



Loneliness, the underlying issue:

How loneliness predicts
unmet needs and how to
address the barriers it
presents

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Marvin, 93, froze to death after receiving several heat shut-off notices

Bay City, Michigan—Thursday, February 19, 2009: Public records show a 93-year-old man found frozen to death in his Michigan home had received several utility shut-off notices. Six letters were sent to Marvin Schur's home in the past two years. His body was found January 17, several days after Bay City Electric Light & Power restricted electricity and a month after his final shut-off notice.

Records suggest Schur was confused about how to pay. He tried at least twice to pay bills at his bank, which couldn't accept them.

See also Widera JAMA 2011

A pivotal moment for health-related social needs screening

2022

CMS 10-year Framework for Health Equity

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data (including SDOH)



What's Missing?

Lack of transportation is just another sign of lack of social connection.

→ Screening for & addressing **loneliness and social connection** needs is needed.

2023

CMS Accountable Health Communities Model Findings:

- Navigation did not increase beneficiaries' connection to community services or HRSN resolution
- >50% of beneficiaries had no HRSNs resolved and were not connected to a community service provider
- A key barrier to using community services: transportation

Why does this matter?

The relationship between loneliness and illness is bidirectional.

Compared to members with low levels of loneliness, Papa members reporting high levels of loneliness are more likely to be diagnosed with:

- **Heart Disease**
 - Angina **1.3X**, Heart Failure **1.3X**, Stroke **1.4X**
- **COPD **2.5X****
- **Cognitive Disorders**
 - Dementia **2.4X**
 - Alzheimer's Disease **1.9X**
 - Other Memory/Cognitive Disorders **1.7X**
- **Depression **1.6X****
- **Sensory, Balance, Gait Disorders (including Multiple Sclerosis)**
 - **1.5X**

