

Addressing Social Isolation and Loneliness among Older Adults at Health Centers

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**NATIONAL LGBTQIA+ HEALTH
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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar



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<p>Other Health Professionals</p>	<p>Confirm equivalency of credits with relevant licensing body.</p>

Learning Objectives

- Describe the key differences between loneliness and social isolation.
- Identify key health concerns and outcomes related to social isolation in older adults.
- Explore strategies for connection and care with aging individuals.
- Discuss best practices for incorporating social connection into health care for patients.



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LGBTQIA+ Aging Project



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Director

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Fenway Health



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Social Isolation and Loneliness

- **Social Isolation:** the lack of social contacts and having few people to interact with regularly; lack of social contact
- **Loneliness:** the distressing feeling of being alone or separated

Social Isolation and Loneliness

- Not an absolute state of being
- Exists on a continuum - frequency and intensity
- Occasional vs. Chronic

Impact of Social Isolation and Loneliness

- Increased depression, health impacts for all people
- More significant for older adults
- Increased risk for developing dementia

Impact of Social Isolation and Loneliness

**Lacking social connection is as dangerous as smoking 15
cigarettes a day**

Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. *Am Psychol.* 2017 Sep;72(6):517-530. doi: 10.1037/amp0000103. PMID: 28880099; PMCID: PMC5598785



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How Many Older Adults in US?

2022 57.8 million aged 65+ in U.S.

2040 78.3 million aged 65+ in U.S. (estimated)

ACL. (2024). *2023 Profile of Older Americans* (p. 21). The Administration for Community Living.
https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf

Three Generations:

the oldest old

greatest generation

baby boomers and beyond



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Significant Issues for Older Adults

- Healthcare
- Housing
- Medication costs
- Retirement/work
- Social/recreational activities
- Income
- Social network: family, friends

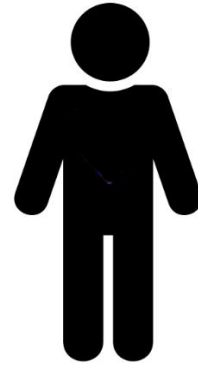


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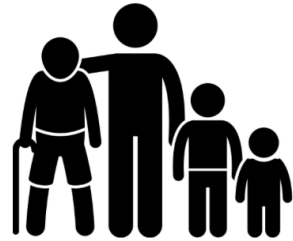
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Traditional Aging Supports



