

THE SOCIAL ISOLATION EPIDEMIC: A PUBLIC HEALTH CONCERN



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Executive Summary

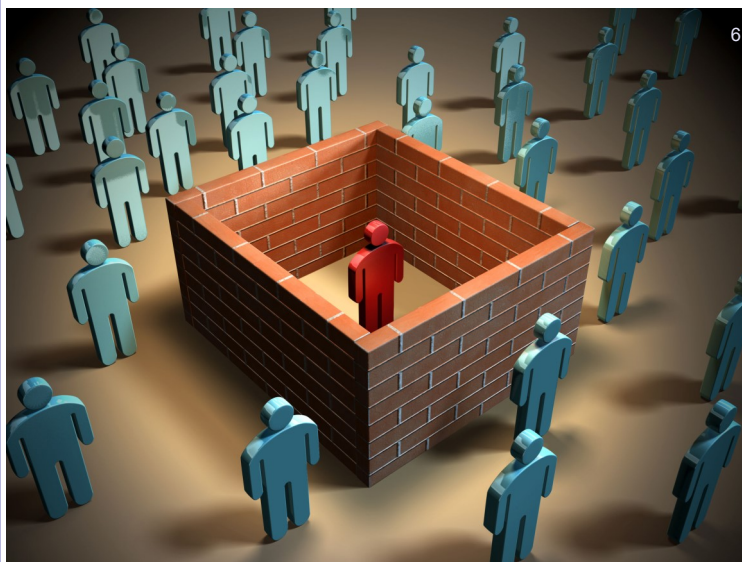
Social isolation kills. Loneliness and social isolation raise the likelihood of coronary heart disease and stroke,² result in poor cardiovascular and mental health outcomes,³ and drastically increase the likelihood of death.⁴ Resulting health implications that stem from real or perceived physical or emotional remoteness include a spectrum of harsh realities ranging from feelings of low self-worth to reduced work capacity to attempts to harm oneself.⁵ Social isolation does not have to become the defining reality of modern life. Attention to the vast loneliness spreading through diverse populations across the state is desperately needed as a means to combat this modern assault on the mental and physical health and well-being of Minnesota residents. Recent global initiatives show that implementing specific legislation that sheds light on the realities of social isolation can lead to community restructuring practices that can promote inclusion, reduce time spent in hospital or long-term care settings, help fiscal organizations save or redistribute critical funding from an economic perspective, and save lives. With care and compassion directed to Minnesota's urban and rural populations across all 87 counties, the Statewide Health Improvement Program (SHIP) is staffed with qualified professional service providers actively making a difference in the lives of Minnesota citizens through advocating for their physical and mental health and well-being.

Social Isolation Defined

Social isolation is "an objective lack of interactions with others and the wider community".³ Loneliness is "the subjective feeling of the absence of a social network or a companion".³ Loneliness can occur even if one has multiple social relationships, or due to living alone.⁷ Social isolation and loneliness are independent concepts, and one may occur without the other.⁸ Social isolation affects people of all ages¹⁰ in both rural or urban settings.⁹

Fact:

"The association between social isolation and health is as strong as the epidemiological evidence that linked smoking and health at the time U.S. Surgeon General C. Everett Koop issued his now-famous warning."¹¹



Social Isolation Snapshot

- 28% of Minnesotan adults lived alone in 2010¹²
- In 2016, that percentage rose to 29.2%¹³
- In 2012, 4 million Medicare recipients lived in social isolation nationwide⁴
- 17% of older adults live in social isolation nationwide⁷
- Loneliness can affect over 40% of some adult subgroups¹⁴

Defining the Problem

Social isolation affects adults of all ages¹⁰ and can increase the risk of death.¹⁵ The number of people living alone in their 20s and 30s has increased.¹⁰ Middle-aged adults are at greater risk than the elderly to the harmful effects of social isolation,⁸ and there are more middle-aged adults than elderly adults in social isolation.¹⁰

