



Isolation and Why it Matters

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Agenda

- What is social isolation?
- Why does isolation matter for health?
- Isolation in a rural context
- What we can do about isolation

What is Social Isolation?

- Lack of social contacts, relationships, or support
- Few family, friends, and other people in one's life; few people to connect with or turn to



Source: Interventions for loneliness and social isolation National Institute for Health Research. The University of York Centre for Reviews and Dissemination. 2014

What is Loneliness?



- A subjective *feeling state* of being alone, separated or apart from others.
- Has been conceptualized as an *imbalance* between desired social contacts and actual social contacts.

Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health Soc Care Community*. 2018 Mar;26(2):147–57. doi: 10.1111/hsc.12367. PMID: 27413007.

Defining Isolation and Loneliness

- No one, perfect definition:
 - Social isolation, social connectedness, loneliness, and living alone are related, but distinct
 - Differences between loneliness and solitude
 - Social isolation = lack of social connections
 - Loneliness = social needs not being met

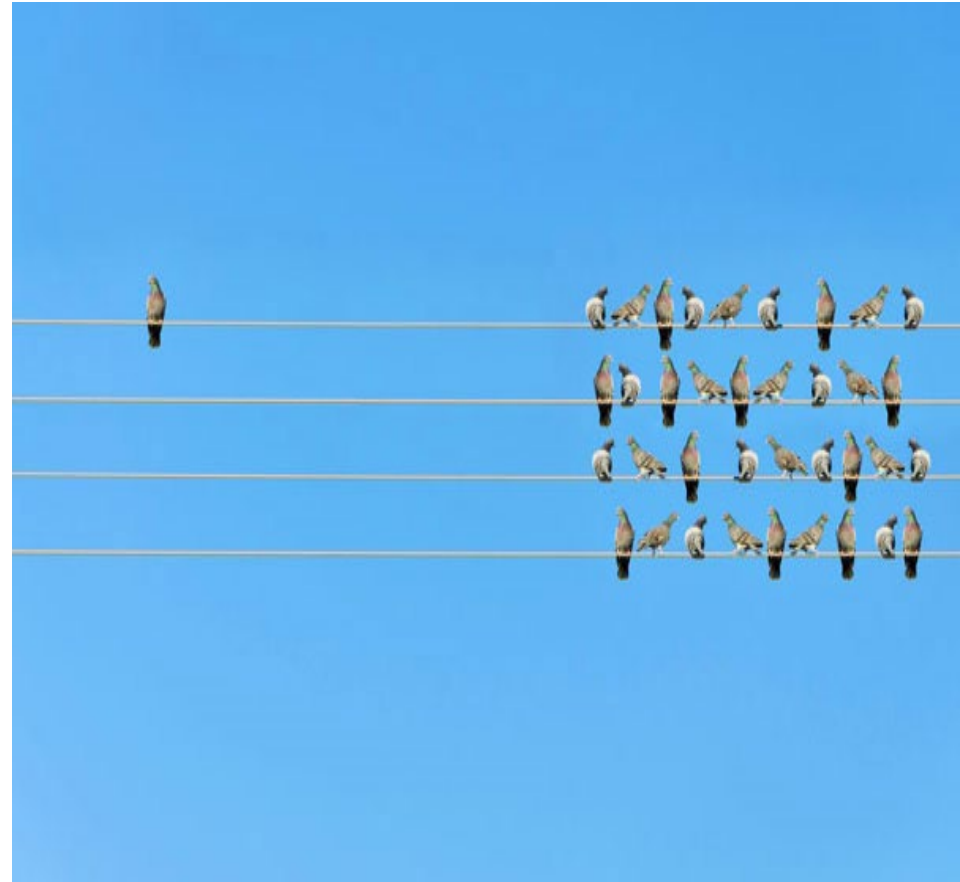


Photo credit: OgnjenO

Our Body's Signal

“Loneliness is like hunger and thirst... it’s a natural signal our body sends us when we’re lacking something we need for survival – in this case social connection.”

