Loneliness in Older Adults: Public Health Considerations

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LONELINESS IS A DIS-EASE

3 types of loneliness: a dis-ease

1. Intimate, emotional loneliness: significant others

2. Social, relational loneliness: quality friendships or family connections

3. *Public or collective loneliness: meaningful connection to a person's valued social identities or "active network of group or social entity beyond the level of individuals, in collective space".* *Weak ties, low-cost social support; social capital. Consequence: promotion of social identification and cooperation in adverse conditions; people more likely to act for common good.*
   - *Best negative predictor of collective loneliness: number of voluntary groups to which an individual belonged.*

   Source: Cacioppo, Cacioppo, Boomsma 2014

Loneliness: health consequences have clinical significance

- Physical health consequences: via SAM, HPA activation, inflammation, decreased immune function, gene transcription: disease; functional decline; 2x increased mortality over 6 years
- Cognition and sleep and daytime dysfunction
- Behavioral:
  - (Existential) depression
  - Behavioral vicious cycle: social alienation
  - Despair, diseases of despair;
  - Suicide
- Poorer self care and health behaviors; smoking, alcoholism
- Poor self-rated health
- Functional decline and limitations: ambulation, ADLs
- Health care costs; health care overutilization
- Negative self-perceptions of aging exacerbate poor health outcomes
- Mortality

Source: Cacioppo 2002, 2003, 2009, 2010, 2015; Hawkley 2009, 2010; Cacioppo, Hawkley 2009; Durkheim 1951; Shankar 2011; Qualter 2015; Nolen Hoeksema and Ahrens 2002; Holt-Lundstadt 2015; Cole 2011; Luo 2012, Perisonotti 2012, Wilson 2007; Akerlind 1992

Loneliness in aging is a *situationally*-induced psychological state

- <u>Retirement</u> leads to losses of:
  - Performance role – limits access to informal communities
  - resources
  - access to diffuse collectivities in which could resolve loneliness
- Age-related <u>loss</u> of peers due to death, illness;
- <u>Living alone</u>
- Families dispersed; older people <u>at margins of families</u>
- Loss of <u>networks and collective institutions</u>; social capital
- Older people don't fit into expectation structures of society's <u>function systems</u>
- Female, ethnic minority background increase risk of loneliness
- Cumulative risk

(Schirmer and Michaelakis, 2018)

We are all in this together: Loneliness is contagious

- An individual's loneliness can contribute to the loneliness of others
  - Number of days an individual was lonely each week was found to influence the levels of loneliness of friends, neighbors and spouses.
- **Social norms and constructs are needed to counter contagion**

Source: Cacioppo, Fowler, Christakis 1009

LONELINESS: A 21ST C SOCIAL DETERMINANT OF HEALTH

Social Determinant of Health

- "conditions in the environments- social, economic and physical - in which people are born, live, learn, work, play, worship and age

- Affect a wide range of health, functioning and quality-of-life outcomes and risks"

  – Healthy People 2020

Predictors of older adults at high risk of loneliness, US

- Age (oldest old)
- Female
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- Marital status: widowed, single, divorced
- Living alone
- Caregivers – of spouses, grandchildren
- Retirement
- Located at periphery of social networks
- Rural
- Self-reported health
- Number of chronic illnesses; insomnia
- Functional impairment: Gross motor, Fine motor

Source: Theeke LA 2009; Shankar A 2011; Cacioppo 2009; Bekhet and Zauszniewski 2012; Cacioppo and Patrick 2008; Stickley A 2015

Clinical experience: Lonely people are likely to be seen in medical practice

- Screening?

- Dx?

- Treatment?

  – For health conditions resulting from loneliness

  – Mutual recognition of the drivers and needs

  – Loneliness itself - a product of the social world older people live in

Prevention by 'high risk' strategy – detect causes of cases

Advantages:

- Intervention appropriate to the individual
- Subject motivation
- MD motivation
- Cost-effective use of resources
- Benefit:risk ratio favorable

Disadvantages:

- Difficulties, costs of screening
- Palliative, temporary
- Limited potential for a) individual; b) population
- Behaviorally inappropriate: when counselling recommends stepping outside norms shaped by environment

    – Rose G. Int J Epi. 1985

RX FOR LONELINESS IN CLINICAL GERIATRICS PRACTICE?

"social prescribing"?

