Understanding Social Isolation: Chronic conditions

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Campaign helps seniors suffering from social isolation and loneliness

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Outline for today’s session:

- Isolation and chronic health conditions
  - What comes first?
    - Does it matter?
  - Types of interventions

- Friendship Works, Inc.
  - Janet Seckel-Cerrotti, Executive Director
  - Mark Byrne, Medical Escort Program Coordinator
Chronic conditions: risk factor for isolation

- Having a chronic illness or health condition can result in a number of
- Having a chronic illness or health condition is associated with risk factors for social isolation
  - physical or functional impairments;
  - lack of instrumental support (e.g., transportation);
  - low socioeconomic status;
  - and poor mental health status (e.g., depression, cognitive impairments)
Risk of Mortality

- Living Alone: 19%
- Obesity: 20%
- Excessive Drinking: 30%
- Social Isolation: 40%

Holt-Lunstad, Smith & Layton, 2010
Chronic Conditions

- Poor social relationships were associated with a **29% increase in risk of incident CHD and a 32% increase in risk of stroke** (Valtorta et al., 2015)

- In mice models, living alone **accelerated weight gain and development of Type 2 diabetes** (Nonogaki, Nozue & Oka, 2007)

- Women with fewer social ties -- to friends, family, community and religious groups, as well as spouses or romantic partners -- were 43% more likely to see their breast cancer return, 64% **more likely to die from breast cancer** and 69% more likely to die from any cause (Kroenke et al., 2016)

- Hearing (Strawbridge, 2000; Chen et al., 2014) and Vision have been associated with social isolation (Wang et al., 2012)
  - Operating through functional impairment and barriers to communication
Mechanisms:

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

  - **Physiological:** Isolation is stressful for some—links to biological responses like sleep, immune function. Exacerbates existing conditions or heightens risk for developing conditions.

  - **Behavioral:** Links to poor behavioral outcomes (exercise, nutrition, smoking/drinking)

  - **Access to resources** (doctor’s visits, read ‘red flags’ that they should go, don’t have a reality voice to check against; second set of eyes/ears)
Where do we intervene?

Social Isolation

Chronic health conditions
Challenge with Isolation Intervention

- Lack of existing solutions and resources
- Lack of research and evidence
- Highly subjective and complex problem
- Lack of institutional stakeholders
- Lack of Awareness
Interventions

Still little is known about interventions that would prevent social isolation or reduce isolation among chronically ill seniors, interventions can broadly be categorized:

- **Group interventions**
- **One-on-one interventions**
  - Social-focused
  - Service-focused
  - Technology-assisted
- **Wider Community Engagement**

In line with today’s topic, I will present some best practices focusing on a variety of one-on-one interventions.
One-on-One Interventions: social focused

- Befriending/Friendly Visiting
  - Evidence is mixed, poor evaluation methods and challenges with vulnerable, often homebound, older adults

- Community Navigator
  - Program utilizes 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. It promotes, recruits and trains employees and volunteers and promotes their links to service systems.
  - Evaluations of the program have cited success in identifying and connecting socially isolated seniors, and reducing isolation
    - Findings from evaluations of 3 established programs in the US indicate that individuals served demonstrated significant improvements such as a decrease in 5 social isolation indicators, decrease in depression symptoms and suicide ideation (Bartcsch, Rodgers & Strong, 2013)
One-on-One Interventions: service oriented

- 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?

- Participants receiving meals had lower adjusted loneliness scores at follow-up compared to the control group.

- 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.
One-on-One Interventions: Technology assisted

- A recent meta-analysis found that engagement with computer/Internet programs reduced social isolation across 25 publications. Could include, iPads, email, chat rooms, social media or Wii/gaming systems and a virtual pet companion) (Chen, 2016)
  - Results did not last for more than 6-months post intervention

- Silver Line: Qualitative Evaluation
  - Focus group with phone staff, volunteers, administrators and stakeholders (n=45)
  - Interviews with callers, both one-time callers and those receiving calls from Silver Line Friend (n=53)

- “WHEN I GET OFF THE PHONE I FEEL LIKE I BELONG TO THE HUMAN RACE”
  - 25% of participating callers did express a desire to meet their friendly caller-in person
Screening Tools

- 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
Guest Speakers