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Study Director
Committee on the Health and Medical Dimensions
    of Social Isolation and Loneliness in Older Adults
The National Academies of Sciences, Engineering, and Medicine
500 Fifth Street, NW
Washington, DC 20001

Submitted by e-mail to socialisolation@nas.edu

Re: The Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults (PIN: HMD-HSP-17-25)

Dear Dr. Lustig,

On behalf of the National Association of Social Workers (NASW), I am submitting comments on the health and medical dimensions of social isolation and loneliness in older adults. NASW appreciates the National Academies' attention to this important issue.

As the largest membership organization of professional social workers in the United States, NASW works to enhance the professional growth and development of its 120,000 members, to create and maintain professional social work standards, and to advance sound social policies. Thus, the association has a dual mission of advocating for the social work profession and advocating for the individuals, families, and communities served by social workers. Integral to that mission is enhancing the health and quality of life of older adults, many of whom experience loneliness, social isolation, or both.

Social workers[1] play multiple roles in preventing and mitigating loneliness and social isolation among older adults. Many gerontological social workers work directly with older adults (micro-level intervention), providing services such as screening and biopsychosocial assessment; resource linkage, systems navigation, care coordination, service coordination, case management, and care management; supportive counseling and psychotherapy; and advocacy. Other social workers in aging function as supervisors, managers, and administrators or practice with groups or organizations (mezzo-level intervention). Macro-level gerontological social workers strive for broad social change on behalf of, and in collaboration with, older adults.

Gerontological social workers work in public, nonprofit, and for-profit sectors on the local, state, and national levels, as well as in tribal organizations, in settings such as health care settings, mental health, and substance use programs, Adult Protective Services, and home and community-based settings providing long-term services and supports. Regardless of practice level, role, sector, or setting, social workers in aging support older adults in

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[1] NASW defines *social worker* as someone who possesses (1) a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education or (2) a doctoral degree in social work.

maximizing their dignity, health, and independence and in staying engaged within their communities. Several perspectives inform gerontological social workers' efforts to prevent and alleviate loneliness and social isolation:

- Person-in-environment framework. Social workers in aging understand that each older adult experiences a mutually influential relationship with the physical and social environment and cannot be understood outside of that context. This ecological perspective recognizes that systemic injustice and oppression underlie many challenges faced by older adults.

- Person-centered services. Gerontological social workers collaborate with older adults in all aspects of intervention and tailor services to each older adult's goals, preferences, and needs. Collaboration with family— as defined by each older adult, and with the older adult's permission—and with other service providers is often integral to social work intervention.

- Strengths perspective. Rather than focus on pathology, gerontological social workers elicit, support, and build on the resilience and potential for growth and development inherent in each older adult. Client strengths and assets can be intrapersonal, found within the environment, or developed in response to the environment.

- Cultural and linguistic competence. In its *Standards and Indicators for Cultural Competence in Social Work Practice* (2015), NASW cites the following definition from the National Center for Cultural Competence: "Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations" (p. 15).[2] As noted in the *NASW Standards for Social Work Case Management* (2013), *culture* includes history, traditions, values, family systems, and artistic expressions related to each individual's race, ethnicity, and national origin; migration background, degree of acculturation, and documentation status; socioeconomic class; age; gender, gender identity, and gender expression; sexual orientation; family status; spiritual, religious, and political belief or affiliation; physical, psychiatric, and cognitive ability; and literacy, among other factors (pp. 15–16).[3,4]

NASW believes the aforementioned perspectives are of value to all efforts to mitigate loneliness and social isolation in older adults. Systemic solutions that promote older adults' self-determination, prioritize older adults' strengths and mitigate health disparities are especially important. NASW particularly encourages the committee to attend to the ways in which ageism contributes to loneliness and social isolation. A list of potential sources from social work and other professional literature follows.

