

Fact Sheet: Social Isolation

WHO IS ROSA?

75 Year old, biracial woman with heart problems, diabetes and arthritis who's living with her niece, grand-niece and 2 cats in an Oakland apartment. Until a few years ago, Rosa worked as a community organizer and kept herself busy gardening and volunteering at her grand-niece's school.

Why is Rosa Isolated?

Arthritis = decreased activity + dietary changes = weight gain + fluid retention = diuretic prescribed = incontinence = fewer outings = isolation

Coordinated Interventions

Family: Rosa Needs Support!
Rosa linked with public health nurse --> She reduces salt intake --> Diuretic dose reduced

Referral to orthopedic surgeon --> knee surgery --> physical therapy --> mobility!

Niece hosts weekly dinners for Rosa & friends --> Rosa joins community organizing group --> In under 6 months Rosa is busy & feels valued!

NEGATIVE IMPACTS OF SOCIAL ISOLATION ON OLDER ADULTS:

Increase of heart disease, high blood pressure, depression & dementia

Lack of social contact is associated with more than \$6 billion in annual Medicare spending

Socially isolated older adults are more likely to be admitted to hospitals & nursing facilities

Prevalent among low-income from underrepresented communities; women, POC, LGBTQ, immigrants & refugees

Social isolation is a widespread and significant cause of poor health outcomes. Older adults often do not have access to the supports they need to stay health as they age.

24%

Older adults living alone in Alameda County

16%

Older adults report severe loneliness

According to Dr. Vyjeyanthi Periyakoil, Associate Professor of Medicine at Stanford, “assuaging loneliness is not just about having random human contact; it’s about the quality of that contact and who you’re having contact with.” There is no “one size fits all” approach to social isolation and loneliness.

