



Papa's First Annual State of Social Health Report

A Look at Loneliness in America's Older Adults and People with Disabilities

2023



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Introduction

“We are like islands in the sea, separate on the surface but connected in the deep.”

—WILLIAM JAMES

Social connection is as essential to human survival as food, water, and shelter.¹

Having social connection leads to better health, and, conversely, an absence of social connection leads to poorer health. We need connection with others to thrive. Social isolation has been on the rise for a long time, but the COVID-19 pandemic shined a glaring spotlight on the crisis.

In May 2023, the U.S. Surgeon General, Dr. Vivek Murthy, brought national attention to this crisis when he published an Advisory declaring loneliness and social isolation an epidemic in our country—and provided a potential pathway to more social connection and better health.²

Social connection is often overlooked when assessing and addressing social drivers of health (SDOH)—the conditions in which people are born, live, learn, work, play, worship, and age. But at Papa, we see a strong correlation between one’s perceived social connections and one’s SDOH. If we ignore social health, we are ignoring whole health.

The Surgeon General boldly called loneliness an epidemic and encouraged our nation to focus on social connection as a public health imperative. We applaud the Surgeon General and wholeheartedly agree that social connection is a critical aspect of social health. This report looks at the entire social health ecosystem, with social connection as a critical part.

¹ CACIOPPO & PATRICK, 2008

² U.S. SURGEON GENERAL, 2023

Building on the Surgeon General’s assertion that regular social connection is vital, Papa sheds further light on the state of social health in America with its first annual State of Social Health Report. With an emphasis on impactable social health, this report details social health trends and findings from over 28,000 adults enrolled in Medicare Advantage (MA), including those enrolled in Dual Special Needs Health Plans (DSNP), among the largest single dataset on loneliness studied.

In the results that follow, we’ll share eight insights and data behind them related to the impact that loneliness and social support have on social health, as well as the impact of other social drivers on whole health. Our goal is to highlight barriers to social health and provide solutions for building better whole health for all.

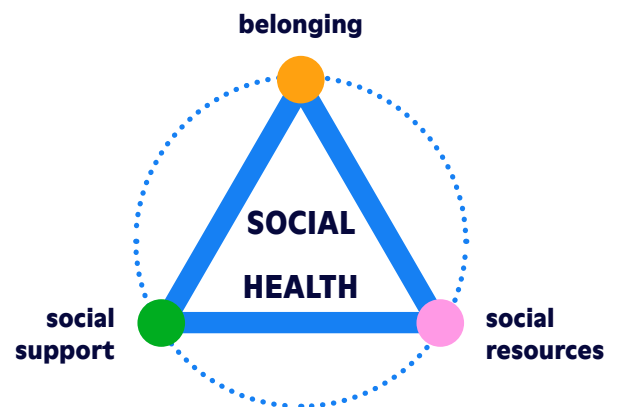
Papa’s Social Health Framework

Papa’s Social Health Framework consists of three parts: a sense of belonging with other people, the function of relationships, and the social resources available or unavailable.

A sense of belonging with other people refers to the emotional part of social connection. The opposite of loneliness, a sense of belonging is all about the quality of one’s social connections and how satisfied someone is with their relationships. This could be the perceived connection and support from one’s partner or best friend, a bridge group, a community choir, or a daily ritual to meet friends for morning coffee. A sense of belonging contributes to a sense of purpose and overall happiness, and a positive and hopeful outlook on life.

The function of relationships is the tangible part of social connection. It’s what we call social support. Social support is the physical and emotional support and engagement from others that one can rely on during times of need, like an illness or discharge from the hospital. When you have a need, and there is someone (or multiple people) you can text or call for help, that’s social support.

The social resources available or unavailable are often referred to as met or unmet social needs (e.g., financial or food insecurity, transportation barriers, healthcare barriers). These are the available resources that enhance or detract from

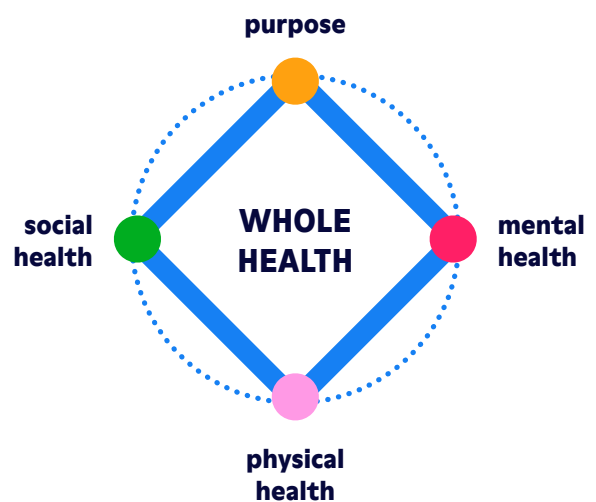


social opportunities and thus social connection. Social resources are the yardstick of social health inequity and the barriers we must overcome to reduce social health disparities. Access to—and opportunity for—social connection is not equal for everyone in the United States.

We cannot change the structure of someone’s familial relationships—whether it be their spouse/partner, siblings, or children—but we can impact the belonging (quality), social support (function), and social resources that are necessary to improve social health.

Zooming out, social health is one dimension of [Papa’s Whole Health Model](#). Whole health is much more than what has traditionally been considered part of medical care. People are complex—and their health is too.

At Papa, we start with belonging. We provide human connection in a world where, as you’ll see in our findings, 30% of people lack strong social connection. We build on belonging by offering social support and addressing unmet social needs. Our vision is that every human being feels the sense of connection and support they need in order to flourish.



Papa’s Companion Care

Papa pairs older adults, families, and others in need of support with a vetted individual (“Papa Pal”) to provide companionship and assistance with everyday tasks to improve whole health. These tasks may include grocery shopping, transportation to doctor’s appointments, prescription assistance, help around the home, escalations for high-risk unmet social needs or changes in clinical conditions. Visits can be done in person or over telephone. Health plans contract with Papa to provide services free of charge to their members.

Methodology

Study Population

The study included 28,588 Medicare Advantage members who answered survey questions between January and June 2023.

Demographics

- Average age: 73
- 31% male
- 37 states represented

Subpopulations included:

- 70% traditional MA
- 17% people with disabilities
- 13% DSNP members
- <1% Veterans

Note: Individuals are eligible for health coverage through Medicare Advantage plans if they are 65+ years of age or living with a disability. The subpopulations here are defined as the following:

- **“People with disabilities”** are identified in the dataset as people younger than 65 years of age.
- **“DSNP members”** are those who are enrolled in both Medicare and Medicaid plans.
- **“Traditional MA”** is a discrete cohort and excludes both people with disabilities and DSNP members.

Methodology

About the Survey and Data

Health plans that provide Papa as a benefit send a list of members to Papa. Members are informed of Papa's services. If they are interested in learning more, they are administered a social needs screening in order to understand their baseline.

Data highlighted in this report draws upon the following domains and associated survey questions:

Social needs are measured using structured questions covering various unmet social needs, including food, transportation, financial insecurities, risk of falling, healthcare access, and healthcare utilization.

Loneliness is measured using the UCLA 3-Item Loneliness Scale.³ When reporting on three distinct groups, members are categorized as “not lonely” (score of 3), “lonely” (score of 4-6), or “severely lonely” (score of 7-9). When analysis reports on only two groups, members are categorized as “not lonely” (score of 3) or “lonely” (score of 4+).

Reliability of social support is measured using a single question: “On a scale of 1-4, if you were sick, how easily could you find someone to help you with your daily chores or to pick up prescriptions or groceries?” (1—very difficult, 2—somewhat difficult, 3—somewhat easy, 4—very easy).

Health-related quality of life measures both physical and mental health using the Centers for Disease Control and Prevention's (CDC) Healthy Days Measure.⁴ The Healthy Days Measure asks about “the number of days in the past 30 days when physical health was not good” and “the number of days in the past 30 days when mental health was not good” (range: 0-30 days).

Whole health score is measured using a proprietary index called the Papa Social Index, aggregated across all social needs and health domains. This yields a score of 0-100, where a higher score represents better whole health.

In some reporting instances, in order to compare across metrics, data was normalized 0 to 100. For these scores, a higher score represents better outcomes.

³ HUGHES ET AL. 2004

⁴ CDC, 2000

Insights & Findings

Insight 1

People need people to be healthy.