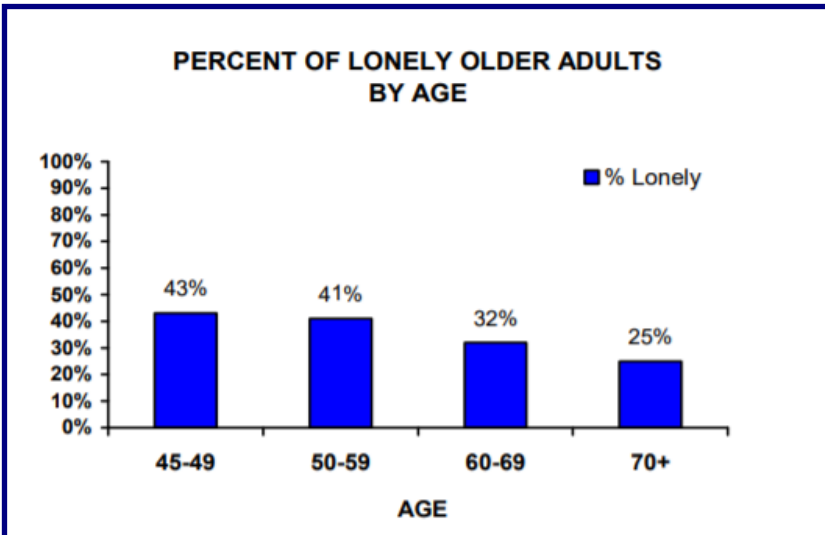


Figure 1. AARP's Percentage of Lonely Older Adults by Age. Wilson, C., Moulton, B. (2010). *Loneliness among older adults: A national survey of adults 45+*. Retrieved from https://assets.aarp.org/rgcenter/general/loneliness_2010.pdf

Health Implications

Loneliness and social isolation are associated with poor health behaviors including physical inactivity, poor sleep,¹⁵ and increased tobacco use.³ Social isolation and loneliness can lead to depression, anxiety, risk of cognitive impairment, psychosis, suicidal ideation, suicide attempts, and eating disorders.⁵

Risk Factors for Social Isolation

Risk factors include living alone, having infrequent social contact, and few social ties.⁸ Research indicates social isolation may contribute to increased hospital admissions of older adults who have chronic health conditions resulting in frequent or avoidable admissions.¹⁶

The High Financial Cost of Social Isolation

Medicare spends an additional \$1,608 annually on adults who are socially isolated.⁴ In 2012, roughly 13%, or 4 million individuals on Medicare, were socially isolated resulting in national expenditures of \$6.7 billion for socially isolated individuals that year alone.⁴ In Minnesota during 2012, 13% percent of Medicare enrollees, or 129,596 older Minnesotans, were living in social isolation.¹⁷ For the older individuals, lack of community support has been linked to the higher use of skilled nursing facilities, raising costs for socially isolated individuals.⁴ Smoking-related illness in the United States cost more than \$300 billion each year; \$170 billion of this amount is spent on direct medical care of adults.¹⁸ In 2011, states spent \$658 million on tobacco control and prevention activities.³³ If the government could spend a fraction of the amount of money spent on tobacco control towards preventing social isolation, we could decrease the amount of hospitalizations due to social isolation. Social isolation costs Minnesotans money.

Health Implications from Social Isolation:

- Poor social relationships were associated with a 29% increase in the risk of coronary heart disease and a 32% increase in risk of stroke²
- Poor cardiovascular and mental health outcomes are linked to people who are socially isolated³

Social Isolation is Deadly

Increased Likelihood of Mortality:

- 29% due to social isolation⁸
- 26% due to loneliness⁸
- 32% due to living alone⁸
- Social isolation's mortality risk is comparable with smoking and alcohol consumption¹⁵
- Social isolation is a higher mortality risk than physical inactivity¹⁵
- Lack of social relationships has a higher mortality risk than that of obesity⁸
- Risk of death for socially isolated individuals is 50 percent higher⁴

Mortality Risk Factors:

Social isolation and loneliness risk factors are comparable with mortality risk factors including physical activity, obesity, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care.⁸

Other Risk Factors:

- Impaired mobility¹⁹
- Low income¹⁹
- Living in a rural location¹⁹ (In 2010, 42 percent of the Minnesota population lived in rural settings with a population of under 5,000²⁰)
- Distance to family for rural older adults²¹
- Unsafe neighborhoods⁷
- Psychological or cognitive vulnerabilities¹⁹
- Not speaking English¹⁹
- Major life transitions¹⁹
- Belonging to a minority group¹⁹
- Being a caregiver²²
- Older adults who lack instrumental support such as transportation¹¹
- Persons with poor mental health¹¹