- US Surgeon General Vivek Murthy

Social Isolation, Loneliness, and Health

The New York Times

How Social Isolation Is Killing Us



Social isolation is a growing epidemic, one that's increasingly recognized as having dire physical, mental and emotional consequences. Damon Winter/The New York Times

By Dhruv Khullar

Dec. 22, 2016



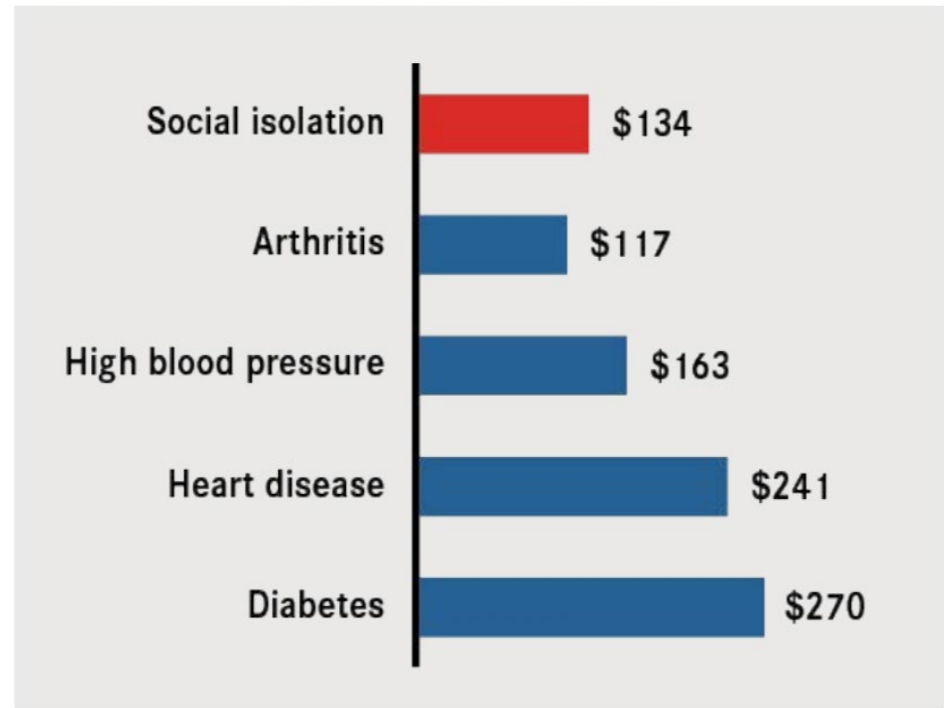
- Increased risk of:
 - Alzheimer's disease and poorer cognitive functioning
 - Poorer immune system functioning
 - Hypertension and heart disease
 - Stress
 - Substance use
 - Depression
 - Mortality, including from suicide

Cost of Isolation and Loneliness

- Social isolation costs the Medicare program nearly \$7 billion annually

FIGURE 1

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



How Common is Isolation and Loneliness?



