

Social Isolation in Later Life: What is the problem and what can we do about it?

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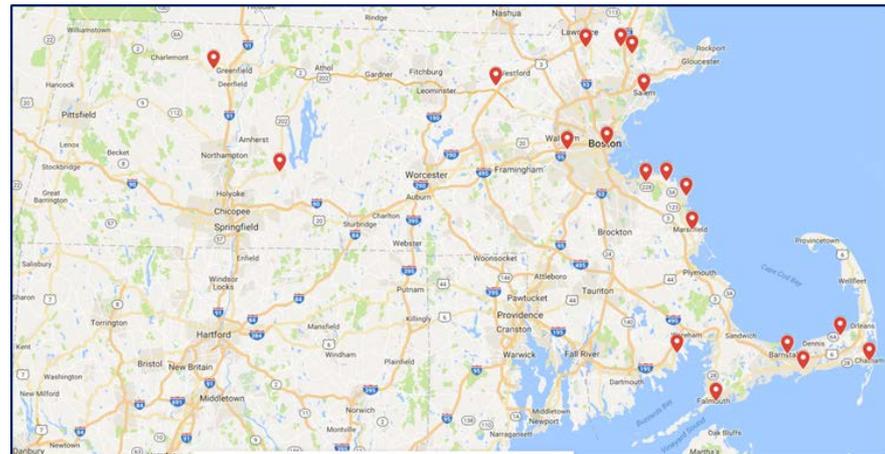
MCOA Annual Meeting

June 9, 2017

Center for Social & Demographic Research on Aging @ UMB Gerontology Institute

- We've worked with more than 20 communities since 2012
- Dedicated to a collaborative, participatory process
- Objective partners committed to providing high-quality, academically sound, information to communities

“Our mission is to conduct applied research that informs communities as their populations become older demographically, including research on topics that impact older adults seeking to age in their communities.”



Outline

- ▶ How is social isolation defined?
- ▶ What are the consequences of isolation?
- ▶ Who is at risk for being isolated?
- ▶ How do Councils on Aging address isolation in their community?
 - ▶ **Review what we know about screening and evaluation**
 - ▶ **Review what we know about existing interventions**
- ▶ Conclusion
 - ▶ **Community-level approaches**

Case Studies



“Roger”

- Divorced
- Lives alone
- Estranged from son
- Visually impaired
- Isolated, not lonely

- Widowed
- Lives alone
- Active grandmother to 7 grandchildren
- Bipolar disorder and arthritis
- Lonely, not isolated

“Beverly”



Defining Social Isolation

- ▶ Social isolation is the absence or weakness of relationships and social interaction¹
 - ▶ **Not often are people entirely isolated, but rather fall somewhere along a spectrum**
- ▶ Loneliness is a distressing feeling which has been described as the social equivalent of hunger or thirst

Actual social relationships ≠ Desired social relationships

Isolation is associated with negative health outcomes

- ▶ Weak social relationships were associated with a **29% increase in risk of incident CHD** and a **32% increase in risk of stroke**³
- ▶ Social isolation has been associated with **accelerated weight gain, development of Type 2 diabetes and food insecurity**^{4 5}
- ▶ Isolation has been associated with **decreases in overall cognitive function** measures during 4-years of follow up⁶
- ▶ Perceived **isolation predicted an increase in depressive symptoms** over a 5-year period⁷

Isolation Kills....

- The effect of isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking⁸
 - Rates of all-cause mortality found to be 50% higher among socially isolated adults compared to more socially integrated individuals
- Another study, pooled data from 70 studies and 3.4 million people found that socially isolated individuals had a 29% higher risk of dying over a 7-year period than more socially integrated respondents⁹



...but how?

- ▶ Social networks affect an individual's health and well-being through one or more of the following possible social and behavioral mechanisms:

Physiological: Stress response—links to biological responses like sleep, immune function. Exacerbates existing conditions or heightens risk for developing conditions.

Psychological: lack of support during times of illness or disability contributes to poor mental health outcomes can affect one's ability to cope or adapt.

Behavioral: Links to poor behavioral outcomes (exercise, nutrition, smoking/drinking) and limits access to health services.