Dong, X., & Chen, R. (2017). Gender differences in the experience of loneliness in U.S. Chinese older adults. *Journal of Women & Aging, 29*, 115–125. doi:10.1080/08952841.2015.1080534

Hafford-Letchfield, T., Lambert, N., Long, E., & Brady, D. (2017). Going solo: Findings from a survey of women aging without a partner and who do not have children. *Journal of Women & Aging, 29*, 321–333. doi:10.1080/08952841.2016.1187544

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[2] National Association of Social Workers. (2015). *Standards and indicators for cultural competence in social work practice.* Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3d&portalid=0
[3] National Association of Social Workers. (2013). *NASW standards for social work case management.* Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3d&portalid=0
[4] Please visit https://www.socialworkers.org/Practice/Practice-Standards-Guidelines to download other NASW standards.

Machielse, A. (2015). The heterogeneity of socially isolated older adults: A social isolation typology. *Journal of Gerontological Social Work, 58*, 338–356. doi:10.1080/01634372.2015.1007258

Nicolaisen, M., & Thorsen, K. (2014). Who are lonely? Loneliness in different age groups (18–81 years old), using two measures of loneliness. *International Journal of Aging & Human Development, 78*, 229–257. doi:10.2190/AG.78.3.b

Putney, J., Leafmeeker, R., & Hebert, N. (2016). "The wisdom of age": Perspectives on aging and growth among lesbian older adults. *Journal of Gerontological Social Work, 59*, 234–251. doi:10.1080/01634372.2016.1196284

Roh, S., Burnette, C. E., Lee, K. H., Lee, Y.-S., & Easton, S. D. (2016). Risk and protective factors for depressive symptoms among indigenous older adults: Intimate partner violence (IPV) and social support. *Journal of Gerontological Social Work, 59*, 316–331. doi:10.1080/01634372.2016.1214659

Taylor, H., Herbers, S., Talisman, S., & Morrow-Howell, N. (2016). Assessing social isolation: Pilot testing different methods. *Journal of Gerontological Social Work, 59*, 228–233. doi:10.1080/01634372.2016.1197354

The association also urges the committee to underscore the relationship between social isolation and elder abuse, neglect, and exploitation. The most recent nationally representative study on elder abuse, the National Elder Mistreatment Study (NEMS), revealed that limited social support is a primary risk factor for elder abuse, regardless of gender, race, or ethnicity.[5] A longitudinal follow-up study to NEMS found that a lack of social support predicted negative outcomes (such as depression, anxiety, posttraumatic stress disorder, and self-reported poor health) following experiences of five types of elder maltreatment: neglect, physical abuse, sexual abuse, and psychological or emotional abuse.[6] On the other hand, the follow-up study found that higher levels of self-perceived social support seemed to lessen the negative impact of elder abuse.[5,7] Similar to the NEMS 2010 finding, this protective factor was not associated with demographic characteristics.[5] The 2017 study concluded,

> Overall, the current findings echoed original NEMS conclusions with respect to the role of social support on risk of mistreatment, *per se: "The centrality of social support to the health and well-being of older adults is the core finding of this study."* (p. 267, emphasis in the original)[5]

Although financial abuse was included in the 2010 NEMS study, it was not addressed in the 2017 follow-up study. However, other research has examined the association between lack of social supports and likelihood of an older

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[5] Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S, Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*, 292–297. doi:10.2105/AJPH.2009.163089 [Full text available, free of charge, at https://www.researchgate.net/publication/40696667_Prevalence_and_Correlates_of_Emotional_Physical_Sexual_and_Financial_Abuse_and_Potential_Neglect_in_the_United_States_The_National_Elder_Mistreatment_Study]

[6] Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse & Neglect, 29*, 254–269. doi:10.1080/08946566.2017.1365031 [Please refer to Park & Mulford's brief, below, for an open-access summary of this article.]

