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Connecting Pennsylvania's Seniors: Addressing Loneliness and Social Isolation

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Senator McCormick, thank you for the opportunity to participate in today's hearing. I am Martin Sliwinski, Professor of Human Development and Family Studies and Director of the Center for Healthy Aging at Penn State. For more than two decades, my research has examined how everyday experiences, including social interactions, shape cognitive functioning, physical health, and well-being as we age. I also want to thank you for your support of behavioral, social, and biomedical science, all of which are essential to understanding and addressing problems like social isolation and loneliness.

Social Isolation and Loneliness Are Not the Same

Healthy aging is not simply about living longer. It is about maintaining a sense of purpose and meaning, staying connected to the people and activities that matter, and remaining independent and engaged in community life. Social connection helps make those things possible.

An important starting point is to distinguish *social isolation from loneliness*. The terms are often used interchangeably, but they describe different dimensions of social connection. Social isolation is more objective: it refers to having relatively few social relationships, interactions, or opportunities for participation. Loneliness is subjective: it is the feeling that our relationships fall short of what we want or need.[1]

The two often overlap, but not always. Someone can live alone, have relatively little social contact, and be satisfied with those relationships. Someone else can see people frequently and still feel lonely or disconnected.

This distinction is more than a matter of terminology. *More* social contact is not necessarily the same as *better* social connection. A program may successfully increase the number of interactions someone has without changing whether that person feels understood, valued, or connected. The key point is that s*uccessfully reducing social isolation does not necessarily mean that we have reduced loneliness.*

Why the Distinction Matters for Health

Both social isolation and loneliness are associated with significant health risks. A 2023 meta-analysis of 90 prospective studies involving more than 2.2 million people found that social isolation was associated with a 32 percent greater risk of death from any cause, while loneliness was associated with a 14 percent greater risk.[2]

Both also matter for cognitive health, although they are not interchangeable. The 2024 Lancet Commission identified social isolation as one of 14 potentially modifiable risk factors for dementia across the life course.[3]

Loneliness has also been associated with both cognitive impairment and dementia. A 2024 meta-analysis combining 21 longitudinal samples and more than 600,000 people found that loneliness was associated with approximately a 31 percent greater risk of developing dementia, as well as increased risk of Alzheimer’s disease, vascular dementia, and cognitive impairment. Importantly, these associations persisted even after accounting for depression, social isolation, and other potentially modifiable dementia risk factors.[4] In practical terms, this means that we need to consider not only whether someone is socially isolated, but also whether they feel lonely regardless of how much social contact they have.

The importance of loneliness may be apparent well before dementia develops. In a systematic review and meta-analysis of more than 30,000 older adults without dementia, my colleagues and I found that loneliness was associated with poorer overall cognitive functioning. Across the individual studies we reviewed, loneliness was also related to poorer memory, slower processing speed, and poorer visuospatial and functioning.[5] These findings suggest that loneliness is relevant not only to long-term dementia risk, but also to how well older adults are functioning cognitively before dementia is present.

Taken together, this evidence reinforces a central point: social isolation and loneliness are distinct dimensions of social connection, and each can matter for health, well-being, and everyday functioning in its own right.

How Social Disconnection Can Affect Health

Social isolation and loneliness may affect health through several overlapping pathways. Loneliness is closely tied to mental health. Persistent loneliness is strongly associated with depression, and longitudinal research suggests that loneliness can precede increases in depressive symptoms. Depression can, in turn, lead people to withdraw and make social connection more difficult. Loneliness and depression can therefore reinforce one another.[6]

Regular social contact helps support many of the routines and behaviors that promote health, including physical activity, eating well, seeking medical care, and staying engaged in meaningful activities. When those connections are lost, some of those supports may be lost as well. At the same time, worsening health, mobility, hearing, or mood can make it harder to remain socially connected. The result can be a reinforcing cycle in which social disconnection contributes to poorer health and poorer health makes social connection increasingly difficult.[1]

Social Connection in Everyday Life

Some of the most serious outcomes associated with social disconnection, such as disease, dementia, and premature mortality, may take years to emerge. But its associations with everyday functioning can be seen much sooner, from one day to the next. Our research at Penn State allows us to examine these shorter-term changes in everyday life.

In our studies, on days when people feel lonelier than usual, they perform worse cognitively[7] and report more severe physical health symptoms.[8] People with higher loneliness are also more likely to encounter everyday stress, and when stress occurs, it tends to hit harder and last longer.[10] On days when people have more frequent and pleasant social interactions, they tend to perform better cognitively, with some benefits carrying into the following days.[9]

These findings reinforce an important point: both loneliness and social connection matter. What people experience socially, and how connected they feel, can each tell us something about how they are functioning in everyday life.

The consequences of social disconnection are therefore not only about what might happen years from now. They can be seen in how people think, feel, and function today and tomorrow.

