SOCIAL ISOLATION WITH A FOCUS ON EQUITY

2020 REPORT

State Advisory Council on Aging

Report to the Michigan Commission on Services to the Aging

Michigan Commission on Services to the Aging

The Michigan Commission on Services to the Aging (CSA) is a 15-member, bipartisan body appointed by the governor. The CSA advises the governor, the Michigan legislature, and the Michigan Department of Health and Human Services (MDHHS), Aging & Adult Services Agency (AASA) on matters relating to policies and programs for older adults. Members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. A majority are age 60 and over, and no more than eight members are from the same political party.

Working in close collaboration with AASA, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging (SAC) to advise state-level decision-making.

State Advisory Council on Aging

The 40-member SAC is appointed by the CSA to represent the needs and interests of local communities providing sage advice on vital state issues and policies impacting Michigan's older and vulnerable adults. The council researches important topics assigned by the commission to inform Michigan's older adults, the aging network, and state government.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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GOVERNOR

ELIZABETH HERTEL
DIRECTOR

AGING & ADULT SERVICES AGENCY

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April 16, 2021

Dear Chairperson Wishart and fellow Commissioners,

It gives me great pleasure to present the 2020 Report from the State Advisory Council on Aging, "Social Isolation with a Focus on Equity." In response to the Commission's 2019 charge of researching the impact of social isolation on Michigan's older adults, with a special emphasis on equity, the Council explored the differences between social isolation and loneliness. They also studied social determinants of health and their impact on the health and well-being of people and the communities with which they identify.

The COVID-19 pandemic began as the Council research was getting underway. Governor Gretchen Whitmer declared a state of emergency across the state of Michigan, featuring "Stay Home, Stay Safe" orders and restrictions on social gatherings. The pandemic brought home the importance of social connections to the health and well-being of each one of us.

We have discovered new and practical solutions addressing social isolation which we are pleased to share with you, including broadening community partnerships and outreach, adapting place-based programs, and strengthening advanced technology.

On behalf of the Council, I wish to express our gratitude to Senior Deputy Director Dr. Alexis Travis, Deputy Director Scott Wamsley, and the staff of the Michigan Department of Health and Human Services, Aging and Adult Services Agency, specifically Lauren Swanson-Aprill and Kelly Cooper, for their support and assistance. I also wish to express our thanks to Chairperson Dona Wishart and past and present commissioners for attending and participating in the Council's virtual meetings. Finally, thank you to the Commission for allowing me the opportunity to chair and work with this dedicated and passionate group of volunteers.

Sincerely,

Kristie Everett Zamora
Kristie Everett Zamora
Chairperson, State Advisory Council on Aging

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*This report is dedicated to the State Advisory Council's Co-Vice Chair, Don Ryan, who sadly passed away in July 2020. He was an active member, and his presence is greatly missed.

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Executive Summary

Social isolation has a major impact on the health status and well-being of older Michiganders. The Michigan Commission on Services to the Aging issued its yearly charge to the Michigan State Advisory Council on Aging to investigate the impact of social isolation on Michigan's older adults, with a special emphasis on equity. The pandemic of 2020 was unprecedented, bringing into sharp focus the effects of social isolation.

A person's health, well-being, and lifespan are affected by social isolation. The National Institute on Aging, as part of a major federal research initiative, is studying how loneliness can trigger processes leading to health risks such as heart disease, obesity, weakened immune system, anxiety, depression, cognitive decline, and Alzheimer's disease. In a 2019 American Cancer Society study of more than 580,000 adults, researchers found that **social isolation increased the risk of early death from all causes for all groups**.

After the events of 2020, many Michiganders experienced the impact of social isolation. The COVID-19 pandemic revealed the inequities in the conditions and systems in which people are born, grow, live, work and age that influence the health and well-being of individuals and communities. These inequities include racism and discrimination, social connectedness and safety, access to reliable transportation, available and affordable broadband/internet service, affordable and user-friendly technology, quality education, water quality, criminal justice, safe and affordable housing, job security, availability of nutritious food, availability of health services, and other factors affecting health and well-being. Addressing **Social Determinants of Health** is fundamental to reducing social isolation and loneliness. These social factors have a profound impact on health and influence the opportunities available to older adults to practice behaviors that address the impact of social isolation.

Increasing engagement in social and community groups is a common intervention strategy to increase interaction to help reduce isolation and loneliness. The amazing expansion of virtual programming in the past year has had many positive effects on efforts to decrease social isolation and loneliness among older adults. Virtual programming can lower barriers to participation imposed by transportation and mobility challenges and increase opportunities for communication and learning far beyond the resources of local place-based programming. For example, AASA worked with *GetSetUp* to make its live interactive platform and community available statewide.

Many Michiganders, however, do not have adequate access to the internet, broadband, or computers/tablets. Many rural areas and certain urban districts are hampered in accessing telehealth, online learning, and video activities by unreliable and inconsistent broadband access. Michigan needs to create and implement solutions to broadband and digital technology gaps.

Introduction

In October 2019, the Michigan Commission on Services to the Aging (CSA), a 15-member, bipartisan body appointed by the governor, issued its yearly charge to the Michigan State Advisory Council on Aging (SAC) to investigate the impact of social isolation on Michigan's older adults, with a special emphasis on equity. In this report, social isolation is defined as the absence of social connection with families, friends, and communities. Loneliness is defined as a subjective, emotional experience of losing the sense of connection to family, friends, and community. Both social isolation and loneliness can have a major impact on health status and the well-being of older Michiganders.

Nationally, social isolation is increasingly seen as a fundamental public health concern, particularly with respect to older adults. The March 2020 re-authorization of the Older Americans Act directs the Assistant Secretary of the Administration on Community Living to develop a plan for supporting state and local efforts to address older adult health issues related to social isolation.[1] In 2020, the National Academies of Science, Engineering, and Medicine issued a major report on social isolation and loneliness in persons 50 and over. The report stated that:

> "approximately one-quarter (24%) of community-dwelling Americans aged 65 and older are considered to be socially isolated, and a significant proportion of adults in the United States report feeling lonely (35% of adults aged 45 and older and 43% of adults aged 60 and older). While there are challenges in measuring social isolation and loneliness precisely, there is strong evidence that many older adults are socially isolated or lonely in ways that puts their health at risk"[2]

Many of Michigan's older adults experience social isolation and loneliness in similar numbers. A 2019 statewide needs assessment survey of older Michigan residents, conducted by the Area Agencies on Aging Association of Michigan, working with the Institute of Gerontology - Wayne State University and the Area Agency on Aging (AAA) Region 1B, revealed that 20% of respondents reported not having enough contact with others. This percentage did not differ by age, by income, or by where the respondents live. More than 7% reported not having friends or family nearby to help. About 8.3% of older adults reported that "social involvement poses a serious challenge." This percentage is higher for low-income respondents and those over age 75. As older adults age, health-related challenges and mobility limitations may make it more difficult to have contact with others. Lack of financial resources make it difficult to access transportation and other resources.[3]

The Impact of the COVID-19 Pandemic

The COVID-19 pandemic has emphasized the importance of social connections to health and well-being. The pandemic has increased social isolation and loneliness among adults. June 2020 data from the National Poll on Healthy Aging, conducted by the University of Michigan, shows that "a greater proportion of adults age 50 to 80 felt a