A wide range of factors contribute to isolation

Most prevalent causes of isolation

Transportation Challenges

- Lack of accessible affordable options
- Driving cessation or limitation

Poor Health and Well-being

- Sensory or mobility impairment
- Chronic illness
- Poor mental health

Life Transitions

- Retirement
- Moving
- Loss of a partner or friends
- Caregiving

Environmental Barriers

- Outdoor spaces and buildings
- Living alone
- Geography

Inequality

- Ageism
- Poverty
- Marginalized groups (i.e., racial/ethnic minority, LGBT)

Senior Centers are serving adults who may otherwise be isolated

	Users (n=978)	Non-Users (n=3,559)
Female	72% (45)	58% (50)***
Age		
50-69	33%	66%***
70-79	41%	24%***
80+	26%	10%***
Duration of Residence		
Less than 5 years	7%	8%***
5-24 years	32%	39%***
25+ years	61%	53%***
Living Arrangement		
Alone	31% (48)	17% (38)***
Spouse	60% (49)	75% (43)***
Adult Child	9.2% (29)	16% (36)***
Minor Child	1.1% (11)	6.5% (25)***
Caregiver	46% (50)	44% (50)
Health		
Excellent Physical Health	20% (40)	28% (45)***
Good Physical Health	48% (50)	40% (49)***
Fair Physical Health	28% (45)	22% (41)***
Poor Physical Health	28% (45)	20% (40)***
Excellent Emotional Health	33% (47)	39% (49)**
Good Emotional Health	40% (49)	32% (47)***
Fair Emotional Health	20% (40)	16% (37)**
Poor Emotional Health	7% (25)	13% (34)***

Note. Significantly different at: *p<.05, **p<.01, ***p<.001

Source: Residents of 4 MA communities age 60+ (N=4,537)

Sound Familiar? Factors Associated with Senior Center Utilization (N=4,297)

Female	1.96***
Age	
50-69 (reference)	--
70-79	1.15***
80+	1.60***
Living Arrangement	
Alone	1.32**
Spouse (reference)	--
Adult Child	.62**
Minor Child	.38**
Parents	1.45
Relative	1.23
Grandkid	1.24
Other	1.48
Caregiving	1.22*
Excellent Physical Health (reference)	--
Good Physical Health	1.31*
Fair Physical Health	1.52**
Poor Physical Health	.81
Excellent Emotional Health (reference)	--
Good Emotional Health	1.16
Fair Emotional Health	1.11
Poor Emotional Health	.64*
Note. *p<.05, **p<.01, ***p<.001	

Source: Residents of 4 MA communities age 60+ (N=4,537)

What are the solutions to social isolation?

Common responses that may prevent or reduce isolation

Transportation Challenges

Volunteer drivers
Medial Escort
Taxi vouchers
Ride Sharing

Poor Health and Well-being

Falls prevention programs
Chronic disease
Self-management
Meals on Wheels

Life Transitions

Support groups
Lifelong learning
Creative/artful aging
Aging Mastery
SHINE Program

