

THE POWER OF CONNECTION

Reversing Social
Isolation in
Rural America



Highlights of the 2018 Connectivity Summit on Rural Aging
August 7-8, 2018 | Portland, Maine

ACKNOWLEDGEMENTS

Tivity Health would like to express our sincere appreciation to our partners who played a leading role in supporting and ensuring the success of this year's Connectivity Summit on Rural Aging: Reversing Social Isolation. We commend our event co-sponsors, including Health eVillages, the MIT AgeLab, and Jefferson College of Population Health, for their continued engagement and dedication to this effort since our inaugural Connectivity Summit in 2017. We also recognize Lyft, Grantmakers In Aging, and St. Joseph's College of Maine, whose support and sponsorship helped ensure a robust and engaging program at this year's Summit. Our thanks to Isobar for their work on the new rural aging resource sharing website, **RuralAge.com**. We are also deeply grateful to members of our Rural Aging Advisory Council and our partners at Locust Street Group and Alston & Bird for their significant work planning and implementing this year's Summit. Lastly, special thanks to our speakers and attendees who fully engaged in the two-day event and are dedicated to actions to address rural aging and social isolation. The Summit is an event – the actions addressed in the document are the continuation of a movement.



About Tivity Health

Tivity Health, Inc. is a leading provider of fitness and health improvement programs, with strong capabilities in developing and managing network solutions. Through its existing three networks, SilverSneakers® - the nation's leading community fitness program for older adults, Prime® Fitness and WholeHealth Living™, Tivity Health is focused on targeted population health for those 50 and over. With more than 15 million Americans eligible for SilverSneakers, over 10,000 fitness centers in the Prime Fitness Network, and more than 25 years of clinical and operational expertise in managing specialty health benefits and networks, including chiropractic services, physical therapy, occupational therapy, speech therapy, acupuncture, massage and complementary and alternative medicine (CAM) services, the Company touches millions of consumers across the country and works directly with hundreds of healthcare practitioners and many of the nation's largest payers and employers. Learn more at www.tivityhealth.com.



About Health eVillages

Health eVillages collaborates to advance healthcare access and improve the quality of care by providing state-of-the-art mobile health technology including medical reference and clinical decision support tools, as well as other community-focused resources, to medical and public health professionals in the most challenging clinical environments around the world. Our partners include Robert F. Kennedy Human Rights, Tivity Health, Sharecare, the Tramuto Foundation, Skyscape, PCS Wireless, Global Impact, the Maternity Foundation, Medical Aid Films, and more. You can find more information at www.healthevillages.org and follow us on Twitter, Instagram and Facebook.



About the Massachusetts Institute of Technology AgeLab

The Massachusetts Institute of Technology AgeLab is a multidisciplinary research program that works with business, government, and NGOs to improve the quality of life of older people and those who care for them. The MIT AgeLab applies consumer-centered systems thinking to understand the challenges and opportunities posed by the longevity economy. To learn more, visit agelab.mit.edu.



Jefferson College of Population Health of Thomas Jefferson University

The Jefferson College of Population Health (JCPH) is the first college of its kind in the country. Established in 2008, JCPH is part of Thomas Jefferson University (Philadelphia University + Thomas Jefferson University), a leader in interdisciplinary, hands-on, professional education, and home of the Sidney Kimmel Medical College. JCPH is dedicated to exploring the policies and forces that define the health and well-being of populations. Its mission is to prepare leaders with global vision to examine the social determinants of health and to evaluate, develop and implement health policies and systems that will improve the health of populations and thereby enhance the quality of life. Jefferson College of Population Health provides exemplary graduate academic programming in population health, public health, health policy, healthcare quality and safety, and applied health economics and outcomes research. Its educational offerings are enhanced by research, publications and continuing education and professional development offerings in these areas.

ADDRESSING THE NEW CHRONIC CONDITION OF THE 21ST CENTURY: A MESSAGE FROM DONATO TRAMUTO



DEAR FRIENDS,

The verdict is in: To survive and thrive, we need meaningful connection with other people. These bonds are what make us human and give our lives purpose. But maintaining such connection is not always easy, and I believe we now need a national dialogue about the growing problem of social isolation.

Thanks to important new research, we now know that the little-discussed condition of social isolation increases a person's risk of premature mortality by almost 30 percent, making it a worse health hazard than obesity or smoking.¹ Yet many medical professionals and elected officials haven't heard about this, and neither has the public.

Social isolation is the new chronic condition of the 21st century. As CEO of Tivity Health, working with partners at Health eVillages, the MIT AgeLab, and the Jefferson College of Population Health, I invite you to read what experts, leaders, and practitioners from diverse backgrounds are doing to strengthen connectivity, remove obstacles to meaningful engagement with others, and ultimately reverse social isolation, particularly for older adults living in rural America.