Types of the Dis-ease of Loneliness

- Cacioppo, Hawkley et al classification:
  - <u>Intimacy</u>/emotional connection with an other
  - <u>Relational</u>: Salutary connections with family and friends
  - <u>Public or collective</u>: Connection - with meaning and purpose - to community or civic organization; weak ties; low-cost social support; social capital

- Additional evidence to suggest:
  - *Existential:* loneliness/isolation from one's one lifestage developmental needs
  - *Intergenerational* loneliness

The contexts of social connection of the 20th century: not sufficient to 21st C needs; not designed to optimize longer lives

- *Community infrastructure not sufficient*
  - Weakened public goods: libraries, community centers, anachronistic senior centers
  - Rural areas: transport for connection often inadequate
  - Internet-based connection – increasing tribalism and dominance of messaging based on anger and disaffection
  - *For many older adults: roles diminished; housing isolates*
- *Networks of family and friends*
  - Dispersed for jobs
  - Loss to mortality, divorce, family restructuring, retirement
  - Young people at risk; existential crisis
- *Civic organizations and religious community connection* for meaning and purpose
  - Loss of connection to purpose leads to loss of collective efficacy

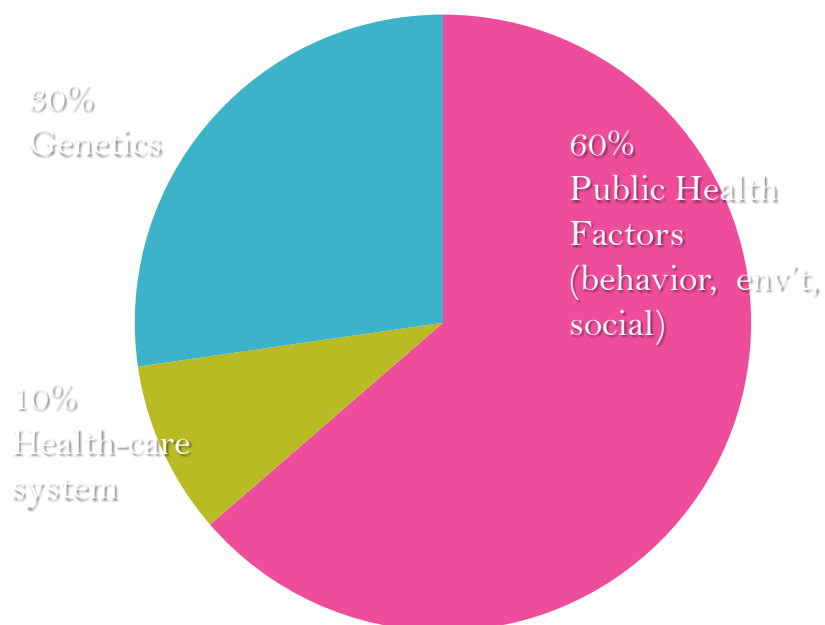# Prevention by the 'population strategy': to prevent incidence

Advantages:

- Radical: attempts to remove underlying causes that make the problem common
- Large potential for whole population – by altering society's norms of behavior
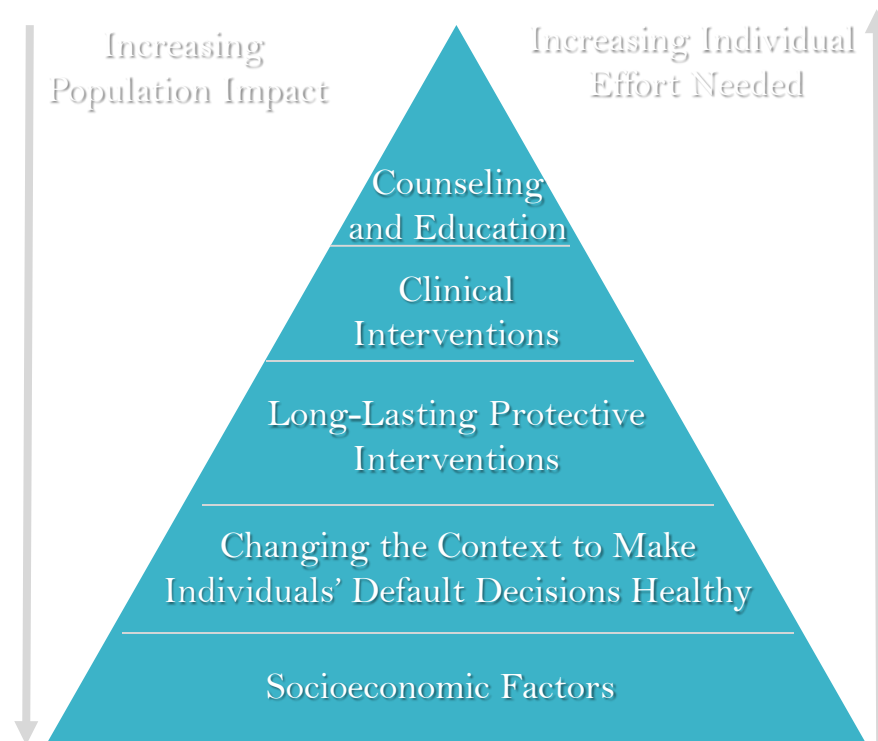- Behaviorally appropriate

