Social isolation and loneliness have profound implications for quality of life and health and welfare budgets, but interventions to reduce loneliness are limited effective. The aim of this study is to examine the often-ignored impact of macro-level drivers of loneliness, in addition to micro-level drivers by adopting a cross-national perspective. We use longitudinal data from 2013 and 2015 from the Survey of Health, Aging, and Retirement in Europe (SHARE), combined with macro-level data from additional sources. Our study confirms that key macro-level drivers of loneliness are gender, health and partnership status, frequency of contact with children and changes therein. Macro level drivers are level of safety in the neighbourhood, and poverty and social deprivation of a society. In order to understand and reduce loneliness we require not just a focus on individual risk factors, behaviours and expectations, but also on macro-level factors that are associated with exclusion from social relations.

MATERIAL DISADVANTAGE AND POSITIVE SUBJECTIVE HEALTH OF OLDER HOMELESS AND OLDER IRISH TRAVELERS

Bridin Carroll,1 and Kieran Walsh,2 1. NUI Galway, Galway, Galway, Ireland, 2. Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Galway, Ireland

Focusing on older Irish Travellers and older homeless people (OTOSH) as two marginalised sub-sections of the older population, this paper investigates life-course and structural forms of material disadvantage, and its implications for positive health and accessing community care in older age. With growing interest in strengthening home care structures for older people, it is critical to interrogate the relevance of these structures for those who experience environmental uncertainty in later life, and possess significant trajectories of disadvantage. The analysis draws on 50 life-course interviews with OTOSH aged between 50-72 years. The findings illustrate significant life-course experiences of material and multi-faceted forms of disadvantage, including stigma and discrimination, with implications across health and social lives. Housing deprivation was a multi-factorial player, causing certain physical illnesses, hindering some health treatments, and contributing to precarious conditions and sense of self worth. Findings are discussed in relation to flexible models of home care delivery.

SESSION 6230 (SYMPOSIUM)

SOCIAL ISOLATION AND LONELINESS: A NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE REPORT

Chair: Colleen Galambos
Discussant: James Lubben

Social isolation and loneliness (SIL) are serious yet under-appreciated public health risks for many older adults (AARP, 2018a). Strong evidence suggests that, for older adults, social isolation and loneliness are associated with an increased likelihood of early death, dementia, heart disease, and more (AARP, 2018b, Holt-Lunstad and Smith, 2016). While all ages may experience SIL, older adults are at increased risk because they are more likely to face predisposing factors such as living alone, the loss of family or friends, chronic illness, and sensory impairments. Health care providers may be in the best position to identify older individuals who are at highest risk for SIL – individuals for whom the health care system may be the only point of contact with their broader community. The National Academies of Sciences, Engineering, and Medicine (NASEM) developed a consensus study report on this issue. This symposium presents the study recommendations. Dr. Holt-Lunstad examines the recommendations to develop a more robust evidence base for effective assessment, prevention, and intervention strategies for social isolation and loneliness. Dr. Galambos examines the recommendations to translate current research into health care practices and to improve awareness of the health and medical impacts of SIL. Dr. Lustig examines the recommendations to strengthen ongoing education and training and to strengthen ties between the health care system and community-based resources. Dr. Demiris examines the role of technology across all of these recommendations. Loneliness and Social Isolation Interest Group Sponsored Symposium

SOCIAL ISOLATION AND LONELINESS: TRANSLATING CURRENT RESEARCH INTO HEALTH CARE PRACTICES AND IMPROVING AWARENESS

Colleen Galambos, University of Wisconsin Milwaukee Helen Bader School of Social Welfare, Milwaukee, Wisconsin, United States

This paper examines the evidence to support the need to translate current research into health care practices about social isolation and loneliness (SIL) among older adults. The health care system may be in the best position to identify those at highest risk—namely, older adults, whose only interactions are with members of the health care system. This paper reviews recommendations related to periodic assessments, including the use of validated tools to identify those at highest risk. Through this identification, clinicians and health care researchers may be able to use these findings to better target meaningful clinical and public health interventions. Additionally, a critical step toward preventing, mitigating, or eliminating negative health impacts will be to improve awareness about the problem and impact of SIL within the older adult population. This paper reviews recommendations for improving overall awareness by including SIL in national health strategies and public campaigns. Part of a symposium sponsored by Loneliness and Social Isolation Interest Group.

SOCIAL ISOLATION AND LONELINESS: DEVELOP A MORE ROBUST EVIDENCE BASE

Holt-Lunstad Juliane, Brigham Young University, Provo, Utah, United States

This paper reviews the evidence base for the health impacts of SIL on older adults, the risk factors, and the potential moderators and mediators of those relationships. Substantial evidence indicates that SIL are associated with physical, cognitive, and psychological morbidity; health-related behaviors; and health-related quality of life. Social isolation in particular is associated with a significantly
increased risk of premature mortality from all causes. The evidence base for interventions in the clinical setting is also reviewed. Finally, the report’s specific recommendations are discussed, including the need for basic science research, increased funding, key elements in the design and evaluation of interventions, and gap areas (including trends among current younger adults and approaches for specific understudied groups of at-risk older adults). Part of a symposium sponsored by Loneliness and Social Isolation Interest Group.