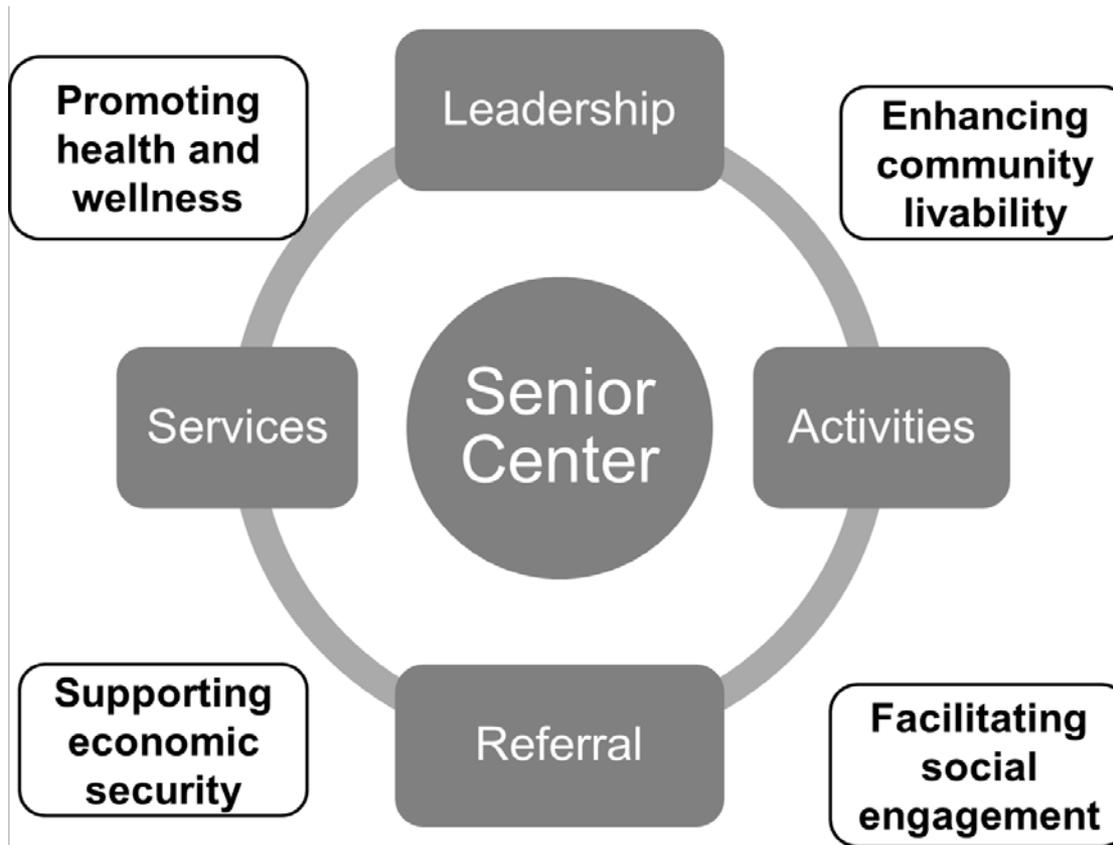
Societal Barriers

Intergenerational programs
Lifelong learning
Policies to support an older workforce

Lack of Access and Inequality

Communication and outreach
Technology training

Sound familiar?



Evidence-based programs

- ▶ Matter of Balance¹⁰
 - ▶ **participant outcomes from the randomized clinical trial (RCT) included significant improvements in falls management, falls self-efficacy, falls control, increased activity levels, and reductions in social isolation**
- ▶ Chronic disease self-management programs¹¹
 - ▶ **At 6 months follow-up, participants in CDSMP reported reductions in the amount that their health has interfered with their social activities.**



Meals on Wheels¹²

- ▶ 626 seniors were randomly assigned to either (i) receive daily meal delivery; (ii) receive once-weekly meal delivery; or (iii) remain on the waiting list.
 - ▶ **Participants were surveyed at baseline and again at 15 weeks.**
 - ▶ How often do you lack companionship?
 - ▶ How often do you feel left out?
 - ▶ How often do you feel isolated from others?
- ▶ Individuals who received daily-delivered meals were more likely to self-report that home-delivered meals improved their loneliness than the group receiving once-weekly delivered meals.