Disadvantages:

- Small benefit to the individual (60% not lonely)
- Poor motivation of the subject
- Poor motivation of MD- of no tx to Rx
- Benefit:risk ratio worrisome – except when removing abnormal exposure (risk is low)
  - Rose G, Int J Epid 1985

Factors That Create A Population's Health

30%
Genetics

10%
Health-care
system

60%
Public Health
Factors
(behavior, env't,
social)

Schroeder SA, NEJM 2007.

Increasing
Population Impact

Increasing Individual
Effort Needed

Counseling
and Education

Clinical
Interventions

Long-Lasting Protective
Interventions

Changing the Context to Make
Individuals' Default Decisions Healthy

Socioeconomic Factors

Frieden TR, AJPH 2010.

Public health solutions for loneliness: create new social infrastructure for a society of longer lives

- <u>Built environment</u>: "The physical conditions that determine whether social capital develops" (Klinenberg E, 2018)

- <u>Societal institutions</u>: The social organization that enables social capital to develop and makes it normative (Fried)

- Our public commons -

Social infrastructure: *design to connect within housing*

- <u>Design to bring people together</u>
  - Common spaces for gathering, activities
  - Lounge areas for conversation
  - Low traffic streets

- <u>Facilitate interactions</u>, activities with meaning and purpose as well as enjoyment between residents, between residents and broader community
  - Formal and informal physical and social activities, volunteering: within housing and with broader community
  - Community norms of participation, mutual assistance
  - Support for vulnerable groups

Designing communities to *connect*

- Safety crossing the street

- Decrease car speed and frequency

- Sidewalks safe and clean

- Parks – with bathrooms, parking

- Walkability: Design for exercise and walking; destinations nearby

- Benches

- Lighting

- Don't zone social isolation: locate housing for older adults in areas dense with social activity, near public transport, walking distance access to needed goods and services, libraries, parks

- etc

The issue: high rates of loneliness are a multigenerational issue

- For older adults

- For middle age adults

- For young adults

- For adolescents

Use existing organizations for social interactions within and across generations

- Schools

- Churches

- Business

- Retail shops

- Parks

- Community hubs

Building housing that designs in connection, within & across generations

- NORCs

- Cogenerational housing: for friends, single older adults

- For multigenerations

  - US: senior housing doesn't permit grandparents raising grandchildren

  - Communities of nurturance across 3 generations: Generations of Hope Development Corporation

  - Rentals: Students living in older people's homes

  - Nesterly: intergenerational homesharing services

  - Housing developers creating homes for multiple generations

NEED SOLUTIONS FOR BOTH "DEFICITS" OF AGING AND "ASSET" MODELS THAT INTEGRATE OLDER PEOPLE IN SOCIETY AND BENEFIT FROM ASSETS

Assets of older adults

- Accrued knowledge, expertise, skills
- Problem solving abilities, experience handling complex problems
- Subjective experience
- Integrative social reasoning and judgment of what is important in life
- Dominantly optimistic outlook
- Generative desire; pay-it-forward stage of life
- Critical mass
- Health and function

New roles: Volunteering improves social supports and networks

- Meaning and purpose for the collective good

- Enable a sense of community

- Meet new people, make friends

- Reduction in loneliness and depression; improved positive affect, life satisfaction

- Feeling needed and appreciated amplifies relationship between volunteering and psychosocial wellbeing

- Experience Corps: Significant increase in number of people can turn to for help