CONTINUED>

CONTINUED LETTER FROM DONALD TRAMUTO>

No one is immune to the toxic effects of social isolation. However, millions of older Americans who live in rural or remote areas and small towns are at special risk of being affected by isolation or loneliness. At Tivity Health, we understand this intimately because almost half the people in our flagship SilverSneakers program live in rural places. We have seen how SilverSneakers has facilitated joyous and supportive social connections, providing meaning far beyond the physical benefits of exercise.

I speak from experience. When I lost my hearing as a child, I learned what it means to feel alone. Luckily, some of my hearing was restored, but I still use hearing aids and have never lost the desire to serve as a catalyst in creating a society where no one is neglected or forgotten. I also dream of the day when stigma no longer prevents anyone from seeking help. It is time to bring loneliness and isolation out of the closet.




I am grateful to the Summit attendees who spent the time to share ideas and action approaches to reverse this public health epidemic. They share my belief that through a “collaborative IQ” approach, we can bring better, more creative solutions to resolve this issue. You will read what our movement has undertaken to address the problem and our approach for future action. This document is a highlight from our Connectivity Summit on Rural Aging and is a commitment to continue to invest in this critical issue. As Senator Robert F. Kennedy once said, “Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope.”

Sincerely,

Donato J. Tramuto
Chief Executive Officer, Tivity Health
Founder and President, Health eVillages

THE RURAL AGING MOVEMENT: BUILDING MOMENTUM

The initiative to reverse social isolation builds on the significant record of accomplishment of the rural aging movement, including:

- Two leadership convenings: The 2018 and 2017 Connectivity Summits on Rural Aging.
- Two major policy events, at the Newseum (January 2018) and the Bipartisan Policy Center in Washington, DC (June 2018).
- Key partnerships, including formation of a distinguished Rural Aging Advisory Council  (see page 22).
- Thirty Capitol Hill visits with committee staff, including the Senate Aging, HELP, and Finance Committees and the House Ways and Means and House Energy and Commerce Committees, and staff of committee members.
- Two meetings at the Centers for Medicare and Medicaid Services (CMS), with Principal Deputy Administrator for Operations, and with the Co-Chair of the CMS Rural Health Council.
- Launch of a Rural Aging resource-sharing website at www.RuralAge.com.
- A national opinion survey of rural older adults  (see Box: The View from Rural America: Surveying Seniors on page 8).
- Support and publication of white papers, op-ed pieces, research reports on rural philanthropy, and a monthly e-newsletter.
- Multiple pilot projects with partners from leading stakeholder organizations to support older adults in rural America  (see page 20).

EXECUTIVE SUMMARY

Social isolation--a condition defined by the lack of meaningful relationships or social engagement and exacerbated by various physical and societal factors--is now recognized as actively dangerous to health and well-being. It can raise the risk of premature death by almost 30 percent, is as harmful as obesity or physical inactivity, and is a demonstrated risk factor in its own right.ⁱ

The feeling of loneliness is closely related to social isolation, with an important distinction: social isolation is considered objectively measurable while loneliness is considered subjective--the perception of being alone or having less connection than desired. Both are deemed harmful to health.

Social science researchers believe isolation is growingⁱⁱ and that the problem affects all age groups.ⁱⁱⁱ Living (and growing older) in a rural area is considered a primary risk factor.

TIVITY HEALTH AND THE CONNECTIVITY SUMMITS ON RURAL AGING

In August 2018, Tivity Health and co-sponsors Health eVillages, MIT AgeLab, and Jefferson College of Population Health convened the second Connectivity Summit on Rural Aging. This built on the work of the inaugural 2017 Connectivity Summit, which launched a collaborative movement to put rural aging on the national agenda and catalyze change.

The movement has included four major convenings, key partnerships, advocacy meetings on Capitol Hill and the Centers for Medicare and Medicaid Services (CMS), and several thought leadership publications.

The 2018 Summit added a special focus on social isolation and gathered health and rural aging experts and researchers and leaders from the private and public sector to share knowledge and propose action. This document presents key highlights of the 2018 summit.

COLLABORATION, ACCOMPLISHMENT, AND MOMENTUM

To stimulate collaboration and action, the Summit tasked participants with developing recommendations in four priority areas generated from a prior event co-chaired by Donato Tramuto and former Senator Bill Frist with the Bipartisan Policy Center:

- Raising awareness of social isolation;
- Building on existing resources and infrastructure;
- Promoting public policy improvements; and
- Reforming the health care delivery and payment system.

This report summarizes those suggestions. Also announced at the Summit were results of a national survey of older adults in rural America commissioned by Tivity Health, a series of pilot programs for older adults launching in late 2018, and the new Rural Aging resource-sharing website at www.RuralAge.com.

INTRODUCTION:

The Power of Connection

Our need to connect with one another is as old as time. Regardless of our age, address, or circumstances, we derive comfort, meaning, and purpose from strong connection with others in our families, workplaces, and communities. What is newer is the knowledge that the inverse is also true. In the last two decades, researchers have begun to measure the health consequences that arise in the absence of such connection, a condition often referred to as social isolation.