It’s time we realize a simple fact that has been right in front of us: People need people. The solution to improving overall health for entire communities is just that... community. Even with state-of-the art medical care, renowned doctors and nurses, and health plans that strive to meet the needs of every member, the prescription for better health is often human connection.

Belonging is vital to a person’s whole health.

Minimizing loneliness to achieve greater feelings of belonging, paired with social resources, are impactful drivers of overall health. All aspects of a person’s health—mental, physical, emotional, and cognitive—can be directly linked to their social health. This is why improvements in a person’s social health drive better health outcomes, in addition to promoting health equity, independence, and resilience.

Among MA beneficiaries, we found that a strong sense of belonging isn’t typical. Sixty-three percent of the population surveyed reported feelings of loneliness. Most alarming is that 22% of those surveyed reported severe loneliness, the highest level of loneliness indicated by a score of 7-9 on the UCLA 3-Item Scale (*Exhibit 1*). And this number has only increased in recent years: **The number of Papa members who reported severe loneliness has doubled from 2020 to 2023.**⁵

Exhibit 1
Loneliness

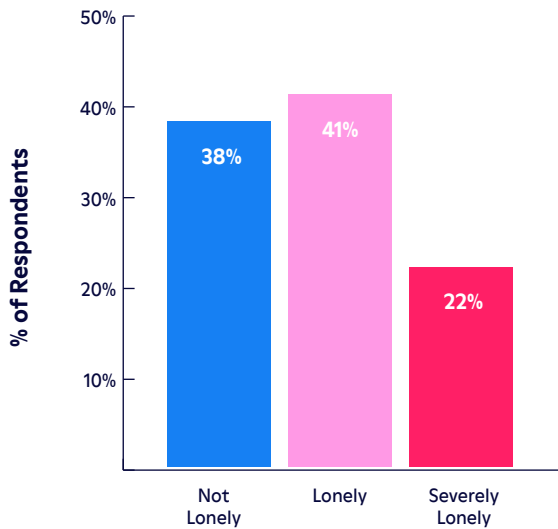
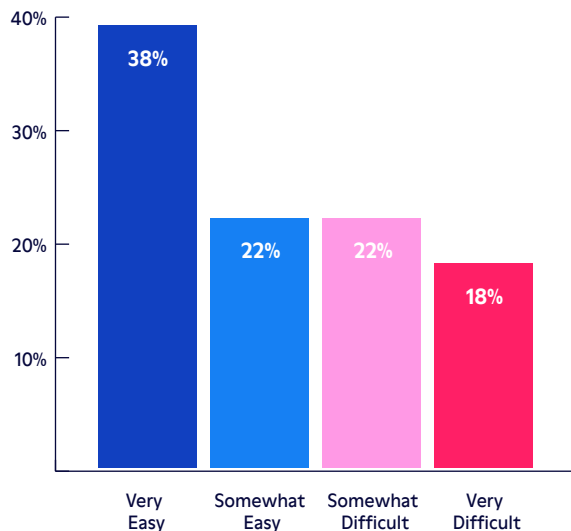
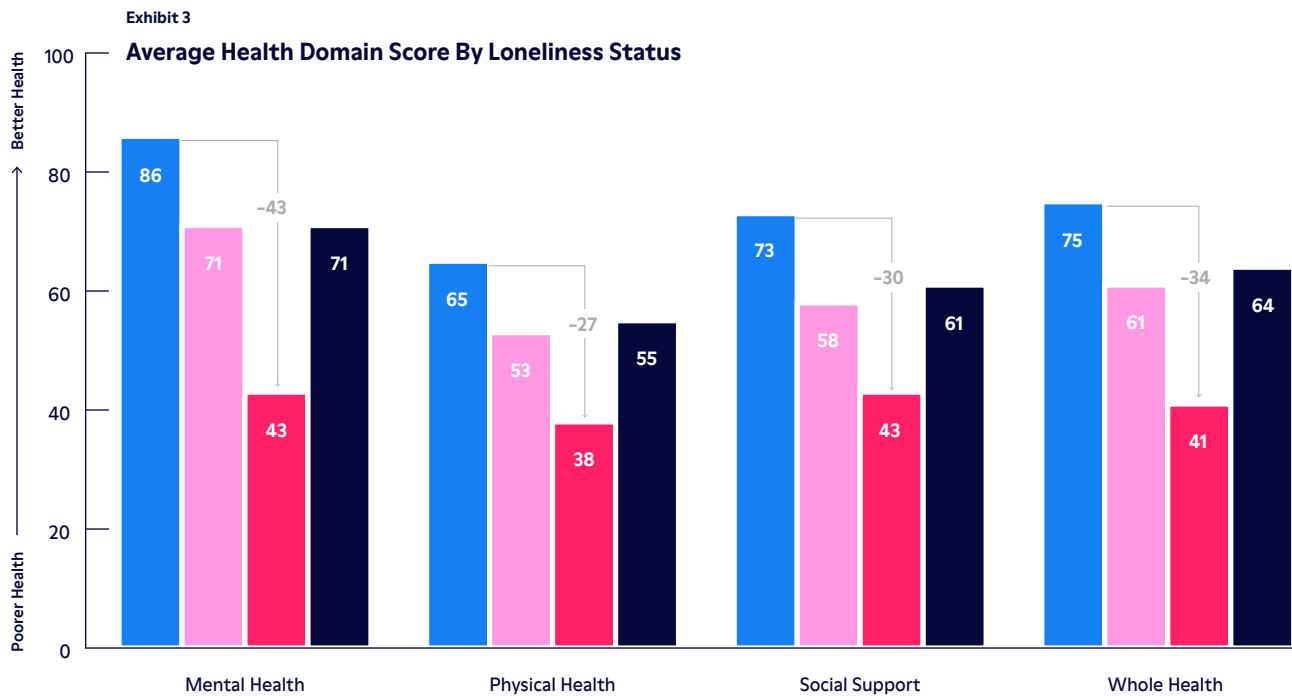


Exhibit 2
Ability to Find Social Support



Insight 1



Feeling that one has adequate social support (the functional aspect of social connection) is more common than sense of belonging, with 60% reporting accessible social support. However, 40% still reported difficulty finding social support, especially in critical times of needs, like an illness or recovery from surgery. In fact, data suggests 18% of members would have no one to turn to if an urgent health need arose (*Exhibit 2*). Across each of the health domains, feelings of loneliness drive down optimal health. At the highest end of the spectrum, people who are severely lonely reported mental health scores that are 50% worse and whole health scores that are 55% worse when compared to people who are not lonely (*Exhibit 3*).

Our vision for all our members is they will feel both a strong sense of social support and belonging. This alone can improve their physical and mental health. In a separate randomized controlled study of chronically ill MA members receiving companion care from Papa, 69% of members reported a significant reduction in loneliness, and 45% reported an increase in the number of days they felt physically and mentally healthy.⁶ People need good physical and mental health, but their social health is equally important to their overall health.

⁵ PAPA STUDY, GERONTOLOGICAL SOCIETY OF AMERICA 2022

⁶ PAPA STUDY, ACADEMYHEALTH 2021

Insight 2

Loneliness is strongly tied to a sense of social support.

In the studied population, the functional aspect of social connection—social support—drives loneliness. Accordingly, as social support increases, so does the sense of belonging. This may seem obvious, but it bears emphasizing. Because loneliness exacerbates all other health problems, belonging in turn, can make those other problems much more bearable. In some cases, it can even solve them.

When people have social support, their outlook and resilience improves.

People with lower levels of loneliness reported having a stronger sense of social support. Of our members surveyed, 27% report no loneliness and have a strong social support network. Unfortunately, 30% are lonely and have weak social support (*Exhibit 4*).