Anderson ND 2014; Fried LP 2004

Experience Corps: Potential Model of the <u>Win-Wins</u> of an Aging Society

- <u>Societal benefits of an aging population</u>: *High impact roles* for older volunteers improving academic success of children in K-3; harness social capital

- <u>Societal approach to meeting needs of older adults</u> :
  - Roles that meet generative desires
  - Roles that recognize older adults as assets
  - *Roles that build connection and community*
  - Compress morbidity: frailty, memory, disability
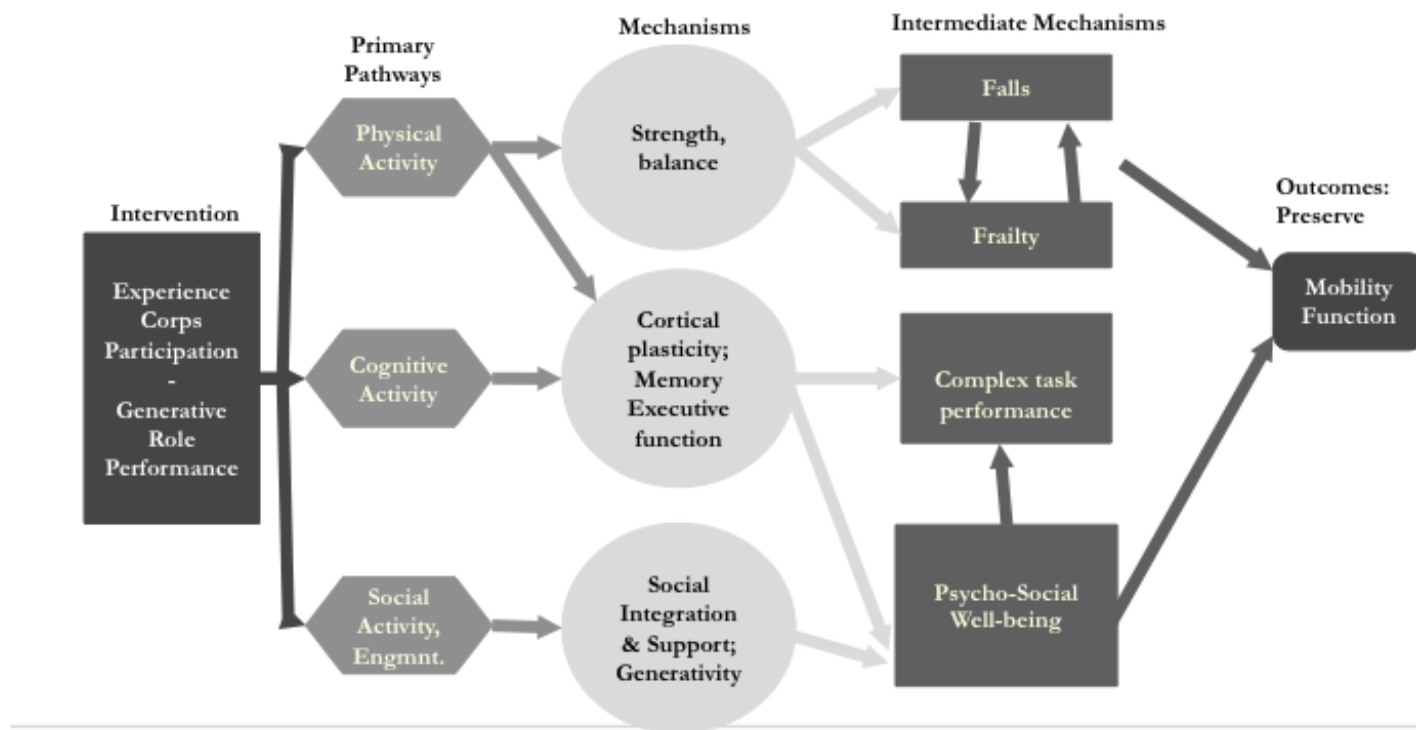 - Health disparities

Fried et al 1998; 2004; 2013; 2015

To give is to receive . . .

"It feels good to be accepted, that **you have worth**, **value, and wisdom**. That you're dependable, that you **made a difference** in the lives of others."

