

Loneliness:

A Social Determinant of Health



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About BeneLynk



Our Mission

To improve lives and positively impact social determinants of health barriers by providing our healthcare partners with the information they need, and people with the advocacy they deserve.

Loneliness as a Social Determinant of Health



Social determinants of health barriers are a frequent topic of conversation in the healthcare community, as providers and health organizations alike recognize the large impact these barriers have on the cost of healthcare, health outcomes,

quality of life, and life expectancy.

A growing number of initiatives seek to overcome these health barriers. When these needs are addressed, members live happier and healthier lives, and overall medical cost is reduced.



“As the relevance of SDoH has become more apparent, it is easy to see how social isolation and loneliness can lead to health disparities among our Medicare and Medicaid populations.”



It has been estimated that as much as 80% of health outcomes are impacted by SDoH barriers, and at least 68% of patients have at least one social determinant of health challenge - whether it be where we are born, where we work, education, social connections, food insecurity, safe housing, or transportation.¹

Social isolation and the accompanying loneliness are two of the more pernicious of these barriers. [Exacerbated by the pandemic](#), social isolation and loneliness have been brought to the forefront of medical research and media outlets globally.

Because there is no “one size fits all” solution for the diagnosis and treatment of loneliness, it can be difficult for healthcare professionals to manage. However, with the adoption of the [ICD-10 Z codes](#), many health plans have seen a significant increase in loneliness reporting.²

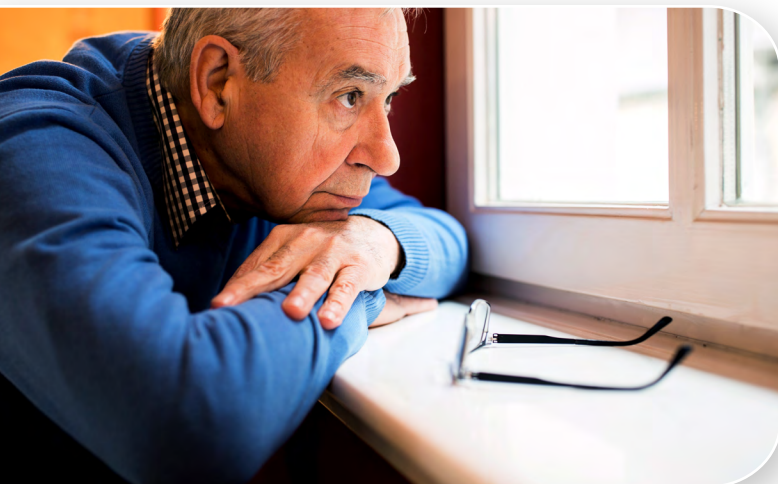
Loneliness and Social Isolation Defined

Although used interchangeably, loneliness and social isolation represent two distinct, yet oftentimes related, issues. Loneliness is not simply the state of being alone, but the internalized feeling of being alone.

Even when an individual is surrounded by a room full of people; he/she could still find themselves feeling lonely.

Social isolation, however, could be described as the physical state of being alone, or the lack of social contact or connection. As the relevance of SDoH has become more apparent, it is easy to see how social isolation and loneliness can lead to health disparities among our Medicare and Medicaid populations.

Recent research has been conducted regarding loneliness among older Americans, revealing that as much as 25% of older adults have been impacted by social isolation and would define themselves as lonely. This number increases significantly among veterans.³



According to a recent report by AARP, loneliness accounts for an additional \$6.7 billion in Medicare spending annually due to extra trips made to the emergency department and an increase in inpatient admissions.⁴

By treating and reducing loneliness, not only would we see a great decrease in the amount of annual Medicare spending, but we would see a benefit in the overall health and well-being of our members.

The Correlation Between Loneliness, Social Isolation, and Health

Researchers believe that loneliness is an innate psychological response intended as part of a survival instinct. They suspect that those who had a more distinct feeling of loneliness better survived than those who did not, because they sought social relationships with others.⁵ Today, loneliness is much more than that.

Loneliness is caused by chemical reactions in the brain, namely cortisol (the primary stress hormone) and norepinephrine (a crucial hormone for the “fight or flight” response).

The combination of these two hormones can cause negative feelings about social image and connections, which makes the individual more sensitive to social threats and interactions.