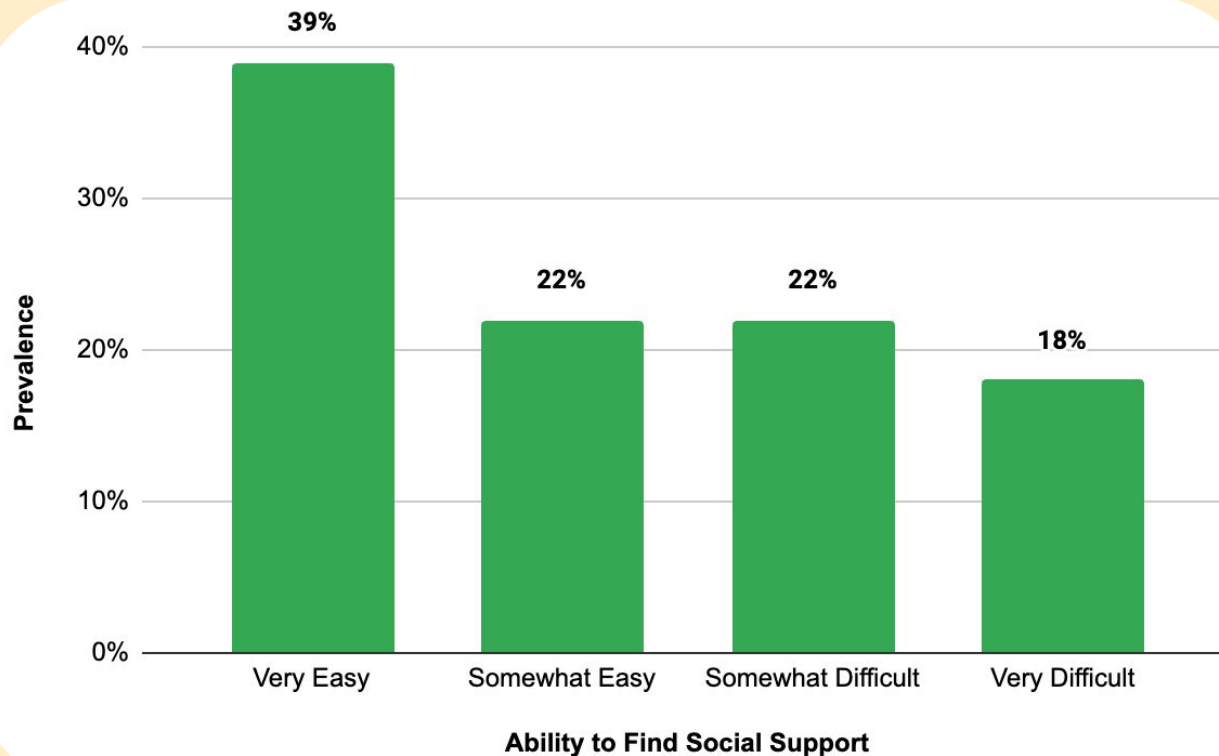
About the Study Sample

Over 28,000 Medicare Advantage members answered a **social needs screener** between January and June 2023

- Average age: 72
- 31% male
- 37 states represented
- Subpopulations:
 - 70% traditional MA
 - 17% people with disabilities
 - 13% dual-eligible