Social isolation—a condition defined by the lack of meaningful relationships or social engagement and exacerbated by physical and societal factors—is actively dangerous. It can raise the risk of premature death by almost 30 percent, according to a seminal 2015 meta-analysis by Julianne Holt-Lunstad of Brigham Young University.ⁱ The growing evidence base reveals that social isolation significantly increases health and disability risks including coronary heart disease (29 percent) and stroke (32 percent).^{iv} It is more serious than well-accepted health risks such as obesity, its harm has been traced to the neurochemical level^v, and it is a risk factor in its own right, not merely an associated phenomenon.ⁱ

Social isolation is not widely recognized, diagnosed, or targeted as a social ill, yet the stakes could hardly be higher, says Dr. Holt-Lunstad: “Social relationship-based interventions represent a major opportunity to enhance not only the quality of life, but also survival.” In fact, Holt-Lunstad’s research has established that social connection reduces the risk of premature mortality by 50 percent.ⁱ

THE 2018 CONNECTIVITY SUMMIT ON RURAL AGING: REVERSING SOCIAL ISOLATION

These factors set the stage for the 2018 Connectivity Summit on Rural Aging, a multi-sector gathering convened by Tivity Health and CEO Donato Tramuto, with co-sponsors Health eVillages, MIT AgeLab, and Jefferson College of Population Health.

Mr. Tramuto opened the Summit with a challenge: “We gather with a unique opportunity to be not transactional but transformative.” He also emphasized the power of storytelling, asking participants to elicit one another’s stories during the gathering.

The Summit built on work begun in 2017 and brought together leaders from government, academia, philanthropy, health care, transportation, advocacy, and the private sector, all with a shared commitment to improving the health and quality of life of people living in rural America. The 2017 Summit focused on the need to raise awareness of the issues of rural aging. During the year, problems associated with social isolation in rural America emerged, thus creating the theme for 2018. This document gathers the highlights of the 2018 Connectivity Summit on Rural Aging.



***Man is
by nature a
social animal.”***

—ARISTOTLE



MAKING THE CONNECTION, AT LAST

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

I've been studying social relationships and their connection to physical health outcomes for two decades. It's incredibly gratifying that there has been this surge of interest in last few years but it has also been a huge uphill battle to get anyone to recognize this as an important health issue.

To make progress, we need broader conversations between scientists and other stakeholders.

I've been thinking about how we might have consensus guidelines around social connection, as we do around physical activity and sleep. This could become part of medical education, well patient care, and K-12 health education. Guidelines would need to be evidence-based and subject to periodic review as the science progresses, but could have a cascading effect on public health.


Another key goal would be including social isolation as a domain in official protocols such as Healthy People 2030.

SETTING THE STAGE:

The Epidemic of Social Isolation

AN estimated 17 percent of older Americans experience social isolation^{vi} and social science researchers believe the problem is growing.ⁱⁱ

Among older people living in rural America, nearly one third (29%) say that they do not see friends or family most days, according to a 2018 poll commissioned by Tivity Health

 (see Box: The View from Rural America: Surveying Seniors on page 8).^{vii} Social isolation and loneliness also can and do affect all ages. In fact, the 18-22 age group was dubbed the “loneliest generation” in a recent survey for Cigna.ⁱⁱⁱ

The feeling of loneliness is closely related to social isolation, and both are deemed toxic and harmful to health. An important distinction: social isolation is considered objectively measurable, based on a lack of social contact, while loneliness is considered subjective--the perception of being alone or having less connection than desired. As MIT AgeLab founder and Director and Connectivity Summit participant Joseph F. Coughlin noted, we can be lonely in a crowd and isolated without feeling alone.



THE VIEW FROM RURAL AMERICA: SURVEYING SENIORS

For deeper insight on health status and social connectedness, Tivity Health commissioned a national poll of older people living in rural America.

Asked how they feel most days, many respondents were quite positive, describing themselves as “happy” (42%), “grateful” (30%), “active” (20%), and “hopeful” (14%).

On the other hand, the poll also revealed the prevalence of health problems that can contribute to isolation, such as vision loss (39%), hearing loss (36%), and loss of mobility (23%).

Nearly one third (29%) said that they did not see friends or family most days and even more (35%) have only two friends or less they can talk to about private matters.

Whether they said they felt isolated or not, a majority (64%) agreed with the statement that, “loneliness or social isolation usually has a negative impact on physical health.”

IN THEIR OWN WORDS

In a free-response section, seniors got specific about what they think elected officials should be addressing, citing concerns such as:

- “A lot of people live alone and don’t have the social network that they need to function properly.”
- “They seem to forget the older generation.”
- “I did everything I could do when my mama was living so she wouldn’t be lonely. Or did her hair or fingernails. Elderly people need things, too.”
- “If you can’t drive, you’re stuck.”

