Commit to Connect

COMBATTING SOCIAL ISOLATION AND LONELINESS IN ALL COMMUNITIES

Measuring Impact to Support Sustainability of Social Connection Programs

July 20, 2026

Introductions

Katie Clark Wheeler,

Administration for Community Living

Matthew Lee Smith

Indiana University

Meredith Hanley

USAging

COMMIT TO Connect

COMMIT TO Connect

Katie Clark Wheeler

Social Connection Lead

Administration for Community Living, U.S. Department of Health and Human Services

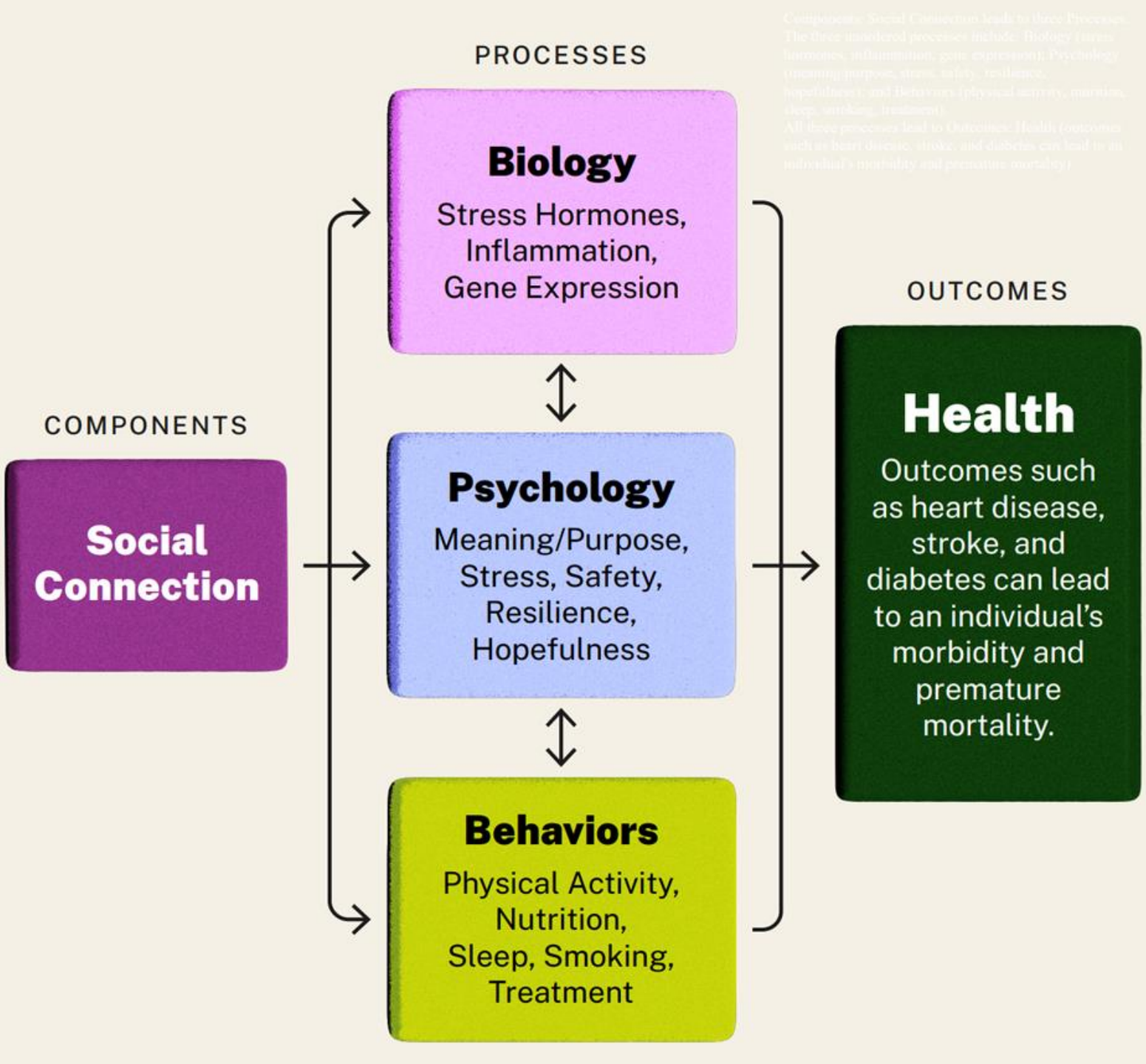
Definitions

- **Loneliness** is an unpleasant and *subjective* feeling due to the perceived lack of social connection

- **Social isolation** refers to having *objectively* few social relationships, social roles, group memberships, and infrequent social interaction

- **Social connection** is the degree to which individuals and/or groups have both objective and subjective number, quality, and diversity to meet their social needs.

