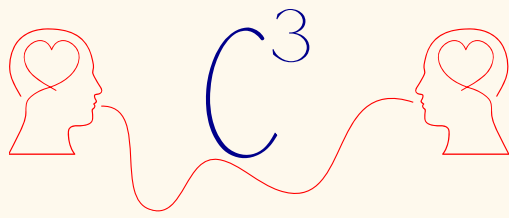


Calls, Conversations, Connectedness

The Social Bridging NC Toolkit





Calls, Conversations, Connectedness

The Social Bridging NC Toolkit: **Promoting Social Connectedness** **and Expanding Awareness about** **Social Isolation and Loneliness**

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Developed by the North Carolina Center for Health and Wellness
(NCCHW) at the University of North Carolina Asheville (UNCA) with
funding from the NCDHHS Division of Aging

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Aging



**SOCIAL
BRIDGING NC**

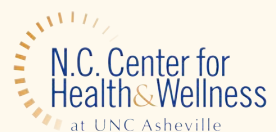
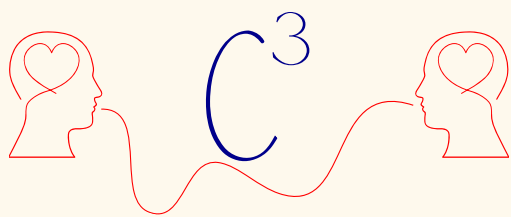


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For more resources, please visit www.socialbridgingnc.org/toolkit



Calls, Conversations, Connectedness

Purpose

This toolkit was developed by the North Carolina Center for Health and Wellness at the University of North Carolina Asheville with funding from the North Carolina Department of Health and Human Services' Division of Aging. Its primary aims are to:

1

raise awareness about how social isolation and loneliness negatively impact health

2

share lessons learned, practical tips, and evidence-based practices for improving social engagement and connectedness

3

provide resources and guidance to help others create similar phone-based reassurance, wellness or social call programs for older adults

Background

Over the past 20 years, the amount of time Americans spend alone has been steadily increasing, and the time we spend socially engaged with family, friends, or others has been steadily decreasing in almost all age groups. Although the COVID-19 pandemic played a role in these changes, the trend of spending less time with others started long before 2020. The U.S. Surgeon General has said that this growing isolation and reduced social connectedness are harming both individuals and society

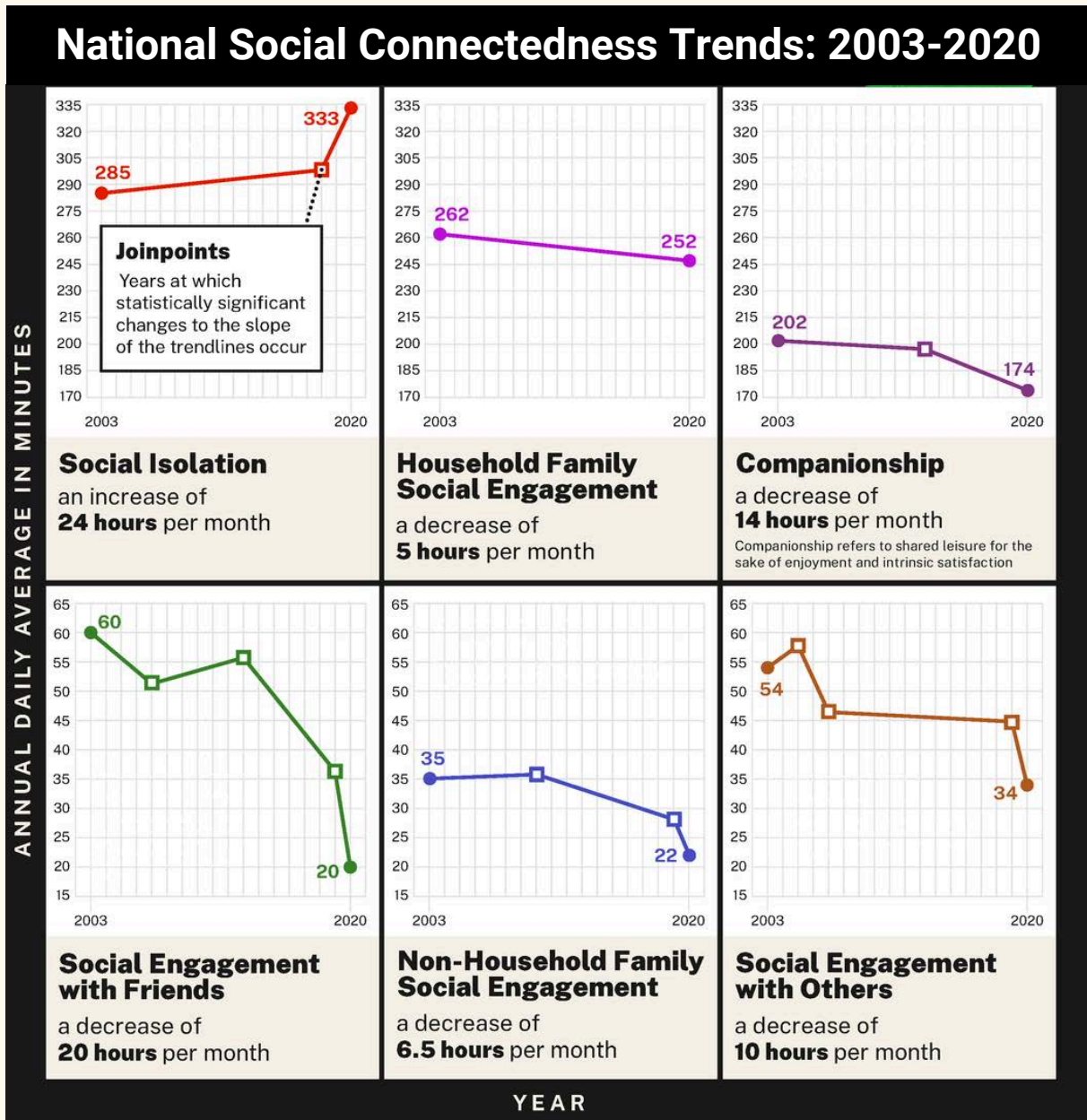


Figure 1: 2003-2020 U.S. social connectedness trends. Office of the Surgeon General (OSG). *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.*



in major ways. He has called it both an "**epidemic**" and a "**public health crisis**," and, in 2023, his office published a report titled "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community," which highlighted these national trends (Figure 1 above).

With social isolation already on the rise, the COVID-19 pandemic brought new challenges. In 2020, social distancing measures and stay-at-home orders were introduced to slow the spread of the virus. While these steps were especially important for protecting older adults from serious illness or death, they also led to greater isolation. Many people adapted to the restrictions by using video calls and online meeting tools like Zoom to stay in touch with family and friends, but some older adults struggled trying to adapt to these changes (Berridge et al., 2020; Rajasekaran, 2020; Shteinlukht, 2021).

In North Carolina, many programs that provided social interaction, medication, food, and other resources to older adults were designed to be in person. When the lockdown began, the programs became nearly impossible to operate. Nonprofit groups and local government agencies switched to remote services and delivered groceries and prescriptions when they could, but there wasn't a consistent statewide solution to address the isolation caused by the distancing measures and lockdowns.



The Social Bridging Project



SOCIAL BRIDGING PROJECT

Origins

In response to concerns about how pandemic-related social distancing measures might negatively impact or further isolate older adults, the University of North Carolina at Asheville (UNCA) and the Mountain Area Health Education Center (MAHEC) teamed up in the spring of 2020 to create the Social Bridging Project. For adults who were isolated or felt lonely, the project offered a social connection to others through brief wellness check-in calls or conversation, help finding resources, and help with telehealth and other technology-related issues. The project also aimed to improve participants' sense of social connection and normalize feelings of loneliness during the conversations so that the older adult participants might feel more comfortable sharing their own feelings. The Social Bridging Project continued to provide social and wellness calls until September 2024, when its funding ended. At that point, additional funding was provided by the North Carolina Department of Health and Human Services' Division of Aging for the development of this toolkit.

The following section has detailed information about our program, including staff roles and responsibilities, key takeaways and recommendations, lessons learned, and quotes and testimonials from older adults who participated in our program and who gave us valuable feedback about what they liked and what we could do better. We share this with you in hopes that senior centers, community-based organizations, faith-based organizations, or others might offer a similar program to help the people in their community who are isolated, struggling with loneliness or who long for more social connection.

Program Model



Project Staff - Roles and Responsibilities

Project Manager

- project oversight, including employee and budget management
- grant writing and communication with funders and partners
- check-in calls to participants to ensure good “fit” with their caller
- monitoring and periodic analysis of call log data
- marketing and community outreach for new referrals

Lead/Intake Caller

- initial calls to describe the program to new participants, get information about their needs and assign a caller to them
- train and coordinate callers and monitor caller “supply and demand”
- conduct calls with participants with more complex needs

Volunteer Coordinator

- outreach to universities and to the community to recruit volunteer callers as needed
- assess and track volunteers’ (students and community-based) skills for optimal matching with participants

Callers

- call participants to provide phone-based reassurance, brief wellness check-ins, conversation, and help finding resources or learning technology skills (including telehealth, video call platforms, connecting virtually via social media or other means)

Key Components & Training

Active Listening: What participants wanted most was a chance to talk and connect with someone, and active listening was vital to our chats. Hearing is natural and continuous for most of us, but listening is intermittent and is a skill. We emphasized not giving advice and using these active listening tips and techniques. (See the Training section of the toolkit for more information.)

1

Pay Attention

Give them your undivided attention. Even on the phone, most of us can tell when someone is distracted or pretending to listen.



2

Show Empathy

Use your warmth and tone to show you care, and validate their pain and emotions. When appropriate, show some emotion like excitement or concern.



3

Respond Appropriately

Respond openly and honestly, and don't interrupt. Treat them as you want to be treated. Encourage them to keep talking with brief affirmations like "that sounds hard" or "mmm-hmm."



4

Ensure Understanding

Ask questions to clarify things, and summarize and repeat back what you hear to be sure you understood it and to show you are paying attention.



5

Be Open-Minded

Listen with an open mind, and don't jump to conclusions or make assumptions. Use brief affirmations like mmm-hmm, but don't comment until they're finished.



Programming - Intake Calls

When you get a new participant, we recommend that a lead caller or supervisor do the first intake call with them before assigning a caller. In addition to welcoming them to the program, we included the following information in that call:

- What the program is and isn't:



- Social connection
- Brief check-in calls
- Longer calls to chat
- Help finding resources



- Emergencies*
- Medical advice
- In-person services
- Counseling or therapy

**Note: we did not collect participants' addresses to give 9-1-1 in an emergency but planned to ask them for it if an emergency arose. This will not be possible if the participant is unresponsive during the call. Collecting patient's personal information is up to the program provider's discretion. Sharing personal information with a third party through a conference call is an option for non-emergent situations.*

- Assurance that their information from their conversations would be kept confidential with the three exceptions listed below under Confidentiality.
- If they still wanted to participate, we requested:
 - Information about their needs (social connection only, help getting information / finding resources or both)
 - Their preference(s) for male vs. female callers and student vs. peer/older adult volunteer callers (when we had both available) and told them we would try to honor their preference(s)

We made notes during the call about their caller preferences and any specific needs they had and used the information to match them with a caller. Note: We also asked callers to fill out a form during their training to list all of the areas in which they had particular knowledge or skills to help us match them with participants. See "Caller Agreement form" on page 54. The skills we listed were:

- | | |
|-------------------------------------|--|
| • Health coaching | • Food security and/or food access |
| • Falls risk assessment | • Nutrition counseling or promotion |
| • Legal or policy advocacy | • Technology training (e.g., telehealth) |
| • Mental health or counseling | • Medical or Medication management |
| • Equity, diversity and inclusion | • Training in evidence-based health promotion programs |
| • Spanish or other foreign language | |

Practices to Support Communication and Boundaries

As noted, participants loved talking to and hearing about what was going on with their caller. A type of friendship often developed for both our participants and callers, and this was one of the most successful aspects of our program. In the interest of self-care and healthy relationships and boundaries, we recommend the following:

- Use Google Voice. It is free for personal use, easy to set up, and offers several services: calling, call screening, call forwarding, call blocking (including spam), voicemail transcription and text messaging. It maintains the callers' privacy by hiding their phone number when they use their personal cell phones. Visit voice.google.com for more information.
- Have a dedicated phone line. This helps participants respect their caller's boundaries by giving them another option if they need to call outside of the time(s) their caller has given them or if they miss a call from their caller. A dedicated phone line also gives them the means to request a new caller if any issues with their callers arise.
- Include the following information during the first call with each participant (and perhaps during every call if there are memory issues):
 - Hours of availability - e.g., "I have family obligations every day but can usually talk from 3 to 5 pm Monday through Friday."
 - Confidentiality policy (more information on this follows on the next page)
 - Call 9-1-1 for an emergency

She's such a sweetheart. I look forward to having someone to talk to every week. I like to see how she is doing and catch up with her news and see how her studies are going.