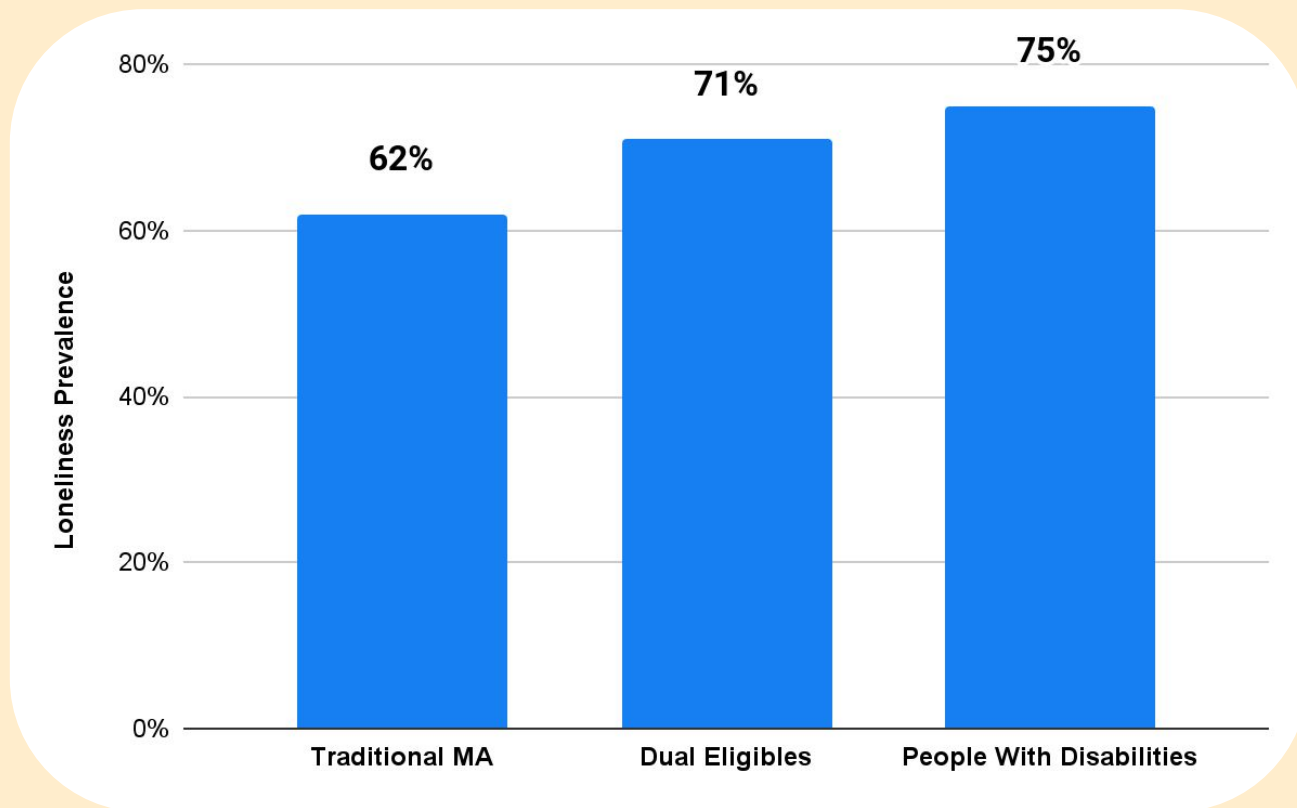


1 in 3 respondents don't have reliable social support



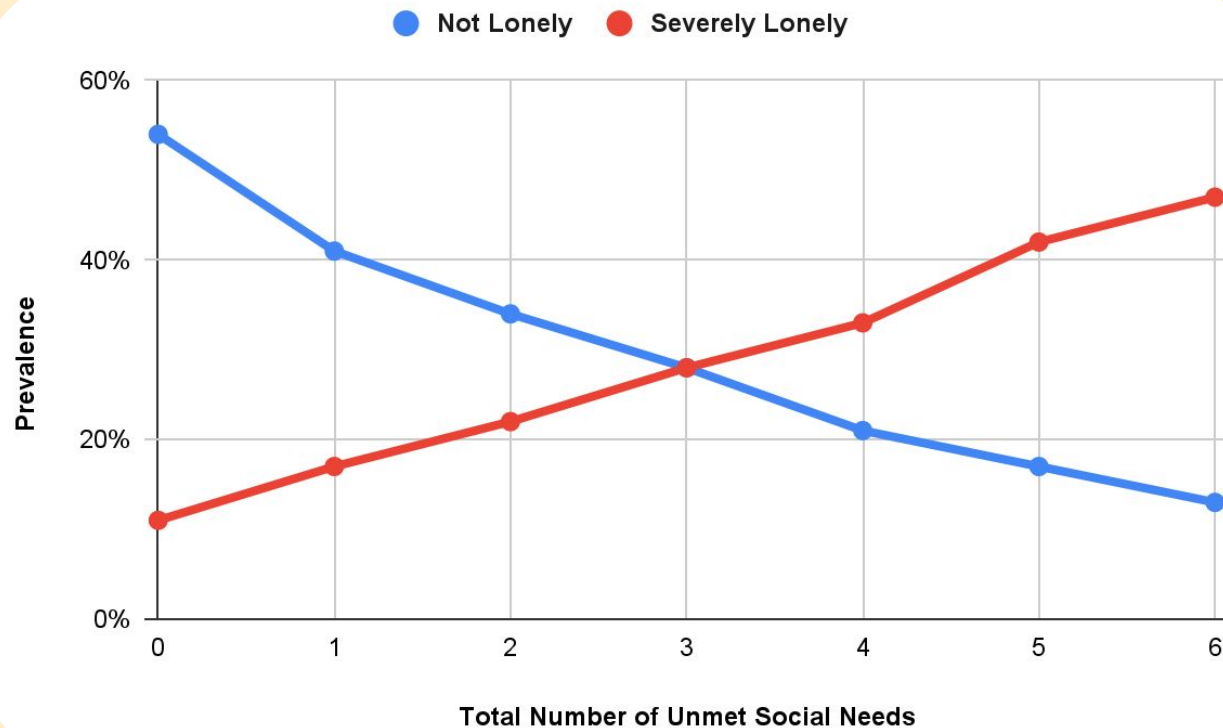
Loneliness: A signal for health equity

Members living with disabilities report the highest levels of loneliness.