[7] During the 2017 NEMS follow-up study, participants responded to questions about three types of social support: emotional support (such as "someone available to love you and make you feel wanted"), instrumental support (such as "someone available to help you if you were confined to bed"), and appraisal support (such as "someone available to give you good advice in a crisis") (Acierno et al., 2017, p. 258). No distinction was made among these types of social support in the study.

adult experiencing fraud or financial exploitation.[8,9] Considered together, these findings present strategic implications for the committee's work to reduce loneliness and social isolation in older adults:

> The fact that the lack of social support has been shown to reliably predict both elder mistreatment and the negative outcomes following elder mistreatment is especially encouraging because it represents both a promising prevention target for elder abuse and a promising intervention target to buffer against the negative effects for elders who have been abused.[10]

This conclusion dovetails not only with the Reframing Elder Abuse initiative,[11,12,13,14] but also with one of the 12 Grand Challenges for Social Work: eradication of social isolation.[15,16] Publications emanating from this grand challenge have underscored social isolation as a particular challenge for older adults and a risk factor for elder abuse[17] and have recommended creation of age-friendly communities to strengthen social connections.[18] Strengthening of social connections among older adults is also a goal of the World Health Organization's Global Network for Age-friendly Cities and Communities,[19,20] and of a recent report by the Gerontological Society of America,[21] among other initiatives.

Furthermore, NASW encourages the committee to incorporate the role of creative arts expression in preventing and reducing loneliness and social isolation. A growing body of research, including the National Academies' own work[22] and the resources listed below, demonstrates that engagement in the creative arts can enhance older adults'

[8] Beach, S. R. (2018, May). *Associations between social support, social networks and financial exploitation in older adults* [National Adult Protective Services Association–National Committee for the Prevention of Elder Abuse Research to Practice Series]. Retrieved from http://www.napsa-now.org/wp-content/uploads/2012/06/R2P-Brief-Associations-between-Social-Support-Social-Networks-and-Financial-Exploitation-in-Older-Adults.pdf

[9] DeLiema, M. (2018, May). *Fraud versus financial abuse and the influence of social relationships* [National Adult Protective Services Association–National Committee for the Prevention of Elder Abuse Research to Practice Series]. Retrieved from http://www.napsa-now.org/wp-content/uploads/2012/06/Fraud-versus-financial-abuse-and-the-influence-of-social-relationships.pdf

[10] Park, Y., & Mulford, C. (2018). *Social support can diminish negative effects of elder abuse* [National Adult Protective Services Association–National Committee for the Prevention of Elder Abuse Research to Practice Series]. Retrieved from http://www.napsa-now.org/wp-content/uploads/2018/01/R2P-Park-Mulford.pdf

[11] FrameWorks Institute. (2019). *Talking elder abuse* [FrameWorks Communications Toolkit]. Retrieved from https://bit.ly/EA_toolkit

[12] Herman, C. (2018). *Strengthening communities for elder justice* [NASW Practice Perspectives]. Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=rEpaWz232rs=&portalid=0

[13] Herman, C. (2019). *World Elder Abuse Awareness Day 2019: Lifting Up Voices* [NASW Practice Alert]. Retrieved from https://bit.ly/NASW-WEAAD2019

[14] National Center on Elder Abuse. (2019). *Reframing elder abuse.* Retrieved from https://ncea.acl.gov/Resources/Reframing.aspx

[15] Grand Challenges for Social Work. (2019). *Eradicate social isolation.* Retrieved from http://grandchallengesforsocialwork.org/grand-challenges-initiative/12-challenges/eradicate-social-isolation/

[16] Bent-Goodley, T. B., Williams, J. H., Teasley, M. L., & Gorin, S. H. (Eds.) (2019). *Grand challenges for society: Evidence-based social work practice.* Washington, DC: NASW Press.

