

A group of people is sitting in a field of tall, golden-brown grass, looking out over a valley with mountains in the background. The scene is captured in a warm, golden light, suggesting late afternoon or early morning. The people are silhouetted against the bright background, and their forms are partially obscured by the tall grass in the foreground. The overall mood is contemplative and serene.

Let's Talk About Loneliness: Identifying and Addressing Loneliness in Our Communities

Stacey Halvorsen, M.Ed.

Adapted from a presentation on loneliness by Rebecca Mullen, MD
University of Colorado School of Medicine

About Me

Stacey Halvorsen, MEd

Chief Education Officer
Colorado Mountain Club

Vice President and Co-Founder
Colorado Center for Primary Care
Innovation

ACE Certified Health and Wellness Coach



**How often do you feel that you lack
companionship?**

**How often do you feel left
out?**

**How often do you feel isolated from
others?**



Objectives

- 1.) Define loneliness and types of loneliness.
- 2.) Access research on loneliness and evidenced-based screening tools.
- 3.) Gain exposure to theories and research supporting the benefits of nature/outdoor immersion on mental health.
- 4.) Participate in activities that support mental health and wellness.
- 5.) Identify interventions to treat loneliness and learn about the Colorado Loneliness Project.
- 6.) Identify how you can partner with organizations to address loneliness.



“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.



What Is Loneliness?

- Loneliness isn't about being alone, but rather about not feeling connected.
- People can feel lonely even when among family and friends.
- It is a self-perceived gap between the social connections that which we have and that which we aspire to have.
- Loneliness overlaps with other behavioral health problems.

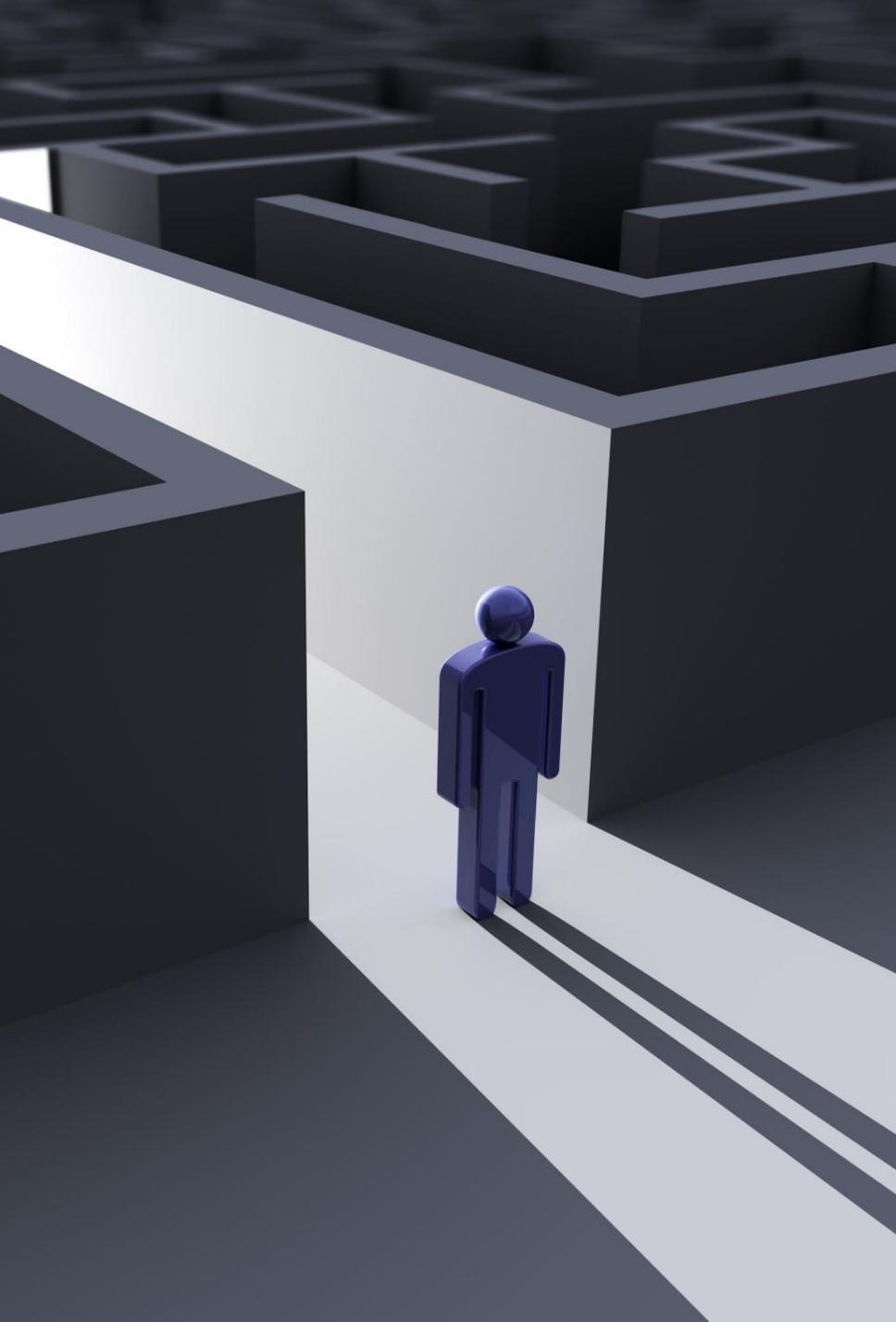
It is a desire for social
connection.



Types of Loneliness

- 1.) Intimate/Emotional Loneliness: The perceived absence of a significant someone.
- 2.) Relational/Social Loneliness: The perceived absence of quality friendships or family connections.
- 3.) Existential/Collective Loneliness: The perceived absence of an active network or valued social identity.





Myths About Loneliness

- People who are lonely are introverted or shy.
- People who are lonely are alone.
- People who are lonely are “loners.”
- People who are lonely are anti-social.

Screening for Loneliness

UCLA Loneliness Scale (Version 3)

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond "never"; if you always feel happy, you would respond "always."

NEVER	RARELY	SOMETIMES	ALWAYS
1	2	3	4

- | | |
|--|-------|
| *1. How often do you feel that you are "in tune" with the people around you? | _____ |
| 2. How often do you feel that you lack companionship? | _____ |
| 3. How often do you feel that there is no one you can turn to? | _____ |
| 4. How often do you feel alone? | _____ |
| *5. How often do you feel part of a group of friends? | _____ |
| *6. How often do you feel that you have a lot in common with the people around you? | _____ |
| 7. How often do you feel that you are no longer close to anyone? | _____ |
| 8. How often do you feel that your interests and ideas are not shared by those around you? | _____ |
| *9. How often do you feel outgoing and friendly? | _____ |
| *10. How often do you feel close to people? | _____ |
| 11. How often do you feel left out? | _____ |
| 12. How often do you feel that your relationships with others are not meaningful? | _____ |
| 13. How often do you feel that no one really knows you well? | _____ |
| 14. How often do you feel isolated from others? | _____ |
| *15. How often do you feel you can find companionship when you want it? | _____ |
| *16. How often do you feel that there are people who really understand you? | _____ |
| 17. How often do you feel shy? | _____ |
| 18. How often do you feel that people are around you but not with you? | _____ |
| *19. How often do you feel that there are people you can talk to? | _____ |
| *20. How often do you feel that there are people you can turn to? | _____ |

Scoring:

Items that are asterisked should be reversed (i.e., 1 = 4, 2 = 3, 3 = 2, 4 = 1), and the scores for each item then summed together. Higher scores indicate greater degrees of loneliness.