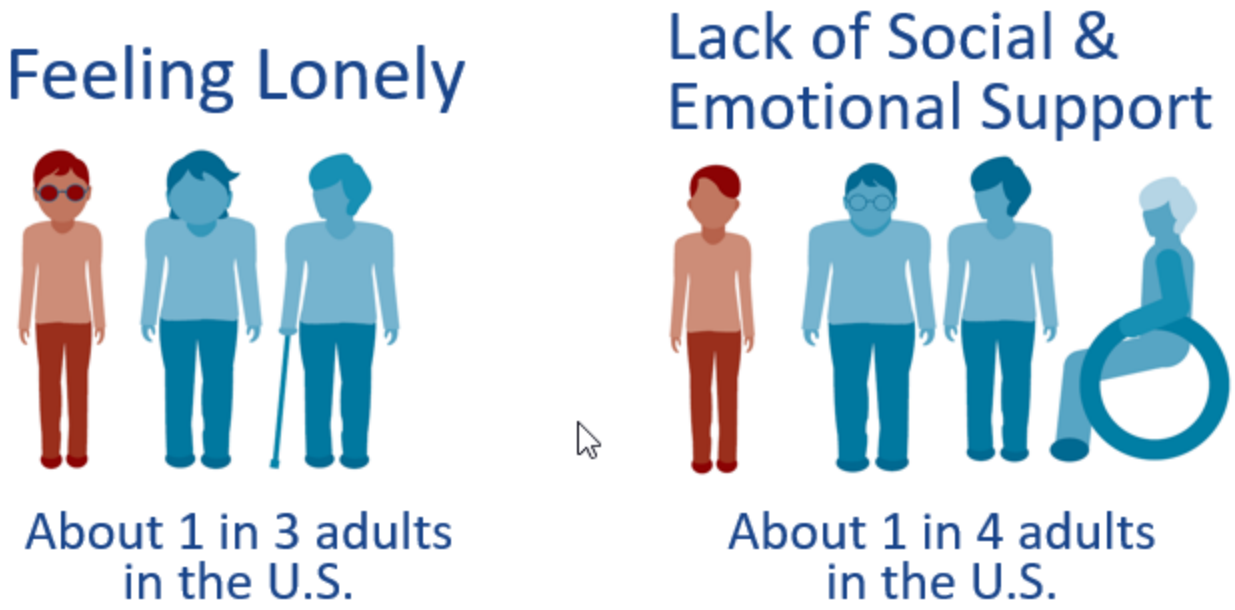
Why do loneliness and isolation affect our health?



Social Connection is a Fundamental Need

- Poor social connection is associated with a **29% increase** in the risk of heart disease and a **32% increase** in the risk of stress
- Chronic loneliness can increase the risk of developing dementia by approximately **50%** in older adults
- People who are less social connected may have weaker immune responses
- Adults who feel lonely are **more than twice** as likely to develop depression

How Common is the Lack of Social Connection?



Reference: Town M, Eke P, Zhao G, et al. Racial and Ethnic Differences in Social Determinants of Health and Health-Related Social Needs Among Adults — Behavioral Risk Factor Surveillance System, United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:204–208.

COMMIT TO Connect

AAAs and Social Connection

Source: 2025 AAA National Survey, USAging

Commit to Connect

COMBATTING SOCIAL ISOLATION AND LONELINESS IN ALL COMMUNITIES

www.committoconnect.org

Commit to Connect

www.committoconnect.org

- **Technical Assistance**
  - *Annual National Summit to Increase Social Connections (September 2025)*
  - Professional and consumer resources
  - Webinars and Office Hours
- **Communities of Practices on outcome evaluation**
  - Impact of Chronic Disease Self-Management Education (CDSME) programs on social connection
- **“Innovations Hub” to encourage replication**
  - Clearinghouse of 150+ model programs, interventions, and solutions
- **Engage an online Nationwide Network of Champions**
  - 650+ leaders at local, state, and national levels

2025 Community of Practice: Assessing the Impact of CDSME Programs on Social Connection

- Goals:
  - Support COP member with implementing a flexible and standardized evaluation process for their CDSME program
  - Build capacity of members with training and technical assistance
  - Use findings to build the social connection evidence-based for CDSME programs

COMMIT TO Connect

2025 Community of Practice: Assessing the Impact of CDSME Programs on Social Connection

Community Care Hub	State	CDSME Programs Evaluated	Primary Data Collection Method
Get Healthy North Country Community Integrated Health Network	NY	Chronic Disease Self-Management Program (CDSMP)	Paper-based interview (due to broadband limits)
Healthy Living for ME	ME	CDSMP	Email and phone calls
Illinois Pathways to Health Age Options	IL	CDSMP	Emails and phone calls
Lumber River Council of Governments	NC	CDSMP	Email and staff-administered surveys
Mid-America Community Support Network	MO	CDSMP, Diabetes Self-Management Program (DSMP), Chronic Pain Self-Management Program (CPSMP)	Primarily email; mail for those without access
Partners in Care Foundation	CA	CDSMP, DSMP	Phone calls with email option

COMMIT TO Connect

Commit to Connect

COMBATTING SOCIAL ISOLATION AND LONELINESS IN ALL COMMUNITIES

Dr. Matthew Lee Smith
Indiana University

Strengthening Social Connection in Communities

powered by USAging

Roles and Opportunities for AAAs

- Nearly all AAAs have a specific effort in place to promote social connection
- Important focus areas are:
  - Growing the evidence-base behind social connection programs
  - Fostering replication of existing evidence-based/evidence-informed social connection programs ← **Focus of this project**

Strengthening Social Connection in Communities

Strengthening Social Connection in Communities (SSCC)

- Funding 11 grantees to introduce or expand an evidence-based or evidence-informed social connection program to their organization and community.
- Includes an option focused on partnerships between CBOs and health care partners.
- As a planning grant, a goal is to assess the fit of these programs for more widespread implementation across the Aging Network.
  - Process and outcome evaluation