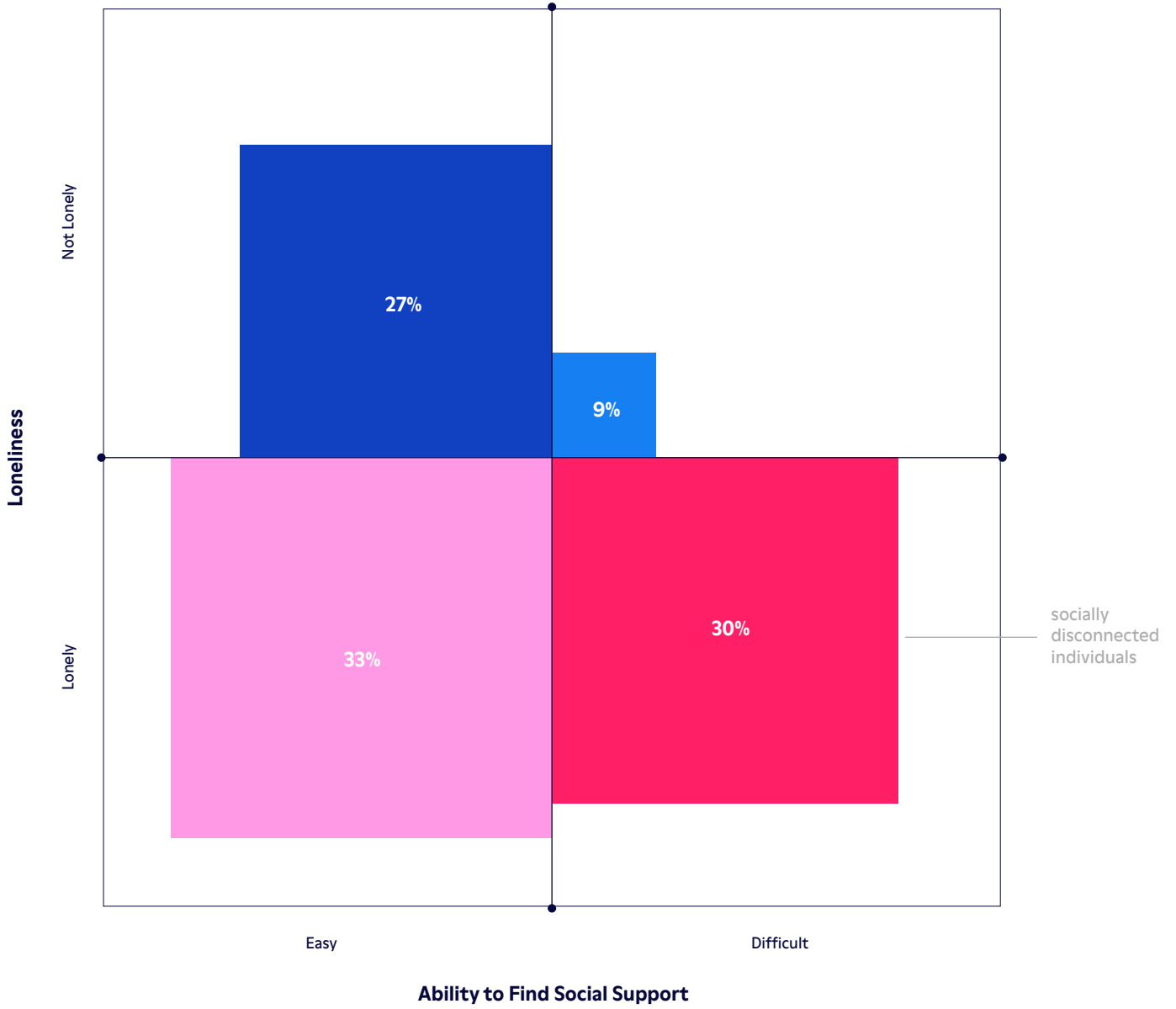
The 30% with loneliness and weak social support also have the lowest physical, mental, and overall whole health. These results are tied to worse health outcomes and earlier death. When someone's physical health is poor, we intervene with medicine, therapy, or other treatment. Poor social health requires intervention as well.

One example of intervention in action is a Washington-based health plan that recognized the gap in belonging and social support among its MA members. In order to address those needs, it made Papa's services available to members who were identified as "socially isolated." After the intervention year, Papa participants experienced a 19% increase in primary care visits, a 20% reduction in emergency department visits, and a 6% reduction in total cost of care.⁷ These findings demonstrate companion care's ability to address unmet social needs, thereby improving preventive care trends and lowering medical costs for high-risk older adults who wouldn't otherwise have the support.

7 WASHINGTON-BASED HEALTH PLAN AND PAPA STUDY, 2022

Insight 2

Exhibit 4



Insight 3

Access to social resources enables whole health.

The hard truth is that social opportunity is not equal for all groups of people in this country. When we look at who has access to social resources and who does not, there are great disparities.

Social resources should be available and accessible to all.

Social resources provide the opportunity for social connection and greater social health—and they should be readily available and accessible to everyone.

Each of the unmet social needs we studied—financial concerns, food insecurity, transportation barriers, healthcare access, and risk of falling—elevated the level of loneliness and unreliability of social support members reported. The unmet needs with the highest impact on social health were financial insecurities (i.e., finding it very hard to pay for basic things) and transportation barriers to social activities (i.e., such as visiting family, friends, and community events) (*Exhibit 5*).

Conversely, the prevalence of every reported unmet social need nearly doubled for members who had loneliness or low sense of social support (*Exhibit 6, 7*). Even the most common reported unmet social need—barriers to transportation, which 38% of members reported—more than doubled for participants who reported unreliable social support when compared to participants who had reliable social support.

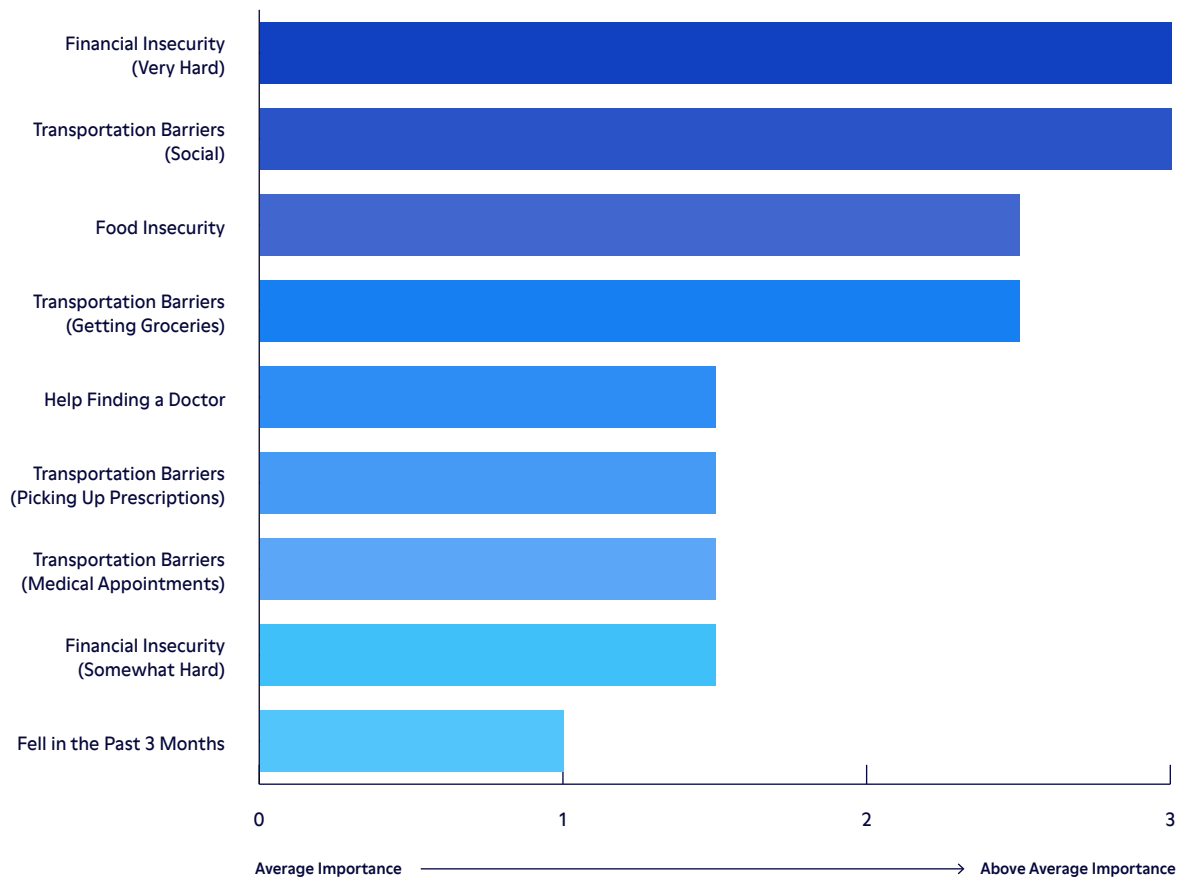
It's easy to imagine how lack of transportation coupled with financial concerns and low health literacy makes it nearly impossible to follow through on preventive health services. When Papa's companion care was made available to MA members, breast cancer screening rates increased by 5.4% and colorectal cancer screening rates increased by 3.7%.⁸ When social support and basic needs are addressed, people can focus on less imminent needs and consider things that support their whole health over the long term.