Telephone Reassurance¹³

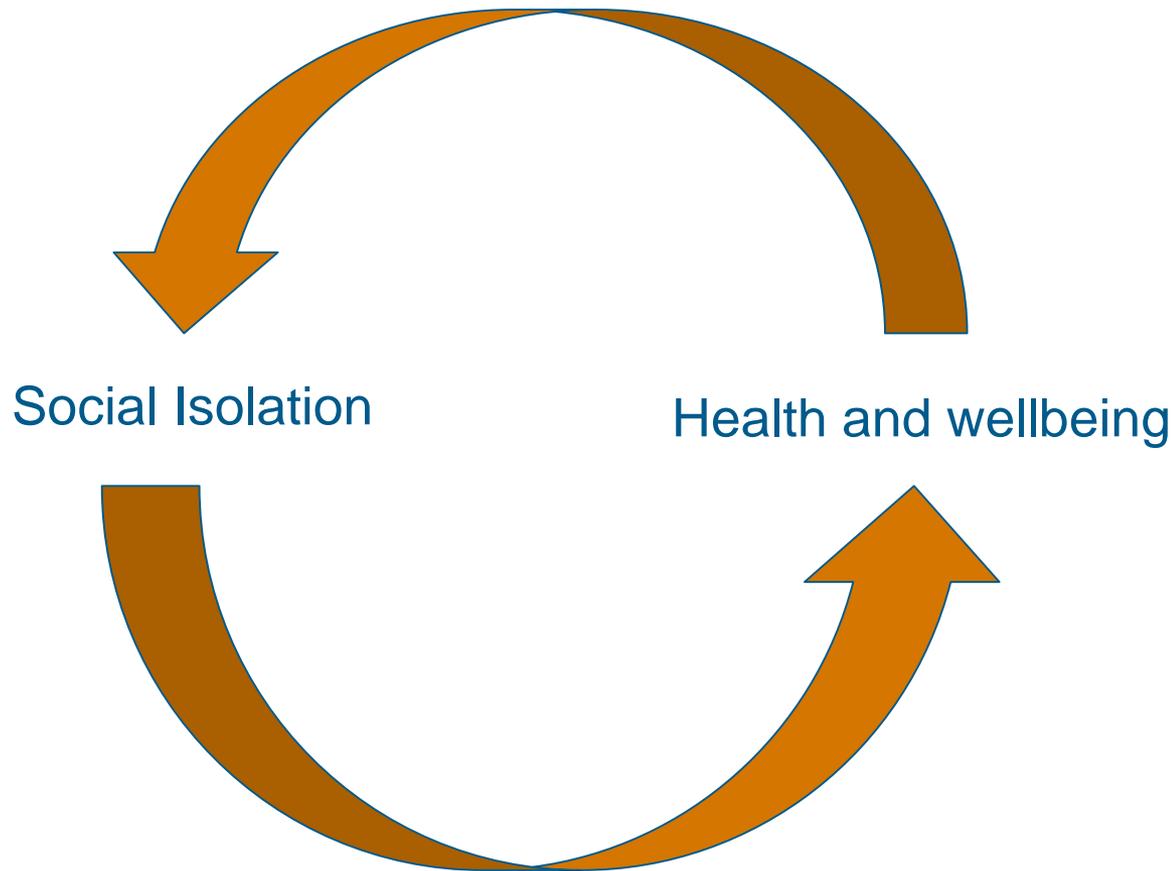
- ▶ Free confidential telephone helpline offering information, friendship and advice to older adults in the UK, available 24 hours/day.
 - ▶ **Weekly befriending calls and group calls available**
- ▶ Evaluation
 - ▶ **34% of callers experienced a reduction in feelings of loneliness after 6 months**
 - ▶ **25% of participating callers did express a desire to meet their friendly caller-in person**