lack of companionship, felt socially isolated, and had infrequent contact with others from outside their homes during the early months of the pandemic than in 2018."[4] In 2018, about one-third of older adults said they had contact with family, friends, or neighbors from outside the home once a week or less. In June 2020, almost half of older adults reported infrequent contact with family, friends, or neighbors.[5] Home- and community-based services (HCBS) are types of person-centered care delivered in the home and community, providing social contact in addition to a service. HCBS became especially important over the course of the pandemic, providing safe contact as social engagement opportunities decreased for older adults.
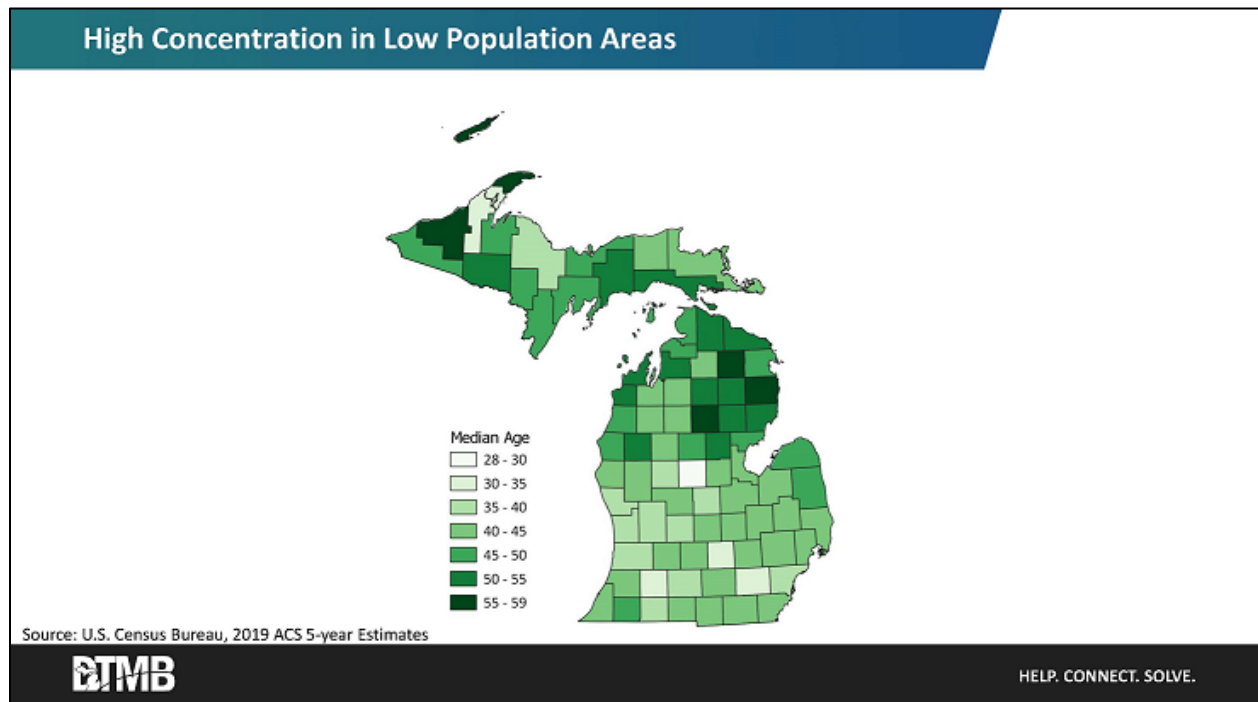
High Concentration in Low Population Areas—Map of Michigan shows where older adults live.
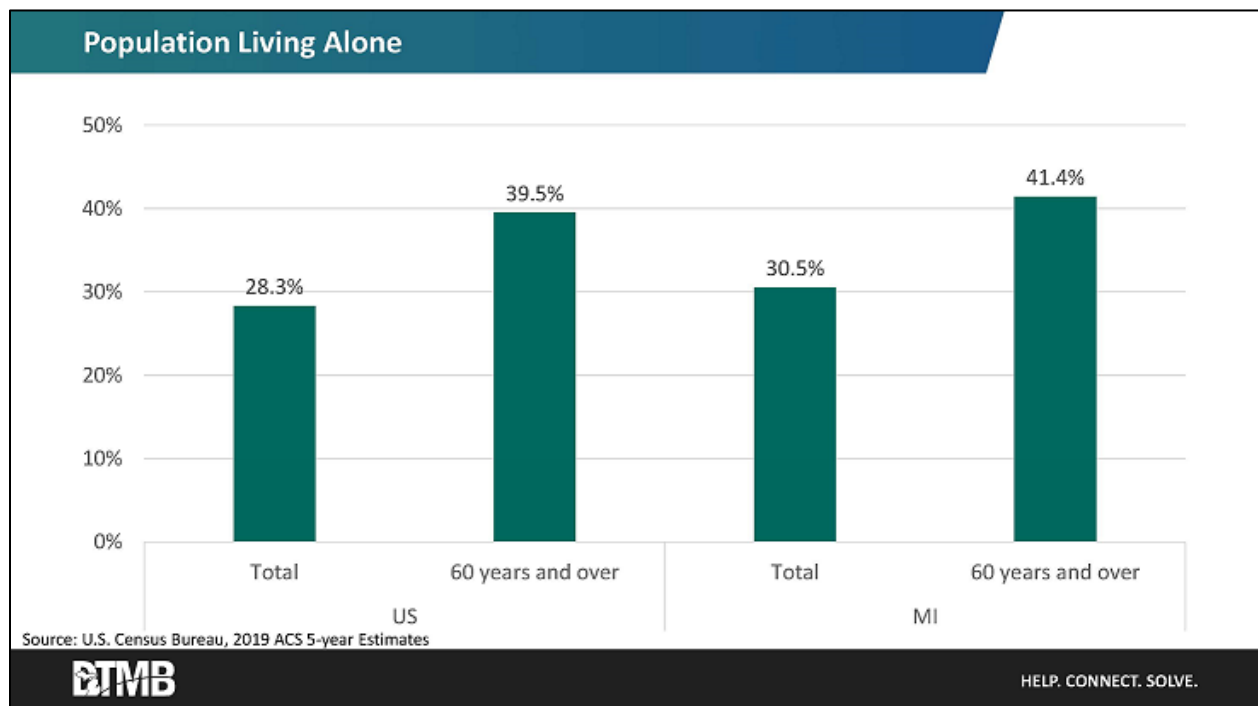
The pandemic has also shown the deadly impact of health disparities in Michigan. "In cases where race and ethnicity is known, the rate of reported COVID-19 cases for Black/African American Michigan residents is 14,703 per 1,000,000, compared with 4,160 per 1,000,000 for White residents, more than three times higher. And the rate of reported COVID-19 deaths for Black/African American Michigan residents is 1,624 per 1,000,000 compared with 399 per 1,000,000 for White residents, more than four times higher."[6] These statistics show the clear inequities that exist. Understanding "how racial disparities in societal, environmental, and behavioral factors intersect to affect access to resources like good jobs, access to healthy and affordable food and housing, equitable transportation options"[7] is critical in comprehending the problem of social isolation.

Researchers have found significant health disparities exist for lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+) individuals.[8] As social isolation and its impact on

older Michiganders is discussed, understanding that social inequalities can cause and intensify social isolation is important. According to the Robert Wood Johnson Foundation, true equity "requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[9] Lack of access to resources such as adequate, safe, and affordable transportation options and available, affordable internet services also exacerbate social isolation. As recommendations are made for ways to address social isolation, there must be an awareness of the underlying inequities in communities which present significant obstacles to health.[10]

Social Isolation and Loneliness Defined

The federal Institute of Medicine's definition of social isolation provides a framework for the discussion of both social isolation and loneliness. "Social isolation can be defined structurally as the absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with 'society at large' on a broader level."[11] Social isolation and loneliness are not the same. Social isolation can be measured by the amounts of contacts with friends, family, and community members. Loneliness is a subjective, emotional experience of losing the sense of connection to family, friends, and community. However, social isolation and loneliness are frequently linked in the research reviewed for this report.[12] The emotional experience of loneliness may be considered as a probable outcome of experiencing social isolation, so many program interventions focus on increasing social interactions and contacts.

Population Living Alone

	US		MI	
	Total	60 years and over	Total	60 years and over
Percent	28.3%	39.5%	30.5%	41.4%

Source: U.S. Census Bureau, 2019 ACS 5-year Estimates

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Effects of Social Isolation and Loneliness

A person's health, well-being and lifespan are affected by social isolation. The National Institute on Aging, as part of a major federal research initiative in the United States, is currently studying how loneliness can trigger processes leading to health risks such as heart disease, obesity, weakened immune system, anxiety, depression, cognitive decline, and Alzheimer's disease. Steve Cole, Ph.D., director of the Social Genomics Core Laboratory at UCLA, states:

> "Loneliness acts as a fertilizer for other diseases. The biology of loneliness can accelerate the buildup of plaque in arteries, help cancer cells grow and spread, and promote inflammation in the brain leading to Alzheimer's disease. Loneliness promotes several different types of wear and tear on the body."[13]

According to an American Cancer Society *Cancer Prevention Study II* of more than 580,000 adults, researchers reported in the January 2019 *American Journal of Epidemiology* that **social isolation increased the risk of early death from all causes for all groups** [emphasis added].[14] The study's author, Kassandra Alcaraz, Ph.D., MPH, further stated in the May 2019 *American Psychological Association Continuing Education* Corner that "our research really shows that the magnitude of risk presented by social isolation is very similar in magnitude to that of obesity, smoking, lack of access to care and physical inactivity."[15]

Numerous studies have also demonstrated that social isolation and loneliness are significant risk factors for ill health and mortality. Health effects that have been investigated range from impacts on mental health such as increased depression and increased risk of dementia, to poor cardiovascular health, strokes, and decreased mobility requiring increased need for assistance. Research has found that social isolation and loneliness have a similar impact on mortality as smoking 15 cigarettes a day.[16] Researchers agree on the detrimental health effects of social isolation and loneliness among older individuals and the need to address social isolation and loneliness to improve the health status and well-being of older adults.[17]

The Impact of Inequity on Social Isolation and Loneliness

Inequities in access to services and programs to help address social isolation have a real impact on the health status of older Michiganders. In June 2020, the Detroit Area Agency on Aging (DAAA) released the "Dying Before Their Time III" study, a cumulative 19-year analysis of the health status of older adults in the Detroit service area compared to older adults in the rest of Michigan.[18] Older adults in the Detroit service area are dying at twice the rate of those living elsewhere in Michigan. The death rate for ages 50 to 59 is 122% higher and 48% higher for ages 60 to 74 in comparison to those in the rest of Michigan.[19] The study determined that the underlying causes for excess death rates were Social Determinants of Health (SDOH) and must be addressed.