We need to find a way to get these vital social resources to the people who need them most—otherwise they'll never experience the belonging and social support they want, need, and deserve.

Insight 3

Exhibit 5

Relative Importance of Unmet Social Needs to Social Health



To calculate the relative importance of each unmet social need on social health, we calculated each individual unmet social need’s strength of association with each outcome—loneliness and social support—separately. We ranked the coefficients for each outcome from highest impact to lowest impact and categorized them into tertiles of impact from from 3 to 0 (where 3 represents the highest and 0 represents the average impact). Each unmet social need was assigned an index value and summed across loneliness and social support to arrive at an overall relative importance index.

Insight 3

Exhibit 6 Prevalence of Unmet Social Need by Loneliness Status

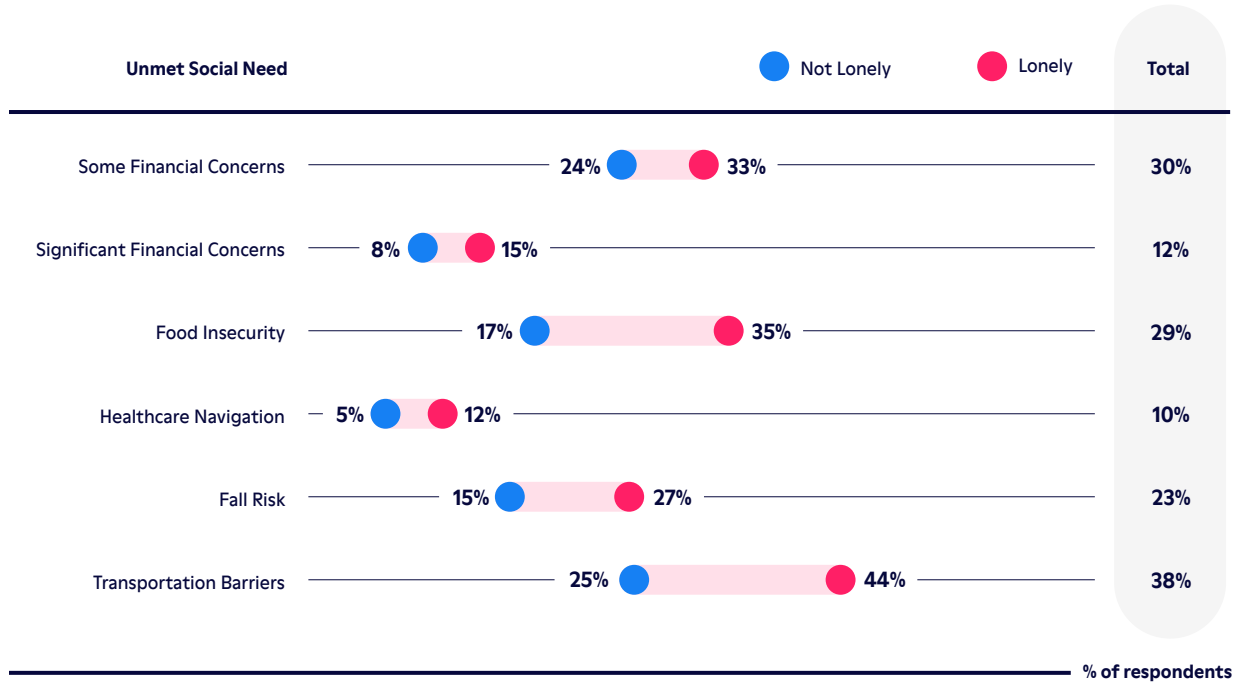
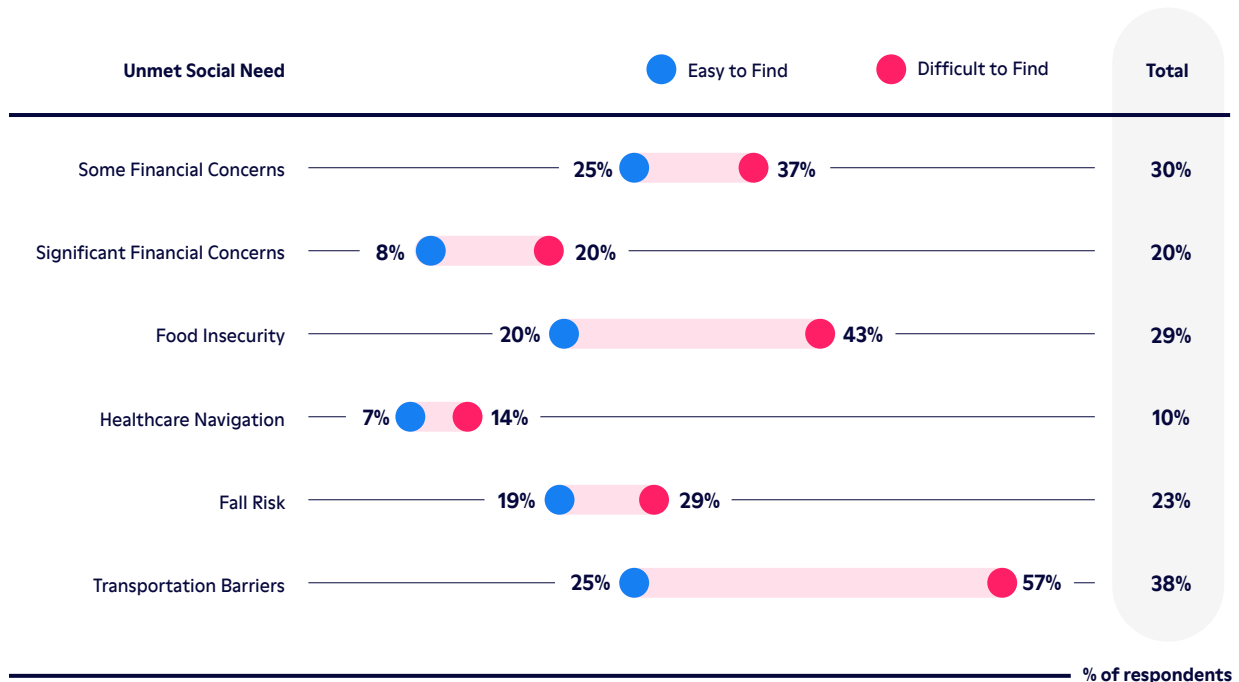


Exhibit 7 Prevalence of Unmet Social Need by Ability to Find Social Support



Insight 4

Even if you build it, people may not be able to get there.

Transportation is a critical social driver of health. It's needed to complete medical appointments, to pick up prescriptions and groceries, and to attend social gatherings and activities.

Lack of transportation hinders health. Period. It reduces social opportunities and compounds the social disconnection among certain groups. Getting together with a friend for lunch or meeting for a book club or bingo tournament isn't possible if you don't have a way to get there.

Transportation can also be a significant barrier when it comes to following through on physicians' orders or referrals for social needs. Resources might be available, but without transportation, they're inaccessible. Even getting to a doctor's appointment to get that order or referral isn't possible without reliable transportation.

For many older adults—especially those who are dually eligible for both Medicaid and Medicare—lack of transportation is a financial issue. They might not be able to afford to own and maintain a vehicle. And even public transportation might be too expensive for someone on a fixed income, or too difficult to access for people with a cognitive or physical limitation.

Many older adults are no longer physically able to drive. And for those with Alzheimer's disease or other neurodegenerative diseases, driving is not a safe option.

To maintain social health, it is critical to ensure accessible transportation options are available. A recent study by the Centers for Medicare and Medicaid Services (CMS) on its Accountable Health Communities Model found that even when beneficiaries received social prescribing for unmet needs, many barriers, including transportation challenges, prevented them from getting connected to services. In fact, more than 50% of beneficiaries who received social prescribing had none of their health-related social needs resolved and were not connected to a community service provider.⁹

9 CMS, 2023

Insight 4

Transportation barriers directly affect social disconnection.