Spouse
Partner



Children
Grandchildren



Family
of Origin



Faith
Community



Local
Community

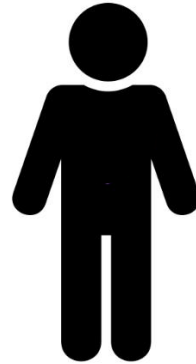


Social
Network

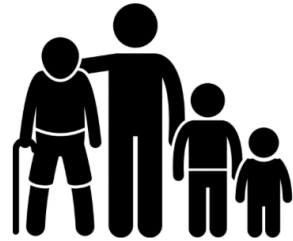


Health
Social Services

Aging Without Supports



Spouse
Partner



Children
Grandchildren



Family
of Origin



Faith
Community



Local
Community



Social
Network



Health
Social Services

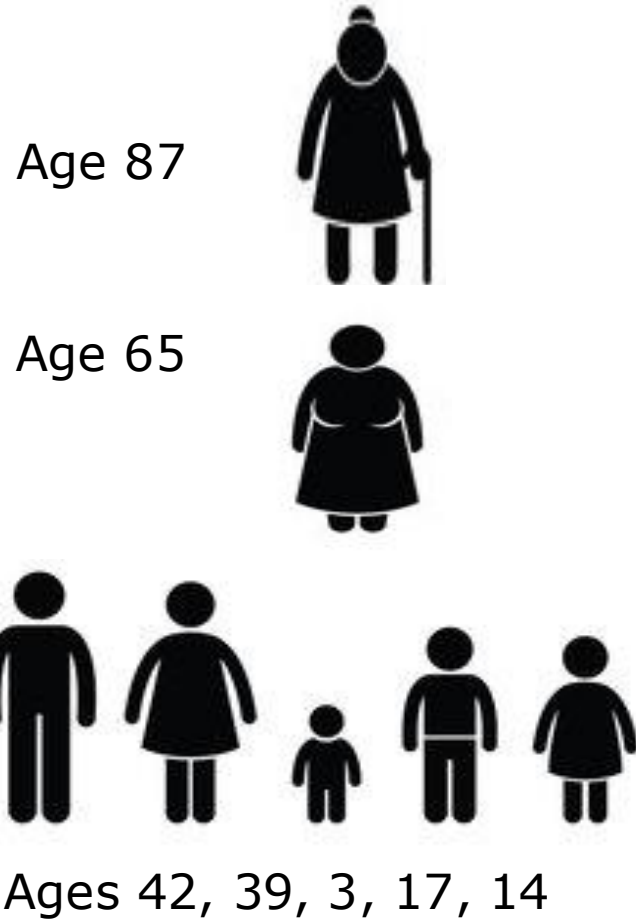


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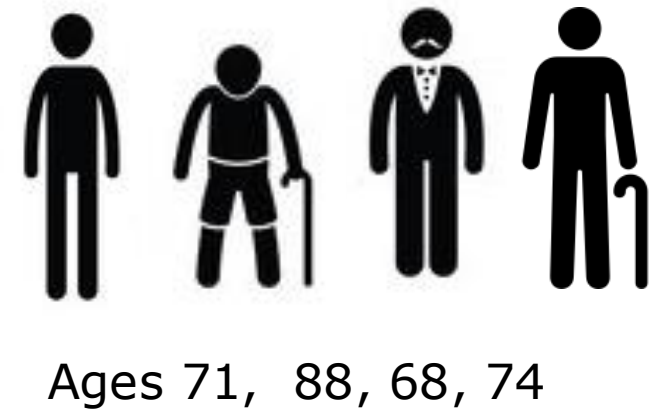
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Vertical Caregiving



Horizontal Caregiving



“There is no such
thing as a single-issue
struggle because we
do not live single-
issue lives.”

~Audre Lorde



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How To Identify Socially Isolated/Lonely Older Adults

Assess: Formally

UCLA Loneliness Scale (ULS-8)

Circle the number to indicate how often each statement describes you.

	Never	Rarely	Sometimes	Often
1. I lack companionship.	1	2	3	4
2. There is no one I can turn to.	1	2	3	4
3. I am an outgoing person.	1	2	3	4
4. I feel left out	1	2	3	4
5. I feel isolated from others.	1	2	3	4
6. I can find companionship when I want it.	1	2	3	4
7. I am unhappy being so withdrawn.	1	2	3	4
8. People are around me but not with me.	1	2	3	4

Raw score: Score 1-4 as indicated above for items 1, 2, 4, 5, 7, and 8.
For items 3 and 6: Never = 4, Rarely = 3, Sometimes = 2, and Often = 1.
Average the 8-item scores to get the raw scale score.

0-100 score: $(\text{raw scale score} - 1) * (100/3)$



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Assess: Informally

- Do you talk with someone every day?
- Who do you turn to for support?
- Who do you spend holidays with?

How To Assist Socially Isolated/Lonely Older Adults

- Some people are isolated and open to engaging with others
 - Direct them to community supports, online resources, volunteer opportunities
- Some people have difficulty engaging with others
 - May be introverts, shy, fearful of rejection, have relationships difficulties – volunteer at pet shelter, individual friendly visitor



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Resources for Socially Isolated/Lonely Older Adults

- Local senior centers
- Community meal programs
- Volunteer opportunities
- Lifelong learning
- Community groups
- Online communities
- Groups with shared experiences/interests



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ADDRESSING SOCIAL ISOLATION AND LONELINESS AMONG OLDER ADULTS AT HEALTH CENTERS

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February 2026

thefenwayinstitute.org

Presenter

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- Adjunct Associate Professor, Boston University School of Public Health
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Outline

- I. Introduction: older people experience multiple comorbidities
- II. Behavioral health and psychosocial conditions can contribute to these comorbidities
- III. Social isolation, loneliness, and depression: interventions to address
- IV. The Age-Friendly Health Systems approach: The 4Ms, What Matters.



Understanding Chronic Conditions



A chronic condition is a **long-lasting health issue that persists for years or even a lifetime**. While acute illnesses are cured with treatment, chronic conditions require ongoing management and care. These conditions range from relatively benign issues to those that are life-threatening.

In more complex cases, patients might experience a complex chronic condition or geriatric complex chronic conditions, where multiple diseases coexist and interact in ways that complicate treatment. **Having two or more chronic conditions is also referred to as experiencing comorbidities.**

Nonprofit Megaphone, Managing Chronic Conditions in Older Adults, February 10, 2025. <https://communihealth.org/managing-chronic-conditions-in-older-adults/>

Most older adults have two or more chronic conditions

According to the National Council on Aging, 95% of people 65+ have one chronic condition, and 80% have two.