Because these hormones essentially rewire the brain, it can be very difficult to remove yourself from this negative state of mind. As a result, lonely people have the tendency to not interact well with others, which in turn, causes increased loneliness.

Loneliness and social isolation have a significant effect on mental health with those reporting unmanageable loneliness also reporting increased cases of stress, anxiety, and depression.

These mental health issues, in turn, cause additional chronic health conditions, thus creating a waterfall effect.⁶

Although perhaps up to 20% or more of the population would define themselves as lonely, the stigma associated with loneliness makes it difficult to diagnose and treat.⁷

If we aren't recognizing the patients that need help, they cannot receive treatment or the support they need to get better.

Today, more adults struggle with loneliness than diabetes; however, the funding that goes into the study and treatment of loneliness is minimal in comparison. Loneliness acts more like a chronic condition and needs treatment as such.



Those that suffer from social isolation and loneliness are more likely to develop chronic health conditions such as increased blood pressure, sleep disorders, weaker immune systems, and obesity. Studies have shown that those who consider themselves lonely are twice as likely to develop neurological conditions such as Alzheimer's disease and dementia, and are more susceptible to heart disease.⁸

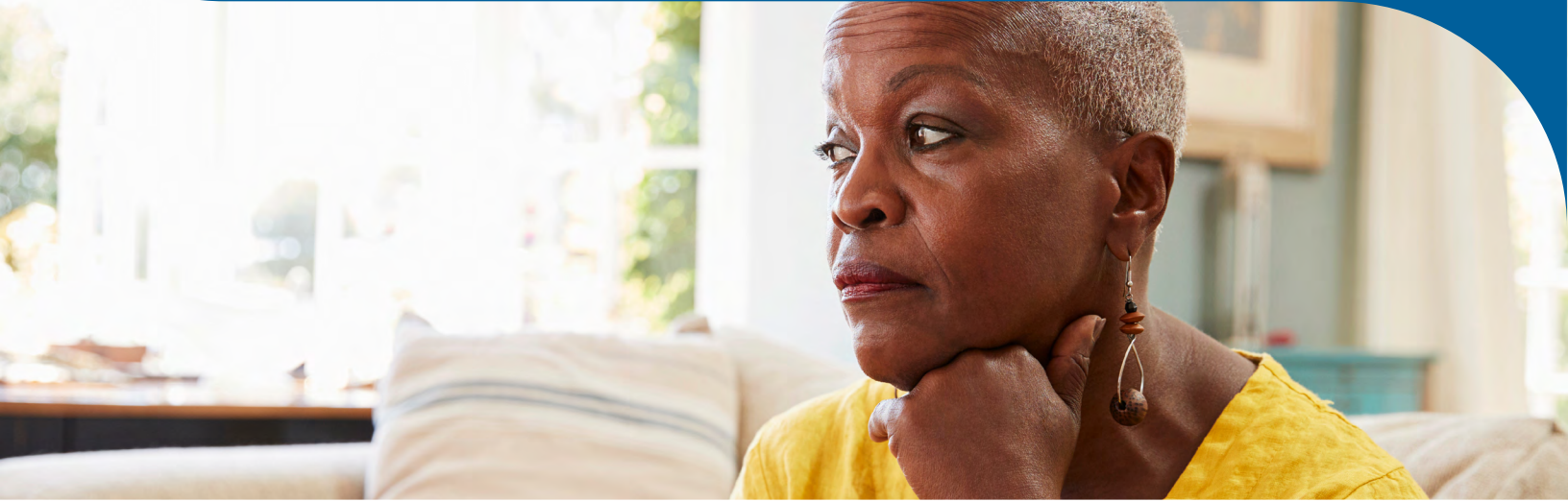
The negative effect loneliness has on the body has also been compared with smoking as many as 15 cigarettes a day.⁹

Additionally, those that suffer from loneliness and social isolation can develop problems taking care of themselves (i.e., dressing, bathing, and feeding), and do not regularly engage in preventive medical care.

The Effects of Loneliness on the Older Population

With the onset of the public health emergency (PHE), the older American population has become especially vulnerable to the dangers associated with social isolation and loneliness.





Providers can get these patients the attention they need, but in order to do this, patients must be identified. Originally released in 1978, the [UCLA Loneliness Scale](#) has become the benchmark for the diagnosis of loneliness.

