

Isolation is Bad for Your Health

“U.K. Appoints a Minister for Loneliness,” read the headline of a recent *New York Times* article. British Prime Minister Theresa May had added “social isolation” as an area of national concern to the portfolio of an existing cabinet minister. This followed the findings of a year-long investigation into social isolation by a government commission. The study found that one-third of Briton’s seniors report-



ed being overwhelmed by loneliness, and half of persons living with disabilities reported feelings of loneliness at least once a day.

The article prompted a lively discussion via blogs on the *Times* website, including several from people who were living alone and were perfectly comfort-

able with it. Nonetheless, the commission’s findings dovetailed with a growing amount of U.S. social science research about the negative effects of isolation on health and longevity for many older people. These studies found a strong correlation between isolation and poor health and diminished longevity, but less connection with serious depression. It’s not clear how isolation may be causing these negative effects, so theories abound. One suggests that isolation can lead to poorer eating habits and unhealthy behaviors like smoking and not exercising. Another proposes that if your physical condition begins to deteriorate and you lack a close friend to notice and point it out to you, you may not seek medical help in timely fashion.

For years the Senior Agenda Coalition’s goal has been to promote expanding home and community-based services for se-

ing in community”---a third way between the options of nursing home care or aging in place at home with services. She sees it encom-

encourage group activities and reach out to isolated residents; d) startup efforts for additional “village without walls” programs

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niors. We have focused on rebalancing Medicaid long-term care funds away from nursing home care settings and into home or community-based care. Some call this “aging in place.” Progress toward this goal has been slow. For us Britain’s prioritizing seniors’ isolation as a public health problem is a wake-up call that for seniors to thrive, it’s not just about Medicaid-funded home care. We need to promote building a community that facilitates making new friends, being active citizens, and participating in all aspects of community life. Janice Blanchard, a keynoter at our annual conference, calls this “ag-

passing many possibilities including co-housing, multi-generational housing, and mutual supports such as the “village without walls” model---all of which greatly reduce isolation and build relationships among seniors.

We call on state and local government, as well as the philanthropic sector, to reduce senior isolation in Rhode Island by investing in a) services that “check in” on isolated seniors, such as Meals on Wheels; b) expanded senior center programs to attract and serve our rapidly-growing senior population; c) more resident service coordinators in senior housing to

like the Providence Village; and e) volunteer-provided transportation like the FISH program serving Exeter and North Kingstown.

In a state where 25% of men and 46% of women over age 75 live alone, we need more investments in “aging in community” to reduce their isolation and improve their health and longevity.

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