She cares about me, and she remembers everything I tell her. I'm so proud of her in her 4th year of pharmacy school. She's got a lot on her plate. I really care about her well being too.

I like to...tell her what's been going on with me and I feel like I can confide in her because of the confidentiality...It's professional and it's set up like a program. I look forward to having someone to talk to. And that it's ok to tell her anything.



Confidentiality

Maintaining participants' confidentiality is critical. As noted above, participants should be assured that their conversations will be kept confidential so that they feel comfortable sharing private information.

- Have every caller complete a confidentiality agreement. (A sample agreement is included in the Training section of the toolkit Appendices.)
- By law, confidentiality must be broken in three circumstances and these should be explained to callers during their training and to the participants during the initial call: (1) When there is an indication of abuse of a child, dependent adult or elderly adult; (2) If information is required in a court subpoena or court order; and (3) If the participant is an immediate danger to someone else or to themselves.

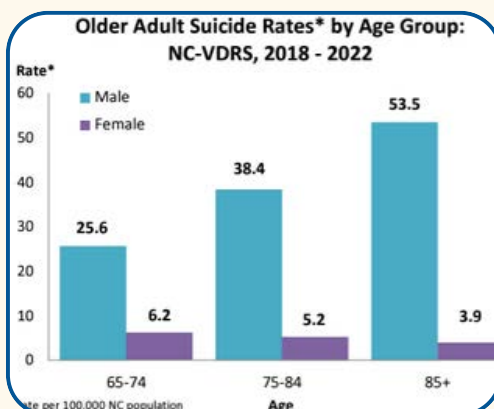
Suicide Prevention

As you may know, self-harm is a critical topic in work with older adults. In NC, the highest suicide rate (20 per 100,000 population) occurs in adults aged 75-79. We highly recommend providing suicide prevention training to your callers. Below is more information about a free 24/7 crisis line, and you can find more mental health resources on [Social Bridging NC](#).

988 Lifeline: Immediate Crisis Support

The [988 Lifeline](#) is a National Suicide & Crisis Lifeline that provides crisis prevention resources and free and confidential support 24/7 by trained crisis counselors for people in distress.

NCDHHS also has numerous [suicide prevention resources](#) including action plans, statistics and toolkits for individuals, providers, and the community.



Programming - Technology Support

Our participants loved this aspect of the program and were very grateful for it. Many of them mentioned it specifically during the survey. What we stress here is **patience and kindness**. Some of our participants were embarrassed or even ashamed of their technology skills. Older adults may need more time to adopt new technology skills. A caller who is impatient could inadvertently cause further shame or make participants feel worse. Older adults' wariness of technology is also justified given that they are more often targeted in digital scams and fraud than any other age group.



Well I feel like I'm more confident in the things that I've learned...I'm feeling a whole lot more comfortable texting and doing other things. I didn't grow up with this kind of technology and he has been enormously patient with me."

It was a huge sense of relief because I have been trying to figure these things out on my own. [Caller] has been invaluable. It was baby steps and he gets A+ for patience...Having extra skills and an online business will hopefully allow me to have a place to live. I am still building my way back from an abusive marriage, and this has been life-changing for me. I could never have done it without the Bridging Project; I wouldn't have had the courage.

Programming - Dedicated Callers

For the most part, our participants had the same caller each time, called a "dedicated caller," and this is one of the most important takeaways from our project. Although this can complicate programming, especially if you have a lot of different volunteer schedules to manage, we found that this was what the participants valued most and we highly recommend using them when possible.



Program Monitoring

- Use spreadsheets to track participant referrals, calls, outcomes, and active vs. discharged/lost to follow-up participants.
- Use two separate spreadsheets to avoid storing participants' identifying information on the same sheet.
 - Assign consecutive participant ID numbers to every new participant.
 - Put only the participant's name and ID number on one spreadsheet (titled "[Project name] Participant Phone Numbers").
 - Put the participant's ID and phone numbers on the other sheet (titled "[Project name] Call Tracking") and use it to track all your program information.
- [Project] Call Tracking spreadsheet: Keep all new/active participant information on the first tab (labeled "Active"), and move participants from this sheet to the Lost to Follow-up/Discharged sheet (labeled "LFU/Discharged") when you can't get in touch with them or they are no longer interested in receiving calls. See the sample below and the Training section of the Appendices.)

Sample Active Sheet

	A	B	C	D	E	F	G	H	I	J	K	L
1	Participant ID#	Phone Number	County	Date of Referral	Referral Source	Date Intake/ Initial Call Completed	Name of Person Doing Intake/ Initial Call	Initial Call Outcome (wants calls, doesn't want calls, no answer, left message, bad number, etc.)	List of Identified Needs or Issues Participant Wants Help With	Best Time to Reach?	Name of Caller Assigned to Participant	Date Assigned Caller Notified About Participant
2	This "Active" sheet contains the complete list of all the active participants at any given time. Please do not use this sheet to track your calls. A separate sheet has been made for each caller and has your initials on it (see the tabs below). Please use ONLY your sheet to record the call information (date, time, outcome, notes).											
3	Participant ID #s are assigned consecutively. Please check the row above and assign the participant ID# accordingly. If you are moving a participant to the Lost to Follow Up/Discharged sheet, please leave their participant ID number as a reference in the first cell so that the correct ID number is assigned to the next participant.											
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- Make a separate sheet for each caller that lists their participants on it (see image below). (Note: both the 'Active' sheet and the individual caller's sheet need to be updated when a participant is discharged or moved onto or off of the Active sheet.)
- Note: If you use this format for your spreadsheets, be aware that when you copy and paste a participant's row into their assigned caller's sheet, some of the columns are different and don't match exactly.

Sample Individual Caller Sheet

- Each caller then uses their own sheet to log the dates, duration, and outcomes of their calls. For the call outcomes, we included brief notes about the conversation, what needs were identified and what resources were given, if any. We recommend tracking all of these details because they help callers remember what is happening with each participant and they serve as a reference for when a new caller is assigned and is unfamiliar with the participant.
- Note: For our program, we used Qualtrics to log our call data, including the call date, duration and notes about what happened during the call. We then downloaded the data for use in presentations and reports to funders. If Qualtrics or another cloud-based survey and data collection platform is not an option for your program, we strongly recommend using these individual caller sheets or something similar.
- Have a different person (like the Project Manager or Lead/Intake Caller) call the participants every 60 to 90 days as an added monitoring and quality measure. Use these calls to assess participants' satisfaction level and ensure the participant-caller "fit" is still good. (Note: Most of our participants did not complain so it took time and attention on our part to sense when a new caller might be a better fit.)

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Key Takeaways & Recommendations

Caller recruitment

A key decision that must be made is whether to have volunteer or paid callers, and we found that there were advantages and disadvantages to both (table below). Our program began with university student volunteers who committed to make calls for at least one semester. Based on participant feedback, we switched to paid callers, but we found value in both approaches.

Advantages of Paid Callers	Advantages of Student Volunteers
Less turnover and fewer training needs	Less funding needed
Fewer disruptions for participants (to their set call time and the relationship)	Most participants loved having a caller from a younger generation
Easier to track caller availability	Reverse mentoring (the older adult is mentored by the younger one)

“

Well I like knowing that young people have an interest and that they're concerned and that they care. It gives me a good feeling about the future. We get so much negative from the media...and it makes me think there is hope.

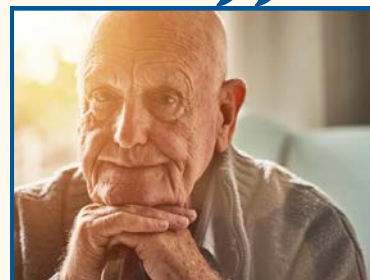
”



“

I was a high school librarian and teacher for 43 years and I miss dealing with teenagers. I'm in a retirement home surrounded by people my age and this project reminds me of being in school...I think it was great for me and for the callers.

”



“

I was hurt. I had become attached to her and I was very sad. But then I decided to try it again, and I know she will leave too. I know they have to do other things but it is hard. I'm trying to prepare myself for it.

”

“

It would be nicer to have the same person for longer. Another person came in and we picked up right where we left off, so the continuity is good, but it would be nicer to have them longer. You make a buddy and then they're gone.

”

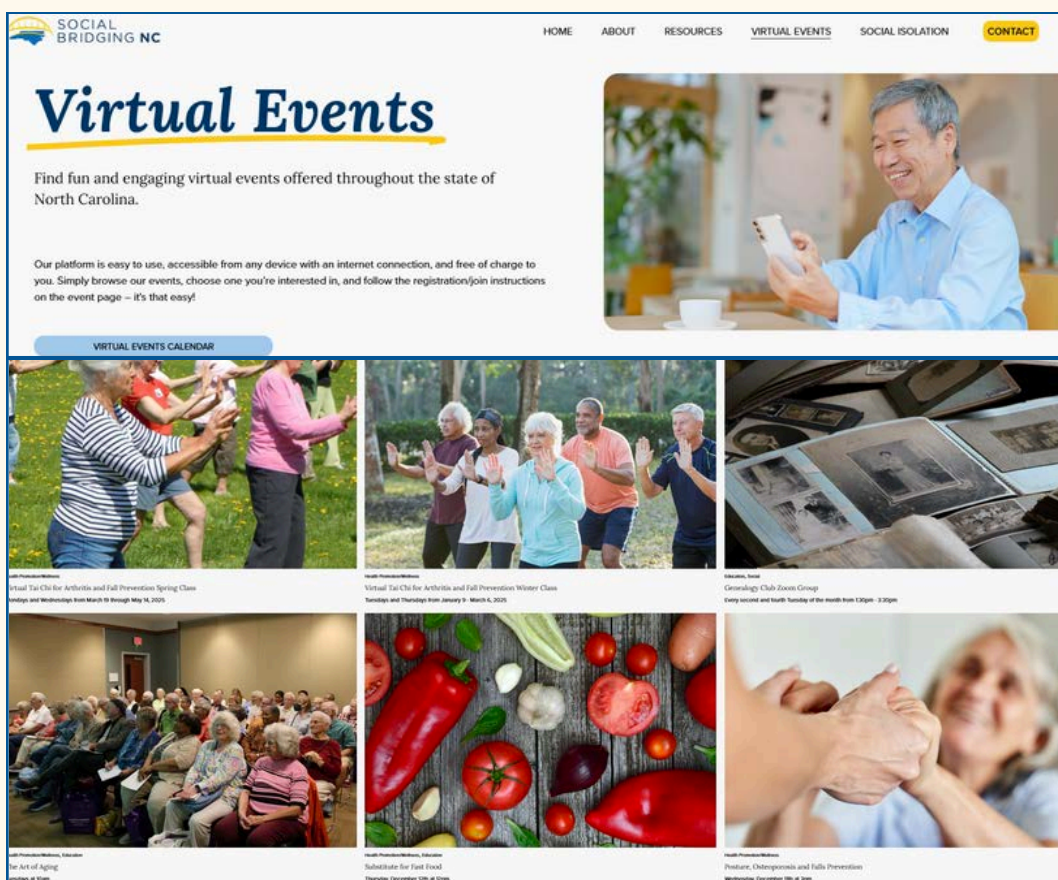
- **Ramping up** - In the beginning, take time to understand how the program enhances other existing efforts in the community so that you can try to fill any gaps that you see. You may also want to consider limiting the number of referrals or your service area in the beginning. Decide the length and type of calls you are going to provide and begin them on a small scale to address any problems that arise.
- **Participant recruitment and community outreach** - When you're ready for more participants, try community organizations like senior centers and churches.
 - Join the NCCARE360 provider network. Visit [NCCARE360](#) and select "[Join the Network](#)" from the "For Network Partners" dropdown menu. Submit the form to request more information. Once approved, you can set up an account to get new referrals from providers and organizations in the network. (Note: we chose "Companionship and Socialization Support" as the service type for our program.) You can also add account users so your staff or volunteers can track participant status and provider updates in their case record.
- **Licensed therapist on retainer** - Consider having a licensed clinical social worker available who can offer short term support to participants who need higher levels of care than callers can provide. Our therapist was willing to work with participants just for a couple of hours until someone could be found to provide long-term support. The cost was minimal, and she provided vital support.
- **Bi-weekly caller check-ins** - The callers appreciated having an optional bi-weekly check-in for support, to ask questions and to talk to other callers about challenging situations they had had. (We did ours virtually on Zoom.)
- **Offering bilingual callers** - Although worthwhile, we found this challenging to implement. Lack of funding and our reliance on volunteers made it difficult to provide consistent access to a bilingual caller, and we decided it was too disruptive to offer services in Spanish if we could not ensure consistent access.
- **Program sustainability** - This is often challenging. Using volunteer callers reduces costs, but if you have paid callers, consider frequent searches for funding. When we couldn't find a 5th round of funding, our program ended on 9/30/24. Fortunately, the NCDHHS [Division of Aging](#) funded the development of a website, [Social Bridging NC](#), in September 2023, which serves as a statewide web-based resource center and hub. Keep reading for more information!