Developed by a group of researchers, the UCLA Loneliness Scale provides the internal consistency and validity necessary for diagnosing this prevalent, yet elusive, social determinant of health.

This objective quantification of loneliness, in conjunction with provider reporting and asking important questions about marital status, mental health status, and social network, can assist in diagnosing loneliness.

Research proves that lonely older adults are more likely to have shorter life expectancies than their more social counterparts. This is

why it is important to actively connect with others, make plans, talk with neighbors, and get help if you need it.¹⁰

The Public Health Emergency

Since the beginning of the PHE in early 2020, social isolation and loneliness have become [a common topic of conversation](#) among medical professionals and media. The social isolation caused by the pandemic has greatly increased loneliness and the incidence of mental health crisis and suicide.

Even those who did not previously consider themselves lonely or at risk for loneliness, are now suffering from the challenges associated with social isolation. Humans by nature are social creatures, and periods of social isolation have proven disastrous for mental health and well-being.

Studies have shown that as much as 61% of adults 50 or older have experienced social isolation and loneliness since the beginning of the pandemic, and many believe that this number continues to worsen despite the pandemic coming to an end.¹⁴

Given that veterans prior to the PHE were 3x more likely to suffer from loneliness, this increase in prevalence is of great concern for this population.

Our Veteran Population

The pervasiveness of loneliness increases in older adults that are US veterans with an estimated 59.9% feeling lonely, and one-in-five feeling lonely often.¹¹

For those who have served our country, the increase in loneliness and social

isolation has been found to lead to higher risks for depression and suicidal thoughts and actions with an estimated twenty veterans losing their lives to suicide a day.¹²

Many veterans, who have returned to civilian life, feel lonely for reasons that include losing touch with family and friends, feeling as if they have had a loss of purpose, difficulty relating to civilians and civilian lifestyle, and physical and mental health challenges.

Despite the many programs available to combat social isolation and loneliness in veterans, studies show that veterans are much less likely than the general population to reach out for help.¹³

Veteran Lynk

Here at BeneLynk, we believe that [veteran status is a key social determinant of health](#). According to the U.S. Census bureau, 22% of Medicare Advantage members are veterans.

This is why we work to [identify your veteran members](#), as well as those using VA health care. Since this care is hidden from MA plans, with your member's authorization, we can obtain their medical records from the VA facilities they utilize.



The medical record is useful to MA plans to ensure accurate risk adjusted revenue, to close gaps in HEDIS/STARS, but also to provide you with a more complete picture of your member.

Our clients have found that the VA is very good about documenting SDoH barriers - including loneliness. In addition to the medical records, we also engage your veterans with our live, onshore advocates and **lead with help**.

By leveraging relationship-based care and community-level support, [our advocates](#) can ask questions about your member's challenges, [document them using ICD-10 Z codes](#) and surface solutions, prioritizing programs that are specifically for veterans.

To assist in establishing relationships with your veteran population, [many of BeneLynk's employees are veterans or military spouses](#). The similarities in experience can lead to genuine connections between members and advocates, which is why our advocates are often compared to a virtual friend or family member.

Improve the Member Experience and Lower Medical Costs

Our advocates can inform and encourage members to participate in programs specifically designed to assist with loneliness, social isolation, or other challenges they may be facing.

From years of experience, we understand that, in the short-term, assisting members with programs that improve their health has a positive impact on member satisfaction and [retention](#), while long-term outcomes prove that [targeting SDoH barriers benefits everyone involved](#).

Recent studies show that health plans save an estimated \$5,000 per member over a period of six months when the member utilizes services that target loneliness.¹⁵

By addressing this social determinant of health barrier, health plans can mitigate avoidable healthcare costs and assist their members in living their healthiest lives, because **health is more than healthcare**.

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Loneliness: A SDoH

To learn more about our SDoH solutions, please click on any of the icons to follow us on social media or visit our website at [BeneLynk.com](https://www.benelynk.com)



About BeneLynk

BeneLynk is a national provider of social determinant of health (SDoH) solutions for Medicare Advantage and Managed Medicaid health plans. We serve plans and their members by creating a human-to-human connection and providing the assistance a member needs to get the benefits they deserve.

By employing one dynamic conversation that flows organically to meet social determinant of health challenges, we build stronger human connections that are supported by innovative technology.

All of our services are customized to the specific geography where we provide services and provide the members with the specific information they need to keep their benefits in place.



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