[17] Lubben, J., Gironda, M., Sabbath, E., Kong, J., & Johnson, C. (2015). Social isolation presents a grand challenge for social work (Grand Challenges for Social Work Initiative Working Paper No. 7). Retrieved from http://grandchallengesforsocialwork.org/wp-content/uploads/2015/12/WP7-with-cover.pdf

[18] Brown, S., Casey, E. A., Crewe, S. E., Gironda, M., Johnson, C., Lubben, J., et al. (2016). *Policy recommendations for meeting the grand challenge to eradicate Social Isolation* (Grand Challenges for Social Work Initiative Policy Brief No. 5). Retrieved from https://csd.wustl.edu/Publications/Documents/PB5.pdf

[19] World Health Organization. (2007). *Global age-friendly cities: A guide.* Retrieved from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

[20] World Health Organization. (n.d.). *WHO Global Network for Age-friendly Cities and Communities.* Retrieved from http://www.who.int/ageing/projects/age_friendly_cities_network/en/

[21] Hudson, R. B. (Ed.-in-Chief). (2017). Lack of social connectedness and its consequences. *Public Policy & Aging Report, 27*, 121–123. doi:10.1093/ppar/prx035 [Full text available, free of charge, at https://academic.oup.com/ppar/article/27/4/121/4807305]

[22] Kent, M., & Li, R. M. (2013). *The arts and aging: Building the science* [National Academies workshop summary]. Retrieved from the National Endowment for the Arts Web site: https://www.arts.gov/publications/arts-and-aging-building-science

biopsychosocial well-being, including reducing loneliness, enhancing social connections, and improving physical health. Social workers have been involved in some of these programs.

Corley, C. (2010). A tale of three women: Holocaust experience and transformation through creative expression and engagement. *Journal of Aging, Humanities, and the Arts, 4*, 262–275. doi:10.1080/19325614.2010.529392 [Full text available, free of charge, at http://nebula.wsimg.com/3e1d761f8549b764ddd4b6e67d2aebaa?AccessKeyId=728ED9CB17CAC87468FB&disposition=0&alloworigin=1]

Dunford, C. M., Yoshizaki-Gibbons, H. M., & Morhardt, D. (2017). The Memory Ensemble: Improvising connections among performance, disability, and ageing. *Research in Drama Education: The Journal of Applied Theatre and Performance, 22*, 420–426. doi:10.1080/13569783.2017.1326806

Hallam, S., Creech, A., Varvarigou, M., McQueen, H., & Gaunt, H. (2014). Does active engagement in community music support the well-being of older people? *Arts & Health: An International Journal for Research, Policy and Practice, 6*, 101–116. doi:10.1080/17533015.2013.809369

Herman, C. (2011). *Creativity and aging* [NASW Practice Perspectives]. Retrieved from https://www.socialworkers.org/NASWLogin?returnurl=%2fLinkClick.aspx%3ffileticket%3dC2dCMh3yuq0%253d%26portalid%3d0
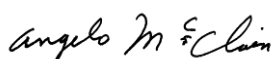
Pekruhn, C. (2013). *Innovative crossroads: The intersection of creativity, health, and aging.* Retrieved from the Grantmakers in Health Web site: https://www.giarts.org/article/innovative-crossroads-intersection-creativity-health-and-aging

Rajan, K. B., & Rajan, R. S. (2017). *Staying engaged: Health patterns of older Americans who participate in the arts, an analysis based on the Health and Retirement Study.* Retrieved from the National Endowment for the Arts Web site: https://www.arts.gov/sites/default/files/StayingEngaged_0917_0.pdf

Other relevant resources on the arts and aging can be found on the Web site of the National Center for Creative Aging (https://creativeaging.org/). Moreover, other forms of social engagement can also reduce loneliness and social isolation in older adults. NASW refers the committee to research conducted by social worker Nancy Morrow-Howell, professor of social policy at Washington University in St. Louis (https://brownschool.wustl.edu/Faculty-and-Research/Pages/Nancy-Morrow-Howell.aspx), and to the National Resource Center for Engaging Older Adults (engAGED) (https://www.engagingolderadults.org/research), which is funded by the Administration for Community Living and administered by the National Association of Area Agencies on Aging, for additional information.

Thank you for your consideration of NASW's comments. Should you need additional information, please contact me at naswceo@socialworkers.org or (202) 336-8200 or Chris Herman at cherman.nasw@socialworkers.org

Sincerely,

Angelo McClain, PhD, LICSW
Chief Executive Officer