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# THE NEWS

March 2022

## Coalition for Older Adults' Social Connectedness



### COMING UP

- [Show me the data! Leveraging Qualitative Data for Impact](#), COASC-SF, 4/27
- [A Symposium to Counter Isolation And Loneliness by Saint John's](#), 4/7-4/9
- [Funding Opp: NIH Social Disconnection & Suicide Risk](#), 3/15

### CLINICIAN'S CORNER with Dr. Ashwin Kotwal

This month we review the epidemiology of social isolation and loneliness and the role primary care has in addressing SIL.



#### 1. [Holaday et al. Loneliness, sadness, and feelings of social disconnection in older adults during the COVID-19 pandemic](#)

**Key Points:** Among a large national sample of Medicare beneficiaries who live in the community (not nursing homes), Hispanic/Latinx had higher rates of loneliness or sadness, and Black beneficiaries were least likely to report feeling socially disconnected. Access to internet was found to be associated with higher odds of loneliness and sadness, whereas maintaining access to primary care was associated with reduced loneliness.

**Why does this matter?** Identifying disparities across racial/ethnic groups can inform targeted interventions to reduce loneliness and social isolation. Results add to growing literature showing that internet

access and technology-based solutions may not be the right solution for everyone, and suggest the need to maintain alternative communication modes (e.g. telephone-based interventions).

2. [Freedman et al. Social isolation and loneliness: the new geriatric giants: Approach for primary care](#)

**Key Points:** The authors suggest clinicians use an individualized, patient-centered approach adapted from the Campaign to End Loneliness in order to address the following factors: 1. **Exploring.** What is happening now? Facilitate the person's telling of their story and review the degree of loneliness or social isolation 2. **Scoping solutions and goals.** What solutions are there? Help the person imagine a different future. (How would you like things to be? What would you be doing differently? What are your interests? Your strengths?) 3. **Action.** What needs to be done? Help the person construct a plan that maps out where they want to get to.

**Why does this matter?** Addressing SIL is not as simple as prescribing a medication. Therefore, an approach that is individualized and patient-centered is crucial in order to effectively address SIL.

3. [Van Bogart et al. The Association Between Loneliness and Inflammation: Findings From an Older Adult Sample.](#)

**Key Points:** This study showed a significant association between loneliness measurements and higher levels of inflammatory markers like C-reactive protein (a protein found in blood samples whose concentration rises in response to inflammation).

**Why does this matter?** The findings suggest that chronic inflammation may be involved in the mechanism linking loneliness and disease risk among older adults. Notably, this study included participants from diverse socioeconomic and racial/ethnic/minoritized communities in the Bronx, New York.



### Member Highlight

[Curry Senior Center](#) has been dedicated to helping homeless and low-income seniors and older adults living in San Francisco Civic Center neighborhoods for 50 years. Many of Curry's programs target the reduction of social isolation, including the technology-based Senior Vitality and Curry Tech Support, the peer-based Addressing the Needs of Socially Isolated Older Adults, and the in-home Wellness Nursing program.

We want to highlight your org in future newsletters! [Submit your info here.](#)

[Thanks to the Joseph & Vera Long Foundation for their support of the Coalition for Older Adults' Social Connectedness.](#)

This newsletter is intended for individuals who want to stay informed on social isolation, loneliness, and social connectedness efforts in Northern CA. Subscribe or unsubscribe [here.](#)