



SENIOR ACCESS POINTS
OF LARIMER COUNTY

Social Isolation in Older Adults

Implications for Larimer County

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What is Social Isolation?

Although the two are referenced together frequently, it is important to distinguish between social isolation and loneliness. Social isolation is objective and defined as a physical distance or separation from social connections (National Institute on Aging, 2019). Loneliness, in contrast, is a subjective negative feeling resulting in a difference between the levels of social relationships an individual achieves and their desired amounts (Mihalopoulos et al., 2019). The two terms should not be used interchangeably given their different definitions. Despite being unique constructs, loneliness in older adults is significantly related to the level of social isolation they experienced throughout the years (Petersen et al., 2016).

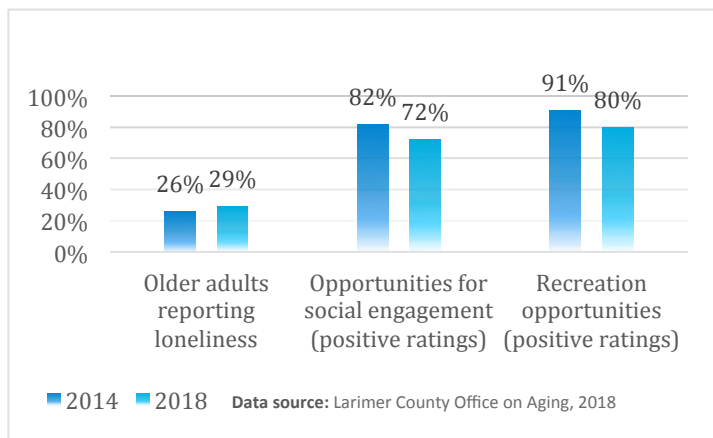
Key Highlights

- Nearly 50,000 people age 65 and older lived in Larimer County in 2017 (United States Census Bureau, 2017).
- 29% of older adults in Larimer County reported feeling lonely or isolated (Larimer County Office on Aging, 2018).
- 28% of older adults in Larimer County felt that they didn't have any family or friends to rely on (Larimer County Office on Aging, 2018).
- Lack of social connectedness was equated to having similar health risks as an alcohol misuse disorder or smoking 15 cigarettes per day (Novotney, 2019).
- Medicare beneficiaries who are socially isolated spend on average \$220 more per month in health care costs than their non-isolated counterparts (Shaw et al., 2017).

National & Local Prevalence

Given the rapidly growing older population, social isolation has emerged as a growing public health epidemic (Klinenberg, 2016). In a cross national study, Americans were more likely than other countries to report loneliness (DiJulio, Hamel, Muñana & Brodie, 2018). Over a fifth of American (22%) reported being lonely or socially isolated with 58% stating it has a negative impact on their relationships as well as mental and physical health (DiJulio, Hamel, Muñana & Brodie, 2018). According to 2019 data, Coloradans age 65 and older have a lower risk of social isolation when compared to the country as a whole, ranking the sixth best state in regards to six social isolation predictive measures [(1) disability status, (2) being divorced, separated, or widowed, (3) being homebound, (4) living alone, (5), never being married, and (6) poverty] (United Health Foundation, 2019). Although Colorado fares better than other states on most measures of social isolation, an alarming 33% of older adults in Colorado still reported isolation or loneliness in 2018 (Colorado State Unit on Aging, 2018).

Locally, rates of social isolation in older adults in Larimer County are slightly better with only 29% reporting a sense of loneliness or isolation; however, this is an increase from 26% in 2014 (Larimer County Office on Aging, 2018). The change in isolation rates are reflective of the decrease in opportunities to attend social events or activities with favorable ratings from older adults dropping from 82% in 2014 to 72% in 2018 (Larimer County Office on Aging, 2018). Older adults in Larimer County also believe there are less recreation opportunities (including games, arts, and library services, etc.) with favorable ratings dropping from 91% in 2014 to 80% in 2018 (Larimer County Office on Aging, 2018).

