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Meaningful Lives As We Age

GSA On Aging: GSA Policy Profile Podcast

Social Isolation and Loneliness: Exploring Developments in Research, Advocacy, and Policy

Transcript and Resources



Host

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Speaker

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Apoorva Rangan:
Thank you for joining this Policy Profiles podcast installment, which will explore the latest research and federal policies around social isolation and loneliness. I am Apoorva Rangan, the O'Neill and Hyer Policy Intern here with the Policy and Professional Affairs team at the Gerontological Society of America. And joining us for our discussion today is Morgan Bailey, the policy director of the Foundation for Social Connection Action Network, which GSA is a founding member of. Morgan Bailey brings nearly a decade of experience in mental health and substance use prevention and treatment to her role as the policy director for the Action Network. Her experience in behavioral health includes payment and delivery, transformation, integrated care and workforce development.

She also has a broader background supporting patient privacy, non-discrimination, and community-based care. Her work is driven by a passion for improving the healthcare system and ensuring access to care for all communities, including addressing the growing epidemic of social isolation and loneliness. Morgan has a deep set of experiences in the substance use and mental health services administration or SAMHSA and previously served in legislative and regulatory capacities for the American Academy of Family Physicians. Morgan, we are so pleased to have you here as a friend and close colleague of the GSA to discuss a topic that structures so many of our lives and communities.

Morgan Bailie:
Thank you so much for having me. I'm excited to be here.

Apoorva Rangan:
Amazing. So let's get started. In recent years, we saw growing federal recognition of social isolation as a public health priority. For example, the former US Surgeon General issued an advisory titled "Our Epidemic of Loneliness and Isolation." First, could you help us understand the distinction between those terms, loneliness and isolation? And could you walk us through the significance of these developments and what they have meant for federal funding research and service delivery?

Morgan Bailie:
Yeah, I think that's a really wonderful place to start. So we often refer to social isolation and loneliness together, but they are two distinct things. Social isolation refers to having objectively few social relationships social roles, group memberships or infrequent social interactions. So you can think of home bound, older adults or disabled individuals, maybe rural Americans without broadband access, someone living in a historically disinvested neighborhood without community spaces or social clubs. They may have very few social interactions on a daily basis. So that's social isolation. Loneliness is a subjective, unpleasant or distressing feeling of a lack of connection to other people along with a desire for more or more satisfying social relationships. The discrepancy really of how connected you feel versus how connected you want to be. And I think that's an important distinction because someone like myself who's a little more introverted, I don't mind not connecting with people on a daily basis, but others might want deeper social connection.

So you can think of an LGBTQ person surrounded by people, but unable to or afraid of expressing themselves authentically or maybe a new parent with friends who don't have kids, or vice versa, someone who doesn't have kids and all their friends do. So lacking that authentic social connection that they desire. So that's the distinction between social isolation and loneliness. And we know that both of those things are associated with increased risk for heart disease, stroke, Alzheimer's, and dementia,

diabetes, depression, suicidality, elder abuse, hospital readmission, and premature death. So it's a pretty long list. And in 2023, one in three adults age, 50 to 80, reported feeling isolated from others. So one in three adults, that's a lot. But it is a positive shift away from some of the COVID era statistics where 56% of adults in that age range felt isolated. So we have a long way to go, but we're making some progress here following our COVID era.

And then we also, we've known about the association between health and wellbeing and social connectedness for some time. So a study from 2010 showed people with stronger social relationships had a 50% increased likelihood of survival across all mortality types, meaning heart disease, cancer, renal disease, neurological disease more and more. And so just to say that again, a 50% increased likelihood of survival, that's a pretty huge statistic. And so we've known about this relationship between health and social connection for some time now, even before that 2010 study. So really getting to the, the heart of your question here, the federal recognition of this health epidemic really speaks to a core thesis. Isolation is not a personal problem, but one rooted in communities, community design and systemic barriers. And so to me, really that means we need to move beyond individual level solutions to a culture of connection and changing our policies, our system, our environment. And that involves stakeholders from all sectors of society, including federal and state partners. So really, when we get to the level of federal recognition, it's really a recognition that many stakeholders need to come together to address this.