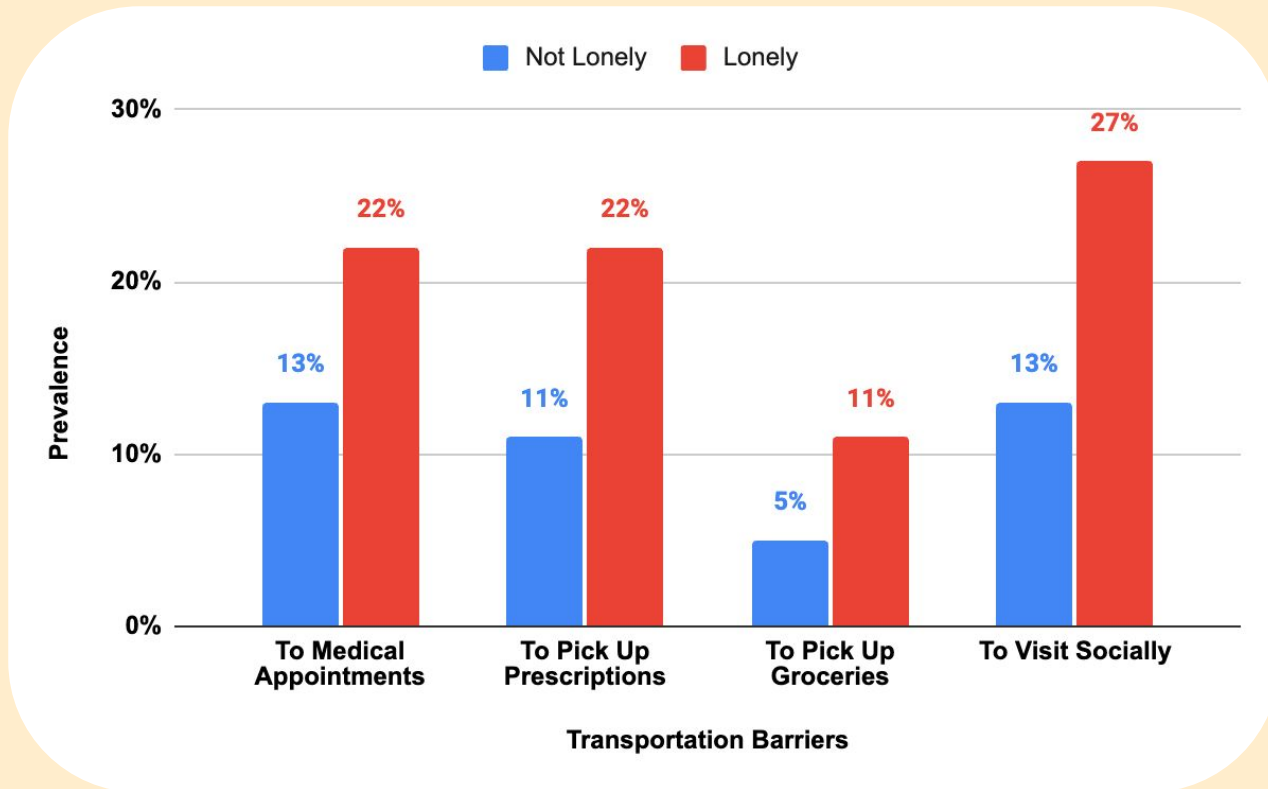
Loneliness: Associated with more unmet social needs

Members who have cumulative unmet social needs increasingly are feeling socially disconnected.