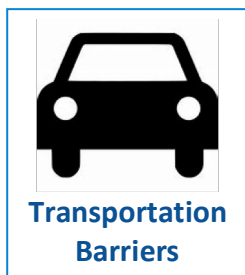


Potential Risk Factors

Anyone of any age can experience social isolation; however, several factors have been identified as predictors of increased risk including age, transportation, housing, poverty, and adverse



Age. Adults over the age of 65 have been identified as a group at risk for social isolation and 49% of US respondents in a recent survey believed that older adults are most likely to be lonely (DiJulio, Hamel, Muñana & Brodie, 2018). Variability exists even within this group, where older adults over the age of 85 had a higher risk of social isolation compared to those age 65 to 69 even after adjusting for confounding factors (Qin, Xiang & Taylor, 2019). Larimer County has a higher proportion of older adults with 14.2% aged 65 or older compared to 13% statewide (United States Census Bureau, 2017a). Additionally, 28% of older adults in Larimer County felt that they didn't have any family or friends to rely on compared to 26% statewide in 2018 (Larimer County Office on Aging, 2018; Colorado State Unit on Aging, 2018).



Transportation Barriers. Older adults who stopped driving have a persistently higher risk of social isolation compared to active drivers, with both long term and short-term implications (Qin, Xiang & Taylor, 2019). Opportunities to engage in their community and maintain social networks are often missed by older adults who live in an area that has inadequate public transportation, creating an increased risk for social isolation (Lamanna, Klinger, Liu & Mirza, 2019). Older adults who have limited social connections are more likely to report loneliness than those who have ample social network connections (Petersen et al., 2016). In Larimer County in 2018, 10% of older adults were no longer able to drive, 71% rated the ease of travel by public transportation in their community as fair or



Poverty. Although the link is not completely understood, there is some evidence that poverty and social isolation are associated and may even perpetuate one another (Samuel Centre for Social Connectedness, 2015). An alarming 15.6% of older adults in Colorado and 12.5% in Larimer County are living at 150% or below of the federal poverty line in 2017 (United States Census Bureau, 2017b). That almost 6,000 adults over the age of 65 in Larimer County alone.



Adverse Life Events

Adverse Life Events. Older adults who are socially isolated may be able to cope with their daily activities normally, but when an adverse event like hip fracture is introduced the risks of social isolation become more relevant and prominent (Landeiro, Leal, Gray, 2016). Changes to significant relationships (i.e. loss of loved one, becoming a caregiver for sick or disabled person, interpersonal relationship problems) were shown to increase social isolation and the likelihood of reporting loneliness (Petersen et al., 2016). In Larimer

County in 2018, 50% of older adults were care givers and 25% felt emotionally burdened

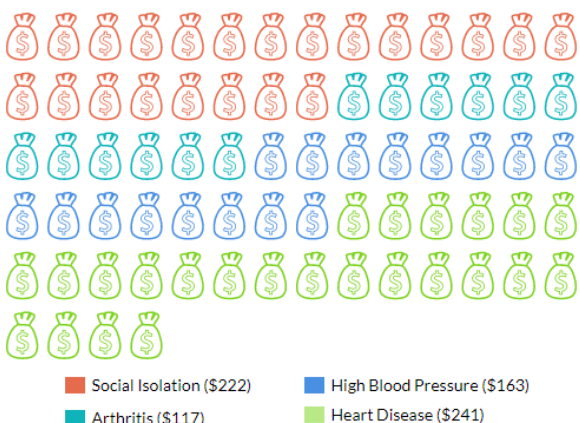


Housing

Housing. Older adults who live alone have higher odds of reporting loneliness and social isolation (Petersen et al., 2016). Roughly 13.8 million (28%) noninstitutionalized older Americans lived alone in 2017 with over 45% of older women living alone (Administration for Community Living, 2018). In Larimer County, it is estimated that close to 40% of older adults lived alone in 2017 (United States Census Bureau, 2017b).

Economic Impact

Additional Medicare Spending per Condition (monthly/patient)



Results from a recent study by researchers at the AARP Public Policy Institute indicate that Medicare spends an estimated \$6.7 billion in additional federal funds per year on older adults that are socially isolated (Flowers et al., 2017). Medicare beneficiaries who are socially isolated spend on average \$220 more per month in health care costs than their non-isolated counterparts (Shaw et al., 2017). That’s far more than what Medicare spends to treat a person with arthritis (an additional \$117/month) (Flowers et al., 2017). The increase in cost is associated with a number of factors including longer hospital stays due to poorer health trajectories as well as decreased social support upon release (Flowers et al., 2017). When evaluating the effect of social isolation on hospitalized older adults recovering from hip injuries, those who were identified as being socially isolated were more likely to have delayed hospital discharges with an average price increase of 77.5% per stay (Landeiro, Leal, Gray, 2016).

