

**A LONELY HEART IS A HEAVY BURDEN:  
KEYS TO ADDRESSING THE EPIDEMIC OF  
PHYSICAL AND MENTAL HEALTH  
PROBLEMS OF OLDER AMERICANS  
CAUSED BY SOCIAL ISOLATION AND  
LONELINESS**

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*While all age groups are susceptible to social isolation and loneliness, older Americans are especially vulnerable. Major life changes such as retirement, the death of a companion, or loss of mobility may have lasting effects on seniors' mental and physical health as they adapt to new situations. Loneliness and social isolation can work by themselves or together, often affecting those who lack regular, meaningful social connections. This Note examines different programs and evaluations currently in use by independent organizations for combatting loneliness and social isolation in seniors. It argues that awareness campaigns, screening assessments, community involvement programs, and an expansion in transportation options can all be utilized jointly to identify and treat social isolation and loneliness. This Note recommends that all four of the foregoing elements be employed by the government to most effectively begin combatting these issues on a national level.*

## **I. Introduction**

Loneliness kills—and this problem is becoming one of the next big public health issues in our society.<sup>1</sup> A lack of social connection can harm an individual's health as much as smoking fifteen cigarettes a day or

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1. Justin Worland, *Why Loneliness May Be the Next Big Public-Health Issue*, TIME (Mar. 18, 2015, 12:46 PM), <https://time.com/3747784/loneliness-mortality/>.

having an alcohol use disorder, and it can be twice as harmful to physical and mental health as obesity.<sup>2</sup> Social isolation and loneliness are both growing problems in the elderly population, as indicated by the latest National Poll of Healthy Aging (“NPHA”) survey.<sup>3</sup> Of the 2,000 Americans between the ages of fifty and eighty that were polled, one-third of them self-reported as being lonely.<sup>4</sup> In the next thirty-five years, the proportion of the world’s population comprised of people over sixty years of age will nearly double, from 12 percent to 22 percent,<sup>5</sup> which means these issues will grow to impact more and more of our population if no action is taken. Social isolation and loneliness also have a significant effect on the federal budget, with an estimated \$6.7 billion in annual federal spending dedicated to addressing social isolation among elders.<sup>6</sup>

This Note will discuss the various options presented by experts and organizations to combat social isolation and loneliness in older adults, and examine programs other countries have already implemented. Currently, the U.S. lacks programs available to address these problems;<sup>7</sup> this Note proposes four options the government can enact. These four options can be implemented separately, but each will produce the greatest benefit if they are all used in tandem.

First, the government should develop a reliable screening test to diagnose social isolation and loneliness and require doctors to use the

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2. Amy Novotney, *The risks of social isolation: Psychologists are studying how to combat loneliness in those most at risk, such as older adults*, 50 AM. PSYCHOL. ASS’N 32 (May 2019), <https://www.apa.org/monitor/2019/05/ce-corner-isolation>.

3. Jamie Ducharme, *One in Three Seniors Is Lonely. Here’s How It’s Hurting Their Health*, TIME (Mar. 4, 2019, 11:54 AM), <https://time.com/5541166/loneliness-old-age/>.

4. *Id.*

5. *Mental health of older adults*, WORLD HEALTH ORG. (Dec. 12, 2017), <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>.

6. *The “Loneliness Epidemic”*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic> (last visited Jan. 2019).

7. See Olimpia Paun, *Loneliness is an epidemic with real public health consequences. Friends alone can’t solve it.*, NBC NEWS (Nov. 19, 2018, 2:42 PM), <https://www.nbcnews.com/think/opinion/loneliness-epidemic-real-public-health-consequences-friends-alone-can-t-ncna933506>; *Health Care System Underused in Addressing Social Isolation, Loneliness among Seniors, Says New Report*, NAT’L ACADS. OF SCIS. ENG’G. MED. (Feb. 27, 2020), <https://www.nationalacademies.org/news/2020/02/health-care-system-underused-in-addressing-social-isolation-loneliness-among-seniors-says-new-report>.

test when evaluating patients during initial Medicare exams and subsequent wellness visits.<sup>8</sup> Second, the government should initiate a coordinated, broadly focused national campaign to raise public awareness and reduce the stigma around social isolation and loneliness.<sup>9</sup> Third, there should be a national program designed to approach social isolation and loneliness as a treatable medical condition.<sup>10</sup> Lastly, Medicare Advantage should be expanded to cover rideshare costs for non-medical transportation to give older adults suffering from a lack of mobility more transportation options.<sup>11</sup>

Part II of this Note describes the differences between social isolation and loneliness and how research has shown a steady increase in older adults dealing with these issues; and then explains why older adults are more severely impacted by these conditions. Part III of this Note examines the adverse health issues in older adults caused or worsened by social isolation and loneliness and the resultant impact on Medicare spending. Part III also discusses solutions organizations and other countries have already implemented and experts' suggestions for future solutions. Part IV of this Note will propose four solutions the government should implement to address these problems in the U.S. Part V concludes by summarizing the problems addressed and solutions offered.

## II. Background

Social isolation and loneliness are rising problems affecting people of all ages, not just seniors.<sup>12</sup> In 2018, Cigna Corporation ("Cigna"),

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8. David Frank, *The High Price of Social Isolation*, AARP (Nov. 29, 2017), <https://www.aarp.org/health/medicare-insurance/info-2017/isolation-higher-medicare-fd.html>.

9. *Rural Aging: Health and Community Policy Implications for Reversing Social Isolation*, BIPARTISAN POL'Y CTR. 1, 6 (July 2018), <https://bipartisanpolicy.org/wp-content/uploads/2019/03/Rural-Aging-Health-and-Community-Policy-Implications-for-Reversing-Social-Isolation.pdf>.

10. *CareMore Health Announces New Outcomes Data from First-of-its-Kind Togetherness Program*, BUS. WIRE (Dec. 18, 2018, 9:00 AM), <https://www.businesswire.com/news/home/20181218005059/en/CareMore-Health-Announces-New-Outcomes-Data-First-of-its-Kind>.

11. Sherri Snelling, *Study Finds Ride-Sharing Services Like Lyft And Uber Improve Lives For Older Adults*, FORBES (Sept. 18, 2019, 12:11 PM), <https://www.forbes.com/sites/nextavenue/2019/09/18/study-finds-ridesharing-services-like-lyft-and-uber-improve-lives-for-older-adults/#1cb84f872801>.

12. *New Cigna Study Reveals Loneliness at Epidemic Levels in America*, CIGNA (May 1, 2018), <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at-epidemic-levels-in-america>.

a global health service company, surveyed more than 20,000 U.S. adults ages eighteen years and older, and the findings were troubling.<sup>13</sup> Nearly half of those surveyed reported they sometimes or always felt alone or left out.<sup>14</sup> Twenty-seven percent responded saying they rarely or never feel as though anyone truly understands them, and 43 percent said they sometimes or always feel their relationships are not meaningful and that they are isolated from others.<sup>15</sup> Research also suggests that racial minority, immigrant, and LGBTQ+ populations experience feelings of loneliness more often than other groups.<sup>16</sup>

The rise in social isolation and loneliness correlates with the trend of more people living alone in America.<sup>17</sup> The U.S. saw a 10 percent rise in people living alone in the past decade,<sup>18</sup> with 50 percent of U.S. adults being unmarried.<sup>19</sup> According to a report by the Administration for Community Living's Administration on Aging of the U.S. Department of Health and Human Services, about 28 percent of older adults in the U.S., roughly 13.8 million people, live alone.<sup>20</sup> One in eleven Americans age fifty and over—approximately eight million people—lack a spouse, partner, or living child.<sup>21</sup> The upward trend of older adults living alone each year is troubling—since close kin is one of the primary sources of companionship in old age.<sup>22</sup> This lack of companionship is increasingly

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13. *Id.*

14. *Id.*

15. *Id.*

16. *Loneliness and Social Isolation Linked to Serious Health Conditions*, CTR. DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html> (last reviewed May 26, 2020); see Claire Samuels, *Facts About Senior Isolation and the Effects of Loneliness That Will Stun You*, A PLACE FOR MOM (June 23, 2020), <https://www.aplaceformom.com/caregiver-resources/articles/senior-isolation-facts> (“LGBTQ+ seniors are twice as likely to live alone . . . [B]ecause they’re less likely to have children and are more commonly single or estranged from their biological families.”).

17. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

18. *Id.*

19. Kim Parker & Renee Stepler, *As U.S. marriage rate hovers at 50%, education gap in marital status widens*, PEW RES. CTR. (Sept. 14, 2017), <https://www.pewresearch.org/fact-tank/2017/09/14/as-u-s-marriage-rate-hovers-at-50-education-gap-in-marital-status-widens/>.

20. *Social isolation, loneliness in older people pose health risks*, NAT’L INST. AGING (Apr. 23, 2019), <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>.

21. *Confronting the Growing Health Impact of Loneliness*, AHIP (Jan. 2, 2019), <https://www.ahip.org/confronting-the-growing-health-impact-of-loneliness/>.

22. *Id.*; Samuels, *supra* note 16 (explaining that seniors don’t have to live alone to be lonely since older adults who are married are just as likely to report feeling isolated as those who aren’t married).

concerning as researchers continue to link emotional health to physical wellbeing.<sup>23</sup> Still, before we try to create solutions to fight social isolation and loneliness, we must first clearly define these concepts and analyze the conditions causing their increased prevalence.

#### A. Social Isolation vs. Loneliness

Social isolation and loneliness do not always go together.<sup>24</sup> Many of the 13.8 million older adults living alone are not lonely or socially isolated.<sup>25</sup> Yet, some feel lonely despite constantly being around friends and family.<sup>26</sup> According to the National Institute on Aging (“NIA”), “a key scientific question is whether social isolation and loneliness are two independent processes affecting health differently, or whether loneliness provides a pathway for social isolation to affect health.”<sup>27</sup>

Understanding the differences between social isolation and loneliness can be difficult, but a 2019 report published by the NIA helps distinguish the two concepts.<sup>28</sup> “Social isolation is the objective physical separation from other people [living alone], while loneliness is the subjective distressed feeling of being alone or separated.”<sup>29</sup> Thus, each problem may require a different solution, and telling someone to interact with people may cure the individual’s social isolation, but if the interactions are not meaningful, the individual can still suffer from loneliness.<sup>30</sup>

Accurately distinguishing between social isolation and loneliness is important for two reasons. First, it will help ensure policymakers, practitioners, and researchers work together to craft focused solutions.<sup>31</sup> These solutions should not solely increase opportunities for people to meet, but must also help build, maintain, and re-establish

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23. Jamie Ducharme, *Loneliness Can Actually Hurt Your Heart. Here’s Why*, TIME (Mar. 26, 2018, 6:30 PM), <https://time.com/5212558/loneliness-social-isolation-heart-health/>.

24. NAT’L INST. AGING, *supra* note 20.

25. *Id.*

26. *Id.*

27. *Id.*

28. *Id.*

29. *Id.*

30. Worland, *supra* note 1.

31. *Loneliness and isolation - understanding the difference and why it matters*, AGE UK, <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/> (last updated Mar. 5, 2019).

meaningful relationships.<sup>32</sup> Second, the distinction will help those who struggle with social isolation and loneliness identify these issues more easily, and subsequently address and work through them.<sup>33</sup>

## B. Causes

Human beings are a social species that derive strength from our collective ability to plan, communicate, and work together—not from rugged individualism.<sup>34</sup> Indeed, isolation may lead to loneliness and in turn, loneliness may worsen isolation.<sup>35</sup> Still, isolation and feelings of loneliness may coincide without one being caused by the other.<sup>36</sup> Chronic loneliness is most likely to set in when individuals either do not have the emotional, mental, or financial resources to get out and satisfy their social needs, or they lack a social circle that can provide these benefits.<sup>37</sup> Major life-altering events such as retirement, the death of a loved one, separation from family and friends, loss of mobility, and lack of transportation can affect a person's mental well-being.<sup>38</sup> Even worse, people become more vulnerable to these life events as they get older, leading them to further withdraw from social situations and become isolated.<sup>39</sup>

The life of a senior experiencing these issues was documented in an article by the Mental Health Foundation, a United Kingdom-based organization.<sup>40</sup> In the article, the Foundation interviewed a seventy-year-old senior woman, Gillian, about her life and feelings of being socially isolated and lonely.<sup>41</sup> Gillian's life changed dramatically when

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32. *Id.*

33. *Isolation and Loneliness: What's the Difference?*, GOODTHERAPY (Mar. 12, 2019), <https://www.goodtherapy.org/blog/isolation-loneliness-whats-the-difference-0312197>.

34. John Franklin, *Social Connection in Life Plan Communities The Need to Innovate*, BB&T CAP. MKT.'S 1, [https://www.bbtcapitalmarkets.com/assets/docs/capmarkets/downloadable/healthcare-finance/social%20isolation%20white%20paper%2018\\_email.pdf](https://www.bbtcapitalmarkets.com/assets/docs/capmarkets/downloadable/healthcare-finance/social%20isolation%20white%20paper%2018_email.pdf) (last visited Oct. 19, 2020).

35. GOODTHERAPY, *supra* note 33.

36. *Id.*

37. Novotney, *supra* note 2.

38. Antonis Kousoulis, *Gillian's story: overcoming loneliness*, MENTAL HEALTH FOUND., <https://www.mentalhealth.org.uk/stories/gillians-story-overcoming-loneliness> (last visited Oct. 19, 2020).

39. *Id.*

40. *Id.*

41. *Id.*

she had to spend three months in the hospital following her hip operation.<sup>42</sup> This event impacted her both mentally and physically, and she subsequently withdrew into herself.<sup>43</sup> After leaving the hospital, Gillian was relocated to extra care housing, which was miles away from her friends and familiar surroundings.<sup>44</sup> She later became depressed and started experiencing anxiety attacks, which caused her to withdraw even more from life and the things she loved.<sup>45</sup> She did not leave her flat for a whole year, and did not make any efforts to interact with other residents.<sup>46</sup> Her only human contact was with her care worker for twenty minutes per day, otherwise leaving her with only the radio or television for company.<sup>47</sup>

Gillian's experience is not unique; many seniors suffer from loneliness due to factors out of their control.<sup>48</sup> Common reasons seniors give for not wanting to go out in public include not being able to hear well, difficulty walking and finding transportation, and fear of falling in public.<sup>49</sup> Many seniors are too prideful and would rather stay home than ask someone to help them get out of the house,<sup>50</sup> which makes sense considering 50 percent of older adults worry about being burdens to their families.<sup>51</sup> These seniors view going out as too much trouble and figure it would be easier to stay home, making them more vulnerable to social isolation.<sup>52</sup>

People spend more time alone as they get older,<sup>53</sup> which is why older adults are the most susceptible to suffering from social isolation and loneliness.<sup>54</sup> On average, Americans in their sixties spend six and a

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42. *Id.*

43. *Id.*

44. *Id.*

45. *Id.*

46. *Id.*

47. *Id.*

48. *Id.*

49. Adinah East, *Ways of Preventing Social Isolation Among Seniors*, CARING PEOPLE (July 19, 2017), <https://caringpeopleinc.com/blog/social-isolation-among-seniors/>.

50. *Id.*

51. *When Aging Parents Worry About Being a "Burden"*, HIGHGATE SENIOR LIVING <https://blog.highgateseniorliving.com/when-aging-parents-worry-about-being-a-burden> (last visited Oct. 19, 2020).

52. East, *supra* note 49.

53. Meera Jagannathan, *Some older Americans spend more than 10 waking hours alone—here's why that could be harmful*, MARKETWATCH (July 8, 2019, 6:07 AM), <https://www.marketwatch.com/story/some-older-americans-spend-more-than-10-waking-hours-alone-heres-why-that-could-be-harmful-2019-07-08>.