Strengthening Social Connection in Communities

SSCC Funded Projects

Organization	Program	Location
Ardent Solutions, Inc.	PEARLS	NY
Fallon Paiute-Shoshone Tribe	Memory Cafe	NV
Hearts and Hands: Faith in Action	Wits Workout	NY
Jewish Community Center of Greater Pittsburgh	Wits Workout	PA
Native American Community Services of Erie and Niagara Counties, Inc.	Circle of Friends	NY
Pima Council on Aging	Memory Cafe	AZ
SeniorsPlus	Opening Minds Through Art, Memory Cafe	ME
Trustees of Indiana University	Circle of Friends	IN
CHPcommunity Inc. (Iowa Community Care Hub)	Referral Process/ Social Prescribing	IA
Community Living Campaign	Social Prescribing	CA
Taylor County Health Department	Social Prescribing	WI

Evaluation Goals

- Contribute to knowledge about how to design, implement, and replicate social connection programs, sometimes in collaboration with a health care partner.
- Grantees are systematically capturing relevant data about:
  - Process of implementing programs ("process evaluation")
  - Outcomes for the participants ("outcomes evaluation").

Evaluation Protocols

- **Quarterly reporting of:**
  - Process measures
  - Modified Retrospective Brief Assessment of Social Impact and Connection (R-BASIC)
- **Optional use of other tools and measures**

About R-Basic

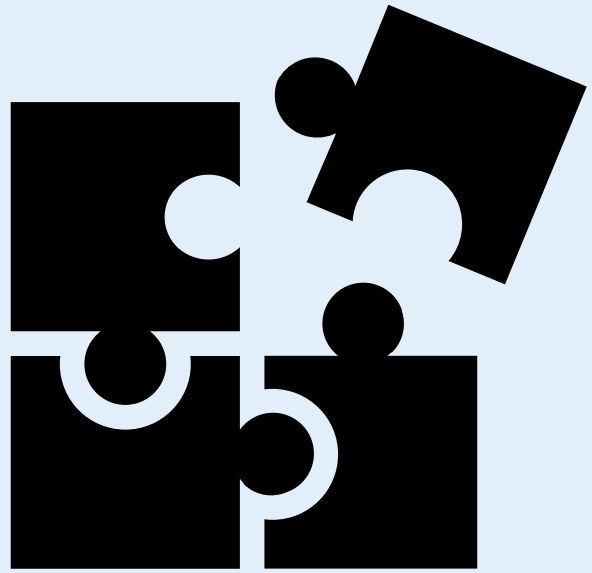
- Developed by Matthew Smith
- Post-test only measure
- Assesses degree to which the program gave participants the opportunity to experience various kinds of social support
- As a post-test only measure, R-BASIC does not assess changes in status on outcome variables.

R-BASIC Administration Timeframe

Program/Process	Administration Details
Circle of Friends	At final session of program (12 weeks)
Memory Cafe	At the end of each café meeting
Opening Minds Through Art	At the end of each art session
PEARLS	At the final session of program (6-8 sessions over the course of 4-5 months)
Wits Workout	At the last session of program (flexible)
Referral Process/Social Prescribing	Within 3 months after initial referral

Future Directions

- Synthesize pilot learnings into a potential replication blueprint for other AAAs and CBOs.
- Drive Aging Network adoption of tools like R-BASIC, as well as pre-post measures, to show program impact.
- Foster social connection-focused partnerships with health care payers.



USAging

Leaders in Aging Well at Home

Meredith Hanley
Program Director
mhanley@usaging.org

1100 New Jersey Ave, SE, Suite 350
Washington, DC 20003
202.872.0888
usaging.org
www.facebook.com/theUSAging
www.x.com/theUSAging

CDSME COP
Evaluation Overview & Findings

Matthew Lee Smith, PhD, MPH, CHES, FGSA, FSBM, FAAHB

Professor: Department of Applied Health Science

Director: Center for Health by Design (CHxD)

Director: Healthy Aging Writing Lab (HAWL)

School of Public Health

Indiana University – Bloomington

Community of Practice

- Chronic Disease Self-Management Education (CDSME) programs
  - Widely available with a long history of effectiveness
  - Documented in randomized and pragmatic trials

- Although the *direct benefits* of CDSME programs are known, less is known about the ***indirect benefits*** of these workshops
  - Regular, facilitated small group interaction
  - Focus on improving symptom management and social supports
  - Linkage to healthcare providers and other community resources

