The Georgia Department of Human Services’ Division of Aging Services (DAS) received funding through the Coronavirus Aid, Relief, and Economic Security Act to support the division’s response to social disconnection among older adults during the COVID-19 pandemic. DAS contracted with the Georgia Health Policy Center (GHPC) to identify existing, evidence-based measurement tools for assessing social disconnection among DAS service populations. Evidence-based findings on assessments and interventions to mitigate social disconnection are being incorporated into current DAS processes and programs.

**Defining Social Disconnection Is Challenging**

Research shows that social relationships and health are deeply intertwined, yet there is considerable variation in how researchers and practitioners define and measure social relationships. In both academic and practice settings, terms like *loneliness* and *social isolation*, which are distinct concepts, are often used inaccurately and sometimes interchangeably.

- **Social Isolation** is a lack of social contact, relationships, and participation in society.
- **Loneliness** is the perception or felt experience that one is lacking desired social relationships.

The need to respond to the COVID-19 pandemic and measures that limit social interaction, especially for vulnerable groups like older adults, have accelerated movement toward a shared approach to understanding and assessing issues around social relationships. There is increasing support for use of a composite measure of social relationships, social disconnectedness, rather than measurements of individual constructs like social isolation or loneliness.

- **Social disconnectedness** is an overarching, holistic term that encompass structural, functional, and qualitative components of social interactions.

**GHPC Researchers Undertook a Comprehensive Review**

In order to aid practitioners in assessing for social disconnectedness among older adults, Georgia Health Policy Center (GHPC) researchers completed a review of existing assessment tools. Although evidence is still emerging, a review of the literature showed support for the use of comprehensive measurement approaches, validated tools, and person-centered assessment processes. An initial search of several academic databases identified a total of 71 measurement tools. Four of these tools met all inclusion criteria: measured dimension(s) of social disconnectedness, available in the public domain, designed for or tested with older adults, had strong reliability and validity, produced a score, and were brief to administer.

After examining the four tools, the GHPC team recommended the six-item Lubben Social Network Scale (LSNS-6) as an initial screening tool, followed by the Three-Item UCLA Loneliness Scale in conjunction with person-centered counseling.
In the absence of a composite measurement tool for social disconnectedness, this two-step process that evaluates multiple components of disconnectedness and incorporates the principles of person-centered counseling provides a holistic assessment.

**TWO-STEP ASSESSMENT PROCESS IS IDEAL**

The LSNS-6 was designed to assess social integration and screen for social isolation among older adults. Benefits of this tool for Phase I screening include:

- Strong evidence of reliability and validity in both research and clinical settings with older adults
- Testing and use in both large and small-scale studies in the United States and abroad
- Validation in several languages and administration modes, including self-administration, phone administration, and in-person interview
- Simple and brief to administer and score
- An established clinical cut point to identify risk

For Phase II of client evaluations, the Three-Item UCLA Loneliness Scale was selected to assess social isolation and loneliness. Benefits include:

- Strong evidence of reliability and validity across diverse older adult populations
- Recommendation by a National Academies of Science, Engineering, and Medicine committee for use in health care settings
- Simple and brief to administer and score
- Ongoing effort to integrate the scale into U.S. electronic health records systems

Summary of the four measurement tools included in full analysis.

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**Berkman-Syme Social Network Index (SNI)**

- **Target construct:** Social integration versus social isolation
- **Dimension(s) measured:** Marital/partnership status, contacts with close friends and relatives, membership in a religious group, membership in other types of groups
- **Items:** 4
- **Scoring:** Score Range: 0-4; 0 or 1=most isolated; 2, 3, and 4=increasing social connectedness.
- **Validity/reliability of tool:** Not formally assessed; widespread adoption suggests strong face validity for measuring social isolation vs. integration

**De Jong Gierveld Short Scale**

- **Target construct:** Emotional and social loneliness
- **Dimension(s) measured:** Sense of emptiness, missing people, sense of rejection, having people to rely on, having people to trust, feeling close to people
- **Items:** 6
- **Scoring:** Score Range: 0-6; Emotional subscale scoring: 0=not emotionally lonely, 3=intensely emotionally lonely; Social subscale scoring: 0=not socially lonely, 3=intensely socially lonely.
- **Validity/reliability of tool:** Evidence of reliability and validated to measure overall, emotional, and social loneliness

**Lubben Social Network Scale**

- **Target construct:** Assesses social integration and screens for social isolation
- **Dimension(s) measured:** Size of respondent’s active social network, perceived support network, perceived confidant network
- **Items:** 6
- **Scoring:** Score Range: 0-30; <12 suggests=clinical cut-off point for identifying individuals at-risk for social isolation.
- **Validity/reliability of tool:** Evidence of high internal consistency and validated clinical cut-off points for social isolation vs. integration

**Three-Item UCLA Loneliness Scale**

- **Target construct:** Subjective social isolation and loneliness
- **Dimension(s) measured:** Lack of companionship, feeling left out, feeling isolated from others
- **Items:** 3
- **Scoring:** Score Range: 3-9; Higher scores indicate greater loneliness.
- **Validity/reliability of tool:** Evidence of good reliability across modes of administration and validated to measure loneliness
Although current understanding and guidance around assessing social disconnection are limited, integrating use of validated measurement tools into real-world practice represents an essential step in building evidence and best practices. Continuous evaluation and refinement of approaches and sharing learnings across disciplines can contribute to progress in meaningfully addressing the longstanding problem of social disconnection among older adults.

**Next Steps**

GHPC is assisting our partners and stakeholders by providing clear, practical resources; responding to client requests; and facilitating important, strategic conversations about the impact of COVID-19. GHPC’s Long-Term Services and Supports Team will continue to examine the impact of COVID-19 public health measures on the health and well-being of older adults and people with disabilities. Additionally, DAS will look at the impact of implementation of measurement tools and interventions to mitigate the risk of social disconnection on vulnerable populations.

For the past 25 years GHPC has been guided by our commitment to connecting decision makers with the objective research and guidance needed to make informed decisions about health policy and programs. Please reach out to us if you have any research or policy analysis needs.

**Please see related briefs in this series on the impact of COVID-19 on older adults’ social disconnection and interventions to mitigate risks associated with social disconnection.**

**References**


**For more information:**
Georgia Health Policy Center
55 Park Place NE 8th Floor
Atlanta, GA 30303
404-413-0314
ghpc@gsu.edu
ghpc.gsu.edu