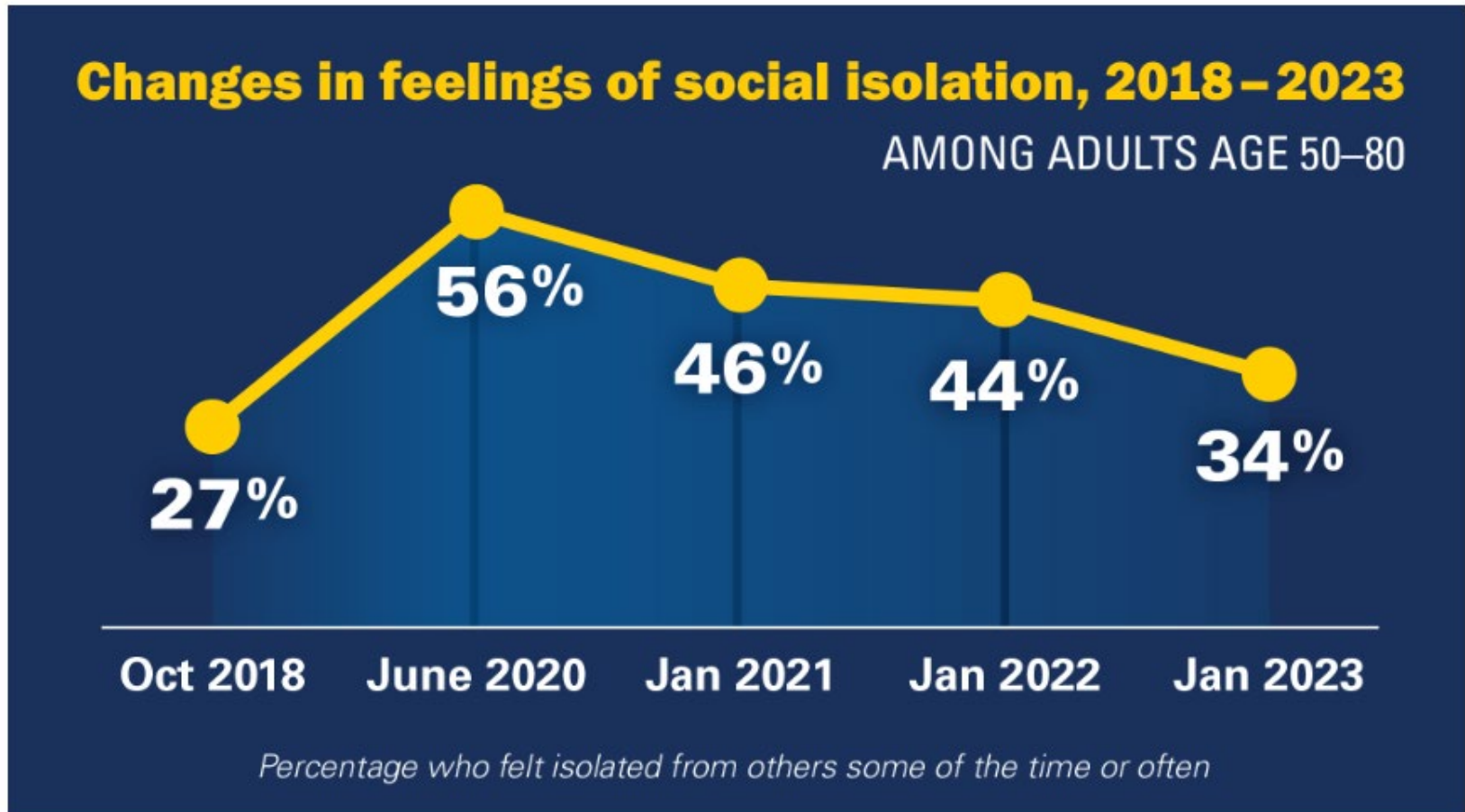
- In a 2021 survey of Americans conducted by Cigna:
 - 58% of Americans are considered lonely
 - 42% of people aged 18-34 report “always feeling left out”

Unique Risks for Older Adults

- Multiple life transitions
- Loss of friends and loved ones
- Changes in health and functional status
- Hearing loss
- Ageism