Projection

Social isolation, loneliness, and Americans with no confidant are increasing.¹⁵ The number of adults 65 and over is expected to double by 2030²³ reaching epidemic proportions.⁸ People are becoming more isolated because there is reduced intergenerational living, delayed marriage, social mobility, increased numbers of people living alone, increased age-related disabilities, and dual-career families.¹⁵ Individuals who are socially isolated may develop a self-perpetuating state of daytime dysfunction, social hypervigilance, and self-preservation which drives them into further isolation.²⁴

Examination of Current Policy

One of the most important things to understand is that the recognition and awareness of social isolation as a social determinant of health and present danger to all populations is nearly non-existent. Government entities have been slow to recognize the potential for social relationships and meaningful opportunities for human connection and validation as a health determinant or health risk marker comparable to other public health priorities. Social support and interpersonal relationships are of vast importance to preserving an individual's mental health and vitality. Legislation and public law related to social isolation but do not distinctly identify it as a threat to health is as follows:

2017 Minnesota Statutes

- **145.985 Health Promotion and Wellness Act.**²⁵
 - In this statute, the importance of implementing wellness programs within communities is emphasized, however it does not specifically mention social isolation as a threat to wellness. This act used the Healthy People 2010 Initiative from the Center of Disease Control as their guideline.²⁵
 - **Healthy People 2010 Initiative.**²⁶
 - In this document there are 28 leading health objectives indicated; many of the identified objectives are negative health concerns that can be a result of social isolation.²⁶
- **145.986 Statewide Health Improvement Program (SHIP).**²⁷
 - In this statute, it identifies the leading top three preventable causes of increased mortality: tobacco use and exposure, poor diet, and lack of regular physical activity.²⁷

Federal Law

- Older Americans Act of 1965.²⁸
 - This Act identifies social isolation as one of the, "greatest social needs".²⁸

Analysis of Policy Options

An analysis of current policy regarding social isolation comes from a perspective of social justice. Attention must be given to whether existing policies are equitable. Certain populations are being underserved¹¹ and existing policies in Minnesota are falling short of these proposed guidelines. Great Britain has recognized the health implications stemming from the problem of social isolation.²⁹ They listened to the concerns of their constituents and have taken the following action to bring about critical changes:²⁹

- Conducted a 12-month investigation into loneliness among the population²⁹
- Created government non-profit business groups to combat isolation²⁹
- Implemented new policy³⁰
- Appointed Tracey Crouch as Minister of Loneliness³⁰

The 145.985 Health Promotion and Wellness Act uses the Centers for Disease Control and Prevention's Healthy People 2010 Initiative as a guide, but the Healthy People 2010 Initiative does not include social isolation as a health indicator.²⁵

The Older Americans Act (OAA) of 1965 defines the term "greatest social need" as the needs caused by non-economic factors, including seeking to address cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.²⁸ While the OAA helps in providing services for older individuals who qualify such as long-term care, home, and community-based option services, there is still a large gap between the population that is eligible and the population that is socially isolated.

The policy recommendations are not endorsed by Minnesota State University, Mankato.

What is the SHIP and how can it help?

SHIP stands for the Statewide Health Improvement Partnership.³¹ Through state funding, SHIP implements interventions in all 87 counties of Minnesota.³¹

Places where strategies are implemented:

- Communities³¹
- Schools³¹
- Worksites³¹
- Healthcare³¹

SHIP's current initiatives:

- Healthy Eating³¹
- Breastfeeding Support³¹
- Active Living³¹
- Tobacco-Free Air³¹

Social isolation should be added to this legislation as a leading preventable cause of illness. This brief addition would make it possible for the development and implementation of screenings at healthcare facilities, schools, community centers, emergency service institutions, and other community gathering places offering outpourings of support, and allow many large population categories that have been unserved, invisible, and ignored to be able to integrate themselves into areas of importance and enjoyment in their lives that will give them a sense of purpose and connection and allow them to enter the twenty-first century in ways of which they have long been dreaming.

Policy Recommendations

- To recognize social isolation as a social determinant of health in the §145.985 Health Promotion and Wellness Act.
- To enact Minnesota legislation mandating social isolation as an initiative for the §145.986 Statewide Health Improvement Program (SHIP).³²
- To enact Minnesota legislation mandating funding towards social isolation as a social determinant of health.³²
- To establish social isolation screenings as a required assessment for all individuals in the healthcare system.
- To establish social skills training and psychoeducation classes.⁵
- To establish supported socialization programs through designating a socially-focused supporter.⁵
- To recognize loneliness as a risk factor to social isolation for early intervention.²⁴
- To establish socialization prescriptions.⁵

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