# Social Isolation Among the Elderly in North Carolina

Fast Facts

Background Demographics

North Carolina currently has over 1.4 million people aged 65 or older, ranking the state 9th nationally for the number of elderly people. This group, as of 2016, made up 17% of the total state population. In the next 20 years, it is expected that this group will make up 24% of the total state population. In North Carolina, 26.8% of people 65 and older live alone and are vulnerable to social isolation. Of the socially isolated population, 21.4% of people aged 65 or older are part of a racial or ethnic minority population.[8]

Number of counties with more people 60+ than ages 0-17 will increase

- Counties with more 0-17 than 60+
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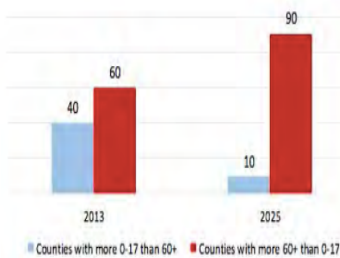
Source: N.C. State Data Center; Population estimates and projections, October 2014

What is Social Isolation?

Isolation is the lack of interaction with other individuals – it encompasses the size and structure of social networks, how often there are social interactions, as well as the strength and extent of social support.[1] Social isolation encompasses many demographic factors such as sex, race, and location. Lower-income older men are at higher risk for isolation. Risk factors for social isolation include living alone, being unmarried (whether someone is widowed or divorced), no participation in social groups, limited income, limited access to healthcare, chronic illness, etc.[6] Particularly for older adults, physical impairments and retirement also pose significant barriers that can lead to loneliness and social isolation. Most elderly adults will age in place, so as they get older the risk for isolation increases. Adults who age in place may see their social circle shrink, especially if they live alone.[11] Health care providers measure social isolation based on quantitative factors such as living alone or the number of children someone has. The *quality,* or strength, of these relationships is generally not considered, although it should be.[4]

Why does Social Isolation Matter?

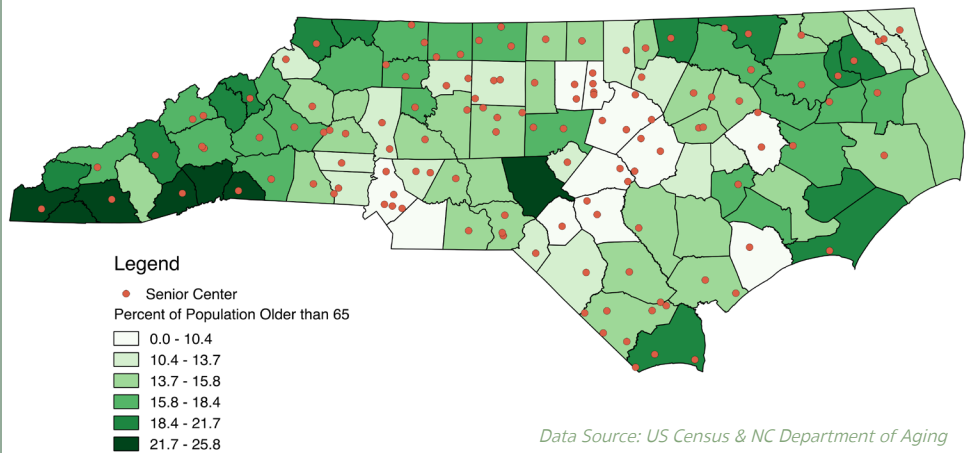### Health Effects of Social Isolation

Older Adults

Social isolation is significant for the health of older adults due to chronic exposure – as individuals age, they will be exposed to more risk factors.[6] Specifically, older adults will go through more life changes/disruptions that can lead to social disconnection, such as the death of a spouse.[3] More and more people are living alone and will be living alone, and as the US population continues to age, rates of social isolation will become more prevalent.[1] By 2025, 90% of counties in NC will have more people aged 60+ than people less than 18 years old. By 2036, there will be more people aged 65 years and older than people younger than 18 years.[3]

Physical Effects

Social isolation has effects on biological processes. Isolated people have a higher risk for mortality (possibility of dying younger). They have a 31% greater risk of death.[10] They also have a greater risk of developing cardiovascular disease, and greater risk for adopting negative health behaviors such as being inactive or smoking.[8] It is also correlated with poor mental health markers (such as increased risk for depression and impaired cognitive function) and higher blood pressure.[3]

Senior Centers and Senior Population in North Carolina

Legend

- ● Senior Center

Percent of Population Older than 65
- 0.0 - 10.4
- 10.4 - 13.7
- 13.7 - 15.8
- 15.8 - 18.4
- 18.4 - 21.7
- 21.7 - 25.8