Isolation, Older Adults, and COVID-19



Unequal Risk



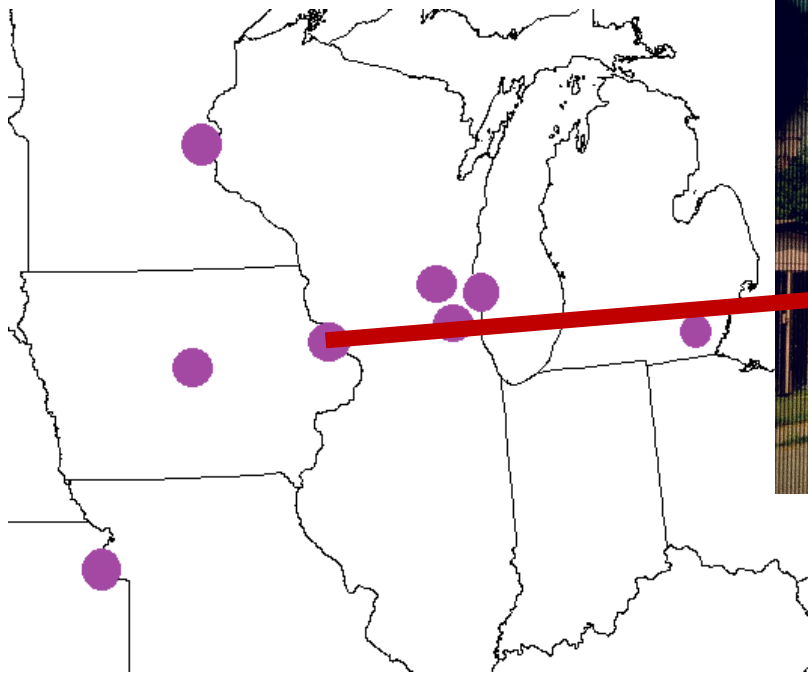
COVID-19 poses an unequal risk of isolation and loneliness

BY CARRIE HENNING-SMITH, OPINION CONTRIBUTOR — 03/18/20 05:00 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

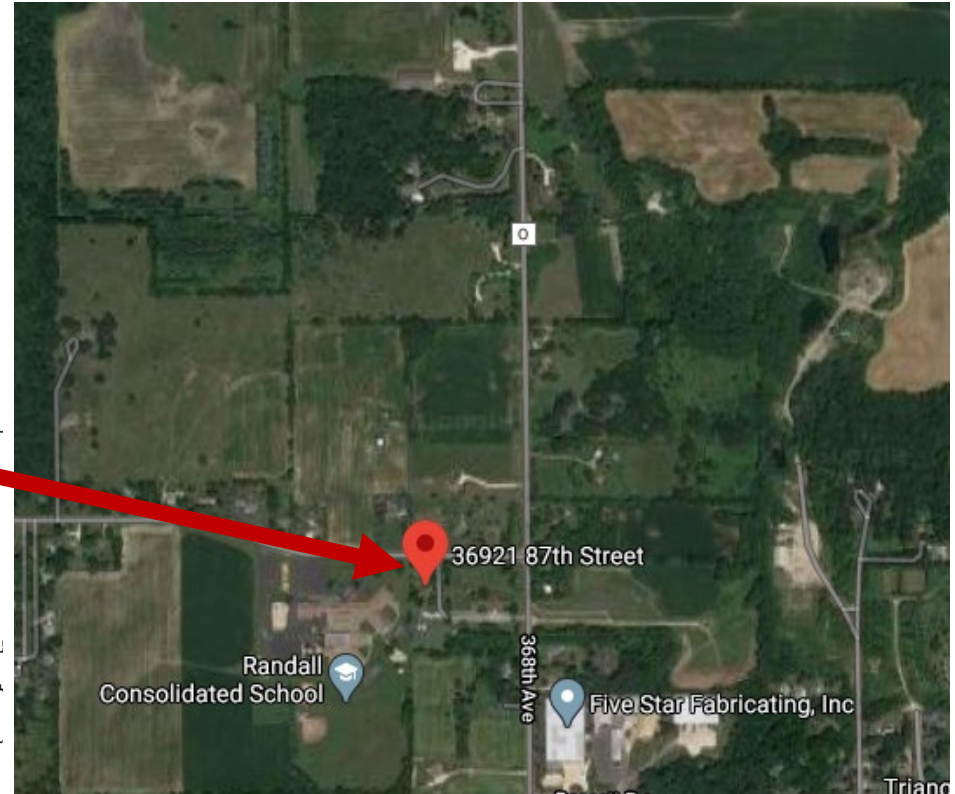
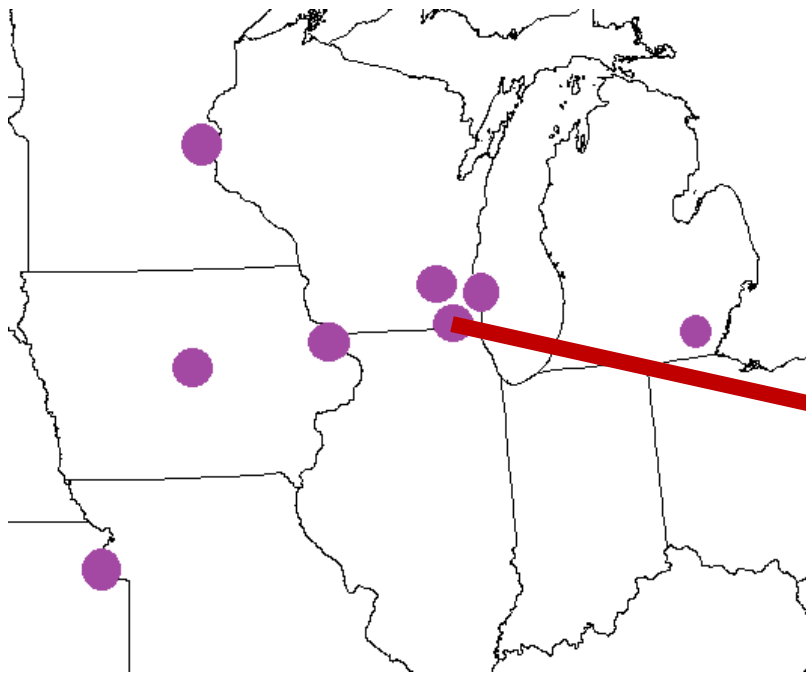
97 COMMENTS