Friendly Visiting

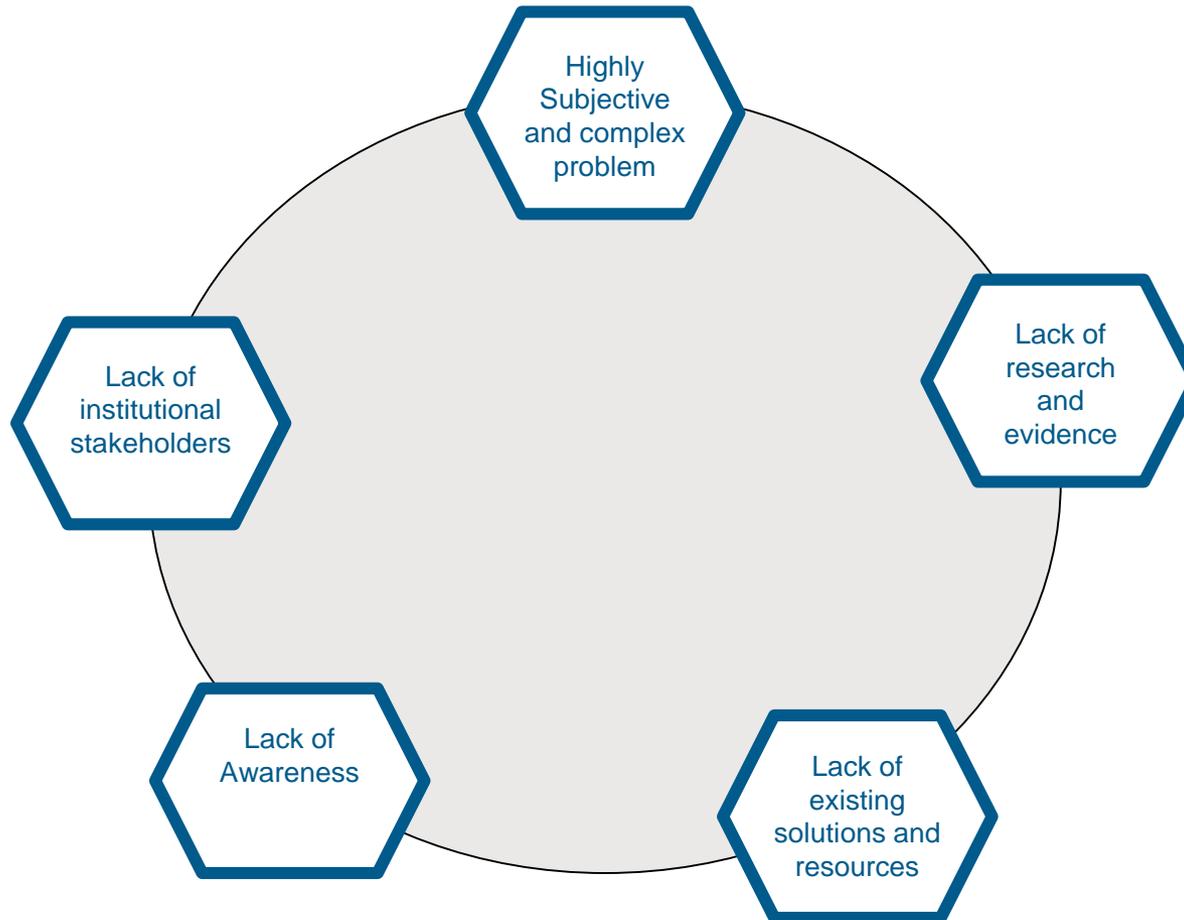
- ▶ Befriending/Friendly Visiting
 - ▶ **Strong qualitative evidence indicates benefits to participants**
 - ▶ **Empirical evidence is mixed, poor evaluation methods and challenges with vulnerable, often homebound, older adults¹⁴**



Where do we intervene?



Challenge with Isolation Intervention



Where to start:

- ▶ Difficult to “prescribe” social contact
- ▶ Stigma associated with isolation can also prevent participation in programs explicitly address isolation
- ▶ One important way to support seniors in your community is to simply recognize isolation and put in place processes for targeting or supporting these individuals

Screening Tools

Social Network Index¹⁵

- ▶ Are you currently married or living together with someone in a partnership? (Y=1; N=0)
- ▶ In a typical week, how many times do you talk on the telephone (get together, or email) with family, friends or neighbors?
- ▶ Church attendance or religious group affiliation (Y=1; N=0)
- ▶ Membership in social or community organizations? (Y=1; N=0)
- ▶ Scores ranged (0-4)
 - ▶ **0,1= most isolated**

Perceived Isolation Scale¹⁶

- ▶ 3-Item Loneliness Scale
 - ▶ “How often do you *feel* that you lack companionship?”
 - ▶ “How often do you *feel* left out?”
 - ▶ “How often do you *feel* isolated from others?”
- ▶ The respondents answered: often, some of the time , hardly ever or never.
- ▶ Scores ranged (3-9)

What is next:

You cannot go it alone....

- ▶ Social isolation is a complex problem with complex causes
- ▶ We have yet to identify solid ways of measuring isolation
- ▶ Limits to specific interventions to address isolation