Social Bridging NC

In 2023, the Social Bridging Project's success and ongoing partnership with the NC Department of Health and Human Services' Division of Aging led to the creation of a statewide web-based resource center and hub, [Social Bridging NC](#). The site aims to address social isolation and loneliness in North Carolina's older adults through its database of vital resources, including:

- Information about how social isolation and loneliness can negatively impact health
- Self-assessment tools to measure your (or a loved one's) level of loneliness or risk of social isolation
- Virtual programming events to encourage social engagement through remote participation in virtual events
- Detailed information about types of fraud and scams that typically target older adults
- List of organizations across the state committed to fostering and promoting social connectedness and engagement and addressing social isolation and loneliness.



Social Isolation & Loneliness

In addition to providing information about our program model, we hope that this toolkit will raise awareness of this issue. To that end, the following pages provide detailed information about how widespread social isolation and loneliness are, how they can impact us, what puts us at the most risk, how we can assess our risk, and recommendations for ways to decrease our risk. The following pages focus on these topics and include several handouts you can use to increase awareness in your community.

Defining Social Isolation and Loneliness

Social isolation and loneliness are related but are not the same and are measured differently. **Social isolation** refers to being physically alone or having very little social contact. It's often measured by counting the number of social interactions someone has over a certain period. **Loneliness** is an uncomfortable feeling you may have when you don't have close relationships or feel that you don't belong. Loneliness is also used to refer to the gap between how much social contact someone wants and how much they actually have.

**Someone
may have
little
contact
with other
people
and be
“socially
isolated”
but not
feel
lonely.**



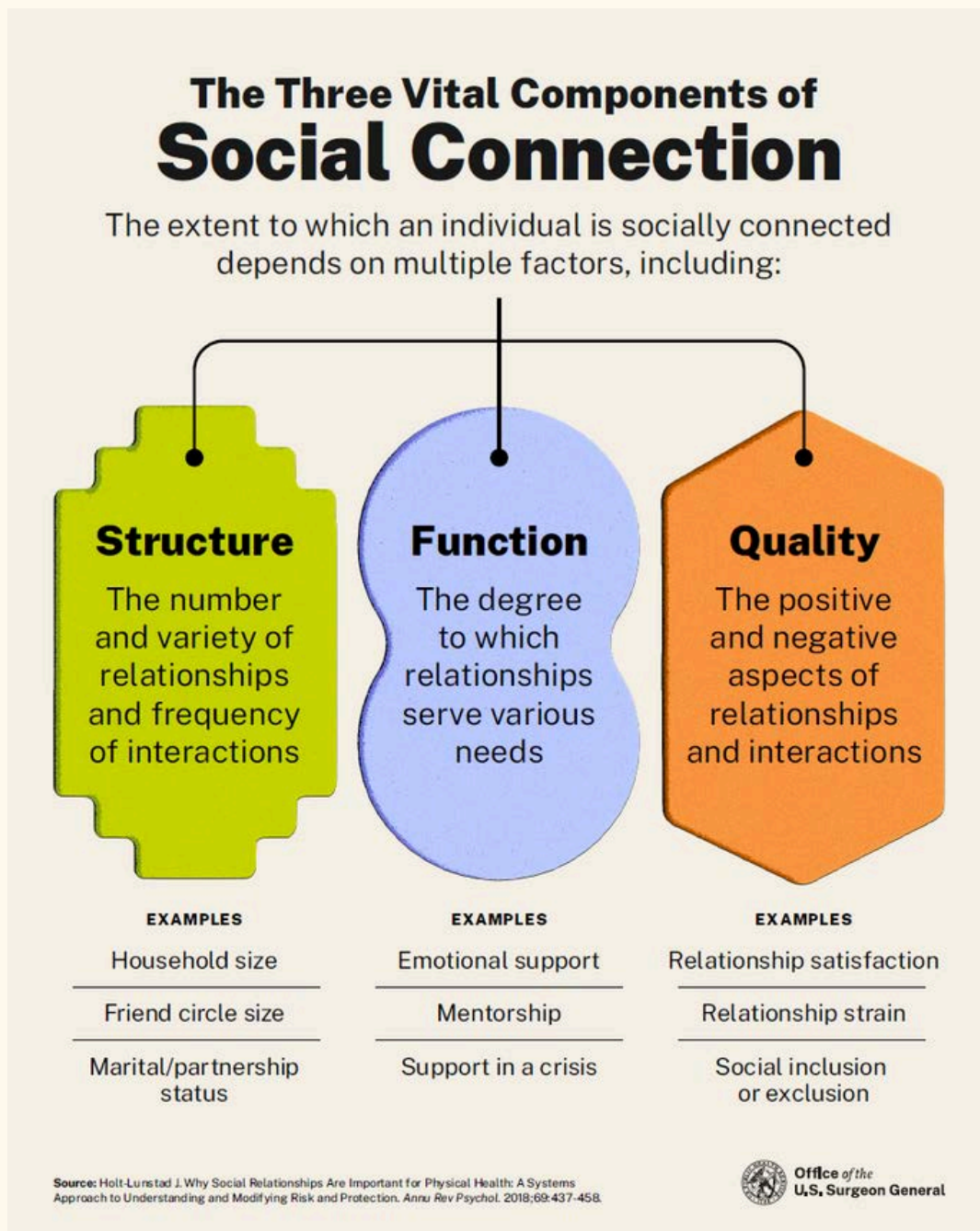
**Someone
may feel
lonely
even
when they
are in a
group of
people,
such as
feeling
“alone in
a crowd.”**



Components & Factors of Social Isolation

Components of Social Isolation and the Factors that Shape It

The report from the Surgeon General's office ("[Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community](#)") includes the [graphic below](#) which describes three aspects of our relationships that affect our sense of connectedness.

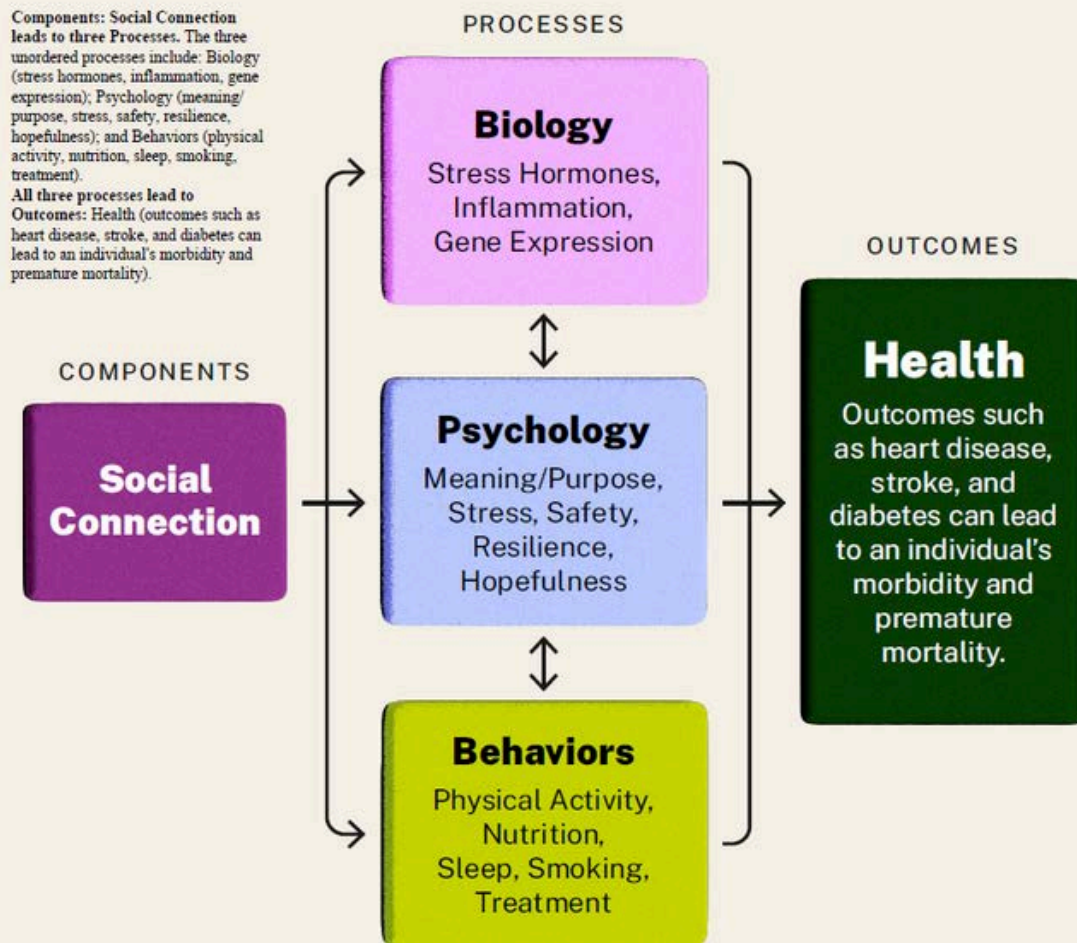


Social Connectedness Impacts on Health

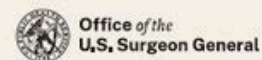
The report also includes [this graphic](#) showing how social connection, or the lack of it, can affect us, including our stress hormones and how we react and adapt to stress and trauma, whether we feel hopeful or have a sense of purpose, our diet and sleep patterns, how physically active we are, and even the expression of our genes.

How Does Social Connection Influence Health?

Social connection influences health through **three principal pathways**: biology, psychology, and behavior.



Source: Holt-Lunstad J. The Major Health Implications of Social Connection. *Current Directions in Psychological Science*. 2021;30(3):251-259.



How widespread is the problem and who is most at risk?

As noted previously, the amount of time Americans spend alone has been steadily increasing. Using data from the American Time Use Survey (2003–2020), researchers ([Kannan and Veazie, 2023](#)) analyzed rates of social isolation, social engagement, and companionship in people aged 15 and older. The data focused on how much time people spent alone or with others and found that social isolation and loneliness are common across all age groups and have gotten worse over the last 20 years. Researchers defined the three categories as follows:

- **Social isolation:** total time spent alone
- **Social engagement:** total time spent with family (in or outside the home), friends, or others
- **Companionship:** total time spent with anyone while doing activities like socializing, relaxing, eating out, or exercising

Although adults 65 and older had the second-highest amount of time spent in companionship with anyone (socializing, eating out, etc.) when averaged over the 18 year period (2003-2020), adults in this age group **spent the most time alone and were the most socially isolated**. They spent **554 to 1,405 more hours alone per year compared to other age groups**.