The telephone survey was conducted by Public Opinion Strategies from July 17-21, 2018 among 400 seniors living in mostly or completely rural counties across the United States as defined by the U.S. Census. The margin of error for N=400 is +4.9%.^{vii}

SETTING THE STAGE: The Epidemic of Social Isolation

Social Isolation and loneliness are not destiny for rural older adults.”

STRENGTH AND SUSCEPTIBILITY IN RURAL AMERICA

Living (and growing older) in a rural area is also considered a primary risk factor. One in five older people make their home in rural America, where health outcomes often lag those of the rest of the country.^{viii}

While rural communities are often tight-knit and supportive, there are also inherent challenges: long distances to social opportunities, shopping, and health care; few transportation options for non-drivers, including public transportation; resource shortages; out-migration of younger people; shrinking and aging populations; and a culture that has historically prized self-sufficiency. For some, asking for help still carries a stigma.

“One of the greatest strengths of rural America has always been the sense of community, but when that breaks, it breaks bad,” said Connectivity Summit panelist Alan Morgan, president of the National Rural Health Association. “In an urban setting, you might have social services to fall back on, but that’s nonexistent in rural.”

Still, as panelist Jennifer Weuve, granddaughter of farmers and a professor at Boston University School of Public Health observed, “Social Isolation and loneliness are not destiny for rural older adults.”

For more background and research, please visit www.tivityhealth.com/aging-in-rural-america.



FINDING PURPOSE IN HELPING OTHERS

Doesn't matter who you are – you have to be able to get up in the morning and feel like you are going to be able to do something for somebody else. Seniors have to learn what that is.

***Priscilla Farrell, Saco, Maine
Silver Sneakers Swanson Award Winner 2011***

RURAL VOICES

I only got one neighbor. Tell you the truth, I was shy and I never went out very much. My wife's been gone 15 years now and I just don't know what to do with myself sometimes.

Bobbie Farnsworth
Addison, Maine



Say you live in the city, you probably have public transportation or an automobile or something that you can drive to someplace that's not too far away. Many of our people in this area don't have that available to them.

Joyce Sawyer
Harrington, Maine

CULTIVATING COLLABORATION

A recurring Summit theme was collaboration. "We need to build on existing infrastructure," said Summit panelist Anand Parekh of the Bipartisan Policy Center. "Make sure health care providers are screening for isolation. Think about the important role of community-based organizations. The innovation here may actually be doing more and better with what we already have."

STAKEHOLDER COLLABORATION:

How the Private and Public Sectors Can Work Together



Rugged individualism has deep roots in the American psyche but social change is best achieved with a very different, more inclusive approach. As Alexis Skoufalos of Jefferson College of Population Health and a Connectivity Summit moderator pointed out, “As a nation, we made tremendous strides when government, industry, and citizens came together after World War II to leverage their collective impact.”

On the second day of the Summit, discussion turned to the importance of stakeholder collaboration and public-private partnerships in key areas.

OUR NEED FOR ‘THIRD PLACES’

Joseph F. Coughlin, founder and Director, MIT AgeLab

The “first place” is home. The “second place” is work. “Third places” are where we step out of our personal bubbles and collide socially. They used to be churches and faith-based centers, Rotary, Kiwanis, Lions, community clubs, and the VFW.

Today, the “third place” is Starbucks – where, as my MIT colleague Sherry Turkle says, we are alone together. In the same room, but still alone.

Boomers may love bowling, but they are bowling alone. The generation that said “trust no one over 30” didn’t join leagues, or much else. Those physical locations have gone. We have designed our physical communities in a way that has created a profound loss of social capital.

Without investment in institutions to connect us as we get older, the next cohort could be a train wreck. It’s time to revitalize, redesign, or replace our third spaces.

WHAT’S WORKING: REPORTS FROM MOBILITY, CHRONIC CARE, THE AGING NETWORK, AND PHILANTHROPY

A perennial challenge in alleviating social isolation is transportation. As Joe Coughlin put it, “Before you can do anything, you’ve got to get there,” and being unable to find a secure ride is typically a top obstacle for older people who have given up the keys, people without access to public transportation, people with disabilities, and people in rural America or anyone else who must travel long distances for shopping, socializing, or health care.

The recent ride-hailing revolution has made significant inroads, and promises even more as older people get comfortable with the technology and companies like Lyft and Uber continue to forge partnerships with senior centers, assisted living facilities, and health systems. Panelist Jake Swanton, senior federal policy manager at Lyft, joked that Lyft is, “no longer just a company that takes Millennials to and from bars,” adding more seriously that 95 percent of Americans now have access to Lyft services, the company is growing quickly in rural areas, and provides nearly 10 million rides per week, many of which are arranged by third parties such as caregivers.



Reducing social isolation among people who are chronically ill is part of what success looks like in the CareMore health system’s Togetherness Program. One key outcome, explained panelist and CareMore Chief Togetherness Officer Robin Caruso, is a near-doubling of the number of people in the program doing exercise, from 11 to 20 percent. It takes time, she said, but it’s powerful because of the personal connections it facilitates. “One man was embarrassed to have to use a walker, but six months later, he is at the gym, he has no pain, and he told me, ‘I haven’t had friendships like this since I was 14.’”