> "Social Determinants of Health (SDOH), namely social factors such as appropriate nutrition, housing, access to appropriate healthcare and social services, water supply, income, education, mental health services, jobs, environmental justice issues, overall neighborhood conditions, etc. influence 60-70% of the health and wellbeing of an individual and their surrounding community. **Any solutions must address SDOH**."[20]

Current studies have further investigated these determinants of health in the context of older individuals in efforts to pinpoint personal strengths of resiliency. Focusing interventions on one's Personal Determinants of Health (PDOH) can assist the individual in successful management of mental and physical health challenges associated with advancing age. These social factors have a profound impact on health and influence the opportunities available to older adults to practice behaviors that address the impact of social isolation.[21]

The SAC, in its previous annual reports to the CSA, addressed two additional social factors which significantly impact social isolation: availability of transportation and access to communication technology.[22] As adults age, maintaining social contact becomes difficult when mobility and/or transportation options are limited. Insufficient transportation options and restrictive policies create barriers. Scarce regional transportation services, limited or non-existent service across municipal borders and county lines, and inefficient public transportation routes and hours (especially during evenings and weekends) are an issue throughout the state. Costs of transportation services present a challenge. Rideshare options do not exist in certain areas or are limited due to COVID-19. Transportation solutions must be addressed to provide Michiganders the opportunity to continue to live in their own homes and communities while accessing needed services and activities that can prevent social isolation.[23]

Access to high-speed broadband and reliable cellular service is necessary to use online interventions that address social isolation. Local area agencies on aging, senior centers, and other service providers are increasingly dependent on video conferencing tools to maintain contact with older adults who cannot access services in person. A recent AARP survey states that in 2019, 51% of older Americans said they bought some tech product such as a smart phone, computer, or laptop.[24] However, a lack of understanding of modern technologies and digital platforms can be a barrier to use, even when an older adult owns a tech product.[25]

According to the National Digital Inclusion Alliance, digital inclusion requires three things: affordable, robust broadband internet service; user-friendly devices, and access to digital training.[26] Often, when virtual programs are offered, not enough is done to ensure older adults have the internet service, devices, or training that allows full use of the programs. In Michigan, access to internet services varies widely. A recent study of internet access discovered that:

> "children living in the northern part of the state (excluding the Upper Peninsula) are much less likely to have broadband (63%) than other parts of the state….However, these regional variations conceal a much starker inequity. In the state as a whole, 79% of children living in metropolitan areas have access to broadband, compared with just 59% of those in nonmetro areas."[27]
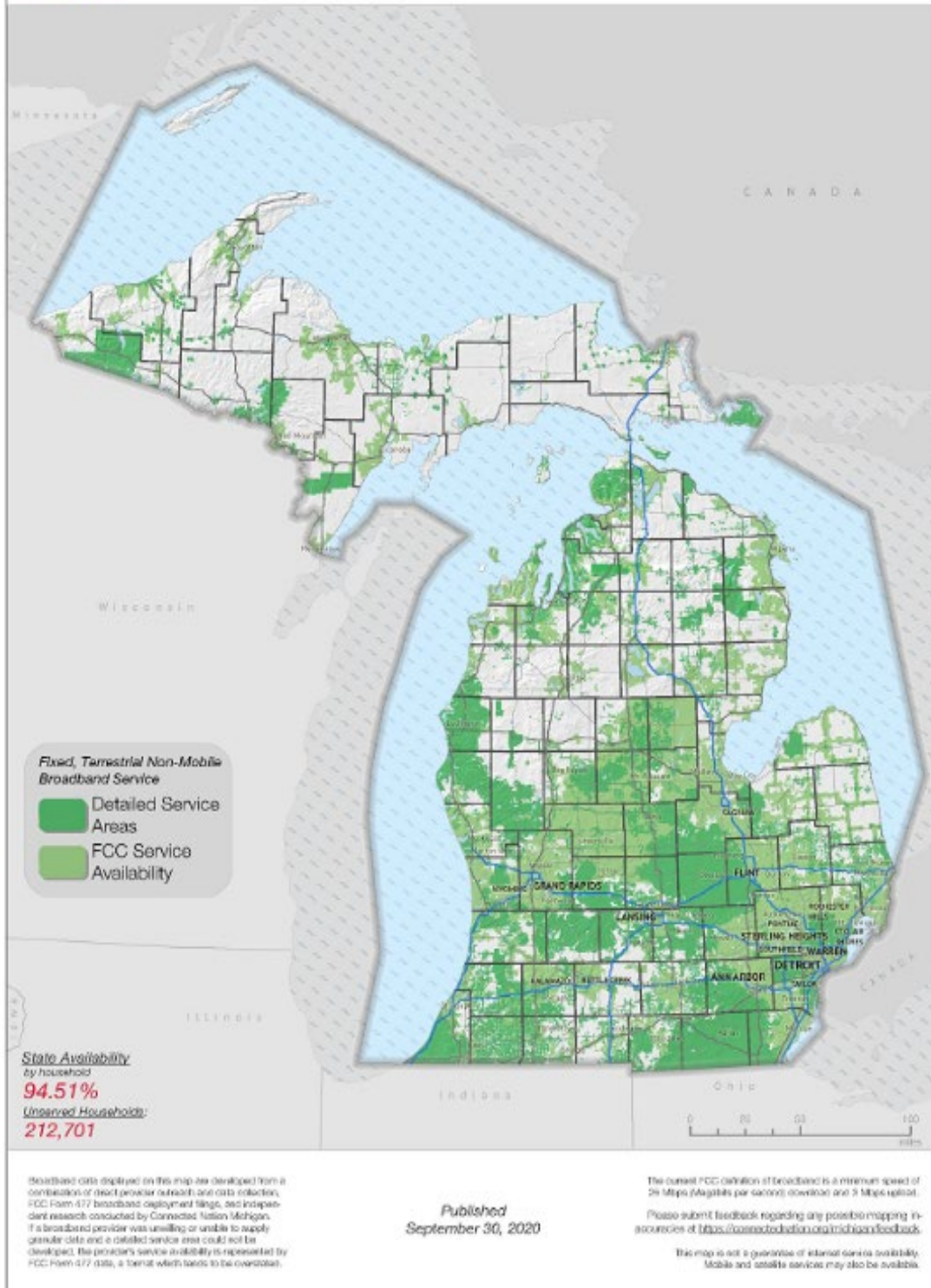
In Wayne County, 23,000 households lack high-speed internet access and in Ingham County that number is 22,000 households.[28] Public internet access or internet access through a mobile phone data plan alone do not allow full participation in virtual programs and services. A recent study in Detroit highlights that differing modes of access, such as providing internet access through mobile phones in place of home broadband, does not mean there is full access to online programs or activities.[29] This difference needs to be taken into account as virtual programming is developed for older adults to address issues of social isolation.

[Connected Nation Michigan](#) has partnered with the Michigan Public Service Commission to map broadband availability throughout the state. Connected Michigan reports that 98.5% of Michigan has access to broadband connectivity at speeds of 10 Mbps (megabytes per second), which is very slow and hampers streaming. Over 3.8 million households use this type of connectivity. However, many rural areas are hampered in accessing telehealth, online learning, and video activities by these lower speeds. Due to the slow connectivity speed and people trying to stream using their computers all at the same time, many households must rely on using smartphones, personal hot spots, or service-provided hot spots to access the internet. These options require high data or unlimited data plans. The speed or Mbps downloads are slowed as certain levels of data are reached, causing slow speeds and interruption in service. The cost of unlimited access and the need for external equipment can be a limiting factor in obtaining this service.[30]

Current Federal Communications Commission definitions specify that broadband minimum download speeds are 25 Mbps. Broadband internet access is noted on the map as speeds of 25 Mbps and 94.51% of Michigan households have this access. The highest concentration of access is in the major metropolitan areas of Detroit, Lansing, and Grand Rapids. Mid-sized cities such as Battle Creek and Kalamazoo also have this access.[31]

Broadband Service with Speeds of at Least 25 Mbps Download/3 Mbps Upload

Fixed, Terrestrial Non-Mobile Broadband Service
- Detailed Service Areas
- FCC Service Availability

State Availability
by household
94.51%
Unserved Households:
212,701

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State Advisory Council on Aging Report – 2020
Social Isolation with a Focus on Equity

Issues Related to Specific Groups

Older adults in communities of color, and in American Indian/Alaska Native and LGBTQ+ communities, may experience isolation differently. The variation in resources and supports available in these communities affect health and well-being of older adults both on an individual and community level. These differences impact the risk for social isolation.[32] More research and programmatic support are needed to uncover and address the unique social isolation concerns of communities of color, American Indian/Alaska Native, and LGBTQ+ communities.