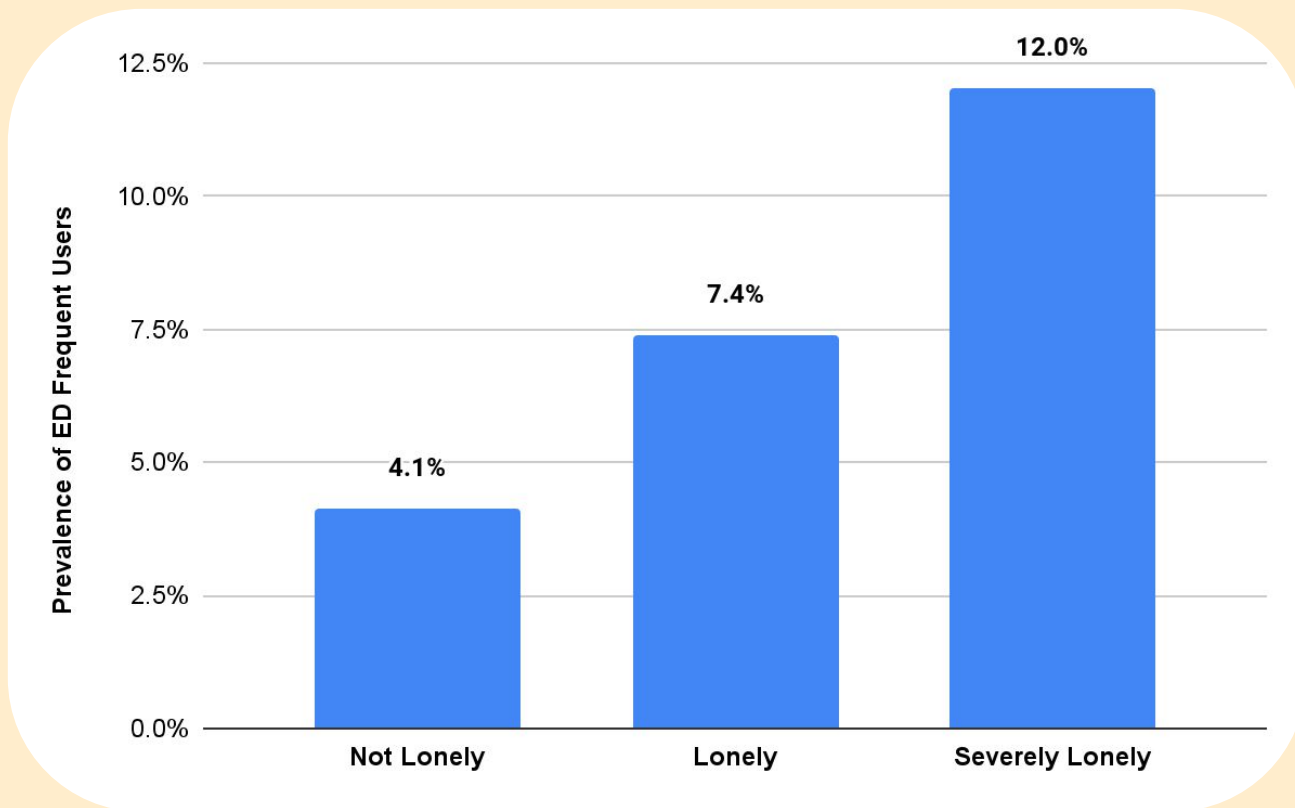


Loneliness: Associated with more transportation barriers

Even if you prescribe it, people may not be able to get there.



Loneliness: Associated with more emergency department utilization



“ED frequent user” defined as 3+ ED visits in past 12 months

A National Call to Address Social Connection Needs

Our Epidemic of Loneliness and Isolation



2023

The U.S. Surgeon General's Advisory on the
Healing Effects of Social Connection and Community



Loneliness as a public health imperative

Primary Prevention:

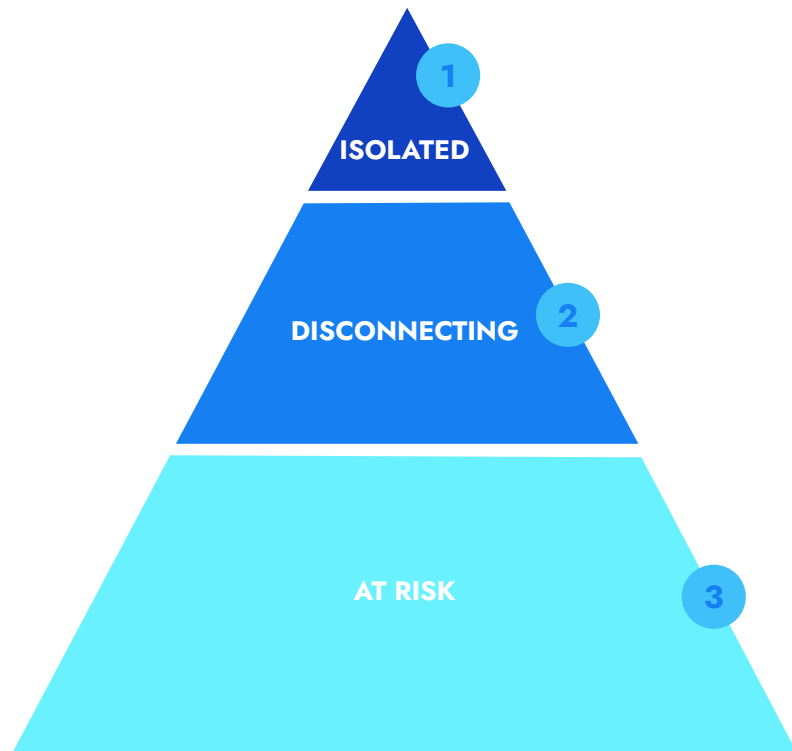
Identify people at risk for loneliness and Isolation

Women, lower SES, older, LGBTQ, recent losses

Secondary/Tertiary Prevention:

Decrease the consequences for those who are lonely and/or isolated

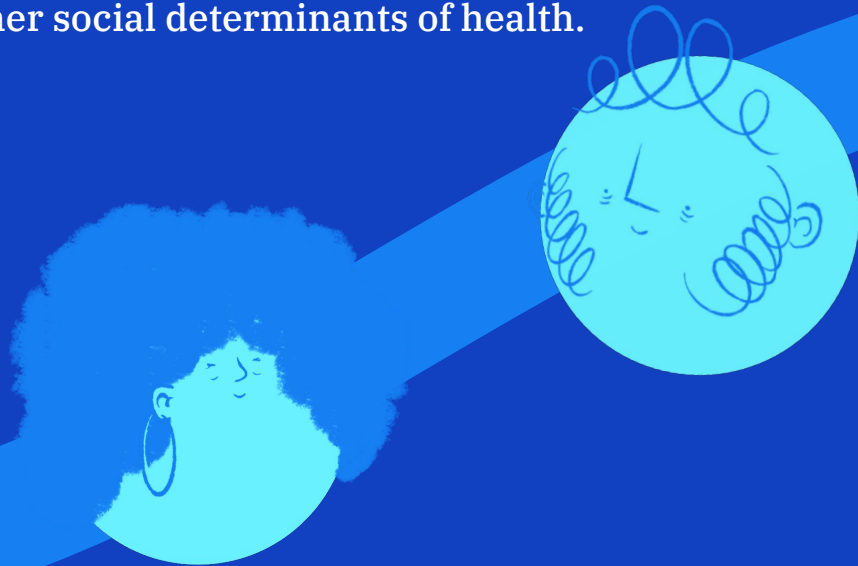
Requires screening; knowing which interventions work





A pal for those in need

Papa works with health plans to do what technology alone cannot—provide real human connection and support to address loneliness and other social determinants of health.



