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Older Adults, Rural Living, and the Escalating Risk of Social Isolation

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Aging Americans residing in rural communities have the reputation of being a particularly stoic and fiercely independent lot. They number in the millions and represent a sizable and often overlooked cohort of older adults compared to their urban counterparts. Unfortunately, the struggles they have meeting the challenges that can accompany the aging experience may be overlooked or else underestimated due to the limited attention they receive from a policy and planning perspective. One such challenge is protecting themselves against the potentially devastating consequences of living a socially isolated and lonely life. This article argues that while older adults residing in a variety of geographic settings are facing an increasing risk of becoming disengaged from the communities in which they

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A point of clarification is needed at the outset. While the two terms—*isolated* and *lonely*—are often used interchangeably and are significantly associated with each other, they are distinct concepts that should not be equated. Ciolfi and Jimenez (2017) offer a thoughtful analysis of

the differences between the concepts in terms of definitions, indicated interventions, and expected personal health impacts, especially as they apply to older adults residing in rural settings. They emphasize that our capacity to better distinguish between conditions of social isolation and loneliness will result in our ability to both recognize them earlier and engage in the development of specialized interventions that are maximally effective. Social isolation is best defined as an “objective condition of physical isolation that prevents or limits the development and expansion of a diverse social network, resulting in minimal contact with other individuals and community” (Ciolfi and Jimenez, 2017, p. 3) and has been objectively defined as the quantity of one’s social contacts (Berkman, 1983; Ciolfi & Jimenez, 2017). Nicholson (2009) advocates a definition of social isolation that emphasizes conditions where individuals lack a sense of social belonging and engagement, reflected in a minimal number of social contacts. Loneliness, on the other hand, is subjectively defined as a sense of emotional deficiency, either quantitatively or qualitatively, in one’s social relationships. Loneliness therefore has a strong psychological component reflecting a person’s feeling of the lack of fit between the desired and the actual level or quality or personal satisfaction derived from social contact (Ciolfi & Jimenez, 2017).

Regardless of whether an individual is both isolated and lonely or just isolated, disengaged individuals face a number of undeniable perils that are now well documented. Let there be no doubt, social isolation, in and of itself, is a killer and more Americans are living in social isolation than ever

before. A 40% increase in the number of individuals living alone was realized between 1980 and 2010, when some 31,000,000 Americans resided in single-occupied domiciles. The negative health consequences of living a geographically solitary life are significant, particularly so for certain cohorts: older adults, minorities, and low-income individuals (Cacioppo & Hawkey, 2003). Older minorities living in poverty are therefore placed in triple jeopardy. While there is not a one-to-one relationship between living alone and living an isolated life, the association is notable. Regardless of rapid advances in technology-enhanced communication and a multitude of other technologies, devices,

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and products that aim to keep individuals connected to the world in which they live, the prevalence of social isolation and loneliness may be as high as 43% among community-dwelling older adults (Nicholson, 2010).

The risk of becoming socially isolated is high as well for informal caregivers of older adults, given that caregiving by family, friends, and neighbors can become a very confining experience and extend over prolonged periods of time. Perhaps, that is why the American Academy of Social Work and Social Welfare, the World Health Organization, AARP, and the National Institutes of Health, among others, have recognized the need to place social isolation on their lists of major challenges and high priority threats to societal well-being (Lubben, Girona, Sabbath, Kong, & Johnson, 2015). It is a perplexing, potentially lethal problem, impeding a successful and productive old age for many individuals. The challenge is perhaps greatest for older adults living in small towns and rural communities where individuals are separated geographically, children and grandchildren have often left for the bright lights of the big cities, and critical community supports are frequently in short supply.

Stoicism and a fiercely independent spirit, while perhaps perceived to be admirable in some respects, in the context of this discussion can be overrated qualities and not always attributes to aspire to. Such traits are worrisome when appreciating that older adults are at higher risk of living socially isolated and lonely lives which, in turn, will place them at higher risk of a variety of poor outcomes, including disability, high rates of mortality and morbidity, dementias, hospitalizations, falls, not surviving natural disasters, poor health practices, psychological distress, neglect and exploitation, lower self-reported health and well-being, and even the common cold. Choi and DiNitto (2015) found that social isolation increased the relative risk ratio of being a current smoker compared to having never smoked by 67% and this risk was found to be greatest among males and non-Hispanic whites. Similarly,

social isolation was also found to increase the relative risk ratio of being depressed by 13%. Social isolation has also been shown to be strongly associated with hearing loss, especially among women between 60 and 69 years of age (Mick, Kawachi, & Lin, 2014).