Limited English proficiency (LEP) can be a barrier to accessing resources. Approximately 5 million of America's older adults are LEP and have diverse backgrounds and ethnicities. The language barrier impacts these older adults' ability to explain their health care needs, one of the key SDOH. For example, in 2015, 43.8% of low-income Supplement Security Income applicants who were over 65 asked to be interviewed in a language other than English.[33] According to the Diverse Elders Coalition, among Southeast Asian American older adults, for example, more than 85% of Vietnamese, Laotian, Cambodian, and Hmong older adults are LEP. Many of these older adults live in households where no one speaks English. Similar language access concerns exist in many communities of older adults: Hispanic, Asian American and Pacific Islander (AAPI), and many other immigrant communities.[34]

The Centers for Medicare and Medicaid developed a plan to address health equity and improve communication and language access for individuals with LEP. Specific materials needed to be developed to address these barriers. The Administration for Community Living (ACL) awarded the National Asian Pacific Center on Aging (NAPCA) a grant to provide training and technical assistance to help Senior Medicare Patrol (SMP) programs and State Health Insurance Assistance Programs (SHIP) to better reach and serve LEP AAPI Medicare beneficiaries. NAPCA developed a cultural competency webinar series to educate programs on AAPI cultures and published a toolkit to provide SMP and SHIP grantees with strategies on how to better reach and engage LEP AAPI older adults. Outreach and education materials were developed in 10 different AAPI languages.[35]

Michigan is home to the largest concentration of Arab Americans in North America, with an estimated population of over 500,000 (after adjusting for under-reporting). Over 80% of the population resides in the metropolitan Detroit area and nearly a third of the population in Dearborn are either Arab or Chaldean.[36] Amne Darwish-Talab, director of Social Services (East) at the Arab Community Center for Economic and Social Services, reports that ACCESS is the largest nonprofit Arab American human services agency in the country. In 2019, ACCESS provided core services to 70,000. ACCESS provides a variety of supports and services through a network of health and behavioral health care, education, economic mobility, employment, and social services programming. Language is a particular barrier for members of the community including the oldest members who speak little or no English. Service providers need to adapt programs to the needs of the community. ACCESS has done this by employing diverse staff who speak over 24 different languages and assist with interpreting various

communications and providing information and referral for those with limited or no English. Additionally, ACCESS partners with Wayne County Senior Services and the Senior Alliance AAA Region 1C to provide Halal meals through its Halal Meals on Wheels program.[37]

In a 2006 study, the Area Agency on Aging 1-B researched the barriers Chaldean elders and caregivers experienced in accessing services. According to the study, poor access to health care, mental health and social services, as well as a lack of educational attainment, LEP, and subsistence-level incomes contribute to the emergence of emotional, mental, and physical health problems among Chaldean older adults in Michigan. More research is needed to determine how best to understand the needs and deliver services to this community.[38]

Asian-Americans have been particularly impacted by the pandemic. In its COVID-19 Mental Health Toolkit for health care providers, *Michigan Medicine* stresses the impact on Asian-American communities. "Over the last several months there has also been an increase in reports of discrimination as well as anti-Asian/AAPI rhetoric and hate. Particularly during the COVID-19 pandemic, Asian Americans may be reticent to seek medical care for physical or mental health concerns for fear of exacerbating this discrimination."[39]

Fourteen studies were reviewed that examined Asian older adults living in Asian and western countries who are socially isolated and lonely. Older adults who experienced a lack of social support from family members used a variety of coping strategies. Reliance on religious groups and social engagement with peers were the most important coping strategies. Asian older adults living in western countries faced cultural barriers and relied on ethnic communities to provide support. The older adults expressed the need for more community-based resources that were culturally competent, such as social programs and health care services.[40]
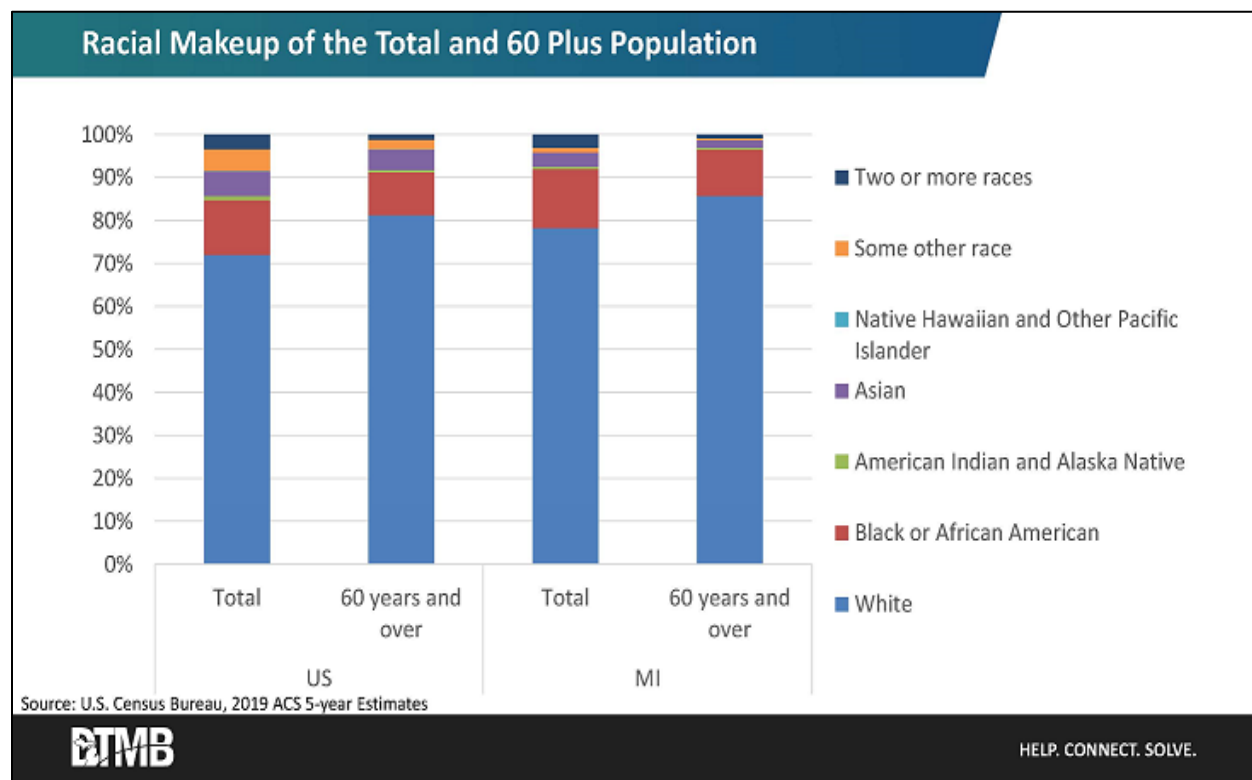
African American, Black Caribbean, and White older adults reported similar levels of social isolation from family and friends.[41] For both African American and Black Caribbeans, females tend to be protected against social isolation since they provide supports and services to their relatives ensuring that they receive any needed health care. However, they do not seek medical treatment for themselves until there is an emergency. A study of minority urban women found that middle-aged women were isolated and lonely due to strained relationships, past trauma, and many responsibilities.[42]

A study based on the older adult sub-sample of the National Survey of American Life examined the correlates of social isolation from extended family members and friends among older adults. There were no significant differences between African Americans, Black Caribbeans, and non-Hispanic Whites in objective isolation. Only 4.47% of respondents were objectively isolated from both their extended family and friends, 10.82% were isolated from their friends, and 7.43% were isolated from their family members. Men were more likely to be objectively isolated from both family and friends

and older adults who live with others were significantly more likely to be objectively isolated from their friends.[43]

According to the 2012 and 2014 Michigan Hispanic Behavioral Risk Factor Surveys, a high number of Hispanic adults reported fair or poor general health, poor physical health, obesity, no health insurance or access to health care, and were never told by a physician that they have diabetes. These health conditions impact longevity. About 9% of the Hispanic population were 65 and over, compared to the total number of Michigan older adults 65 and over which is 20%. The Hispanic/Latino community depends on the support of family and friends, which benefits their health. Without this regular connection, their physical and mental health can be severely affected, which is further impacted by limited access to health care.[44]

Additionally, immigration issues may be a barrier. Undocumented immigrants face numerous barriers such as lack of access to health care, insufficient financial resources, LEP, and increased stigmatization, all of which increase health risks. How one enters the U.S., the age of entry, and the fear of deportation affects their mental health. Especially concerning is that Hispanic older adults are experiencing a high rate of depression and anxiety disorders due to COVID-19 and the continued need for social distancing. To address these concerns, Michigan needs additional programs using Community Health Workers who are members of local communities to assist individuals in navigating resources including physical/mental health and social service programs and helping to minimize social isolation.[45]

Racial Makeup of the Total and 60 Plus Population

Source: U.S. Census Bureau, 2019 ACS 5-year Estimates

Legend: Two or more races; Some other race; Native Hawaiian and Other Pacific Islander; Asian; American Indian and Alaska Native; Black or African American; White

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Hispanic or Latino Origin

	US		MI	
	Total	60 years and over	Total	60 years and over
Hispanic or Latino origin (of any race)	18.4%	9.2%	5.3%	2.1%

Source: U.S. Census Bureau, 2019 ACS 5-year Estimates

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SAC members contributed their unique and personal experiences to allow in-depth exploration of the issues and concerns of four particular groups experiencing social isolation and loneliness: LGBTQ+ community, Native American community, the veteran community, and family caregivers of older adults.

The Native American Community

A SAC workgroup including member Joseph Sowmick, Saginaw Chippewa Elder who also serves on the Region VII AAA Advisory Council, interviewed Eva Petoskey, Elder with Inter-Tribal Council of Michigan, Inc., to provide insight on the issue of social isolation in the Native American Community.[46] Petoskey identified multiple factors that contribute to social isolation for elders in tribal communities, including geographic/rural isolation, health issues, and lack of transportation. Serving tribes in the Upper Peninsula is more challenging because of geographical remoteness.

