

# Engaging Our Community to Combat Loneliness in Colorado

## Understanding Loneliness

Loneliness is a newly-recognized social determinant that impacts mortality and morbidity. In research, loneliness shows a similar health impact to smoking 15 cigarettes a day.<sup>1</sup> Loneliness isn't about being alone, but rather about not feeling connected.<sup>2</sup> The difference between one's perceived and actual social relationships is highlighted in the distress and dysphoria of feeling socially isolated even when among family or friends.<sup>3,4</sup> The prevalence of loneliness ranges from 10%-40% of the population.<sup>5</sup> Up to 1 in 3 adults and 1 in 5 school-aged children are effected by loneliness.<sup>6,7,8</sup> Medicare spends over \$6.5B on those with limited social connections.<sup>9</sup> Older adults identified as high-risk (those with two or more chronic conditions or social needs unmet in a primary care setting), experience higher rates of loneliness; delay care due to a lack of transportation; are three times more likely to lack confidence in managing health; and worry their condition is a burden to loved ones.

“Loneliness is part of the human condition. It is a primeval warning sign, like hunger or thirst, to seek out a primary need: connection,”

Laura Entis, *The Guardian*, 2019.



<sup>1</sup> Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med.* 2010;7(7):e1000316. Published 2010 Jul 27. doi:10.1371/journal.pmed.1000316

<sup>2</sup> Cacioppo, John. “Epidemic of Loneliness.” *Psychology Today*. May 2009. <https://www.psychologytoday.com/us/blog/connections/200905/epidemic-loneliness>

<sup>3</sup> Perlman D., Peplau L. A. (1982). Theoretical approaches to loneliness. In Peplau L. A., Perlman D., editors. (Eds.), *Loneliness: A sourcebook for current theory, research, and therapy* (pp. 123–134). New York: Wiley Interscience.

<sup>4</sup> Weiss RS, editor. *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press; 1973.

<sup>5</sup> Daaleman TP. The Long Loneliness of Primary Care. *Ann Fam Med.* 2018;16(5):388-389.

<sup>6</sup> Edmondson B. All the lonely people. *AARP: The Magazine*. 2010 Nov-Dec;(83)

<sup>7</sup> Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. *Arch Intern Med.* 2012;172(14):1078-83.

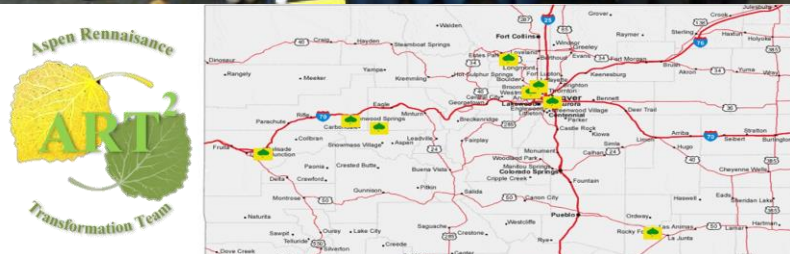
<sup>8</sup> Kaarina Laine, Marita Neitola, Jatta Auremaa & Eero Laakkonen (2010) Longitudinal Study on the Co-Occurrence of Peer Problems at Daycare Centre, in Preschool and First Grade of School, *Scandinavian Journal of Educational Research*, 54:5, 471-485, DOI: 10.1080/00313831.2010.508917

<sup>9</sup> Frank, David. *The High Price of Social Isolation*. AARP. November 29, 2017.

## Who We Are



The Colorado Center for Primary Care Innovation (CCPCI) creates patient-centered innovations to improve health care delivery by partnering with patients, health care organizations, academic institutions, and private practices. We design, implement, and spread best practice to positively impact patient lives. Our vision is to put theories into practice and discover dynamic ways to improve patient care in our local community and beyond. The Center collaborates with the Aspen Renaissance Transformation Team (ART<sup>2</sup>) to drive these new ideas in primary care, find dynamic ways to improve patient care, and to support primary care sustainability. ART<sup>2</sup> is comprised of 8 of the best, innovative family medicine clinicians in Colorado. This year, CCPCI and ART<sup>2</sup> are working together to better understand and address loneliness in Colorado.



# Our Work

**Aim 1:** Increase loneliness awareness throughout Colorado and the local communities.

**Aim 2:** Design community-centric, evidence-informed interventions with community-defined outcomes.

**Aim 3:** Reach older adults and school-aged children with opportunities (services, interventions).

**Our team is combating loneliness. Listen Here!**

<https://www.youtube.com/watch?v=WJwxKHCjQWs>

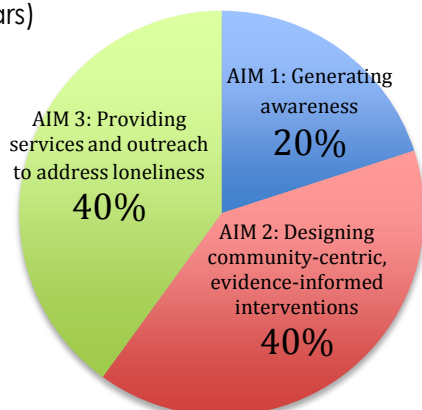


Currently, the ART<sup>2</sup> clinicians are screening for loneliness using a validated screening within their patient populations to identify the need and prevalence. Once patients are identified, CCPCI will then provide training to support ART<sup>2</sup> practices in implementing a protocol to treat loneliness, which will include providing social and education activities in group settings facilitated by a health coach or community educator and developing access to behavioral health services for cognitive behavior therapy and mindfulness-based techniques. Throughout the process, CCPCI will support the ART<sup>2</sup> practices in leading a series of activities to engage the community about loneliness. This process will include developing a community asset map to identify the community resources available, hosting events in the community to raise awareness and develop community goals, and convening a Colorado Patient Advisory Council to further the conversation about how primary care can work with and support the greater community on loneliness.

## Evaluation & Sharing Best Practices

CCPCI will work with ART<sup>2</sup> to develop a toolkit with information about screening, intervention, and implementation strategies to support other communities who want to address loneliness. Through funding made possible by grants, we hope to be able to provide additional onsite training and support to other clinics and communities outside the ART<sup>2</sup> network who are interested in developing programs and services to address loneliness in their communities. In addition, CCPCI currently works closely with researchers at the University of Colorado School of Family Medicine Department. Each year CCPCI holds a conference at the University, bringing together the ART<sup>2</sup> practices as well as the researchers to share best practices on current topics in family medicine.

**Project Budget: \$525,000**  
(3 years)



## Project Timeline

**March 2019** - 1st Annual ART<sup>2</sup> Conference, Denver, CO

**April - August 2019** - ART<sup>2</sup> develops and integrates loneliness screening into their practices.

**August - December 2019** - CCPCI/ART<sup>2</sup> implement community engagement strategy.

**January - March 2020** - Health coaches and behavioral health clinicians co-develop, coordinate, and facilitate ongoing activities in the community to support individuals experiencing loneliness.

**March 2020** - 2nd Annual ART<sup>2</sup> Conference, Basalt, CO

**April - August 2020** - Develop training toolkit and provide onsite training for other interested communities.

**August 2020** - Pending funding and community interest, consider partnering with the University of Colorado to identify research opportunities.

## Join Us!

**Contact Us to Learn More!**

Colorado Center for Primary Care Innovation  
8601 Turnpike Dr. Suite 200, Westminster, CO 80031

<https://cc4pci.weebly.com/>

Caitlin Barba, CCPCI Executive Director

303.487.5166, [caitlin.barba@westminstermedicalclinic.com](mailto:caitlin.barba@westminstermedicalclinic.com)