~Experience Corps volunteer
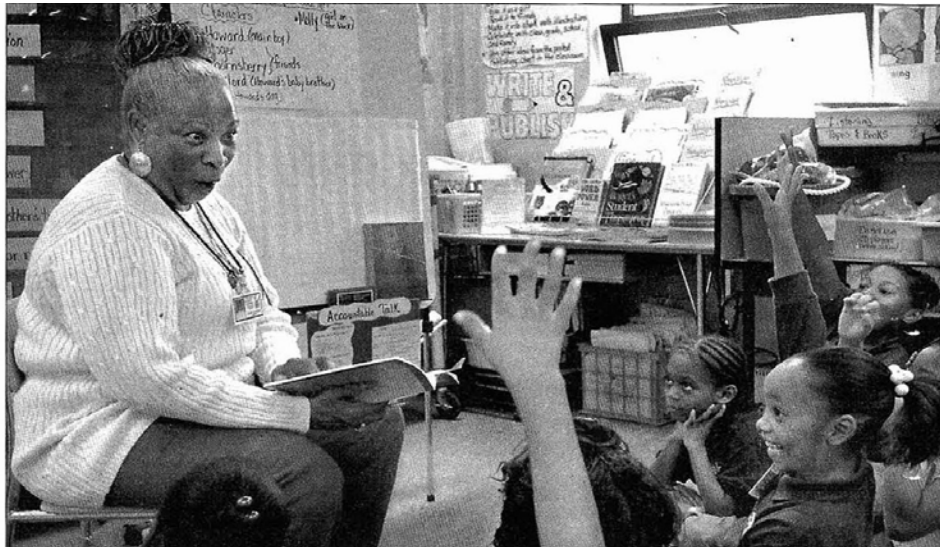
Experience Corps is designed to promote health and social connection through engagement for older volunteers
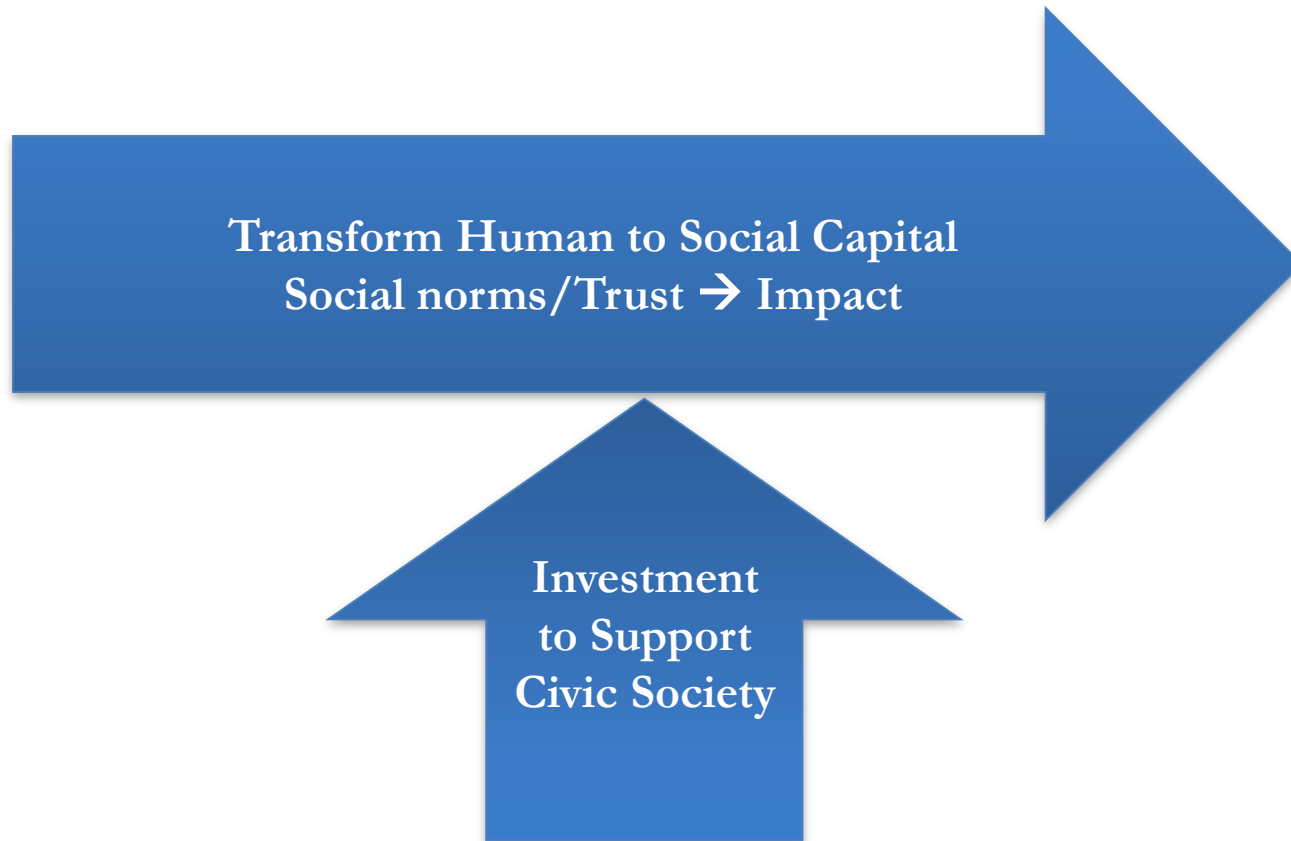