> "In some areas it is over a 50-mile drive to the nearest hospital. Everything is dependent on owning a car and being able to drive. These remote areas present significant challenges to elders living in isolated areas. It is difficult to get to medical care and shopping. It is also difficult to stay in touch socially and that in itself contributes to social isolation."[47]

Elders with obesity, diabetes, hypertension, and heart disease are most at risk of socially isolation. The isolation is both a cause of health problems and an ongoing result. Among Native American veterans, post-traumatic stress disorder (PTSD) and alcoholism are major contributors to social isolation.

> "Many tribal elders are vulnerable to social isolation, but communities have found solutions. In most rural reservation communities in Michigan there are elders' advisory committees that have advocated for initiatives to address the social isolation issues. Examples of initiatives include daily lunch gatherings for elders where occasionally there are special events, speakers or entertainment. Most tribes do have access to transportation services to take elders to doctor's appointments, grocery stores, and to bring them to community events."[48]

From an indigenous world view, the diversity of the creation is respected and appreciated.

> "We are taught to respect differences, but sometimes that teaching doesn't manifest in the community. In those cases, we are taught to step forward with the courage to honor our teachings and our LGBTQ people are to be honored and respected. We want to make sure there is inclusiveness; the philosophy here is everyone should be included however the creator made them. When not handled with care this can cause social isolation."[49]

Sowmick pointed out that there are over 85,000 Native Americans living in Michigan and many of them are not connected with the 12 federally recognized tribes in the state.

> "The health problems within the Native American community has been well documented from obesity, diabetes, hypertension, and heart disease. Social isolation is both a cause and an outcome of these issues and we have tribal health centers and urban Indian centers who face this reality every day," Sowmick said. "Any health care strategies from the state that is meant to address social isolation of Native people would take a coordinated effort among the 12 tribes and those urban Indian centers."[50]

The LGBTQ+ Community

SAC member Angela Perrone is the executive director of SAGE Metro Detroit, an organization that offers supportive services and consumer resources for LGBTQ+ older adults, public policy advocacy, and training for service providers. SAGE Metro Detroit is the only affiliate in Michigan of SAGE USA, the largest and oldest organization serving LGBTQ+ older adults. She stated that members of the LGBTQ+ community have some characteristics that may make them especially at risk for social isolation.[51] Many LGBTQ+ older adults came of age during a time of significant victimization and discrimination toward LGBTQ+ people, which may make them more vulnerable to social isolation or loneliness as they age. LGBTQ+ older adults are twice as likely to live alone and four times less likely to have children as their non-LGBTQ+ peers which further puts this population at a higher risk of loneliness and social isolation.[52] Moreover, many gay men have lost critical social networks due to AIDS.[53] Given decades of structural discrimination in family creation and rejection from biological families (families of origin),

many LGBTQ+ older adults have created social networks based on families of choice (non-biological friends, partners, ex-partners, neighbors, and co-workers) that act as surrogate families.[54] While families of choice offer important social support, they can present challenges because they are often comprised of peers of the same age.[55] As families of choice age together, social networks and connections can dwindle as health issues arise that preclude providing support and care to one another.[56]

LGBTQ+ older adults may be hesitant to access services, providers, and programs due to fear of discrimination and harassment. If they do access services, they may feel the need to conceal their gender identity or sexual orientation, fearing discrimination, harassment, or unwelcoming attitudes. Services and programs may be structured in a way that does not make members of the LGBTQ+ community feel included. SAGE recommends that the special challenges facing many LGBTQ+ older adults must be kept in mind and adequately addressed in program design and service delivery.[57]

The Veteran Community

There are over 550,000 veterans in Michigan.[58] Research on veterans shows the devastating impact that social isolation can have on their health and well-being. Older veterans who are socially isolated experience increased risk for health issues such as stroke, myocardial infarctions, cancer, and dementia.[59] A meta-analysis of research papers investigating veterans reported that poor physical health is linked to loneliness and social isolation, with increased risk of high blood pressure, cognitive decline, depression, and death.[60] Other researchers found that previously-hospitalized older veterans who reported social isolation were four to five times more likely to be hospitalized again within the same year.[61]

Former SAC Co-Vice Chair and career Air Force member, Donald Ryan, shared his insight on the impact of social isolation on veterans, based on both his own experience as a veteran and his work with numerous veterans' groups.[62] Ryan emphasized that individuals diagnosed with PTSD, anxiety spectrum disorders, and depression tend to avoid people, places, and things that cause them distress. While veterans may have strong capabilities to adjust to social settings given their past experiences of relocation, deployments, redeployments, and being mobile geographically, this same geographic mobility may lead to less developed skills in maintaining long-term connectedness with others.[63]

Veterans left to right: Christopher Hale – US Army; Deb Hillman – US Navy;, and Michael Hornev – US Marine Corps, Battle Creek VA Medical Center Staff

A SAC workgroup interviewed William Bloem, Ph.D., associate chief of staff for Mental Health, Veterans Administration Battle Creek Medical Center, U.S. Department of Veterans Affairs (VA). Dr. Bloem stressed that for older adult veterans, "age and life events, such as retirement, lack of mobility, and loss of loved ones, also contribute to reducing social circles."[64] Research findings support these comments. While loneliness is a subjective experience, and social isolation is objective, they are often discussed together, as researchers explore the linkage between being socially isolated and feeling lonely.[65] Researchers have found that loneliness was prevalent in older veterans and associated with many health and psychosocial variables, including depressive symptoms, post-traumatic stress disorder symptoms, and subjective cognitive functioning.

Studying the relationship between social connectedness, including loneliness and depression, in former service members, Dr. Somnath Saha, a staff physician at the VA Portland Health Care System, states:

> "Being cut off from others is like not being connected to your battery. You lose an important source of energy. Unfortunately, that loss of energy often results in less motivation to engage with others and to seek help. So, the isolation and loneliness worsen, and a vicious cycle is created, whereby loneliness leads to depression, which leads to more loneliness and so on. Breaking that cycle is difficult but important." Dr. Somnath Saha [66]

During his interview with the SAC workgroup, Dr. Bloem mentioned that public rejection upon homecoming is another factor that may impact veterans' vulnerability to social

isolation. He stressed the importance of connecting veterans with veteran groups, such as the Veterans of Foreign Wars (VFW) and the American Legion, that provide an opportunity to relate based on shared experience that few civilians understand. In this time of COVID-19, the VA has relied on virtual programming to reduce isolation, such as the Virtual VA University provided by Battle Creek VA in which a variety of support groups are provided through telephone or video platforms. Staff have increased telephone contacts with veterans to give added interpersonal contact and support. However, it is difficult to measure how successful the outreach and virtual care options are for reducing social isolation.[67]

Additional Examples of Programs Benefitting Older Veterans in Michigan

- Home-Based Primary Care—a health care team goes to veterans' homes if they are housebound. This program has a staff of 38 in Battle Creek, with a capacity to serve 390 veterans.
- Home Health—the VA pays for direct care workers (DCWs) to assist with self-care ordered by a VA physician either in their home or while receiving supports and services in an Adult Day Center.
- Respite Care—a program that pays for care for a short time when family caregivers need a break, need to run errands, or need to go out of town for a few days. While VA staff do not provide DCW staff, the primary care team identifies the need for services and supports and these are coordinated and authorized through community and home care agencies.
- Adult Day Health Care Services—a program providing long-term care in adult day centers. It is a covered benefit for all enrolled veterans who meet nursing home level of care requirements.

Family Caregivers

A 2020 study by the National Alliance for Caregiving and AARP stated that there about 41.8 million caregivers in the United States who provide care for a family member or friend who is an older adult (age 50 or over).[68] In the *2019 Older Michigander Needs & Solutions Assessment Results*,[69] respondents were asked whether they were providing unpaid care to an adult relative or friend due to an injury, disability, or long-term illness. About 28.5% reported they did. This number represents 684,892 older adults who are providing unpaid care. Unpaid caregivers are among those at greatest risk for chronic loneliness.[70] The diminished social interaction caused by the restrictions of caregiving can contribute to caregiver loneliness.[71] The time constraints of caregiving can also lead to social isolation. One study revealed that 44% of caregivers were considered socially isolated. Family caregivers desired support groups but time pressures limited their participation (23%).[72] Family caregivers represent several generations. Often, caregivers are the adult children of the individual needing help. They often are also working and/or caring for their own children. What little time is left in their schedule is devoted to their older parent(s) or family member(s). Their limited resource is time, the very time that would be used to be socially involved themselves.

Grandparents raising grandchildren face similar pressures. In a study focused on these individuals age 60 and over within the six Michigan counties served by the AAA 1-B, 26

to 45% were also working, 28 to 41% had their own disability, and up to 22% lived in poverty, all while also caring for a grandchild or grandchildren.[73] These individuals have limited time as well.