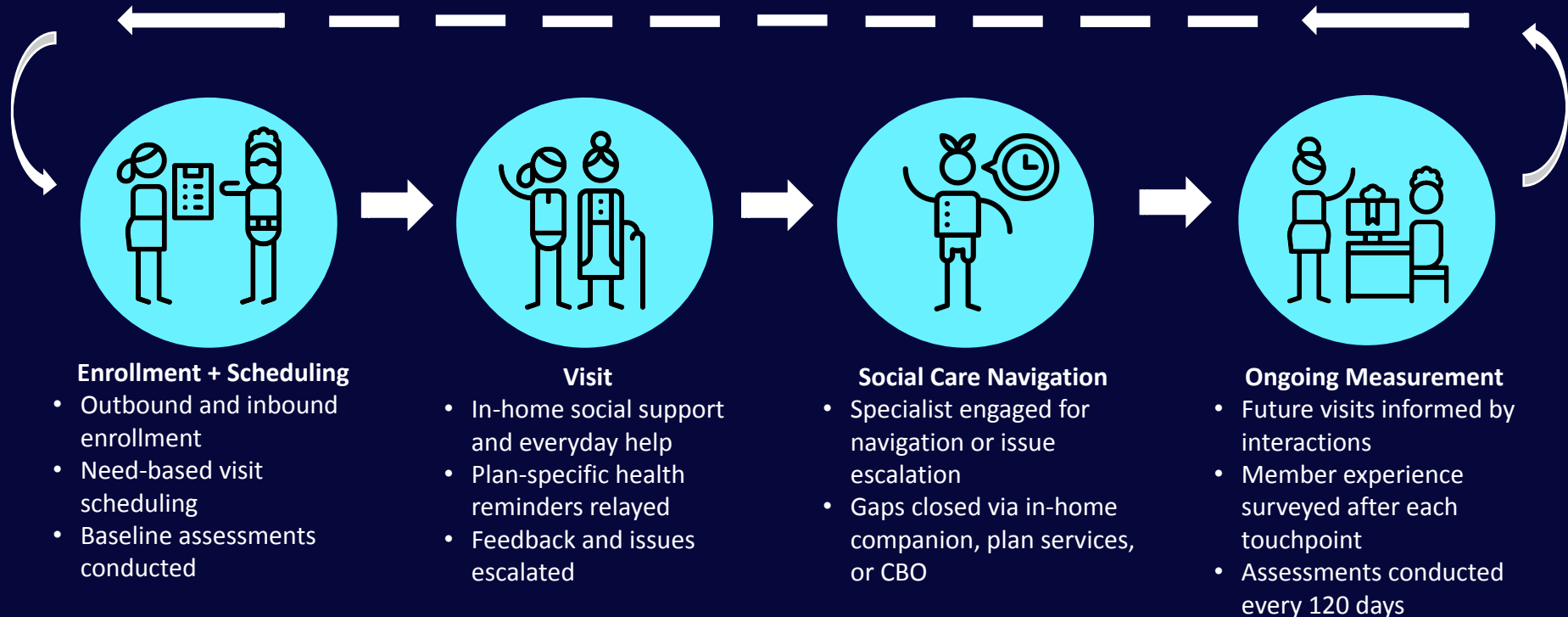
We're on a mission

**to create a new
kind of care,
built on human
connection**

To fulfill our vision of

**a world where
no one has to
go it alone**

The answer for a personal experience that considers the whole person? A person.



Papa intervention improves health care utilization



Study

Claims Analysis by National
Actuary Firm

Population

Medicare Advantage

34%↓

ED high utilizers¹

1 in 7

Hospital readmissions avoided¹

5.4%↑

Breast cancer screening rate²

3.7%↑

Colorectal cancer screening rate²

Analysis reviewed claims data from 2018 through 2021. The Papa cohort (n=1,420) was compared to a 1:1 matched non-Papa cohort. "ED high utilizers" are defined as members with 4+ ED visits in a calendar year.

1. McNamara KC, Rudy ET, Armao A, Towsley K, Lang S, Perissinotto C. Companion Care Associated With Reduction in Admissions and Emergency Department Use Among Older Adults. Presented at: Gerontological Society of America Annual Scientific Meeting; November 3, 2022; Indianapolis, IN. doi.org/10.1093/geroni/igac059.2927. 2. McNamara KC, Armao A, Towsley K, Rudy ET. Companion Care Associated With Improvements in Cancer Screening Rates Among Older Adults. Presented at Academy Health Annual Research Meeting; June 26, 2023; Seattle, WA.

Social Connection as a Public Health Crisis

Takeaways

1

Social Connection is a SDOH. Loneliness must be part of screening.

2

Social prescribing is only the first step. We must work collaboratively with beneficiaries and address unmet needs.

3

Interventions to address loneliness are needed at all levels: primary prevention, secondary screening, tertiary treatment.



Q&A