

**Testimony presented before the United States Senate Special Committee on Aging at the
Hearing on
“Aging Without Community: The Consequences of Isolation and Loneliness”**

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Thursday, April 27, 2017
9:45 A.M.
Hart Senate Office Building, Room 216
Washington, DC 20510

Aging Mainers across the oldest and most rural state in the nation are a stoic and fiercely independent lot. But like their millions of counterparts in other rural states across the nation, they may be losing the battle when it comes to protecting themselves against the devastating consequences of living a socially isolated and lonely life. Let there be no doubt, social isolation is a killer and more Americans are living in isolation than ever before. The prevalence may be as high as 43% among community dwelling older adults. And, the risk is high as well for caregivers of older adults given that caregiving can be a very isolating experience. Perhaps that is why the National Association of Social Workers, the World Health Organization, AARP, and the National Institutes of Health, among others, have recognized the need to place social isolation on their lists of major challenges and high priority threats to societal well-being. It is a perplexing, potentially lethal, problem, impeding a successful and productive old age. The bad news is that the challenge is perhaps greatest for older adults living in small towns and rural communities where individuals are separated geographically, children and grandchildren have often left for the bright lights of the big cities, and critical community supports are in short supply.

I've come to realize that stoicism and a fiercely independent spirit can be overrated qualities and not always something to aspire to. Not when we learn that such individuals are at higher risk of living social isolated and lonely lives which, in turn, research confirms, will place them at higher risk of a variety of poor outcomes including disability, high rates of mortality and morbidity, dementias, hospitalizations, falls, not surviving natural disasters, poor health practices, psychological distress, neglect and exploitation, lower self-reported health and well-being, and even the common cold.

Who is at greatest risk? That would be LGBT older adults, those with physical, sensory, and functional impairments, who live alone, are 80 years of age and older, are geographically isolated, living on limited income, lacking instrumental supports (access to transportation, the internet, telephones, etc.), with poor mental health, weak social networks, and facing critical life transitions (i.e., divorce, death of a spouse, an abrupt retirement, a health crisis, children moving out, etc.).

The importance of having available a social network cannot be overstated in guarding against social isolation. Family, friends, neighbors, and professional caregivers provide social support, social influence, create a buffer against stress, increase your access to resources, and can even stimulate your immune system.

Local Solutions That Make a Difference

Solutions to preventing social isolation and loneliness are presenting themselves both locally and nationally and need not be excessively costly. We do, however, need to remain vigilant and especially mindful of those conditions that put older adults at risk.

The University of Maine Center on Aging recently gathered 200 professionals and community members together at a conference to discuss older adult social isolation. Their front-line experience suggests additional factors can increase the risk of social isolation including ageist views and stigma about aging, a lack of transportation to get older adults out into the community, lack of access to technology which could bridge communication gaps with loved ones, poor health, alcoholism, and increasing lifespans which mean that many older adults outlive their friends and family. Responding to these challenges, the University of Maine has identified aging research as an emerging area of excellence and is especially encouraging its scientists to focus on developing user friendly, accessible, and affordable technologies that will keep older adults safe, secure, and mobile not only in their homes but in their communities.

At the local level, combatting social isolation entails bringing the older adult out into the community or otherwise bringing the community to them. The University of Maine in partnership with the Eastern Area Agency on Aging, is supporting a student-led program, Project Generations, that brings college students into the homes of local older adults for friendly visiting and lending a helping hand. Programs like this offer students the opportunity to interact with and learn from older adults while providing elders with a much-needed source of support.

In at least one Maine community (Augusta), postal service workers are trained to ask questions of homebound older adults to check in on them and ensure their well-being. Doctors, too, if they choose, are able to screen for social isolation during routine doctor's appointments. These solutions, often termed sentinel approaches, provide an extra set of eyes and ears in the community to identify and address social isolation through screening and referral.

Many communities have begun to organize programs where volunteers and law enforcement officers provide regular calls and wellness checks to older adults who are known to be frail, homebound, and isolated. One such program in Franklin County, Maine, sends sheriff's deputies to regularly check in on older adults to not only help reduce the risk that an older adult would fall victim to a scam, but also to increase social contact and well-being for the older adult.

Creative housing solutions like co-housing where older adults live with younger adults can also help to combat social isolation and help to create a sense of purpose among older adults.

Several federal programs are providing lifelines to older adults who are homebound including the Meals on Wheels Program, a network that reaches over 800,000 homebound older adults

across the nation, providing not only home-delivered meals but also socialization. The Senior Companion Program, (part of the national network of Senior Corps programs) pairs older adult volunteers with homebound older adults in their communities for ongoing socialization and support. One such Senior Companion volunteer shared a story of Mrs. C, a woman whom she visits, and how she supported Mrs. C. after the death of her husband. The loss of a spouse is a particularly critical time for supporting older adults and ensuring that they do not become shut off from those around them:

"Mrs. C experienced the loss of her husband after a long terminal illness. Having devoted her life to the continuous care of Mr. C, she was left without purpose in her life. Mrs. C. had no family in this area and felt completely alone. As her Senior Companion, I was able to assist her through arrangements to be made for Mr. C's cremation and celebration of life. Other difficult areas included finances, health, and well-being. It has been nearly two years since the passing of Mr. C. With continuous compassion and understanding, I have been able to help Mrs. C. connect again to the world around her. She has made great progress spiritually, emotionally and with socialization. As a Senior Companion, I am always at hand for comfort and support or simply just to listen."