Findings suggest that caregivers of those who are chronically ill and physically isolated may be at particular risk of social isolation.[74] Caregivers of individuals with Alzheimer's disease or other forms of cognitive decline experience a special type of social isolation. Although the caregiver may spend a great deal of time with an individual, that relationship may not feel fully reciprocal. "To be a caregiver and not feel some reciprocal caring from your partner is a special form of isolation that is particularly demoralizing, stressful, and unhealthy."[75]

Solutions to Address Social Isolation and Loneliness

How can social isolation and loneliness be lessened among older adults? Addressing SDOH—those social factors such as adequate access to nutritious food, stable income, safe housing, and reliable and affordable transportation—will provide the foundation of any programs addressing social isolation and loneliness and are essential to providing an equitable environment for Michigan's older adults. "For older adults in particular, SDOH factors significantly impact their health and experiences aging, especially their ability to live independently and age in place."[76] The provision of recommendations for strategies to address all the SDOH of older adults is a subject too complex for the scope of this paper. However, SAC believes programs that address inequities and SDOH are crucial to the effectiveness of addressing social isolation. A key priority for AASA is to approach all work through an equity lens and look for ways to ensure programs address SDOH.

Programming to address social isolation and loneliness may include individual interventions with a focus on emotional well-being, such as counseling that addresses negative thoughts about self-worth and other people's perceptions, to address the sense of loneliness. Many interventions focus on building and strengthening social networks. Julianne Holt-Lunstat, a professor of Psychology and Neuroscience at Brigham Young University, stresses that "loneliness is more than being alone."[77] Loneliness is complicated in that it is possible to feel lonely in a crowded room or feel okay when alone. Since loneliness is described as the distance between how much social connection people want and how much they are getting, looking more closely at different ways of increasing that social connectivity is key. Things like reaching out to others, phoning, texting or otherwise contacting friends, or dropping off a gift or other object of entertainment are simple ways to break the barriers to social connections.

Adapting Place-Based Programs

Increasing engagement in social groups and community groups is a common intervention strategy to help reduce isolation and loneliness. Many place-based programs sponsored by the aging network, such as provision of congregate meals and activities based in adult day and senior centers are designed to reduce social isolation by providing opportunities for individuals to meet in a group setting.

Due to COVID-19 restrictions, meals are now available as pick up and some other place-based programs have been converted to virtual programs. Commissions/councils on aging, senior centers, and other providers have pivoted to provide existing programming in a virtual format and developed new programs. The aging network continues to make these changes in offering these programs with the use of newer technology. Examples include:

Buchanan Area Senior Center

- Virtual Bingo Program: Internet access (including cell phones) and an email address are required. Bingo cards may be picked up at the center to join in the fun by phone. How to play bingo on Zoom, Free virtual bingo cards

Crawford County Commission on Aging (CoA)

- Classes that teach how to Zoom
- Bingo by Zoom
- Virtual Town Hall meetings
- Virtual Programs: Aerobic Drumming, Zumba and Stretching classes, and Cooking for One via Zoom

Evergreen Commons Day Center

- Social wellness calls to every enrolled participant/caregiver held weekly
- Telephonic health assessments provided by nursing staff monthly
- Books, puzzles, games, and art supplies dispersed to participants with packets sent biweekly
- Virtual Support Group held biweekly for caregivers

Newago County Commission on Aging (NCCOA)

- Telephone Bingo Program: Two bingo cards including some with various patterns, instructions with the number to call, day of the week, and the hour chosen are mailed to up to 15 players. Instead of prizes, the first names of the bingo players and total number of wins are published in the NCCOA newsletter.

Roscommon County Commission on Aging (CoA)

- Virtual Caregiver Support Group for older adults in a caregiving role
- Virtual Programs: Crafts such as making felt snowman coasters; "Walk Away the Pounds" virtual class; Arthritis Exercise Via Zoom classes; "All American Workout Video" classes via Zoom; Belly Dancing for Older Adults; cooking with designated staff members via zoom, and Deep Vein Thrombosis workout videos

The COVID-19 pandemic has accelerated the use of online programming by area agencies on aging, senior centers, and other service providers. Virtual programming is not a solution for all older adults, particularly those without access to the internet. However, virtual programming and video-conferencing technology have allowed many older adults to keep in touch with neighbors, family, and health care professionals.

Distanced Connectivity and Virtual Programming

The reliance on "distanced connectivity" has become critical in this time of COVID-19. Traditional one-on-one and small group workshops and on-going groups targeting older adults provide the opportunity to address numerous topics, including disease self-management, fall prevention, and physical activity. These programs provide older adults with valuable information and support as well as the ability to facilitate social interactions with peers. Such programs have been a key strategy to address social isolation. Such programs have been delivered in physical locations such as healthcare organizations, residential facilities, senior centers, and faith-based organizations. As these services have been interrupted, the federal ACL and National Council on Aging (NCOA) have recommended that such programs be reshaped to be delivered virtually to maintain distanced connectivity with older adults.[78]

Connect2Affect

On a national level, Connect2Affect is a website intended to address the problem of social isolation in older adults by providing evaluation tools and strategies. The AARP Foundation, in collaboration with the Gerontological Society of America, Give an Hour, the National Association of Area Agencies on Aging, and UnitedHealth Group, developed the site which features tools and resources for individuals to use to help evaluate isolation risk, reach out to others who may be feeling lonely and disconnected, and find practical ways to reconnect with the community. The site includes a chat box for users to text one another, with the goal of helping rebuild social connections and stay connected.[79]

GetSetUp

AASA launched an exciting collaborative partnership with GetSetUp, a digital education platform for older adults, supported in part by the Michigan Health Endowment Fund. GetSetUp is the fastest growing live interactive platform and community where older adults teach their peers new skills by offering 150+ technology and enrichment classes, taught by retired educators and others who are paid employees. It is a safe place for older adults to hangout, learn, teach, and engage with their peers over videos to live healthier, happier, and more connected lives from the comfort of homes. Courses are available to Michiganders age 60 and over at no cost through May 2022. GetSetUp is an online platform that also offers a call-in option for all classes. Now more than ever, older adults are at home and may need assistance learning how to communicate with loved-ones via video services; use a smartphone, tablet or computer; order groceries or household items; access services like telehealth; or take a fun class to socialize.[80]

Dr. Alexis Travis, AASA Senior Deputy Director, describes GetSetUp in this video. As part of the program, GetSetUp is running classes 10 hours a day to make it very easy for Michiganders to take a class anytime they like from the comfort and safety of their homes. As of April 1, 2021, over 75,000 Michiganders 55 and over are using the platform. Visit GetSetUp to learn more and sign up for free classes.

The CommunO2 SuperApp and Community Partnership Program

Funded by the Michigan Health Endowment Fund with leadership provided by the Otsego County Commission on Aging (OCCOA), the CommunO$_2$ SuperApp and the unique deployment model called the Community Partnership Program are available in Michigan.

The SuperApp, developed with older adults in mind, is free to end-users and available for Android and Apple devices. It includes video call functions and robust opportunities for users to easily stay connected with organizations important to them in their communities. Additionally, functions for fun and learning include easy access to over 30,000 e-books, virtual travel around the world, and other live streaming events. A primary goal of the application and program is to diminish and reduce social isolation.

The Community Partnership Program was introduced in Flint, Traverse City, and Gaylord in 2018, and in St. Clair County, Washtenaw County, Chippewa, and Luce counties in 2019/2020. The project brings to light some challenges people face with access to broadband and internet service in rural, sparsely populated areas of Michigan.[81] Otsego County Commission on Aging or email info@commun02.com

Connecting Seniors

Low-income senior citizens in Southeastern Michigan are receiving electronic tablets, digital training, and tech-enabled health care services through a collaboration between the city of Detroit, businesses, and nonprofits. The program, "Connecting Seniors," is made possible through the Connect 313 Fund and a $3.9 million grant from the Michigan Coronavirus Task Force on Racial Disparities Rapid Response Initiative. Connect 313 plans to distribute the devices and services with the help of Wayne State University's schools of medicine, nursing, pharmacy, social work and Institute of Gerontology. Health services like testing, counseling and mental health care will be offered. The platform ties together telehealth and COVID-19 solutions to the University's suite of services. Human-I-T, a company that provides low-income individuals and nonprofits with technology, internet, and digital training, will provide the devices and Wi-Fi hotspots along with technical support for the project.[82]

> "As an urban-facing university and among the first in Detroit to mobilize into service to mitigate the impact of COVID-19 on vulnerable populations, Wayne State University is honored to be part of this consortium. This initiative rallies Wayne State resources to support low-income older adults with much needed access to primary health services and accelerates our commitment to eliminate health disparities in our community." M. Roy Wilson, President, Wayne State University [83]

Other Virtual Programs

Examples of robust virtual programs include:
- Royal Oak, Michigan—The city asks young people to communicate with residents living in assisted living and memory care facilities via art and words.

Artwork and letters are uploaded through a [city weblink,](#) the city forwards the files to care facilities, and facility staff download the images, providing contact-free intergenerational communication.

- Silver Center Pilot Program—A virtual senior center was piloted in Southeast Michigan from December 2019 to May 2020 by Methodist Children's Home Society (MCHS). The pilot's mission was to enhance and expand senior program offerings to older residents who are homebound or geographically remote. Participants were recruited from community partners – 20, the city of Detroit, senior centers, and Veterans Affairs. University of Michigan researchers evaluated the program.

