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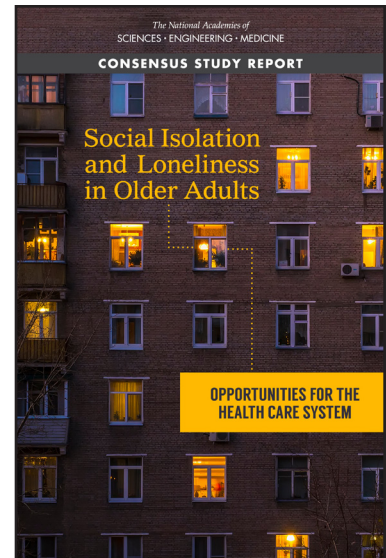
Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System

Many older adults are socially isolated or lonely—or both—in ways that put their health at risk. Nearly one quarter of Americans aged 65 and older who live in community settings are socially isolated, meaning they have few social relationships or infrequent social contact. A significant proportion of adults in the United States (35 percent of adults 45 and older, and 43 percent of adults aged 60 or older) report feeling lonely—different from social isolation, loneliness is a subjective feeling of being isolated.

Social isolation and loneliness are serious yet underappreciated public health risks for many older adults. Though hard to measure precisely, strong evidence suggests that, for older adults, social isolation and loneliness are associated with an increased likelihood of early death, dementia, heart disease, and more. While all ages may experience social isolation and loneliness, older adults are at increased risk because they are more likely to face predisposing factors such as living alone, the loss of family or friends, chronic illness, and sensory impairments.

Many who are socially isolated or lonely and who do not have consistent interactions with others may never be identified in their own communities. However, nearly all persons 50 years of age or older interact with the health care system in some way. As a result, health care providers may be in the best position to identify older individuals who are at highest risk for social isolation or loneliness—individuals for whom the health care system may be their only point of contact with their broader community.

With support from the AARP Foundation, the National Academies of Sciences, Engineering, and Medicine formed an ad hoc committee to study how social isolation and loneliness affect health and quality of life in adults aged 50 and older, particularly among low-income, underserved, and vulnerable subpopulations (or those considered “at risk”). In the resulting report, the committee identifies and recommends opportunities for clinical health care providers to help reduce the incidence and adverse health impacts of social isolation and loneliness and to examine ways to disseminate this information to health care practitioners.



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DEFINING SOCIAL ISOLATION AND LONELINESS

Social isolation and loneliness are two distinct phenomena. Although those who are socially isolated may feel lonely, social isolation and loneliness often are not significantly correlated.

In existing research, the terms “social relationships,” “social networks,” “social support,” and many others have been used to describe connections and intersections between people. While each of these terms have been linked to important health outcomes, they are not highly correlated, suggesting that they may influence health through different mechanisms. The committee used the term “social connection” to encompass the varying terms mentioned in available research (see Figure 1). The committee considered social isolation to be a structural indicator of social connection and considered loneliness to be a functional indicator.

HEALTH IMPACTS

The experience of feeling lonely or being isolated from other members of an individual’s community impacts health outcomes, but the resulting health conditions can also increase an individual’s likelihood of experiencing social isolation or loneliness. While some factors may provide protective benefits for older adults, others

may increase the risk for social isolation and loneliness and ultimately, result in negative health impacts. The committee noted that social isolation, loneliness, and other indicators of social connection have associations with negative physical, cognitive, and psychological effects, health-related behaviors, and health-related quality of life. Over four decades of research has produced robust evidence that lacking social connection—and in particular, scoring high on measures of social isolation—is associated with a significantly increased risk for early death from all causes.

GOALS

The committee developed five goals to structure its recommendations (see Box 1). Not all of the recommendations are explicitly directed to clinicians or clinical settings of care. However, the committee concluded these recommendations would be most helpful to ultimately develop and improve clinical interventions, allowing health care providers to help mitigate the negative health impacts of social isolation and loneliness. The committee emphasized that maintaining individual choice regarding personal life decisions is essential as a guiding principle for all interventions.

A full list of the recommendations can be found in the recommendations insert.

