The Wisconsin Story to End Social Isolation and Loneliness

Wisconsin Coalition to End Social Isolation and Loneliness (WCESIL)
Introductions

Angie Sullivan MS, CHES
OAA Consultant - Health Promotion
Greater Wisconsin Agency on Aging Resources (GWAAR)

Sara Richie, MS
Program Manager, Life Span Program
Human Development and Relationships Institute
UW-Madison | Division of Extension
About Us - WCESIL

Uses a collective impact approach to bring together community organizations and individuals to identify and deploy meaningful responses to the negative health impacts of social isolation and loneliness among older adults and adults with disabilities in Wisconsin.
How does the WCESIL make an impact?

- Lead initiatives identified by the Coalition
- Provide avenues to engage with each other and the Wisconsinites we serve
- Share resources from local, state, and national partners
- Serve as a clearinghouse for best practices and tools for outreach, community and advocacy
Coalition Structure and Work Groups

- Monthly Coalition Meetings
- Monthly Work Group Lead Meetings
- Work Groups
  - Advocacy and Public Policy
  - Detection and Access to Resources
  - Research and Shared Measurement
  - Awareness
- Listserv
Access and Detection Work Group

Goals:

- Identify older adults and adults with disabilities that are experiencing effects of isolation and loneliness
- Increase access to social isolation resources for consumers and professionals

Wisconsin Coalition to End Social Isolation & Loneliness (WCESIL)
Thriving with purpose and belonging

The Access & Detection workgroup seeks to detect or identify older adults and adults with disabilities who are socially isolated and lonely by creating meaningful authentic engagement opportunities and providing access to detection measures, appropriate resources, and evidence-based interventions.

Our goals are to:
1) Identify older adults and adults with disabilities that are experiencing effects of isolation and loneliness
2) Explore healthcare organization and/or primary care providers that are collecting isolation and loneliness data
3) Increase access to social isolation and loneliness resources for consumers and professionals
4) Evaluate existing evidence-based and research-informed workshops to assess impact on isolation and loneliness
5) Strengthen an equitable approach to social isolation, loneliness, and connectedness across Wisconsin.

Workgroup Updates
The workgroup has identified the UCLA Loneliness Scale as an evidence-based tool to detect isolation and loneliness. The workgroup recommends use of the three-question UCLA tool to detect isolation and loneliness in most healthcare, community and research settings.

The work group will be adding questions regarding social isolation and loneliness to participant evaluation forms for the StrongBodies and Aging Mastery Programs in Wisconsin. Data will be evaluated to determine the role high-level evidence-based programming plays in reducing social isolation and loneliness.

The workgroup is updating manuals and guides to support community-based methods of reducing isolation and loneliness.

Social Isolation & Loneliness: What’s the Difference?

Social Isolation:
The objective experience of having few or infrequent social connections.

Loneliness:
The subjective and distressing feeling of social isolation, often defined as the difference between actual and desired level of social connection.

Social Connection:
The ways that people can be physically, emotionally and culturally connected to others.

Contacts
Co-Chair: Angela Sullivan
angela.sullivan@gwaar.org
Co-Chair: Sara Richie
sara.richie@wisconsin.edu
Admin: Dan DeVolve
daniel.devalve@dhs.wisconsin.gov

3/2022
Pilot Work Group Members
Pilot Project Timeline

1. Work group creation
2. Research and Goal Development
3. Development of Pilot Materials and Training
4. Recruitment and Training
5. Pilot Implementation (September-December 2022)
6. Evaluation
7. Disseminate Results
8. Phase 2
Goals and Strategies

**Overarching Goal:** Identify older adults and adults with disabilities that are experiencing effects of isolation and loneliness.