Note. Copyright 1994 by Daniel W. Russell. Reprinted with permission.

DeJong Gierveld Loneliness Scale

In this 6-item scale, three statements are made about 'emotional loneliness' and three about 'social loneliness'. Social loneliness (SL) occurs when someone is missing a wider social network and emotional loneliness (EL) is caused when you miss an "intimate relationship".

1. I experience a general sense of emptiness [EL]
 - Yes
 - More or less
 - No
2. I miss having people around me [EL]
 - Yes
 - More or less
 - No
3. I often feel rejected [EL]
 - Yes
 - More or less
 - No
4. There are plenty of people I can rely on when I have problems [SL]
 - Yes
 - More or less
 - No
5. There are many people I can trust completely [SL]
 - Yes
 - More or less
 - No
6. There are enough people I feel close to [SL]
 - Yes
 - More or less
 - No

To score responses and interpret the results:

There are negatively (1-3) and positively (4-6) worded items. On the negatively worded items, the neutral and positive answers are scored as "1". Therefore, on questions 1-3 score Yes=1, More or less=1, and No=0. On the positively worded items, the neutral and negative answers are scored as "1". Therefore, on questions 4-6, score Yes=0, More or less=1, and No=1.

This gives a possible range of scores from 0 to 6, which can be read as follows:

(Least lonely) 0
←
→
 6 (Most lonely)

Source: J. De Jong Gierveld and T. Van Tilburg, *Research on Aging* 2006, 28, 582-598.

Screening for Loneliness

UCLA Three-Item Loneliness Scale

<i>Question</i>	<i>Hardly Ever</i>	<i>Some of the Time</i>	<i>Often</i>
First, how often do you feel that you lack companionship: Hardly ever, some of the time, or often?	1	2	3
How often do you feel left out: Hardly ever, some of the time, or often?	1	2	3
How often do you feel isolated from others? (Is it hardly ever, some of the time, or often?)	1	2	3

NOTE: For both scales, the score is the sum of all items

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/>

Screening for Loneliness

6-item Revised UCLA Loneliness Scale (RULS-6)/Survey

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example: How often do you feel happy? If you never felt happy, you would respond “never”; if you always feel happy, you would respond “always”.

NEVER	RARELY	SOMETIMES	ALWAYS
1	2	3	4

1. How often do you feel that you lack companionship? _____
2. How often do you feel alone? _____
3. How often do you feel that you are no longer close to anyone? _____
4. How often do you feel left out? _____
5. How often do you feel that no one really knows you well? _____
6. How often do you feel that people are around you but not with you? _____

MEASURING YOUR IMPACT ON LONELINESS IN LATER LIFE



The Campaign to End Loneliness has published guidance offering information and advice on choosing and using a scale to measure the impact of your services on loneliness in older age. This page presents the 'vital statistics' of four different scales, which have been developed by different people and have their own strengths and limitations:

- **Length** – how many questions does the scale contain?
- **Language** – are the questions negatively or positively worded, or both?
- **Initially developed for...** – was this originally intended for use by researchers or services?
- **Mentioning the 'L' word** – does it ask directly about loneliness, or ask around the topic?

Download the full guidance today from: www.campaigntoendloneliness.org/measuring-loneliness/

The Campaign to End Loneliness Measurement Tool Scale 1

Length: 3 Questions
Language: Positive wording
Initially developed for: Service providers
Does it mention loneliness? No
This scale is for you if: you want a short and sensitively-worded tool that is easy to use.

De Jong Gierveld Loneliness Scale Scale 2

Length: 6 Questions
Language: Mixes positive and negative wording
Initially developed for: Researchers
Does it mention loneliness? No
This scale is for you if: you want an academically rigorous tool that distinguishes between different causes of loneliness.

The UCLA Loneliness Scale Scale 3

Length: 3 Questions
Language: Negative wording
Initially developed for: Service providers
Does it mention loneliness? No
This scale is for you if: you want a short and academically rigorous tool, with a simple scoring system.

Single-Item 'Scales' Scale 4

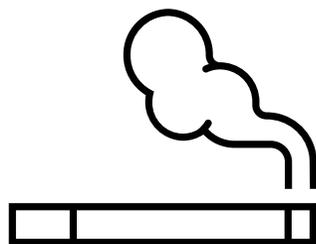
Length: 1 Question
Language: Negative wording
Initially developed for: Researchers
Does it mention loneliness? Yes
This scale is for you if: you want to get to the heart of the issue with just one question.

Health Impact of Loneliness

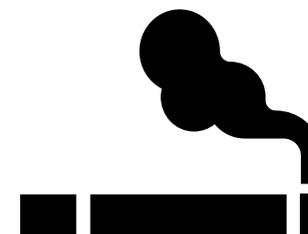
- Diabetes
- Obesity
- Hypertension
- Cognitive decline and Alzheimer's Disease
- Insomnia
- Cardiovascular disease and stroke
- Depression and anxiety
- All cause morbidity and mortality
- And more!

Loneliness and depression share some characteristics. While they may be associated, loneliness is characterized by the hope and longing for connection with others.





In research, loneliness shows a similar health impact as smoking 15 cigarettes a day.



¹ 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



Loneliness increases the chance of premature death by 26%.

Loneliness-induced stress directly impacts cortisol release, which increases carbohydrate cravings and leads to weight gain.

Loneliness is associated with a 32% greater risk of having a stroke

<https://www.nhs.uk/news/mental-health/loneliness-increases-risk-of-premature-death/>

<https://www.health.harvard.edu/mind-and-mood/loneliness-and-isolation-raise-risk-for-stroke-and-heart-disease-study>

suggests#:~:text=Researchers%20analyzed%20the%20data%20from,risk%20of%20having%20a%20stroke.

NASA Study

- Isolating conditions can lead to cognitive and behavioral issues.

Rush Alzheimer's Disease Center Study

- A person's risk factor for Alzheimer's increased 51% for each point on a loneliness scale of 1-5.
- Loneliness wasn't shown to cause the "hallmark brain changes associated with Alzheimer's disease, including nerve plaques and tangles, or tissue damaged by lack of blood flow." However, one researcher involved in the study, Robert S. Wilson, said loneliness could make people more vulnerable to the "deleterious effects of age-related neuropathology."

Harvard

- Researchers found a link between poor emotion regulation strategies and feelings of loneliness.
- Self-reflection is key to developing better coping mechanisms and reducing feelings of loneliness.

<https://www.cnet.com/science/the-ways-loneliness-could-be-changing-your-brain-and-body/>
<https://www.businessinsider.com/harvard-researchers-identified-a-major-cause-loneliness-how-combat-it-2022-1>

Research suggests that social identity and emotion regulation explain over one-third of the variance in loneliness.

