



Aging, Public Health and Social Connectedness

Social isolation and loneliness rates have been rising and were made worse by the COVID-19 pandemic. Some populations, including older adults, youth, those identifying as LGBTQIA, and caregivers are especially vulnerable to social isolation and loneliness. Social isolation and loneliness have been linked to worsened health outcomesⁱ, but there are things that can be done at the individual, interpersonal, community, and policy level that can improve outcomes and promote social connectedness.

With support from the RRF Foundation for Aging, the Illinois Public Health Institute (IPHI) brought together partners from aging, public health, community planning/development, and social services to consider ways in which the sectors could work together to advance social connectedness in Illinois. With a focus on bridging the aging and public health sectors, IPHI supported four regions in Illinois to launch and/or grow partnerships between the local Area Agencies on Aging (AAAs) and public health and healthcare/social service organizations to expand the reach and impact of social isolation programs and initiatives. IPHI also convened a three-part webinar series to further explore the connections between social isolation and loneliness with health outcomes, highlight strengths and opportunities of public health and aging to partner to advance social connectedness, and explore recommendations for how to further partner across sectors. The webinar series highlighted the Systems Of Cross-sector Integration and Action across the Lifespan (SOCIAL) Framework to introduce how sectors can work together at the individual, interpersonal, community and societal levels to promote social connectedness in healthcare, public health, education, the built environment, the arts, leisure and recreation, and more.

The learnings from the regional initiatives and statewide webinar series influenced the following recommendations related to capacity, planning, data and infrastructure, and funding that can better support aging and public health to partner to advance social connectedness.

Recommendations for Illinois

*Capacity: An organization's or workforce's ability to implement, measure, and manage its intended results given the talent, capabilities, and financial resources at its disposal.*ⁱⁱ

- Both the aging (including Area Agencies on Aging- AAAs) and public health (including local health departments- LHDs) are stretched and often working at capacity; yet partnership development work requires time and attention. We must provide funding and support to the workforce to spend the time needed to build connections and partnerships.
- LHDs may need specific support to increase capacity to participate in advancing social connectedness work:
 - Solicit input from LHDs about their interest and capacity to learn about and address social connectedness as a public health concern
 - Provide funding directly to LHDs to explore their role in promoting social connectedness at the local level

- Explore if an “Age-Friendly Public Health” initiative is desired/needed for LHDs in Illinois to build capacity to address aging issues and partner with the aging sector
- Support public health staff in making connections to the ways they are already working on social connectedness in their existing portfolios
- Create a coalition or networking group for organizations to share opportunities and learnings about social connectedness work and advance collective strategies.

Planning: Includes community assessments and planning efforts that give organizations comprehensive information about the community status, needs, issues, and assets.

- Ensure the new multi-sector Plan on Aging in Illinois includes social connectedness as a key element and the infrastructure (funding/workforce) needed to address it.
- Public health and aging can engage hard-to-reach populations together in their planning efforts to maximize reach. These sectors can work together on the “how” – language, culture, places of community/trusted spaces (e.g. laundromats, block clubs).
- Planning in collaboration:
 - Ensure the aging sector is at the table during the LHD IPLAN process.
 - Ensure public health is at the table of the AAA regional planning process.
 - Can both sectors collect the same kind of information to see progress over time and share outcomes? Create agreement around common questions to ask.
- Fund a pilot of an IPLAN and AAA planning cycle to take place in collaboration/together rather than as two separate efforts.
- Measure social connection/isolation/loneliness in communities – build into surveys like Community Health Needs Assessments. Create templates/models for LHDs on how best to do this.
- The sectors should work together to engage those most impacted by isolation and loneliness in planning efforts.
- Engage additional sectors in planning work related to social connectedness, including mental and behavioral health, transportation, colleges/universities, employee assistance programs, housing, parks and recreation, libraries, etc.
- Engage Medicaid managed care organizations and other payers to promote social connectedness and connecting to resources that address social isolation and loneliness. Consider if/how social connectedness relates to the SDOH work in the Illinois Medicaid 1115 waiver (it came up in the food/nutrition workgroup, for example).

