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Social Isolation Among Older Adults

Seventy-five percent of older adults want to age in their homes and communities, but the majority will need assistance with daily activities such as preparing meals, grooming, and managing medications. Many have family, friends, or neighbors to care for them and who help provide transportation, coordinate health care appointments, offer companionship, among many other benefits. Awareness about the importance of caregivers is growing among the public and policymakers, but less attention is given to older adults without caregivers or other social supports. Socially isolated older adults experience worse health outcomes and incur higher medical costs than those with social connections.

Background

Although the terms social isolation and loneliness are often used interchangeably, stakeholders should understand the distinction between the two concepts to effectively target interventions. Social isolation is the state of being alone, having few relationships, or infrequent social contact. Loneliness is a discrepancy between an individual's desired level of connection and the actual level. Social isolation is an objective state whereas loneliness is considered subjective. Both can occur independently. Unlike loneliness, an individual who experiences isolation is not always unhappy as some may prefer a more solitary lifestyle.

Researchers use a variety of structural, functional, and qualitative indicators to estimate social connectedness. Measures can include the size of an individual's network, the availability and benefits that come from social connections, and the quality of relationships. Prevalence is likely underreported given the stigma associated with both social isolation and loneliness and individuals' hesitancy to report experiencing either one.

Despite varied measurement, research consistently shows that older adults are significantly impacted by isolation and loneliness. One estimate indicates that frequent loneliness is experienced by up to 35 percent of people between the ages of 65 and 79 and 50 percent of people over 80 years old.[i] Another research report approximates that social isolation impacts 23 percent of non-institutionalized older adults (65 years and older).[ii] Other estimates use living alone as a proxy for social isolation, which would mean that 41 percent of Missourians aged 60 and older are at risk of isolation.[iii]

Social isolation is projected to continue increasing due to demographic trends. Missouri's aging population is expected to increase 40 percent by 2030. [iv] Meanwhile, there are fewer family caregivers available for older adults as family sizes decline. Between 1970 and 2012, the average household size declined from 3.1 to 2.6 people, and the number of individuals living alone increased more than 10 percent.[v] In Missouri, the number of potential caregivers between the ages of 45 and 64 is expected to decline by 45 percent between 2010 and 2030.[vi]

Risk Factors

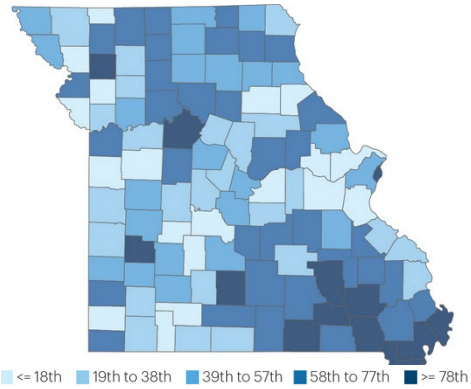
Researchers have identified multiple levels of interacting variables that are associated with isolation. The following risk factors are outlined according to levels in the social ecological model in order to understand social isolation as a public health issue.[1]

- **Individual:** living alone; difficulty with activities of daily living (bathing, dressing, eating, etc.); depression; chronic illness; low socioeconomic status; single; recent life transitions (widowed, divorce, retirement, etc.).
- **Interpersonal:** poor quality of relationships with others (negative relationships can outweigh positive impacts of healthy relationships).
- **Community:** areas with limited transportation and access to services; limited opportunities for social engagement; high crime rates; transient neighborhood population; geographically isolated communities; limited availability of broadband.
- **Societal:** economic and social policies that maintain social inequities; lack of social cohesion; discrimination, stigma, ageism, or other social norms that discourage social connection.

The risk factors for social isolation are prevalent as individuals age. For example, many older adults experience significant life transitions such as retiring or losing a spouse, individuals often lose full-mobility as they age, and older adults have higher rates of chronic health conditions. Further, the risk factors suggest that some subgroups of older adults are particularly vulnerable to social isolation. Members of minority groups (e.g., racial and ethnic minorities and the LGBTQ community) may not have the same opportunities for social engagement as other older adults.

Geographic location can also be a determinant of isolation. Rural residents have difficulties staying connected to others due to limited transportation options, lack of broadband access, and scarcity of health care and social service providers. Older adults who live in urban areas may also be geographically isolated due to a lack of accessible transportation options, unsafe neighborhoods, and high resident turnover.

Level of Social Isolation Risk for Older Missourians



Percentiles based on mean Z scores for the following risk factors: poverty, living alone, divorced, separated or widowed, never married, disability, and independent living difficulty.

Source: UnitedHealth Foundation. (2018). "America's Health Rankings: 2018 Senior Report."

Health Impact

Social isolation and loneliness are consistently associated with public health impacts, including increased mortality and morbidity rates. Loneliness increases the risk of mortality by 26 percent, social isolation increases mortality risk by 29 percent, and living alone increases mortality risk by 32 percent.[vii] These rates are comparable with other well-accepted health determinants such as obesity, alcohol abuse, and tobacco use. For example, social isolation is comparable to smoking 15 cigarettes per day.[viii] In addition to higher mortality rates, isolation is associated with increased risk of chronic illnesses such as heart

[1] See the Centers for Disease Control and Prevention's (CDC) "The Social-Ecological Model: A Framework for Prevention" for more information about the social ecological model.