In our study, we found that for every additional transportation barrier cited, the chance of social disconnection increases. When transportation barriers are not present, 56% of people say they are lonely. However, even just one reported transportation barrier increases this prevalence of loneliness to 70%.

Members who reported feeling lonely are 73% more likely to report a transportation barrier compared to members who are not lonely (*Exhibit 8*). Additionally, those with less reliable or accessible social support also reported more transportation barriers (*Exhibit 9*). Overall, the most common reported transportation barrier was to visit socially, with 21% finding it difficult to get a ride to family, friends, or community gatherings. Transportation barriers to medical appointments was not far behind at 19%. Non-emergency medical transportation is often offered to MA members, but transportation for social needs is far less common, despite a strong need and high relative importance to social health.

Removing barriers to transportation will strengthen a member's sense of belonging—and confidence in the reliability of their social support. However, it's important to mention that even if someone has reliable and accessible transportation options, they could still be lonely. Thus, addressing transportation barriers, or other unmet needs, must be part of a broader social health support model—not a standalone solution for improving social health.

Insight 4

Exhibit 8 Prevalence of Transportation Barriers by Loneliness Status

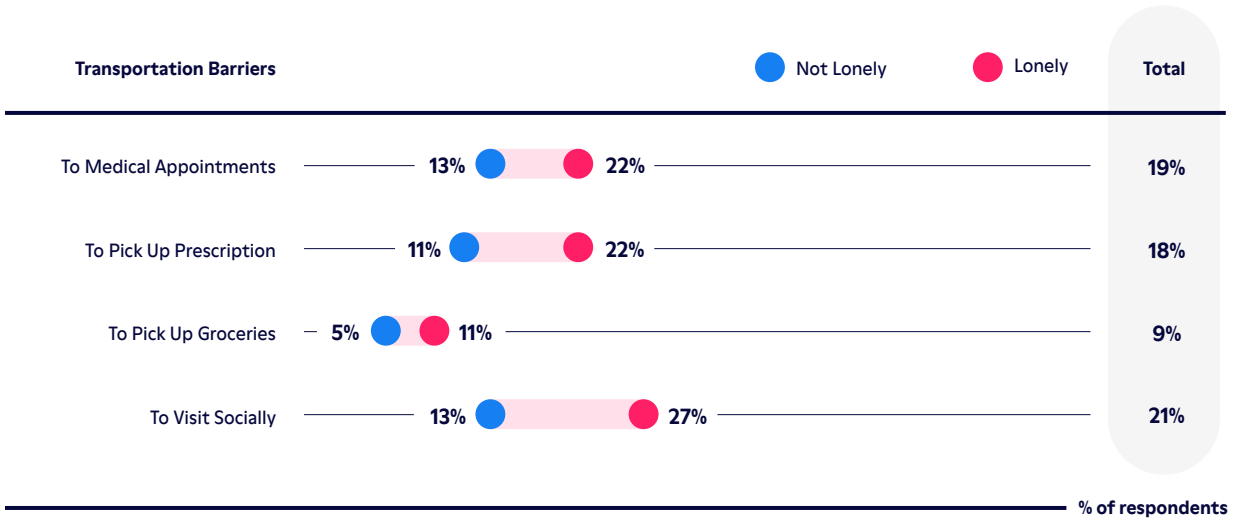
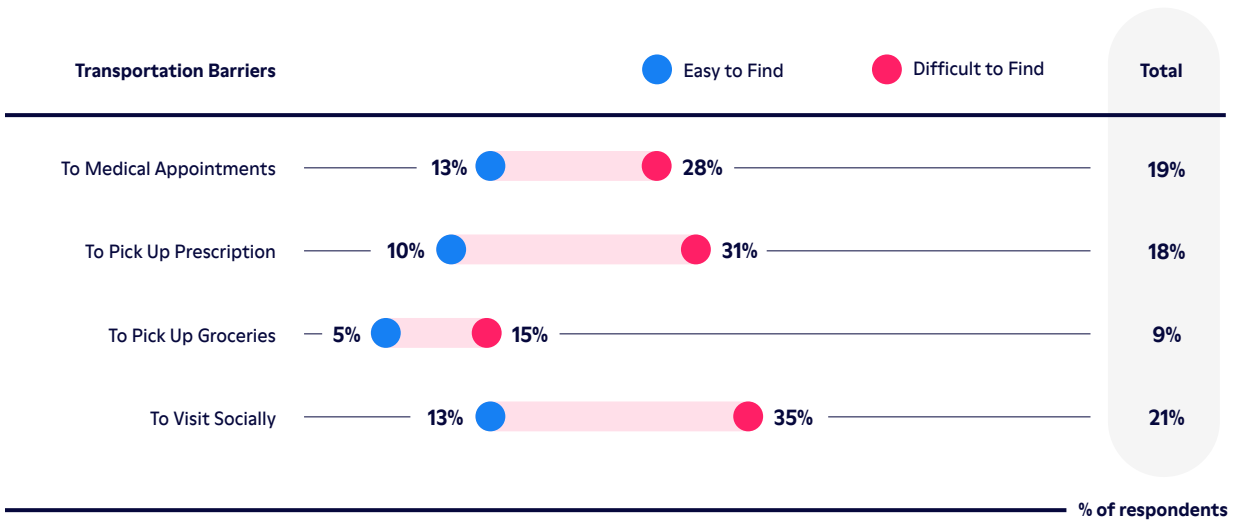


Exhibit 9 Prevalence of Transportation Barriers by Ability to Find Social Support



Insight 5

Severe loneliness is an important warning sign.

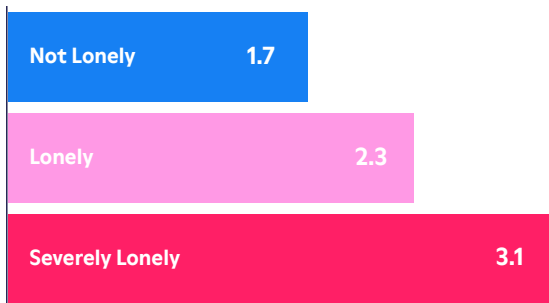
There's loneliness, then there's severe loneliness. Loneliness can be episodic in response to a significant life event, such as the loss of a spouse or social isolation due to COVID-19 restrictions. But loneliness can also progress into a severe, chronic state.

When persistent barriers to social connection are coupled with years of deteriorating mental or physical health, loneliness can become severe. The people experiencing this chronic loneliness constitute an important group in need.

Cumulative unmet social needs and loneliness link to severe social disconnection.

Exhibit 10

Average Number of Reported Unmet Social Needs by Loneliness Status



Higher levels of loneliness correlate with higher numbers of unmet social needs.

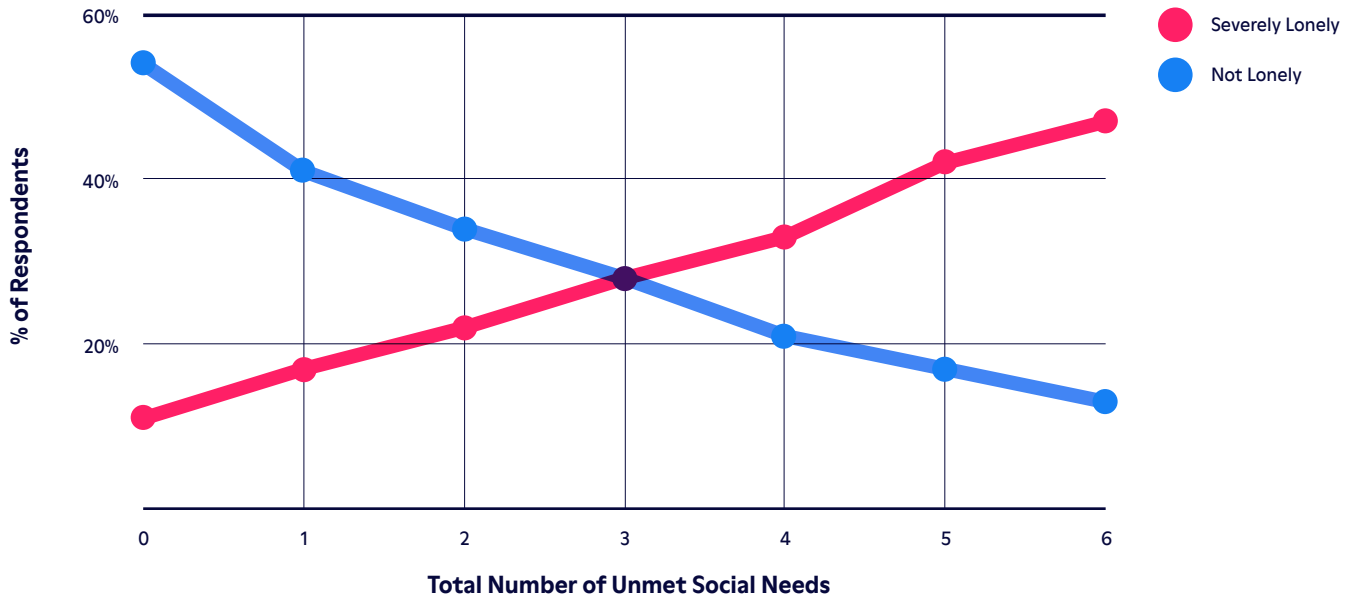
Those who said they are “not lonely” reported an average of 1.7 unmet social needs, while those who are “severely lonely” reported an average of 3.1 unmet social needs. That’s an 88% increase (*Exhibit 10*).