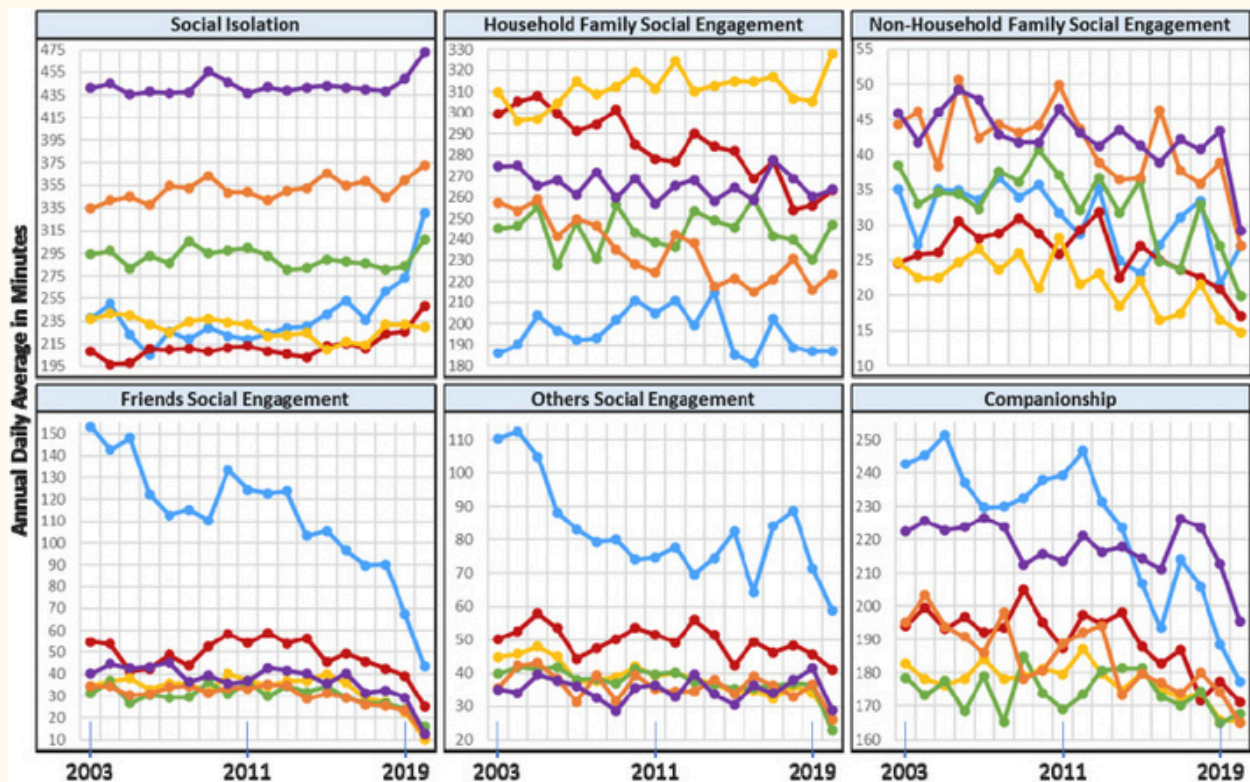


Figure 2: 2003-2020 U.S. social connectedness trends (annual daily average in minutes) by age: 15-24 (blue), 25-34 (red), 35-44 (yellow), 45-54 (green), 55-64 (orange), 65+ (purple).



Several events that commonly occur later in life put older adults at higher risk:

- Life changes like retirement, the death of loved ones, and physical and mental health problems make it harder for older adults to stay socially connected.
- Many older adults go through these stressful events without the support of close family or friends.

However, this is not just an aging issue. During that period, the total **amount of time spent alone increased for every age group except for 35–44 year olds**. Time spent with family, friends or others and time spent in companionship with anyone (socializing, etc.) also **decreased in every age group**. Of note, several of these trends, such as spending less time in companionship and with household family members, began years before the pandemic.

Although the Social Bridging Project was geared towards older adults, this project is relevant and potentially adaptable to other age and demographic groups. Social isolation and loneliness are affecting young adults, the estimated number of young adults in North Carolina who are likely affected, and how groups that often face discrimination, such as racial and ethnic groups and the LGBTQ+ community, and other groups such as people in rural areas and domestic violence survivors are at higher risk.



This is not just an aging issue.



Why does this matter?

The 2023 report from the U.S. Surgeon General ("Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community") highlights how social isolation and loneliness harm both individuals and society. These issues negatively affect health, academic performance, and work productivity. Because they negatively affect our health, we have to pay more for our medical care and so does the government.

- how social isolation and loneliness affect our mental and physical health and put us at increased risk for certain health conditions
- how much extra money Medicare spends every year for the care and treatment of older adults who are affected by them
- estimated annual losses to businesses as a result of worker absenteeism from stress caused by loneliness
- factors that increase your risk of social isolation and loneliness and other ways they impact us, such as our sleep, behavior and academic performance

Importantly, there is also data that suggests that communities with higher rates of social connectedness experience lower crime rates and higher GDP. Some of this data is also included in the infographics that follow.

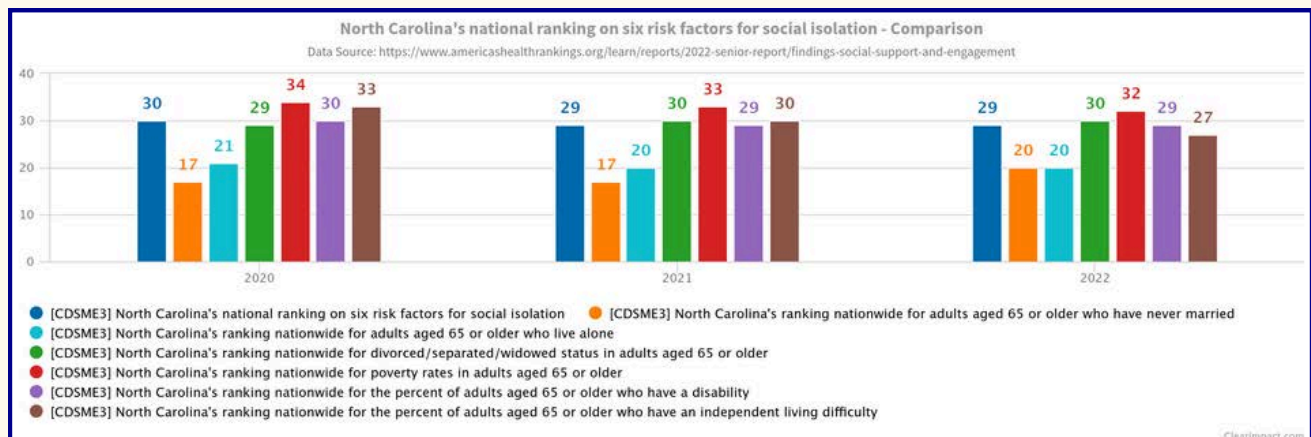


Social Isolation & Loneliness Risk Factors

What factors put an older adult at an increased risk?

There are many factors that can increase your risk of loneliness and social isolation. The United Health Foundation's [America's Health Rankings](https://www.americashealthrankings.org) website looks at six factors linked to social isolation and loneliness and combines them to get the overall risk of social isolation in older adult populations (aged 65+). It then ranks each state by its level of risk. The [bar charts below](#) show North Carolina's national ranking in 2020, 2021 and 2022 based on each of these six risk factors:

- 1.) Never married (orange)
- 2.) Living alone (turquoise)
- 3.) Divorced, separated, or widowed (green)
- 4.) Living in poverty (red)
- 5.) Having a disability (purple)
- 6.) Difficulty living independently (brown)



This graph was developed using [3 sets of North Carolina's 5-year aggregated data \(2016-2020, 2017-2021 and 2018-2022\)](#) on six risk factors associated with social isolation and loneliness.

The first, dark blue bar in each set of bars shows North Carolina's overall national ranking on social isolation compared with other states. In 2022, North Carolina ranked 29th in the nation for social isolation risk among older adults. From this chart, we can see that the percent of older adults in the state who have never married has increased. Because never marrying puts you at higher risk of isolation and loneliness, this increase caused our national ranking for that risk factor to worsen and drop from 17th to 20th. On the other hand, the percent of older adults in the state who live below the poverty level (red bar) has decreased. Because living in poverty puts you at higher risk of isolation and loneliness, our ranking on that risk factor improved from 34th to 32nd when the percent of older adults in NC living in poverty went down.

Tools to Measure Connectedness & Isolation

Several tools have been developed over the years to measure social isolation and loneliness, and some of them can be self-administered. See the “Tools and Materials” PDF for copies of these instruments, one of which is also available in Spanish, La Escala de Soledad de Tres Items.

Lubben Social Network Scale

The Lubben Social Network Scale is a validated instrument designed to gauge social isolation in older adults by measuring perceived social support received by family and friends. It consists of an equally weighted sum of six items that measure the number and frequency of social contacts with friends and family members.

Instructions: The scale typically takes 5 to 10 minutes to complete and the total score is an equally weighted sum of the six items. Each LSNS-6 question is scored from 0 to 5 and the total score ranges from 0 to 30. Detailed instructions for scoring and interpreting the results can be found at the bottom of the page.

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc. (for questions 1, 2 and 3)...

1) How many relatives do you see or hear from at least once a month?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

2) How many relatives do you feel at ease with that you can talk about private matters?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

3) How many relatives do you feel close to such that you could call on them for help?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood (for questions 4, 5 and 6)...

4) How many of your friends do you see or hear from at least once a month?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

5) How many friends do you feel at ease with that you can talk about private matters?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

6) How many friends do you feel close to such that you could call on them for help?
☐ None ☐ 1 ☐ 2 ☐ 3 or 4 ☐ 5 to 8 ☐ 9 or more

To score responses and interpret the results: None = 0, one = 1, two = 2, three or four = 3, five thru eight = 4, nine or more = 5. A score of 12 and lower delineates "at-risk" for social isolation.

Source: J. Lubben, E. Blozik, G. Gillmann, S. Iliffe, W. R. Von Kruse, J. C. Beck and A. E. Stuck, Gerontologist 2006, 46, 503-513.

CLA Loneliness
Three questions
Loneliness, social
connectedness, social
isolation
administered in
English and Spanish
before
and after
of your life.
ever,
then
then?
in
of the

ión española
Escala de Soledad
de tres
relacional,
se autoadministra
Five measures of the
to measure the
by the older
Total score is
and



Recommendations and Evidence-Based Practices

Recommended system-level changes

As mentioned, numerous studies have shown that strong social networks and connectedness can improve physical and cognitive health and older adults' management of their chronic illnesses. The next few pages include best and evidence-based practices for combating social isolation and loneliness. We gathered them from different places, including survey responses, older adult study results, tips from programs across the country that have had success increasing social connectedness, and recommendations about system-level changes.

This list of recommended system-level changes were taken from a study and from the [America's Health Rankings](#) site:

- Do routine social connection screening in healthcare settings to find older adults who are at risk of isolation and loneliness early ([Tung et al, 2021](#)).
- Offer more flexible supplemental Medicare benefits that address social isolation, such as home delivered meals, ride-sharing services and programs that offer companionship ([America's Health Rankings](#)).
- Build partnerships between public transportation and public health to decrease social isolation increase older adults' mobility ([America's Health Rankings](#)).
- Consider structural interventions (revising workplace policies or providing age-friendly training) that support older adult employment. This can promote inclusivity and help change societal attitudes toward older adults ([America's Health Rankings](#)).

The Surgeon General's report ("[Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community](#)") includes additional system-level recommendations aimed at improving connectedness. They are categorized into six areas in the [graphic that follows](#) on the next page. A few pertinent action steps are also included for each of the six areas.



