TOPICAL GUIDE

Six Considerations for Outcome Evaluation of Social Engagement Programs Serving Older Adults and People with Disabilities

COMMIT TO Connect

Introduction to Social Isolation and Loneliness

Social isolation and loneliness are increasingly recognized as critical and growing public health issues impacting the lives of millions of Americans. While social isolation and loneliness are related, they are different. Loneliness is defined as a subjective feeling of being alone or separated while social isolation is the lack of social contacts and having few people to interact with regularly.[1]

In a May 2023 Surgeon General Advisory, United States Surgeon General Dr. Vivek Murthy warned about the public health crisis that loneliness, isolation, and disconnection pose to the American public. Prevalence of social isolation and loneliness in the U.S. now surpasses smoking (13 percent), diabetes (15 percent), and obesity (42 percent).[2, 3, 4] These are significant issues for older adults and people with disabilities. Although individuals of all ages and backgrounds can be lonely and isolated, groups at higher risk include people with poor physical or mental health, people with disabilities, those experiencing financial insecurity, those who live alone, as well as single parents, older adults, and adolescents.[5]

Social engagement improves quality of life and people with strong connections experience better physical and mental health outcomes.[6] In addition, when people are socially engaged in their communities, they provide important contributions to their communities through sharing their knowledge, talent, skills, experience, and wisdom with others.

This topical guide is part of a series on themes critical to addressing social isolation and loneliness across the U.S. It is intended for staff and volunteer leaders interested in outcome evaluation of social isolation and loneliness programs and interventions supporting older adults and people with disabilities.

In addition to building an evidence base for health outcomes associated with social isolation and loneliness, it is also critical to collect data on effective programs and interventions. This document outlines key considerations and resources in measuring outcomes for programs promoting social connections.

1. **Measure Program Outcomes.**

Measuring outcomes is essential to demonstrating program impact on reducing social isolation or loneliness. Evaluations often measure program implementation (e.g., number of people who attended and satisfaction levels) or social participation (e.g., involvement in activities that provide interaction with others) rather than outcomes that show whether a program is achieving its goals (e.g., reduction in loneliness). While output measures provide important contextual information, outcomes demonstrate a program's impact. Outcome evaluations:

- Help organizations strengthen future activities;
- Attract more participants;
- Motivate staff;
- Make programs more competitive for funding; and
- Help an organization generate revenue to sustain and support programming.

Rigorous outcome evaluations also contribute to the knowledge base and may lead to a program attaining evidence-based status.* Publishing results in a peer-reviewed publication is a gold standard, since the process identifies weaknesses and ensures the conclusions are adequate and appropriate. Published articles share data-driven innovations which have the potential to improve health outcomes and quality of life.

2. **Consider Engaging with a University or Other Research Partner.** Community-based organizations may need additional support and research expertise when pursuing these aims. Colleges and universities may be beneficial partners. Colleges and universities typically have students or staff seeking research opportunities; have staff trained in research, evaluation, and data analysis; and understand the process of submitting research for publication. Consultants specializing in evaluation are also a helpful resource. Many foundations interested in addressing loneliness and social isolation could also offer financial support.

3. **Clarify Program Outcomes.** Organized strategic planning will focus and strengthen the outcome evaluation. Clarifying a program's intended outcomes is a key first step (J. Holt-Lunstad, personal communication, May 8, 2023). For example, programs may have the objective of addressing both social isolation and loneliness. Other programs may target just the feeling of loneliness or a related concept (e.g., social network size). Developing a logic model can help outline a program's expected outcomes (**ACL's Performance Measure Guidance September 2020 offers some specific guidance**). Logic models are visual descriptions of how a program functions and its inputs, activities, outputs, and outcomes.

4. **Choose a Tool to Measure Outcomes.** Although an organization may choose to develop its own tool to measure outcomes, validated measures are preferred for their proven accuracy. For example, organizations may benefit from using instruments validated to specifically assess social isolation, loneliness, or social connection/social interaction. Some validated measures also have abbreviated versions that may be easier for older adults and people with disabilities to use (A. Ordway, personal communication, June 7, 2023). Organizations should also consider using a measure that is validated for their target population (e.g., older adults or people with disabilities). The cost of existing validated measures varies and may also be a factor in determining which to use. It is also important to note that many tools are not tested with ethnic minority populations or historically underserved groups of people.[6]

* For more information see ACL definition of evidence-based program at **https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and-disability-evidence-based-programs**

The table below includes validated measures that organizations may consider when conducting outcome evaluations of social engagement programs serving older adults and people with disabilities.