Our survey results show that, as the number of reported unmet social needs increases, the prevalence of severe loneliness also increases (*Exhibit 11*).

Insight 5

Exhibit 11

Members Who Have Cumulative Unmet Social Needs Increasingly Feel Socially Disconnected



These severely lonely people are juggling a number of challenges and unmet needs at once. They represent a group that needs assistance with both tangible social support and emotional support through social connection. Without someone to come alongside them and help ease their loneliness—and get them the additional support they need—they are susceptible to physical and mental illness, and in extreme cases even death.

In a separate analysis of Papa participants, 60% of severely lonely members experienced clinical improvements—moving to a lower category of loneliness—and reduced their mentally unhealthy days by 6.2, and physically unhealthy days by 2.1.¹⁰ Services like Papa’s companion care can improve loneliness and quality of life among severely lonely individuals. Early intervention to prevent the progression into chronic loneliness is just as important—and an important public health tool.

10 PAPA STUDY, GERONTOLOGICAL SOCIETY OF AMERICA 2022

Insight 6

Critical health events heighten the need for social support.

Being hospitalized makes us more vulnerable. But the inverse is also true. Underserved people have greater likelihood to go to the hospital—usually the emergency department (ED)—even if it’s not medically necessary.

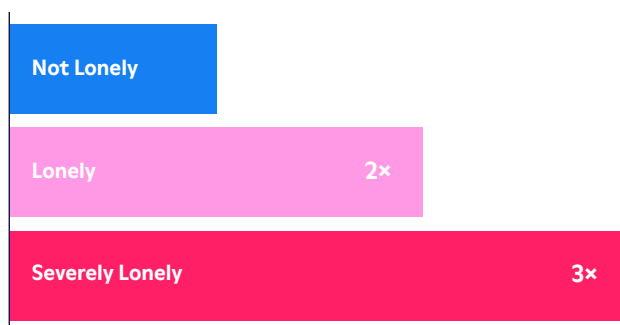
There’s a term for patients who experience a range of medical, behavioral, and social conditions that cause them to repeatedly go to emergency departments for reasons generally unrelated to a need for urgent care. They are often called “ED high utilizers.”

ED high utilizers are defined here as having three or more ED visits in the past 12 months. Having four or more ED visits in the past 12 months is often the industry standard for high utilizers; however, analysis revealed a similar social risk profile for those with three or four ED visits. Using the threshold of three or more captures those who are right on the cusp. Roughly 7% of Papa members are ED high utilizers.

According to our survey, there is a positive correlation between loneliness and ED utilization. When compared to Papa members who are not lonely, members who are lonely are almost two times more likely to be an ED high utilizer. Members who are severely lonely are three times more likely to be an ED high utilizer (*Exhibit 12*).

Exhibit 12

Loneliness and Likelihood of High ED Utilization



Insight 6

Making social support available and accessible can help reduce reliance on emergency departments to address unmet social needs. In a separate claims-based study, we found that providing Papa's companion care to MA members resulted in a 34% reduction in the number of ED high utilizers when compared to a matched population of members who did not use Papa.¹¹

There is also a correlation between loneliness and hospitalization in general.

It's not just ED high utilizers who experience loneliness. People who have been recently discharged from an inpatient hospital stay are also in need of increased social support and social connection.

After a hospitalization, a patient needs help picking up medications from the pharmacy, securing and preparing healthy foods, and assistance around the home if mobility is limited. And, of course, they also need companionship and socialization to improve their spirits as they heal physically.

Out of all Papa members surveyed, 8% had an inpatient admission in the 30 days before engaging with Papa. Within that cohort, people who are lonely are 33% more likely to have had a recent inpatient admission when compared to people who are not lonely.

This is a trend we've seen before. In the same claims-based study, Papa members were more likely to enroll in Papa one to three months before or after a hospital admission, compared to MA members who did not use Papa. It's clear that people leaving the hospital need additional assistance and companionship soon after. When it comes to preventing readmissions, most of the perceived needs after a hospital discharge are not the traditional clinical risks, but instead are socially driven. Even more noteworthy, this same study revealed that the Papa program prevented one out of seven readmissions among enrolled members.¹² Imagine if everyone had the social support they needed during (and after) critical episodes in their lives. We could more appropriately match people with the right resources and reduce hospital costs, and therefore total costs across the U.S.

¹¹ PAPA STUDY, GERONTOLOGICAL SOCIETY OF AMERICA 2022

¹² IBID

Insight 7

Advancing health equity means addressing social health.

Social health is a continuum. Groups with more social risk factors are at risk for worse social health and overall health outcomes.

In its new health equity index as part of the 2024 Final Rule, CMS indicated individuals with very low income and people with disabilities as groups of focus in efforts to drive health equity.¹³ These populations historically have higher unmet social needs and poorer health outcomes.

Understanding and addressing these needs is an important first step to improve screening and chronic care management—and, ultimately, improve health outcomes.

Some groups of people need more social support.

We compared unmet social needs and whole health scores across four discrete sub-populations—traditional MA, DSNP members, people with disabilities, and veterans.

People with disabilities reported the highest prevalence of loneliness, the most difficulty finding social support (*Exhibit 13*), the most unmet social needs (*Exhibit 14, 15*), and the lowest whole health scores (*Exhibit 16*). DSNP members were not far behind. Compared to traditional MA members, people with disabilities reported 61% more unmet social needs, and DSNP members reported 43% more unmet social needs (*Exhibit 14, 15*).

People with disabilities reported the lowest scores across all health domains, indicating an important subpopulation in need. DSNP members also reported significantly lower scores than traditional MA members (*Exhibit 16*). This clearly highlights the health disparities experienced by these two underserved groups. It's time to work harder and intentionally to improve health outcomes for the people in these groups who have been left behind.

¹³ CMS, 2023

Insight 7

Exhibit 13 Overall Prevalence of Loneliness & Unreliable Social Support by Subpopulation