The Six Pillars to Advance Social Connection

1



2



3



4



5



6

1

Strengthen Social Infrastructure in Local Communities

Design the built environment
to promote social connection

Establish and scale community
connection programs

Invest in local institutions that
bring people together

2

Enact Pro-Connection Public Policies

Adopt a “Connection-in-
All-Policies” approach

Advance policies that minimize
harm from disconnection

Establish cross-departmental
leadership at all levels
of government

3

Mobilize the Health Sector

Train health care providers

Assess and support patients

Expand public health
surveillance and interventions

4

Reform Digital Environments

Require data transparency

Establish and implement
safety standards

Support development of
pro-connection technologies

5

Deepen Our Knowledge

Develop and coordinate a
national research agenda

Accelerate research funding

Increase public awareness

6

Build a Culture of Connection

Cultivate values of kindness,
respect, service, and
commitment to one another

Model connection values in
positions of leadership and
influence

Expand conversation on social
connection in schools,
workplaces, and communities



Recommendations from others who have experienced loneliness

2,200 American adults responded to a “Healthy Minds” survey done by the American Psychiatric Association in January 2024. Survey participants said that they ease their feelings of loneliness in the following ways:

- 50% find a distraction (like TV or podcasts)
- 41% go for a walk
- 38% reach out to friends or family
- 31% connect with a pet
- 31% exercise
- 9% connect to a therapist or counselor
- 6% volunteer

Recommendations from studies of older adult programming and interventions

From United Health Foundation’s America’s Health Rankings site:

- Programs and interventions should involve older adults, rather than simply providing services or training.
- Programs are more successful in sustaining social connectedness when volunteers are involved to provide the programming to older adult participants.
- In-person contact is better, and technology-based interventions are not appropriate for everyone, but they can improve communication and increase connectedness especially in rural areas and for older adults with limited mobility.
- Senior and community centers are critically important in bringing older adults together and providing opportunities for group activities.



Recommendations from successful programs

These three programs, included in the 2023 report “[WHAT WORKS: Social Engagement Innovations and Best Practices](#)” from [engAGED: The National Resource Center for Engaging Older Adults](#), have the following recommendations which may be applicable to other phone-based programs.

The [Senior Learning and Technology Engagement \(SLATE\) program](#) “helps older adults use technology to meet their basic living and social needs to prevent or mitigate social isolation and loneliness.” Although their program includes in-person contact, some of their recommendations can be applied to virtual/remote programs:

- Have frequent contact with participants when they first join your program.
- If you notice a decrease in engagement, try increasing contact to re-engage them.
- If you plan to formally evaluate your program, measure participants’ level of comfort with technology and how often they use it before they begin your program. This will help you determine how much of the changes, if any, are due to the program and its interventions.

The [Social Engage Coaching program](#) (on page 13 of the [linked PDF](#)) is a 10-week individual coaching program and evidence-based treatment for depression for older adults. Coaches work with older adults to show them how much social connection can affect their health and well-being.

- Emphasize local resources and ways to connect socially that are in their area when you create an “action plan” for the participants.
- Give participants information about where they can get more support after they leave your program.

The [Social Isolation and Loneliness Pharmacy Project](#) (on page 14 of the [linked PDF](#)) was begun to decrease older adult isolation and increase their social connectedness by using pharmacy staff, often seen as trusted health care providers, to screen older adults for social isolation and loneliness and connect them to providers and community resources.

- If you plan to use a social isolation or loneliness assessment tool to screen older adults for inclusion in your program, be aware that stigma and the sensitive nature of isolation and loneliness may make them hesitant to complete the screening. Consider including successful screening strategies and ways to address common questions in your staff training.
- You may also want to offer a live, role-playing session for your staff to practice doing the screening.

Promising new evidence-based practices from recent, ground-breaking research

In addition to the recommendations listed above from programs that have been successful in addressing social isolation and loneliness, some other evidence-based practices have emerged from recent research such as the BE WITH study:

[BE WITH program - Belongingness and Empathy, With Intentional Targeted Helping](#)

This innovative program grew out of the challenges the aging network faced as it tried to meet the needs of older adults during the Covid-19 pandemic. It is a warm calling program that fosters human connection with older adults and includes an 8-week “treatment” delivered to older adults (urban racially diverse, suburban, and/or rural) in 20-30 minute “dosages.” Aging network providers complete a 2-hour training that is “grounded in the befriending literature and narrative reminiscence” in which they learn to foster belongingness and empathy. Older adult participants then receive a “small dose of sincere connection”, through narrative reminiscence, and the “befriending” strategies. The five core components of the BE training include:

- reciprocity: the feeling that both parties are benefiting
- intimacy: willingness to share deeply (superficial sharing at first helps build the relationship, but deeper sharing is what leads to positive outcomes)
- reliability & respect (calling at the time you say you are going to call creates consistency and reliability, and shows that the older adult matters)
- proximity: feeling more connected to people within your community
- autonomy: the feeling both parties are participating willingly with each connection

[2023 what Works: Social Engagement Innovations and Best Practices](#)

The [National Resource Center for Engaging Older Adults](#): This resource center is a national effort to increase social engagement in older adults, people with disabilities and caregivers by expanding and enhancing the Aging Network’s capacity to offer social engagement. Their website has an “Innovations Hub” with ideas about how to promote social engagement, a “Spotlight” section that features new resources and publications about social isolation and loneliness, and another section that highlights the latest research about social isolation and loneliness and how they can impact our lives.

Program Development & Implementation

Tools & Materials

This section of the toolkit contains resources and information focused on developing, implementing, evaluating, and sustaining programs dedicated to promoting social connectedness and addressing social isolation and loneliness, including:

- Simple self-assessment tools that older adults can complete by themselves or with help to learn more about how much they may be at risk
- Information about the benefits of the congregate meal program and about the advantages of using reverse mentoring and intergenerational programming to combat social isolation and loneliness
- Marketing and outreach resources, including social media posts and graphics, that can be easily customized and used to promote your program, virtual events, and your project's milestones
- Maps with county-level data about social isolation and loneliness risk factors in NC's older adult population
- Information about how social isolation and loneliness can impact your health and how chronic illnesses and disabilities can put people at greater risk of being socially isolated and lonely
- Graphics and other educational materials to give to participants and others to build awareness of social isolation and loneliness and how it can impact their health and well being
- Surveys to evaluate your program and its impact on the participants and the callers
- Instructional materials to help participants learn new technology-based skills, such as accessing Zoom to attend your virtual programs
- Virtual programming FAQs and tips for providers that include ideas for program topics, different options for hosting virtual programs, and resources to improve the accessibility of your programs and enhance your participants' experience

On the following pages, click on the titles of the resources to access PDF versions of the documents to download.

For more resources, please visit www.socialbridgingnc.org/toolkit



Tools & Materials Section Table of Contents

Click on the section titles to jump to that page.

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Assessment Tools and Information

Click on the titles of the resources to access PDF versions of the documents to download.

Lubben Social Network Scale

The Lubben Social Network Scale is a validated instrument designed to gauge social isolation and loneliness. It is a self-report questionnaire that consists of 10 items. The total score is calculated by summing the scores of all items, with a possible range of 0 to 10. A score of 0 indicates no social network, while a score of 10 indicates a strong social network. The scale is used to identify individuals who are at risk of social isolation and loneliness, and to evaluate the effectiveness of interventions designed to improve social support.

Instructions: The table lists 10 items to be completed and the total score is an equally weighted scale of 0 to 10. Each LRSQ question has two parts: a question and a response. The response is a number from 0 to 4, representing the frequency of the response. The total score is calculated by summing the scores of all items.

ANSWER: Considering all people with whom you are related by blood, marriage, adoption, etc., how often do you:

How often do you talk to these people?	How often do you see these people?	How often do you visit these people?	How often do you have a meal with these people?
None 0 1 2 3 4	None 0 1 2 3 4	None 0 1 2 3 4	None 0 1 2 3 4
None 0 1 2 3 4	None 0 1 2 3 4	None 0 1 2 3 4	None 0 1 2 3 4

INTERPRETATION: Considering all of your people including those living close to you, your neighborhood, your family, and friends:

How often do you have a close personal relationship with these people?	How often do you have a meal with these people?
None 0 1 2 3 4	None 0 1 2 3 4
None 0 1 2 3 4	None 0 1 2 3 4

To score responses and interpret the results: None = 0, rarely = 1, 2, once a week = 3, 3 or more times a week = 4. For example, if you have 3 people with whom you have a close personal relationship, and you have a meal with 4 of these people, your total score is 7. For more information, see the Lubben et al., 1998, 2003, 2006, 2008, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 256

Lubben Social Network Scale (LSNS-6)

This tool gauges social isolation by measuring the number and frequency of social contacts with friends and family. It takes 5-10 minutes to complete.

Three-Item Loneliness Scale

The Three-Item Loneliness Scale is adapted from the Revised UCLA Loneliness Scale and is a three-item administered scale comprised of three questions that measure three dimensions of loneliness: social conventions, social network, and social interaction isolation. It is valid across age, socioeconomic status and by telephone or in-person.

Instructions: The following phrasing is suggested as a lead-in before the questions are asked:

The next questions are about how you feel about different aspects of your life. Each one, tell us how often you feel that way.

1) *Feel that you have too few close friends to talk comfortably. Hardly ever, often*

☐ Hardly ever ☐ Some of the time ☐ Often

2) *Have often in the past felt left out from some, of some of the times, or often*

☐ Hardly ever ☐ Some of the time ☐ Often

3) *How often do you feel isolated from other's in a hardy, some, or none of the time, or often?*

☐ Hardly ever ☐ Some of the time ☐ Often

To score responses and interpret the results:

Each question is scored as 3 points scale. Hardly ever = 1 point; Some of the time = 2 points; Often = 3 points. Add the three scores together to give a total score that can range from 3 to 9. Researchers in the past have grouped people who score 3-4 as "not lonely", 5-6 as "borderline", and 7-9 as "lonely".

Source: <https://www.oxfordjournals.org/abstract/doi/10.1093/oxfordjournals/oxfam.a010000>

Three-Item Loneliness Scale

This scale measures relational connectedness, self-perceived isolation, and social connectedness. It can be self-administered or over the phone. It takes about 2 minutes to complete. **Spanish Version.**

Upstream Social Isolation Risk Screener

The authors of this brief document it as a combination of cognitive and subjective measures of the risk of social isolation. It is designed to identify people who are at greater risk of experiencing the risk of isolation through more involved assessment tools available elsewhere. You can complete the test by about 5 minutes.

Instructions: The scale typically takes 5 to 10 minutes to complete and the total score is an equally weighted sum of all dimensions used. Detailed instructions for scoring and interpretation of the results can be found at the bottom of the page.

Q1) Not isolated from friends	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q2) Lack communication	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q3) Don't see one really close one each week	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q4) Feel completely alone and want to see someone	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q5) In the past two weeks, how often have you been unable to control your feelings or conversations?	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q6) In the past few weeks, how often have you attempted "unfriendly" group?	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often
Q7) Could you tell someone if it hard to understand conversations, especially after Black & background noise?	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Often

Upstream Social Isolation Risk Screener (U-SIRS-13)

This tool has both objective and subjective measures of three aspects of social isolation and is intended to measure risk among non-institutionalized older adults **early**. It can be self-administered or with a professional. It takes 5-7 minutes to complete.

[illegible]

Measuring Social Isolation

This info sheet from Commit to Connect outlines the importance of using a standardized tool to measure isolation and loneliness, the benefits of assessment and some data collection “lessons learned.”



Social Isolation Screening Systems for NWD Systems

Why are agencies looking for and using Social Isolation Screening Systems for NWD Systems? Social Isolation Screening Systems are used to identify and screen individuals who are at risk of being involved in a social isolation screening system. The Social Isolation Screening Systems are used to identify and screen individuals who are at risk of being involved in a social isolation screening system.