  The program offered live interactive virtual group classes using teleconference. Classes were held twice a week for four hours on a drop-in basis. Class materials were either mailed or emailed. To join a session, participants simply grabbed their class handouts and called in to join other retirees in group discussions on topics from gardening to books; art appreciation to health and wellness. According to 62.5% of the pilot facilitators, class attendance was equal to or greater than their average in-person class size. Sixty-four of the pilot participants stated they have mobility issues. The remote classes provide a platform that allowed participants to interact with the instructors as well as their fellow classmates.
  - 80% of the pilot participants said they "enjoyed the program very much."
  - More than 90% reported learning something new.
  - 71% reported that it made them feel connected to others.
    MCHS is working to continue and expand the program.[84]

  > "We learned what makes a brick-and-mortar center successful are the same for a virtual platform. It must be convenient and easy for members to access, have a friendly and welcoming atmosphere, and offer a variety of programs that appeal to a broad audience." Norvena Wilson, associate director of Senior Programs, Methodist Children's Home Society [85]

- Southeast Michigan Senior Regional Collaborative (SRC)—A non-profit association of government and non-profit organizations serving older adults and persons with disabilities. The SRC used United Way of Southeast Michigan's (UWSEM) COVID-19 Response Funding to address their community-based response to COVID-19. SRC and member organizations applied some of the funds to support a variety of technology needs including the purchase of laptops, tablets, netbooks and GrandPads (a tablet designed to be easily used by older adults).

These initiatives show how virtual programming can be extremely helpful in both combating social isolation and increasing access to health care and other supportive services. Increased use of technology is dependent on access to broadband services.

Access to broadband or high-speed internet helps older adults in combating social isolation by maintaining physical and mental health and providing access to information and community resources. Michigan, however, lags in providing broadband access to its residents. Increased accessibility to broadband would increase the ability to age in place, by increasing use of telehealth, shopping services, and other services.[86]

Telephone Buddy or "Friendly Caller" Programs

Telephone buddy or "friendly caller" programs are particularly useful for individuals who may not be able to attend programs in community settings due to physical or transportation constraints. These programs also use a familiar technology that is easily accessible. Telephone buddy programs have become particularly popular, given their lower risk and cost compared to other interventions.[87] Research using qualitative data suggests these programs provide important supports that may reduce loneliness and social isolation. Reported findings from a study of 40 semi-structured interviews and survey data found that telephone buddy programs helped older adults gain confidence, re-engage in the community, and become socially active again. Older adult participants also reported a sense of belonging and alleviation of loneliness and anxiety.[88] Find community programs by contacting the local AAA or calling 211 for information. Contact Information for area agencies on aging.

Specific Telephone Buddy or "Friendly Caller" Programs

Examples of telephone buddy or "friendly caller" programs in Michigan include:

- Buchanan Area Senior Center (BASC) Reassurance Program—called the Compassionate Callers Club (CCC), trains volunteers to place confidential well-check calls during the week to older adults who live alone, have little or no contact with others, or may have a medical condition. The CCC focuses on contacting those who may not have friends or family, may not be able to get out of the house easily, or will benefit from knowing that someone in the community cares about their well-being. Older adults may enroll in the CCC program or may be referred by family, friends, social workers, discharge planners, clergy, and other organizations serving older adults. Volunteers are trained to take necessary steps if the older adult does not answer, which include contacting a list of emergency contacts, notifying staff at the BASC, and if warranted, contacting emergency personnel to complete a wellness check.

- Detroit AAA—conducts telephone reassurance calls along with its five community wellness centers. The centers provide community-based nutrition and health and wellness services to older adults, adults with disabilities and caregivers. Staff, volunteers, and interns are assigned to make calls, and interested parties may contact the agency to refer seniors needing the service.

- SAGE Metro Detroit Friendly Caller Program—SAC member Angela Perrone conducted research on the SAGE Friendly Caller Program, published in the March 2020 *Clinical Social Work Journal*. The program aimed to reduce social isolation and loneliness among LGBTQ+ older adults by connecting them with

volunteer callers. Program participants received a 13-page written orientation manual containing information about the organization, program goals, program scope (telephone-based program that cannot provide legal, medical, or spiritual advice or transportation), program expectations (45 minutes of calls/week and volunteer commitment of a four-month minimum), program procedures, role of program coordinator, program evaluation, confidentiality, and other information. The program coordinator matched participants based on responses from their application and initial calls. The program emphasized intergenerational connections by recruiting younger volunteers.[89]

- The Senior Alliance (Region 1C)—Friendly Reassurance Program using peer-to-peer contacts.

- The Senior Reach Program—12 sites that provide reassurance calls in the Allegan/Muskegon area.

- The Valley AAA—Keeping Independent Seniors Safe (KISS) phone program.

Other Ways to Address Social Isolation

In April 2020, the SAC developed a guide to Helping Older Adults During Social Distancing Tips and Resources. This guide for neighbors, friends, and family members offers ideas for minimizing the effects on older adults during this time of social distancing. The suggestions show that interventions do not need to be complicated or expensive. People are encouraged to support older adults in the following ways: assisting with shopping online or delivering groceries, encouraging use of telehealth options, or helping with the use of various tech devices. Another way to support older adults is to volunteer for home-delivered meals programs or a telephone reassurance program, or pass along used books, games, or puzzles and offer to rotate these items with others.

Animatronic Pets

AASA, in collaboration with the State Long Term Care Ombudsman Program (SLTCOP), purchased animatronic pets to assist in addressing social isolation for residents in 162 nursing homes. This intervention, supported by the CSA, is funded by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The SLTCOP contacted all licensed nursing home (NH) providers to identify residents who would meet the criteria for a pet, prioritizing residents living with dementia or those with cognitive decline. The initial response was overwhelming and all NHs that applied were accepted to the program. The CSA approved additional CARES Act funding to support the purchase of more pets, shipping and replacement batteries through September 2021. A total of 2,234 pets were ordered (1,192 dogs and 1,042 cats). The animals come with an instruction guide for care and the facility will receive a year's worth of batteries for the pets. The pets will have regular vet appointments to have batteries changed as well as grooming appointments to make sure the pets are clean. One facility, getting into the spirit of pet adoption, purchased collars and tags to write the resident's name on it in case the resident and pet are separated. Once the pets are

distributed, the SLTCOP has asked the participating facilities to report how the residents are adjusting.[90]

Animatronic pets have also been distributed to older adults by other aging organizations. For example, the Senior Alliance of Western Wayne County has a program to offer animatronic pets to in-home services clients.

Phyllis C. adopted an animatronic pet and named him Buddy. When the picture of Phyllis and Buddy was sent to her daughter, her daughter said, "Mom's dog's name was 'Buddy.' This is so wonderful."

AASA Tool Kits

In December 2020, the *Engagement & Activity Resources for Nursing Home Residents and Their Families and Friends* and *Resident Engagement Resources* were developed and posted on the Michigan.gov/Coronavirus website. These resources provide residents living in a nursing home, their families and friends, residents' councils, and nursing home staff with recommendations for participating in meaningful, person-centered social activities, while keeping a physical distance from others during COVID-19. Social activities are very important to residents' social, mental, and emotional health and quality of life. Activities requiring limited or no technical skills such as library

services, ideas for pen pals, physically-distanced activities, and use of telephones are suggested. Technology options include virtual classes and ideas to engage residents with limited cognitions. Information for reporting abuse, neglect, exploitation, and potential scams are also included.

Community Outreach

First Fridays Ypsilanti, a monthly art and culture walk hosted in downtown Ypsilanti, features free in-person art activities for the entire community. To overcome the social isolation caused by the closure of gathering spaces and art venues, First Fridays designed the *Our Layers of Identity* art project. A box with art supplies and a foam core sheet are distributed to individuals, who are asked to create a piece of artwork titled "Our Layers of Identity," reflecting the diversity of the entire community. The artwork, returned in a pre-stamped envelope, will be exhibited throughout downtown Ypsilanti.

On an international level, community-wide efforts to combat social isolation range from small to nationwide in scope. One example in Israel involves thousands of volunteers. Each week ahead of the Jewish Sabbath, a home-baked cake is delivered to older Israelis living alone.

> "Loneliness brings back the past, and it's hard," says Sara Weinsten, an 85-year-old Holocaust survivor who lives in the Israeli town of Yavne. "I know that there's someone thinking of me, I'm not alone in the world," she said. "There's someone thinking about sweetening Shabbat."[91]

The Campaign to End Loneliness, a national organization in the United Kingdom, shares best practices and findings for mitigating loneliness. The organization, through research and media campaigns, strives to encourage those involved with health care spending decisions to consider loneliness prevention. The current media campaign, Be More Us, celebrates small moments of connection, like saying hello to someone in a local shop or smiling at someone on the bus, and it has had over 100 million views worldwide.

Printed Outreach Publications

Many older adults are unwilling or unable to use technology-based information sources. It is critical that printed publications continue to be made available to older adults to address caregiver resource access and senior services offerings. The following two examples show how both distribution methods and content can address social isolation.