Infrastructure and Data: Includes the systems and data available to support cross-sector collaboration as well as the systems and environments that impact community social connectedness

- Adopt a common metric of loneliness or isolation that all programs/sectors can use in the state (UCLA Loneliness Scale was suggested).
- Consider policy and systems changes that can impact isolation and loneliness and may be of common interest across sectors:

- Address multi-modal transportation access: Enhance access to public and active transportation options, mixed use and walkable communities as initiatives that both public health and aging sectors can have as a common agenda/interest.
- Improve other community infrastructure that impacts social isolation like housing: affordability, safety, accessibility, access to services
- Consider infrastructure/systems needed to care/support those who don't have family or community caregivers
- Emergency preparedness may be another place where public health and aging intersect with social isolation/loneliness
- Explore the development/use of a centralized referral system that crosses AAAs, social service agencies, LHDs, and healthcare and links to services that promote connectedness. Provide the funding, staff capacity and support to ensure those organizations have the capacity to maintain quality data and close the loop on referrals. In future years, consider if and how a Community Information Exchange can support the promotion of social connectedness.
- Utilize existing data from local public health and aging to support planning efforts.
- Identify database(s) on social connectedness measures that both public health and aging sectors can use.
- Work to create a common age-range for what "older adults" means in Illinois so data is more consistent across organizations/funders/programs (e.g. is it 55+, 65+, 50+?) - Older Americans Act considers 60+, Medicare is 65+, AAAs is 60+ by law.

Funding: Includes funding from government agencies, foundations, and private philanthropy

- Funders should provide more general operating funds to public health and aging organizations to allow more time for partnership building and policy/systems change work.
- Provide funding in three year or longer terms to increase stability of funding and workforce.
- Advocate to healthcare system that AAAs and the aging services sector are key to maintaining and creating healthy communities. They support care coordination, transportation, referrals, caregiver support, nutrition security and more and should be valued for the role they play in addressing health-related social needs (via payment and partnership by healthcare/payers).
- Continue to fund initiatives that allow LHDs and AAAs to partner to promote social connectedness.
- Fund training/cross-training of the workforce: e.g. community health workers who work with older adults promoting connectedness; people working in senior centers to connect to/support public health efforts.
- Provide seed funding to explore partnerships and work on cross-sector pilot initiatives.
- Make funding more flexible in geography and programming.
- Ensure funding for investing in data management systems- public health (epidemiology) may be able to support data collection expertise needed by the aging sector.
- Provide support to AAAs to diversify their funding streams beyond government funding.

- Encourage public health organizations that receive federal dollars for systems change work to partner with AAAs to ensure they can support the efforts.
- Funders can require collaboration across sectors.
- Work to ensure state funding for “Reducing Social Isolation Pilot Project” funds from IDOA continue (consider if legislative budget action is needed).

Messaging/Communications: Includes themes identified by partners for how to discuss and communicate about social connectedness initiatives.

- Use a multi-generational lens to social connectedness work: “creating livable communities for all ages”.
- Promote inclusivity and equity and engage the user impacted by the services/ program/ policy.

Thanks to the Planning Committee Member Organizations:

AgeGuide	Illinois Department on Aging
AgeOptions	Lake County Health Department
AgeSmart	Metropolitan Mayors Caucus
CJE SeniorLife	NORC at the University of Chicago
Cook County Department of Public Health	Southern 7 Health Department
East Central Illinois Area Agency on Aging	Vermillion County Health Department
Egyptian Area Agency on Aging	Village of South Elgin
Health & Medicine Policy Research Group	Winnebago County Health Department

ⁱ Centers for Disease Control and Prevention (2024). Health effects of social isolation and loneliness. Retrieved October 2024 from [Health Effects of Social Isolation and Loneliness | Social Connection | CDC](#).

ⁱⁱ The Center for High Impact Philanthropy (2024). Organizational capacity: Ability to implement, measure, and manage results. Retrieved October 21, 2024 from <https://www.impact.upenn.edu/organizational-capacity/#:~:text=Organizational%20Capacity%20refers%20to%20the,commitment%20to%20addressing%20structural%20inequality>.