Nearly one in four adults aged 65 and older is considered to be socially isolated. Social isolation and loneliness can lead to serious health problems and increased healthcare costs for both the individual and the community. As many older adults avoided social interactions this past year to keep themselves safe during the COVID-19 pandemic, they are now especially at-risk of social isolation and loneliness.

While social isolation and loneliness are related terms, they are distinct concepts. 

» **Social isolation** means *objectively* being alone or having few or infrequent social contacts. 

» **Loneliness** is a *subjective feeling*, often defined as the discrepancy between one’s actual and desired level of connection.

**Social isolation can become a problem as we age.** Life changes such as caring for an ailing partner, death of family and/or friends, health issues like hearing loss, and moving to a new place can create feelings of loneliness for older people. Opportunities to be social, once taken for granted, can quickly disappear.

**Loneliness affects both physical and mental health.** Loneliness is associated with an increased risk of high blood pressure, coronary heart disease, stroke, cognitive decline, and dementia.

**Loneliness is expensive.** Loneliness and social isolation among older adults are linked to more hospitalizations and medical visits – putting a strain on our medical system’s resources. Each month, Medicare spends approximately $134 more for each socially isolated older adult than it would were the person socially connected.

**Community connections play a key role in combating loneliness and social isolation.** Access to public gathering spaces, ability to connect virtually and over the phone, and involvement in hobbies and activities can make all the difference, while a lack of transportation can limit social interactions and access to community amenities and services.

**BACKGROUND**

47% One example: Forty-seven percent of adults who have lost a spouse or partner in the last five years report feeling lonely.

15 Loneliness and social isolation can be as damaging to health as smoking 15 cigarettes a day.

$6.7 Billion Nationally, an estimated 4 million older adults enrolled in traditional Medicare are socially isolated, which translates to an estimated $6.7 billion in additional Medicare spending annually.

2x Among people age 45+, those who have never spoken to a neighbor are twice as lonely — 61% — as those who have (33%).
SOLUTIONS

Combating loneliness and social isolation requires reaching individuals who are already suffering as well as those most at-risk — from both individual and community standpoints. Successful solutions address the systems and structures that enable people to connect, physically and virtually, and empower people to participate in their communities, maintain relationships, and create new ones.

- Develop programs for people at-risk of social isolation and loneliness to create opportunities for connection, such as group classes, volunteer programs, and one-to-one outreach programs. Consider partnering with nursing homes, assisted living communities, doctors’ offices, grocery stores, and utilities to recruit participants.

- Provide accessible and affordable transportation options that enable people to get where they want to go, including safe and connected sidewalks. When public transport is not available, support community, nonprofit, and/or volunteer options.

- Make it easier to connect online, with policies that increase high-speed internet access such as reduced broadband rates and free Wi-Fi in community gathering spaces.

- Support resources that teach older adults how to use technology and social media to stay connected with family and social groups.

- Support planning that encourages residents of all ages to thrive within their community. This may include creating parks, parklets, and outdoor dining spaces and making communities safe and comfortable for all ages and abilities with lighting, sidewalks, benches, and safe crossings that connect homes and services.

- Consider how underused land and resources can be turned into community assets for all ages. For example, an assisted living community may invite non-residents from the broader community to participate in its classes or an empty city lot might be converted into an accessible green space.

- Provide easy access to services that enable people to live in their communities, such as assistive devices and home and community-based services, including home-delivered meals.

For assistance in your community with issues related to aging, please contact info@empowerline.org, call (404) 463-3333, or visit empowerline.org.