Fried LP 2004, 2013

Volunteers in 1 school in the Baltimore Experience Corps Program

Model of Social Capital Activation

**Transform Human to Social Capital
Social norms/Trust → Impact**

**Investment
to Support
Civic Society**

PREVENTION VIA "STRUCTURAL ENABLERS": PUBLIC HEALTH SCIENCE AND SOLUTIONS

21st C infrastructure of connection & cohesion

- Clinical:
  - Social connections fostered in clinical care context = remediation
  - Social connections made one-at-a-time can succumb to norms of everyday life
  - Need prescription to social connection in every day context – and ways to fill the Rx

- Population-based prevention of loneliness through social infrastructure:
  - Making social connections the easy option, normative; designed into society - facilitates person-to-person solutions
  - Potential: older adults bring unprecedented assets which society needs; build connection to strengthen society <u>and</u> design out loneliness

Time to *elevate social connection and designing out loneliness* into a public health agenda

- *Efforts to alter the signal (eg, loneliness) without altering the actual behavior (eg, social connection) likely to be ineffective*

Holt-Lunstadt 2015

DESIGN OUT LONELINESS

Clues for how to design out loneliness: what do older people want?

- Connection, within and across generations

- Community

- Purpose and meaning: contribution to collective good

- Generative Impact

Future agendas: Social Engagement as the Basis for a 3rd Demographic Dividend

- Health is the key in the lock

- Social engagement of older adults could be a significant approach to compression of morbidity:
  - AD and ARMI prevention
  - Disability prevention
  - Resolution of health disparities

Next gen:

- Older adults organize corps of younger people to analyze community assets and needs, design solutions, build solutions, social capital, intergenerational cohesion and collective efficacy
  - What do grandparents raising grandchildren need?
  - What do younger people want from those older?

- Bus passes for a community service role

- Use existing organizations and structures to support intergenerational integration: eg, schools, libraries,