Apoorva Rangan:
That is a super clarifying response. I am struck by how connection, whether it's measured through this objective measurement of, for example, the number and type of social roles that you participate in, or whether it's measured through that internal sense of authentic connection that, that kind of, both of those have the effects on individual health and wellbeing. I am an aspiring physician. I'm hoping to work extensively with older adults. And I am struck by how isolation is this problem and this issue that we're developing awareness of with real health effects that is structured by the community. So really eager to hear more about this kind of multi-stakeholder effort to address this growing issue. I wanted to ask you and drawing from your experiences working to build these coalitions for social connection I am, I'm curious how the recent passage of HR 1 affects your work to promote community building and end social isolation and loneliness.

Morgan Bailie:
Yeah, absolutely. And I want to take a second and just applaud your career trajectory that's incredible that you plan to go into medical school or maybe are in medical school already and working with older adults. So that's fantastic to hear. But back to your question on HR 1 – unfortunately, it is already having a chilling effect on some of the conversations that we're having with states, and most of the healthcare provisions haven't even gone into effect yet. So most of us have heard the numbers so far. HR 1 cuts over $1 trillion in federal health care spending, primarily from Medicaid and the expansion population.

We know that states are under pressure to address Medicaid budget impacts. We also know that when states face difficult budget cuts, like the changes in Medicaid financing, it won't be just the Medicaid population that's impacted. Medicare beneficiaries are likely to see changes as well.
So also of concern, of course, is the ACA expansion population. So those covered by Medicaid under the ACA expansion. So that includes many older adults and disabled individuals. So while these folks may not be immediately unenrolled from their coverage, many may face soaring premiums that are

unaffordable or face significant administrative requirements to submit documentations to meet work requirements. We've already seen that these work requirements in certain states led to un-enrollment, not because people aren't meeting the requirements, not because they're not working or not exempt, but just simply because the documentation is confusing or unclear or no one reached out and told them that that was changing. They didn't have a correct address on file and it hadn't been updated in a while. So they never knew about the change. And then they lose their healthcare coverage and many of them will find out when they go to fill that prescription or get a bill in the mail after seeing a doctor that they thought was covered.

So while HR 1 may not have specific Medicare provisions affecting older adults, we're already seeing a sort of scramble to address care for all populations, which I believe will also mean less focus on innovating and improving social connection initiatives. And really that is just some of the health related provisions. There's also provisions around SNAP and nutrition programs and more that will have an impact on older adults. I feel like we could talk for a full hour and a half around HR 1 and all of theimpacts that it will have, but I think a lot remains to be seen on how this happens on a state by state, state by state basis.

But I do also want to take a little bit of time to address a more promising bright spot. The Medicare Physician Fee Schedule, which as an aspiring physician, I'm sure you'll come to know very well if you don't already. This year, the fee schedule, which was just released a few weeks ago there's an RFI on chronic care services and it highlights social isolation and annual wellness visits and the area agencies on aging or AAAs. Specifically, this RFI asks about the valuation of services being performed to address social isolation and loneliness and the impact of these services. Another question in the RFI acknowledges the over 600 AAAs and that unmet need exceeds current funding levels. So really great to see that acknowledged in A CMS publication.

It also goes on to ask how the fee schedule or the Innovation center, also known as CMMI could better support partnerships between clinicians, AAAs, community hubs, and the broader Aging network. So while this is really just a request for internal information, while this is really just a request for information, it speaks to broader thinking in the administration, or at least in CMS, of how seniors can be better served in a more innovative way, and how those services can be sustainably funded through Medicare, which is a pretty important piece to ensuring continuity of these services. So we're in a mixed bag here where we're seeing a lot of sort of crisis on what's happening in Congress, but I am also seeing some bright spots coming out of CMS.