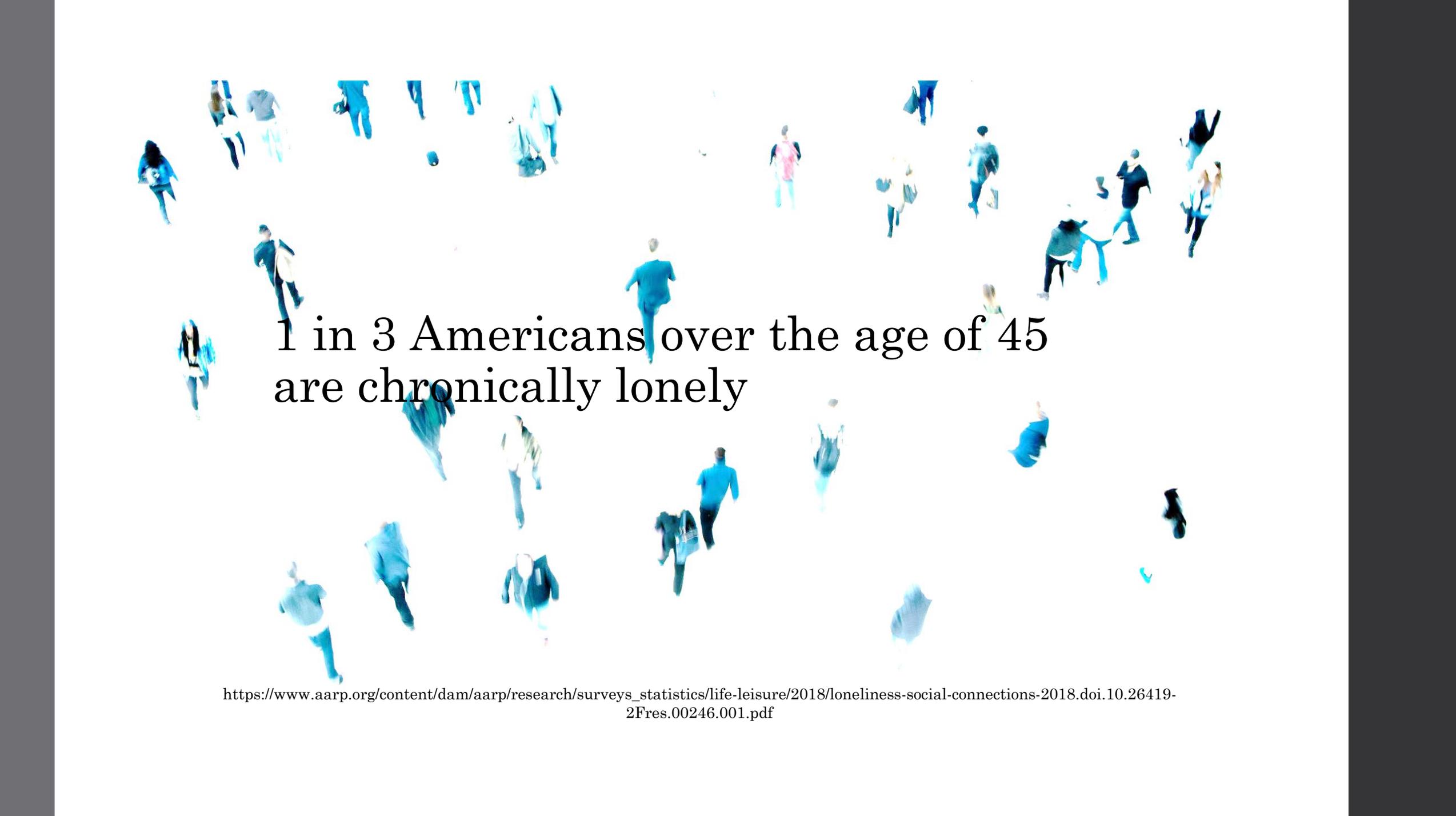
People with a history of mental illness feel more lonely and experience more rumination.

Emotion dysregulation and loss of social identity impact one's perceptions, making one feel more alone and less supported.

<https://www.psychologytoday.com/us/blog/finding-a-new-home/202211/new-research-identifies-two-major-causes-of-loneliness>

What do YOU think the prevalence of
loneliness is?

Take a guess!



1 in 3 Americans over the age of 45
are chronically lonely

https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2018/loneliness-social-connections-2018.doi.10.26419-2Fres.00246.001.pdf

Prevalence of Loneliness

- The prevalence of loneliness ranges from 10%-40% of the population.²
- Up to 1 in 3 adults and 1 in 5 school-aged children are effected by loneliness.^{3,4,5}
- Older adults identified as high-risk (those with two or more chronic conditions or unmet social needs), experience higher rates of loneliness.
- 40% all older people in the United Kingdom (~3.9 million), say the television is their main company.



² Daaleman TP. The Long Loneliness of Primary Care. *Ann Fam Med.* 2018;16(5):388-389.

³ Edmondson B. All the lonely people. *AARP: The Magazine.* 2010 Nov-Dec;(83)

⁴ 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.

⁵ 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

Prevalence of Loneliness

Cigna 2018

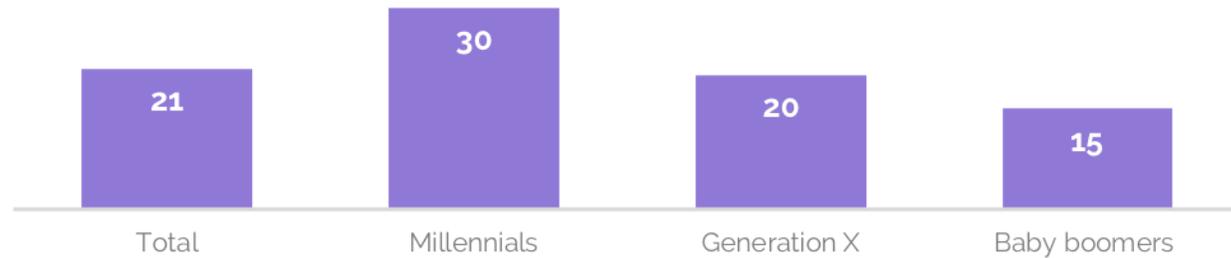
- 20,000 Americans - 54% reported [feeling lonely](#).
- Rose to 61% in one year
- Generation Z adults 18-22 years old are the loneliest generation

<https://www.scientificamerican.com/article/why-young-americans-are-lonely/>

Prevalence of Loneliness

Three in 10 Millennials say they always or often feel lonely

How often, if ever, do you feel lonely? (% who say they "always" or "often" feel lonely)



YouGov | yougov.com

July 3 - 5, 2019

About one in five Millennials says that they have no friends

Excluding your partner and any family members, how many of each of the following do you have? (%)