Physical and Mental Health Outcomes

Social isolation has been shown to impact an older adults emotional wellbeing and increases the risk of reporting loneliness (Petersen et al., 2016). It also has surprising effects on an individual’s physical health. Socially isolated older adults are at an increased risk for falls, heart disease, and stroke (Nicholson, 2012). This may be in part due to the decreased opportunities to monitor health that come with limited social interaction (Longman et al., 2013). Although the relationship has not been proved to be causal, there is an association between isolation and dementia (Nicholson, 2012). In some cases, social isolation can even be deadly. Compared to their well-connected counterparts, socially isolated older adults have higher mortality risks and overall poorer health (Flowers et al., 2017). The increased risk of premature mortality from social isolation is greater than the risk of obesity (Holt-Lunstad et al., 2015). Lack of social connectedness was equated to having similar health risks as an alcohol misuse disorder or smoking 15 cigarettes per day (Novotney, 2019).

Impacts of Social Isolation on Rural Communities

Although much of the literature points to rural living as a risk factor for social isolation, it is wise to use caution when generalizing this. Even among key factors much heterogeneity exists. When assessing the potential impacts of social isolation on specific rural settings, it is important to analyze each community uniquely. Varying results and opinions have emerged in research on social isolation in older adults living in rural communities. Some studies have shown that older adults in rural areas have an increased risk of social isolation (Lamanna, Klinger, Liu & Mirza, 2019).

These findings differ drastically from a 2019 study using secondary data from the National Social Life, Health, and Aging Project (NSHAP): Wave 2 (2010-2011) in which researchers uncovered that older adults living in a rural setting were more likely to report closer relationships with relatives, stronger social relationships, more living children and grandchildren, and an overall feeling that they could rely on their family (Henning-Smith, Moscovice, Kozhimannil, 2019). These are all identified risk factors for social isolation that indicate rural communities fare better on these measures and would have a lower risk. This same group had a higher percentage of participants reporting feeling left out than their urban counterparts (Henning-Smith, Moscovice, Kozhimannil, 2019). This may indicate that the way older adults living in rural settings perceive their existing relationships may influence the level of risk.

A possible explanation for the differences may result from the variations in segments of older adults in rural communities. For example, even within the same community a subset of the population can be persons who have lived there their whole life while another is people who have electively chosen to relocate to that community in their later years (Temple, 2019).

Interestingly enough, years spent living in a community is not strongly related with feelings of loneliness or isolation (Bialik, 2018); however, this may affect the number of immediate social connections that are readily available given the time it takes to cultivate personal relationships. Geographic isolation may also impact social isolation if little opportunities to socially engage exist directly within the community (Temple, 2019b).

Potential Protective Factors

Situations and activities that increase social engagement may be protective against social isolation. Some examples that have been examined broadly and may be present in rural communities include involvement in a religious or spiritual organization, animal-human interactions, supportive co-housing communities, and a positive perception of neighborhood safety (National Academies of Sciences, Engineering, and Medicine, 2020).



Best Practices for Rural Communities

Some of the most effective interventions to address social isolation have been programs that focus on connecting people and do not market themselves as ‘social isolation interventions’ (National Rural Health Association, 2020). The National Rural Health Association has listed several intervention designs shown to be effective at addressing social isolation in rural communities including:

- **Enhancing existing infrastructure to promote accessibility.** Example: The Blue Zone Project, United States. Improves existing infrastructure to promote longer, healthier, and happier lives. By enhancing existing communities, they make the healthy choice the readily available choice. Learn more at <https://www.bluezonesproject.com/>

- **Creating intergenerational relationships** Example: Northland Organization, Minnesota. “AGE to age” programs pair older adults with younger generations to support things like reading literacy while creating an opportunity for social interaction for the older volunteer. Learn more at <https://northlandfdn.org/kids-plus/intergenerational-programs.php>

- **Time banking and reciprocal assistance** Example: Onion River Exchange, Vermont. Participants contribute time and skills they have and can withdraw similar time or services needed later on. One hour of given time can be exchanged for one hour of needed support. Learn more at <https://orexchange.org/>

- **Social media as an opportunity for social connection** Example: #AgTwitter
This twitter page originally developed for agricultural farmers has become a form of virtual support for the community. Learn more at <https://twitter.com/hashtag/agtwitter?lang=e>

- **Incorporation personal interaction and the human element** Example: Meal on Wheels, United States. Provides meals to low income and food insecure senior with a personal delivery by volunteer drivers adding a human element to social services. Learn more at

Interventions using technology, specifically video games and PRISM, Tele-Care, and robotics were shown to statistically affect social isolation in older adults whereas online chat rooms were not (Khosravi, Rezvani & Wiewiora, 2016).