Each site considered **logistics** of their local evaluation

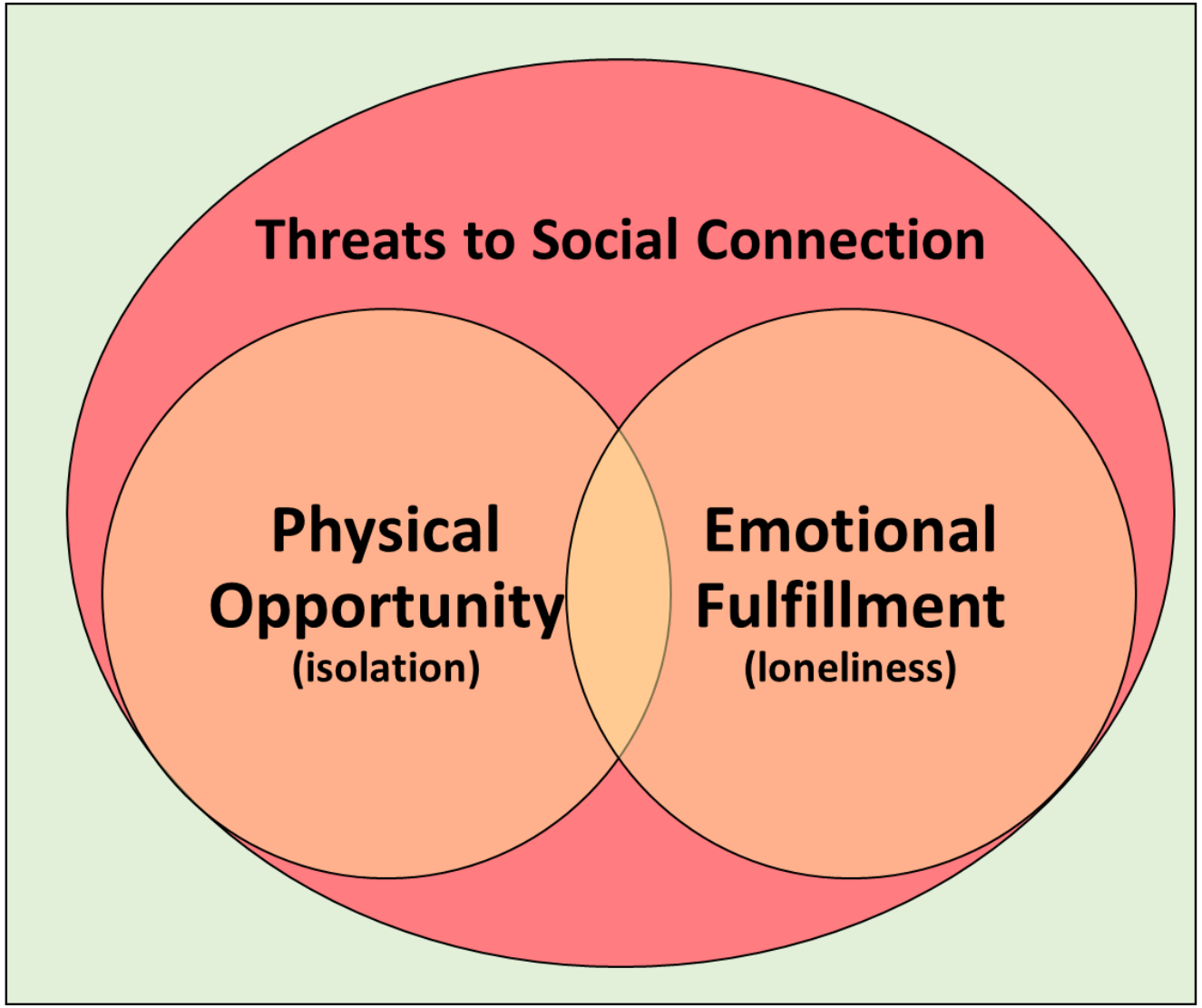
Attempted to maintain apples-to-apples outcome comparisons across sites

- Purpose: To *retrospectively* learn about the connection-related impact of CDSME programs that serve older adults and people with disabilities

- Uniform connection measures
  - Upstream Social Interaction Risk Scale (U-SIRS-13) (pronounced “users”)
  - Retrospective Assessment of Connection Impact (RACI)

U-SIRS-13

- I feel isolated from others
- I lack companionship
- I feel no one really knows me well
- I can find companionship when I want it
- Attend social clubs, residents' groups, or committees
- Attend religious groups
- I avoid socializing because it is hard to understand conversations, especially when there is background noise
- I am satisfied with the relationships I have with my family
- I am satisfied with the relationships I have with my friends
- I have as much contact as I would like with people I feel close to and who I can trust and confide
- There are enough people I feel close to and could call for help
- I am content with my friendships and relationships
- I miss having people around me



Source: Smith, M. L., & Barrett, M. E. Development and Validation of the Upstream Social Interaction Risk Scale (U-SIRS-13): A Scale to Assess Threats to Social Connectedness among Older Adults. *Frontiers in Public Health*, *12*, 1454847.

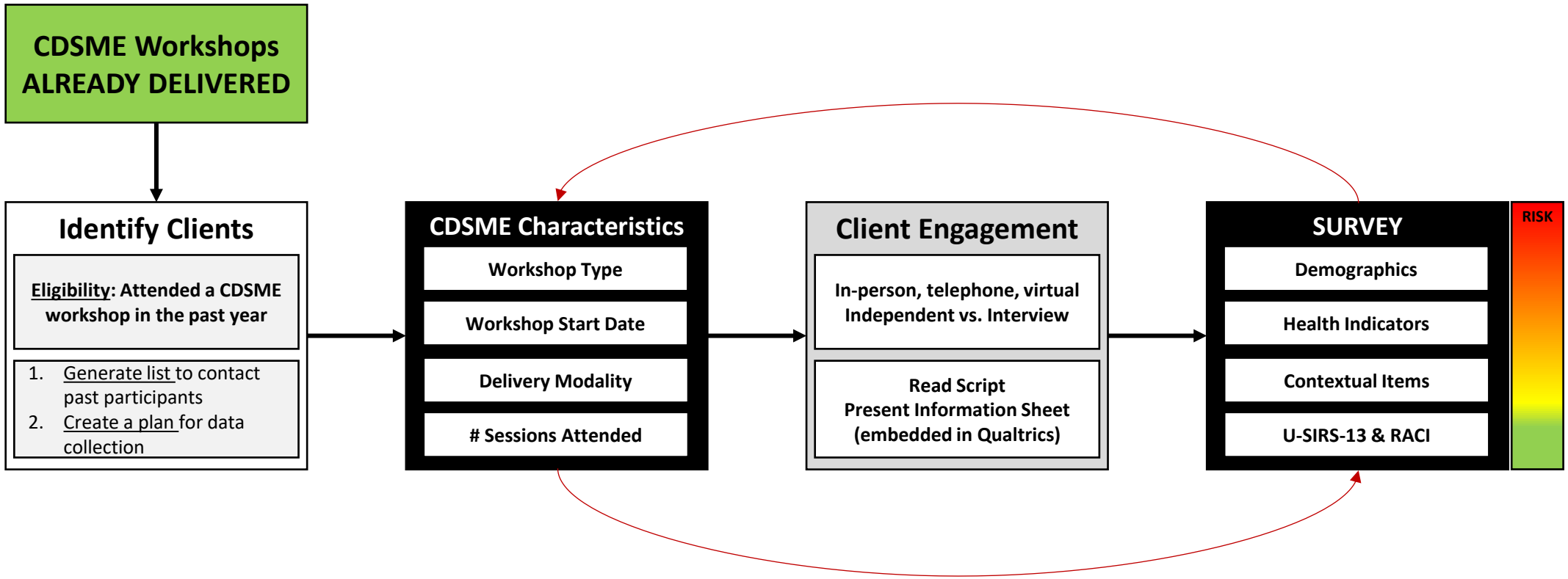
Retrospective Assessment of Connection Impact (RACI)