Measure	Validated for:		Description
	Older Adults	People with Disabilities	
Campaign to End Loneliness Tool	✓	–	• Measures loneliness using positive wording • Three questions[7, 8]
De Jong Gierveld 6-Item Scale Loneliness Scale	✓	–	• Measures the extent of loneliness • Six questions[9]
Lubben Social Network Scale	✓	–	• Measures the characteristics of a person's relationships • 10 questions[10,11]
Patient-Reported Outcomes Measurement Information System (PROMIS), Satisfaction with Participation in Social Roles Domain	–	–	• Measures social role participation for the general population and people living with chronic conditions with a person-centered approach • 14 questions[12,13]
Social Isolation Scale (SIS)	✓	In testing	• Measures social isolation with focus on family, friends, and neighbors and other relationships • Six questions[14]
Temple University Community Participation Measure (TUCP)	–	✓	• Measures participation in community activities and importance among people with psychiatric disabilities • 34 questions[15]
UCLA 3-Item Loneliness Scale	✓	–	• Measures loneliness using a short and straightforward approach • Three questions[16,17]
Upstream Social Interaction Risk Scale (U-SIRS)	✓	In testing	• Measures the risk of disconnectedness • 13 questions[18]

5. Select an Evaluation Methodology. Below are some key steps in selecting an evaluation methodology.

- Determine how best to administer the instrument (e.g., online, in-person, or over the phone). Consider the participants' access to and comfort with technology.[19] A participant may be more honest if completing the measure when not in the presence of staff or volunteers. However, collecting data in an interview format by telephone or in-person may enable the interviewee to provide details about their responses and ask clarification questions they may have (M. Smith, personal communication, May 19, 2023).
- Obtain consent from participants prior to data collection to establish privacy and comfort with participation.
- Conduct pre- and post-tests with participants to measure changes over the course of the program. To the extent possible, refrain from program updates and keep measurements the same throughout the evaluation period. If necessary, document any changes that needed to occur (J. Holt-Lunstad, personal communication, May 8, 2023). Anticipated outcomes should inform the timing of the post-test(s). For example, feelings of loneliness may reduce immediately after an intervention such as a friendly calling program, whereas social network size may take more time to change. Collecting data at specified intervals over time (e.g., one month, three months, six months, 12 months) may show whether the program's outcomes are sustained.
- Track data at the individual level to allow for in-depth statistical analysis.
- Consider using a comparison group of people who did not participate to determine if changes in measured scores can be attributed to the program. Program waitlists are an excellent place to identify people for a comparison group (J. Holt-Lunstad, personal communication, May 8, 2023).

6. Consider the Audience When Presenting Results. There are a few key strategies to follow when sharing data and communicating outcomes. The presentation should be tailored to the audience (e.g., organizational decision-makers, consumers, funders, or policymakers). While a community-based organization may prefer narratives with bullet points, a policymaker may want hard numbers in a short brief.

Information should be presented in a manner that is easy to digest, clear, and straightforward. Writing should be in short sentences with plain language. Headings and bullets can be used to organize content. Visuals—such as infographics, tables, and charts—as well as testimonials with engaging photos, can also serve as helpful elements to present and supplement the data.

Summary

The growing research based on the health impacts of social isolation and loneliness signals the importance of data-driven programs to promote social connections.

Evaluating outcomes and collecting high-quality data on social connection programs for older adults and people with disabilities adds to the knowledge base and increases potential for replication and scale. Growing the number of proven programs will help support the social engagement needs and health outcomes of older adults and people with disabilities across the country.

Connect and Learn on the Nationwide Network of Champions

To engage with others on this important topic, we invite professionals in this space to join the Commit to Connect Nationwide Network of Champions (**committoconnect.org/network-champions/**). Commit to Connect Champions are passionate leaders and innovators at the local, state, and national level dedicated to ending social isolation and loneliness. Champions work together to increase awareness of social isolation and loneliness, connect people who are at risk of social isolation to social connection programs and technologies, and create more socially connected communities that are inclusive of all people including older adults, people with disabilities, and caregivers. This network of peers supports collaboration through shared learning and open communication across sectors and perspectives.

Join the conversation and become a Commit to Connect Champion! (**committoconnect.org/network-champions/**)!

Resources

Administration for Community Living (ACL): Logic Model Guidance: **acl.gov/sites/default/files/programs/2020-10/ACL%20Logic%20Model%20Guidance.pdf**

ACL: Social Connectedness Template for Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) Systems: **www.ta-community.com/t/x2hm3hq/acl-social-isolation-screening-resources-for-adrcsnwd-systems**

ACL: Social Isolation Screening Resources for Aging and Disability Resource Centers/No Wrong Door Systems: **www.ta-community.com/t/x2hm3hq/acl-social-isolation-screening-resources-for-adrcsnwd-systems**

ACL: No Wrong Door Social Connectedness Handout: **www.ta-community.com/t/60h8na1/acl-social-connectedness-handout**

Campaign to End Loneliness – Evaluation and Measurement: **www.campaigntoendloneliness.org/evaluation/**

Centers for Disease Control and Prevention (CDC): Health Communication Gateway: **www.cdc.gov/healthcommunication/**

CDC: Health Communication Playbook: **www.cdc.gov/nceh/clearwriting/docs/health-comm-playbook-508.pdf**

CDC: Health Equity Guiding Principles for Inclusive Communication: **www.cdc.gov/healthcommunication/Health_Equity.html**

Georgia Health Policy Center - Evidence-Informed Approaches to Measure Social Isolation among Older Adults: **www.thanksmomanddadfund.org/wp-content/uploads/2020/12/Social-Isolation-Report_FINAL.pdf**

