

LONELINESS AND SOCIAL ISOLATION

ADDRESSING THE NEEDS OF WOMEN OVER 50

EVENT SUMMARY

On September 23, 2024 the Los Angeles County Commission on HIV Women's and Aging Caucuses hosted a special, educational event titled, *Loneliness and Social Isolation: Addressing the Unique Needs of Women Over 50*. The event was held in commemoration of National HIV/AIDS and Aging Awareness Day with a goal of dismantling the stigma behind social isolation and loneliness, identifying opportunities for providers to expand on existing models that combat social isolation among women of color over 50 years of age and that address the unique challenges and needs of women facing social isolation and loneliness.

Dr. Mikhaela Cielo delivered the keynote address focusing on issues impacting women living with HIV (WLWH) as they age including both HIV-related and age-related stigma. There are high rates of loneliness among older people living with HIV that can impact HIV medication adherence, retention in care, general self-care and contribute to increased mental, emotional, and physical burdens. Studies on the impact of social isolation and loneliness are limited among older women living with HIV and studies tend to have conflicting findings; more research is needed. Older women with HIV also face unique challenges such as intimate partner violence, menopause, gender discrimination, and caregiving responsibilities. To view presentation slides, click [here](#).

The event featured two panel discussions, one focusing on women living with HIV over 50 sharing their personal stories of loneliness and isolation. Many women shared that they seek assistance from their primary medical providers during periods of isolation and may not reach out to others due to stigma, particularly cultural stigma, associated with loneliness. It was noted that women will go through periods of loneliness even when they are socially connected with friends and family and active within the community. To help combat loneliness, women tend to seek support through HIV support groups, religion, and family. They also practice positive talk and will turn to their favorite activities, such as dancing and listening to music to help overcome feelings of loneliness. All women stated that more support is needed in helping access and navigate services. They noted that the community may be aware of services but may face challenges in access and navigating the many services that are available.

The second panel discussion featured a group of diverse providers sharing best practices and resources for identifying and addressing loneliness and social isolation. Providers noted that loneliness and isolation are an epidemic facing many Americans, not just older populations. They noted that providers have not done a good job at assessing clients for social isolation and loneliness and that it must be done periodically. Providers shared the three types of isolation: intimate, relational, and

collective (see additional resources for more details) which helped many of the women understand the types of loneliness they periodically experience and provided tips for combating each type. They also shared various resources available to older women and noted that women must be proactive and take action to address social connectedness and loneliness. Providers also noted that there is not a one size fits all approach to addressing social isolation and loneliness and that interventions and activities need to be tailored to the unique needs of each individual.

A special luncheon presentation was provided by Being Alive, a nonprofit organization created and operated by and for people living with HIV/AIDS dedicated to ending HIV through wellness, education, and support. Presenters shared the myriad of services and programs offered at Being Alive such as chiropractic care, case management services, peer support groups and syringe services to name a few. For more information click [here](#). Additionally, resources from the [Department of Mental Health](#) and the LAC+USC Maternal Child Adolescent Center were also provided to participants.

Attendees overwhelmingly provided positive feedback on the event and expressed interest in more educational events around depression, caring for older people living with HIV, resources available in the community and mental health to increase awareness and workforce capacity. They also appreciated hearing directly from women living with HIV over 50 and their experiences with loneliness and social isolation. Finally, attendees noted that they would include more opportunities to discuss and/or screen for loneliness and social isolation with their clients.

Attendee comments:

- *"It was an amazing meeting. I loved the topic."*
- *"I hope there is another event like this one."*
- *"I appreciated this space for these conversations. Recommend to continue these types of events."*
- *"I liked that this event had actual individuals who are experiencing HIV and loneliness/social isolation. That enhanced this training experience for all of us and allowed attendees to feel more engaged with the presenters. Also, it was great that attendees were allowed to ask questions and share their own comments as well."*

