Issue Brief: Social Isolation[1]

Rosa

The story of Rosa is typical of how loneliness and social isolation develop and how, with attention and support, loneliness and social isolation can be addressed. For many older adults, living interdependently, alone or with friends and family, is needed for optimal quality of life.

Rosa is a 74-year-old single biracial woman with heart problems, diabetes, and arthritis. She lives with her niece, her nine-year old grandniece, and two cats in a second floor flat in Oakland. Until a few years ago, she worked as a community organizer and was busy gardening and volunteering at her grand-niece's school.

One spring, Rosa's arthritis flared up, causing a limp and knee and back pain. She began to have trouble climbing the stairs to her apartment. With decreased activity, she gained seven pounds. At the same time, her health provider increased the dosage of her "water pill," resulting in incontinence. Embarrassed by the need to wear protective pads, she stopped joining her neighbor for weekly movie outings.

By winter, Rosa was unable to work in her garden or volunteer at her grand-niece's school. Her niece, busy with a full-time job, normally saw her only on weekends, but began to notice that Rosa seemed more forgetful and withdrawn.

Over the next six months, Rosa became further isolated. Because of increasing forgetfulness and difficulty getting down the stairs, she missed several medical appointments. She stopped visiting friends and socializing with neighbors. At times she experienced bouts of tearfulness and anxiety. Eventually, she fell and was hospitalized overnight for bruising and several broken ribs.

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[1] Edited by Lillian Schaechner, Michele Burke, Elsie Kusel, Lenore McDonald, Michael Kessler, and Joel Ginsberg (Revised 8-16-19).

Isolated from friends and family and no longer participating in the activities she once had enjoyed, Rosa was becoming lonely and depressed. Her family and health care providers realized that she needed support.

After being linked to a public health nurse, Rosa began to put her life back together. Nutrition counseling helped her cut back on salty food. Her health provider reduced her diuretic dose and her incontinence improved. She was linked to a wellness program that provided daily phone calls. She got on a waitlist for accessible senior housing which offered social opportunities and supportive services. She was referred to an orthopedic surgeon for knee replacement and to a physical therapist for strengthening exercises.

Rosa's niece started hosting weekly potluck dinners. Her grandniece brought school friends over every week to play board games and get help with homework. Rosa was introduced to a political group and began using her community organizing skills to educate voters. After six months, Rosa was once again busy and feeling valued and happier.

Rosa's story is a common one. Vibrant and involved in the community all her life, Rosa developed physical limitations that interfered with the activities that were so important to maintaining her usual quality of life and social connectedness. She needed the coordinated involvement of her family, a multidisciplinary health care team, and community services to support her in a healthy, interdependent life.[2]

The Problem

Social isolation is widespread and a significant cause of poor health outcomes for older adults. Despite common assumptions, many older adults often do not have access to the practical and emotional supports they need to stay healthy as they age.[3] As many as 16% of older adults report severe loneliness,[4] frequently the result of ongoing social isolation, which, though common, is usually preventable.

> **Definitions:** While loneliness and social isolation overlap, they are not the same thing. *Loneliness* is a subjective negative feeling related to lack of a social network or companionship. *Social isolation* is the objective lack of meaningful social contacts and interactions.[5]

[2] Blau Smith, Z. (1961). Structural Constraints on Friendships in Old Age. *American Sociological Review, 26*(3): 429–39.

[3] Wethington, E. and Pillemer, C. Social Isolation Among Older People. In RJ Copland and JC Bowker (Ed.), *The Handbook of Solitude, Psychological Perspectives on Social Isolation, Social Withdrawal, and Being Alone.* (John Wiley & Sons, Chapter 14).

[4] Valtorta, N. and Hanratty, B. Loneliness, Isolation And The Health Of Older Adults: Do We Need A New Research Agenda? *J R Soc Med 2012 Dec; 105*(12) 518-522. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3536512/.

[5] Pantell, M Rehkopf, D, Jutte, D, Syme, SL, Balmes, J, Adler, N. Social Isolation: A Predictor Of Mortality Comparable To Traditional Clinical Risk Factors. *Am J Public Health 2013 Nov, 103*(11): 2056-62. Retrieved from: https://www.ncbi.nlm.nih.gov/m/pubmed/24028260/.

