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**Written Testimony of the
American Psychological Association
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Chief Advocacy Officer of the American Psychological Association and
The American Psychological Association's Committee on Aging
Submitted to the Senate Special Committee on Aging
Hearing: Combating Social Isolation and Loneliness During the COVID-19 Pandemic
Thursday, June 11, 2020 – 9:30 am**

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, numbering over 121,000 researchers, educators, clinicians, consultants, students and APA's Committee on Aging, applauds the Senate Special Committee on Aging for bringing attention to and addressing social isolation and loneliness during the COVID-19 national public health crisis. APA urges Congress to invest in programs which address social isolation through the recommendations below.

Key Research Findings

As described in the recent report from the National Academies of Sciences, Engineering, and Medicine (*"Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System"* i), social smoking and obesity risks are being greatly exacerbated by physical distancing and psychological stress related to the COVID-19 public health emergency. Key findings from research include:

- Social isolation and loneliness (SIL) are closely interrelated, yet distinct, phenomena. People who are socially isolated lack social connection, close relationships, or contact with others- they live alone and infrequently engage with other people. Loneliness refers to feeling alone and disconnected from other people- it is a psychological, subjective experience. Research in this area can often be hard to untangle given overlap between social isolation and loneliness; people who are socially isolated are more likely to be lonely. The phenomena can each be measured separately, however.
- Roughly one in four community-dwelling U.S. adults aged 65 and older are considered socially isolated. Between 40-50% of older adults are at least occasionally lonely and roughly 20% frequently feel lonely. Some older people appear to be less lonely than younger people, but loneliness may exert a greater effect on older adults' health than on younger adults' health. Those older adults who are extremely lonely are at particular risk of psychological and physical health problems.
- Decades of studies have documented the long-term negative health outcomes of social isolation and loneliness. There is strong evidence that social isolation substantially increases mortality risk, and a growing body of evidence that loneliness increases mortality risk. Research finds SIL effects on mortality even after adjusting for relevant lifestyle (smoking, alcohol use, physical activity) and psychological (e.g.,



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depression) factors. Social isolation and loneliness are also associated with increased risk of cardiovascular disease, stroke, dementia, and other conditions. Moreover, socially isolated individuals may not receive the support they need to prevent further decline, and may experience rapid deterioration and increased medical costs.

- Loneliness and social isolation are linked to both depression and anxiety. In one study just over half of individuals who frequently felt loneliness reported symptoms above the threshold for clinically significant depression. Social isolation and loneliness are risk factors for suicide and suicidal ideation, and this effect has been found independent of co-occurring depression.
- Research on geographic variation in SIL finds that older adults living in rural areas report having more relationships than older adults living in metropolitan areas, so they may not be as socially isolated. But older adults in rural areas do report feeling just as lonely as those in urban areas, and are more likely to report feeling left out. Non-Hispanic African-American residents in rural areas were found to have higher rates of perceived loneliness in particular. ii

Recommendations to help protect the socially isolated during COVID-19:

Access to Mental Health Services is Critical to Addressing Social Isolation and Loneliness- Support Mental and Behavioral Health Services

While health plans are beginning to screen and provide services to patients to address social isolation and loneliness and educate providers and enrollees about the importance of social connectedness, an effective response to SIL must ensure the aging community has adequate access to mental health services. Research on interventions to reduce loneliness finds that addressing maladaptive social cognition through psychotherapy is significantly more effective than improving social skills, enhancing social support, or increasing opportunities for social interaction, which are only modestly successful. iii

Furthermore, during this critical time of COVID-19 when the need for mental and behavioral health services are rising, we urge Congress to support and expand access to psychological services and authorize an extension of Medicare telehealth flexibilities to the Centers for Medicare and Medicaid Services (CMS), including coverage of audio-only mental health services, for at least a one year transition period after the current public health emergency ends. Such services through audio-only telephones have provided critical care to isolated patients at home, in hospitals and in nursing homes who may have mobility issues, visual impairments, and be at elevated risk of COVID-19 transmission. Access to internet is particularly limited in rural areas, where needs are high. At least a one-year extension of current policies would enable the collection of data and analysis to determine the most appropriate policies for telehealth services going forward. Older adults have a lower rate of using smartphones and other technology and often live in areas without reliable broadband access.