Acquaintances

Millennial	Gen X	Baby boomer
25	14	9
20	14	9
10	8	8
11	12	14
15	22	20
19	30	40

Friends

Millennial	Gen X	Baby boomer
22	16	9
31	28	21
18	14	20
16	18	20
7	13	15
6	11	16

Close Friends

Millennial	Gen X	Baby boomer
27	22	16
49	47	47
17	18	17
5	9	12
2	2	4
<1	2	3

Best Friends

Millennial	Gen X	Baby boomer
30	27	25
64	68	65
4	4	7
1	1	1
1	<1	1
0	0	<1

YouGov | yougov.com

July 3 - 5, 2019

Prevalence of Loneliness

YouGov 2019

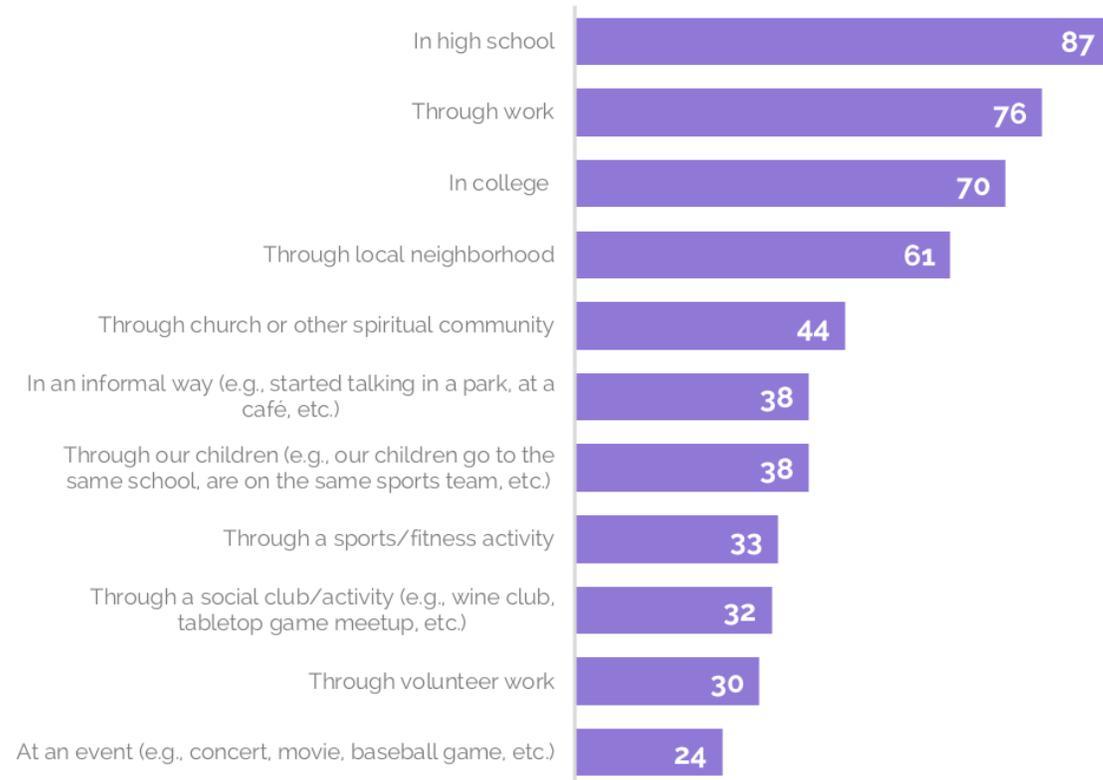
- 2020 found that 71 percent of millennials and almost 79 percent of Gen Z respondents report feeling lonely—a significantly greater proportion than other generations.

University of Pennsylvania

- Social media use = decreased well-being

How do Americans make friends? They turn to their workplaces, their neighborhoods, and their spiritual communities

Please indicate whether or not you have ever met a friend in the following ways. (% of US adults who say "I have met at least one friend this way")



Loneliness is more common than...

- Diabetes
- Depression
- Anxiety
- Heart disease

Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States

“Our epidemic of loneliness and isolation has been an underappreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight – one that can help us live healthier, more fulfilled, and more productive lives.”

“Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders. Together, we can build a country that’s healthier, more resilient, less lonely, and more connected.”

U.S. Surgeon General Dr. Vivek Murthy

<https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html>

<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

1.Strengthen Social Infrastructure: Connections are not just influenced by individual interactions, but by the physical elements of a community (parks, libraries, playgrounds) and the programs and policies in place. To strengthen social infrastructure, communities must design environments that promote connection, establish and scale community connection programs, and invest in institutions that bring people together.

2.Enact Pro-Connection Public Policies: National, state, local, and tribal governments play a role in establishing policies like accessible public transportation or paid family leave that can support and enable more connection among a community or a family.

3.Mobilize the Health Sector: Because loneliness and isolation are risk factors for several major health conditions (including heart disease, dementia, depression) as well as for premature death, health care providers are well-positioned to assess patients for risk of loneliness and intervene.

4.Reform Digital Environments: We must critically evaluate our relationship with technology and ensure that how we interact digitally does not detract from meaningful and healing connection with others.

5.Deepen Our Knowledge: A more robust research agenda, beyond the evidence outlined in the advisory, must be established to further our understanding of the causes and consequences of social disconnection, populations at risk, and the effectiveness of efforts to boost connection.

6.Cultivate a Culture of Connection: The informal practices of everyday life (the norms and culture of how we engage one another) significantly influence the relationships we have in our lives. We cannot be successful in the other pillars without a culture of connection.

Interventions and Treatment - What

- 1.) Foster **existing relationships**
- 2.) Help build **new relationships**
- 3.) Change the **thinking** around loneliness



Interventions and Treatment - How

- 1.) Social Access: recreation, technology
- 2.) Social Support: mentoring, support groups, community interventions
- 3.) Social Skills: talking on phone, in person interactions
- 4.) Address Maladaptive Cognitive Processes: CBT, reminiscence therapy, animal therapy



Columbia University Mailman School of Public Health call for the United States Public Health system to spearhead national efforts to combat the epidemic of loneliness.

- Individual- level interventions to address loneliness: relationship and social skills training, structured recreational activities, small group cognitive–behavioral therapy, and animal-assisted therapy (weekly friendship training sessions to equip children with social skills needed to form meaningful connections reduced loneliness)
- More research is needed on community-level and population-based approaches
 - Experience Corps—an intergenerational volunteer program providing older adults with opportunities to build meaningful relationships and serve in local elementary schools—may prevent chronic loneliness)
 - Design of public spaces to foster social connection and cohesion

CONTEXT: Who?

Scenarios resulting from different predisposing/precipitating/ maintaining factors.

Intrapersonal factors^{d(68)}

- Are there psychological barriers e.g. mistrust, fear of rejection, withdrawal, negative self-comparison, low self-esteem?^{a(48,51)c(29)d(92,93)e}
- Is the individual already experiencing anxiety &/or depression?^{a(38,39,41)b(13,42)e}

Interpersonal factors

- Are there good social skills & confidence?^{a(36,54)b(13,53,99)e}
- Are there communication challenges e.g. ASD, sense impairments?^{a(36,54)b(13,53)e}

Social factors

- **Lack of close relationships**^{d(50,62,92,96)}
 - Is there family support?^{c(29)d(63)e}
 - Is there physical isolation?^{a(27,65)e}
 - Are there meaningful & supportive close friendships?^{c(29)d(50,59,62,96)}
- **Sense of belonging or difference**
 - Is there a sense of community & inclusion?^{c(29)d(88,92)e}
 - Was there a specific (traumatic) experience that an individual feels they can't share with others who don't share the experience?^{a(48,49)d(64)e}

Socioeconomic factors^f e.g. lower income, lower education level, living in poor neighbourhoods, migrants, unemployment

CONTENT: What?

What are the key components of the intervention? A particular intervention may incorporate >1 component.