Implications

Social isolation and loneliness can cause a host of negative impacts:

- A 2013 study of 6,928 Alameda County residents found that Social Network Index (SNI) scores that indicated low levels of social connectedness predicted all-cause mortality independent of health status, socioeconomic status, physical activity, obesity, smoking, alcohol intake, or health care utilization.[6]
- Prolonged isolation affects physical health as much as smoking 15 cigarettes a day.
- Social isolation increases the risk of heart disease, high blood pressure, depression, and dementia.[7]
- Socially isolated and lonely older adults are more likely to be admitted to hospitals and nursing facilities.[8]
- Lack of social contact is associated with more than $6 billion in additional Medicare spending every year.[9]

Risk Factors

As people age, they are more likely to live alone.[10] And though most older people prefer to remain living independently in their own homes, living alone is a major risk factor for social isolation and loneliness. Approximately 28% of the 13.8 million older adults 65+ in the United States live alone, as do 24% of older adults in Alameda County.[11]

Social isolation and loneliness typically arise from a complex interplay of additional factors, including:

- Cognitive impairment
- Mobility and/or sensory impairments
- Major life transitions
- Being a caregiver of a severely impaired person
- Low socioeconomic status
- Environmental factors, including living in rural, unsafe, or inaccessible communities
- Having a mental health condition
- Having a small social network
- Limited English proficiency

[6] Ibid.

[7] Ibid.

[8] Cornwell, EY, Waite, LJ, Social Disconnectedness, Perceived Isolation, And Health Among Older Adults. *J Health Social Behavior. 2009 March; 50*(1): 31-48. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/.

[9] Flowers, L. and Noel-Miller, C. July 18, 2018. Social Isolation: Detrimental To Older Adults' Health And Costly To Medicare. AARP Thinking Policy. Retrieved from: https://blog.aarp.org/2018/07/18.

[10] US Census Bureau, Population Survey, June 2017. Retrieved from: https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf.

[11] Alameda County Public Health Department Community Assessment, Planning, and Evaluation (CAPE) Unit. March 2016. *Older Adults in Alameda County*. Retrieved from: www.acphd.org/media/420155/ac_seniors.pdf

- Being a member of a vulnerable group, such as women, people of color, immigrants, refugees, and LGBTQ persons

As with any vulnerability, when the impact of a unique constellation of risk factors overwhelms the strength and resilience of protective factors, an older adult may experience negative consequences associated with social isolation and loneliness.[12]

Solutions

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."[13]

There is no single solution to social isolation and loneliness because people become isolated or lonely for different reasons. For one person, it may be the loss of a loved one, and for another, an illness or financial setback. For this reason, it has been difficult to identify successful interventions to address social isolation across populations. Only recently have there been efforts to align definitions, study populations, research priorities, and strategic responses. As a result, interventions have not been systematic but rather have arisen from single disciplinary philosophies across various conceptual frameworks.

Tested models focus on the **individual**, **social networks**, **community and built environment**, and **society.**[14]

Solutions: Individual

- One-on-one socialization, including volunteer home visiting programs such as "Friendly Visitors" or "Senior Companions" or telephone-based reassurance checks
- Health related interventions, including telemedicine and medical care for homebound seniors, home visiting case management, and care coordination
- Home delivered meals programs that provide regular interpersonal contact
- Computer-based programs, including computer literacy to enhance networking and online university curricula
- Adaptive technologies to improve mobility, function, and communication
- Personal care services
- Evidence-based mental health treatment to address underlying or comorbid behavioral health conditions

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[12] AARP Foundation. *Framework for Isolation in Adults Over 50*.
[13] Graham, J. (2019, March 14) Understanding Loneliness In Older Adults And Tailoring A Solution. *Kaiser Health News.* Retrieved from: https://khn.org/news/understanding-loneliness-in-older-adults-and-tailoring-a-solution/.
[14] AARP Foundation. *Framework for Isolation in Adults Over 50*.

Solutions: Social Networks

- Group-focused interventions, including senior centers (including virtual and phone-based centers), mentoring programs to increase creativity and social activity, social model day programs such as Community-Based Adult Services, and support groups (grief, recovery, etc.)
- Intergenerational programs, such as programs which integrate childcare and eldercare or bring elders into meaningful contact with school-age children for tutoring, teaching, reading, and intergenerational sharing
- Caregiver respite

Solutions: Community/Built Environment

- Community/neighborhood organizing, including the "Village" model and "Gatekeepers" program which educates younger members of the community about older adult safety, well-being, and supportive services to increase awareness and capacity for crisis intervention
- Permanent supportive housing with congregate meals and enrichment activities
- Affordable and accessible transportation options
- Senior volunteer opportunities and programs
- Age-Friendly Cities and Communities sponsored by the World Health Organization (WHO) and AARP

Solutions: Societal

- Social justice movements to affect sweeping societal change that aims to dismantle ageism, racism, sexism, homophobia, and other forms of inequity, all of which contribute to escalating rates of social isolation, loneliness, and social disconnectedness