We also know there are ways to prevent social isolation before it occurs. Encouraging older adults to be involved in their communities through churches, civic groups, and volunteer roles can be important avenues for ensuring that older adults stay healthy and connected to the world around them. Programs like Retired and Senior Volunteer Program (RSVP) and Senior College offer older adults opportunities for meeting new people and learning new skills.

Dr. Kelley Strout at the University of Maine has developed a pilot program called GROW which sets up garden beds at low-income congregate housing sites. Originally intended to increase the consumption of healthy foods, the program also increased social ties between residents who would not have otherwise interacted and formed friendships despite living within the same housing complex. There are numerous examples of programs like this throughout the country that provide an outlet for older adults to naturally connect with others.

Summary of the State of Current Research

There is still significant progress to be made in determining what works for helping to reduce social isolation. Lack of rigor in studies of interventions aimed at reducing loneliness make it difficult to evaluate some of these strategies.

Due to the various life events that can trigger social isolation, from death of a significant other, to loss of transportation, to health decline, effective interventions will need to be diverse and they will need to be tailored to the personal circumstances of the isolated individual.

AARP's Framework for Isolation in Adults Over 50 states that "Reviews support that effective interventions target specific groups, use representative samples of their target population, use more than one method of intervention (target more than one aspect), allow participants an element of control, include individual participation in intervention planning, and have facilitators who have adequate training and resources."

Other Community-Level Strategies

The Maine Health Access Foundation has initiated a significant grant program in the state of Maine called “Thriving in Place” which supports individuals with chronic conditions and disabilities in remaining in their homes as they age. Although the activities being undertaken to support aging-in-place are diverse, reducing isolation is a key component of Thriving in Place activities. In a review of Thriving in Place initiatives in the state, project evaluators identified promising strategies and lessons learned related to reducing isolation that were emerging from these community change efforts. These include the importance of developing systems of care whereby people who may have contact with isolated older adults, such as EMTs, Meals on Wheels drivers, and other individuals are knowledgeable enough about community resources and referral processes that they can act as gatekeepers and key points of access to supportive services which can reduce isolation and meet other needs.

Another finding was that services promoting older adult wellbeing have added benefits in reducing social isolation. Examples include morning check-in calls from law enforcement programs, which often have a primary stated purpose of ensuring physical safety for homebound adults. This finding has been borne out in conversations conducted by the Center on Aging with coordinators of check-in programs who have indicated that participants have become less isolated due to these brief daily contacts. Additionally, through a research partnership with a local Village to Village model organization, At Home Downeast, interviews with volunteer drivers have indicated that volunteer provided rides to health and non-health related destinations serve also as an opportunity for members of the Village to receive much need social contact.

AARP’s Age-Friendly community initiative is another community-level strategy for supporting aging-in-place and reducing social isolation. Like the Thriving in Place initiative, it examines aging-in-place holistically through a framework called the “eight domains” that contribute to a livable and age-friendly community including: Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Social Inclusion; Communication and Information, Community and Health Services, and Civic Participation and Employment. Although all domains have implications for reducing isolation and loneliness, two of the eight domains are particularly important: Social Participation and Respect and Social Inclusion. Key elements of these domains that can impact social isolation are ensuring accessibility of local gatherings in terms of transportation, affordability, and physical accessibility; ensuring that outreach for events in a community are targeted at those at risk of isolation, and combating negative stereotypes of aging individuals.

We should not minimize the lessons learned from the age-friendly community movement in terms of what individual towns and communities can be encouraged to do to reduce the risk of social isolation among its older citizens, and all its citizens for that matter. The University of Maine Center on Aging recently conducted a series of community focus group with citizens of Bangor, ME and discovered the following high priority action steps that can be taken to fight isolation including developing and maintaining robust transportation programs geared to meeting the needs of older adults, making the community walkable, offering senior center/community center programming, ensuring that outdoor spaces and buildings are accessible, maintaining

opportunities for meaningful volunteer and civic engagement, and establishing a more comprehensive and timely informational clearinghouse that reaches elders and their caregivers with available resources and programs. I'm proud to say that Maine leads the nation in the number of towns and communities that have formally joined the age friendly community movement – some 35 of the 163 such communities across the U.S.

Older adults residing in small towns and rural communities may be especially vulnerable to the dangers of isolated living, but such communities, with modest levels of support, can be mobilized to take action against this threat to well-being in later life.