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Testimony for the
U.S. Senate Special Committee on Aging
"Breaking the Cycle of Senior Loneliness: Strengthening Family and Community Support"
March 12, 2025

Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Aging Committee, thank you for the opportunity to testify today on the pressing issue of social isolation and loneliness among older adults. My name is Andrew MacPherson, and I am the Founder and Chairman of the Foundation for Social Connection Action Network (F4SC-AN). Since our establishment in 2018, our mission has been to create a diverse coalition of national organizations, including consumer groups, health plans, health care providers, technology innovators, and patient advocates, with the goal of developing and advocating for federal policy solutions that address the epidemic of social isolation and loneliness. Our efforts encompass a wide range of activities, from legislative and programmatic advocacy to public awareness campaigns that integrate research and evidence.

The Action Network is honored to have played a role in supporting and advising a range of federal policy efforts to address the public health crisis of social isolation and loneliness, including working directly with members of Congress on a bipartisan basis, former U.S. Surgeon General Dr. Vivek Murthy, the White House Domestic Policy Council, and leading agencies such as the Administration for Community Living as well as leading advocates in the field such as the Gerontological Society of America and AARP. Over the past seven years, we have worked diligently alongside these and other influential voices to address loneliness and social isolation, striving to make meaningful progress in addressing one of the most pressing public health challenges of our time.

As this committee knows, this issue is critical. Before sharing key statistics and the reasons behind our work, I want to acknowledge and thank you for the tremendous efforts and progress in the Senate and House to support older Americans.

We strongly support Chairman Scott and Senator Tina Smith in their introduction of the **Social Engagement and Network Initiatives for Older Relief (SENIOR) Act**, which aims to reduce loneliness by expanding access to community-based initiatives that foster social connection. A key element of this legislation is the inclusion of the word "loneliness" in the definition of "disease prevention and health promotion services" under the Older Americans Act. This inclusion underscores the critical role social connection plays in helping older adults live healthy, independent lives. Additionally, this change would increase funding for vital gathering places, like senior centers and libraries, where older adults can participate in structured social activities that build connections. It also supports transportation solutions through subsidized ridesharing and shuttle services that help older adults stay active in their communities. It expands volunteer

and peer-support networks, providing older adults with meaningful opportunities for mutual aid, mentorship, and community engagement. Importantly, the legislation mandates a federal report on the impact of loneliness, examining how multigenerational family structures influence social connectedness in older adults. We thank the Chairman and Senator Smith for their leadership on this important legislation.

In the House, Congressmen Flood and Bera introduced **the Improving Measurements for Loneliness and Isolation Act**. Even with increasing recognition of loneliness as a public health crisis, the U.S. health care system currently has no standardized method for measuring social disconnection, loneliness, or social isolation. This bill addresses the gap by establishing a federal Working Group composed of experts, researchers, and agency representatives to develop uniform metrics for assessing loneliness and isolation. These standardized tools could be integrated into Medicare wellness visits, electronic health records, and public health surveys, to ensure early identification of at-risk seniors. Additionally, this legislation would provide critical data to inform policy decisions, including potential insurance coverage for community-based interventions like home-visit programs, which have been shown to reduce loneliness and improve overall well-being.

In addition to these two pieces of bipartisan legislation, we are pleased to note that a number of other bills that have been introduced on this issue in the past several years. We commend these members for their bipartisan leadership and their commitment to this critical issue.

Although significant progress has been made, the work is far from complete. We must continue to build on these efforts, ensuring that we address the full scope of loneliness and social isolation with the urgency and dedication it requires. This demographic, already dealing with challenges related to aging, health, and accessibility, is disproportionately impacted by isolation, with consequences extending beyond emotional well-being to physical health, cognitive decline, and even mortality. The impact of loneliness on older adults is not merely a matter of individual suffering but a societal concern with costs that merit our collective attention.

The Crisis of Loneliness Among Older Adults

Social isolation and loneliness among older adults have reached epidemic proportions, with devastating effects on public health, health care costs, and overall well-being. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), nearly one in four adults aged 65 and older is considered socially isolated.[1] The consequences are severe: chronic loneliness is linked to a 50% increased risk of dementia, a 29% increased risk of heart disease,

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[1] National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

and a 32% increased risk of stroke.[2,3,4] Research has also found that prolonged loneliness is as harmful to health as smoking 15 cigarettes per day,[5] making it a significant public health crisis that demands urgent action.

Beyond its impact on health, social isolation among older adults carries a substantial economic burden. Estimates show that Medicare spends an additional $6.7 billion annually on socially isolated older adults due to increased hospitalizations, emergency room visits, and nursing home admissions.[6] Loneliness is also associated with higher rates of depression and anxiety,[7] leading to increased prescription medication use and mental health service costs. Furthermore, socially disconnected older adults are more likely to experience functional decline,[8] increasing reliance on costly long-term care services.