Who is at greatest risk? High risk older adult subgroups include those who are in the LGBTQ community; with physical, sensory, and functional impairments; live alone; are 80 years of age and older; are geographically isolated; are living on limited income; are lacking instrumental supports (access to transportation, the internet, telephones, etc.); with poor mental health; with weak social networks; and facing critical life transitions (i.e., divorce, death of a spouse, an abrupt retirement, a health crisis, children moving out, etc.) (Lubben, et al., 2015). For men, especially, marital history and current partner status may offer the best explanation of whether they are emotionally lonely or not. On the other hand, for women, marital history and the functioning of a wider circle of relationships account primarily for differences in emotional loneliness (Havens & De Jong Gierveld, 2004). Network size and supportive exchanges were inversely related to social isolation for both men and women in the Havens and De Jong Gierveld study of predictors of social isolation. Havens, Hall, Sylvestre, & Jivan (2004) found that the frequency of use of health services, health functioning, and certain psychosocial factors were particularly strong predictors of social isolation in rural older adult populations. Their data also confirm that factors predicting social isolation and loneliness are not necessarily the same.

The importance of having available a social network cannot be overstated in guarding against social isolation (Blieszner & Ogletree, 2014). Family, friends, neighbors, and professional caregivers provide social support and social influence, create a buffer against stress, increase your access to resources, and can even stimulate your immune system. In fact, social relationships have as much an impact on health as a number of lifestyle factors, including smoking and obesity. Unfortunately, the scope and breadth of social networks, including family, friends, and neighbors, continuously contract across the life span as measured by network size (Wrzus et al., 2013). It is important to note here that it does not appear that any social relationship is always better than the absence of social relationships. In fact, negative, dysfunctional relationships may be as powerful or influential and even outweigh the impact of positive and satisfying ones in predicting health outcomes (Qualls, 2014). Negative social exchanges have been linked to poor physical and cognitive health and declines in cognitive functioning. Thankfully, middle-aged and older adults report high levels of satisfaction with those included in their social networks, and those older adults who remain actively engaged in community life, including participation as volunteers and involvement in organizational activities, evidence greater opportunities and success in maintaining a more robust network of friends (Luong, Charles, & Fingergerman, 2011).

Local Solutions That Make a Difference

Solutions to preventing social isolation and loneliness are presenting themselves both locally and nationally, and need not be excessively costly. The University of Maine Center on Aging recently gathered 200 service providers and community members together at a conference to discuss older adult social isolation. These individuals' front-line experience led to the awareness of additional factors that can increase the risk of social isolation, including ageist views and stigma about aging, a lack of transportation to get older adults out into the community, lack of access to technology that could bridge communication gaps with loved ones, poor health, alcoholism, and increasing lifespans which result in many older adults outliving their friends and family. Responding to these challenges, the University of Maine has identified aging research as an emerging area of excellence and is especially encouraging its scientists to focus on developing user-friendly, accessible, and affordable technologies that will keep older adults safe, secure, and mobile not only in their homes but in their communities.

At the local level, combatting social isolation entails bringing the older adult out into the community or otherwise bringing the community to them. The University of Maine, in partnership with the Eastern Area Agency on Aging, is supporting a student-led program, Project Generations, that brings college students into the homes of local older adults for friendly visits and a helping hand. Programs like this, also offered at other universities, provide students the opportunity to interact with and learn from older adults while providing elders with a much-needed source of support.

In at least one Maine community (Augusta), postal service workers are trained to ask questions of homebound older adults to check in on them and ensure their well-being. Doctors, too, if they choose, are able to screen for social isolation during routine doctor's appointments, although, no doubt, this is not yet a commonplace function performed by primary care practitioners and other health-care professionals. These solutions, often termed sentinel approaches, provide an extra set of eyes and ears in the community to identify and address social isolation through screening and referral.

Many communities have begun to organize programs where volunteers and law enforcement officers make regular telephone calls and wellness checks to older adults who are known to be frail, homebound, and isolated. One such program in Franklin County, Maine, sends sheriff's deputies to regularly check in on older adults to not only help reduce the risk that an older adult would fall victim to a scam, but also to increase social contact and well-being for the older person. Creative housing solutions like co-housing, where older adults live with younger adults, can also help to combat social isolation and help to create a sense of mutual purpose and function among both sets of residents.