- Higher risk for:
 - People with chronic conditions and disabilities
 - People living alone (not by choice)
- Structural barriers to connection:
 - Transportation, technological connectivity
 - Racism, homophobia, transphobia, xenophobia
- Different access to care and support resources

Isolation and Loneliness in Context



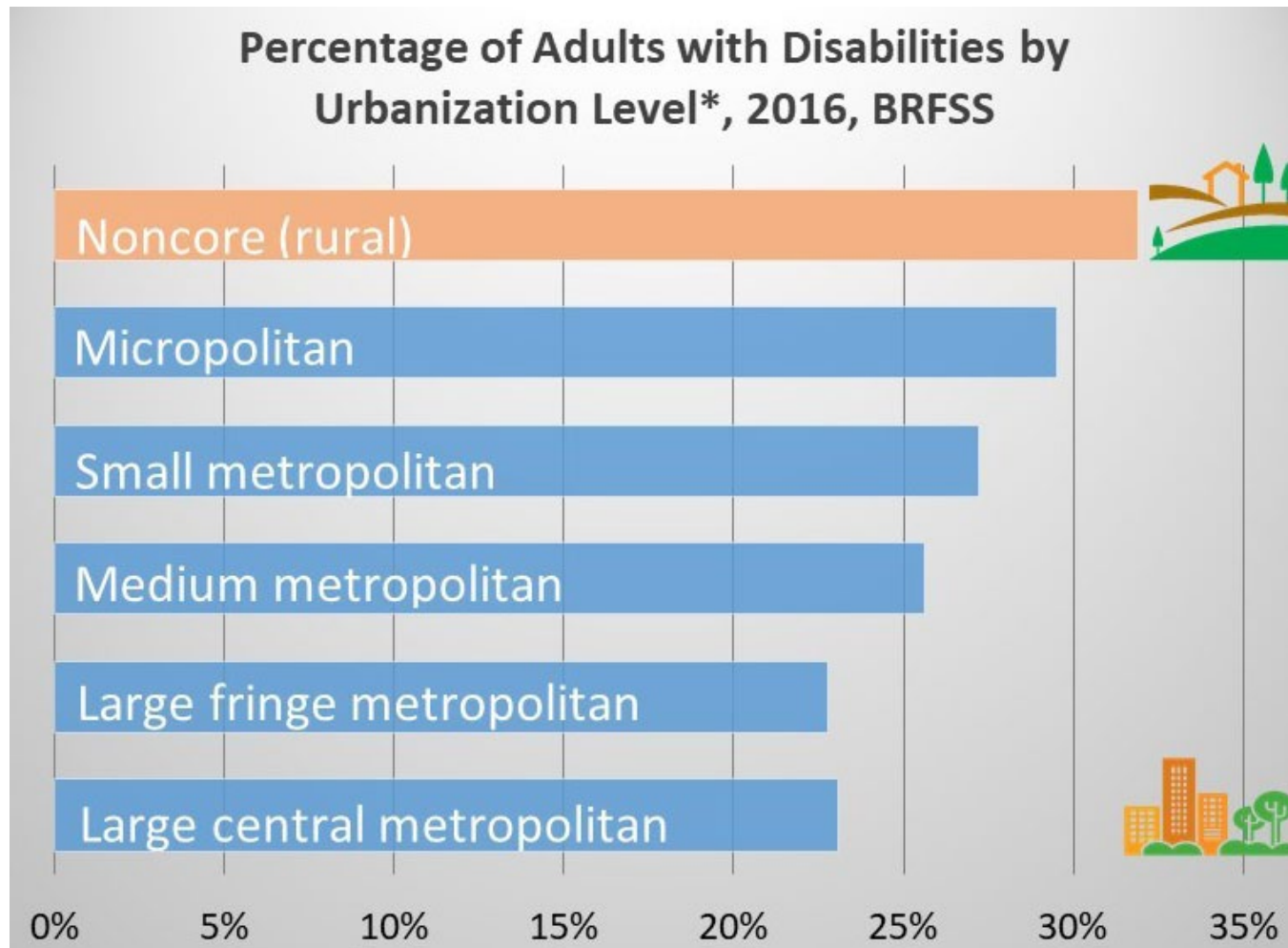
Isolation and Loneliness in Context



What Does this Mean for Rural?



Disability Rates Higher in Rural



Source: Zhao et al. (2016) *American Journal of Preventive Medicine*

Living Alone More Common in Rural Counties

INFOGRAPHIC
April 2020



Rate of Living Alone by Rurality and Age