- Developed to *retrospectively* assess participants' perceptions
- Responses are *directly related to program/service*, not general feelings of connection
- Asks participants, "How much has XXX given you opportunity to…?"

	13-ITEM RACI
S	Meet new people
	Make friends
	Interact with people I know
	Interact with people who are different from me
F	Create a sense of group belonging
	Maintain my relationships
	Feel less lonely or isolated
	Give emotional support to others
	Get emotional support from others
Q	Feel satisfied with my relationships
	Meet my desired level of socializing
	Feel less excluded
	Create less conflict, adversity, or strain in my interactions with others

- 13 items
- Assesses aspects of structure, function, and quality
- Easy to administer (one-time administration; takes ~2 minutes)
- Appropriate across sectors
- Appropriate for participants of age groups

Evaluation Flow

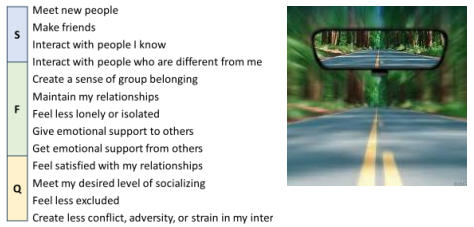


Survey Instrument

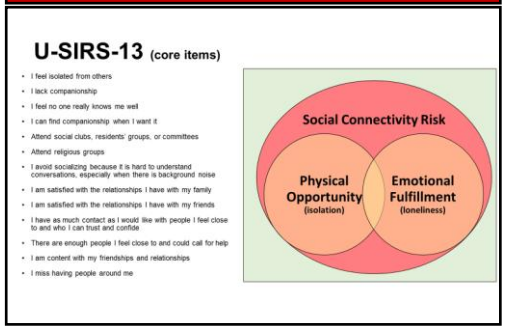
CDSME Workshop Info (5 items)

- Workshop type
- Workshop start date
- Delivery modality
- Language
- Attendance

Retrospective Assessment of Impact about CDSME (13 items)



Current Social Disconnectedness (13 items)



Demographics (4 items)

- Year Born
- Gender
- Ethnicity
- Race

Contextual Items Associated with Social Disconnection (4 items)

- Live Alone
- Transportation
- Technology
- Worry about $$

Health Indicators (6 items)

- Because of physical, mental, or emotional condition, difficulty:
  - Doing errands
  - Concentrating, remembering, making decisions
- Impairments
  - Vision; Hearing; Mobility; Dressing/Bathing

Delivery Characteristics

Data Contributions by Site

	Engaged		In Analyses	
	n	%	n	%
AgeOptions	12	11.7%	11	13.6%
AgeOptions-e	14	13.6%	8	9.9%
HL4ME	6	5.8%	6	7.4%
MARC	1	1.0%	1	1.2%
MARC-e	5	4.9%	1	1.2%
NCCHW	5	4.9%	4	4.9%
NCHHN	41	39.8%	34	42.0%
PICF	19	18.4%	16	19.8%
Total	**103**		**81**	