54. *Id.*

half of their waking hours alone.<sup>55</sup> This number only continues to rise, with those in their seventies and eighties spending, on average, seven and a half of their waking hours alone.<sup>56</sup> Older women are more likely to be affected due to their longer life expectancy.<sup>57</sup>

People may find themselves regularly socially isolated as a side effect of an isolating mental health issue.<sup>58</sup> For example, people with social anxiety have a hard time interacting with people other than close friends and family.<sup>59</sup> Social anxiety makes it difficult for people with the condition to develop new relationships<sup>60</sup>—which is especially problematic when major life events (such as separation from friends and family) can negatively influence a person's mental well-being.<sup>61</sup> Agoraphobia, an anxiety condition that causes people to fear and avoid situations they cannot quickly escape, may similarly affect people.<sup>62</sup>

Loneliness differs from social isolation, in that it is an emotional state, as opposed to a physical separation.<sup>63</sup> If someone works from home, they may experience feelings of loneliness since they spend all day alone in their house without substantial social contact.<sup>64</sup> Being bullied or being alienated from a social group is also likely to bring about feelings of loneliness in individuals.<sup>65</sup>

Many older adults have turned to social media to combat feelings of social isolation and loneliness.<sup>66</sup> A study based in the United Kingdom found the number of internet users among senior citizens in the United Kingdom aged sixty-five or older climbed from 9 percent to 37 percent between 2006 and 2013—and the figure is expected to have

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55. *Id.*

56. *Id.*

57. *Id.*

58. GOODTHERAPY, *supra* note 33.

59. *Social Anxiety/Phobia*, GOODTHERAPY, <https://www.goodtherapy.org/learn-about-therapy/issues/social-phobia> (last updated Sept. 27, 2019).

60. *Id.*

61. Kousoulis, *supra* note 38.

62. GOODTHERAPY, *supra* note 33; *Agoraphobia*, GOODTHERAPY, <https://www.goodtherapy.org/learn-about-therapy/issues/agoraphobia> (last updated Nov. 21, 2019).

63. GOODTHERAPY, *supra* note 33.

64. *Id.*

65. *Id.*

66. Joan Timpson, *Social Media Prevents Isolation And Loneliness In Elderly*, SUNRISE SENIOR LIVING (Feb. 13, 2015), <https://www.sunrise-care.co.uk/blog/january-2015/social-media-prevents-isolation-and-loneliness-in-elderly>.



risen significantly since the study concluded.<sup>67</sup> The National Telecommunications and Information Administration (“NTIA”), a branch of the U.S. Department of Commerce, also noticed a rise in internet usage for older adults in the U.S.<sup>68</sup> In a 2018 report, the NTIA published data showing 63 percent of Americans sixty-five and older used the Internet, a 7 percent increase from 2015.<sup>69</sup>

Social media allows senior citizens to communicate with loved ones and connect with others who share their interests and hobbies, which can provide a community they can turn to for support.<sup>70</sup> On the other hand, many articles and studies attribute the rise of loneliness among Americans to social media use.<sup>71</sup> Regardless of how one may feel about social media’s effect on these issues, research has shown active social media use does not have a significant effect on an individual’s feeling of loneliness.<sup>72</sup>

One would think problems of social isolation and loneliness would be less prevalent in senior living communities, but many of these communities struggle with these problems as well.<sup>73</sup> Surprisingly, 50 percent of residents who live in senior living communities suffer from some form of social isolation.<sup>74</sup> Senior living communities do not have enough human capital to engage and entertain their residents 24/7,<sup>75</sup> and many of these communities do not make much effort to address

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67. *Id.*

68. David Redl, *New Data Show Substantial Gains and Evolution in Internet Use*, NAT’L TELECOMMS. & INFO. ADMIN. (June 6, 2018), <https://www.ntia.doc.gov/blog/2018/new-data-show-substantial-gains-and-evolution-internet-use>.

69. *Id.*

70. Timpson, *supra* note 66.

71. See Katherine Hobson, *Feeling Lonely? Too Much Time On Social Media May Be Why*, NPR (Mar. 6, 2017, 6:21 AM), <https://www.npr.org/sections/health-shots/2017/03/06/518362255/feeling-lonely-too-much-time-on-social-media-may-be-why> (“It turns out that the people who reported spending the most time on social media—more than two hours a day—had twice the odds of perceived social isolation than those who said they spent a half hour per day or less on those sites”); David Ludden, *Does Using Social Media Make You Lonely?*, PSYCHOL. TODAY (Jan. 24, 2018), <https://www.psychologytoday.com/us/blog/talking-apes/201801/does-using-social-media-make-you-lonely>; Alice G. Walton, *Loneliness Linked To Negative Social Media Experiences, Study Finds*, FORBES (Jan 24, 2019, 1:48 PM), <https://www.forbes.com/sites/alicegwalton/2019/01/24/loneliness-linked-to-negative-social-media-experiences-study-finds/#2c61046d7afe>.

72. CIGNA, *supra* note 12 (“[R]espondents defined as very heavy users of social media have a loneliness score (43.5) that is not markedly different from the score of those who never use social media (41.7).”).

73. Franklin, *supra* note 34, at 2.

74. *Id.*

75. *Id.*

social isolation and loneliness among residents.<sup>76</sup> Although these senior living communities offer immediate relief from social isolation, “a socially rich environment will likely do little to combat loneliness until interventions which specifically target loneliness are also introduced.”<sup>77</sup>

Data collected from nationally representative samples provide additional insight into how social isolation and loneliness are spreading throughout all age and ethnicity groups.<sup>78</sup> Although research has shown people engaged in meaningful activities tend to have a sense of purpose and live longer,<sup>79</sup> only half of Americans have meaningful in-person social interactions daily, with 18 percent feeling they have no one they can talk to.<sup>80</sup> These statistics highlight the fact that Americans are becoming less socially connected.<sup>81</sup>

Interactions with friends can also put individuals at risk of loneliness.<sup>82</sup> A ten-year study by John Cacioppo, the former Director of the University of Chicago’s Center for Cognitive and Social Neuroscience, seems to have confirmed the old saying “misery loves company” by concluding loneliness is contagious.<sup>83</sup> The study found individuals suffering from loneliness typically passed that feeling along to others in their social network before cutting ties with the group.<sup>84</sup> In the previously mentioned 2018 Cigna report, results showed “[g]etting the right balance of sleep, work, socializing with friends, family and ‘me time’ is connected to lower loneliness scores.”<sup>85</sup> Balance is vital, however, since too much or too little of any of these activities can raise an individual’s feeling of loneliness.<sup>86</sup>

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76. *See id.*

77. Pamela Krist Atwood et al., *Social Isolation and Loneliness Among Seniors*, EVERBROOK SENIOR LIVING 1, 2 <https://everbrookseniorliving.com/images/forms/Social-Isolation-Loneliness-New.pdf> (last visited Oct. 19, 2020) [hereinafter Atwood].

78. NAT’L INST. AGING, *supra* note 20.

79. *Id.*

80. CIGNA, *supra* note 12.

81. *See id.*

82. Jennifer Latson, *A Cure for Disconnection*, PSYCHOL. TODAY (Mar. 7, 2018), <https://www.psychologytoday.com/us/articles/201803/cure-disconnection>.