Carrie Henning-Smith, PhD, MPH, MSW

Jonathan Schroeder, PhD, MA

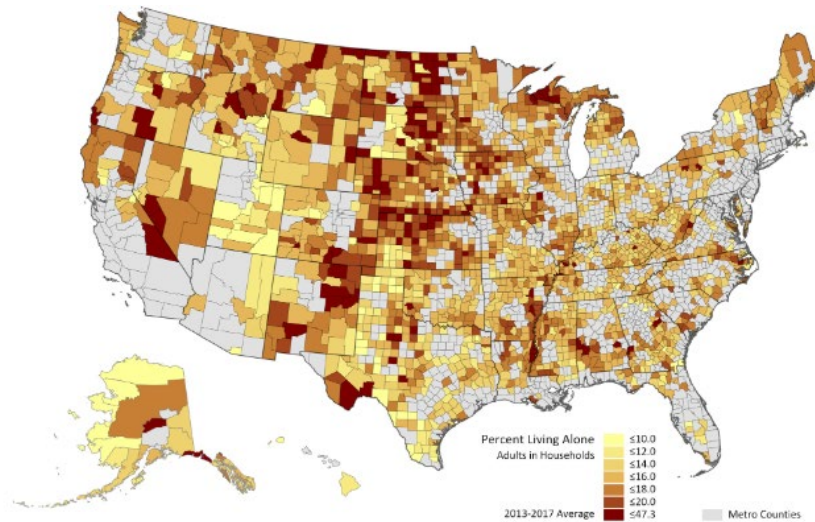
Mariana S Tuttle, MPH

Key Findings

- Rates of living alone are higher in Census-defined urban areas than in rural areas across all age categories, but rates are also

Purpose

Living alone is increasingly common and is associated with higher risk of social isolation and poor health for populations without access to appropriate support and resources. Little is known about how rates of living alone vary by rurality, however. In this infographic, we identify rates of living alone for all adults and within specific age groups using two different classifications of rurality.



