meals to members’ homes, but also addresses loneliness and social isolation by including a Friendly Visitor benefit to those who screen positive for loneliness.



### New Resources from Humana

[Loneliness & Social Isolation Resource Toolkit](#) (updated December 2019) |

A toolkit to help seniors and caregivers learn about the causes of loneliness, find new ways to connect with others and see what resources are available.

[Loneliness Consumer Flyer](#) (updated November 2019) | A helpful guide for seniors on loneliness and social isolation that provides tips and resources to build social connections.

[Loneliness Veterans Flyer](#) (developed February 2020) | A helpful guide for veterans on military-related loneliness and social isolation that provides tips and resources to build social connections.





## Humana priorities to pursue

- **MA Benefits** | With the benefit flexibility granted by CMS in recent years, Humana has the opportunity to explore benefits to meet the unique needs of individuals. Solutions addressing loneliness may:

1. Strengthen existing relationships,
2. Form new connections, and/or
3. Change thinking (i.e. cognitive behavioral therapy), and they may be delivered in-home, telephonically, virtually or in the community.

There are also opportunities to add nonmedical transportation as a stand-alone benefit or as a component of another SSBCI (i.e. as part of the services that could be provided by a Papa Pal) or of care coordination. The Bold Goal team is actively vetting and testing these interventions as benefits in future plan years.

- **Papa** | There are numerous opportunities to leverage our deep, collaborative relationship with Papa not only as a desirable Special Supplemental Benefits for the Chronically Ill (SSBCI) in Plan Year 2021, but also as a lower cost in-home, nonmedical service for step-down care, closing gaps in care, addressing health-related social needs, virtual care activation for telehealth or remote monitoring, and encouragement to engage in chronic condition management.

In 2020, Papa will also be [expanding into new channels](#), opening opportunities in Employer Group and Medicaid. Papa Pals could provide assistance not only to seniors, but to family caregivers or postpartum mothers. With this, Papa is also moving away from the “grandkids-on-demand” slogan to “family on-demand.”

- **Hospice** | Humana’s acquisitions of a number of large hospice providers ([Kindred Healthcare](#), [Curo Health Services](#) and [Enclara Healthcare](#)) highlight another population at high risk of loneliness and social isolation. In addition, beginning in 2021, MA plans have the opportunity to participate in a [new Value-Based Insurance Design \(VBID\)](#) program to “carve in” hospice benefits. As Humana plans for how to integrate this line of business, it will be important to consider loneliness and social isolation among both hospice patients, to improve their quality of life, and their caregivers, both before and after their loved one’s death to prevent their own health from deteriorating.

- **Veterans** | As noted in the Health Affairs article, [The Social Determinants of Suicide in the Military](#), co-written by Humana’s Kristin Russell, Chris Hunter and Dr. William Shrank, loneliness appears to be particularly prevalent among veterans. Humana serves tens of thousands of veterans—as well as 6 million TRICARE beneficiaries—and we are committed to meeting their total health needs. In 2020, we launched the [Humana Honor Medicare Advantage plans](#), which are designed to complement healthcare provided through Veterans Affairs (VA) and with a holistic focus on health and well-being for veterans and their families. Going forward, we should continue to build the programs and benefits to address the unique loneliness and other social needs of veterans.