Apoorva Rangan:
When I hear you talk about the effects of HR 1 especially disruptions perhaps to services, I think of a dual eligible individual who I worked with when I was in college. He's still extremely dear to me and I am in touch with him pretty frequently. He's 60 and lives in Boston with Cerebral palsy. And his PCA Christine was actually a major source of social support, not just that caregiving support, but also friendship and connection. She knew and celebrated his birthdays and provided him with his favorite meals that she made herself on her own time. And I just feeling both a little bit apprehensive for the ways in which relationships of care and companionship like that which my, my friend has experienced and is part of his life might be interrupted but also feeling some optimism that a federal regulatory body like CMS is focusing on connection and social isolation in their requests for information. That seems really

promising just to even get a better sense of what the research says about the health impacts of these issues and communicate that to CMS. So that's really great to hear.

Morgan Bailie:
Absolutely. And it's important to remember HR 1, we still have about two years until many of the provisions go into effect, but states are scrambling a little bit to figure out what that means for them. But we do still have some time before that impact is trickling down to people like your friend that you mentioned. And hopefully we have time to respond to this RFI and share all of the important ways that work from the healthcare community on social isolation and loneliness can help improve outcomes because really that aligns with what this administration is looking to do with chronic disease and ensuring a healthy America. And so any way that we can get that across the finish line, I think will be a huge win for our community.

Apoorva Rangan:
Amazing. So we are celebrating the 60th anniversary of the Older Americans Act this month. Could you highlight some key provisions of the act for promoting community building? I know you had mentioned the AAA. And could you discuss the Foundation for Social Connection Act Action Network's advocacy asks for its up upcoming reauthorization, especially given HR 1 and some of the changes that we had mentioned?

Morgan Bailie:
Yeah, absolutely. So the OAA dates back to 1965, and it includes several provisions that emphasize social connection, community engagement, and reducing social isolation among older adults. So just a few that come to mind for me. Title three B which specifically funds, it's the Supportive Services and Senior Centers Provision, and it funds the services that help older adults remain independent and connected. So that includes transportation, senior centers, legal assistance, and much more under that provision. And then also Title 3D, the Disease Prevention and Health Promotion Services. It includes evidence-based programming like group exercise or fall prevention classes. So it's not only encouraging physical activity and healthy living, but also including that connection piece of coming together for a shared class, a shared experience.

We're also seeing work done through the administration on aging, which is established in Title II of the OAA to focus on promoting community-based systems of care and collaboration with local agencies to prevent isolation.The same is true for the titles authorizing research and demonstration projects and services for Native American elders. The 2020 amendment to the OAA also explicitly recognized social isolation as a serious health issue encourages social engagement programming and newly supports technology initiatives to help older adults connect with friends and family as well as services digitally. So we're seeing some progress on the technology front as well, which is great. But as you might know, or your listeners might know formal authorization for the OAA expired in 2024. The Senate did unanimously pass legislation to reauthorize the OAA, which was huge, but unfortunately it didn't make it through the house. It didn't make it through end of year funding packages. So we're hoping to see that authorized and appropriated this year.

And it may seem like wordsmithing to some, but as we talked about at the top of the call, we wanna be sure that the OAA encompasses both social isolation and loneliness. And to me that dovetails nicely with another priority of the Action network outside of the OAA specifically. So we've endorsed the

Improving Measurements for Loneliness and Isolation Act. It's HR 1305, and it's a bipartisan bill that would help standardize the measurements of loneliness and isolation. So as I cited a few at the beginning, we have plenty of studies on social isolation and loneliness, but we don't really have a common definition across federal or even state agencies.

So it's hard to provide comprehensive look at this federal data. So this bill would ensure all federal agencies have input into these standardized definitions and that they're all speaking the same language when analyzing data or funding critical interventions. And then we're also hopeful we'll see more legislation on intergenerational social connectedness. So as we all know, older adults don't live in a vacuum and providing more third spaces and intergenerational engagement will not only improve connectedness among older adults, but also among young people, parents who may feel isolated and really people of all ages looking to build community.