- 14.9% in rural counties vs. 13.5% in urban counties
- Geographically patterned
- Disability rates highest among rural adults living alone

Rural Transportation Challenges

POLICY BRIEF
November 2017



Rural Transportation: Challenges and Opportunities

Carrie Henning-Smith, PhD

Alex Evenson, MA

Amanda Corbett, MPH

Katy Kozhimannil, PhD

Ira Moscovice, PhD

Key Findings

- 113 key informants from all fifty states reported rural transportation challenges across six distinct, interrelated themes: infrastructure (mentioned by 63%), geography (46%), funding (27%), accessibility (27%), political support and public awareness (19%), and socio-demographics (11%).
- Most key informants highlighted problems across multiple themes, illustrating the complexity of meeting the transportation needs of rural residents.
- Improving rural access to transportation services is, in the opinion of nearly all key informants, an area of critical importance to rural populations.
- Policy interventions should aim to improve awareness of existing transportation services; address accessibility for all riders; share best practices between states, communities, and health care facilities to improve efficiency; and build partnerships that cross traditional organizational and sector boundary lines.

rhrc.umn.edu

Purpose

Transportation, as it relates to health and health care, is widely acknowledged to have unique features in rural communities, but there is limited research on specific challenges and potential policy interventions to alleviate them. This policy brief uses survey data from 113 key informants across all fifty states to describe challenges and opportunities related to rural transportation.