- Older adults train younger adults in skills, jobs, financial literacy; children in how to manage asthma, be healthy
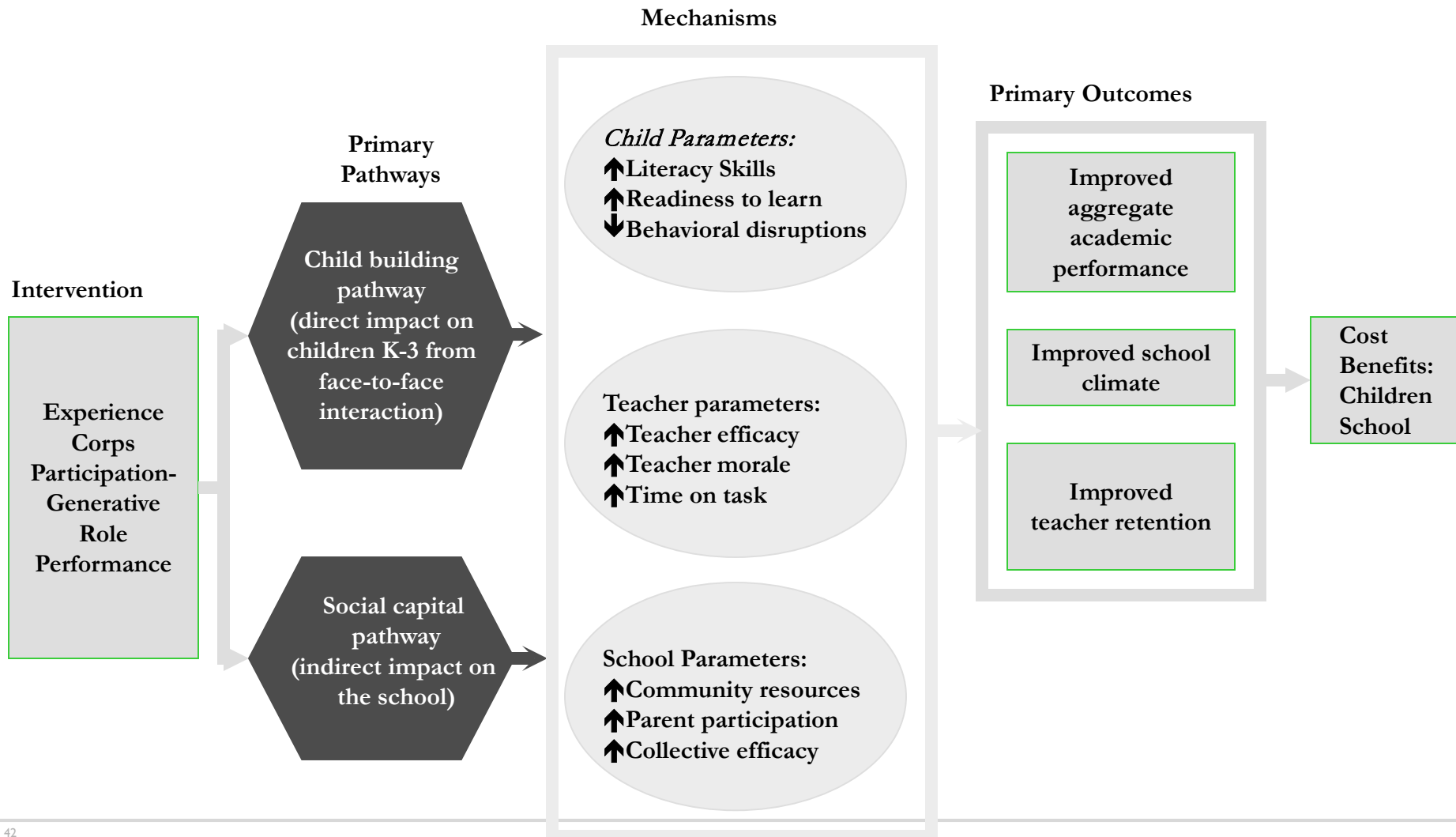
Social infrastructure of value and Inclusion

- Invite older adults to be part of the plans for next generation of the city – not just senior issues

- Communication on who to call for information on services; on stop shopping; diminish red tape and automated phone services and menus

- Barriers to computer access: training, access, affordability; access in libraries invaluable

Next Generation of Age-Friendly Cities and Communities

- Design out loneliness through social infrastructure

Experience Corps' Societal Causal Pathway: School Outcomes

Mechanisms

Primary Outcomes

Primary Pathways

Intervention

Experience Corps Participation- Generative Role Performance

Child building pathway (direct impact on children K-3 from face-to-face interaction)

Social capital pathway (indirect impact on the school)

Child Parameters:
⬆**Literacy Skills**
⬆**Readiness to learn**
⬇**Behavioral disruptions**

Teacher parameters:
⬆**Teacher efficacy**
⬆**Teacher morale**
⬆**Time on task**

School Parameters:
⬆**Community resources**
⬆**Parent participation**
⬆**Collective efficacy**

Improved aggregate academic performance

Improved school climate

Improved teacher retention

Cost Benefits: Children School

Root causes of loneliness for older adults

- Ageism: Invisibility of older adults, especially older women; youth focused society

- Lack of recognition of the assets of older people, and of value for societal need for these assets

- Societal resistance to investing in needs of older adults due to OADR;

- Loss of work and social networks; loss of spouses

- Families dispersed

- Increased rates of childlessness

- Isolation of generations from each other

- Low neighborhood social cohesion, collective efficacy

- Neighborhood unsafe

- Living alone in communities that isolate

- Health, including frailty and sensory, mobility and cognitive impairment, exacerbates loneliness

- Decreased financial resources

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Loneliness-associated health risks on a par with those of:

- smoking 15 cigarettes/day;
- low physical activity;
- grade 2-3 obesity;
- substance abuse
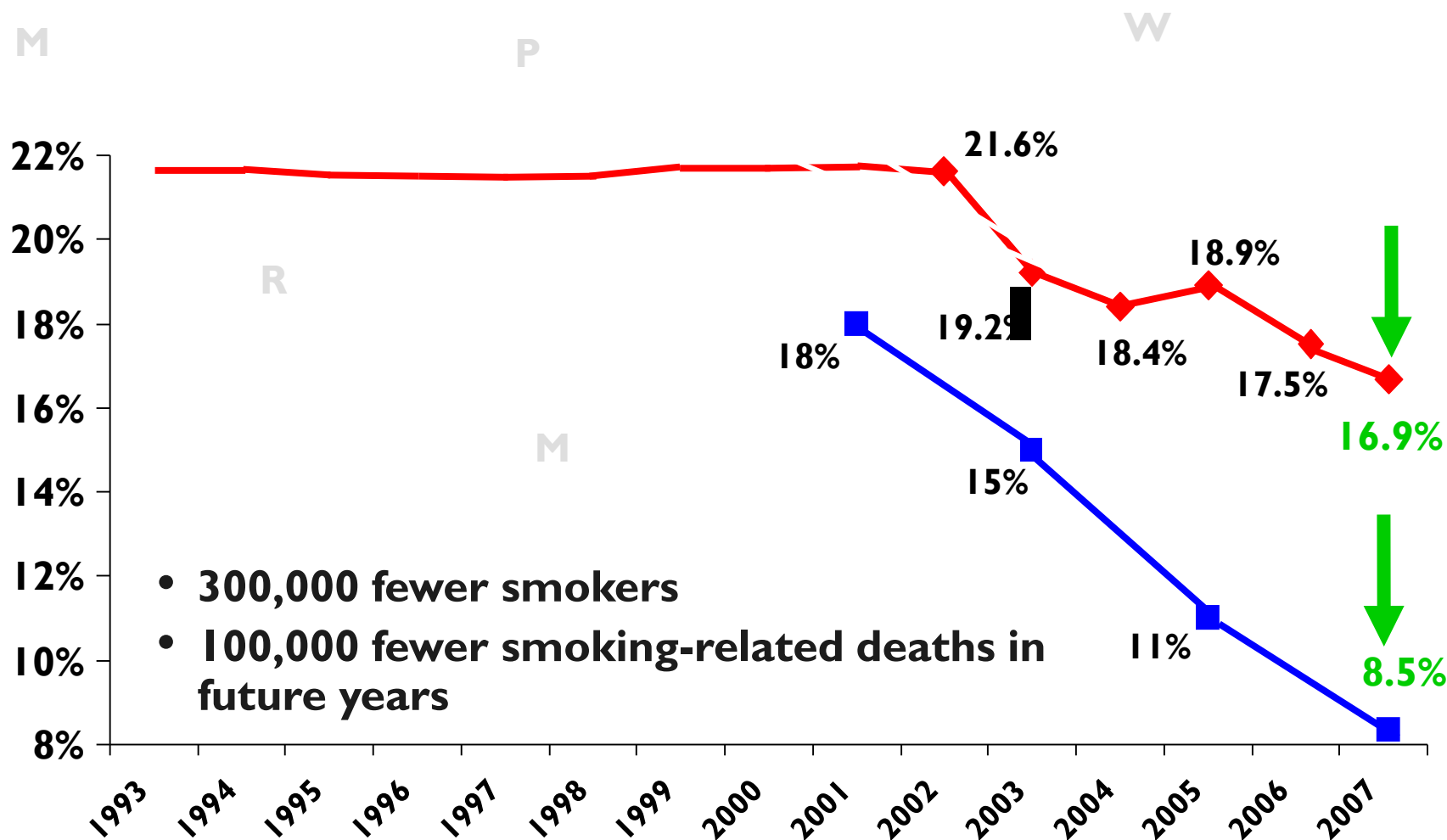
A COMBINATION OF POPULATION-BASED/PUBLIC HEALTH AND CLINICAL RESPONSES ESSENTIAL TO DECREASING SMOKING

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Social Capital: A Public Good

- **"Dilemmas of collective action"** can be overcome by <u>features of social organization</u> that facilitate coordination and cooperation for mutual benefit
  - Networks, norms, trust
  - Organized reciprocity and civic solidarity
  - Enables collective action
  - Other?
- Precondition for economic development and effective government
- **Makes possible achievement of certain ends that would not be attainable in its absence**

Build a society for all ages, in a 3rd demographic dividend

- We need each other

- People living 1/3 of their lives after retirement

- One older adult for every child and adolescent