Nonprofit Megaphone, Managing Chronic Conditions in Older Adults, February 10, 2025. <https://communihealth.org/managing-chronic-conditions-in-older-adults/>

10 Common Chronic Conditions for Adults 65+



Hypertension
(High Blood Pressure)
61%



High Cholesterol
55%



Arthritis
51%



Obesity
40%



Diabetes
24%



Cancer
20%



Heart Disease
16%



Depression
15%



COPD
12%



Asthma
9%

Source: Kathleen B. Watson, PhD, et al. Trends in Multiple Chronic Conditions Among US Adults, By Life Stage, Behavioral Risk Factor Surveillance System, 2013-2023. Preventing Chronic Disease. April 17, 2025 | www.cdc.gov/nchs/products/databriefs/db508.htm

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national council on aging.

Loneliness and Social Isolation

- Loneliness is “a negative feeling resulting from **a perceived deficit in companionship quantity or quality** in one’s relationships.”
- It is a subjective feeling, whereas social isolation is an objective state of being.
- Greene et al. define loneliness as “the **distress** that exists **between actual and desired relationships.**” (emphasis added)

O'Rourke HM, Collins L, Sidani S. Interventions to address social connectedness and loneliness for older adults: a scoping review. *BMC Geriatr.* 2018;18(1):214.

Greene M, Hessel NA, Perissinotto C, et al. Loneliness in Older Adults Living with HIV. *AIDS Behav.* 2018;22(5):1475-1484.

Loneliness predicts poor health outcomes



Loneliness among older adults 60+ has been shown to predict functional decline, including decline in activities of daily living (ADL) (RR 1.59, 95% CI, 1.23-2.07) and death (adjusted HR 1.45, 95% CI, 1.11-1.88).

Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. *Arch Intern Med.* 2012;172(14):1078-1083.

Loneliness correlates with higher risk of cognitive and physical decline, mortality

Loneliness independently predicts cognitive and physical health decline, and increased morbidity and all-cause mortality.

A Dutch study of older adults found that older men reporting feelings of loneliness had a mortality hazard ratio of 1.30 (95% CI, 1.04-1.63).

An analysis of U.S. Health and Retirement Study data found that feelings of loneliness predicted increased mortality over a six-year period.

Luo Y, Hawkey LC, Waite LJ, Cacioppo JT. Loneliness, health, and mortality in old age: a national longitudinal study. *Soc Sci Med.* 2012;74(6):907-914.

Hawkey LC, Cacioppo JT. *Ann Behav Med.* 2010 Oct;40(2):218-27.

Holwerda TJ, Beekman AT, Deeg DJ, et al. Increased risk of mortality associated with social isolation in older men: only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). *Psychol Med.* 2012;42(4):843-853.

Loneliness and depression interact and affect each other

The relationship between loneliness and depression is likely bidirectional and interactive. There is some evidence that loneliness causes depression. Feelings of loneliness can also be triggered by depression, anxiety, substance use, and stigma.

An analysis of data from the Health and Retirement Study found that loneliness both affected depressive symptoms and functional limitations over time, and was affected by depressive symptoms and functional limitations (two-year cross-lagged effect).

Luo Y, Hawkey LC, Waite LJ, Cacioppo JT. Loneliness, health, and mortality in old age: a national longitudinal study. *Soc Sci Med*. 2012;74(6):907-914.

Stanton CA, Moadel AB, Kim RS, Weinberger AH, Shuter J. Loneliness in HIV-infected smokers. *AIDS Care*. 2015;27(2):268-272.

Depression is a leading cause of morbidity and mortality among people with HIV

Depression is now a leading cause of morbidity and mortality among older people with HIV, exceeding even that caused by HIV.



Nanni MG, Caruso R, Mitchell AJ, et al. *Curr Psychiatry Rep.* 2015 Jan;17(1):530.

Ogburn DF, Schoenbach VJ, Edmonds A, et al. *AIDS Behav.* 2019 Apr;23(4):1004-1015.

Depression caused by loneliness, social isolation, lack of social support

Major contributing factors are **elevated rates of loneliness, social isolation, and lack of social support.**



Karpiak S, Shippey A. Research on Older Adults with HIV Study. 2006.

Kim HJ, Fredriksen-Goldsen KI. *Gerontologist*. 2016 Jun;56(3):548-58.

Grov C, Golub SA, Parsons JT, et al. *AIDS Care*. 2010;22(5):630-639.