Increase Investments in the Health Care Workforce to Serve Older Adults

To respond adequately to the needs of older adults during the COVID-19 pandemic address, additional investments are needed in the Title VII and VIII Geriatric Workforce Enhancement Program (GWEP) at the Health Resources and Services Administration (HRSA) to address the shortage of health care providers to care for older adults. As the only federal program dedicated to developing a health care workforce that maximizes patient and family engagement while improving health outcomes for older adults, the GWEP program integrates geriatrics and primary care to provide more coordinated and comprehensive care, and also develops providers who can assess and address the needs of older adults and their families/caregivers. GWEP grantees create and deliver community-based programs that provide patients, families, and caregivers with the knowledge and skills to improve health outcomes and the quality of care for older adults and also provide Alzheimer's disease and related dementia education to families, caregivers, direct care workers, and health professions students, faculty, and providers.

Additional funding for the Geriatrics Academic Career Awards (GACA) program is also needed to increase faculty development and the next generation of innovators to improve care outcomes and delivery. We urge Congress to provide:

- Supplemental funding of \$8.64 million (\$180,000 for each of the 48 GWEP sites) to support necessary staff, technology, training, and materials.
- Supplemental funding of \$1.7 million for current and prior GWEP sites in key COVID19 crisis areas to be determined by HRSA and
- Supplemental funding of \$650,000 for GACA awardees (\$25,000 for each of the 26 GACA awardees) many who are redirecting their clinical and education work to address solutions-based guidance for their institutions during the pandemic.

Support Older Americans Act Programs

Protect the Administration for Community Living (ACL) supported programs that offer many opportunities for older adults to engage in their communities. Programs include insurance counseling and providing transportation to seniors to enable them to help fellow seniors get to the doctor. The Older Americans Act nutrition programs provide home-delivered meals. Home-delivered meals provide social connectivity and daily informal check-ins.

Support Technology Adoption

Many social interactions today occur through technology, especially during COVID-19. Technology can also provide access to important information and resources for those who experience social isolation,



for example, through telehealth. However, there still exists a substantial “digital divide” with older adults adopting and using newer technology less often than younger adults. When considering policy, we recommend that Congress consider how technology can reduce social isolation and loneliness and also the barriers for the use of these technologies by older adults.

Transportation

Transportation is also key to the wellbeing of those suffering from social isolation. Reviews of driving cessation find that the negative consequences associated with isolation are nearly identical to those associated with driving cessation. This is another important issue we hope that Congress can address, as safe and accessible transportation options play an important role in protecting the mental and physical health of older adults.

Vulnerable Populations

Older adults are a diverse group. Older adults with lower household income, who are in poor health or have physical limitations and are not married, are at greater risk for loneliness. Evidence also suggests that the pattern of consequences resulting from isolation and social disconnectedness differs for White, Black, and Hispanic older adults. In Congress’ focus on these vulnerable and underserved populations, we also encourage Congress to devote attention to the growing number of LGBT older adults. They are more likely than their non-LGBT counterparts to live alone and are less likely to utilize services and to experience family support. LGBT older adults are especially at risk for the consequences of social isolation.

Thank you for considering our recommendations. We look forward to working with you to improve the lives of those suffering from social isolation and loneliness.

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i National Academies of Sciences, Engineering, and Medicine 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/25663>.

ii Henning-Smith, C., Moscovice, I., & Kozhimannil, K. (2019). Differences in social isolation and its relationship to health by rurality. *The Journal of Rural Health, 35*(4), 540-549.

iii Masi, C. M., Chen, H. Y., Hawkey, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review, 15*(3), 219-266.