The Importance of Social Connection for Older Vermonters

What is Social Isolation?

Connection is a core human need we all share. Social isolation is defined as the absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with "society at large" on a broader level. Vermont is ranked 17th in the country for risk of social isolation among older adults according to the 2018 America's Health Rankings Senior Report.

Who is Socially Isolated?

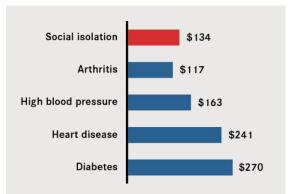
Some common risk factors for social isolation include living alone, mobility or sensory impairment, lower socioeconomic status, living in a rural area, divorce, separation or widowhood, speaking a language other than English, having little or no access to transportation, and membership in a vulnerable minority group.



Why Does It Matter?

Social isolation is a risk factor for illness and morbidity, especially hypertension and cardiovascular disease. Chronic loneliness (also known as subjective social isolation) is associated with higher number

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



of chronic illness and higher depression scores. Additionally, isolation is generally predictive of cognitive impairment in older women. Those who are lonely often smoke, engage in substance misuse, have a poor diet, are more likely to suffer falls, and are inactive. People who are isolated have poorer health trajectories and their risk of death is 50% higher.

How Does Social Isolation Impact Healthcare Costs?

Socially isolated people are more likely to seek medical assistance to satisfy their need for interaction and interpersonal stimulation, often independent of their health status. Loneliness and isolation also lead to more medical visits, longer hospital stays, and earlier admission into long-term care homes. Providing medical care to people without necessity leads to unnecessary time and tests. Conversely, 3.6 million Americans who were not able to find transportation in 2006 deferred or missed routine medical care. Those who miss routine medical visits are likely to miss out on the opportunity for preventative care, and those who live an unhealthy lifestyle are more likely to develop certain diseases

or conditions and become a larger burden on the public health system. The national additional monthly cost to Medicare for a socially isolated enrollee was \$134. Four million people 65+ enrolled in fee-for service Medicare in 2012 and were socially isolated, with total additional expenditures of \$6.7 billion annually.

Solutions to Increase Connection

There are many ways we can increase social connectedness, including but not limited to owning a pet, joining clubs, volunteering, using technology to connect with loved ones, and attending events. Activities at centers for older people, including therapeutic writing and group psychotherapy, group exercise



and discussions, and art activities have been shown to help reduce social isolation. These interventions lowered morbidity rates and improved subjective health, which then led to an estimated \$1,106 decrease in healthcare costs per person per year.

As Vermonters live longer and healthier lives, we need policies and practices that strengthen our local communities and support social connectedness across the lifespan. With creativity and innovation, we can collectively meet the challenge of social isolation and ensure all Vermonters are able to age with what we need to live our best lives.

Learn more about social isolation and how it affects older Americans ~

https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf

https://www.americashealthrankings.org/learn/reports/2018-senior-report

Bibliography

Berg RL, Cassells JS, editors. The Second Fifty Years: Promoting Health and Preventing Disability. 1992. 14, Social Isolation Among Older Individuals: The Relationship to Mortality and Morbidity.

AARP Foundation; Elder K, Retrum J, editors. Framework for Isolation in Adults over 50. 30 May 2012.

Cacioppo JT, Hawkley LC. Perceived Social Isolation and Cognition. Trends in cognitive sciences. 2009;13(10):447-454.

Gerst-Emerson K, Jayawardhana J. Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. *American Journal of Public Health*. 2015;105(5):1013-1019.

Campaign to end loneliness. How can we ascertain the true costs of loneliness? January 2014.

Flowers L, Houser A, Noel-Miller C, Shaw J, Bhattacharya J, Schoemaer L, Farid M. Medicare Spends More on Socially Isolated Older Adults. November 2017.

Pitkala KH, Routasalo P, Kautiainen H, Tilvis RS. Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomized, controlled trial. *J Gerontol A Biol Sci. Med Sci.* 2009 July. 64(7):792-800

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