I haven’t had friendships like this since I was 14.”

In cross-sector collaboration, as in life, you can never predict where the next great idea will come from. That’s the rationale behind In Good Company: *The 2018 Optimal Aging Challenge*^{ix}, which seeks ideas from all over the world to reduce social isolation and loneliness and increase engagement among older adults. Multi-sector sponsors are GE Healthcare, Benchmark Senior Living, and MIT AgeLab, in collaboration with the Council to Address Aging in Massachusetts. “It’s part of our commitment to becoming an age-friendly state,” explained panelist Robin Lipson of the Massachusetts Executive Office of Elder Affairs. Winners will be announced in December 2018.

Quality of life is also a concern for the aging services network. “Without that social connection, seniors may be living, but they’re not really living well,” said Summit participant Sandy Markwood of the National Association of Area Agencies on Aging (n4a). This is why the recently launched EngAGED: National Resource Center for Engaging Older Adults will offer intergenerational programming, technology, participation in the arts, and lifelong learning and involvement in volunteerism.

Some of these solutions are national or even global, but in approaching philanthropy, it’s important to think local, added panelist John Feather, CEO of Grantmakers In Aging (GIA). “Eighty-five percent of foundations are community foundations,” he said, “so in asking them for support on social isolation programs, we want to make the point that investment can make a real difference in their own community – that this is not some huge, hopelessly complex issue that they couldn’t possibly address.”

CREATING RIPPLES OF HOPE: SILVER SNEAKERS AND THE YMCA



Whenever I come here and see the same people, it's like coming home. It's wonderful.

Jane Clough, Saco, Maine, Silver Sneakers member

I have bipolar, chronic fatigue syndrome, and fibromyalgia, and being part of a group helps me manage them so much better. When I was alone, I didn't always manage them. I'm not the same person I was 5 years ago.

*Fran Housing
Portland, Maine, YMCA Member*



COLLABORATING WITH POLICY MAKERS To Reverse Social Isolation

CULTIVATING COLLABORATION

In any major health care crisis, the role of government policy tends to come up quickly, and social isolation is no exception. But while researchers have established a compelling body of evidence, few policy proposals have taken shape and even fewer have received serious policymaker consideration.

Panelist Jennifer Weuve believes public health researchers can help by serving as intermediaries or “advocate whisperers” who express the evidence in terms most useful to policymakers. “The lingo can be so different between the two worlds, but the result when there is resonance can be millions of dollars for research and programs,” she said.

One strong argument for action is cost. The results of social isolation cost Medicare an additional \$134 per month per affected beneficiary, or an estimated \$6.7 billion in additional Medicare spending annually, according to the AARP Public Policy Institute.^x

The Summit addressed the question of how to adapt the massive U.S. health care delivery system so that it can diagnose, deliver, and fund care related to social isolation. The U.S. may never follow the lead of Great Britain and appoint a Minister for Loneliness, but other promising approaches could include:

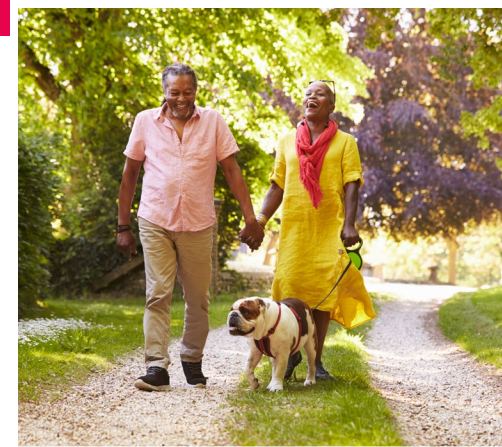
- Adopting a clinical screening tool for social isolation and including it in electronic medical records.
- Offering Medicare and/or Medicaid reimbursement for social support through waivers, Medicare Advantage, or innovation models funded by the Center for Medicare and Medicaid Innovation (CMMI).
- Global hospital budgeting and value-based care.
- Telehealth, online support, and other tech-driven care, supported by rural broadband expansion.
- More support for rural health systems.
- Including social isolation as a domain in official protocols such Healthy People 2030.



(See Box: Working to Achieve Health Equity in Rural America, on page 16)

Summit panelist Glenn Pomerantz, Chief Medical Officer and Senior Vice President for Care Management at Blue Cross and Blue Shield of Minnesota, suggested his industry could offer leadership. “If we’re going to improve health in this country, it really is about the social determinants of health. The problem is that we don’t link all these in a revenue model that is sustainable.”

“Perhaps the health plan is in the best position to be the convener on this,” Dr. Pomerantz added. “We see the longitudinal cost of care, we know to the penny how it works. It’s not about putting more money into the system; it’s about making the system more effective.”