Co-design, Personalised^{a(38,39)c(28)d(90,99,101)e}

Intrapersonal strategies

- **Therapy & psychoeducation**^{a(38,39,41,46,48)b(12, 42-45)d(63,93,94)e} e.g. smartphone apps using positive psychology psychoeducation videos or online platforms using strengths-based approaches to set goals; CBT; reframing
 - Face-to-face or online; Group or one-to-one
- **Self-help / personal strategies**^{a(47,48,51,52)d(50,94)e} e.g. use of social media, journaling, exercise, listening to music

Interpersonal strategies

- **Improving social skills**^{a(54)b(13,53)e}

Social strategies

- **Enhancing social support**^{a(36, 38-40,55,56)b(13,16,57)d(50,92,93)}
 - Reliable & consistent adult role models/support^{a(40)c(28)d(62,67,94,96)e}
 - Meaningful companionship & support e.g. through peer support groups^{a(47,49,54-56,65)b(13,16,53,57)d(63,89,93,100)}
 - Reducing bullying^{d(62,63,64)} e.g. through awareness raising in schools
 - Face-to-face or online
 - Group or one-to-one
- **Increasing opportunities for social contact**
 - Meaningful shared activity e.g. music therapy, physical activity^{a(27,58)d(63,68,94,95,97,98)}
 - Accessible 'Safe spaces'^{c(28)d(64,88,99,100)e}
 - Face-to-face or online^{d(89)}
 - Group or one-to-one

MECHANISMS OF ACTION: Why/how does this work/not work?

Intrapersonal mechanisms

- **Changing thinking & behaviour**^{a(38,39,52)b(12,42)e}
- **Building positive attitude to self, self-awareness & acceptance**^{a(39,46-48,51,54,56)b(43,44)d(91,94)e}
- **Building purpose, ownership & control**^{a(65)c(28)d(64,99)e}
- **Self-regulation**^{a(49,65)} **Improve mood**^{a(56)}

Interpersonal mechanisms

- **Building social skills**^{a(47,54)b(53)d(99)e}
- **Building social confidence**^{a(54,56)d(99)e}
- **Building trust**^{a(40,49)c(28)d(94)}

Social mechanisms

- **Recognising the shared understanding of peers**^{a(27,36,47,49,54-56)d(100)e}
- **Building social identity**^{a(27,56,66)b(43)c(28)e}
- **Building meaningful relationships**^{a(27,40,48,56)d(91)e}
- **Building sense of belonging and community**^{a(47)c(28)d(88,91)e}
- **Addressing stigma & lack of understanding**^{d(61,63,67-70,88,90)e}

BARRIERS^{d(62)}

- **Individual hurdles** e.g. interpersonal difficulties, psychological barriers^{a(48,49)}, situation e.g. work/caring patterns^e, severity of mental ill-health^e
- **Practical hurdles** e.g. accessibility (transport, financial, waiting times, digital divide, disability^{d(59-61,63)e}, lack of information, lack of access to local services or community assets^{d(62)}, interests not catered for locally^e
- **Social hurdles** e.g. stigma, needs not understood by service or activity providers, lack of confidentiality, unsupportive home environment^e

References ^anew search of academic evidence, ^bpapers from (17) or (11), ^cMSc, ^dThird sector/policy, ^e LEAG; numbers match main text, ^f reviewed in (37)

A close-up photograph of a person's hand reaching out to touch a stalk of wheat in a field. The background is a vast field of wheat, slightly out of focus. The lighting is soft, suggesting a golden hour or a slightly overcast day. The overall mood is peaceful and connected to nature.

Nature-based Solutions!

The Benefits

- **Being in Green Space = Decreased Stress**
- **Biodiversity/Time in Nature = Lowers Blood Pressure, Improves Heart Rate Variability, Decreases Cortisol Levels**
- **Urban Trees and Greenery = Improved Memory, Emotional Resilience and Mood**
- **Urban Trees = Decrease Depression and Anxiety, Increase Feeling of Tranquility**
- **Proximity to Urban Parks = Improved Mental Health on Depression Screening**
- **Trees = Increased Physical Activity = Improved Mental Health**
- **Short Breaks in Green Space = Improved Focus**

adhd symptom

heart rate variability

creative thought processes

cortisol level

lower blood pressure risk of suicide

risk of schizophrenia

attention spans

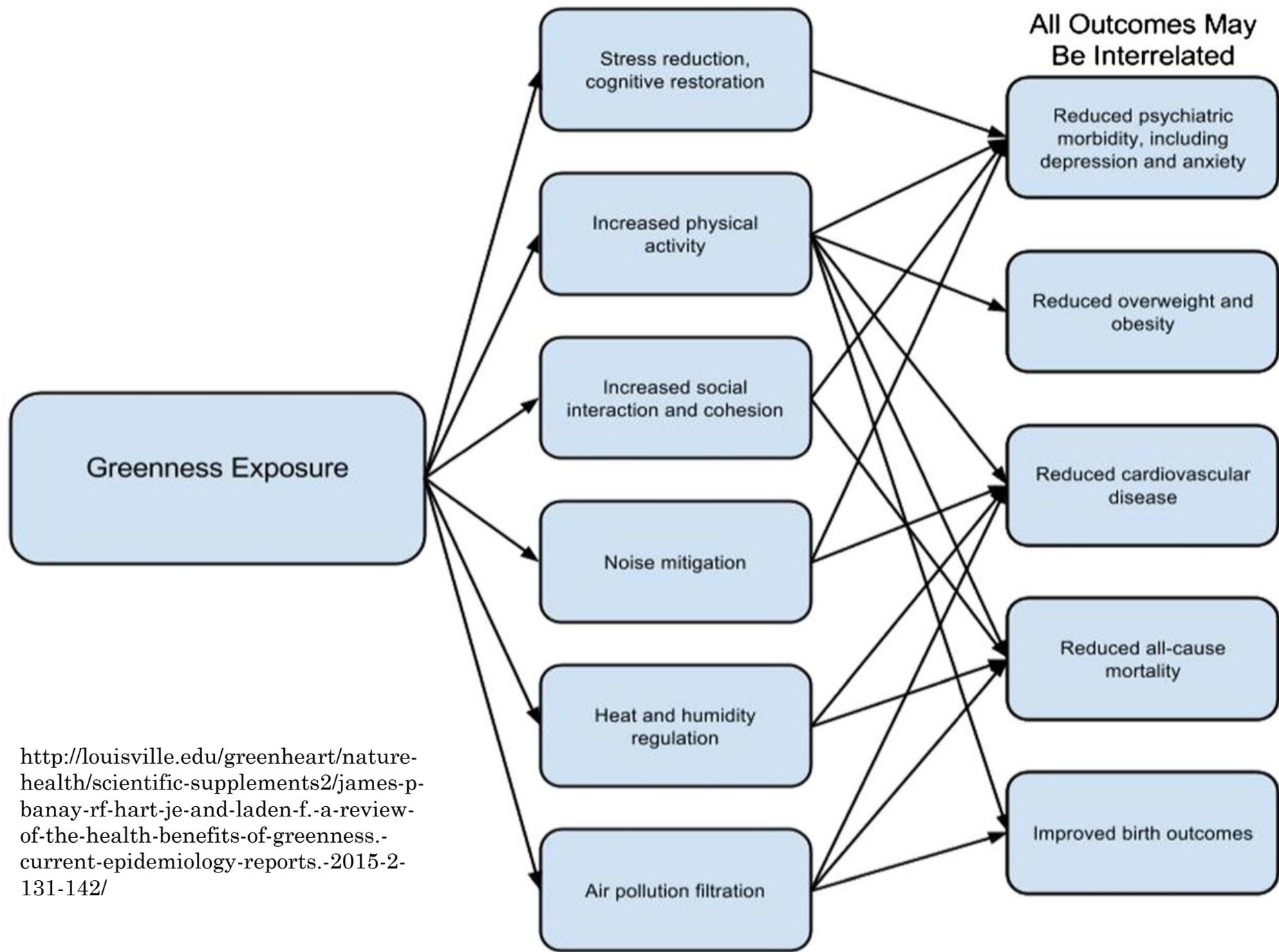
depression screening

emotional resilience

The Benefits

adhd symptom
heart rate variability
creative thought processes
cortisol level
lower blood pressure risk of suicide
risk of schizophrenia
attention spans
depression screening
emotional resilience