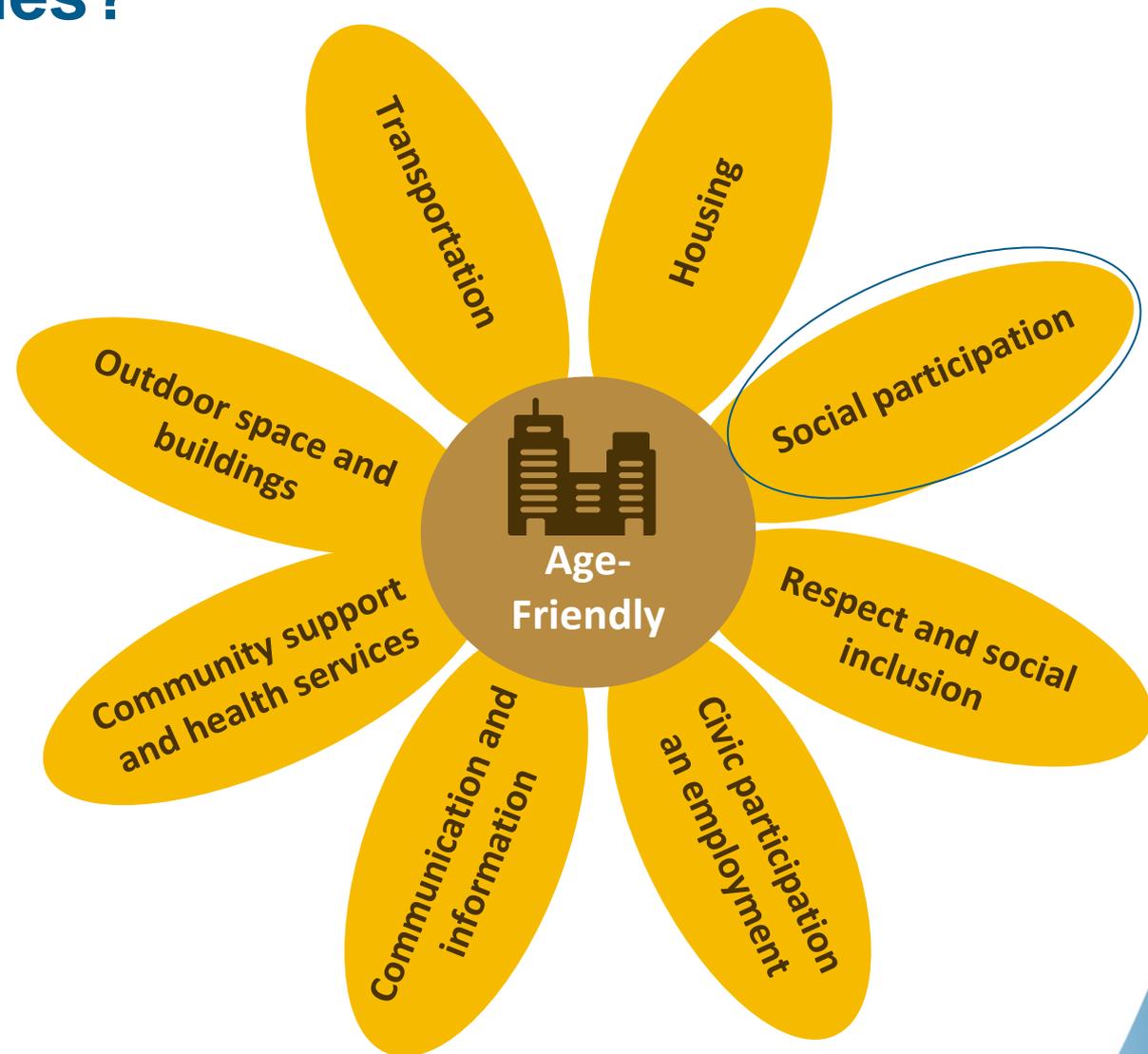
- ▶ What else can be done?