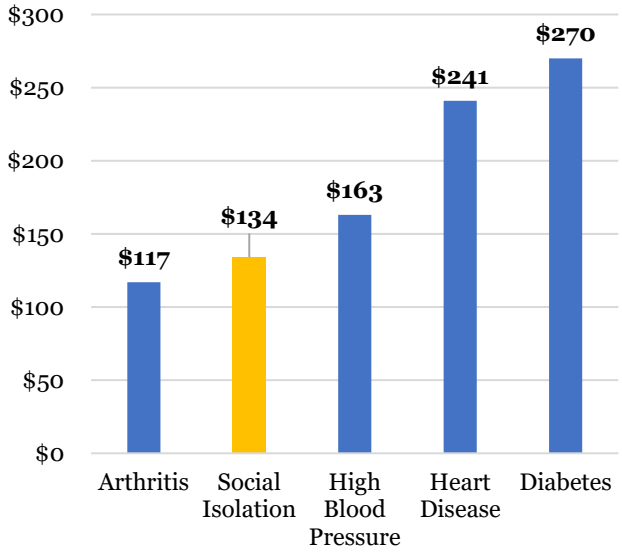
disease, stroke, diabetes, and hypertension. Isolation is also linked to mental health conditions including depression, suicidal ideation, and Alzheimer's disease.[ix]

Opposite of risk factors, protective factors decrease the likelihood of adverse health effects. Social connection reduces the likelihood that individuals will experience the negative health outcomes associated with isolation. People with strong social relationships have a 50 percent reduced risk of early mortality compared to those with weak social connections.[viii]

Social connections (or lack thereof) can influence health and well-being in a couple ways. The first hypothesis proposes that social connections provide resources and support for coping when an individual is experiencing stress from either an illness or life event. Another hypothesis suggests that a socially connected individual will practice healthy behaviors due to peer pressure and social norms, thus preventing illnesses from occurring.[x] In accordance with this theory, socially connected individuals are more likely to participate in smoking cessation, physical activity, and proper nutrition, while socially isolated individuals are less likely to adhere to medication and treatment plans.[viii]

Social isolation impacts older adults' health and well-being as well as the health care system. Isolation is associated with $6.7 million in additional Medicare spending each year, approximately $1,608 more per socially isolated beneficiary.[xi] Increased expenditures can partially be explained by higher rates of nursing facility utilization. Socially isolated beneficiaries also have increased hospital expenditures despite similar admission rates to non-isolated beneficiaries. Researchers suggest that socially isolated adults either have worse health status upon admission or have longer hospital stays due to a lack of supports that would enable them to transition home.[xi] Medicare beneficiaries who were also enrolled in Medicaid were more likely to be socially isolated than those only enrolled in Medicare.

Additional Monthly Cost for a Medicare Beneficiary by Condition



Source: Flowers, et al. (2017). "Medicare Spends More on Socially Isolated Older Adults." AARP Public Policy Institute.

Policy Considerations

Lawmakers can use a basic understanding of social isolation to explore implications for Missouri's Medicaid program (MO HealthNet). Even so, state-level data should be collected to build on existing knowledge and inform policy development. Medicaid likely covers many socially isolated older adults, given the program's eligibility requirements and common characteristics of the socially isolated. For example, older Missourians are only eligible for MO HealthNet if they have a household income below 85 percent of federal poverty level ($10,319 annually for one person) and assets below $3,000 ($6,000 for couples).[xii] In 2018, over 50 percent of older adults enrolled in MO HealthNet received assistance with activities of daily living, referred to as long term services and supports (LTSS).[xiii] Given that low socioeconomic status and difficulty completing day-to-day tasks are risk factors for social

isolation, older adults who are enrolled in MO HealthNet are at increased risk of isolation compared to the general population.

In the study of Medicare beneficiaries, socially isolated older adults were more likely to use nursing facilities and to be dually enrolled in Medicaid compared to non-isolated beneficiaries. When these findings are interpreted for state policymakers, they suggest that socially isolated MO HealthNet beneficiaries are likely to use nursing facilities and incur high program costs. To confirm this theory, policymakers could assess social connection with a standardized measure when interacting with MO HealthNet enrollees, such as during the LTSS intake assessment or when services are delivered.

As policymakers work to rebalance LTSS from institutions to home- and community-based services (HCBS), they must consider the needs of hard-to-reach populations, including older adults who are socially isolated.[2] From fiscal year 2012 to 2016, Missouri increased the percentage of Medicaid funding for HCBS by nearly 15 percent, the greatest increase of all states. In 2016, 58 percent of LTSS spending went towards HCBS.[xiv] The fundamental principle of HCBS is to allow individuals to live, work, and socialize in integrated settings, inherently reducing social isolation. Policymakers should determine whether current offerings reach socially isolated Missourians. Analysis should also assess whether services help to address isolation, including which services are most effective.

Findings of the data analysis can be used to inform and target interventions. As insurers and health care systems enter value-based payment arrangements, they are increasingly incorporating programs that address the social determinants of health, including social isolation.[xv] Similarly, as MO HealthNet also evolves toward value-based payment models, community-based programs can supplement current service offerings as assessments indicate necessary. Incorporation of such programs may enable more older adults to live in their homes and communities. Research also suggests that addressing isolation would lead to better health outcomes and cost savings for the state.

Conclusion

Social isolation and loneliness are public health issues that are becoming more common as Missouri's demographics shift. Isolation increases the risk of negative health outcomes and higher health care expenditures. Since isolated older adults do not have the support of informal caregivers, Missouri needs to prepare to care for these individuals in order to improve the population's health and to avoid increased Medicaid costs. Policymakers should prioritize surveillance to better understand social isolation at the state level and to inform future efforts to address the issue.

[2] See MFH publication "Rebalancing Missouri's Long Term Services and Supports" for more information.

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