83. *Id.*

84. *Id.*

85. CIGNA, *supra* note 12.

86. *Id.*

### III. Analysis

Social isolation is a global trend affecting people in countries all around the world,<sup>87</sup> prompting the World Health Organization to officially recognize it as a determinant of health.<sup>88</sup> Even though publications have chronicled the rise of these conditions, social isolation and loneliness in older adults are rarely, if ever, brought up in conversations regarding major public health issues impacting our society. Despite the lack of attention surrounding these issues, many older adults in America are bearing the physical, mental, and monetary costs of these conditions.<sup>89</sup>

#### A. Health Risks

An individual's physical, mental, and social health are entirely connected.<sup>90</sup> A Harvard study, which began in the 1930s, found the number one factor to longevity, health, and happiness was having relationships with others and social connection.<sup>91</sup> The results came from research obtained while following over 700 men for almost eighty years.<sup>92</sup> Even with these statistics, loneliness and social isolation are rarely acknowledged as important health issues in public health campaigns.<sup>93</sup>

Preventing and alleviating loneliness is vital because it enables older adults to remain as independent as possible.<sup>94</sup> This is a big concern since the percentage of elderly adults living alone will only increase.<sup>95</sup>

Social isolation and loneliness have been linked to a higher risk for a variety of physical conditions.<sup>96</sup> These conditions include high

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87. Lynda Flowers, *Medicare Spends More on Socially Isolated Older Adults*, AARP 1, 7 (Jan. 31, 2018), <https://www.aarp.org/content/dam/aarp/ppi/2018/03/Presentation1.pdf>.

88. *Id.*

89. *See* AHIP, *supra* note 21.

90. *Id.*

91. Franklin, *supra* note 34, at 1.

92. *Id.*

93. Kirsten Weir, *Life-saving relationships*, 49 MON. ON PSYCH. 46 (Mar. 2018), <https://www.apa.org/monitor/2018/03/life-saving-relationships>.

94. *Risk to health*, CAMPAIGN TO END LONELINESS, <https://www.campaign-toendloneliness.org/threat-to-health/> (last visited Oct. 19, 2020).

95. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

96. NAT'L INST. AGING, *supra* note 20.

blood pressure, heart disease, obesity, a weakened immune system, depression, and even death.<sup>97</sup> Additionally, older adults with poor social relationships saw a 29 percent increase in risk of coronary heart disease, and a 32 percent rise in the risk of stroke.<sup>98</sup> A 2019 study, led by Cassandra Alcaraz, a public health researcher with the American Cancer Society, also found social isolation increases the risk of premature death.<sup>99</sup> “According to Alcaraz, among black participants, social isolation doubled the risk of early death, while it increased the risk among white participants by 60 to 84%.”<sup>100</sup>

There are many mental health risks caused or worsened by social isolation and loneliness as well. Loneliness causes a greater risk of cognitive decline,<sup>101</sup> which increases a person’s chance of having anxiety and developing Alzheimer’s disease,<sup>102</sup> and raises the risk of alcohol or drug abuse.<sup>103</sup> Surprisingly, loneliness makes individuals more likely to lash out at the very people they feel alienated from.<sup>104</sup> One study showed loneliness increased an individual’s chance of developing clinical dementia by 64 percent.<sup>105</sup> Loneliness also makes people more likely to be depressed and commit suicide.<sup>106</sup> Suicide rates, especially among older men, are a significant problem attributed to mental health issues, with adults sixty-five and above accounting for 20 percent of suicides in America.<sup>107</sup>

One study showed adults over fifty who volunteer in their communities have fewer issues with high blood pressure and better mental health.<sup>108</sup> Some benefits of volunteering are: better health, increased

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97. *Id.*

98. *Id.*

99. Novotney, *supra* note 2.

100. *Id.*

101. CAMPAIGN TO END LONELINESS, *supra* note 94.

102. NAT’L INST. AGING, *supra* note 20.

103. GOODTHERAPY, *supra* note 33.

104. Latson, *supra* note 82.

105. CAMPAIGN TO END LONELINESS, *supra* note 94.

106. *Id.*

107. *4 Ways to Alleviate Senior Loneliness and Depression*, NURSE NEXT DOOR (June 3, 2020), <https://www.nursenextdoor.com/blog/4-ways-to-alleviate-senior-loneliness-depression/0/>; *The State of Mental Health and Aging in America*, CTR. DISEASE CONTROL & PREVENTION 1, 2, [https://www.cdc.gov/aging/pdf/mental\\_health.pdf](https://www.cdc.gov/aging/pdf/mental_health.pdf) (last visited Oct. 19, 2020).

108. Kimberley Fowler, *How to Combat Depression and Isolation Through Volunteering*, A PLACE FOR MOM (May 4, 2018), <https://www.aplaceformom.com/blog/how-to-combat-depression-and-isolation-through-volunteering>.

self-esteem, increased sense of accomplishment and purpose, positivity, and social connectedness.<sup>109</sup> But, medical issues may still make it difficult for some older adults who feel lonely and socially isolated to participate in such activities.<sup>110</sup>

## B. Monetary Costs

A 2017 study by the American Association for Retired Persons (“AARP”) discovered Medicare spends an estimated \$6.7 billion annually because of social isolation among its members.<sup>111</sup> This level of spending is comparable to what Medicare pays for certain chronic conditions, like high blood pressure or arthritis.<sup>112</sup> The study found Medicare spends about \$134 more monthly (\$1,608 annually) for each socially isolated older adult, compared to those who are not socially isolated.<sup>113</sup> The increase in cost can be attributed to higher spending on hospital care and skilled nursing facilities (“SNF”) since these individuals were 29 percent more likely to be admitted to SNFs than those with more active social networks.<sup>114</sup> Additionally, a socially isolated individual’s monthly SNF costs were \$75 higher on average.<sup>115</sup>

Not only are these individuals more likely to be admitted, but they also may need to stay in hospitals or nursing facilities longer.<sup>116</sup> Socially isolated persons who were admitted to the hospital cost Medicare an average of \$81 more per beneficiary per month.<sup>117</sup> This is due to their lack of a strong support system, which makes the transition back into the community more difficult.<sup>118</sup> Also, these costs exclude beneficiaries enrolled in Medicare Advantage plans, Medicare enrollees under sixty-five, and exclude Medicare spending on prescription drugs.<sup>119</sup> Thus, the true costs of these issues are likely higher than the reported

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109. *Id.*

110. Ducharme, *supra* note 3.

111. BIPARTISAN POL’Y CTR., *supra* note 9, at 5.

112. *Id.*

113. *Id.*

114. Frank, *supra* note 8.

115. Lynda Flowers et al., *Medicare Spends More on Socially Isolated Older Adults*, AARP 1, 5 (Nov. 2017), <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf> [hereinafter Lynda Flowers et al.].

116. Frank, *supra* note 8.

117. Lynda Flowers et al., *supra* note 115, at 5

118. Frank, *supra* note 8.

119. *Id.*

sum.<sup>120</sup> Additionally, the study estimated there are approximately four million socially isolated older adults utilizing fee-for-service Medicare.<sup>121</sup>

### C. Proposed Solutions

People who engage in meaningful activities tend to have a sense of purpose and live longer than those who do not.<sup>122</sup> Merely developing a new friendship can reduce an elderly adult's risk of mortality, developing certain diseases, and can speed recovery time from illness.<sup>123</sup> Furthermore, simply reaching out to lonely people can kickstart the process of getting them to engage with their neighbors and peers.<sup>124</sup> The health benefits of social relationships outweigh any potential unhealthy behaviors<sup>125</sup> or interpersonal stress caused by such relationships, since seniors who are socially isolated have a 26 percent higher risk of death than those who are social.<sup>126</sup> Thus, the U.S. must take steps to counteract the rise of social isolation and loneliness, and should look to solutions already being implemented by other organizations and countries tackling these issues.

One solution is to try a clinical approach to addressing these issues. CareMore Health ("CareMore") is an organization that operates in eight states and the District of Columbia, with a focus on Medicare patients.<sup>127</sup> In 2017, CareMore launched its "Togetherness Program," which is "designed to address senior loneliness as a treatable condition by focusing on patients' psychological, social and physical health."<sup>128</sup> The program includes outreach efforts by "Togetherness Connectors," which are a combination of social workers and volunteer phone pals.<sup>129</sup>

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120. *See id.*

121. Flowers, *supra* note 87, at 24.

122. NAT'L INST. AGING, *supra* note 20.

123. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

124. *Id.*

125. *See generally* Debra Umberson et al., *Social Relationships and Health Behavior Across Life Course*, 36 ANN. REV. SOC. 139, 141 (Aug. 1, 2010), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3171805/pdf/nihms313656.pdf> (explaining that peer relations often foster smoking and heavy alcohol consumption in adolescence and early adulthood).