Long Term Impacts of Social Support Interventions

Interventions that provide social support and increase social connection have been shown to be effective at mediating social isolation (Gardiner, Goldenhuys, & Gott, 2018). These interventions may also have additional health benefits. Giving and receiving social support has been shown to increase longevity and quality of life in older adults with a 50% increase in probability of survival for those with multimorbidity (Olaya et al., 2017). In 2002, a group of researchers evaluated 100 interventions using social support to address different issues. Three major types of interventions were identified including group vs. individual interventions, professionally led vs. peer-provided treatment, and interventions aimed at increasing social network size or social support (Hogan, Linden & Najarian, 2002). Most were found to be useful in increasing social support, but there is still not enough evidence to suggest that one single design is best equipped to address any specific problem (Hogan, Linden & Najarian, 2002).

Local Intervention Examples



The Aging Clinic of the Rockies run by Colorado State University in Fort Collins provides community members with counseling and assessment services. One of their programs “Senior Peer Counselors” helps connect older adults with paraprofessionals that are also seniors in order to navigate the complex emotions and struggles associated with aging. This program benefits both the clients receiving services as well as the volunteers by creating an opportunity for social interaction.



The **Colorado Center for Primary Care Innovation** based out of Westminster, Colorado has collaborated with the Aspen Renaissance Transformation Team to increase awareness about loneliness in Colorado as well as create innovative solutions to address the problem (Colorado Center for Primary Care Innovation, 2020). At this stage they are getting ready to develop training materials for clinicians to address loneliness in their communities. Although they have not evaluated their design for efficacy, it will be interesting to see how this evolves and the potential impacts it has.



Volunteers of America in Northern Colorado incorporates human interaction into delivery of basic services like food delivery as a means to combat loneliness (Volunteers of America Colorado Branch, 2019). This design is similar to a best practice mentioned by the National Rural Health Association in which incorporating the human element is used to increase social connectedness. In 2019, the Northern Colorado branch of VOA served nearly 3,000 older adults in the community (Volunteers of America Colorado Branch, 2019). Their intervention has been shown to be effective in reducing social isolation in participants. After receiving services, 83% felt less lonely or socially isolated and 98% felt better supported by their community (Volunteers of America Colorado Branch, 2019).



Circle talk is a local intervention developed in Boulder, Colorado in 2008 by Deborah Skovron that addresses isolation and loneliness in older adults. Circle Talk consists of hour long sessions lead by trained facilitators over a 6 to 12-week period. It is marketed for being “ideal for anyone seeking more connectivity in their life” (Circle Talk, 2020). After participating in the program, participants report feeling more comfortable talking about their life and feel that they have people in their lives who listen to them. Recent evaluation shows that the program is statistically significant in increasing social connection among participants. The success of the program may be attributed to its ability to encourage organic conversations as opposed to other activities that can be described as loosely structured social gatherings which fail to provide opportunities for deep person-to-person interaction.

Summary

Social isolation in older adults is a growing public health concern given its prevalence and negative health outcomes. It is important to recognize that much of the research surrounding social isolation uses the term loneliness interchangeably despite being two unique constructs. More research focusing on social isolation as an independent factor would be helpful to further understand the issue. Risk factors for social isolation and/or loneliness include age, transportation barriers, housing, poverty, and adverse life events. Living in a rural area has been shown to have both a positive and negative associations. Opportunities exist to expand best practices and pilot interventions in rural Larimer County, evaluate outcomes, and add to the body of knowledge in the field.

Several best practices exist for tackling this problem in this group with an emphasis given to programs increasing social support and supporting social connectedness. The currently limited programs in Northern Colorado designed to address social isolation could be expanded and adapted for rural populations. An initial step prior to expanding interventions for targeted areas might be disseminating a social isolation measure to determine the areas in Larimer County most affected by this problem. After soliciting the opinions of older adults in the target region, interventions that can promote social connectedness or social support should be a priority. Another consideration is to dedicate time to enhancing the existing infrastructure in order to create more spaces and communities that promote healthy living and interaction. Finally, improving access to public transportation options and creating planned transitions into the non-driving phase of life will ensure older that adults are able to access any programs once implemented.

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