The economic impact extends beyond health care expenditures. Social isolation reduces workforce participation among older adults who might otherwise engage in part-time employment, mentorship, or volunteer activities, all of which contribute to economic productivity.[9] It also places a financial strain on family caregivers, many of whom must reduce their working hours or leave the workforce entirely to provide care for an isolated loved one.[10] Addressing this crisis is not just a moral imperative, it is an economic necessity.

Several structural and societal factors contribute to this crisis of social isolation and loneliness among older adults. The decline of multi-generational living – a trend driven by economic pressures and shifting cultural norms – has reduced the built-in support systems that once

[2] National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

[3] Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. *Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies*. Heart. 2016;102(13):1009-1016.

[4] Kuiper JS, Zuidersma M, Oude Voshaar RC. Social relationships and risk of dementia: a systematic review and meta-analysis of longitudinal cohort studies. Ageing Res Rev. 2015;22:39–57. doi: 10.1016/j.arr.2015.04.006.

[5] *Our Epidemic of Loneliness and Isolation* (2023). Office of the U.S. Surgeon General. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

[6] Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L. & Farid, M. (2017). *Medicare Spends More on Socially Isolated Older Adults*. AARP. https://www.aarp.org/pri/topics/health/coverage-access/medicare-spends-more-on-socially-isolated-older-adults/.

[7] *Our Epidemic of Loneliness and Isolation* (2023). Office of the U.S. Surgeon General. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

[8] National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

[9] National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the-health-care-system

[10] Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. Families Caring for an Aging America. Washington (DC): National Academies Press (US); 2016 Nov 8. 4, *Economic Impact of Family Caregiving*. https://www.ncbi.nlm.nih.gov/books/NBK396402/.

naturally fostered intergenerational connections. According to the Pew Research Center, while 57% of older adults worldwide lived in extended family houses in 1960, that figure has steadily declined, particularly in high-income nations like the United States, where only 20% of older adults now reside in such arrangements.[11]

Simultaneously, shrinking social circles and declining participation in community and civic life have further exacerbated the problem. Robert Putnam's seminal work *Bowling Alone* (2000) details how social capital has diminished over recent decades, with fewer individuals engaging in clubs, religious institutions, and volunteerism—key avenues through which older adults have historically built and maintained relationships.[12]

Barriers to mobility—both physical and financial—compound these issues. Many older adults face challenges such as inaccessible public transportation, unaffordable housing, and declining physical health, which can prevent them from engaging in the social activities they once enjoyed. Mobility limitations have been reported to affect about 35% of adults aged 70 and older, and the majority of adults over 85 years, making it difficult to visit friends, attend social gatherings, or participate in community life.[13]

At the same time, the increasing reliance on digital communication as a primary means of connection has created new barriers. While technology has expanded opportunities for social engagement, many older adults struggle with digital literacy and lack access to high-speed internet, particularly in rural and underserved communities.

Finally, ageism in society discourages many older adults from seeking social engagement, exacerbating their isolation. Negative stereotypes about aging can lead to self-imposed withdrawal, as older adults may feel undervalued or unwelcome in spaces dominated by younger generations. Research from the World Health Organization (WHO) suggests that ageism is linked to poorer physical and mental health outcomes, increased social isolation, and even reduced life expectancy.[14]

Evidence-Based Policy Solutions to Address Loneliness

In light of these statistics, I would like to highlight five key areas where public policy can play a transformative role in addressing and mitigating this crisis. These areas present tangible opportunities for a response rooted in collaboration and innovation to ensure our most vulnerable populations receive support and connection. I want to express my gratitude once again for the

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[11] Pew Research Center (2010). *The Return of the Multi-Generational Family Household*. https://www.pewresearch.org/social-trends/2010/03/18/the-return-of-the-multi-generational-family-household/.

[12] Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. Simon & Schuster.

[13] Freiberger E, Sieber CC, Kob R. Mobility in Older Community-Dwelling Persons: A Narrative Review. Front Physiol. 2020 Sep 15;11:881. doi: 10.3389/fphys.2020.00881. PMID: 33041836; PMCID: PMC7522521.

[14] World Health Organization (2021). Ageism is a global challenge: UN. https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un

committee's focus on this critical matter, and I look forward to exploring these solutions together.

Strengthen Federal Programs to Address Loneliness Among Older Adults

The Older Americans Act (OAA) serves as a vital cornerstone for aging services, but current demand far exceeds available resources. While an increase in funding is needed, it can result in cost savings in other areas. By enhancing funding for OAA nutrition programs, we can ensure that congregate meal sites not only provide nourishment to maintain physical health but also serve as vital social hubs that promote engagement and connection among older adults. In alignment with the committee's jurisdiction, addressing issues of health maintenance, securing adequate income, and engaging in productive activities, further investments in senior centers, libraries, and multi-use community spaces will offer structured opportunities for socialization, supporting overall well-being.