COLLABORATING WITH POLICY MAKERS To Reverse Social Isolation



“GO TALK TO SENIORS”

Congressman Joe Kennedy III (D-MA)

A few years ago, when I was working on a campaign, I called my grandmother [Ethel Kennedy] for advice. She had seen a campaign or two and the first thing she said was, “Go talk to seniors. I promise you, you’ll learn something.” She was right.

Our seniors have too much to offer to be isolated from our communities and our country. But no journey is immune from heartache, so for even the most social, outgoing, vibrant senior citizens, isolation and loneliness can find a way to creep up.

Addressing this challenge begins, I believe, by strengthening the proven programs that touch the lives of seniors in every corner of our country.

When one in six struggles with hunger, Meals on Wheels helps feed and engage hundreds of thousands of elderly and needs to be expanded, not targeted. The Senior Corps program should be funded at levels such that any retiree who wants to service in their community has a role to play.

Thank you for being willing to confront a crisis that does not always gather headlines.

Seeing you all here gives me hope that we will reach the time when every senior will be able to enjoy their golden years with dignity, with laughter, and with fulfillment.



WORKING TO ACHIEVE HEALTH EQUITY IN RURAL AMERICA

*Cara V. James, Director, CMS Office
of Minority Health and Co-Chair, CMS
Rural Health Council*

As we work to achieve health equity in rural America, we must understand the diversity that exists within and across these communities. There is great variation from one rural community to another. Disparities exist between residents within rural areas as well as with their urban counterparts. To address these disparities, we must take into account the unique needs of these communities and be cognizant of the impact of social determinants of health.

We need to be equally cognizant of how we measure social determinants such as social isolation. Current tools like the PRAPARE protocol, Accountable Health Communities Health-Related Social Needs Screening Tool, and ICD-10 codes include different social determinants and vary in the way they're measured, making it harder to compare outcomes from one community to the next. Having standardized measures can improve our understanding of the problem and lead to better solutions. The path to health equity is not an easy one, but is obtainable if we work together.

ACTION PLANNING:

Improving Social Connectedness



The 2018 Connectivity Summit is a launching pad for greater social connectedness, but it's just a beginning. A top objective was to stimulate closer collaboration, new ideas, and more action, so on the final afternoon, all Summit participants joined breakout groups to brainstorm ideas based on four priority areas identified in an earlier roundtable event co-chaired by Donato Tramuto and former Senator Bill Frist with the Bipartisan Policy Center. Those priorities are:

- Raising awareness of social isolation.
- Building on existing resources and infrastructure.
- Promoting public policy improvements.
- Reforming the health care delivery and payment system.

The chart below shows the range of ideas that the workgroups presented.

We hope these ideas and this mission will prompt you want to get involved as well. We want to see more people participating in and championing the rural aging movement. We also want to hear your feedback. You are warmly invited to join our Rural Aging mailing list and to share your ideas and resources, all at our new Rural Aging website, **www.RuralAge.com**. Plan to join us at the 2019 Connectivity Summit, too!

FOCUS #1: ELEVATE THE ISSUE OF SOCIAL ISOLATION AND LONELINESS TO THE NATIONAL LEVEL

Program Idea: "Acts of Connection" -- a national, intergenerational awareness campaign

Approach	Launch a national multi-platform awareness campaign using positive framing ("connection") to avoid negative connotations of loneliness. Intergenerational focus may make accepting help easier by presenting involvement as "a gift to both parties." Informed by successful past campaigns against smoking and drug abuse.
Potential Partners	Schools and colleges, civic and faith-based organizations, the physical and mental health community, sports organizations, philanthropy (e.g., the Born This Way Foundation); corporate sponsorship (e.g., Facebook).
Other Tactics	Consider enlisting a celebrity brand ambassador.

Program Idea: Grassroots community-based campaigns to build awareness and trust

Approach	Select 10-20 communities to conduct local awareness campaigns. Establish common baselines for key metrics. Develop an action/implementation plan. Hold sponsored events such as a commemorative day, awareness-raising walks, and awards.
Potential Partners	Faith-based and community organizations, other trusted local organizations like Area Agencies on Aging (AAA) and senior centers, local media outlets, and foundations. Consider seeking partnership with federal Substance Abuse and Mental Health Administration (SAMHSA).
Other Tactics	Stigma surrounding loneliness and isolation may be an obstacle, so the local campaign might lag the national one by 18-24 months to allow time to build trust. Social media will be important.

FOCUS #2: BUILD ON EXISTING RESOURCES AND INFRASTRUCTURE

Program Idea: The Social Isolation Community Playbook

Approach	A toolkit to gather existing research and program options and make action and implementation easier. Launch in pilot communities. Standardized language and easy-to-understand metrics are priorities (might be customizable for certain communities or groups.) Some communities might develop their own best practices.
Potential Partners	Many, including senior centers, faith-based organizations, law enforcement and first responders, business and Chambers of Commerce, health care and pharmacy organizations, academia, government (including the Center for Innovation in Medicare and Medicaid), philanthropy, and volunteers.
Other Tactics	A tech partner will be important. Work should include stakeholder surveys and publication of findings and accomplishments of community work.