- **Direct Experience With/In Nature = Increases Children's Attention Spans, Ability to Focus, Creative Thought Processes, Problem Solving, Self Regulation and Reduces ADHD Symptoms**
- **Tree Canopy = Improved Sleep = Improved Mental Health**
- **Vegetation = Decreased Noise = Improved Mental Health**
- **Exposure to Green Space During Childhood = Decreased Risk of Schizophrenia**
- **Exposure to Natural Environments (vegetation) = Reduced Risk of Suicide**
- **Physical Health Outcomes = Potential Links to Mental Health Outcomes**



<http://louisville.edu/greenheart/nature-health/scientific-supplements2/james-p-banay-rf-hart-je-and-laden-f.-a-review-of-the-health-benefits-of-greenness.-current-epidemiology-reports.-2015-2-131-142/>

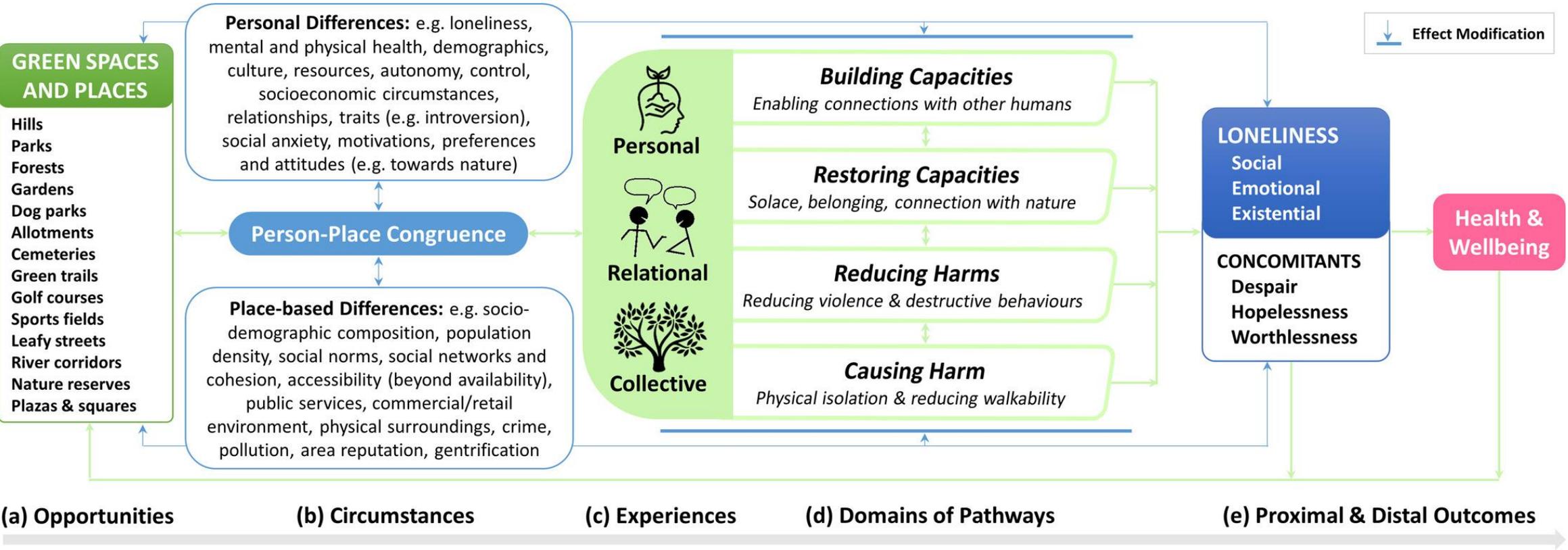


Benefits: Decreases Loneliness

Scientific Reports Journal

- Data from urban citizens across the world using the [Urban Mind research app](#)
- Feelings of overcrowding increased loneliness by an average of 39%
- When people were able to see trees or the sky, or hear birds, loneliness fell by 28%
- Feelings of social inclusion cut loneliness by 21%
- When social inclusion coincided with contact with nature, effect boosted by 18%
- “Familiarity with environments was not measured, but is likely to be at play as people tend to visit the same natural environments. Such familiarity has been linked with feeling more connected to a place, with possible mental health benefits.”

<https://www.theguardian.com/society/2021/dec/20/contact-with-nature-cities-reduces-loneliness-study-mental-health>



<https://www.sciencedirect.com/science/article/pii/S0048969722046198>

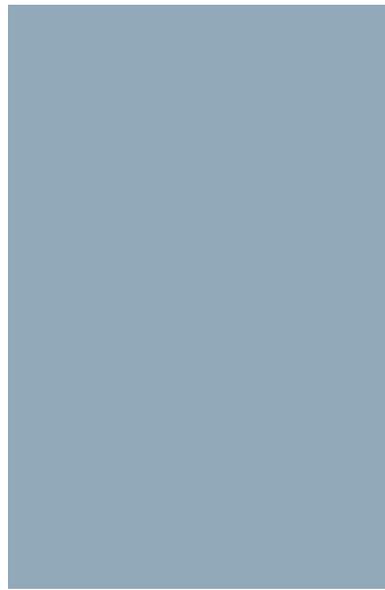
The Colorado Loneliness Project

Our mission is to increase loneliness awareness and design and implement community-centric, evidence-informed interventions to treat loneliness in our community.

- 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).



COLORADO CENTER FOR
**Primary Care
Innovation**

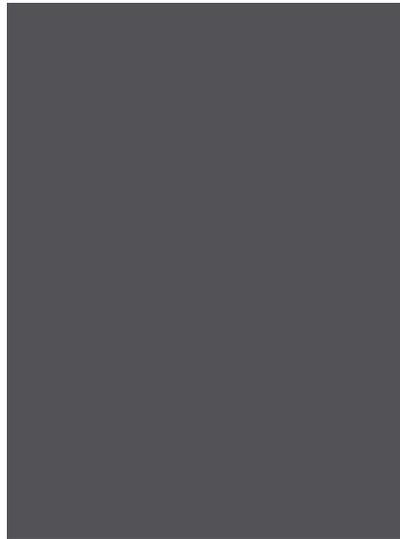
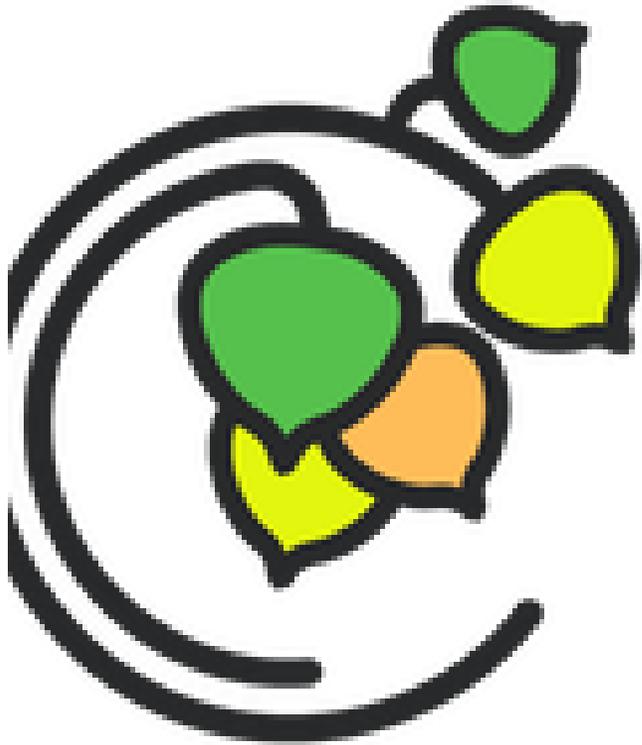