* 18 declined to participate after initiating the survey; 4 had missing data

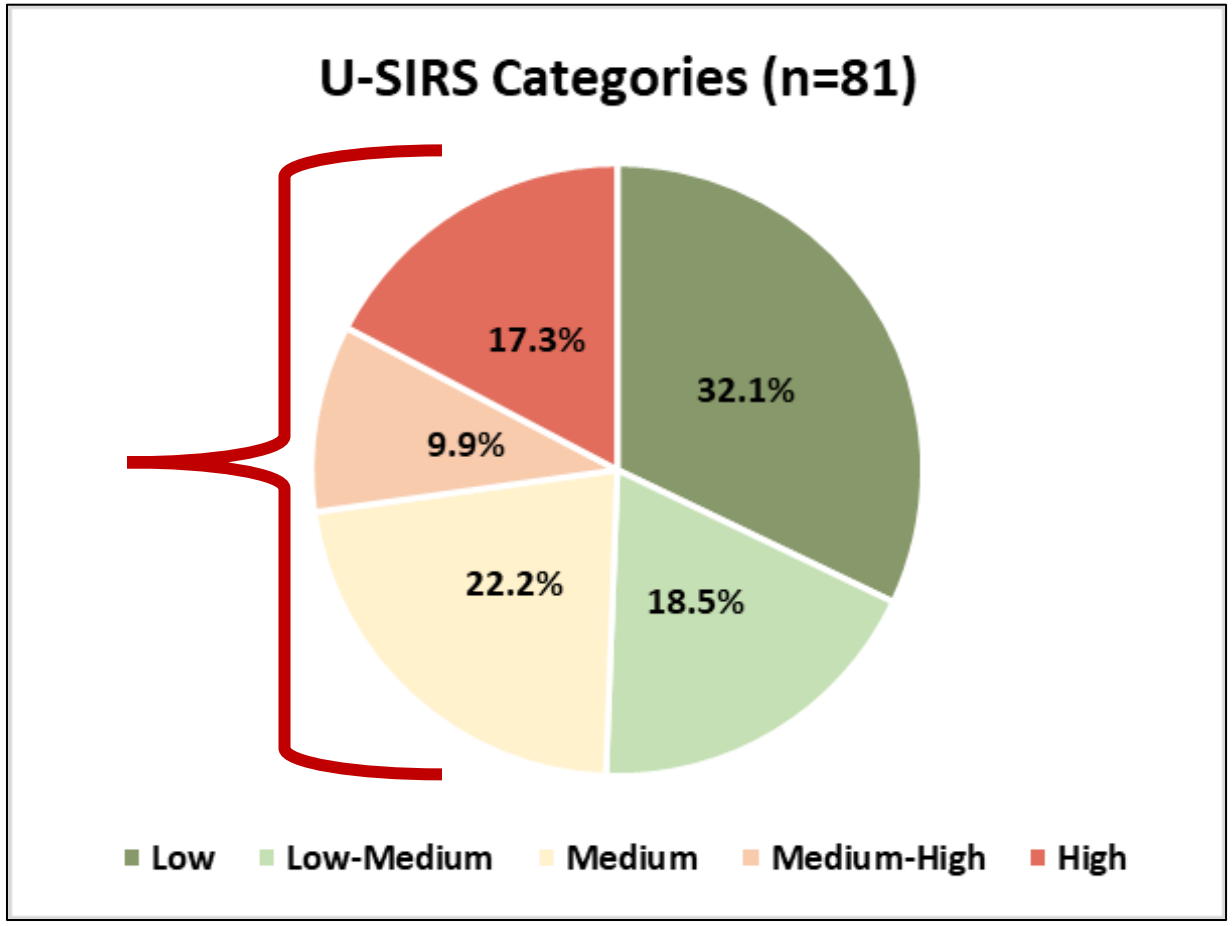
- Of the 103, 18 declined to participate & 4 had missing data
- 93% CDSMP; 6% DSMP; 1% CPSMP
- 73% in-person; 27% virtual or hybrid
- On average, attended 5.0 (of 6) workshop sessions
  - 92% successful completion (4+ of 6 sessions)

Participant Characteristics (n=81)

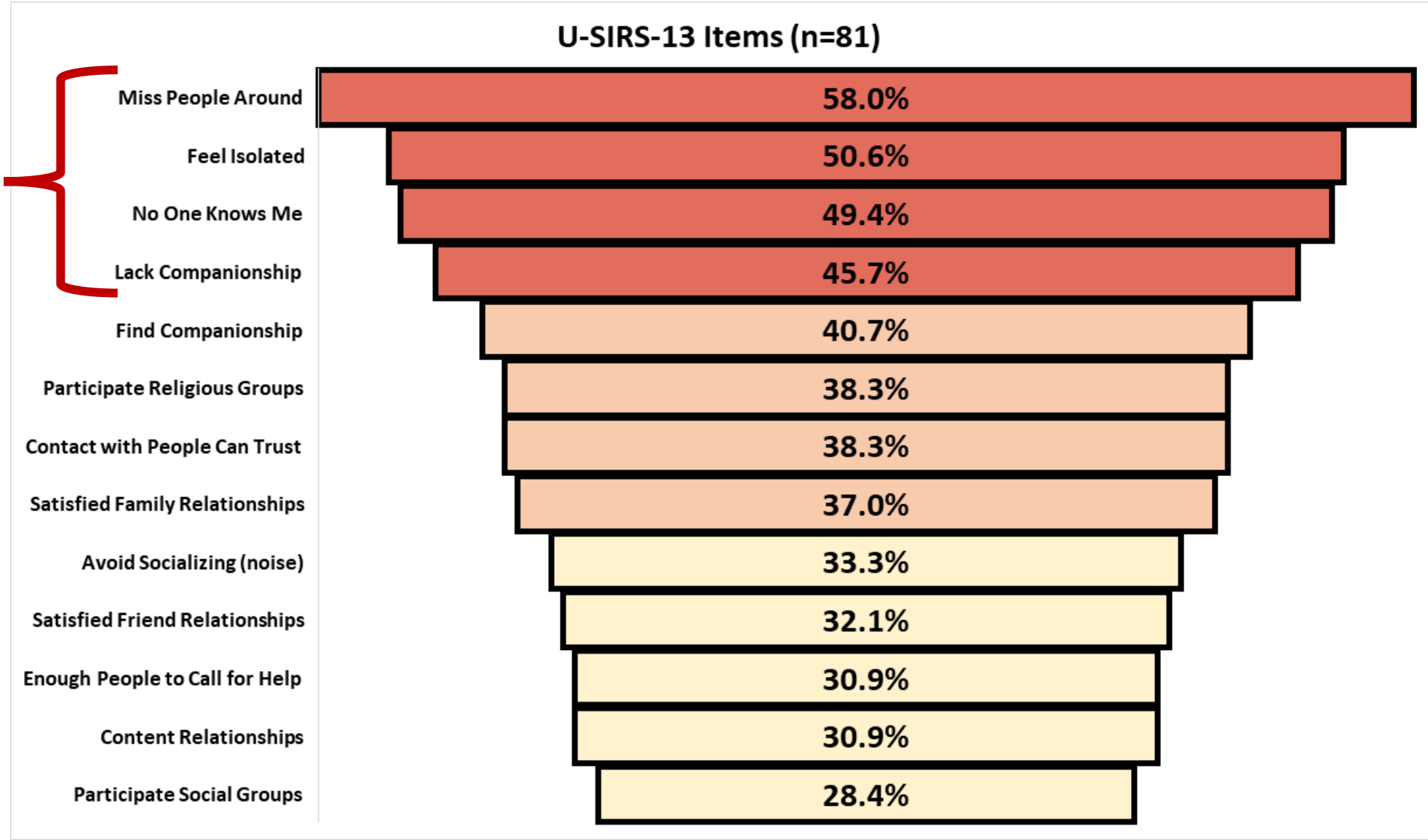
- Average age 68.9 years
- 76% female
- 3% Hispanic
- 72% White; 20% Black; 3% Asian; 5% Other/Multiple
- 45% live alone
- 33% worry/stress about money to meet basic needs
- *Impairments*: 28% mobility; 9% hearing; 5% vision
- 14% difficulty doing errands