Program Idea: A pilot centralized organization or office to provide assessments, make referrals, and support social engagement

Approach	Coordinate services and collect learnings of social service organizations already working on aspects of social isolation. In client assessments, each participating organization would consistently ask three questions (to be determined) with a focus on eliciting personal stories.
Potential Partners	Community-based organizations, health plans and primary care providers, libraries, first responders and law enforcement, local media, faith-based organizations, and caregivers.
Other Tactics	Pilot programs would begin in three rural communities. Use surveys to collect data before, during, and after interventions to measure social engagement and patient-reported quality of life, capture service provider feedback. Other goals are publication and program replicability.

FOCUS #3: EMBARK ON PUBLIC POLICY IMPROVEMENTS

Program Idea: Ask the Secretary of Health and Human Services (HHS) to develop a national strategy with specific policies to assist people who are socially isolated

Approach	Increase action on social isolation within public programs by raising awareness and increasing funding to existing relevant programs. Specifically: add a requirement in the Older Americans Act to work on social isolation; require an inter-governmental working group and national advisory council; expand focus beyond older adults to garner support outside the aging network; seek prompt passage and implementation of the legislation. (In this working group, experienced Washington hands thought passage was a good metric, while those from outside Washington thought it was not rigorous enough.)
Potential Partners	Very broad cross-section of partners across the political spectrum, including the private and business sectors.
Other Tactics	Acquire bipartisan support and stakeholder endorsement. After passage, support with a grassroots advocacy campaign.

ACTION PLANNING:

Improving Social Connectedness

FOCUS #4: REFORM HEALTH CARE DELIVERY AND PAYMENT SYSTEMS

Program Idea: Design a simple social isolation/loneliness evaluation tool

Approach	The current lack of means for measuring levels of social isolation/loneliness makes evaluation of return on investment and resource coordination difficult. The tool should be sensitive enough to be validated for use in health care settings (including electronic health records) but simple enough to be deployed at community locations like ballparks.
Potential Partners	Health plans; large employers providing health care to retirees, among many others.
Other Tactics	Tool development should involve people it is designed to help (i.e., at risk for social isolation), as well as people outside health care. Tool could be modeled on existing diabetes screening questionnaire. Academic researchers and organizations like the National Quality Forum (NQF) should have a role in design, validation, and championing the tool. Seek inclusion in the interview protocol for Welcome to Medicare physicals.

Program Idea: Create a global benefit eligibility system to unlock resources for socially isolated beneficiaries

Approach	Consolidate information about state and federal benefits (e.g., Medicare, Medicaid, SNAP, etc.) so that eligible older adults can get information at any agency. Potential outcomes include better access to benefits, better health outcomes, and higher beneficiary satisfaction.
Potential Partners	Health plans, providers, government agencies and programs.
Other Tactics	Creating a one-stop database will require a new financing structure to support integrating federal and state agency databases, as well as navigators to assist.



CONCLUSION:

A Call to Action

Given all we have come to understand about the power of connection and the urgency of reversing social isolation, what is needed now is concerted action.

Looking ahead, the rural aging movement begun by Tivity Health and its partners, Health eVillages, MIT AgeLab, and Jefferson College of Population Health, will continue high-impact pilot programs to support aging populations in rural areas, carry on awareness efforts with government and key influencer groups, and expand the newly launched Rural Aging resource-sharing website (www.RuralAge.com) to ensure stakeholder utilization and engagement in sharing solutions. The Rural Aging Advisory Council will play a key role in reviewing the action recommendations.

Pilot programs, funded by Tivity Health, Health eVillages, and the Tramuto Foundation, and led by some of the top aging services organizations across the country, include:

- Reaching isolated seniors affected by the Flint, MI water crisis and the surrounding rural communities, with partners n4a and the Valley Area Agency on Aging.
- Establishing an intergenerational college campus-based Institute for Integrating Aging and senior housing project, in partnership with St. Joseph's College in Standish, Maine.
- Funding scholarships for professionals in rural population health through Jefferson College of Population Health.
- Expanding the work of Community Health Workers and the use of tablets for chronic disease management in rural America, in partnership with the National Rural Health Association.

A key action for 2018, leading to the 2019 Summit, will be the engagement of other stakeholders, such as the business community, philanthropic groups, and health partners, in investing in goals to overcome rural aging issues and find solutions to social isolation.

Helping older people in rural America achieve better health and quality of life by reversing social isolation will require the best of all of us. This document is offered in the hope that more individuals and organizations will wish to join this important movement.

IT'S WITHIN OUR TWO HANDS

The cure for loneliness is human connection. There's no drug. There's no injection. There's no infusion. There's no scalpel involved. It's about connecting with people. It's amazing. It's within our two hands.