Approaches In Alameda County

Over the decades, Alameda County has created a network of programs and services which encompass a range of approaches to combat social isolation. These programs vary in capacity and geographical reach, and some are available to all while others have strict eligibility criteria. They have developed in response to the dire need and ever-growing demand for older adult programming. Planning has not always been strategic with specific goals or outcomes in mind, but because "it's the right thing to do." A preponderance of research now clearly indicates that social isolation and loneliness cost our society and our community in many ways, both tangible and intangible. Though Alameda County has made great strides in providing supportive services for older adults in all parts of the County, it will require a strategic and coordinated effort to prevent and treat the root causes of social isolation as our population of vulnerable older adults grows and society changes.

Recommendations

Solutions to the problem of social isolation should draw from all conceptual levels – individual, social network, community/environment, and societal levels – in order to create an integrated framework for research, treatment, and prevention. We can only meet the needs of a widely diverse population when we respond to the foundational and multifactorial causes of this complex social problem. We must work to build a rich assortment of interventions that simultaneously:

- Address the individualized needs of socially isolated older adults
- Honor the life experiences, cultural values, and ethnic identities of these elders
- Strengthen and expand social networks
- Create age friendly environments
- Effect social change, particularly by fighting to eliminate ageism and other contributing "isms"

National leaders in the field of aging recommend a multipronged approach to combat social isolation. These recommendations encompass an ambitious research agenda, a host of treatment models, and a public health framework for prevention and early detection. The steps below can be taken in Alameda County.

Research

The County can pursue research and support solutions by collaborating with public health, academic, and other partners, to:

- Conduct comprehensive epidemiologic analyses of loneliness and social isolation
- Establish shared and consistent definitions, interventions, and evaluation tools
- Develop valid and reliable screening tools
- Study interventional models with potential for population-wide expansion

Treatment

Healthcare entities and the County can advance treatment solutions by taking the following steps:

- Establish standards of care for integrated multidisciplinary treatment
- Fund and implement a variety of interventions at all conceptual levels that treat the multifactorial causes of social isolation
- Train healthcare and social service providers to assess for loneliness and social isolation risk
- Expand access to culturally responsive programs and services particularly for at-risk older adults such as LGBTQ persons, recent immigrants, communities of color, women, and persons with limited English proficiency

- Promote individual choice and control[15]

Prevention

The County can take the lead on implementing prevention solutions by pursuing the following recommendations:

- Provide mental health supports, including counseling, medication, and case management
- Spearhead public health initiatives that address the social determinants of loneliness, isolation, and health inequities
- Encourage healthy lifestyles that incorporate physical and social activity
- Support functional capacity and healthy aging
- Introduce a public education campaign to inform people about social isolation, its causes and its health impacts
- Advocate for social change to address the underlying attitudinal and structural factors that promote loneliness and social isolation (multiple "isms")
- Promote Age-Friendly cities and communities
- Ensure urban/environmental planning that prioritizes accessibility for those with mobility and sensory limitations
- Elect officials who prioritize the needs of older adults and promote policy change and innovation

Data Resources

- UCLA Loneliness Scale - The UCLA Loneliness Scale is a commonly used measure of loneliness. Its name derives from its having been developed at the University of California, Los Angeles (UCLA). Russell, D., Peplau, L.A., and Ferguson, M.L., first published it in 1978, and it was revised in 1980 and 1996.
- Identification of Seniors At Risk Tool (ISAR 2011) - Questionnaire with yes/no questions about what led to an emergency visit.
- AARP - Connect to Affect - Connect to Affect examines social connections, improving the understanding of loneliness and how it relates to social isolation.
- American Society on Aging Articles about the growing effect of social isolation on aging, including addressing family caregiving, and elder abuse.
- AARP Framework for Isolation in Adults Over 50
- The Gerontological Society of America - The Gerontological Society of America advances the scientific and scholarly study of aging and promotes human welfare by the encouragement of gerontology in all its areas.
- Scientific American - Article addressing promoting social health by combatting loneliness.

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[15] AARP Foundation. (May 30, 2012) *Framework for Isolation in Adults Over 50.* Retrieved from: https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf

- [SCAN Health Plan Survey of Senior Caregivers](#) - [SCAN](#), a leading senior-focused organization with the mission of keeping seniors healthy and independent, undertook a national survey of seniors who are caregivers. Survey findings reaffirm that while caregiving can be an extremely rewarding experience, it can also result in hefty physical, emotional, and financial strains.
- [The Epidemiology of Social Isolation: National Health and Aging Trends Study](#)