

Social Isolation: An Overview

As human beings, we're grounded in social connections. It's a key element for thriving and growth. When older adults are socially engaged, communities benefit, too. They share knowledge, talent, skills, experiences, and wisdom—providing important contributions to their families, loved ones, and communities.



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This document contains a summary of key facts and links to technical assistance and resources related to addressing social isolation. For specific questions about using the Older Americans Act Title III B appropriations under the American Rescue Plan Act of 2021, please refer to the FAQ document.

Social isolation is more than being alone.

- Social isolation is the result of **being disconnected from support groups** of family, friends, and community.
- Reduced mobility, hearing or vision loss, low income, lack of access to affordable transportation, death of a spouse, and societal barriers—such as ageism and discrimination based on race, ethnicity, gender identity, or sexual orientation—can all contribute to disconnection.

Social isolation and loneliness are not the same thing.

- **Social isolation is objective**, with measurable factors like the size of one's social network, the frequency of contact with that network, availability of transportation, and the ability to take advantage of support resources.
- **Loneliness is more personal and subjective.** It's the feeling of not having the connections, companionship, or sense of belonging that we need as humans.

Social isolation is prevalent—especially among older adults.

- People of all ages experience social isolation and/or loneliness, but it's **especially harmful to those over the age of 50.**
- Nearly **25% of U.S. adults over 65 are considered to be socially isolated**—“the objective state of having few social relationships or infrequent social contact with others”—while **43% of those over 60 report feeling lonely.**ⁱ

Social isolation affects health and well-being.

- Harmful health outcomes have been associated with chronic isolation and loneliness, including **premature death**, a higher risk for developing dementia, heart failure and stroke, and increased risk of hospitalizations.ⁱⁱ
- According to an AARP study, analysis of Medicare spending has revealed that **an additional \$6.7 billion is spent annually on enrollees who are socially isolated.**

Social isolation is as bad for health as smoking 15 cigarettes a day.



Visit [ACL.gov/CommitToConnect](https://acl.gov/CommitToConnect) for more on how to stay connected.

Social isolation among older adults has increased because of COVID-19.

- A survey conducted by AARP Foundation and United Health Foundation in August 2020 found that the widespread impact of COVID-19 and social distancing measures used to prevent infection are intensifying existing feelings of loneliness—and, in some cases, the impact is more pronounced in older adults, particularly among women and those with low income.
- **More than half of adults 50 and older reported social isolation during the pandemic.** Respondents most often reported feeling frustrated, stressed, [anxious](#), isolated, tired, and sad. Among participants over 50, women were more likely to report that they've felt these negative emotions since the start of COVID-19. Respondents with low income as well as those with high income reported feeling more stressed than middle-income adults.
- An interview conducted in September and October 2020 by the social research organization NORC at the University of Chicago with 1,284 respondents ages 55 to 99 found that:
 - About 1 in 5 older adults (21%) have had no in-person contact with friends living outside the household during the pandemic. Another 48% reported less than weekly in-person contact with friends.
 - By contrast, most older adults reported at least weekly contact with friends via messages (email, text, or social media) or phone calls (68% and 58%, respectively).
 - Forty-one percent of older adults have used video calls at some point during the pandemic to communicate with friends outside the household.

In all, 79% of older adults are using at least one technology-mediated means of communication to contact friends once a week or more, whether via messages, phone calls, or video calls.



This growing use of technology to communicate with friends is encouraging—but it's important to remember that not everyone has access to broadband, internet services, or tech devices. According to a [study that assessed disparities in digital access](#), approximately **26% (about 1 in 4) Medicare beneficiaries lack access** to either broadband or the technology to connect to it.

- [EveryoneOn](#) is a nonprofit dedicated to creating social and economic opportunity by connecting low-income families to affordable internet service and computers, and delivering digital skills trainings.
- The [FCC Emergency Broadband Benefit](#) is a solution to address this need and is currently underway. We will need to continue to find ways to increase access to broadband and technology, and likewise increase training and education on how to use technology so that older adults can visit virtually with family and friends, participate in virtual faith-based activities and other programs, engage in telemedicine visits, and order groceries and supplies online.

i Carla M. Perissinotto, Irena Stijacic Cenzer, Kenneth E. Covinsky, Loneliness in Older Persons: A Predictor of Functional Decline and Death, *Archives of Internal Medicine*, 172:14,2012, 1078–1083.

ii Laura L. Fratiglioni, Hui-Xin Wang, Kåjerstin Ericsson, et al., Influence of Social Network on Occurrence of Dementia: A Community-Based Longitudinal Study, *The Lancet*, 55:9212,2000,1315-9.