Mary Flipse
Chief Legal and Administrative Officer, Tivity Health





END NOTES

ⁱHolt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, Vol 10, Issue 2, pp. 227 – 237. <https://doi.org/10.1177/1745691614568352>. Accessed September 14, 2018.

ⁱⁱCacioppo JT, Cacioppo S. The growing problem of loneliness. *The Lancet*. Volume 391, Issue 10119, P426, February 03, 2018. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30142-9](https://doi.org/10.1016/S0140-6736(18)30142-9). Accessed September 14, 2018.

ⁱⁱⁱCigna. New Cigna Study Reveals Loneliness at Epidemic Levels in America. <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at-epidemic-levels-in-america>. Accessed September 14, 2018.

^{iv}Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. <https://doi.org/10.1371/journal.pmed.1000316>. Accessed September 14, 2018.

^vMoriel Zelikowsky, May Hui, Tomomi Karigo, Andrea Choe, Bin Yang, Mario R. Blanco, Keith Beadle, Viviana Gradinaru, Benjamin E. Deverman, David J. Anderson. The Neuropeptide Tac2 Controls a Distributed Brain State Induced by Chronic Social Isolation Stress. *Cell*, 2018; 173 (5): 1265 DOI: 10.1016/j.cell.2018.03.037. Accessed October 2, 2018.

^{vi}AARP Foundation. Framework for Isolation in Adults Over 50, developed for AARP Foundation by Katie Elder, MPA and Jess Retrum, PhD. Revised Edition: May 30, 2012. https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf. Accessed September 17, 2018.

^{vii}Tivity Health: Aging in America: Polling on Social Isolation & Rural Senior Health. <http://www.tivityhealth.com/aging-in-rural-america/>. Accessed September 14, 2018.

^{viii}US Census: Percent of the Total Population Who Are 65 Years and Over - United States -- Urban/Rural and Inside/Outside Metropolitan and Micropolitan Area: 2012-2016 American Community Survey 5-Year Estimates. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Accessed September 14, 2018.

^{ix}The 2018 Optimal Aging Challenge: In Good Company: Improving the experience of aging in Massachusetts through creative new solutions. <https://gex.brightidea.com/InGoodCompanyChallenge>. Accessed September 14, 2018.

^xInsight on the Issues Medicare Spends More on Socially Isolated Older Adults, Lynda Flowers, Ari Houser Claire Noel-Miller, AARP Public Policy Institute; Jonathan Shaw, Jay Bhattacharya, Lena Schoemaker, Stanford University; Monica Farid, Harvard University, (November 2017). <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>. Accessed September 14, 2018.

MEMBERS OF THE RURAL AGING ADVISORY COUNCIL

MEMBERS

Michael Acker, Director, Sharecare Blue Zones

Katie Adamson, Vice President, Health Partnerships and Policy, YMCA of the USA

Courtney Baldrige, n4A

Jan Berger, Founder, Health Intelligence Partners

Bob Blancato, President, Matz, Blancato & Associates

Shannon Burhans, President and CEO, YMCA of Portage (Indiana)

Shane Doucet, Founder, Doucet Consulting Solutions

Lois Drapin, CEO, The Drapin Group LLC

John Feather, CEO, Grantmakers In Aging

Jim Firman, President and CEO, NCOA

Julianne Holt-Lunstad, Professor, Brigham Young University

Amie LaBella Crawford, John Hancock

Zachary Leverenz, Social Impact and Innovation, AARP Foundation

Sandy Markwood, President & CEO, n4a

Alan Morgan, CEO, National Rural Health Association

Cindy Padilla, Grantmakers In Aging

Gary Puckrein, President and CEO, National Minority Quality Forum

Cindy Siler, CEO, Mercy Health Care

Susan Stiles, NCOA

Anthony Versarge, Comcast

Debbie Witche, Healthcare Leadership Council

Caroline Young, Executive Director, NashvilleHealth

SPONSORS/PARTNERS

Tivity Health

- Donato Tramuto, Chief Executive Officer
- Mary Flipse, Chief Legal & Admin Officer, Office of the CEO
- Vicki Shepard, VP, Government and External Relations, Office of the CEO
- Helen Roudi, Special Events & Corporate Responsibilities
- Jill Meyer, Sr. Director, PR, Office of the CEO
- Robert Avinger, VP, Culture and Cultural Responsibilities

MIT AgeLab

- Joe Coughlin, Founder and Director
- Dana Rose Ellis, Research Coordinator

Jefferson College of Population Health

- Alexis Skoufalos, Associate Dean, Strategic Development, Executive Director, Center for Population Health Innovation

Health eVillages

- Merrill Warschoff Press

Locust Street Group

- Dave Herrero, Partner
- Amanda Moorhead, Partner
- Ben Jenkins, Partner

Alston + Bird

- Mike Park, Partner

Saint Joseph's College of Maine

- Joanne Bean



Written by Elliott Sparkman Walker
and designed by Carly Warner of SCP
(Strategic Communications & Planning)