Post-Workshop Social Disconnectedness

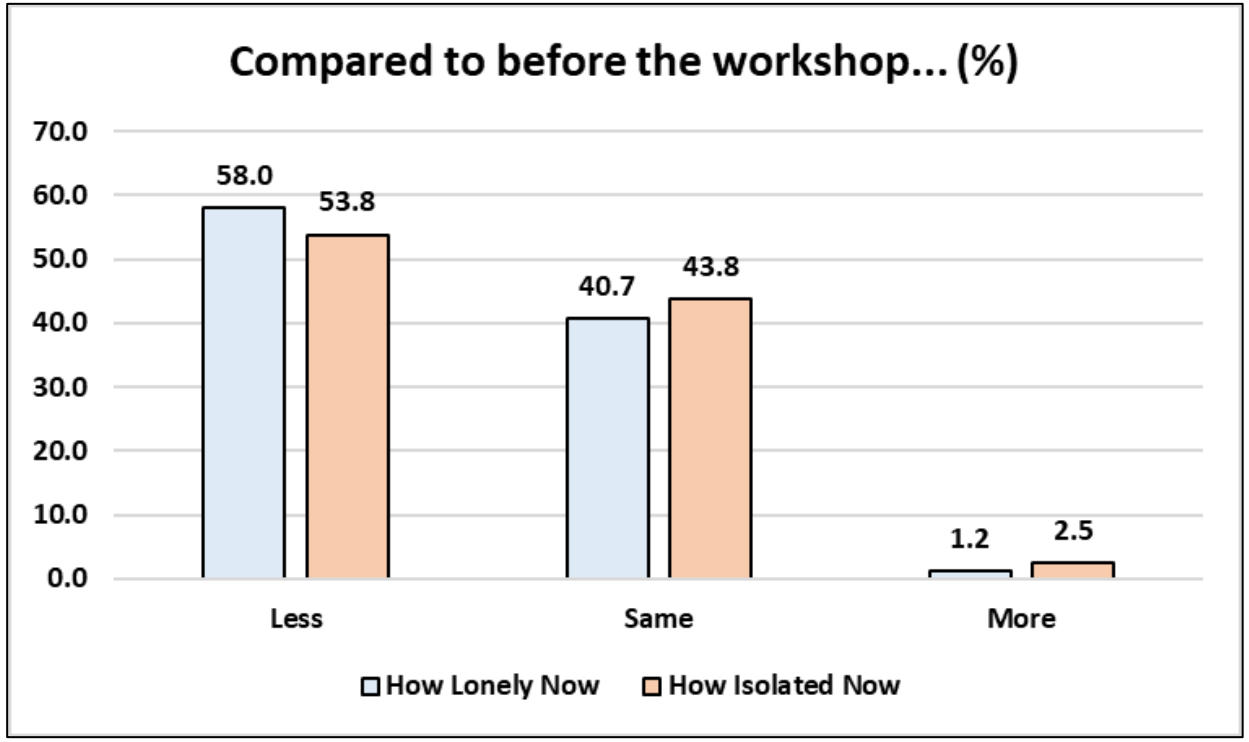
- Average U-SIRS-13 score: 5.14 (of 13)
  - Cronbach's Alpha = 0.88 [strong]
- 49% threats to social connectedness
  - 22% Yellow
  - 10% Orange
  - 17% Red
- Suggests
  - Moderate risk, on average
  - Additional connection opportunities needed post-workshop (may depend on time since workshop occurred)