Data Source: US Census & NC Department of Aging
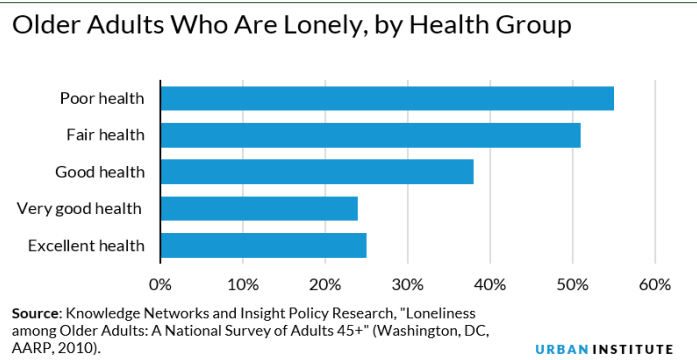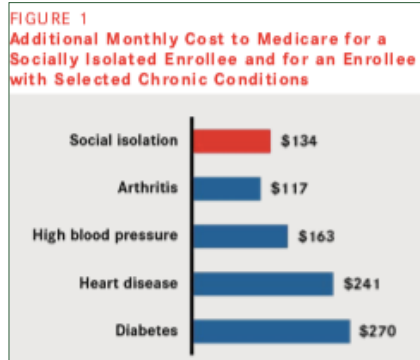
The Importance of Senior Centers

Senior centers play an important role in combatting social isolation. They help facilitate building a community and provide a place for seniors to gather for social activities. They are a place where elderly adults can form new friendships. Lonely elders who participate in senior centers are likely to develop social networks outside of the center[2].

Many of North Carolina's seniors centers are located in the center of the state, with few in the western and eastern counties. There are seven counties in which seniors make up more than 20% of the population, however three do not have any senior centers. These counties are concentrated in the southwest border of of the state, however most counties only have one senior center. This shows that there is a greater need for more senior centers in underserved areas. If there is only one center in the whole county, that may not be accesible to everyone. The Department of Aging is currently developing senior centers for several of the underserved counties.[8]

Policy Impacts of Social Isolation

Healthcare Spending

Social isolation has increased health care costs, which leads to more Medicare expenditure for the state. Elders who are isolated are more likely to have poor health. Over 50% have poor health while only an estimated 25% report excellent health. They tend to visit the doctor and use health care services more often, leading to more Medicare spending than their socially connected counterparts.[11] A socially isolated elder enrolled in Medicare costs the program an additional $134 monthly. It is estimated that nationally there are 4 million socially isolated Medicare enrollees, they cost the program $6.7 billion annually.[5] Social isolation predicts $1,644 spending per patient annually, with spending concentrated in inpatient and nursing home facilities. This higher spending is driven by increased hospitalization and institutionalization, and this can lead to increased mortality.[10]

FIGURE 1
Additional Monthly Cost to Medicare for a Socially Isolated Enrollee and for an Enrollee with Selected Chronic Conditions

	Additional Monthly Cost
Social isolation	$134
Arthritis	$117
High blood pressure	$163
Heart disease	$241
Diabetes	$270

Older Adults Who Are Lonely, by Health Group

Source: Knowledge Networks and Insight Policy Research, "Loneliness among Older Adults: A National Survey of Adults 45+" (Washington, DC, AARP, 2010).

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Policy Solutions

Current Policy Solutions

Government Interventions

There is currently not any proposed legislation or other state-level policy intervention to address this issue in North Carolina.

Community Programs

Beyond government intervention, communities can also get involved to address social isolation. There is the opportunity for creative programs such as volunteer programs or social networking groups for older adults that could reduce perception of isolation and increase overall well-being. Having community members identify socially isolated elders can strengthen bonds and improve social networks. When socially isolated individuals feel like they have a place in the community, that can help improve mental and physical health.[4] Studies have shown that interventions for older adults that specifically target social health and connections, and physical exercise programs can both improve physical health and reduce the severity of loneliness. Group activities such as community painting classes and getting elders involved in communal hobbies particularly impact the effect of isolation, while physical exercise such as group tai chi improve physical health.[2] Local and state legistlators can implement policies to strengthen the role of these community interventions.

Potential Policy Solutions

Raising Public Awareness

Coordinated attention must be brought to this issue by raising the public profile on the impacts of social isolation. The Bipartisan Policy Center recommends adding the reduction of social isolation as a way to improve health to the Healthy People 2030 report. This will bring public attention to the issue and spur more research about social isolation, as it did in the UK when Theresa May appointed a Minister of Loneliness.[12] Although the North Carolina Department of Health and Human Services recognizes that social isolation is a determinant of health, there has not been any campaign to specifically address this issue.[1] More coordinated research needs to be done concerning the spread and severity of social isolation specifically in North Carolina, and its health effects on the population.

Training Health Care Professionals

Health care education needs to improved to include training about social isolation. Studies recommend that home-care nurses are best qualified to identify social isolated individuals. It is recommended that training for health care providers and professionals should require materials to ask seniors about their social and emotional health. When health care providers acknowledge social networks, that can help seniors gain community support and improve their health. Nurses and doctors should also be encouraged to ask about the quality of seniors' social networks and social supports.[4] This training should also include methods for identifying factors to address social isolation. This should not solely include questions about the quantity of social networks and relationships a patient has, but also the quality of those relationships. Lastly, NC health care facilities should keep records of the state of social health of patients and a directory of services available to seniors so health care professionals can connect elders with support systems.[7]

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