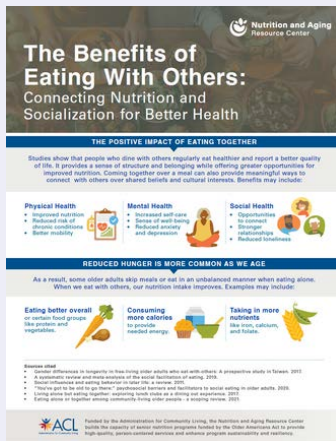
Social Isolation Screening Systems for NWD Systems
<p>ESOR Social Isolation Screening System</p> <p>ESOR Social Isolation Screening System is a social isolation screening system that is used to identify and screen individuals who are at risk of being involved in a social isolation screening system. The Social Isolation Screening Systems are used to identify and screen individuals who are at risk of being involved in a social isolation screening system.</p>
<p>ESOR Social Isolation Screening System is a social isolation screening system that is used to identify and screen individuals who are at risk of being involved in a social isolation screening system. The Social Isolation Screening Systems are used to identify and screen individuals who are at risk of being involved in a social isolation screening system.</p>
<p>ESOR Social Isolation Screening System is a social isolation screening system that is used to identify and screen individuals who are at risk of being involved in a social isolation screening system. The Social Isolation Screening Systems are used to identify and screen individuals who are at risk of being involved in a social isolation screening system.</p>

Social Isolation Screening Resources

This matrix from the Administration for Community Living describes these and other free screening tools for measuring isolation and loneliness.

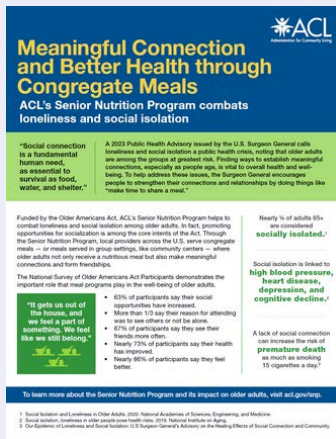


Congregate Meal Site Information



[The Benefits of Eating with Others: Connecting Nutrition and Socialization for Better Health](#)

Graphic from the Nutrition and Aging Resource Center



[Meaningful Connection and Better Health Through Congregate Meals: ACL's Senior Nutrition Program combats loneliness and social isolation](#) - info sheet from the Administration for Community Living



[Connection and the social aspects of senior nutrition programs](#) - Two-minute promotional video from the Administration for Community Living

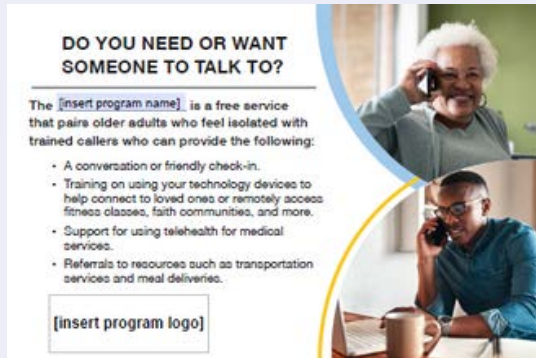


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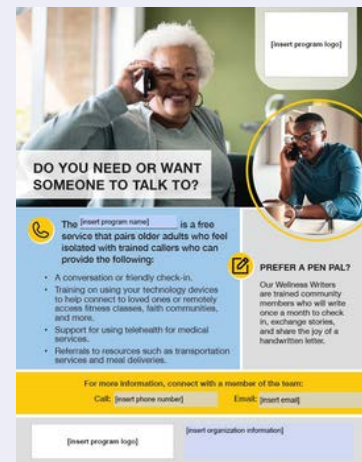


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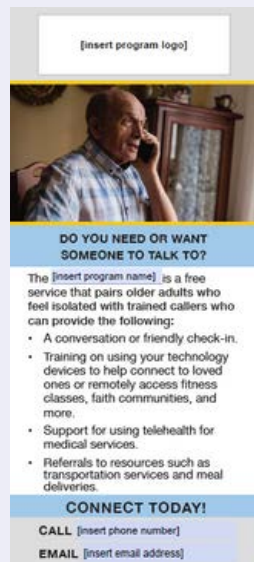
Customizable Materials



Program Info Fillable Postcard



Program Info Fillable Flyer

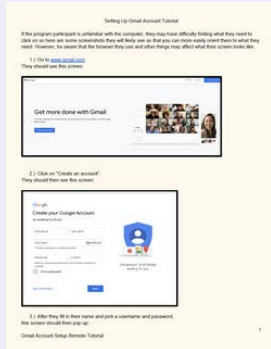


Program Info Fillable Rack Card



Program Milestones & Survey Results Fillable Graphic

Educational & Instructional Materials: For Participants



Setting Up a Gmail Account Tutorial

This tutorial has screenshots and step-by-step instructions for setting up a new Gmail account.



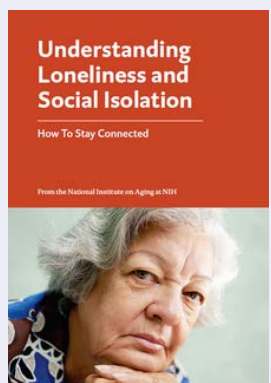
Google Search Tips Tutorial

This tutorial has screenshots and step-by-step instructions for Google searches and limiting results to help find exactly is needed more quickly.



Older Adults and Mental Health

This document focuses on older adult mental health: impacts unique to this age group, symptoms of mental disorders, tips for talking with a provider and how to get help, including suicide prevention lines.



Understanding Loneliness and Social Isolation: How to Stay Connected

This 28-page guide from the National Institute on Aging has information, including health impacts, risk factors and tips for staying connected.



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Educational & Instructional Materials: For Participants

Instructions for Accessing Your Virtual Workshop through Zoom



Instructions for Accessing Your Virtual Workshops Through Zoom

This guide from the National Council on Aging gives step-by-step instructions to help participants set up Zoom to access virtual workshops. You can also visit this [NCOA page](#) for a list of FAQs about technology-related resources.

Understanding the Elements of a Website Address

A website address is often referred to as the URL, which stands for Uniform Resource Locator and is the address of any unique resource on the Internet. Criminal hackers will often use very slight variations of trusted websites to trick you into thinking you are safe to visit them. Knowing the parts of a website URL can help you spot malicious website links. As an example, we'll review the Social Bridging NC website address <https://socialbridgingnc.org>. There are four main parts to the URL or address, which is also known as a link.



1. The Scheme: HTTPS - This stands for Hypertext Transfer Protocol Secure. This tells your web browser to conceal and encrypt any information you enter on the website, like passwords and credit card information, so cybercriminals can't access it. Ensure the scheme has the 's' at the end of it, not just 'http.' The 's' adds an extra layer of security and protects your information.
2. The Domain: This is usually the name of the company or organization's website you are visiting. In our example, 'socialbridgingnc' is the domain.
3. The Subdomains: The subdomain can help an entity organize different sections of a website. If you imagine a house, the subdomains are like the specific rooms - all have different names to define different areas of the home. 'www' is the most common subdomain, but some websites have optional subdomains that are different. In the following State Employees Credit Union URL, 'locations' is a subdomain: <https://locations.ncsecu.org/search>.
4. The Top-Level Domain: The Top-Level Domain typically denotes the type or location of the website. Common examples are .com (commercial), .org (organization), .gov (government), and .edu (educational institutions).

Understanding Elements of a website URL

This sheet helps users learn the parts of a website address so that they can spot malicious sites more quickly.

Feeling Lonely or Socially Isolated?



Everyone needs social connections to survive and thrive. But as people age, they often spend more time alone. Being alone makes people more vulnerable to loneliness and social isolation. Studies show that loneliness and social isolation are linked to higher risks for serious health problems such as heart disease, depression, and cognitive decline.

Are You at Risk?

You or a loved one may be more likely to feel lonely or socially isolated if any of the following apply:

- ☐ Live alone
- ☐ Can't leave home
- ☐ Are a caregiver
- ☐ Have trouble hearing
- ☐ Had a major loss or life change, such as the death of a partner
- ☐ Live in a rural and/or unsafe neighborhood
- ☐ Feel a lack of purpose

If you are feeling lonely or isolated, talk with your doctor about your concerns.

Tips for Staying Connected

You can help protect against the negative effects of loneliness and social isolation by staying active and connecting with others. Consider these tips:

- ☐ Schedule time each day to contact family, friends, and neighbors in person, by phone, email, video chat, or social media.
- ☐ Restart an old hobby.
- ☐ Take a class to learn something new. Sign up for an online or in-person class at your local public library or community center.
- ☐ Volunteer to help others in your community.
- ☐ Adopt a pet if you are able to care for them.

For More Information

Find tips and resources at www.nia.nih.gov/ or call the Eldercare Locator at 800-675-1116 to connect with resources and services in your community.

NIH Tips to Stay Connected

This sheet has a checklist of common risk factors and includes some tips for staying connected.

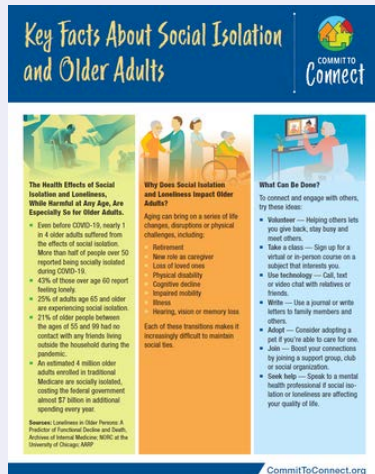


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Educational & Instructional Materials: For Participants



Key Facts About Social Isolation and Older Adults

This sheet lists some of the health effects of social isolation, why older adults may be at higher risk and some ideas for connecting and engaging with others.



Social Isolation: Who Is At Risk?

This sheet lists seven of the risk factors for social isolation, six of which are unrelated to other health conditions, including age, household size, lack of transportation, those who move frequently and those who are marginalized because of their identity.



Social Isolation: An Overview

This sheet contains a summary of key facts about social isolation, including the definition, prevalence, its impact on health, how the pandemic further impacted older adults and how technology use in the older adult population plays a role. It also has links to technical assistance and resources related to addressing social isolation.

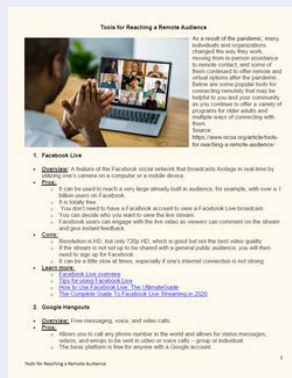


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Educational & Instructional Materials: For Staff



Tools for Reaching a Remote Audience

This document describes virtual event streaming platform/hosting options, including FaceBook, Google Hangouts, Teams, Zoom, WhatsApp, and YouTube.



Social Wellness for Older Adults

This sheet has information about ways senior nutrition program can improve participants' social wellness.



Options for Connecting Remotely with Program Participants

This document has information about connecting remotely with nutrition program participants, but would also be useful for work with other groups.



Virtual Programs Tips & FAQs

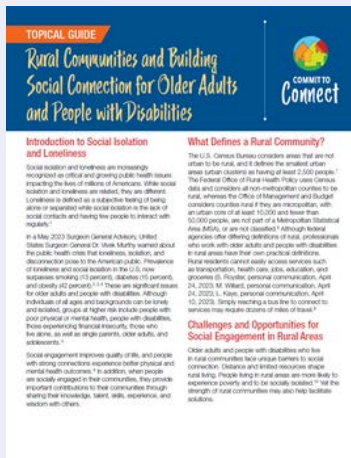
This graphic has general tips for offering virtual programming and also has a few ideas for topics that work well in a virtual format. The second page of this graphic describes different event-hosting options and includes resources for improving participant accessibility and for learning new technology skills.