That creates a practical opportunity. We may be able to tell whether programs are helping much sooner, rather than waiting months or years for an outcome. Further research may also help us improve programs and provide support to the right person, at the right time, and in the right context.

Three Practical Implications for Programs and Policy

Taken together, this evidence points to three practical implications for efforts to strengthen social connection among older adults: prevent disconnection before it becomes persistent; preserve access to the social infrastructure that makes connection possible; and evaluate whether programs actually help people feel more connected.

1. Prevent Disconnection Before It Becomes Persistent

The distinction between social isolation and loneliness also has important implications for prevention.

Social disconnection often develops gradually. Retirement may remove relationships and interactions that were built into the workday. Bereavement can remove a central relationship. Hearing loss can make conversation exhausting. Mobility limitations or loss of the ability to drive can make participation increasingly difficult. Caregiving responsibilities or geographic isolation may gradually narrow someone's social world.[1],[11]

Retirement is a useful example. For some people, leaving work means more freedom and more time for valued relationships. For others, work supplied regular contact, social roles, and a sense of contribution that are not automatically replaced after retirement. These transitions can create predictable points at which preserving or rebuilding connection may be especially important.

Prevention deserves particular attention because loneliness is not necessarily easy to reverse once it becomes persistent. Intervention studies show that loneliness can be reduced, but there is no simple or uniformly effective remedy.

A 2024 systematic review examining 67 intervention studies found that programs can reduce loneliness and social isolation, but effects varied substantially across studies and populations.[12] A separate review covering more than 100 unique intervention studies similarly found mixed effects and suggested that approaches addressing multiple dimensions of social connection may be more promising than simply increasing opportunities for social contact.[13]

That does not mean loneliness cannot be reduced. But because no single intervention works consistently for everyone, prevention deserves greater emphasis. That means preserving meaningful relationships, social roles, mobility, participation, and opportunities to contribute before disconnection becomes persistent.

2. Preserve the Social Infrastructure That Makes Connection Possible

Transportation, senior centers, community meal programs, volunteering, intergenerational programs, lifelong learning, faith and community organizations, and home-delivered services can all be understood as part of the social infrastructure that helps older adults remain connected and independent.

Access to that social infrastructure is not equally distributed. Older adults with limited financial resources may have fewer affordable options for transportation, activities, home supports, or technology, while those in rural communities may face longer travel distances, fewer nearby programs, and more limited transportation or broadband access. These differences do not mean that low-income or rural older adults are necessarily lonelier. They mean that maintaining social connection may require overcoming more structural barriers.[1]

A ride is not just transportation. It may make it possible to volunteer, attend church, exercise, see friends, or take part in community life. Transportation barriers are an important obstacle to social participation, particularly for people with mobility limitations and those living in rural communities.[14]

A community meal provides nutrition, but it can also provide routine, companionship, and opportunities to form relationships. In a national study of more than 1,000 participants in community meal programs, socialization was the most common reason people gave for first attending.[15] A volunteer or intergenerational program provides something else that is important: an opportunity to contribute, not simply to receive help.

3. Evaluate Whether Programs Actually Improve Connection

But the distinction between isolation and loneliness tells us that *participation itself cannot be the only measure of success*. If a program gets more people through the door, increases transportation access, or creates more opportunities for interaction, that may reduce isolation. Those are important outcomes. But they do not necessarily tell us whether loneliness has improved.

Program evaluation should therefore ask two different questions:

Did we increase opportunities for social contact and participation? **And** ***did people actually feel more connected?***

Those are related outcomes, but they are not interchangeable.

How programs are presented matters as well. In one peer-support program for low-income older adults, researchers found that stigma around the terms ‘loneliness’ and ‘social isolation’ made recruitment more difficult. Staff and peers instead used a ‘soft approach’ that emphasized informal visits, conversation, and connection.[16]

That finding points to a broader lesson. Opportunities framed around contribution, learning, activity, purpose, and connection may be more inviting than programs that define people by a deficit. The Gerontological Society of America’s National Center to Reframe Aging provides evidence-informed communication tools that can help organizations and professionals think not only about what opportunities they provide, but also about how they invite people to participate.[17]

Conclusion

Ultimately, this is about a shared goal for the Commonwealth: creating the conditions that allow older Pennsylvanians to remain connected, purposeful, and able to participate and contribute in the communities they call home.

Pennsylvania is home to a strong community of scientists at Penn State, the University of Pittsburgh, Carnegie Mellon University, the University of Pennsylvania, and Temple University who have devoted their careers to understanding aging and improving the lives of older adults. Working with communities and service organizations across the Commonwealth, that knowledge can help us develop and evaluate practical approaches while continuing to learn what works best, for whom, and under what circumstances.

Thank you.

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