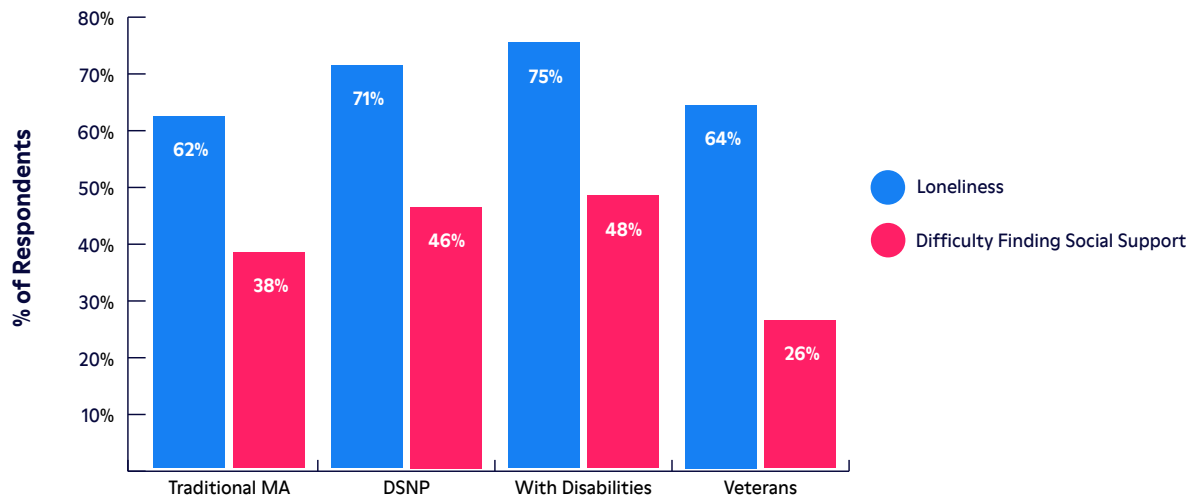
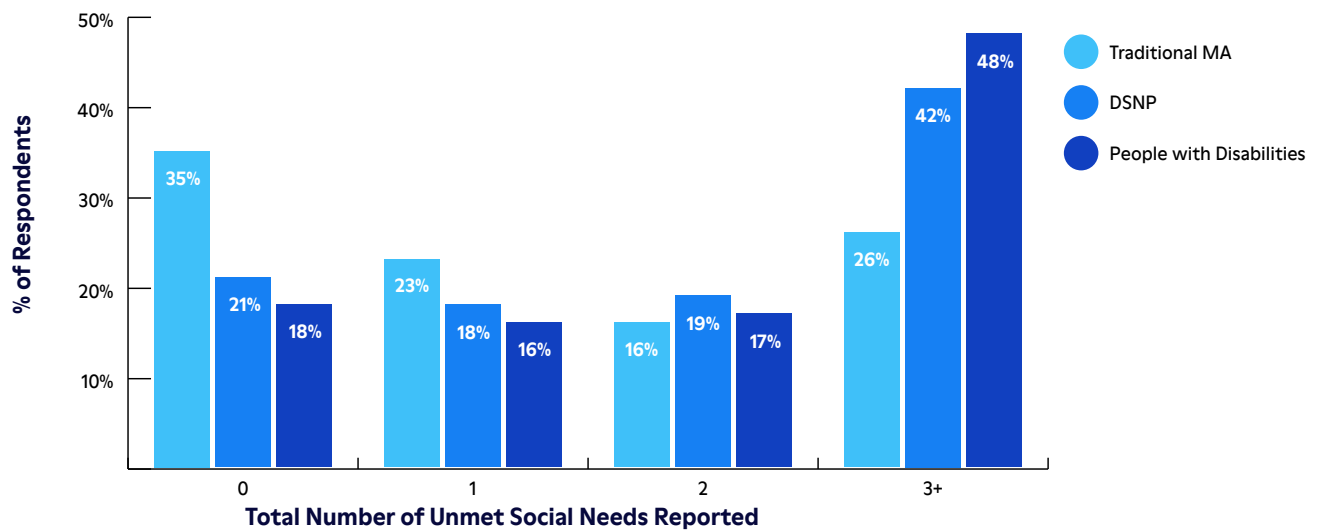


Exhibit 14 Distribution of Unmet Social Needs by Subpopulation

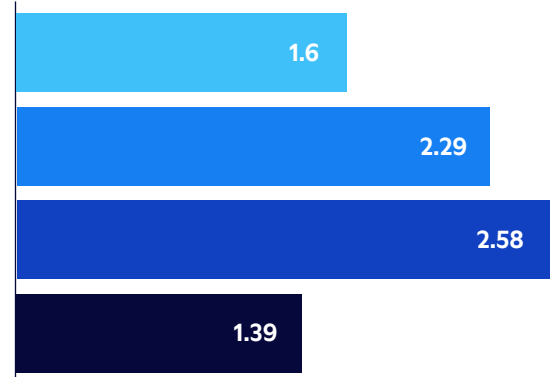


Insight 7

In our other research on dual-eligible participants, Papa sees two times the program utilization among DSNP members when compared to MA members, and 11% higher activation—again signaling the need to address unmet and complex social needs among this underserved population. After participating in the Papa program, the number of DSNP members reporting severe loneliness and loneliness decreased by 34% and 24%, respectively. Papa participation also reduced health plan member churn (or members voluntarily leaving their health plan) by 16%, making it clear that for members who have so little, supplemental benefits are not a luxury, but a necessity.¹⁴

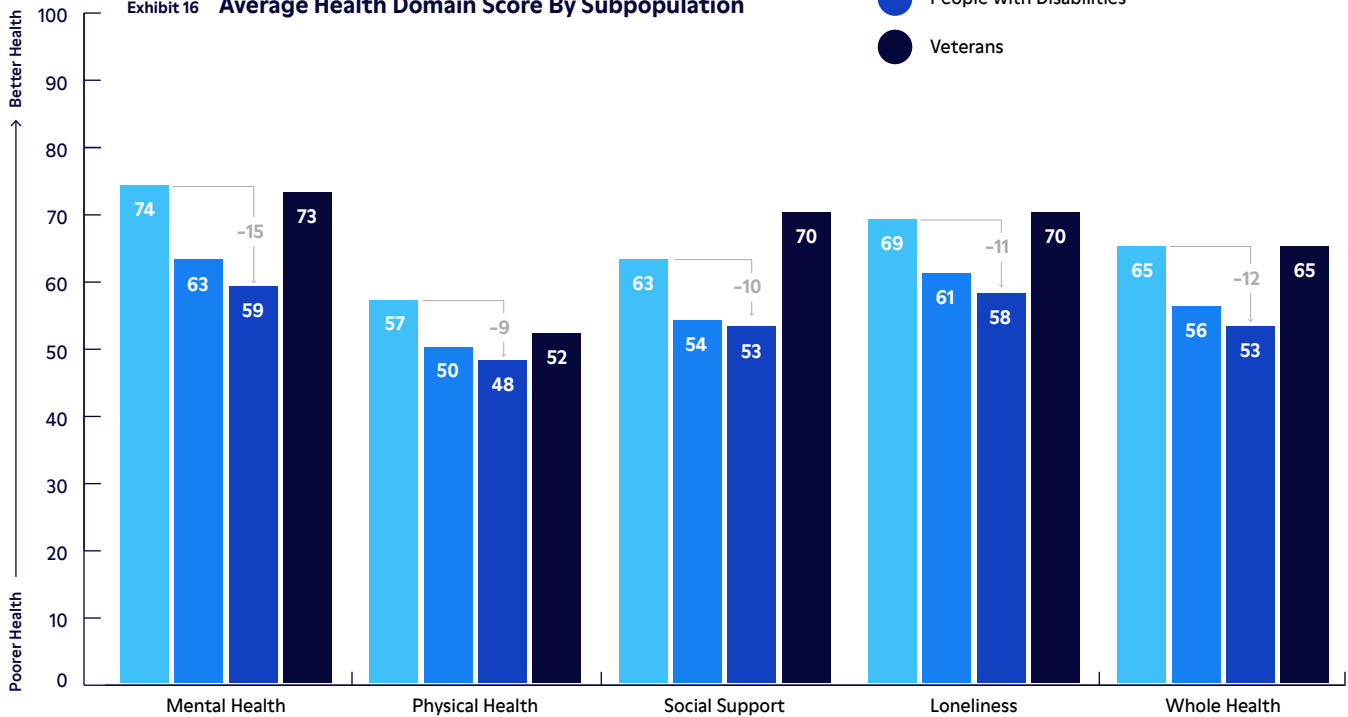
Exhibit 15

Average Number of Social Unmet Needs By Subpopulation



- Traditional MA
- DSNP
- People with Disabilities
- Veterans

Exhibit 16 **Average Health Domain Score By Subpopulation**



14 PAPA STUDIES, APHA 2022, ACADEMYHEALTH 2023, INTERNAL ANALYSIS 2023

Insight 8

Unmet social needs are common across age and gender.

Social health is important at all stages of life—and for all groups of people. It is especially important for aging adults in today’s society where people are living longer but social networks are shrinking.

In addition to life transitions, loneliness among older adults has been associated with demographic variables (i.e., education, socioeconomic status, gender).¹⁵ We explored this among our members by analyzing survey data by age groups (65-74, 75-84, and 85+) and gender.

Gender and age both impact social health to varying degrees.

When it comes to older adults, women and men often have different social networks. As a whole, women tend to be more group-oriented and, in turn, have stronger social networks. On average, women also live longer than men. Societal norms often dictate that women are the ones taking care of their spouse or partner. However, as partners pass away and women become widows, their risk for loneliness increases.