Commit to Connect: Measuring Social Isolation: **acl.gov/sites/default/files/committoconnect/CTC_MeasuringIsolation_FINAL.pdf**

National Academies of Sciences, Engineering, and Medicine: Social Isolation and Loneliness in Older Adults: **nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the**

Shirley Ryan AbilityLab - Rehabilitation Measures Database: **www.sralab.org/rehabilitation-measures**

U.S. Department of Health and Human Services – Resources on Obtaining Informed Consent to Evaluations: **www.hhs.gov/ohrp/regulations-and-policy/guidance/informed-consent/index.html**

End Notes

1 Loneliness and Social isolation Linked to Serious Health Conditions. (n.d.). Centers for Disease Control and Prevention. **www.cdc.gov/aging/publications/features/lonely-older-adults.html**

2 Current Cigarette Smoking Among Adults in the United States. (2023, May 3). Centers for Disease Control and Prevention. **www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm**

3 Prevalence of Both Diagnosed and Undiagnosed Diabetes (n.d.). Centers for Disease Control and Prevention. **www.cdc.gov/diabetes/data/statistics-report/diagnosed-undiagnosed-diabetes.html**

4 Obesity is a Common, Serious, and Costly Disease. (2022, July 20). Centers for Disease Control and Prevention. **www.cdc.gov/obesity/data/adult.html**

5 Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. **www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf**

6 Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. **www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf**

7 Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. (2020). The National Academies Press, pp. 107-121. **doi.org/10.17226/25663**

8 Measuring Your Impact on Loneliness in Later Life, pp.10-18. (n.d.). Campaign to End Loneliness. **www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf**

9 Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. (2020). The National Academies Press, pp. 107-121. doi.org/10.17226/25663 and Measuring Your Impact on Loneliness in Later Life, pp.10-18. (n.d.). Campaign to End Loneliness. **www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf**

10 Georgia Health Policy Center Evidence-Informed Approaches to Measure Social Isolation among Older Adults, pp. 13, 16, 17, 26. (2020, August). Thanks Mom & Dad Fund. **www.thanksmomanddadfund.org/wp-content/uploads/2020/12/Social-Isolation-Report_FINAL.pdf**

11 Evidence-Informed Approaches to Measure Social Isolation among Older Adults, pp. 13, 16, 17, 26. (2020, August). Georgia Health Policy Center. **www.thanksmomanddadfund.org/wp-content/uploads/2020/12/Social-Isolation-Report_FINAL.pdf**

12 PROMIS: Patient-Reported Outcomes Measurement Information System. (n.d.). National Institutes of Health. **commonfund.nih.gov/promis/index**

13 Intro to PROMIS. (n.d.). HealthMeasures. **www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis**

14 Nicholson NR, Feinn R, Casey EA, Dixon J. Psychometric Evaluation of the Social Isolation Scale in Older Adults. Gerontologist. 2020 Sep 15;60(7):e491-e501. doi: 10.1093/geront/gnz083. PMID: 31201744. **https://pubmed.ncbi.nlm.nih.gov/31201744/**

15 Measuring Community Inclusion. (n.d.). Temple University Collaborative on Community Inclusion. **https://committoconnect.org/wp-content/uploads/2024/03/TUCP-Version-2.3.1-no-child-exclusion-Salzer-Song.pdf**

16 Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. (2020). The National Academies Press, pp. 107-121. **doi.org/10.17226/25663**

17 Measuring Your Impact on Loneliness in Later Life, pp.10-18. (n.d.). **www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf**

18 Assessment and Practical Solutions for Social Connectedness within Clinical and Community Settings. (2022, February). Matthew Lee Smith, PhD, MPH, CHES, FGSA, FAAHB, Center for Population Health and Aging, School of Public Health, Texas A&M University. **https://www.hhs.texas.gov/sites/default/files/documents/atwac-feb-2022-item3a.pdf**

19 Administration for Community Living. Measuring Social Isolation. (n.d.). Administration for Community Living. **acl.gov/sites/default/files/committoconnect/CTC_MeasuringIsolation_FINAL.pdf**

Acknowledgements:

To inform this topical guide, key informant interviews were done with the following subject matter experts:

- Christina Neill Bowen, MSW, LICSW, Christina Neill Bowen Consulting, LLC
- Leigh Ann Eagle, BS, Director, Health & Wellness Program, MAC, Inc.; Chief Operating Officer, Living Well Center of Excellence
- Julianne Holt-Lunstad, PhD, Professor of Psychology and Neuroscience, Brigham Young University
- Sue Lachenmayr, State Program Coordinator at MAC, Inc. Living Well Center of Excellence
- Erica McFadden, MSW, PhD, Director, Office of Independent Living Programs, Administration on Disabilities, Administration for Community Living (ACL)
- Anne Ordway, PhD, National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), ACL
- Matthew Lee Smith, PhD, MPH, Associate Professor, School of Public Health, Texas A&M University

Funding for this initiative was made possible by contract no. HHSP233201500088I from ACL. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.