Additionally, targeted funding for rural aging interventions is essential to address isolation in areas with limited transportation and resources. The Administration for Community Living (ACL) has taken an important leadership role in developing evidence-based models to integrate social engagement into health policy. Expanding funding for ACL's Commit to Connect initiative would enable a more comprehensive evaluation of interventions that address loneliness, including technological solutions, intergenerational programming, and cognitive health initiatives. We also recommend that policymakers prioritize funding for peer support programs, volunteer-based companionship models, and faith-based mentorship initiatives, which are instrumental in strengthening community-driven approaches to social connection. This broader approach will not only enhance quality of life but also ensure that older adults receive the full spectrum of support they need to thrive in all areas of life.

Expand Intergenerational Programs

Intergenerational initiatives—such as shared housing programs, mentorship opportunities, and community volunteer projects—have proven to significantly reduce loneliness among both older and younger generations. A recent study by Generations United found that 92% of Americans believe that participation in intergenerational programs improves feelings of loneliness across age groups.[15] Fortunately, many evidence-based strategies can be implemented to strengthen these bonds, including designing built environments that encourage social interaction,[16] establishing and scaling community connection programs that unite diverse age groups, and strategically investing in local institutions that serve as intergenerational community hubs.

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[15] Generations United and The Eisner Foundation (2018). *All in together: Creating places where young and old thrive*. https://www.gu.org/app/uploads/2018/06/SignatureReport-Eisner-All-In-Together.pdf.
[16] Jennings, Viniece & Browning, Matthew & Rigolon, Alessandro. (2019). Planning Urban Green Spaces in Their Communities: Intersectional Approaches for Health Equity and Sustainability. 10.1007/978-3-030-10469-6_5.

Increasing funding for these programs is essential to deepen community cohesion and enhance mental well-being, aligning with the Committee's focus on promoting health, income security, and access to productive activity for older adults. Furthermore, the development of intergenerational and age-friendly communities creates opportunities for social engagement, reduces feelings of loneliness, and fosters empathy across generations. Such initiatives not only strengthen individual well-being but also contribute to a more inclusive and supportive society.

Promote Digital Inclusion and Technology Access

While technology holds significant potential to mitigate social isolation, its adoption among older adults remains limited. Pew Research Center data indicates that 55% of Americans aged 65 and older do not use social media,[17] and nearly 22 million older adults lack broadband access.[18] To address these challenges, prioritizing digital literacy training and ensuring affordable broadband access, particularly in rural and underserved communities, is crucial. Despite the overall increase in technology adoption, digital disparities persist, especially among individuals with disabilities, lower-income adults, and rural residents. A Gallup study highlights that older adults who use technology for support are more likely to seek in-person assistance, underscoring the complementary relationship between digital and physical connection.

To bridge this gap, leveraging telehealth, assistive devices, online support groups, and expanded broadband access can significantly enhance social connectivity among older Americans. These interventions not only increase access to social support beyond in-person interactions but also improve patient-doctor relationships and foster community cohesion.

In addition, updating the 2010 National Broadband Plan to focus on low-income, rural, underrepresented, and socially isolated populations will ensure a more inclusive digital landscape. Federal digital literacy programs should also be expanded to include cybersecurity education, specifically targeting older adults to ensure they can navigate online spaces safely. By addressing digital literacy, expanding broadband access, and continuing to innovate in the development and implementation of technology, we can effectively combat social isolation and foster meaningful connections across generations.

Enhance Medicare's Role in Addressing Loneliness

Medicare plays a crucial role in supporting the health and well-being of older adults, and it is poised to do more to address the growing crisis of loneliness and social isolation. One effective

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[17] Faverio, M. (2022). *Share of those 65 and older who are tech users has grown in the past decade*. Pew Research Center. https://www.pewresearch.org/short-reads/2022/01/13/share-of-those-65-and-older-who-are-tech-users-has-grown-in-the-past-decade/.
[18] Older Adults Technology Services (OATS) (2021). *Report: 22 Million U.S. Seniors Lack Broadband Internet Access; First Time Study Quantifies Digital Isolation of Older Americans as Pandemic Continues to Ravage Nation* [Press Release]. AARP. https://oats.org/aging-connected-press-release/.

strategy would be to require Medicare Annual Wellness Visits to include routine screenings for social isolation and loneliness, enabling providers to identify at-risk individuals and connect them with appropriate interventions. It is also important to ensure that Medicare Advantage plans maintain access to sufficient rebate dollars to offer and tailor supplemental benefits that directly address these issues, such as social engagement programs and transportation assistance. Expanding Medicare's coverage to include interventions for loneliness, such as counseling and peer support services, would provide this at-risk population with a critical avenue for emotional and social care. Furthermore, expanding coverage for hearing aids—through improved private insurance and Medicare benefits—would remove a significant barrier to communication and socialization for older adults, helping to reduce the isolation often caused by hearing loss. These steps would strengthen Medicare as a more comprehensive solution for addressing loneliness, ensuring that older adults receive not just physical care but also the social and emotional support they need to thrive.