Collaborative Referral Models

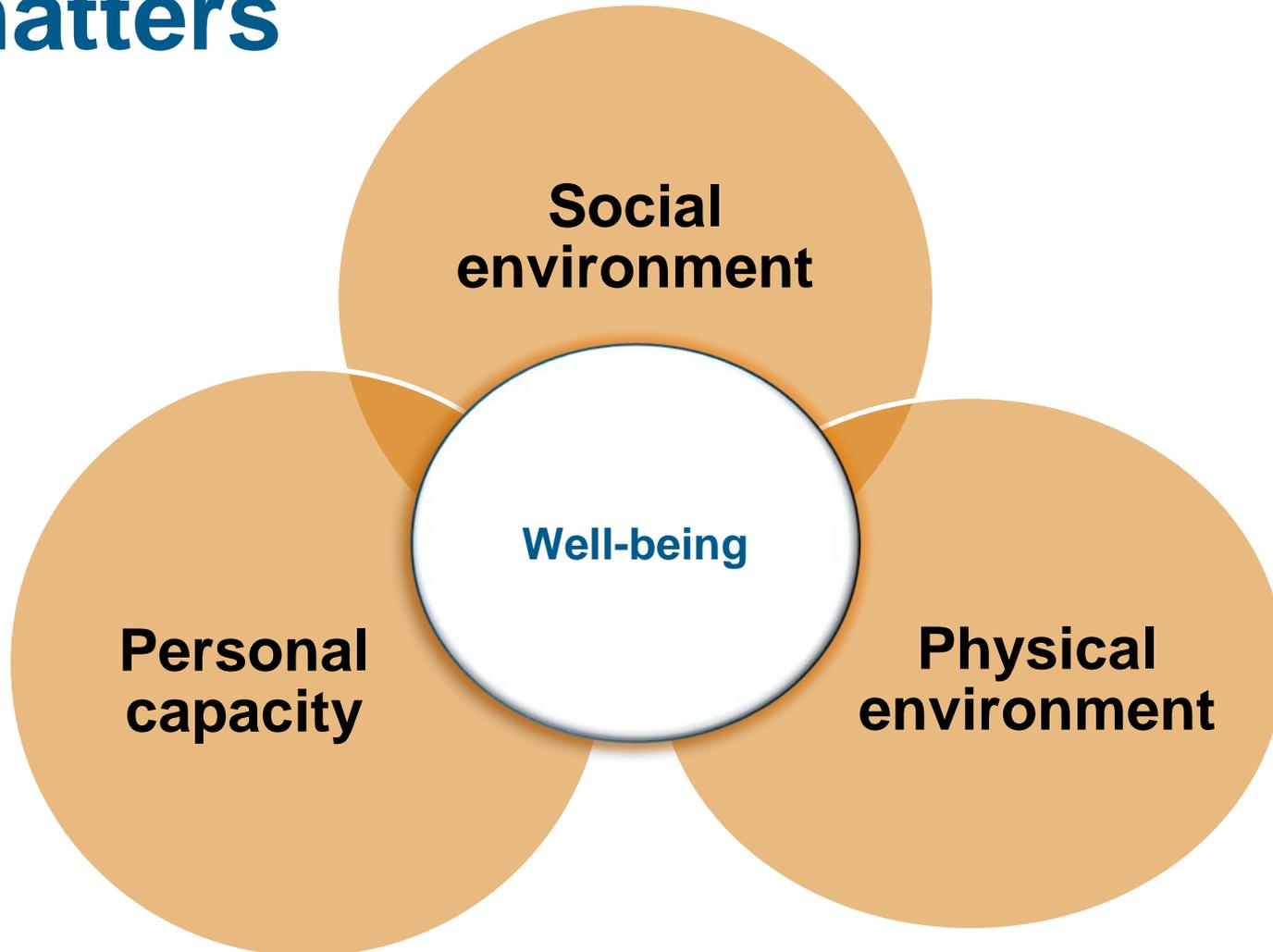
- ▶ Community Navigator
 - ▶ **non-traditional referral sources (bank tellers, meter readers, mail carriers etc.) to identify ‘at risk’ older people who typically do not come to the attention of support services.**
 - ▶ Findings from evaluations of 3 established programs in the US indicate that individuals experienced decreases in 5 social isolation indicators, decrease in depression symptoms and suicide ideation (Bartsch, Rodgers & Strong, 2013)
- ▶ TRIAD or other interdisciplinary team approaches
 - ▶ **Police/EMS and COA**

What is the role of Age-Friendly Communities?