**Strategy:** Implement the UCLA 3-Item Loneliness Scale into existing processes with a minimum of 5-7 partner organizations to determine if the scale integrates into existing workflows and provides partner organizations with a reliable way to measure aspects of social connectedness.
Pilot Measures

- Partner organizations that were able to successfully implement the screening tool into an existing process.
- Individuals being screened who completed the questions.
- Participants who were referred to resources and/or referrals. (Qualitative feedback collected at follow-up sessions after pilot is complete)
  - Was it easy to refer participants to resources, were there enough resources?
  - % who consented to a resource and/or referral.
UCLA 3-Item Loneliness Scale

**Questions: (Circle answer)**

1. How often do you feel a lack of companionship?
   - Hardly Ever
   - Some of the time
   - Often
   - 1
   - 2
   - 3

2. How often do you feel left out?
   - Hardly Ever
   - Some of the time
   - Often
   - 1
   - 2
   - 3

3. How often do you feel isolated from others?
   - Hardly Ever
   - Some of the time
   - Often
   - 1
   - 2
   - 3
# UCLA 3-Item Loneliness Scale

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly Ever</td>
<td>1</td>
</tr>
<tr>
<td>Some of the Time</td>
<td>2</td>
</tr>
<tr>
<td>Often</td>
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</tr>
</tbody>
</table>

Least Lonely 3 4 5 6 7 8 9 Most Lonely

Researchers suggest people who score:
- 3-5 = “not lonely”
- 6-9 = “lonely”
Workflow

3-Question UCLA Screening Tool Composite Score

Score 3-5 "not lonely" - "Based on your score, it seems like you are doing well/feeling good in this area of social connectedness."

- What is happening that is contributing a score of XX?
- Are there any areas of your life that you would like to explore activities to stay connected? (exercise, volunteering, etc.)

Score 6-9 "lonely" - "Thanks for taking time to assess this important area of your overall health."

- What does a day (or week) of feeling more connected look like for you?
- Can you tell me about a time that you felt more connected?

Optional Resources

Recommendations:
- Wisconsin Guide to Social Connectedness
- Local Health Promotion Programming
- Volunteer Opportunities
- ADRC newsletter

Optional Resources

Recommendations:
- Stay Connected Guide
- Referral to Community Health Worker (if appropriate)
- Assist with setting up appropriate referrals/follow-up
- Follow up if needed
- Suicide protocol activated (if appropriate)
Screener Debrief Form

- Identify site specific data
- Track survey participants demographic data
- How and where the screening was integrated into existing functions
- Was it easy?
- How did participant screen?
- Were resources provided? Why or why not?
- Was participant receptive to resources?
Pilot Partner Tools and Resources

https://wihealthyaging.org/for-professionals/initiative-resources/isolation-and-loneliness-resources/

- One-Page Consumer Flyer
- WI Consumer Resource Guide
- Stay Connected Toolkit
“My Stay Connected Plan”, from page 36 of the *Stay Connected* Resource
Pilot Evaluation Data

- 6 agencies participated in the pilot
- 60% did screening in-person
- 78% said the screening integrated reasonably into existing workflow
- 46% of those screened were provided resources
- 40 of 96 people were identified as SIL
- Overall, focus group data was positive
Best practices

- In-depth training
- Weekly office hours to support screeners
- Website with resources and materials to implement screening (one-stop shop)
- Screening implemented in-person
- Beneficial to have established relationship with client prior to screening
- Suicide Protocol established or reviewed with screeners
Limitations

- Lack of diversity in pilot
- Screener not tested within the disability community
- Respondent’s comfort level in honestly responding to the screening questions
- Screeners comfort level asking questions
Ongoing Efforts

- Pilot with WI Region SSM health system
- Brown County implementation
- Resource Guide/Desk Reference
- Share project with local Aging Units/ADRCs and support implementation process with new counties
Loneliness is an epidemic in America

“Our epidemic of loneliness and isolation has been an underappreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight — one that can help us live healthier, more fulfilled, and more productive lives”

-U.S. Surgeon General Vivek Murthy
Questions?

Contact Information:

Sara Richie, MS
sara.richie@wisc.edu

Angie Sullivan, MS, CHES
angela.sullivan@gwaar.org