Improve Transportation Access

Reliable transportation acts as a crucial bridge to social connection, directly combating feelings of loneliness. Access to transportation enables individuals, especially those with mobility limitations or living in rural or isolated areas, to engage in social life by connecting them to parks, green spaces, community activities, cultural institutions, social events, and visits with loved ones. For individuals with lower socioeconomic status, access to affordable transportation can alleviate the psychological burden of prioritizing basic needs over social activities. Overall, access to transportation is vital for reducing social isolation and loneliness in these vulnerable populations who may otherwise find themselves cut off from essential support networks.

Studies consistently demonstrate that increased use of public transportation, especially among seniors, correlates with a reduction in feelings of loneliness and depression.[19,20] Increasing access to affordable, reliable public transportation can improve opportunities for social connection and recreation, build social capital, and increase social ties. Therefore, we urge transportation planners and decision-makers to adopt a "people first" mentality by prioritizing movability through walking and bicycling networks, accessible and affordable transit services, lower traffic speeds, and better air quality control.

Additionally, policymakers should develop a Senior Mobility Program under the Federal Transit Administration (FTA) to incentivize cities to improve public transportation options, such as subsidized ride-sharing services and accessible bus routes for older adults. Addressing

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[19] Henning-Smith, C., Evenson, A., Kozhimannil, K. B., & Moscovice, I. (2018). Geographic variation in transportation concerns and adaptations to travel-limiting health conditions in the United States. Journal of Transport & Health (Print), 8, 137–145. https://doi.org/10.1016/j.jth.2017.11.146.
[20] Mattson, J. W., & Peterson, D. (2021). Measuring benefits of rural and small urban transit in Greater Minnesota. Transportation Research Record, 036119812199001. https://doi.org/10.1177/0361198121990014

transportation insecurity by improving access to non-emergency medical transportation and non-medical transportation programs also provides social interaction opportunities, connects individuals to healthcare services, and improves quality of life. Ultimately, transportation transcends its function as a means of travel and is a fundamental tool for fostering social inclusion and bolstering overall well-being.

A Bold Agenda for the Future: F4SC-AN's Policy Priorities

Today, I am honored to announce the launch of the Foundation for Social Connection Action Network's Policy Priorities for Social Connection, which includes these and other focus areas. It is a groundbreaking framework comprised of over 130 strategic policy solutions designed to foster genuine social connection. Based on a thorough review of existing research, including leading scientist Dr. Julianne Holt-Lunstad's SOCIAL Framework (Systems Approach of Cross-Sector Integration and Action Across the Lifespan),[21] our framework prioritizes seven key areas for action: Health; Education; Work, Employment & Labor; Built Environment; Arts, Culture, and Leisure; Food & Nutrition; and Research and Measurement, most of which I've discussed with you today.

This ambitious agenda calls for a united effort across all levels of government while also recognizing the crucial role communities play in strengthening social bonds. At its core, our policy agenda aims to create sustainable, inclusive solutions that promote meaningful connections for individuals at every stage of life. Grounded in rigorous scientific evidence highlighting the devastating effects of social isolation and loneliness, this agenda aligns promising policies with the transformative potential to enhance public health, drive economic prosperity, uplift community well-being, and elevate the overall quality of life for all Americans. Together, we can build a future where connection, not isolation, defines the American experience.

Conclusion: A Call to Action

Chairman Scott, Ranking Member Gillibrand, and esteemed members of the Committee, as this hearing instructs us, addressing the epidemic of loneliness among older adults is not only a moral imperative but also a critical public health necessity. The time for decisive action is now. We urge Congress to increase funding for proven programs, advocate for innovative legislative solutions, and prioritize social connection as a national objective.

Tackling this issue offers us an opportunity to unite in a time of increasing polarization. By fostering social connection, we can bridge divides, rebuild trust, and strengthen the fabric of our communities. This issue transcends political affiliation and speaks to our shared humanity.

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[21] Holt-Lunstad J. *Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health*. Annu Rev Public Health. 2022 Apr 5;43:193-213. doi: 10.1146/annurev-publhealth-052020-110732. Epub 2022 Jan 12. PMID: 35021021.

Together, we can build a future where connection, not isolation, defines the American experience.

Thank you for the opportunity to testify today.