ADDITIONAL RESOURCES

- US Department of Health and Human Services, Office of the Surgeon General Social Connection Resources - https://www.hhs.gov/surgeongeneral/priorities/connection/index.html?utm_source=osg_redirect&utm_medium=osg_redirect&utm_campaign=osg_sg_gov_connection
- US Department of Health and Human Services, Office of the Surgeon General House Calls Podcast - <https://www.hhs.gov/surgeongeneral/priorities/house-calls/index.html>
- Our Epidemic of Loneliness and Isolation, 2023: The U.S Surgeon General's Advisory on the Healing Effects of Social Connection and Community - <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- **Loneliness and social isolation are huge health problems in the United States.** Over 100 research studies and a national health advisory by the US Surgeon General conclude that loneliness contribute to poorer health outcomes and may lead to increased risk of premature death by 26% and 29%. 29% increased risk of heart disease and 32% increased risk of stroke.
- **Everyone experiences different kinds of loneliness in different stages of their lives. Loneliness is a multidimensional and complex construct.** The three types of loneliness:
 - Intimate – the longing for a close confidante or intimate partner, someone with whom you share a deep mutual bond of affection and trust
 - Relational – the yearning for quality friendships and social companionship and support
 - Collective – the hunger for a network or community of people who share your sense of purpose and interests
- Creating connections that address intimate relationships, close friends and social circles as well as ensuring a larger connection within a community is needed to address and help prevent loneliness.
- **Symptoms of social isolation and loneliness** (according to author Crystal Raypole) can be:
 - Decreased energy (HIV/ perimenopause)
 - Inability to focus/ brain fog (perimenopause)
 - Insomnia (HIV/ menopause)
 - Decreased Immunity (HIV/ Long Covid)
 - Substance abuse, Alcohol abuse (Wine O'Clock)
 - Limited social interactions
 - Having few close friends
 - Having limited or no social organization affiliations or membership
 - Spending large amount of time engaging with technology and or social media
- **Issues impacting Women:**
 - Women over 50 living with HIV have limited outlets for social interaction. Partly due to the limited number of groups and spaces for them to gather.
 - Concerns about self-stigma or external stigma makes women more reluctant to connect with others.

- Clinics rarely have information walls or bulletin boards dedicated to current events for women. Some organizations often share events, groups and opportunities for women. We need to do a better job of sharing content specific to women over 40, especially those living with HIV.
- **Combatting Loneliness and Social Isolation:**
 - Address systemic ageism and barriers that impede or discourage participation.
 - Understand the power of social connection and the consequences of social disconnection by learning how the vital components (structure, function, and quality) can impact your relationships, health, and well-being.
 - Invest time in nurturing your relationships through consistent, frequent, and high-quality engagement with others. Take time each day to reach out to a friend or family member. (Not simply dropping a heart emoji on a post. Engaging in group chats, discords, online and in person group.)
 - Minimize distraction during conversation to increase the quality of the time you spend with others. For instance, don't check your phone during meals with friends, important conversations, and family time.
 - Seek out opportunities to serve and support others, either by helping your family, co-workers, friends, or strangers in your community or by participating in community service.
 - Be responsive, supportive, and practice gratitude. When doing so, others are more likely to reciprocate, strengthening our social bonds, improving relationship satisfaction, and building social capital.
 - Actively engage with people of different backgrounds and experiences to expand your understanding of and relationships with others, given the benefits associated with diverse connections.
 - Participate in social and community groups such as fitness, religious, hobby, professional, and community service organizations to foster a sense of belonging, meaning, and purpose.
 - Reduce practices that lead to feelings of disconnection from others. These include harmful and excessive social media use, time spent in unhealthy relationships, and disproportionate time in front of screens instead of people.
 - Seek help during times of struggle with loneliness or isolation by reaching out to a family member, friend, counselor, health care provider, or the 988 crisis line. (CALL YOUR FRIENDS especially during crisis or when loneliness hits.)
 - Be open with your health care provider about significant social changes in your life, as this may help them understand potential health impacts and guide them to provide recommendations to mitigate health risks. (Providers need to have current relevant referrals for patients to access and follow up with patients)
 - Make time for civic engagement. This could include being a positive and constructive participant in political discourse and gatherings (e.g., town halls, school board meetings, local government hearings). (Empowerment Congress meetings, HIV Commission, Caucus participation)
 - Reflect the core values of connection in how you approach others in conversation and through the actions you take. Key questions to ask yourself when considering your interactions with others include: How might kindness change this situation? What

would it look like to treat others with respect? How can I be of service? How can I reflect my concern for and commitment to others?

- **Community resources are for individuals (specifically women over 50) facing social isolation:**
 - Seeking Safety intervention - JWCH and ELAWC
 - HARRP- JWCH
 - Commission on HIV
 - Black Caucus
 - Women's Caucus
 - Churches, temples, houses of worship
 - Art galleries throughout LA County
 - Piñatas classes, hilltop coffee shop, mercado la paloma, lovesource la wellness walks, Ora coffee shop
 - Free museum days
 - La Chancla Night Market, Chinatown night market, Mid City Night market