Educational & Instructional Materials for Staff



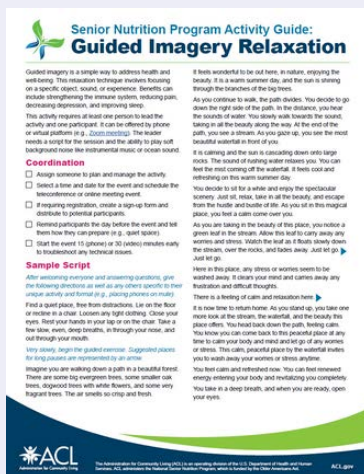
Supporting Social Connection of People Living with Dementia

This guide from the Administration for Community Living and USAgings has information about programs that promote social connection among people living with dementia and includes communication tips, recommendations for program implementation, and resources.



Rural Communities and Building Social Connection for Older Adults and People with Disabilities

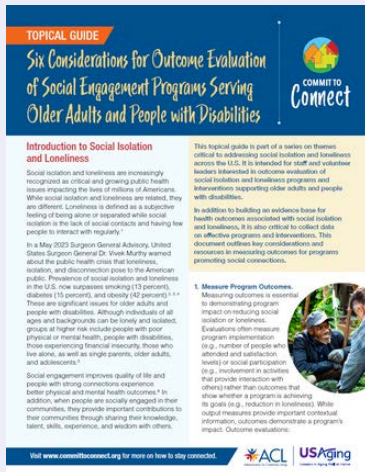
This guide from the Administration for Community Living and USAgings has information about the unique barriers faced by older adults and people with disabilities in rural communities. It highlights opportunities for social engagement, gives programming tips, and also has resources.



Guided Imagery Relaxation Activity Guide

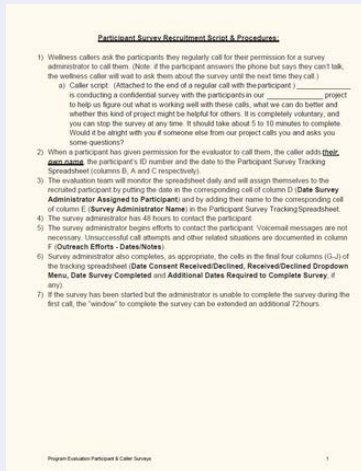
This sheet has detailed steps for a guided imagery relaxation activity with senior nutrition program participants or others.

Program Evaluation



Six Considerations for Outcome Evaluation of Social Engagement Programs Serving Older Adults and People with Disabilities

This guide from the Administration for Community Living and USAgEing is for staff and volunteers interested in evaluating the outcomes of their programs and interventions. The guide outlines key resources and considerations when measuring program outcomes, and the data these evaluations provide will be critical for building an evidence base of what is most effective in addressing social isolation and loneliness.

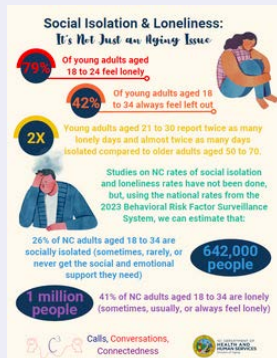


Social Bridging Project Evaluation Materials Packet

This set of materials was developed for our evaluation of the Social Bridging Project. It includes a survey recruitment script and procedures, two surveys (we evaluated both participant and wellness caller outcomes), and a sample caller email.

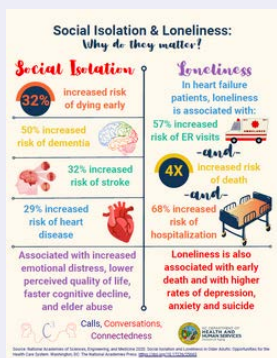


Handouts: Data-Focused Graphics



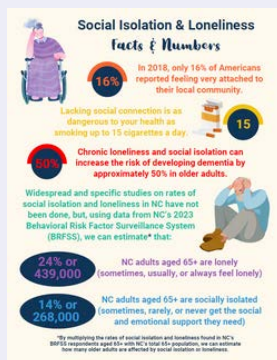
It's Not Just an Aging Issue

These two graphics include data about the impact of social isolation and loneliness and compares impact by sex, age, race and ethnicity, and among other populations at higher risk, such as LGBTQ+ individuals, domestic violence survivors and those living in rural areas.



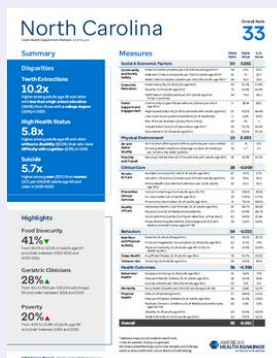
Why Do They Matter?

These two graphics include data about how social isolation and loneliness increase our risk of having certain health conditions, negatively impact our mental and physical health, and cost us and the government more money.



Social Isolation & Loneliness Facts & Numbers

These two graphics include estimates of the number of North Carolinians affected by social isolation and loneliness and some of the health impacts. Page 2 shows how higher rates of social connectedness can positively impact communities, e.g. with lower crime rates and higher GDP.



North Carolina 2024 Senior Report

This sheet provides data from America's Health Rankings' 2024 Senior Report about how NC ranks nationally on various measures.

Handouts: Data-Focused Graphics



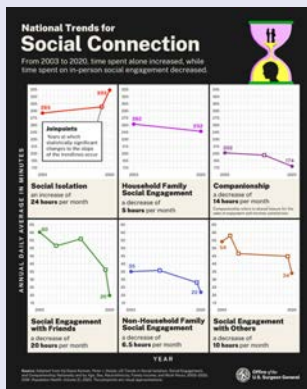
Social Isolation: Additional Impacts

This includes data about other impacts that people who feel socially isolated often have, such as withdrawal from others, a lack of motivation, and increased anxiety, depression, anger and frustration.



Loneliness and Social Isolation: Additional Impacts

This includes data about other things that are often negatively impacted when people feel lonely or isolated, such as their mental and physical health, personal relationships, ability to do their job and thoughts about harming themselves.



National Trends for Social Connection

This graphic shows two 2003-2020 trends: increasing time spent alone and decreasing time spent in companionship and in-person social engagement.



Social Connections Among Older Adults & People with Disabilities

This graphic has data about the unique risk that social isolation and loneliness pose to older adults and those with disabilities.



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Handouts: Information Graphics



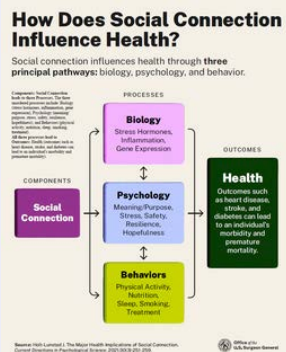
Factors That May Increase Your Risk of Being Socially Isolated or of Feeling Lonely

This two-page graphic has detailed information about many of the events, situations, and conditions that can increase our risk of being isolated or of feeling lonely.



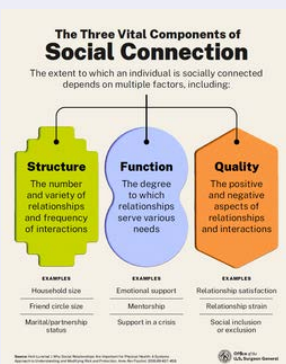
The Six Pillars to Address Social Connection

This graphic outlines six areas of system-level changes recommended for improving connectedness and includes a few action steps for each.



How Does Social Connection Influence Health?

This graphic shows how social connection affects our physical health, our mental health and our behavior.



The Three Vital Components of Social Connection

This graphic depicts the three fundamental components of social connection and gives examples of each.



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Handouts: Information Graphics



Stay Connected

This graphic from the National Institute on Aging has basic information about why social isolation and loneliness are bad for your health and some risk factors that are tied to them. It also has some great tips/ideas for staying connected.



Feeling Better when Lonely

This graphic was developed using data from a 2024 survey done by the American Psychiatric Association with 2,200 American adults. It summarizes how they responded when asked what they do to ease their feelings of loneliness.



Social Isolation and Loneliness

This graphic defines social isolation and loneliness and their potential impact and has NC's crisis intervention and suicide prevention hotline. **Please note the space to add your program's phone number.**



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Handouts: Information Graphics

These materials are from Commit to Connect, an initiative that aims to reach people who are socially isolated and connect them with the programs and resources they need to build social connections and thrive.



The Gift of Connection

This sheet has some great (free or nearly free) gift ideas that help build connection.



Engage Virtually

This sheet has information about unique activities like exploring museums, galleries and national parks virtually.



10 Benefits of Social Relationships

This sheet includes some of the unique benefits of relationships that aren't often talked about.



Social Isolation: Is Your Health at Risk?

This sheet includes a fairly comprehensive list of the health risks associated with social isolation.

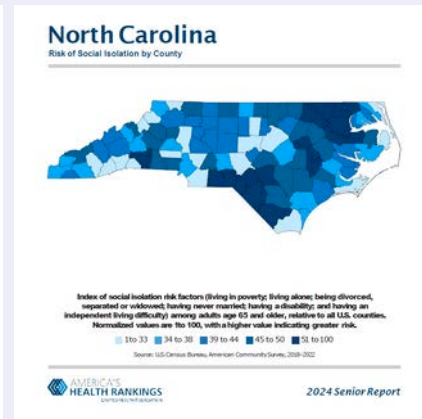


Tips to Boost Your Health As You Age

This graphic from the National Institute on Aging has tips about living longer and having better quality of life.

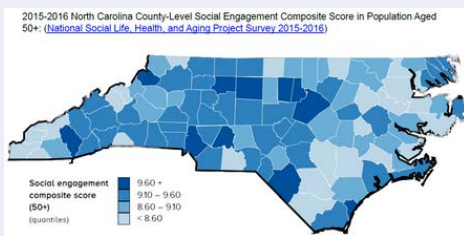


Handouts: Maps

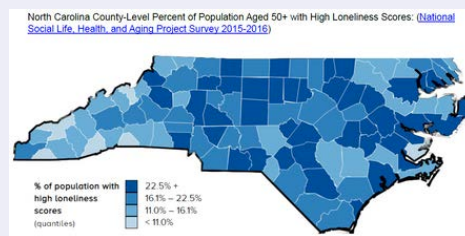


US and NC County-Level Risk of Social Isolation

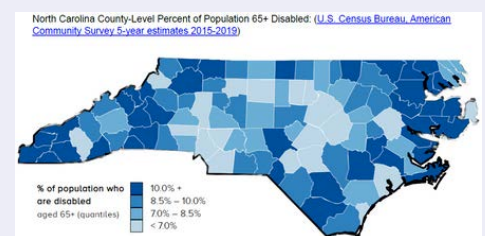
North Carolina County-Level Scores on Social Isolation & Economic Factors for Older Adults



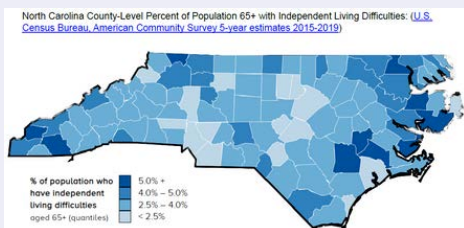
Adults 50+ Social Engagement Composite Score



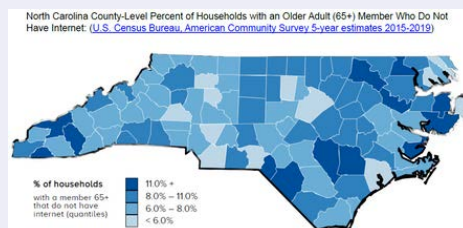
Adults 50+ with High Loneliness Score



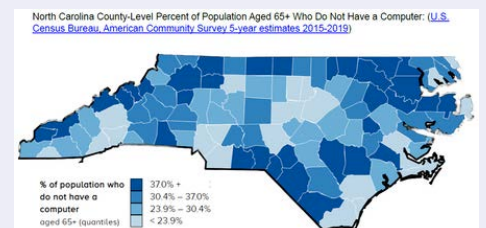
NC County-Level % 65+ Disabled



NC County-Level % 65+ with Independent Living Difficulty



NC County-Level % 65+ without Internet



NC County-Level % 65+ without a Computer



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Slidedeck



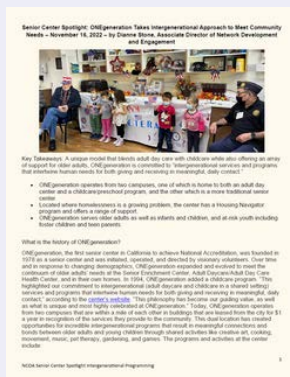
Social Isolation & Loneliness Customizable Powerpoint

Intergenerational Programming



Intergenerational Engagement

Several studies have shown the effectiveness of intergenerational programs in promoting social connection and decreasing isolation. This guide from the Administration for Community Living and USAGing highlights different ways of increasing intergenerational social engagement.