126. East, *supra* note 49; Clifford Singer, *Health Effects of Social Isolation and Loneliness*, AGING LIFE CARE ASS'N (Spring 2018), <https://www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/>.

127. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

128. BUS. WIRE, *supra* note 10.

129. *Id.*

The Togetherness Connectors conduct weekly phone calls, home visits, and community programs for seniors.<sup>130</sup> The program initially enrolled one thousand patients, and CareMore published its results.<sup>131</sup> “Participation in exercise programs increased by 56.6% for the program’s participants compared to those not involved in the program, and emergency room utilization among enrolled participants decreased by 3.3% compared to the program participants’ baseline.”<sup>132</sup> These results show the program is having a positive effect on its participants and can be a model for others in the industry to follow.

Papa, a Miami-based startup, has fashioned a truly unique solution for curing and preventing feelings of social isolation and loneliness in older adults.<sup>133</sup> Papa was founded in 2016, and was originally built to support its founder, Andrew Parker’s, grandfather.<sup>134</sup> The company has now expanded into “a membership-based platform that connects college students to seniors to provide companionship and general assistance, including transportation services and other task-based help.”<sup>135</sup> Papa’s goal is to end loneliness among older adults in need of companionship by connecting them with energetic, enthusiastic college students.<sup>136</sup>

Papa takes great caution to vet employees before allowing them to work with seniors.<sup>137</sup> The college students that work for the company are known as “Papa Pals,” and undergo a rigorous screening and training process before being matched with a senior.<sup>138</sup> Papa also provides technology for both groups to manage their experiences, which in-

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130. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

131. AHIP, *supra* note 21.

132. *Id.*

133. Robert Holly, *Humana Keeps Focus on the Home with ‘Grandkids on Demand’ Pilot*, HOME HEALTH CARE NEWS (Nov. 26, 2018), <https://homehealthcarenews.com/2018/11/humana-keeps-focus-on-the-home-with-grandkids-on-demand-pilot/>.

134. *Papa Announces \$10 Million Series A Round and Partnerships with Large Health Insurance Plans to Curb Loneliness and Social Isolation in Seniors*, CISION (Oct. 9, 2019, 6:00 PM), <https://www.prnewswire.com/news-releases/papa-announces-10-million-series-a-round-and-partnerships-with-large-health-insurance-plans-to-curb-loneliness-and-social-isolation-in-seniors-300934454.html>.

135. Holly, *supra* note 133.

136. CISION, *supra* note 134.

137. *Id.*

138. *Id.*

cludes a member app that enables seniors and their caregivers to request visits.<sup>139</sup> The company boasts partnerships with multiple large health insurance plans, and is an early leader in the “elder tech field.”<sup>140</sup>

One major hurdle in fighting the problems of loneliness and social isolation is identifying who is suffering from these conditions.<sup>141</sup> Cigna may have found a way to overcome this hurdle.<sup>142</sup> In 2018, Cigna launched a ten-question version of the UCLA Loneliness Index, and put it on its website free of charge.<sup>143</sup> “The UCLA Loneliness Index is one of the world’s most widely referenced academic measures used to evaluate loneliness.”<sup>144</sup> Participants are given tailored tips and suggested actions to increase social activity based on their survey responses.<sup>145</sup> Cigna is using the survey to help enlighten people on the physical and mental impact loneliness can have on their health.<sup>146</sup>

Campaigns and coalitions to reduce social isolation and loneliness have been launched in Australia, Denmark, and the United Kingdom.<sup>147</sup> Great Britain has declared social isolation a national crisis, and established a new cabinet position, Minister of Loneliness, as a result.<sup>148</sup> “These national programs bring together research experts, nonprofit and government agencies, community groups and skilled volunteers to raise awareness of loneliness and address social isolation through evidence-based interventions and advocacy.”<sup>149</sup> The Bipartisan Policy Center (“BPC”), a Washington, D.C. based think tank, was established to combine ideas from both the Republican and Democratic parties to address the nation’s key challenges.<sup>150</sup> Similarly to Britain, the BPC is creating a coalition around the crisis of social isolation and loneliness in the U.S.<sup>151</sup>

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139. *Id.*

140. *Id.*

141. *Cigna Launches Online Survey to Help People Assess Loneliness and Improve Vitality*, CIGNA (Dec. 5, 2018), <https://www.cigna.com/newsroom/news-releases/2018/cigna-launches-online-survey-to-help-people-assess-loneliness-and-improve-vitality>.

142. *Id.*

143. *Id.*

144. *Id.*

145. *Id.*

146. *Id.*

147. Novotney, *supra* note 2.

148. Franklin, *supra* note 34, at 1.

149. Novotney, *supra* note 2.

150. BIPARTISAN POL’Y CTR., *supra* note 9, at 15.

151. *Id.* at 3.



In 2018, the BPC proposed high impact actions the government could take to reverse the upward trend of social isolation and loneliness in the U.S.<sup>152</sup> First, the BPC recommended the government elevate these issues to the national level. Participants noted the ongoing stigma “resulting from a lack of understanding—and lack of public discussion—around the prevalence and health impacts of social isolation and loneliness.”<sup>153</sup> Social media has become one of the biggest tools for organizations to promote their public health campaigns to the masses.<sup>154</sup> To spread messages widely, organizations use tactics such as posting short videos and live streams to popular websites like Facebook and YouTube.<sup>155</sup> These campaigns have wide-ranging causes, from raising awareness about heart disease, to preventing type 2 diabetes, to promoting healthy habits to prevent strokes.<sup>156</sup> Unfortunately, there are no major campaigns in the U.S. designed to promote awareness of social isolation and loneliness, a fact which the BPC is urging the government to change.<sup>157</sup>

Second, the BPC stressed the need to fully utilize already existing community programs, partnerships, and resources.<sup>158</sup> Leveraging these established resources is critical since “doctors and other medical providers may not be best equipped to help patients improve social connectedness, but they can play a critical role in connecting patients to local programs and services.”<sup>159</sup> The BPC specifically discussed advocating for seniors to utilize resources such as the YMCA, which operates in more than 2,700 communities in the U.S. and features programming that can help connect seniors with needed resources.<sup>160</sup> Some participants noted that coordinating with programs such as Meals on

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152. *Id.* at 6–7.

153. *Id.* at 6.

154. Crispin Butteriss & Jonathan Bradley, *The World's Best Public Health Social Media Campaigns*, BANG THE TABLE, <https://www.bangthetable.com/blog/public-health-social-media-campaigns/> (last modified May 6, 2020) [hereinafter Butteriss].

155. *See id.* (stating that both Organ Donation Wales and Water.org are organizations that have used social media to raise awareness for their campaign causes).

156. NAT'L INST. HEALTH, *NIH Public Health Campaigns*, <https://prevention.nih.gov/research-priorities/dissemination-implementation/nih-public-health-campaigns> (last updated Mar. 4, 2020).

157. *Id.*; BIPARTISAN POL'Y CTR., *supra* note 9, at 15.