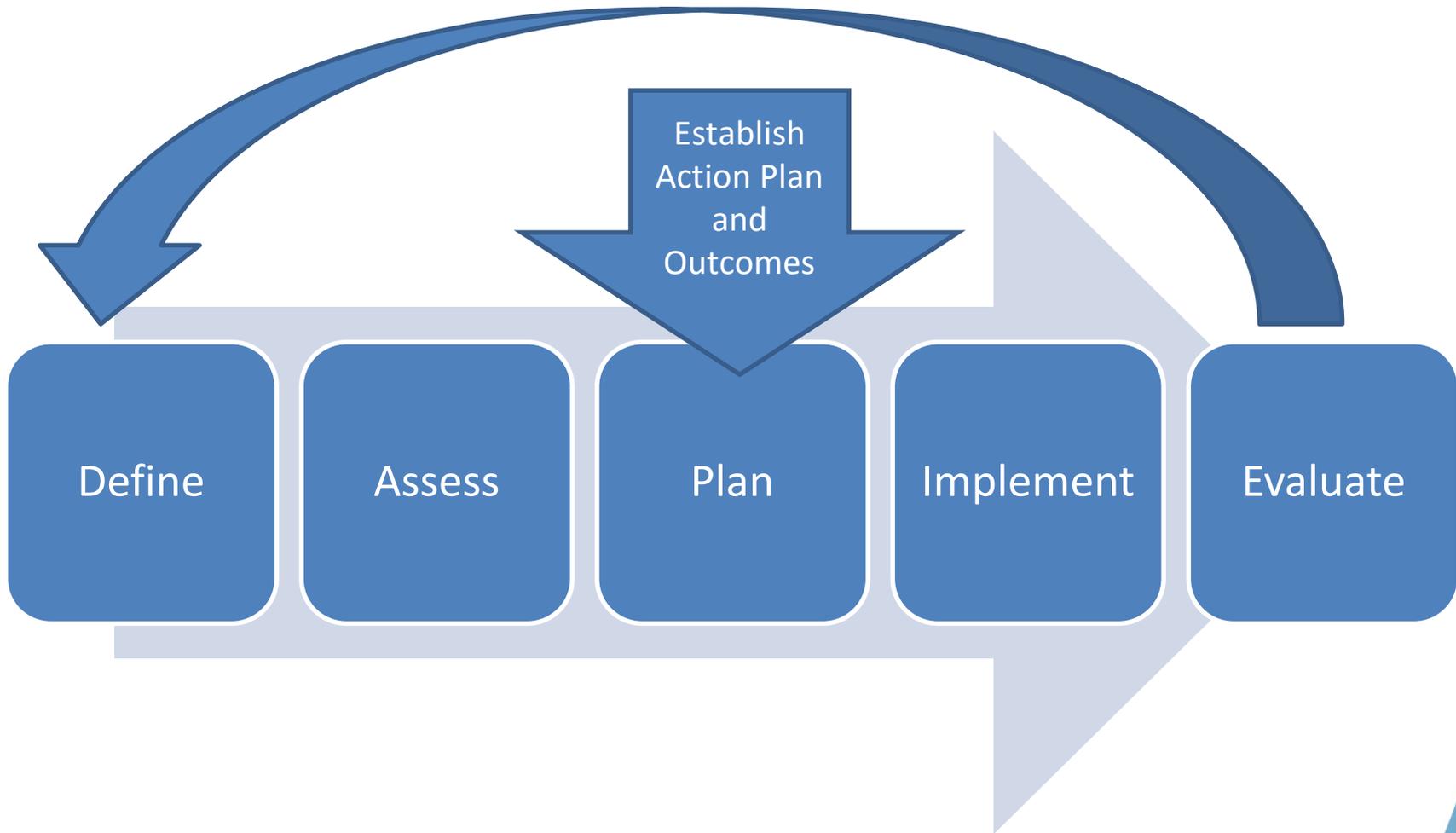
- enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age
- Domains of an Age-Friendly Community are also identified as barriers to social inclusion.



Premise: environment matters



Five-year Age-Friendly Initiative



Conclusion

- ▶ Connect the most isolated in your community
 - ▶ **Which groups or organizations might encounter extremely isolated individuals?**
 - ▶ **If they recognize isolation, what do they do about it?**
 - ▶ Friendly visiting, wellness calling, peer-mentoring, recreational events
- ▶ Create opportunities to prevent future isolation among senior by making social engagement and meaningful activity accessible

Thank you!

“When I get off the phone, I feel like I belong to the human race”

–Friendly caller recipient

▶ Questions?

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