SOCIAL ISOLATION AND LONELINESS: STRENGTHENING EDUCATION AND TRAINING
Tracy Lustig, The National Academies of Sciences, Engineering, and Medicine, Washington, District of Columbia, United States

This paper reviews recommendations for a variety of opportunities to improve education and training of the health care workforce on the health impacts of SIL and clinical approaches for assessment as well as testing different approaches for such education and training. The fifth goal of the NASEM study is to “strengthen ties between the health care system and community-based networks and resources.” Similar to other social determinants of health, addressing SIL will require coordinated efforts among a variety of stakeholders. This paper reviews recommendations for improving coordination, including team-based care and promotion of tailored community-based services, as well as the creation of a centralized repository for new evidence and best practices. Finally, connections between this NASEM study and the 2019 report Integrating Social Care into the Delivery of Health Care are discussed. Part of a symposium sponsored by Loneliness and Social Isolation Interest Group.

SOCIAL ISOLATION AND LONELINESS: THE PROS AND CONS OF TECHNOLOGICAL INTERVENTIONS
George Demiris, University of Pennsylvania, Philadelphia, Pennsylvania, United States

A variety of technologies have been proposed, tested, and used to reduce social isolation and loneliness (SIL). Furthermore, information technology may offer a way to detect or predict patterns of SIL. In this paper, the range of technology tools for assessment (e.g., passive monitoring, tracking data patterns, electronic health records) and intervention (e.g., social robots, social media, virtual reality) are reviewed for evidence of impact, and consideration is given for related ethical issues. The role of technology in relation to the report’s recommendations is discussed, including assessment and testing of new technological interventions for their potential benefits and harms, consideration of contextual issues such as broadband access, and the role of technology in education and training. Finally, gap areas of research are explored, such as the impact of the use of technology among current younger adults as they age. Part of a symposium sponsored by Loneliness and Social Isolation Interest Group.

SESSION 6235 (SYMPOSIUM)

SOMETHING OLD, SOMETHING NEW: THE MODERNIZATION OF THE OLDER AMERICANS ACT
Chair: Lauren Bangerter
Co-Chair: Beth Prusaczyk
Discussant: Brian Kaskie

The Older Americans Act (OAA) is the foremost federal law focused on the wellbeing of aging adults in the US. Since its conception 1965, the OAA has sought to optimize the lives of aging Americans, with emphasis on low-income adults, through programs that promote nutrition, transportation, support caregivers, offer employment, and combat elder abuse. This symposium will explore the modernization of the 2020 OAA, which was last reauthorized in 2016. Presentations 1 and 2 will focus on important updates to the definitions used throughout OAA (Title I). Presentation 3 will cover several noteworthy changes to improving grants for states and community programs on aging’s (Title II). Presentation 4 will provide additional context to amendments made to modernize activities for health, independence, and longevity (Title III) prioritize senior Community Service Employment Programs (Title IV) and enhance grants for Native Americans (Title V). Presentation 5 explores the modernizing allotments for vulnerable elder rights protection activities and other programs (Title IV) included changes in funding and home and community-based best practices and elder justice activities. Collectively, these presentations will provide an overview of the key changes in the reauthorization of the OAA. This work will allow GSA attendees to understand the specific efforts to modernization this critical legislation to better serve the aging US population.

TITLE 1 CHANGES: BRINGING THE OLDER AMERICANS ACT DEFINITIONS TO 2020
Thomas Eagen, University of Washington, Washington, District of Columbia, United States

This session will review the changes to Title I of the Reauthorization of the Older Americans Act. This title provides important updates and modernization to the definitions used throughout the Older Americans Act. Some definitions were modified such as adding the prevention of sexually transmitted diseases, chronic pain management, and screening for suicide risk to evidence-based health promotion programs under the definition of disease prevention and health promotion services. Other changes include services to provide screening for fall-related injuries, services that are responses to public health emergencies, and services to prevent and address negative health effects associated with social isolation. Title I also includes a series of important including access to person-centered services and coordinating services provided by aging and disability resource centers. Several other changes to Title I will be discussed.

TITLE I: MODERNIZING DEFINITIONS AND PROGRAMS UNDER THE ADMINISTRATION ON AGING
Marie Gualtieri, Washington, District of Columbia, United States

The recent reauthorization of the Older Americans Act adds language and definitions to current issues facing the aging population. Specifically, Title I includes definitions related to program adaptation and coordination, workforce and long-term care issues, nutrition and social isolation, as well as family caregivers. Different from the last authorization, these definitions span beyond the individual experience to include other entities impacted by an aging society, such as the workforce and families. Overall, the Title I reauthorization seeks to modernize policy to reflect the current influx of the older adult population and its consequences.