Feeling sad, lonely and useless is more than just an emotional quagmire for millions of Americans – it may represent a public health hazard. (Raja Roy for USN&WR)

Ten years ago, following the deaths of her parents and husband, Sally Hayward moved from Florida, where she’d become increasingly isolated and lonely, to Kenosha, Wisconsin, to be closer to her brother. He put her to work picking up his grandchildren from school, and she began to feel useful and connected. But as her osteoarthritis and diabetic neuropathy worsened, she became wheelchair-bound, stopped driving and retreated to her apartment in a complex for senior citizens with disabilities.

Hayward, who had also been diagnosed with depression and bipolar disorder, found her mental health declining. She only left her apartment for medical appointments, spending most days alone. She lost her desire to do anything or meet anybody. She ate unhealthy food, rarely got dressed, and would only collect her mail at midnight when she was certain nobody in her building would be awake.

Then she got a lifeline.

A staffer at Kenosha Area Family and Aging Services, an organization for which she had been volunteering, alerted Hayward to a virtual program being launched in her community that connects older adults around the country by phone. Modeled on Well Connected, an initiative out of the San Francisco Bay Area, the program was affording people like Hayward telephone access to about 75 programs including support groups, general chat groups and various other educational subject groups run by specially trained volunteer participants.

These days, Hayward is leading weekly meditation and chat sessions. "Not only do I have new telephone friends," she says, "but I no longer feel constantly sad, lonely and useless."

Feeling sad, lonely and useless is more than just an emotional quagmire for millions of Americans. Researchers now contend that social isolation and loneliness may represent a greater public health hazard than obesity or a near pack-a-day smoking habit.

And the problem is growing. An AARP loneliness study published in 2010 and now being updated reported that approximately 42.6 million U.S. adults ages 45 and older were suffering from loneliness. A 2018 Cigna survey indicates that Generation Z, adults between ages 18 and 22, may be the loneliest group of Americans. Additionally, census data reveal that more than one-fourth of Americans live alone and more than half are unmarried, with marriage rates and the number of children per household steadily declining.
It's clear that being alone and unhappy about it "are risk factors for early illness and death that need to be discussed more openly and for which solutions must continue to be developed," says Lisa Marsh Ryerson, president of the AARP Foundation.

Yet unlike heart disease, physical activity and smoking – which are national public health priorities – social isolation and loneliness have gotten relatively short shrift in this country, says Carla Perissinotto, a geriatrician at the University of California-San Francisco. (The U.K., by contrast, recently appointed a minister of loneliness to lead a far-reaching initiative addressing the problem.)

"Policy in this country doesn’t support this kind of concern," Perissinotto says, "because many health care workers believe that social factors have nothing to do with medicine."

So why exactly is loneliness bad for health? Humans are a social species with an innate biological drive to connect, explains Dolores Malaspina, professor of psychiatry, neuroscience and genetics at the Icahn School of Medicine at Mount Sinai in New York. Human survival, she says, depends on connectedness, with feelings of loneliness serving as a biological signal to socialize.

But the brain’s wiring for socialization can malfunction, leading people to feel isolated and bereft. In fact, Malaspina says, evidence shows that feelings of loneliness can begin in infancy, though treating the resulting depression "can restore the ability to connect and alter the brain's circuitry."

Julianne Holt-Lunstad, professor of psychology at Brigham Young University, says no age group is invulnerable to the effects of social isolation and loneliness. Her analysis of existing research finds that the health toll of loneliness is stronger for those under age 65 than for the older set, contrary to what stereotypes may suggest.

Social media may help explain why rates of social isolation and loneliness are climbing among youth, as popular platforms blur the lines between appearing – and actually feeling – connected, says Joshua M. Smyth, a researcher in the department of biobehavioral health at Pennsylvania State University.

On the other hand, social media interactions, texts, emails and photos from loved ones can improve self-esteem, quality of life and feelings of connectedness, says Amy Gonzales, assistant professor in The Media School at Indiana University–Bloomington.

Holt-Lunstad and colleagues have found that those who are more socially connected have a 50 percent reduced risk of early death relative to those who are less socially connected. But studies show that meaningful, high-quality relationships have the greatest protective health effect. (Note: A person can have few social connections and not be lonely or have many connections and still be lonely.)

Despite the lack of a coordinated government response, private programs like Well Connected, which now reaches people in 38 states, are beginning to
heighten awareness of and address America's loneliness problem.

The UnLonely Project, a program led by Harvard Medical School internist Jeremy Nobel, is evaluating the use of creative arts to help participants explore their feelings about loneliness and bond with others by sharing their stories online and in person. The project includes the UnLonely Film Festival, a collection of short films that deal with loneliness and have educational components. Additionally, the project partners with various senior centers, health systems, workplaces and schools to offer in-person programs that have shown promise in reducing isolation and improving health outcomes.

Hospitals and health systems may be best positioned to make a real difference, both by shedding light on the problem and partnering with community organizations to offer solutions, Nobel says. But to date, few offer programs for the isolated and lonely.

One that does: CareMore Health, a health care delivery system serving 150,000 Medicaid and Medicare patients in 10 states, helps Anthem Medicare Advantage patients reconnect socially through referrals to community centers and senior-focused fitness centers.

It's important to resist the pull of inertia and connect regularly with people who share similar interests, psychologists stress. Social groups centered around activities, like walking clubs, exercise classes and community choirs, for example, can make it easier to engage with peers.

Other avenues? Schedule a time each day to call a friend; take a class to learn something new; volunteer to deepen a sense of purpose. Lonely children and teens can make natural connections through school and community centers when encouraged to pursue interests such as chess, drama, art, running and other sports, says Rockville, Maryland, psychologist Mary Alvord.

When people give in to the urge to hide away, Alvord says, they lose the opportunity to gain encouragement and reinforcement in the world. Planning activities – and forcing oneself to follow through – is crucial.

Feeling connected, she says, directly affects quality of life.

*Excerpted from U.S. News' "Best Hospitals 2019," the definitive consumer guidebook to U.S. hospitals. [Order your copy now.](#)*