158. BIPARTISAN POL'Y CTR., *supra* note 9, at 6.

159. *Id.*

160. *Id.*

Wheels would be a good idea, because the program can help identify isolated seniors as part of its community interactions.<sup>161</sup>

The AARP has been one of the leading voices in advocating for governmental action against the epidemic of social isolation and loneliness.<sup>162</sup> In 2018, the AARP set out its policy recommendations for the government's consideration.<sup>163</sup> First, the AARP proposed the government develop a sound and reliable tool to screen for social isolation.<sup>164</sup> For maximum benefit, the screening tool should be short, easy to use, and adaptable to a variety of settings.<sup>165</sup> This would allow doctors and other health professionals to identify socially isolated individuals, and direct those individuals to the proper resources.<sup>166</sup>

The AARP has also recommended the government partner with the private sector to “[f]und public-private partnerships to identify and test interventions—including health prevention and promotion activities—for social isolation that are culturally competent, and that consider differences in socioeconomic status, marital status, mental and functional health status, and chronic illness status.”<sup>167</sup> Acting on this proposal would provide healthcare professionals with viable, evidence-based interventions to connect socially isolated individuals with treatment.<sup>168</sup>

One of the major obstacles in preventing and treating social isolation and loneliness in elders is dealing with an elder's lack of mobility.<sup>169</sup> Many older adults depend on family caregivers for transportation when they need to leave home.<sup>170</sup> Even though drivers age sixty-five and older will represent one in four drivers on the road by 2025, 20 percent of older adults do not drive and one-third face driving restrictions.<sup>171</sup> Family caregivers provide 83 percent of transportation needs to older adults every year (roughly 1.4 billion trips), which can cause difficulty coordinating rides for medical and social activities.<sup>172</sup> This problem was highlighted in a 2019 *Forbes* article centered around

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161. *Id.*

162. *See* Flowers, *supra* note 87.

163. *Id.* at 28–31.

164. *Id.* at 28.

165. *Id.*

166. *See id.* at 28–30.

167. Lynda Flowers et al., *supra* note 115, at 7.

168. Flowers, *supra* note 87, at 29.

169. *See* Snelling, *supra* note 11.

170. *Id.*

171. *Id.*

172. *Id.*

Connie Torres, a seventy-six-year-old senior woman, who primarily relied on her daughter for transportation before participating in a study by the University of Southern California (“USC”).<sup>173</sup> The AARP Foundation provided USC with a \$1 million grant with support from UnitedHealthcare, and the study offered ninety days of free Lyft rides to 150 patients of USC’s Keck Medicine that were over the age of sixty.<sup>174</sup>

The study was conducted for two main reasons.<sup>175</sup> First, to make sure patients made it to their medical follow-up visits—since roughly 4.5 million patients miss these visits each year.<sup>176</sup> Second, the study assessed the impact unlimited social transportation access would have on social isolation and loneliness in older adults.<sup>177</sup> Dr. Leslie Saxon, who led the USC study, stated the study showed offering access to no-cost transportation for social activities as well as medical appointments improved self-reported health and well-being in the participants.<sup>178</sup> During the study, only one-third of the rides were used for medical appointments.<sup>179</sup> The majority of them were used for social and fitness activities and other leisure outings, which improved the participants’ perceived quality of life by 92 percent.<sup>180</sup>

Torres personally found many advantages during the program to using Lyft over her usual available transportation options.<sup>181</sup> First, she did not have to coordinate with her daughter when she needed a ride for medical appointments or social activities, which she saw as lifting a burden from her daughter’s shoulders.<sup>182</sup> Second, Torres was no longer required to use the paratransit options in Los Angeles such as Access.<sup>183</sup> While these options are less expensive, the patients pay in time and inconvenience.<sup>184</sup> Torres explained, Access requires her to call twenty-four hours in advance, while Lyft allows her to call ten minutes before she needs a ride.<sup>185</sup> Additionally, Access requires passengers to be

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173. *Id.*

174. *Id.*

175. *Id.*

176. *Id.*

177. *Id.*

178. *Id.*

179. *Id.*

180. *Id.*

181. *Id.*

182. *Id.*

183. *Id.*

184. *Id.*

185. *Id.*

ready for pickup an hour before their scheduled time.<sup>186</sup> These requirements combined with traffic, shuttle pickups, and return trips, can take up her whole day for a twenty-minute doctor appointment.<sup>187</sup> “Using the paratransit service just doesn’t work for me,” said Torres.<sup>188</sup>

The key to the study was providing training for older adults who had never used Lyft before—even Torres herself admitted she never used a smartphone to book a ride before the study.<sup>189</sup> Lisa Marsh Ryerson, president of the AARP Foundation, explained, “[t]he investment in up-front education and training for riders that was built into the study design was crucial.”<sup>190</sup> Some riders were in their nineties learning how to use the app, which busts the myth that older adults are opposed to new technology.<sup>191</sup> The riders enjoyed the upfront training of the program, which led to 86 percent of the participants using the app over the landline concierge options.<sup>192</sup>

Although 80 percent of the study’s participants said they would continue to use the rideshare service post-study, the cost is a genuine barrier.<sup>193</sup> The average participant’s cost per ride was twenty-one dollars, and monthly costs were around five-hundred dollars per rider.<sup>194</sup> For many older adults, these costs are not feasible while living on a fixed income.<sup>195</sup> “One solution could be changes the Centers for Medicare and Medicaid Services announced that would expand covered benefits for non-medical emergency transportation in 2020 Medicare Advantage plans, which offer benefits not covered by traditional Medicare.”<sup>196</sup> It has yet to be confirmed if the expansion would cover these types of costs, however.

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186. *Id.*

187. *Id.*

188. *Id.*

189. *Id.*

190. *Id.*

191. *Id.*

192. *Id.*

193. *Id.*

194. *Id.*

195. See William E. Gibson, *Far More Older Americans Are Going Bankrupt*, AARP (Aug. 6, 2018), <https://www.aarp.org/money/credit-loans-debt/info-2018/older-americans-bankruptcy.html>.

196. Snelling, *supra* note 11.

The use of digital technology is another unique solution currently used to reduce social isolation in older adults.<sup>198</sup> Westminster Canterbury on Chesapeake Bay (“W-C Bay”), a retirement community in Virginia Beach, Virginia, provided in-room iPad-like tablets to a test group of residents.<sup>199</sup> The tablets were preloaded with hundreds of hours of videos, music, movies, classic TV shows, games, and educational content.<sup>200</sup> The devices also featured easy-to-use video chat, email, and photo-sharing apps.<sup>201</sup> The goal of the program was to prove whether digital engagement tools make life better for those in assisted living and nursing care.<sup>202</sup>

The W-C Bay program was a success on multiple fronts.<sup>203</sup> First, residents with the tablets saw a 55 percent decrease in depression, as compared to residents without the devices.<sup>204</sup> Second, residents with devices reported a 14 percent improvement in the quality of life.<sup>205</sup> A surprising group of benefactors from the program, the caregivers who work with the residents, reported improved job satisfaction, and tablets are now widely used by both staff and residents at W-C Bay.<sup>206</sup> Families, especially those who are far away, like the ease of virtual visits and communication.<sup>207</sup> The tablets help them remain connected with family members residing at W-C Bay, they have more to talk about, and in-person visits are more engaging.<sup>208</sup>

Rendever, a virtual reality company, is also using technology to combat social isolation in older adults.<sup>209</sup> The company has partnered with one hundred senior living communities throughout the U.S., Canada, and Australia for this purpose.<sup>210</sup> For these communities, Rendever

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198. Brad Breeding, *The Key Difference Between Social Isolation & Loneliness*, MYLIFESITE (Sept. 10, 2018), <https://www.mylifesite.net/blog/post/difference-between-social-isolation-loneliness/>.

199. *Id.*

200. *Id.*

201. *Id.*

202. Franklin, *supra* note 34, at 2.

203. Breeding, *supra* note 198.

204. *Id.*

205. *Id.*

206. *Id.*

207. *Id.*

208. *Id.*

209. Joyce Famakinwa, *Virtual Reality Company Rendever Making Jump to In-Home Care*, HOME HEALTH CARE (July 7, 2019), <https://homehealthcarenews.com/2019/07/virtual-reality-company-rendever-making-jump-to-in-home-care/>.

