

# Campaign to End Loneliness

## Constituency campaign pack

### Improve Public Health

Loneliness in older age poses a significant public health and care issue for communities across the country. Research demonstrates that loneliness is estimated to be as bad for people's health as smoking 15 cigarettes a day<sup>i</sup>.

Loneliness increases our risk of poor mental health<sup>ii</sup>, as well as hypertension<sup>iii</sup> and dementia<sup>iv</sup>.

Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care<sup>v</sup>. Therefore, services that prevent loneliness also prevent further costs later on by delaying the need for more costly primary health or social care support.

MPs can play an important role in improving public health by encouraging their council and local NHS to tackle loneliness in older age. An important argument is that preventing loneliness is a public health investment that can lead to savings later on for local authorities.

#### 1. Make sure your council is measuring loneliness

Your council can measure loneliness, or the factors that leave your constituents most at risk of isolation, as part of their standard data collection. Data such as this can help commissioners target interventions to areas at highest risk of isolation and loneliness. In our campaign pack we include a template council motion that can help you make this request.

#### 2. Encourage your health and wellbeing board to take action

Health and wellbeing boards can use their position as a strategic health and care leader to ensure action on loneliness across local authority boundaries. You can find out whether your board has already pledged to take action by reading our latest publication, [Ignoring the health risks?](#), which ranks boards based on how they prioritise loneliness in their joint health and wellbeing strategies. If your board has not prioritised the issue, you can find a template letter that argues for strategic planning and preventative investment in services that reduce loneliness.

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<sup>i</sup> Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 2010;7(7) <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316>

<sup>ii</sup> Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51 <http://www.ncbi.nlm.nih.gov/pubmed/16594799>

<sup>iii</sup> Hawkley LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychol Aging* 2010;25(1):132-41 <http://www.ncbi.nlm.nih.gov/pubmed/20230134>

<sup>iv</sup> Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40 <http://www.ncbi.nlm.nih.gov/pubmed/17283291>

<sup>v</sup> Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. *Psychol Aging* 1997;12(4):574-89 <http://www.ncbi.nlm.nih.gov/pubmed/9416627>