The Colorado Loneliness Project

Step 1: Screening

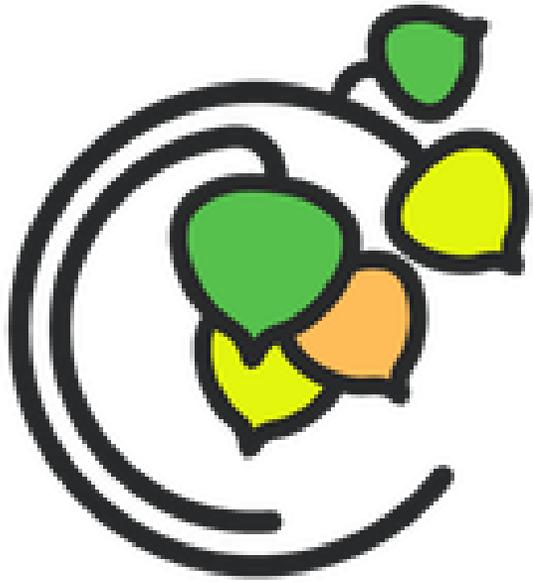
Across our 7 clinics, we screen patients for loneliness using a validated screening questionnaire.

- 18-20% of patients were lonely
- Most prevalent amongst 16-25 year olds (28%) vs. 65+ (7%)
- Social and emotional loneliness are both common
- Social loneliness slightly more common in younger age groups
- Emotional/intimate loneliness more common in older age groups
- Patients with anxiety, depression, or diabetes are more likely to have emotional/intimate loneliness



	Regular phone calls from staff	Talking to therapist	Book club or other activities	Socializing at office	Participating in PAC	Volunteering in the community	Sharing stories
Overall	8.3%	14.1%	14.8%	6.8%	5.8%	18.1%	8.1%
Lonely patients	11.3%	38.8%	33.8%	13.8%	13.8%	18.8%	11.3%

	Regular phone calls from staff	Talking to therapist	Book club or other activities	Socializing at office	Participating in PAC	Volunteering in the community	Sharing stories
Emotional/Intimate	.08	.24*	.19*	.07	.17*	.03	.01
Social/Relational	.21*	.43*	.31*	.25*	.17*	.08	.21*



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Step 2: Treatment and Interventions

- Provide social and education activities in group settings facilitated by a health coach or community educator.
- Develop access to behavioral health services for cognitive behavior therapy and mindfulness-based techniques.
- Engage the community about loneliness – develop a community asset map to identify the community resources available, host events in the community to raise awareness and develop community goals.



Colorado Loneliness Project

Identifying and Applying interventions

Type of Loneliness	Relational (Social)	Relational/ Collective	Relational	Intimate (Emotional)
Definition	<p>Intimate – perceived presence/absence of a significant someone who can be relied on for emotional support during a crisis; provides mutual assistance; affirms one’s value as a person (5 people).</p> <p>Relational – perceived presence/absence of quality friendships or family connections (15-50 people)</p> <p>Collective – a person’s social identity wherein an individual can connect to similar others at a distance in the collective space (150 -1500 people).</p>			
Interventional Category	Social Support*	Social Interactions	Social Skills	Maladaptive Cognitive Processes*
Definition	Perception and actuality that one is cared for, has assistance available from other people to help them cope with a variety of problems.	Any relationship or social exchange between two or more individuals who modify their actions and reactions due to actions by their interaction partner(s).	Personal qualities and characteristics that facilitate interaction and communication with others in verbal and non-verbal ways including understanding of social rules and norms.	Thinking and beliefs central to one’s identity that are negatively biased, inaccurate, irrational or rigid.
Examples	<ul style="list-style-type: none"> • “go to lunch with friends” • “living closer to family” • “owning a puppy dog” • “true love” • “trust” • “companionship” 	<ul style="list-style-type: none"> • “being connected to a church” • “have better relationships, more friends” • “a strong sense of community in my neighborhood” • “finding others with shares interests” 	<ul style="list-style-type: none"> • “others reaching out to me” • “...if I wasn’t so shy” • “being able to have a real conversation” 	<ul style="list-style-type: none"> • “how I feel about myself – allowing myself to accept the person I am, and try to stay positive” • “get out of my head and accept myself first”
Interventions	Visitors Buddy-care program Telephone-based Technology-based Home care Community resources	Volunteering Groups and clubs Religious communities Outdoor activities Recreation Center	Psychotherapy/Counseling (speaking on the phone, giving and receiving compliments, coping and stress management, enhancing nonverbal communication)	Cognitive Behavioral Therapy (increase sense of belonging, decrease thought distortion, identify negative thoughts, dysfunctional and irrational beliefs, false attributions and self-defeating thought)
Barriers	Finances Domestic violence Language	Hearing Transportation Dental issues Disability Chronic illness	Behavioral health issues (e.g. TBI, PTSD, social anxiety, ADHD, substance abuse) Disability (hearing, vision) Cultural Language	Finances Time



Día de Aventuras al Aire Libre Para Jóvenes

Octubre 1-2, 9AM-3PM
Edades 8-10 años
GRATIS

Transporte y Almuerzo Incluidos

Reunión y Partida de la Clínica
Midvalley Family Practice

-  **Tener Diversión**
-  **Hacer Nuevos Amigos**
-  **Estar al Aire Libre y Disfrutar de la Naturaleza**
-  **Aprender Nuevas Habilidades**
-  **Estar Saludable**

CONTACTO

 (970) 927-4666
 jrollins@mvfpsportsmed.com




Youth Outdoor Adventure Day

October 1-2, 9AM-3PM
Ages 8-10
FREE

Transportation and Lunch Provided

Departs from
Midvalley Family Practice Clinic

-  **Have Fun**
-  **Make Friends**
-  **Get Outdoors and Enjoy Nature**
-  **Learn New Outdoor Skills**
-  **Find Inner Wellness**

TO SIGN UP, CONTACT

 303-428-7449
 katie.effertz@westminstermedicalclinic.com



MidValley Family Practice Intervention



MidValley Family Practice Intervention Highlights

Location:

- Students hiked in Pitkin Open Space on Snowmass Mountain, not a lot of people or bikes.
- Hikes were within 30 minutes of the clinic.
- Beautiful fall colors!
- Weather was iffy in afternoons.