210. *Id.*

uses headsets to immerse users in virtual environments.<sup>211</sup> Rendeвер focused on how the company could use virtual reality to address social isolation after encountering data that highlighted the danger the issue can have on the mental and physical health of seniors.<sup>212</sup>

Rendeвер designed the platform around the idea of enabling seniors to all experience the same things at the same time.<sup>213</sup> So far, this has included the New England Patriot's 2019 Super Bowl parade, and can be an excellent way for users to travel the world and check off bucket list items together.<sup>214</sup> The platform can also be used for more personal experiences such as going to childhood homes, wedding locations, and anywhere else from the user's past.<sup>215</sup> There is also a conversational component to the program that allows the staff to drive the conversation around these personal experiences.<sup>216</sup>

Rendeвер's goal is to expand the accessibility of this technology to older adults outside of senior living communities.<sup>217</sup> This has caused the co-founder and CEO of the company, Kyle Rand, to make relationship building with in-home care providers a long-term goal for the company.<sup>218</sup> Unfortunately, the lack of connectivity within one's home is a problem, as Wi-Fi is not always available to people receiving home care.<sup>219</sup> Still, this technology is making its way into homes through hospice workers who are provided hotspots.<sup>220</sup> Cost is another obstacle in getting the technology to older adults outside senior living communities.<sup>221</sup> Rendeвер's services range from three-hundred to four-hundred dollars per month plus one-thousand dollars for the hardware kits.<sup>222</sup>

Both Rendeвер and W-C Bay's use of technology to combat social isolation and loneliness have produced excellent results, but the government likely would not implement similar programs on a national scale for multiple reasons.<sup>223</sup> Cost would be the biggest hurdle in trying to create a similar program to Rendeвер and W-C Bay. Since W-C Bay

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211. *Id.*

212. *Id.*

213. *Id.*

214. *Id.*

215. *Id.*

216. *Id.*

217. *Id.*

218. *Id.*

219. *Id.*

220. *Id.*

221. *See id.*

222. *Id.*

223. Famakinwa, *supra* note 209; Breeding, *supra* note 198.

did not discuss the price of its tablets, we can only look at the cost for Rende'ver's service when speculating on the necessary funding to implement the program on a national level, which is at least three-thousand dollars per year, per user.<sup>224</sup> Keep in mind, this does not include the one-thousand dollar hardware kit.<sup>225</sup> Additionally, the number of people that could benefit from the program would be inherently limited since many older adults receiving home care lack Wi-Fi.<sup>226</sup> Thus, while both of these programs showcase the potential benefits of using technology to combat social isolation and loneliness, they are too expensive and limited to be implemented by the government through a national program.<sup>227</sup>

#### IV. Recommendation

Individuals may be socially isolated and feel lonely for different reasons, "so a one-size-fits-all kind of intervention is not likely to work because you need something that is going to address the underlying cause."<sup>228</sup> Older adults are actively looking for help in fighting these conditions.<sup>229</sup> According to a 2017 CareMore survey, 27 percent of older adults stated they would like their health care provider to offer programs designed to connect them with people or activities in their community.<sup>230</sup> Even with all the recent surveys and statistics, more research is needed to identify the best methods to strengthen social connections.<sup>231</sup> Possible solutions to fixing these issues vary, and this Note proposes four options the government can enact. These solutions are centered on helping prevent and treat feelings of social isolation and loneliness in older adults, and they go beyond the traditional efforts to reach out to the lonely that have failed due to lack of meaningful engagement.<sup>232</sup>

First, the government should develop a reliable screening test to diagnose social isolation and loneliness and require doctors to use the

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224. Famakinwa, *supra* note 209.

225. *Id.*

226. *Id.*

227. See generally Famakinwa, *supra* note 209; Breeding, *supra* note 198.

228. Novotney, *supra* note 2.

229. See Randy Lilleston, *The Major Health Issue Affecting Seniors*, AARP (May 18, 2017), <https://www.aarp.org/health/conditions-treatments/info-2017/isolation-loneliness-impacts-seniors-fd.html>.

230. *Id.*

231. Weir, *supra* note 93.

232. Latson, *supra* note 82.

test when evaluating patients during initial Medicare exams and subsequent wellness visits.<sup>233</sup> Second, the government should initiate a coordinated, broadly focused national campaign to raise public awareness and reduce the stigma around social isolation and loneliness.<sup>234</sup> Third, there should be a national program created that is designed to approach social isolation and loneliness as a treatable medical condition.<sup>235</sup> Lastly, Medicare Advantage should be expanded to cover rideshare costs for non-medical transportation to give older adults suffering from the lack of mobility more transportation options.<sup>236</sup>

#### A. Develop Screening Tool & Fund Evidence-Based Interventions

The government should make practicing clinical psychologists who work with elderly clients and receive funding through Medicare and Medicaid “incorporate these research findings into their practice or wellness programs so that patients are aware of the impact their relationships have on their health.”<sup>237</sup> This can be done by developing a reliable screening test to diagnose social isolation and loneliness and by requiring doctors to use the test when evaluating patients during initial Medicare exams and subsequent wellness visits.<sup>238</sup>

If creating a reliable screening test would be too tricky, a short-term solution is currently available.<sup>239</sup> The first step could be following the recommendation from the U.S. Department of Health and Human Services to make all electronic health records include social determinants.<sup>240</sup> Most health system providers have not implemented this recommendation, which provides an opportunity to increase awareness and intervention of social isolation and loneliness.<sup>241</sup> Once these recommendations are put in place, the private sector is likely to follow Medicare’s lead and implement similar screening tools as well.<sup>242</sup>

Next, the government should partner with private actors to fund and develop evidence-based interventions, such as programs that build opportunities for the elderly to exercise and be physically fit, engage in

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233. Frank, *supra* note 8.

234. BIPARTISAN POL’Y CTR., *supra* note 9, at 6.

235. BUS. WIRE, *supra* note 10.

236. Snelling, *supra* note 11.

237. Weir, *supra* note 93.

238. Frank, *supra* note 8.

239. See BIPARTISAN POL’Y CTR., *supra* note 9, at 7.

240. *Id.*

241. *Id.*

242. Flowers, *supra* note 87, at 30



laughter therapy, and attend bereavement workshops.<sup>243</sup> The interventions should be culturally competent—considering socioeconomic status, among other factors.<sup>244</sup> Also, the government should develop interventions that use technology to reduce social isolation and loneliness among older adults.<sup>245</sup> By developing these interventions, better resources will be available to combat these issues, and it will be easier to guide individuals to resources designed to help them.<sup>246</sup>

## B. National Awareness Campaign

The government should initiate a coordinated, broadly-focused national campaign to raise public awareness and reduce the stigma around social isolation and loneliness.<sup>247</sup> The program should utilize multiple media outlets to reach as many people as possible, including social media, which has been an excellent tool for other public health campaigns.<sup>248</sup> Formal guidelines should be developed and promoted for social activity through these campaigns, similar to nutrition and exercise guidelines issued by the government and public health organizations.<sup>249</sup>

By raising the public profile of these issues and making more people aware of how common they are, the campaign will help individuals become comfortable acknowledging and hopefully seeking assistance to address feelings of isolation and loneliness.<sup>250</sup> Additionally, “any national campaign [should] not only [focus] on the medical or clinical aspects of social isolation but also on the role that housing, transportation, community support and services, and other factors play in either increasing or reversing isolation.”<sup>251</sup>

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243. Lynda Flowers et al., *supra* note 115, at 7; Atwood, *supra* note 77, at 5.

244. See Hannah M. O’Rourke et al., *Interventions to address social connectedness and loneliness for older adults: a scoping review*, 18 BMC GERIATRICS 214 (2018), [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139173/pdf/12877\\_2018\\_Article\\_897.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139173/pdf/12877_2018_Article_897.pdf); see also Olujoke A Fakoya et al., *Loneliness and social isolation interventions for older adults: a scoping review of reviews*, 20 BMC PUB. HEALTH 129 (2020), <https://pubmed.ncbi.nlm.nih.gov/32054474/>.