Senior Center Spotlight: ONEgeneration Takes Intergenerational Approach to Meet Community Needs

This article from the National Council on Aging highlights a senior center's model that blends adult day care with childcare and offers an array of support for older adults that intertwines "human needs for both giving and receiving meaningful, daily contact."



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Participant Welcome Packet

Although we didn't have contact information for some of our participants based on their preferences, some of our participants were referred to the Social Bridging Project by their primary doctor and gave their consent for us to have their mailing address. When we had their address, we sent a welcome packet to them with this refrigerator magnet, welcome letter and flyer in it.



Fridge Magnet



Welcome Letter



Flyer

Social Media Posts, Graphics & Videos

The graphics and videos below are from the National Institute on Aging and Commit to Connect and free to use.

[Click here to access the downloadable files on their website.](#)



1 in 4 adults age 65 and older are socially isolated. The good news is that you can help reduce the impact of social isolation and loneliness.



Loneliness is not just a feeling. It may be as dangerous for your health as smoking, obesity and a lack of physical activity. The good news is that you can help reduce the impact of social isolation and loneliness.



Feeling lonely and being isolated are bad for your health. Loneliness and social isolation are associated with higher rates of depression, heart disease and more. The good news is that you can help reduce the impact of social isolation and loneliness.



Feeling lonely or isolated from others? There are things you can do to feel more connected. Consider adopting a pet. They can comfort you and may also lower stress and blood pressure.

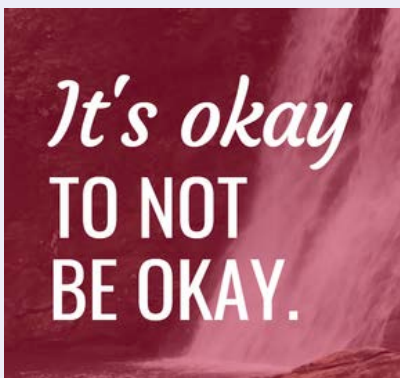


Social Media Posts, Graphics & Videos

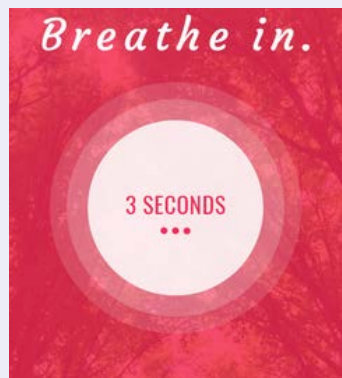


The Western North Carolina Health Network (WNCHN) produced a [“View From Here”](#) social media toolkit of free editable graphics and videos in English and Spanish for programs to use. The materials are available on Canva and in this [Google Sheet](#) and can be used on social media platforms or in slide decks. The toolkit’s Mental Health materials are particularly relevant to programs working to combat social isolation and loneliness. (WNCHN continues to add new content to the toolkit, so they recommend bookmarking the resource and visiting it frequently.) They ask that the hashtag #ViewFromHereWNC and their logo (below) be included in your posts so that they can track their usage.

Below are some examples of the graphics from the [View from Here campaign](#).



“When life gets overwhelming, be kind to your mind. Reset your nervous system with a simple breathing exercise. Visit [site] for a list of mental health resources in [name of county], including professional services and free support hotlines. #ViewFromHereWNC”



“As the seasons change, it's important to stay on top of your mental health. Here are a few tips to help you prioritize your wellness and avoid the winter blues.”



Training Materials

	A	B	C	D	E	F	G	H	I	J	K	L
1	Participant ID#	Phone Number	County	Date of Referral	Referral Source	Date Intake/ Initial Call Completed	Name of Person Doing Intake/ Initial Call	Initial Call Outcome (wants calls, doesn't want calls, no answer, left message, bad number, etc.)	List of Identified Needs or Issues Participant Wants Help With	Best Time to Reach?	Name of Caller Assigned to Participant	Date Assigned Caller Notified About Participant
2	This "Active" sheet contains the complete list of all the active participants at any given time. Please do not use this sheet to track your calls. A separate sheet has been made for each caller and has your initials on it (see the tabs below). Please use ONLY your sheet to record the call information (date, time, outcome, notes).											
3	Participant ID #s are assigned consecutively. Please check the row above and assign the participant ID# accordingly. If you are moving a participant to the Lost to Follow Up/Discharged sheet, please leave their participant ID number as a reference in the first cell so that the correct ID number is assigned to the next participant.											
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The Call Tracking spreadsheet is used to track the information for all new and active participants. When a caller is assigned to a participant, their row is copied and pasted into the individual caller's sheet. Participants who are no longer interested in receiving calls or whom you are unable to contact are moved from the "Active" sheet to the "LFU/Discharged" sheet, but their Participant ID number should be left in the first cell of that row as a reference for assigning the consecutive ID number to the next participant.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Participant ID#	Phone Number	County	Date of Referral	Referral Source	Date Initial Call Completed	Name of Person Doing Initial Call	Initial Call Outcome (wants calls, doesn't want calls, no answer, left message, bad number, etc.)	List of Identified Needs or Issues Participant Wants Help With	Best Time to Reach?	Date of Call (with Assigned Caller)	Number of Minutes Call Lasted	Brief Notes About the Call
2	Columns 'K', 'L' and 'M' - Example entries for call with conversation: 11/30/24 - 3 [number of minutes] - HC. Needs help with food. Still having trouble with memory and chronic pain. Example entries for call when help given: 11/30/24 - 12 - HC. Completed referral to Meals on Wheels. Example entries for call without a conversation: 11/30/24 - 1 - NH & LM.												Feel free to use abbreviations (LM [left message], HC [had conversation], NH [not home], NFW [number not working]).
3													Include any details about what is happening with the participant that are important for you, a new caller, or a caller substiting for you to remember or know.
4													
5													
6													
7													
8													

Individual caller sheets are used to log call dates, duration, and outcomes, including brief notes about the conversation, what needs were identified and what resources were given. Tracking these details are helpful for evaluation, help callers remember the participant's status and serve as a reference when a different caller contacts a participant they don't know.

Confidentiality Agreement

The agreement is between the caller and the caller agent.

Signature of caller agent (date)

Signature of caller (date)

Confidentiality Agreement

Caller Agreement Form

The agreement is between the caller and the caller agent.

Signature of caller agent (date)

Signature of caller (date)

Caller Agreement Form



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Appendices & Resources

Trusted Sources for Addressing Social Isolation + Loneliness

(Note - many of the resources on these sites are included in this toolkit.)

Administration for Community Living's Commit to Connect program:

- Commit to Connect main page - Combatting SI and L in all communities
- Commit to Connect Activities and Resources page (Note - many of the resources on this page are in various sections of this toolkit.)
- Commit to Connect Resources for States and the Aging and Disability Networks

Administration for Community Living's Nutrition and Aging Resource Center:

- Nutrition and Aging Resource Center Social Isolation Basics and Materials page
- 2 minute promotional video "Senior Nutrition Program: Meaningful Connections" focused on connection and the social aspects of senior nutrition programs

American Association of Retired Persons' (AARP) Connect 2 Affect program:

- AARP's Connect 2 Affect program - AARP partnered with the Gerontological Society of America, Give an Hour, n4a and United Healthcare to launch the Connect to Affect program. Their major goal was to create a network of resources that increases the social connectedness that older adults need to thrive and to increase awareness of the impact of social isolation and loneliness on older adults. The program offers tools to assess risk of social isolation and to find local resources and support.
- Connect 2 Affect Mapping Tool - From the site: "This interactive mapping tool allows you to visualize measures of social isolation and loneliness in older adults in the United States. Through the maps, you can observe relationships between social isolation and other state and county-level characteristics, such as demographics and health behaviors. Examples include income, internet/broadband access, and the percent of adults aged 65 and older who live alone."

National Institute on Aging and the National Institutes of Health's webpage:

- Social Isolation and Loneliness Outreach Toolkit
- Animated Graphics, social media images and posts, infographics, educational flyers, health information, videos, additional resources and:
<https://www.nia.nih.gov/ctctoolkit#gifs>



AARP: 888-687-2277

Email member@aarp.org or visit www.aarp.org/caregiving

Connect2Affect - connect2affect.org

AmeriCorps Seniors: 800-942-2677

Visit www.americorps.gov/serve/americorps-seniors

Eldercare Locator: 800-677-1116

Email eldercarelocator@USAgeing.org or visit eldercare.acl.gov

Family Caregiver Alliance: 800-445-8106

Email info@caregiver.org or visit www.caregiver.org

Meals on Wheels America: 888-998-6325

Email info@mealsonwheelsamerica.org or visit www.mealsonwheelsamerica.org

National Council on Aging: 571-527-3900

Visit www.ncoa.org

National Institute on Aging Information Center: 800-222-2225

Email niaic@nia.nih.gov or visit www.nia.nih.gov

Office of the U.S. Surgeon General - Advisory on the Healing Effects of Social Connection and Community - Email

www.hhs.gov/surgeongeneral/priorities/connection

SilverSneakers

866-584-7389

Email support@silversneakers.com or visit www.silversneakers.com

USAgeing: 202-872-0888

Email info@uasging.org or visit www.usaging.org

YMCA: 800-872-9622

Email fulfillment@ymca.net or visit www.ymca.org

Key Data Points

- Lacking social connection can increase the risk for premature death as much as smoking up to 15 cigarettes a day.
- Approximately half of U.S. adults report experiencing loneliness, with some of the highest rates among young adults.
- Polls conducted in 1972 showed that roughly 45% of Americans felt they could reliably trust other Americans; however, that proportion shrank to roughly 30% in 2016.
- In 1960, single-person households accounted for only 13% of all U.S. households. In 2022, that number more than doubled, to 29% of all households.
- In 2018, only 16% of Americans reported that they felt very attached to their local community.
- The rate of loneliness among young adults has increased every year between 1976 and 2019.
- In a U.S.-based study, participants who reported using social media for more than two hours a day had about double the odds of reporting increased perceptions of social isolation compared to those who used social media for less than 30 minutes per day.
- Data across 148 studies, with an average of 7.5 years of follow-up, suggest that social connection increases the odds of survival by 50%.
- A synthesis of data across 16 independent longitudinal studies shows poor social relationships (social isolation, poor social support, loneliness) were associated with a 29% increase in the risk of heart disease and a 32% increase in the risk of stroke.
- The involvement and support of family members has been repeatedly shown to improve disease management and the health of people with type 1 diabetes and type 2 diabetes.
- Chronic loneliness and social isolation can increase the risk of developing dementia by approximately 50% in older adults.
- Loneliness and social isolation among children and adolescents increase the risk of depression and anxiety.
- Adults across the globe rate their social relationships, particularly with family and close friends, as the most important source of meaning, purpose, and motivation in their lives.
- On average, a one-unit increase in social capital increases the likelihood of survival by 17% and of self-reporting good health by 29%.



Key Data Points

- One recent study on community violence showed that a one standard deviation increase in social connectedness was associated with a 21% reduction in murders and a 20% reduction in motor vehicle thefts.
- A three-year study of 26 cities in the U.S. found that those with the highest levels of resident attachment experienced the greatest growth in GDP during the study period.
- Growing ideological divisions in America are fueling skepticism and even animosity between groups across the political divide: sentiments of enmity and disapproval between Democrats and Republicans more than doubled between 1994 and 2014.
- Lacking social connection is as dangerous as smoking up to 15 cigarettes a day.
- Beginning at age 10, loneliness rises steeply and peaks at age 19.
- 79% of adults aged 18 to 24 report feeling lonely compared to 41% of seniors aged 66 and older.

The data on these two pages of Key Data Points are from the following sources:

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