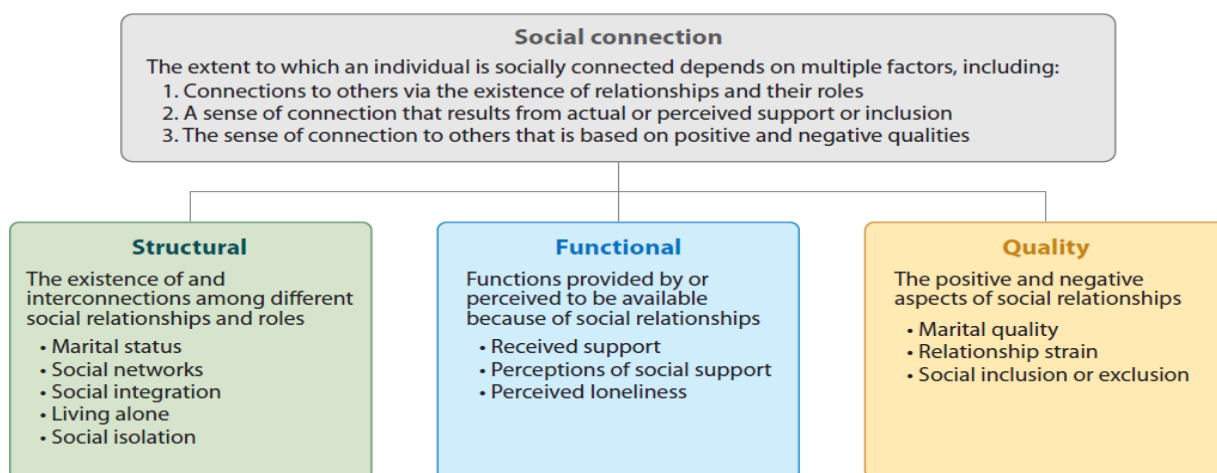


FIGURE 1. Social connection as a multi-factorial construct including structural, functional, and quality components.

FIGURE SOURCE: Holt-Lunstad (2018a). Reproduced with permission from the Annual Review of Psychology, Volume 69 © 2018 by Annual Reviews, <https://www.annualreviews.org/>.

BOX 1

Goals for Enhancing the Role of the Health Care Sector in Addressing the Impacts of Social Isolation and Loneliness in Older Adults

- 1. Develop a more robust evidence base** for effective assessment, prevention, and intervention strategies for social isolation and loneliness
- 2. Translate current research into health care practices** in order to reduce the negative health impacts of social isolation and loneliness
- 3. Improve awareness** of the health and medical impacts of social isolation and loneliness across the health care workforce and among members of the public
- 4. Strengthen ongoing education and training** related to social isolation and loneliness in older adults for the health care workforce
- 5. Strengthen ties between the health care system and community-based networks and resources** that address social isolation and loneliness in older adults

The committee's recommendations focused on several tactics to enhance the role of the health care system in helping address the health impacts of social isolation and loneliness in older adults, including:

- Strategies for expanding high-quality research on interventions for the clinical setting
- Better communication between researchers and practitioners
- Principles for identifying social isolation and loneliness in older adults in clinical settings
- Tailoring of evidence-based practices to address underlying causes, when possible
- Team-based approaches to care, including coordinated solutions between the health care system and community-based social care providers

- Inclusion of social isolation and loneliness in U.S. Department of Health and Human Services major health strategies
- Guidance for health professional schools, training programs, associations, and others for improving awareness of the health impacts of social isolation and loneliness

FURTHER RESEARCH

Researchers are only beginning to understand which specific approaches work best for which populations and which risk factors when confronting social isolation and loneliness. Furthermore, different interventions may be needed for social isolation vs. loneliness.

The report identifies the mechanisms through which social isolation and loneliness affect health, the risk factors for social isolation and loneliness, and the factors that affect those relationships as subjects for further study.

The committee concluded that identifying, prioritizing, and developing ways to translate scientific knowledge about the impacts of social isolation and loneliness on health into effective clinical and public health interventions requires a better understanding of how social isolation and loneliness are connected with each other and how they impact health.

To gather this evidence and develop a more robust evidence base, the report recommends that major research funders, including public, private and non-profit organizations back comprehensive research that examines ties between social connection and health.

CONCLUSION

Social isolation and loneliness represent significant health concerns for older adults that put them at higher risk of developing serious medical conditions.

The health care system is a key and relatively untapped partner in efforts to identify, prevent, and mitigate the adverse health impacts of social isolation and loneliness in older adults. In some cases, a single interaction with the health care system may represent the only opportunity to identify those individuals who are the most isolated and lonely. Determining the underlying causes of social isolation and loneliness can lead to more tailored approaches for intervention.

Furthermore, additional research and increased awareness of social isolation and loneliness will help health care providers and policymakers develop targeted care options and policy solutions to address these serious health risks for older adults.

Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults

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To read the full report, please visit
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