Men in our sample tended to report stronger physical and mental health, social support, and whole health than females (*Exhibit 17, 19*). This would require more extensive study to understand. Societal expectations of gender and its implications likely play a part in social health.

Of the three age groups we surveyed (65-74, 75-84, and 85+), the 85+ age group had higher physical and mental health, social support, and whole health scores compared to their younger peers (*Exhibit 18*). This age group also had fewer unmet social needs on average, compared to the other age groups (*Exhibit 20*).

Again, this would require further study to understand exactly why this is so. It could indicate that people who are 85+ and accepting care through Papa are relatively healthy, resilient, and proactively seek positive activities for this age. Also, we can’t discount survivorship bias, which simply means that only the healthiest people reach age 85 in the first place. This could explain why such a high percentage of people we surveyed who are 85 and older are in better health, relative to other age groups.

¹⁵ DAHLBERG ET AL. 2022

Exhibit 17

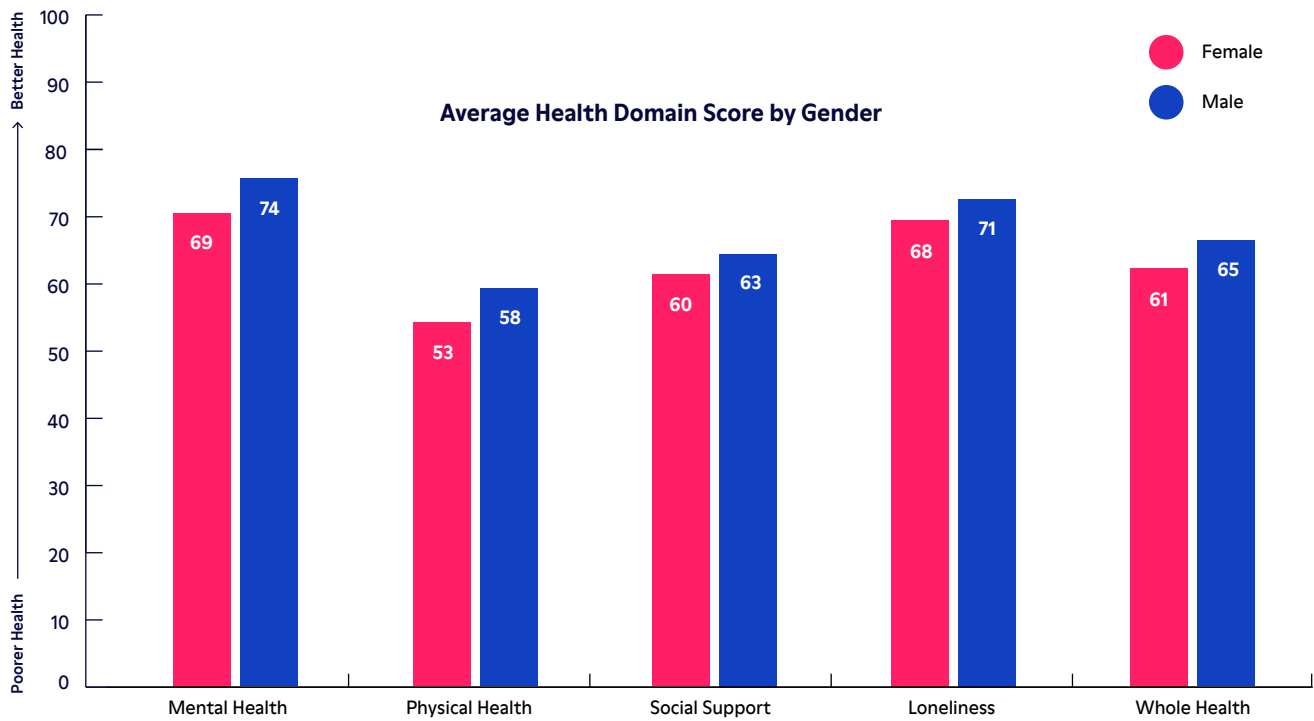
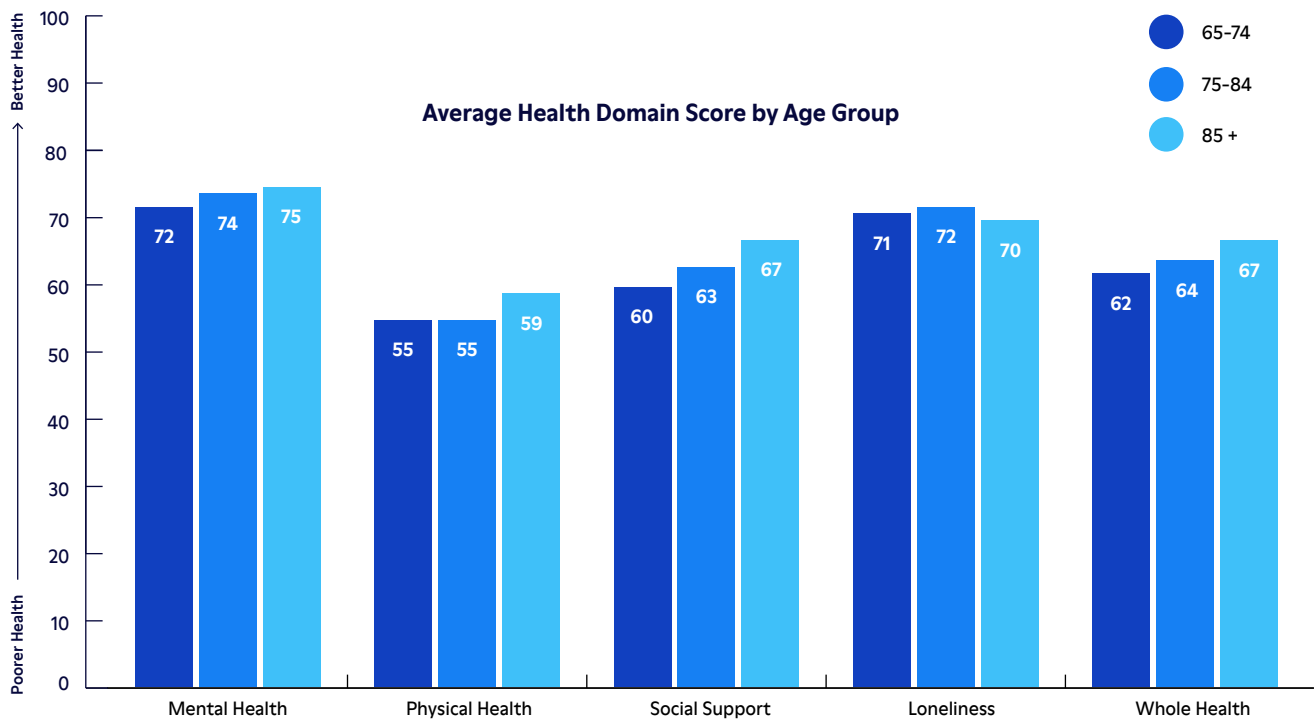


Exhibit 18



Insight 8

It's very good news that such a high percentage of older adults in the population studied report better physical and mental health, social support, and overall health. However, the challenge for health plans, caregivers, and Papa is maintaining and sustaining health over the long term. We want to help older adults maintain their social health and connection in order to stave off cognitive decline and other negative health impacts as they continue to age.

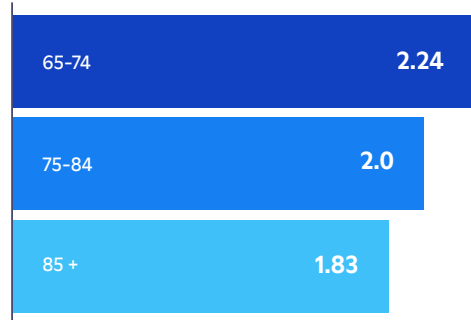
Exhibit 19

Average Number of Unmet Social Needs By Gender



Exhibit 20

Average Number of Unmet Social Needs By Age



Conclusion

Our findings clearly highlight the existing barriers to social health and the critical need to reduce loneliness and provide social support through human connection.

If we want to improve whole health for all, social health must be a priority.

People are complex and their needs are unique; companionship is the gateway to make all people feel less alone in this world.

Our vision is that every human being feels the sense of connection and support they need in order to flourish.