The risk of isolation can be reduced by implementing numerous other programmatic interventions. In Colorado

Springs, Colorado, a special partnership between the University of Colorado, Colorado Springs, and a local organization has made possible wellness programming in the form of movement and music classes called "Let's Keep Moving" and "Fit'n Fabulous." These programs have the dual purposes of delaying physical decline while simultaneously fostering relationships and strengthening social bonds (Kluge, 2014; Simone & Haas, 2013). Programs that emphasize care management, service coordination, and referral to health and human services programs have been shown to be feasible interventions, particularly in rural settings, to combat the risk of becoming isolated (Ritchie, et al., 2002). AARP is attacking social isolation by promoting extra human contact. Tips on doing so can be found at the AARP Foundation Connect2Affect website.

Several federal programs are providing lifelines to older adults who are homebound, including the Meals on Wheels Program, a network that reaches over 800,000 homebound older adults across the nation, providing not only home-delivered meals but also socialization. The Senior Companion Program, (part of the national network of Senior Corps programs) pairs older adult volunteers with homebound older adults in their communities for ongoing socialization and support. One such Senior Companion volunteer shared a story of Mrs. C, a woman whom she visits, and how she supported Mrs. C. after the death of her husband. The loss of a spouse is a particularly critical time for supporting older adults and ensuring that they do not become shut off from those around them:

Mrs. C experienced the loss of her husband after a long terminal illness. Having devoted her life to the continuous care of Mr. C, she was left without purpose in her life. Mrs. C. had no family in this area and felt completely alone. As her Senior Companion, I was able to assist her through arrangements to be made for Mr. C's cremation and celebration of life. Other difficult areas included finances, health, and well-being. It has been nearly two years since the passing of Mr. C. With continuous compassion and understanding, I have been able to help Mrs. C. connect again to the world around her. She has made great progress spiritually, emotionally and with socialization. As a Senior Companion, I am always at hand for comfort and support or simply just to listen (UMaine Center on Aging, Annual report, 2016–2017, p. 5).

We also know there are ways to prevent social isolation before it occurs. Encouraging older adults to be involved in their communities through churches, civic groups, and fulfilling volunteer roles can be important avenues for ensuring that older adults stay healthy and connected. Programs like the Retired and Senior Volunteer Program and Senior College offer older adults opportunities for meeting new people and learning new skills.

Dr. Kelley Strout at the University of Maine has developed a pilot program called GROW which sets up garden beds at low-income congregate housing sites. Originally intended to increase the consumption of healthy foods, the program also increased social ties between residents who would not have otherwise interacted and formed friendships despite living within the same housing complex. There are numerous examples of programs like this throughout the country that provide an outlet for older adults to naturally connect with others.

Peer mentoring programs may be a particularly useful way to fight social isolation and loneliness among residents in congregate housing. Theurer, Mortenson, Suto, Brown, Stone, and Timonen (2017) found that Java Mentorship, a peer mentoring intervention delivered in residential care settings and based on social identity theory, significantly reduced depression and loneliness while creating positive emotional connections for socially isolated residents.

Summary of the State of Current Research

There is still significant progress to be made in determining what works best for helping to reduce social isolation. Lack of rigor in studies of interventions aimed at reducing loneliness make it difficult to evaluate some of these strategies.

Due to the various life events that can trigger social isolation, from death of a significant other to loss of transportation to health decline, effective interventions will need to be diverse and they will need to be tailored to the personal circumstances of the isolated individual.

AARP's *Framework for Isolation in Adults Over 50* (Elder & Retrum, 2012) states that "reviews support that successful interventions target specific groups, use representative samples, use more than one method of intervention, allow participants control, include participants in planning, and have facilitators who have sound training and adequate resources." Nicholson (2012) reminds us that underassessment of social isolation continues to be the reality in most communities. The scarcity of early assessments necessarily precludes our ability to intervene and make needed referrals to community resources.