Apoorva Rangan:
Oh, I see. Okay. That is really exciting. I had the great privilege after graduating from college to live and work in an intergenerational nursing home in the Netherlands. So it was about eight to 12 younger people living alongside 108 older residents. And I am really glad to hear in your framing of that proposed legislation, that there's interest in supporting connection in across generations. That this isn't just something that is that social isolation and loneliness are not just affecting older people, but they're affecting a broad range of people across ages.

Morgan Bailie:
Yeah, absolutely. And I mean, I think we've all probably seen the videos on social media or something of the older adults who volunteer at hospitals to hold the NICU babies or babies in the hospital for any reason. And just that connection that it provides, right? They're maybe not even talking to each other because it's a newborn baby, but just that connection of getting them into a place to volunteer and just connect with maybe the nurses and provide these services to these families who maybe need to go home and feed their other child while one baby's still in the NICU. Right? It's, there's just so many ways that our community can come together and really going back to your original question around federal recognition for this, that can be built into our system, that can be built into our community at the federal and state level, so that it's really ingrained and it's not just dependent on someone having the time to go volunteer, but really making it organized and making sure the nurses, the doctors who are providing some of these social isolation screening or services of connectedness are also getting paid for it. Not that they need to do it for the money. I think a lot of them do it out of the goodness of their heart. But having that Medicare payment for it also ensures that it's sustainable in the long term, and it doesn't just go kind of with the wind

Apoorva Rangan:
And recognizes the real health effects that you had described as well.

Morgan Bailie:
Yeah, absolutely.

Apoorva Rangan:
I think there's a real appetite for connection in so many individuals that I've spoken to in, in my generation, as well as in older generations. And I think, you know, there are real opportunities that

come from living in the most age diverse society that we've ever lived in to encourage more of that connection. So again, really just glad to hear about that interest in legislative approaches and federal interest more broadly to address this lack of social connection or social isolation in creative and intergenerational ways.

Morgan Bailie:
I think experiences just like what you had in the Netherlands about connecting with different age groups across the lifespan and just ensuring that our communities are more organized and connected. I think there's so much more that we can do to support folks who might be experiencing loneliness. So going back to that idea of the new parent who has friends who don't have any kids, and they feel pretty isolated in their experience. They might have friends, they might be around people all the time, but no one really relates to them on their experience of being a new mom or a new dad. And so I think there's a lot that the US can learn from other countries in that front as well. And so that's what our, we call it GILC, for short, the Global Initiative on Loneliness and Connection looks to do as well.

Apoorva Rangan:
Amazing. That is so wonderful to hear about. I think there's so much value in looking for strategies or approaches that have supported people across a wide range of contexts. And is there anything that you would like to add?

Morgan Bailie:
I don't think so! I really appreciate our conversation today, and for those folks who are looking to get more involved the Action Network is always here. We can include some resources in the show notes and we're continuing to advocate for the Older Americans Act and other legislation to promote social connection. And it's been a great joy of mine to help engage in this effort.

Apoorva Rangan:
Well, thank you Morgan, for helping us navigate the evolving federal landscape and its implications for social isolation and loneliness. And thank you to our listeners for joining us today. We'll include all the resources we discussed during the podcast in the show notes, and you can listen to more policy profile podcasts on GSA Enrich.

Resources

Foundation for Social Connection Action Network: https://www.endsocialisolation.org/

Our Epidemic of Loneliness and Isolation: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Older Americans Act Reauthorization: https://www.help.senate.gov/rep/newsroom/press/chair-cassidy-ranking-member-sanders-colleagues-reintroduce-older-americans-act-to-empower-american-seniors

Global Initiative on Loneliness and Connection: https://www.gilc.global/

GSA Reconciliation Summary: 250714 Reconciliation Summary_GSA.docx