



Loneliness and Health

Loneliness, including feeling a lack of companionship or feeling socially isolated, has major implications for the health of older adults. In October 2018, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their health, health behaviors, and experiences and feelings related to companionship and social isolation.

Lacking Companionship or Feeling Isolated

One in three respondents (34%) reported feeling a lack of companionship (26% *some of the time*, 8% *often*) and 27% reported feeling isolated from others (22% *some of the time*, 5% *often*) during the past year.

While a majority of those who said they felt a lack of companionship also felt socially isolated and vice versa, 37% of those who felt a lack of companionship did not feel isolated and 20% of those who felt isolated did not feel a lack of companionship.

Three out of four respondents (72%) reported frequent social contact with family, friends or neighbors who do not live with them (30% *every day*, 42% *several times a week*), while about one in four (28%) reported social contact once a week or less (15% *once a week*, 13% *every 2–3 weeks or less*).

Loneliness: Who's at Risk?

Women were more likely than men to report feeling a lack of companionship (36% versus 31%). People who were not working or were from households with annual incomes of <\$60,000, had children in their home, or lived alone were also more likely to report a lack of companionship. These factors, in addition to being age 50–64 (compared with age 65–80), were also associated with feeling socially isolated.



Feelings of Loneliness

AMONG ADULTS AGE 50–80

34% felt a lack of companionship



27% felt isolated



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Living alone, in particular, was highly associated with feeling lonely. Among those living alone, 60% reported feeling a lack of companionship and 41% felt isolated.

Respondents who reported feeling a lack of companionship were more likely to report fair or poor physical health (26% versus 13% of those who rarely lacked companionship). Meanwhile, 28% of people who reported feeling socially isolated said they were in fair or poor physical health compared to 13% of those who said they hardly ever feel isolated.

Similarly, 17% of respondents who said they felt isolated rated their mental health as fair or poor compared to 2% of those who reported hardly ever feeling isolated. And 13% of those who reported a lack of companionship reported fair or poor mental health versus 2% of those who said they hardly ever lack companionship.

Respondents who reported a lack of companionship were more likely to report that their hearing was fair or poor (18% versus 11% of those who hardly ever lacked companionship). Similarly, 20% of those who reported feeling socially isolated said they had fair or poor hearing compared to 11% of those who said they hardly ever feel isolated.

Social Connection and Healthy Behaviors

Adults age 50–80 with good health habits were less likely to report feeling a lack of companionship or feeling isolated from others. Respondents who said they exercise, eat a healthy diet, and get enough sleep every day or several times a week were less likely to report a lack of companionship and feeling isolated than those who engaged in these health behaviors once a week or less.

Older adults who reported being socially active every day or several times a week were also less likely to report a lack of companionship and feeling isolated. Respondents who smoked or used tobacco were more likely to feel a lack of companionship or feel isolated than those who do not use tobacco.

Implications

The findings from this poll suggest that millions of older adults across the U.S. feel lonely. Research shows that chronic loneliness can impact older adults' memory, physical well-being, mental health, and life expectancy. In fact, some research suggests that chronic loneliness may shorten life expectancy even more than being overweight or sedentary, and just as much as smoking. It is also possible for health problems to contribute to feelings of loneliness. For example, hearing loss or mobility limitations may decrease opportunities for social interaction and increase feelings of loneliness.

Efforts to address loneliness can begin with an awareness that loneliness is not only closely connected to the well-being of older adults, but can also adversely impact health. Family, friends, neighbors, and health care professionals can help to identify older adults who are experiencing loneliness or may be at risk.

Encouraging and supporting meaningful social connections and more frequent interactions — through activities such as volunteerism, participation in community or religious groups, or home visiting programs — may help mitigate loneliness and its associated health challenges.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (“Ipsos”), for the University of Michigan’s Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using the Ipsos KnowledgePanel®, the largest national, probability-based panel in the U.S. Surveys are fielded two to three times a year with a sample of approximately 2,000 KnowledgePanel® members age 50–80.

This survey was administered online in October 2018 to a randomly selected, stratified group of older adults age 50–80 (n=2,051). Respondents were selected from the Ipsos web-enabled KnowledgePanel®, which closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.

The completion rate was 64% among panel members contacted to participate. The margin of error is ±1 to 2 percentage points for questions asked of the full sample, and higher among subgroups.

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For more information or to receive future reports, visit healthyagingpoll.org

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