Matsumoto, S., Yamaoka, K., Takahashi, K. et al. *Sci Rep* 7, 15489. 2017.

Brennan-Ing M, et al. Social care networks and older LGBT adults: challenges for the future. *J Homosex*. 2014;61(1):21-52.

Cahill S, *The Lives of LGBT Older Adults: Understanding Challenges and Resilience*, American Psychological Association, 2014 141-170.

Screening for depression and social isolation

The American Academy of HIV Medicine (AAHIVM) recommends the use of the Geriatric Depression Scale to screen for depression. It also recommends an assessment of daily function, cognition, and social factors, such as social isolation, social support, family estrangement, stigma, and economic vulnerability.

Treatment of depression generally involves cognitive behavioral therapy and medication, with due attention to potential drug interactions.



MoCA Cognitive Assessment Test. <https://www.mocatest.org/> AAHIVM, HIV and Aging: Depression in HIV and Aging, 2025.

Interventions to provide social support

For older adults who experience social isolation, “interventions that offer emotional or informational support, including people with whom to express and share feelings and to obtain advice, information and guidance” can be beneficial and improve quality of life.



Interventions to provide social support



Innovative approaches to providing social support for isolated older adults are critically needed.

GMHC resurrected its flagship Buddy Program from the 1980s and '90s to provide social support to isolated older people with HIV, Long-Term Survivors with HIV, and newly diagnosed individuals of any age.

“Buddies” meet older GMHC clients for coffee or a walk in the park or accompany them to a medical appointment. They help them connect to services at GMHC and other service providers. Volunteers must make a year’s commitment, visit a client at home for one to four hours per week, and report regularly to the agency.

Interventions to provide social support



Other successful models of social support include Thrive SS's Silver Lining Project, which creates safe spaces, both physical and virtual, in which “Mature African American men living with HIV can share [and] issues impacting our community.”

Services include informational sessions, community outreach, and social events. Workshops focus on HIV and aging, psychological impact, PTSD, loss, and stigma.



Interventions to provide social support

The Golden Compass program at the University of California – San Francisco is a holistic approach that addresses heart and brain health, bone health and physical fitness, dental care and sensory impairment, and psychosocial needs of older people with HIV.



“The Golden Compass Program: Overview of the Initial Implementation of a Comprehensive Program for Older Adults Living with HIV.” *J Int Assoc Provid AIDS Care*. 2020 Jan-Dec



Interventions to provide social support

Researchers at The Fenway Institute, Boston Medical Center and Mass General Brigham are developing “Bridge2Belonging,” a peer-delivered group intervention that will develop a friendship program to older people living with HIV who experience loneliness and depression. By connecting these adults to elder services and getting them to think strategically about their social support networks, they hope to reduce social isolation, loneliness and depression and improve health and well-being.



Age-Friendly Health Systems Initiative: “What Matters”

The Age-Friendly Health Systems initiative defines “What Matters” as knowing and aligning care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care and across settings of care. What is important to the patient and how does health affect their ability to do these things?

The first step is to establish the core values of the older adult. These values are the fundamentals in which a person’s beliefs are rooted, including ideas about happiness and fulfillment. Next steps involve dialog with a clinician who can then take those values and incorporate them into the treatment plan, such that the health priorities of the older adult are respected.



Mate K, Fulmer T, Pelton L, et al. Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum. *J Aging Health*. 2021 Aug-Sep;33(7-8):469-481.

Age-Friendly Health Systems Initiative: “What Matters”

- Health outcome goals relate to the values and activities that matter most to an individual, help motivate the individual to sustain and improve health, and could be affected by a decline in health— for example, babysitting a grandchild, walking with friends in the morning, or volunteering in the community. When identified in a specific, actionable, and reliable manner, patients’ health outcome goals can guide decision making.
- Care preferences include the healthcare activities (e.g., medications, self-management tasks, healthcare visits, testing, and procedures) that patients are willing and able (or not willing or able) to do or receive. The aim is to align care and decisions with the older adult’s health outcome goals.

Institute for Healthcare Improvement. (2019). *“What matters” to older adults? A toolkit for health systems to design better care with older adults*. Age-Friendly Health Systems.



The 4Ms of Age-Friendly Care

Ask for 4Ms Age-Friendly Care

Use the [My Health Checklist](#) guide to talk to your health care providers about the essential elements of age-friendly care known as the 4Ms.

And read below to learn about each of the 4Ms of age-friendly care:

- What Matters
- Medication
- Mind (Mentation)
- Mobility



Thank You

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Questions?

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