245. Lynda Flowers et al., *supra* note 115, at 7.

246. See Flowers, *supra* note 87, at 29.

247. BIPARTISAN POL’Y CTR., *supra* note 9, at 6.

248. Butteriss, *supra* note 154.

249. Weir, *supra* note 93.

250. BIPARTISAN POL’Y CTR., *supra* note 9, at 6.

251. *Id.*

### C. National Programming

The government should establish a national program similar to CareMore's Togetherness Program, which used a combination of social workers and volunteers to conduct weekly phone calls, home visits, and community programs for seniors.<sup>252</sup> Since Medicare already provides health coverage to older adults,<sup>253</sup> one may think the government should naturally implement this type of initiative through the program. Unfortunately, Medicare only provides coverage for adults over the age of sixty-five, or adults under sixty-five with a disability, and programs created to address the issues of social isolation and loneliness should target all adults over the age of fifty to be as effective as possible.<sup>254</sup> Medicaid also would not be a viable option since it only provides health coverage to people with very low income.<sup>255</sup> Therefore, the government initiative will need to be implemented outside of those two programs to make the greatest impact.

There may be trouble implementing the program on a national level, but the potential results are worth any difficulties that may arise. A major obstacle would be getting enough people involved to operate the program efficiently. The force of people needed to implement the program on a national level will be substantial. There would need to be heavy promotion of the program to gain enough volunteers, and there would have to be an increase in the number of social workers that are trained to work with the elderly.<sup>256</sup> Many may argue this will prove too costly to implement because \$6.7 billion in annual federal spending is

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252. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

253. *Differences between Medicare and Medicaid*, MEDICARE INTERACTIVE, <https://www.medicareinteractive.org/get-answers/medicare-basics/medicare-coverage-overview/differences-between-medicare-and-medicaid> (last visited Oct. 20, 2020); *Staying Healthy, Together*, CAREMORE HEALTH, <https://www.caremore.com/-/media/CMHealth/Files/Broker/Our-TogethernessProgram.pdf?la=en&hash=7A14D197D8195E48C1EFB08375DBD6E946D6CD50> (last visited Oct. 20, 2020).

254. MEDICARE INTERACTIVE, *supra* note 253.

255. *Id.*

256. See BUS. WIRE, *supra* note 10; Hayleigh M., *Gerontological Social Workers: the growing demand for Elder Advocacy*, HEALTHCARE (Feb. 13, 2020), <https://www.healthcareglobal.com/hospitals/gerontological-social-workers-growing-demand-elder-advocacy> ("In 2005, a survey of licensed clinical social workers (LCSW) found that only 9 percent actually worked with the elderly. Of those 9 percent, only 75 percent actually had training specific to aging issues. By 2015, the demand for gerontological social workers will increase by 45 percent. The country will need 60,000 to 70,000 gerontological social workers by 2020, but only a small percentage of that number of social workers is currently available.").

already being used to address these issues.<sup>257</sup> It is better to spend more in preventative measures, however, than see that amount continue to rise from inaction.

Once people are enrolled in the program, it should work like the Togetherness Program. Teams of volunteers and social workers should conduct weekly calls, home visits, and community programs for the participants.<sup>258</sup> If the program is implemented correctly, it could prevent and alleviate social isolation and loneliness for an untold number of older adults, and save the U.S. money in the long term.<sup>259</sup>

#### D. Medicare Expansion for Transportation Costs

The government should expand Medicare coverage to non-medical transportation costs, similar to USC's previously mentioned study.<sup>260</sup> This would tackle one of the biggest problems hindering the fight against social isolation and loneliness in older adults—mobility.<sup>261</sup> The USC study already showed no-cost access to services like Lyft and Uber can have a dramatic effect on an older adult's ability to participate in social activities with friends and family, which can lead to a significant rise in their perceived quality of life.<sup>262</sup> This expansion would combat social isolation by making it easier for older adults to leave home and develop a social life, and would combat loneliness by making it easier to create meaningful relationships.<sup>263</sup>

The funding for these rides would be available for the twenty million Medicare Advantage ("MA") members, which make-up one-third of all Medicare beneficiaries.<sup>264</sup> CMS recently expanded the scope and flexibility of supplemental benefits MA plans can offer to its members.<sup>265</sup> "CMS has (1) expanded the scope of 'primarily health-related'

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257. HEALTH RES. & SERVS. ADMIN., *supra* note 6.

258. BUS. WIRE, *supra* note 10; HEALTH RES. & SERVS. ADMIN., *supra* note 6.

259. See BUS. WIRE, *supra* note 10; *The health benefits of strong relationships*, HARV. MED. SCH.: HARV. HEALTH PUB., [https://www.health.harvard.edu/newsletter\\_article/the-health-benefits-of-strong-relationships](https://www.health.harvard.edu/newsletter_article/the-health-benefits-of-strong-relationships) (last updated Aug. 2019).

260. See Snelling, *supra* note 11.

261. *Id.*

262. *Id.*

263. See *id.*; see also *CMS changes pave the way for Medicare Advantage transportation benefits in 2020.*, SAFERIDE (Feb. 13, 2019), <https://saferidehealth.com/blog/medicare-advantage-transportation-in-2020>.

264. Snelling, *supra* note 11.

265. SAFERIDE, *supra* note 263.

supplemental benefits for MA members, (2) introduced non-health-related benefits for chronically-ill members, and (3) given plans significant flexibility in structuring benefit packages by population cohort.<sup>266</sup> Each of these can be used to provide no-cost transportation to members for social and wellness visits, not just medical appointments.<sup>267</sup>

Implementation of the USC study on a larger scale will have its difficulties, but these obstacles can be overcome. The first obstacle would be training older adults to use the technology. Pew Research Center recently found that 53 percent of people over sixty-five own a smartphone, an increase of 11 percent since 2017, and almost triple the 2013 rate.<sup>268</sup> If this trend continues, the concern would be less on getting older adults the technology and more on teaching them how to use it. It would not be feasible to have a landline concierge option like in the USC study due to the number of people using the benefit, so a short training program would need to be available for those who have never used rideshare apps before.<sup>269</sup> The last hurdle in implementing this recommendation would be convincing older adults to use the rideshare apps. Most older adults are reluctant to use rideshare apps because of privacy and safety worries,<sup>270</sup> but as more older adults use the apps and encourage their friends to do the same, these concerns will become less prevalent.<sup>271</sup>

Each of these recommendations should be implemented to combat the rise of social isolation and loneliness in older adults in our society, but in the interest of expediency, a combination of recommendations one and three should be executed first. A reliable screening test would allow healthcare professionals to identify those who are suffering from social isolation and loneliness; these individuals would then be directed to a program specifically designed to treat these issues. Put simply, these recommendations inherently go hand in hand, and each will be more impactful if they are implemented together.

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266. *Id.*

267. *Id.*

268. Snelling, *supra* note 11.

269. *Id.*

270. *Id.*

271. *Id.* (explaining how Torres has encouraged many of her friends and family to use rideshare apps as well).

## V. Conclusion

The epidemic of social isolation and loneliness in older adults affects the mental and physical health of millions of Americans.<sup>272</sup> These problems will continue to grow every year, and so will the amount of federal spending to combat them. “As a social species, we are accountable to help our lonely children, parents, neighbors, and even strangers in the same way we would treat ourselves.”<sup>273</sup>

Treating loneliness is our collective responsibility as a society,<sup>274</sup> and we are obligated to challenge the idea that growing older without adequate social networks is inevitable.<sup>275</sup> We must seek solutions that offer affordable, available, and convenient options for older adults to stay independent and socially engaged.<sup>276</sup> No one program will solve these growing health issues, but each of the recommendations together can start to turn the tide in the battle against them.

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272. Franklin, *supra* note 34, at 2.

273. NAT'L INST. AGING, *supra* note 20.

274. *Id.*

275. Flowers, *supra* note 87, at 32.

276. Snelling, *supra* note 11.