Other Community-Level Strategies

The Maine Health Access Foundation has initiated a significant grant program in the state of Maine called Thriving in Place, which supports individuals with chronic conditions and disabilities in remaining in their homes as they age. Although the activities being undertaken to support aging in place are diverse, reducing isolation is a key objective of Thriving in Place activities. In a review of Thriving in Place initiatives in the state, project evaluators identified promising strategies and lessons learned related to reducing isolation that were emerging from these community change efforts. These include the importance of developing systems

of care whereby people who may have contact with isolated older adults, such as emergency medical technicians, Meals on Wheels drivers, and other individuals, are knowledgeable enough about community resources and referral processes that they can act as gatekeepers and key points of access to supportive services that can reduce isolation and meet other needs.

Another finding of the Thriving in Place projects was that services promoting older adult well-being have added benefits in reducing social isolation. Examples include morning check-in calls from law enforcement programs, which often have a primary stated purpose of ensuring physical safety for homebound adults. This finding has been borne out in conversations conducted by the University of Maine Center on Aging with coordinators of check-in programs who have indicated that participants have become less isolated due to these brief daily contacts. Additionally, through a research partnership with a local Village to Village model organization in Maine, At Home Downeast, Center on Aging interviews with volunteer drivers have indicated that volunteer-provided rides to health and non-health related destinations serve also as an opportunity for members of the Village to receive much needed social contact.

AARP's Age-Friendly community initiative is another community-level strategy for supporting aging in place and reducing social isolation. Like the Thriving in Place initiative, it examines aging in place holistically through a framework called the "eight domains" that contribute to a livable and age-friendly community, including: Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Social Inclusion; Communication and Information; Community and Health Services; and Civic Participation and Employment. Although all domains have implications for reducing isolation and loneliness, two of the eight domains are particularly important: Social Participation and Respect and Social Inclusion. Key elements of these domains that can impact social isolation are ensuring accessibility of local gatherings in terms of transportation, affordability, and physical accessibility; ensuring that outreach for events in a community are targeted at those at risk of isolation; and combating negative stereotypes of aging individuals.

We should not minimize the lessons learned from the age-friendly community movement in terms of what individual towns and communities can be encouraged to do to reduce the risk of social isolation among its older citizens, and all its citizens for that matter. The University of Maine Center on Aging recently conducted a series of community focus groups with citizens of Bangor and discovered the following high-priority action steps that can be taken to fight isolation, including developing and maintaining robust transportation programs geared to meeting the needs of older adults, making the community walkable, offering senior center/community center programming, ensuring that outdoor spaces and buildings are accessible,

maintaining opportunities for meaningful volunteer and civic engagement, and establishing a more comprehensive and timely informational clearinghouse that reaches elders and their caregivers with available resources and programs. It is notable that Maine leads the nation in the number of towns and communities that have formally joined the age-friendly community movement, with some 40 of the 184 such communities across the U.S.

The Role of Technology and the Social Lives of Aging Baby Boomers

The rapid expansion of technology in today's world has been accompanied by an increasingly ironic relationship between the utilization of those devices and gadgets and the influence those technologies are having on the integrity of one's social relationships. The self-reliant Baby Boomer appears to be an excellent case in point. While technology may increase Boomer connectivity and their capacity for autonomous living as they age in place, that same technology may reduce the integrity of their social relationships, resulting in greater social isolation (Golant, 2017). Boomers are indeed known to proudly wear their badges of independence and value living autonomous, free-thinking lives in which they exercise maximum control over their own decision-making. It is perhaps all the more important to ensure Boomers and other subgroups of aging adults learn to utilize technology not to substitute or replace direct, one-on-one, interactions with individuals and community groups but to enable and supplement such exchanges. Technology training in the form of TEK workshops offered by AARP and numerous other computer literacy trainings offered to older adults through Area Agencies on Aging and other organizations represent yet another strategy to fight social isolation.

Summary

Older adults residing in small towns and rural communities may be especially vulnerable to the dangers of isolated living, but such communities, with modest levels of support, can be mobilized to take action against this threat to well-being in later life. Those actions need to be ready to be mobilized when certain trigger events occur in an older adult's life. It is emphasized that no single programmatic silver bullet will resolve this compelling contemporary challenge to living a satisfying life. An exceedingly wide range of interventions can have a positive impact on the well-being of individuals who reside in physically isolated locales of this nation.

Note

This article is based on testimony first presented before the United States Senate Special Committee on Aging at the hearing on "Aging Without Community: The Consequences of Isolation and Loneliness," in Washington, DC, on April 27, 2017.

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