Social Disconnectedness

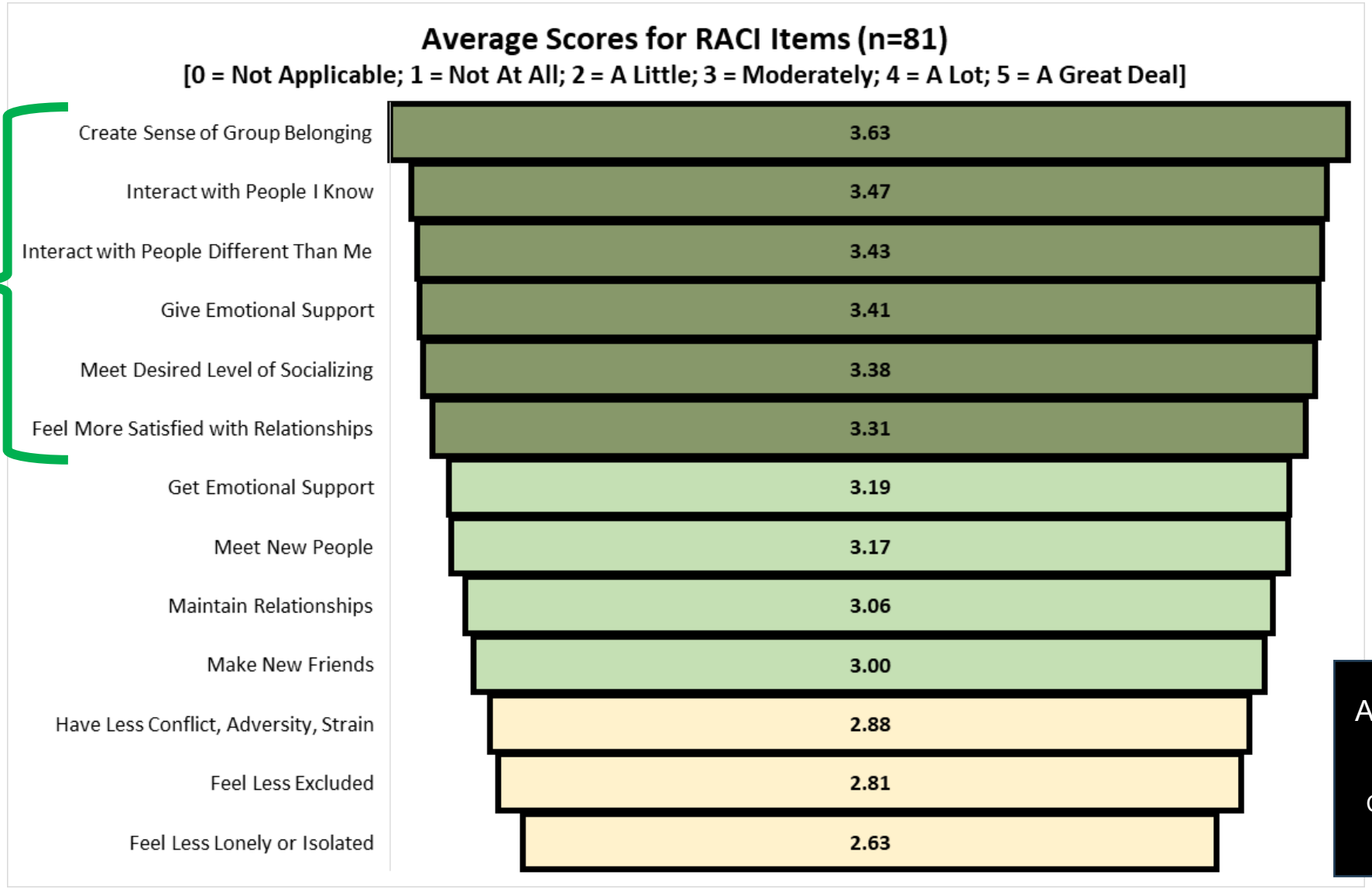


Perceptions about CDSME Workshops



- Compared to before the workshop
  - 58% less lonely; 41% about the same
  - 54% less isolated; 44% about the same
- 73% satisfied with workshop “a lot” or “a great deal”

Social Connection Impact of CDSME



Average RACI score: 41.37 (of 65)

Cronbach's Alpha = 0.92 [strong]

Comparisons of Impact

- On average, compared to before the workshop, participants who reported being:

LESS LONELY NOW VS. BEFORE

- Less disconnected
- More workshop connection impact
- Higher belief that workshop will help future connection
- **Attended more workshop sessions**

LESS ISOLATED NOW VS. BEFORE

- Less disconnected
- More workshop connection impact
- Higher belief that workshop will help future connection

LESS LONELY NOW VS. BEFORE

- Make friends
- Interact with people I know
- Create sense of group belonging
- Maintain relationships
- Get emotional support
- Feel satisfied with relationships
- Meet desired level of socializing
- **Feel less lonely or isolated**
- **Less conflict, adversity, strain**

LESS ISOLATED NOW VS. BEFORE

- Make friends
- Interact with people I know
- Create sense of group belonging
- Maintain relationships
- Get emotional support
- Feel satisfied with relationships
- Meet desired level of socializing
- **Meet new people**

Overview of Key Findings

- CDSME workshops create opportunities for connection
  - Impact spans aspects of structure, function, and quality
- Workshops have lasting benefits to decrease feelings of loneliness and isolation
  - Higher attendance was associated with feeling less lonely
- Those perceiving more benefit from workshops:
  - Lower post-workshop disconnection
  - Positive outlook about future connection

Executive Summary Report available at:
https://committoconnect.org/2024-2025-community-of-practice/

Thank you!

Matthew Lee Smith

MATLSMIT@iu.edu