

Social Connectedness in Older Adults | Factsheet

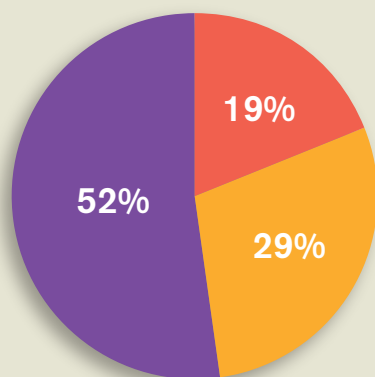
Loneliness is not a normal part of the aging process — but many of the challenges inherent in aging put our growing older adult population at risk. In a new report, developed with AARP Foundation support, researchers examined the best existing data to estimate the prevalence of loneliness among adults (age 62-91) in the U.S. The study identifies the characteristics of lonely older adults as well as segments of the older adult population who are at high risk for loneliness.

Although related, loneliness and isolation are not the same thing.

- **Loneliness** (also known as subjective isolation) denotes how people perceive their experience and whether or not they feel isolated.
- Objective **isolation** involves quantifiable measurements, such as the size of one's social network (and the frequency of engagement with it), availability of transportation, and ability to access resources and information. The scope of this study was specific to loneliness.

Key Results

Nearly **half of older adults** in the United States experience some degree of loneliness.



- Older adults who experience *relatively frequent* loneliness
- Older adults who experience *occasional* loneliness
- Older adults who *never* feel lonely

Looking at the characteristics of who is or isn't lonely, some key similarities and differences are worth noting:

- **Education:** Education levels don't differ between lonely and non-lonely individuals.
- **Work/Retirement:** Lonely and non-lonely older adults are equally likely to be retired, working or unemployed.
- **Caregiving:** Lonely and non-lonely groups are equally likely to be providing care for a dependent.
- **Marital Status:** The lonely group is less likely to be married than the non-lonely group, but both married (14%) and unmarried (30%) individuals can be lonely.
- **Income:** Lonely older adults have lower household income and less wealth.
- **Living Alone:** Lonely people are more likely to live alone, in large part because they are less likely to be married.
- **Health:** Although there is no significant difference in number and severity of chronic health conditions between the two groups, lonely people rate their health less positively.
- **Physical Limitations:** Lonely older adults have more physical limitations in carrying out the activities of daily living (e.g., dressing, bathing and feeding oneself).
- **Social Interaction:** Lonely older adults socialize, volunteer, attend religious services and participate in organized groups less frequently than non-lonely adults.

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Social Connectedness in Older Adults *(continued)*

Risk factors for loneliness include:

- Not being married
- Having three or fewer friends
- Socializing less than once a week
- Experiencing considerable strain in family relationships

The more risk factors present, the greater the odds of being lonely

Key Implications

What older adults can do to prevent or alleviate loneliness:

- **Stay or get socially active.** Weekly or more frequent group participation, attendance at religious services, volunteering, and socializing with friends may help prevent and reduce loneliness. The less frequently people see each other, the weaker the connections become and the less supportive the relationships are.
- **Nurture relationships.** Every relationship has its good and bad sides. The goal is to capitalize on the positive side and minimize the negative side. Reducing strain in family relationships is particularly important because these relationships are often the ones we turn to in times of need.
- **Find and take advantage of local resources.** The ability to socialize can be hampered by poor access, other obligations, and even the inability to prepare one's home for visitors. Explore transportation options, caregiver respite, or opportunities to get involved with activities and meet new people. Libraries, senior centers, community centers and other organizations offer a range of classes and groups, from computer training to arts classes to support groups and much more.

Additional questions research can address:

- Why do higher income and wealth reduce the odds of loneliness? What can money buy that improves social connectedness?
- What other factors might increase the risk for loneliness? Poor sensory functioning, particularly poor hearing, has been associated with greater loneliness, but better longitudinal data are needed to explore this more thoroughly.
- To what extent is loneliness a result as opposed to a cause of deteriorating physical and mental health?
- How can this and similar research be translated into practical guidance that sets directions for future research, targets policies, and helps service agencies reduce the burden of loneliness in a growing older adult population?

Study Information

- Data was derived from the National Social Life, Health, and Aging Project, a panel study funded by the National Institutes of Aging.
- Researchers studied a population-based sample of 3,240 older adults.
- Participants ranged in age from 62 to 91.



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