Urban Aging News

The mission of *Urban Aging News*, an online and print publication based in Detroit, is to provide information for caregivers and older adults as widely as possible. While the paper posts each issue online at Urban Aging News, it also provides a free print edition. Pre-COVID-19, Urban Aging News distributed 20,000 issues to sites frequented by

older adults, such as senior centers, churches, and libraries. However, due to the pandemic, the paper focused distribution on the DAAA Region 1A service area and a few inner-ring suburban communities, delivering to 71-plus senior housing communities; and inserting papers into the food boxes distributed by DTE, Focus: Hope, City of Detroit senior recreation centers and other food box giveaways.

The Detroit Area Agency on Aging (DAAA)

The DAAA created new print materials to help address social isolation. The Senior Educational Activity Book was developed to address restlessness among older adults accustomed to social contacts and activities. In a fun and entertaining way, the book's puzzles and games educate readers about the agency's services, health and wellness issues, and safety. The interactive activities range from learning what should be included as pantry staples to instruction on three ways to use Zoom.

Conclusion

In October 2019, the CSA issued its yearly charge to the SAC to investigate the impact of social isolation on Michigan's older adults, with a special emphasis on equity. The CSA's concerns predated the experience of the COVID-19 pandemic and the widespread social isolation caused by the pandemic. The CSA was in the forefront of Michigan organizations concerned about the devastating effects that social isolation can have on lives.

After the events of 2020, many Michiganders have experienced the impact of social isolation. The COVID-19 pandemic has revealed the inequities in the conditions and systems in/under which people are born, grow, live, work and age, that influence the health and well-being of individuals and communities. Racism and discrimination, social connection and safety, access to reliable transportation, available and affordable broadband/internet service, affordable and easily-used technology, quality education, water quality, criminal justice, safe and affordable housing, job security, availability of nutritious food, availability of health services, and other factors affecting health and well-being are some of the inequities revealed. Increasing access to these **SDOH** is fundamental to addressing the problem of social isolation and loneliness.

As society begins to emerge from the pandemic, many older adults may be concerned about re-engaging with in-person activities which they enjoyed. As area agencies on aging, commissions/councils on aging, senior centers, and other program providers re-open in-person activities, extra efforts will need to be made to re-engage older adults. Any efforts to increase acceptance of vaccinations by older adults will help lower concerns about re-engagement.

The amazing expansion of virtual programming in the past year has had many positive effects on efforts to decrease social isolation and loneliness among older adults. This type of programming can lower barriers to participation imposed by transportation and mobility challenges. Expanded virtual programming increases opportunities for communication and learning far beyond the resources of local place-based programming. An increased understanding of, and continued emphasis on, "distanced

connectivity" in planning and carrying out future programming and activities is a positive outcome of the events of 2020.

Recommendations

1. Increase and expand support of AASA's and the aging network's programs that address social isolation and use the knowledge gained during the pandemic to continue implementing creative solutions to support the needs of all older adults.

2. Support the Office of Equity and Minority Health and the Michigan Health Equity Roadmap to improve race/ethnicity data collection, systems, and accessibility; promote partnerships and programs, public awareness, education, and evidence-based community interventions related to social justice and SDOH; ensure equitable access to quality healthcare; and strengthen community engagement, capacity, and empowerment. Office of Equity and Minority Health

3. Support the work of the Protect Michigan Commission established by Executive Order 2020-193 and endorse its outreach strategy to identify and work with communities around the state where there is hesitancy in receiving the COVID-19 vaccine. As more Michiganders are vaccinated, it will become safer for older adults to resume pre-pandemic activities and connections. We encourage all communities and members of the aging network to use the important communication resources provided in the MDHHS Toolkit to educate community members about the safe and effective COVID-19 vaccine. This toolkit includes graphics, videos, and handouts that are ready to share in newsletters and on social media.

4. Connected Nation Michigan in partnership with the Michigan Economic Development Corporation, Michigan Public Service Commission, and Michigan Department of Technology, Management, and Budget, has laid out a blueprint of how communities can address the challenges associated with lack of internet services, devices, and training in their communities. The state recommendations for connectivity lists specific actions that communities can carry out to increase internet access, increase access to devices (laptops, desktops, tablets), and provide digital literacy and internet safety training. We encourage members of the aging network to join with other members of their communities to work together to implement these recommendations.

5. The work of the Connecting Michigan Taskforce, a partnership between the Michigan Economic Development Corporation and Connected Nation Michigan to address the state's broadband challenges and to improve access, adoption, and the use of broadband technology across the state, is critically important. We encourage members of the aging network to become educated on the mission of the taskforce and support all efforts to overcome barriers to broadband access and adoption.

6. Encourage continued collaboration between AAAs and local transit authorities for improved transportation options, as these options are critical to the independence of older adults and persons with disabilities. This recommendation is carried forward from the SAC's 2019 report.

7. Encourage expanded research with the focus on older adults, considering potential differences by ethnicity. With the continued projected increase in a diverse older population, such differences will be increasingly consequential for research and social policy, and research focusing on sub-populations can provide a useful model to improve population health.

Chart, Graph, and Photo Credits

Page 2—High Concentration in Low Population Areas—Map of Michigan shows where older adults live. Source: U.S. Census Bureau, 2019 ACS 5-year Estimates from Eric Guthrie, Ph.D., State Demographer, PowerPoint presentation to the Commission on Services to the Aging, February 19, 2021.

Page 3—Population Living Alone—Chart shows the number of older adults 60 and over living alone in the U.S. 39.5% and in Michigan 41.4%. Source: U.S. Census Bureau, 2019 ACS 5-year Estimates from Eric Guthrie, Ph.D., State Demographer, PowerPoint presentation to the Commission on Services to the Aging, February 19, 2021.

Page 7—Broadband Service with Speeds of at Least 25 Mbps Download/3 Mbps Upload—Map of Michigan shows broadband service and areas without service. Source: Connected Nation and Connected Nation Michigan, September 30, 2020.

Page 11—Racial Makeup of the Total and 60 Plus Population—Chart shows the five largest ethnic groups in Michigan. Source: U.S. Census Bureau, 2019 ACS 5-year Estimates from Eric Guthrie, Ph.D., State Demographer, PowerPoint presentation to the Commission on Services to the Aging, February 19, 2021.

Page 11—Hispanic or Latino Origin—Chart shows Hispanic or Latino origin (of any race). Source: U.S. Census Bureau, 2019 ACS 5-year Estimates from Eric Guthrie, Ph.D., State Demographer, PowerPoint presentation to the Commission on Services to the Aging, February 19, 2021.

Page 14—Photo Collage of Three Veterans, Staff from the Battle Creek VA Medical Center: Source: Patrick M. Gault, Audio Visual Production Specialist, Battle Creek VA Medical Center.

Page 23—Photo of Phyllis C. with her adopted animatronic companion pet dog, Buddy. Source: Peri Maystead, Social Services Director, Thurston Woods Village, Sturgis, Michigan

Link List

Page 6, Connected Nation Michigan: https://connectednation.org/michigan/

Page 9, ACCESS: https://www.accesscommunity.org/

Page 17, How to play bingo on Zoom:

 https://nerdschalk.com/how-to-play-bingo-on-zoom/

Page 17, Free virtual bingo cards: https://myfreebingocards.com/virtual-bingo

Page 18 Connect2Affect: https://connect2affect.org/

Page 19, video: https://www.youtube.com/watch?v=NapGT7MWQ-4

(Video of Dr. Alexis Travis, Senior Deputy Director of MDHHS, Aging & Adult Services Agency, regarding GetSetUp)

Page 19, GetSetUp: https://www.getsetup.io/partner/michigan

Page 19, Otsego County Commission on Aging: https://otsegocountycoa.org/

Page 20, city weblink: https://royaloakmi.seamlessdocs.com/f/w9tw4gcq1nrg

Page 21, Contact Information for area agencies on aging: https://www.michigan.gov/osa/1,4635,7-234-64081-295815--,00.html

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Page 22, Helping Older Adults During Social Distancing Tips and Resources:

https://www.michigan.gov/documents/coronavirus/Helping_Older_Adults_with_Social_D istancing_State_Advisory_Council_on_Aging_686873_7.pdf

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Acronyms

AAA Area Agency on Aging

AARP American Association of Retired Persons

AASA Aging and Adult Services Agency

BASC Buchanan Area Senior Center

CARES Act Coronavirus Aid, Relief, and Economic Security Act

CCC Compassionate Callers Club

COA Commission on Aging

COVID-19 Coronavirus Disease 2019

CSA Michigan Commission on Services to the Aging

DAAA Detroit Area Agency on Aging

KISS Keeping Independent Seniors Safe program

LGBTQ+ Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, plus others

Mbps Megabytes

MDHSS Michigan Department of Health and Human Services

MiAP Michigan Advocacy Program

NH Nursing Home

PTSD Post-traumatic Stress Disorder

SAC Michigan State Advisory Council on Aging

SDOH Social Determinants of Health

SLTCOP State Long Term Care Ombudsman Program

SRC Southeast Michigan Senior Regional Collaborative

UAN Urban Aging News

UWSEM United Way of Southeast Michigan

VA U.S. Department of Veterans Affairs

VFW Veterans of Foreign Wars

ZOOM Cloud-based Video Communications App

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