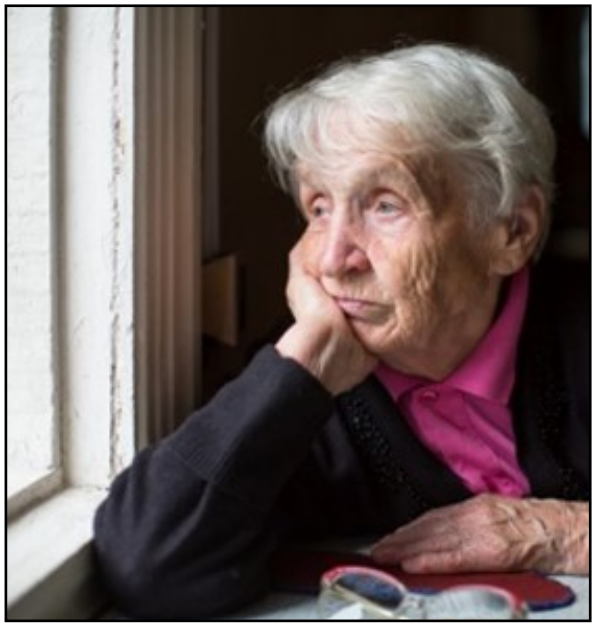
# Social Isolation and Loneliness Among Older Adults:

**A growing public health concern with no clear directives.**

***WAAN's Position: WAAN requests that a Joint Assembly and Senate Committee be formed to study the issue of social isolation and create policy solutions to reduce isolation in the senior population in Wisconsin.***

Although there is ample evidence to support that social isolation is a public health problem facing older adults, there are no specific policies which directly address this growing concern. It is estimated that social isolation affects as many as 17%[1] to 43%[2] of older adults in the United States. Furthermore, a study by AARP Public Policy Institute, Stanford University and Harvard University show that Medicare spends an estimated $67 billion more each year on older adults who lack social connections, and they are one-third more likely to require care in a skilled nursing facility.[3]



The factors that contribute to isolation among older adults are complex, varied, and occur at the individual, social network, community and societal levels. Some of the major risk factors include living alone, mobility issues, major life transitions, limited resources, caregiving responsibilities, living in a rural or unsafe neighborhood, lack of transportation, language (non-English speaking) and being a member of a vulnerable group. Compounding losses (social connections due to caregiving, death of friends and spouses, relationships with co-workers due to reduced work hours or retirement) can further contribute to isolation and loneliness, which are now believed to be as dangerous to our health as smoking 15 cigarettes a day, and surpass the mortality risks of obesity.[4] Older people without adequate social interaction are twice as likely to die prematurely.

## *Core Member Organizations*

- Aging and Disability Professionals Association of Wisconsin *(ADPAW)*
- Alzheimer's Association SE Wisconsin Chapter
- Wisconsin Adult Day Services Association *(WADSA)*
- Wisconsin Association of Area Agencies on Aging *(W4A)*
- Wisconsin Association of Benefit Specialists *(WABS)*
- Wisconsin Association of Nutrition Directors *(WAND)*
- Wisconsin Association of Senior Centers *(WASC)*
- Wisconsin Institute for Healthy Aging *(WIHA)*
- Wisconsin Senior Corps Association *(WISCA)*
- Wisconsin Tribal Aging Unit Association

The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

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There is sufficient evidence which connects loneliness and isolation to morbidity and illness, as well as higher rates of re-hospitalization. Diseases such as diabetes, hypertension, arthritis and emphysema have all been documented as outcomes, at least in part, of social isolation. Former Surgeon General Vivek H. Murthy, MD was quoted as saying, "During my years of caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness."

Depression is also seen in higher rates in those who are isolated and some studies show higher rates of mental health issues leading to substance abuse among those who are isolated. And there is evidence of higher rates of cognitive decline and dementia in individuals who lack social connection.

The National Center on Elder Abuse indicates that older adults who are socially isolated have higher incidences of abuse and exploitation. Researchers are unsure if those who are isolated are more likely to fall victim to abuse or if it is a result of abusers trying to isolate their victims to reduce the likelihood of being discovered. What is known is that elder abuse overall is underreported. Keeping older adults engaged with others and their community will create a situation in which there are more eyes on that person, making it more likely that prevention and/or reporting of abuse will occur.[5]

Social isolation in the older adult population is a statewide issue. With 29% of older adults in Wisconsin living alone[6] (and even those who live with others can be lonely), isolation impacts our diverse older adult population regardless of whether they live in urban or rural areas. According to a SCAN survey (2017) of older adults, 82% of surveyed individuals age 65 and older know at least one person who is lonely, yet 58% would be reluctant to admit if they themselves felt isolated.[7]

Further study is needed to improve the well-being of isolated older adults and to reduce the cost of associated health care. Much like the successful efforts of the Speakers' Task Force on Alzheimer's and Dementia which developed effective policy solutions to address dementia related issues, a coordinated effort led by the state legislature is needed to investigate the full impact of social isolation in older adults and to seek out solutions to address this widespread and emerging concern.

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## Social Isolation and Loneliness Among Older Adults:

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