Participants:

- Same 3 kids over the two days. More signed up but weather may have been the issue.
- Students enjoyed hiking.
- One student was very interested and excited about tracks and scat. They saw 'dog like' tracks, which may have been a coyote.
- The two boys connected to each other and built a friendship over the two days.
- The girl connected to nature - was so excited about leaves and everything nature.
- One kid was larger in size than the other two but acted younger. Sometimes his way of connecting was not always appropriate for the age group.
- None of the youth knew each other before.

Activities:

- They enjoyed games, turning everything into a game worked well.
- They had more buy in on day one and enjoyed doing a nature scavenger hunt.
- The youth struggled with participating in reflections.
- They did yoga and meditation both days, they were silly at first but then got into it. Instructors suspected they had never done it before.
- At first, they were hesitant to buy into new activities, but once they started they enjoyed it.
- Preferred playing instead of cooking.
- Did not want to build shelters, they wanted the instructors to do it for them and then they could play in it.

Best Practices

Successful recruitment =
relationships!!!!



“Play” with intention of building
connection (to self, peers, nature)



Magic combo = green space + physical
activity + mindfulness/yoga + play

COLORADO MOUNTAIN CLUB



Teen Internship Program

Get real life experience outside of the classroom!

Virtual Info Meeting **August 23, 5:30PM**



For more info or to register:

Email staceyh@cmc.org

CMC Teen Internship





HIKE N'

SATURDAYS

HANG

FREE!

**OUTDOOR ADVENTURE MEETUP
FOR TEEN GIRLS+**

Connect * Explore * Discover * Lead * Adventure

Saturdays 10AM - 3PM

January 27, February 10, February 24

March 9, March 23, April 6



9:45AM - Depart from American Mountaineering Center, Golden

10:15AM - Depart from Rocky Mountain Lake Park, Denver

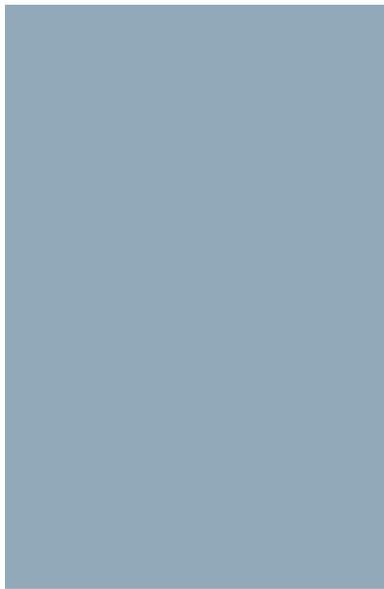
Join Colorado Mountain Club for a new adventure each week!

No Experience Needed - hiking, wilderness survival, rock climbing, and more!



To Sign Up: <https://www.cmc.org/youth/family-programs/>

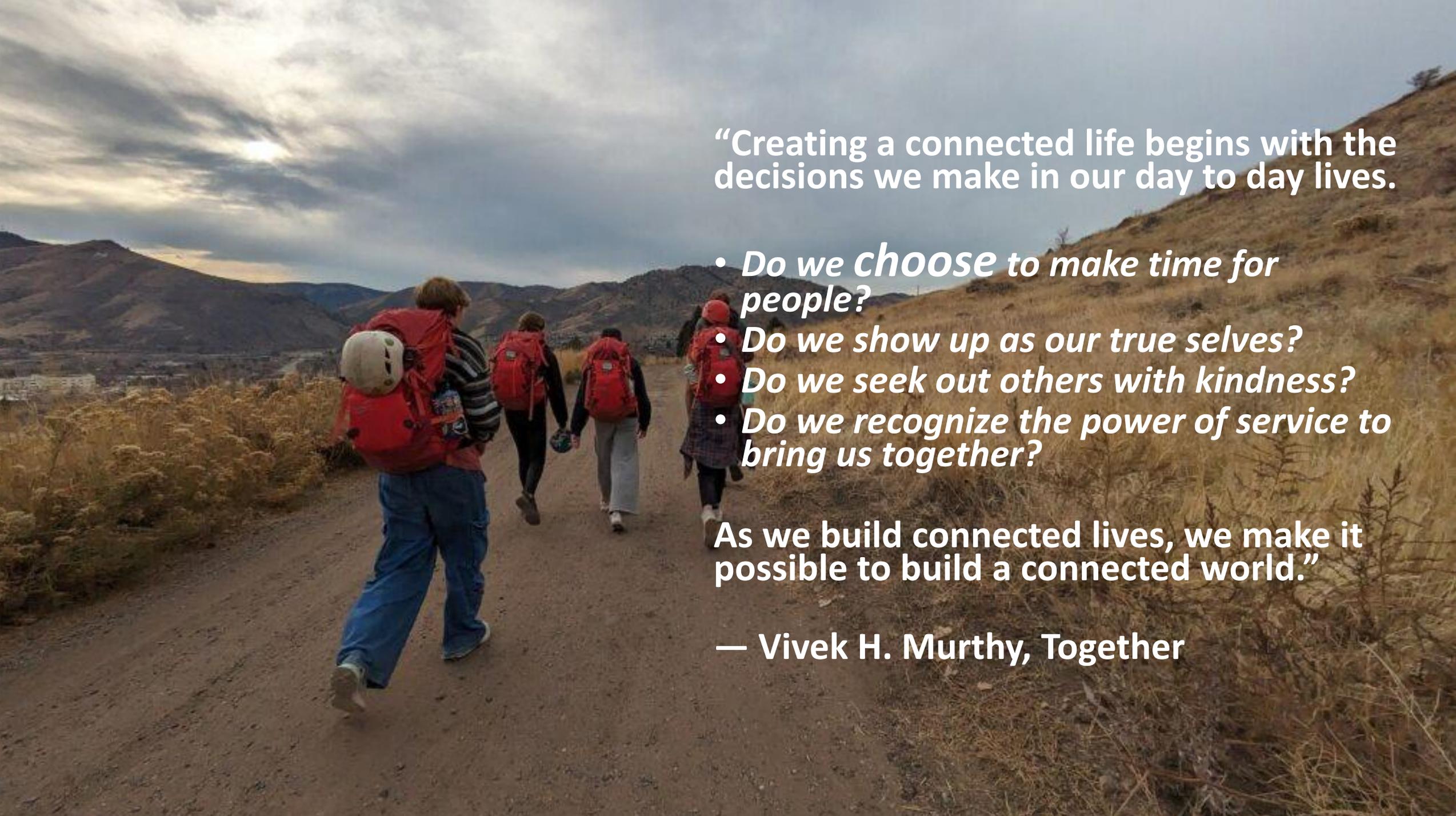
Hike N'
Hang:
Outdoor
Meet Up



The Colorado Loneliness Project

Step 3: Evaluation & Sharing Best Practices!!!





“Creating a connected life begins with the decisions we make in our day to day lives.

- *Do we choose to make time for people?*
- *Do we show up as our true selves?*
- *Do we seek out others with kindness?*
- *Do we recognize the power of service to bring us together?*

As we build connected lives, we make it possible to build a connected world.”

— Vivek H. Murthy, Together



Thank You!

- ▶ Stacey Halvorsen, MEd
- ▶ 719-219-9675
- ▶ staceyh@cmc.org
- ▶ www.cmc.org
- ▶ cc4pci.weebly.com