Background and Policy Context

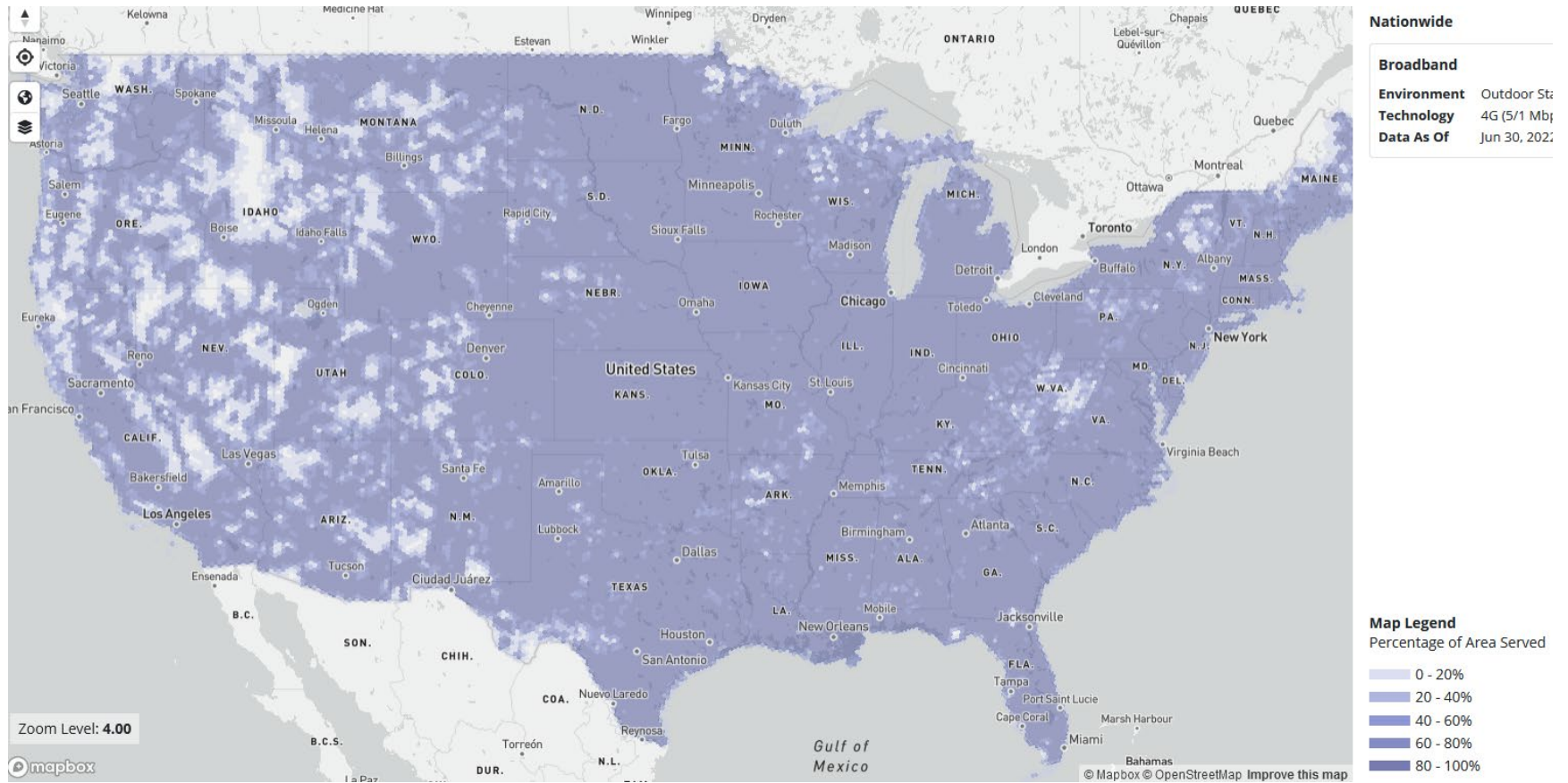
Transportation has long been cited as a concern for rural residents, but is rarely the focus of health services research.¹ As a social determinant of health, access to high-quality, affordable transportation is fundamental to mental, physical, and emotional well-being. For individuals with disabilities, those with low incomes, older adults, and others who may not have reliable access to a vehicle or be able to safely drive themselves, public and private transportation is critical to access health services, obtain food and other necessities, and engage with their communities.² Medicaid is currently an important source of transportation for individuals who qualify, providing emergency and non-emergency medical transportation. However, exact benefits vary by state, and the Centers for Medicare & Medicaid Services only permit reimbursement for "loaded" miles in which the beneficiary is in the vehicle.³ This puts rural transportation providers at a distinct disadvantage, since they need to bear the burden of driving more unreimbursed miles to pick up a passenger. The Federal Transit Administration's Section 5310 and 5311 programs are also important sources of transportation assistance in rural areas, providing federal matching dollars for public transportation for individuals with disabilities and rural areas, respectively.⁴ However, these also rely on some funding and coordination at the state level, leading to disparities in access to and quality of transportation programs by state, and they alone may not be sufficient to address all rural transportation challenges.

In both rural and urban settings, transportation clearly impacts the usage of health care services, because individuals without reliable transportation are more likely to delay and forgo necessary appointments, preventive care, and health maintenance activities.⁵ A study of more than 1,000 households in North Carolina found that those with a driver's license had 2.3 times more health visits for chronic care and 1.9 times more visits for regular checkup care than those who did not have a driver's license, and those who had family or friends who could

- Key rural-specific challenges:
 - Infrastructure (roads, bridges, availability of vehicles);
 - Geography;
 - Accessibility;
 - Political support and public awareness;
 - Financial resources

Source: Henning-Smith et al. (2017) <https://rhrc.umn.edu/publication/rural-transportation-challenges-and-opportunities/>

Broadband Access



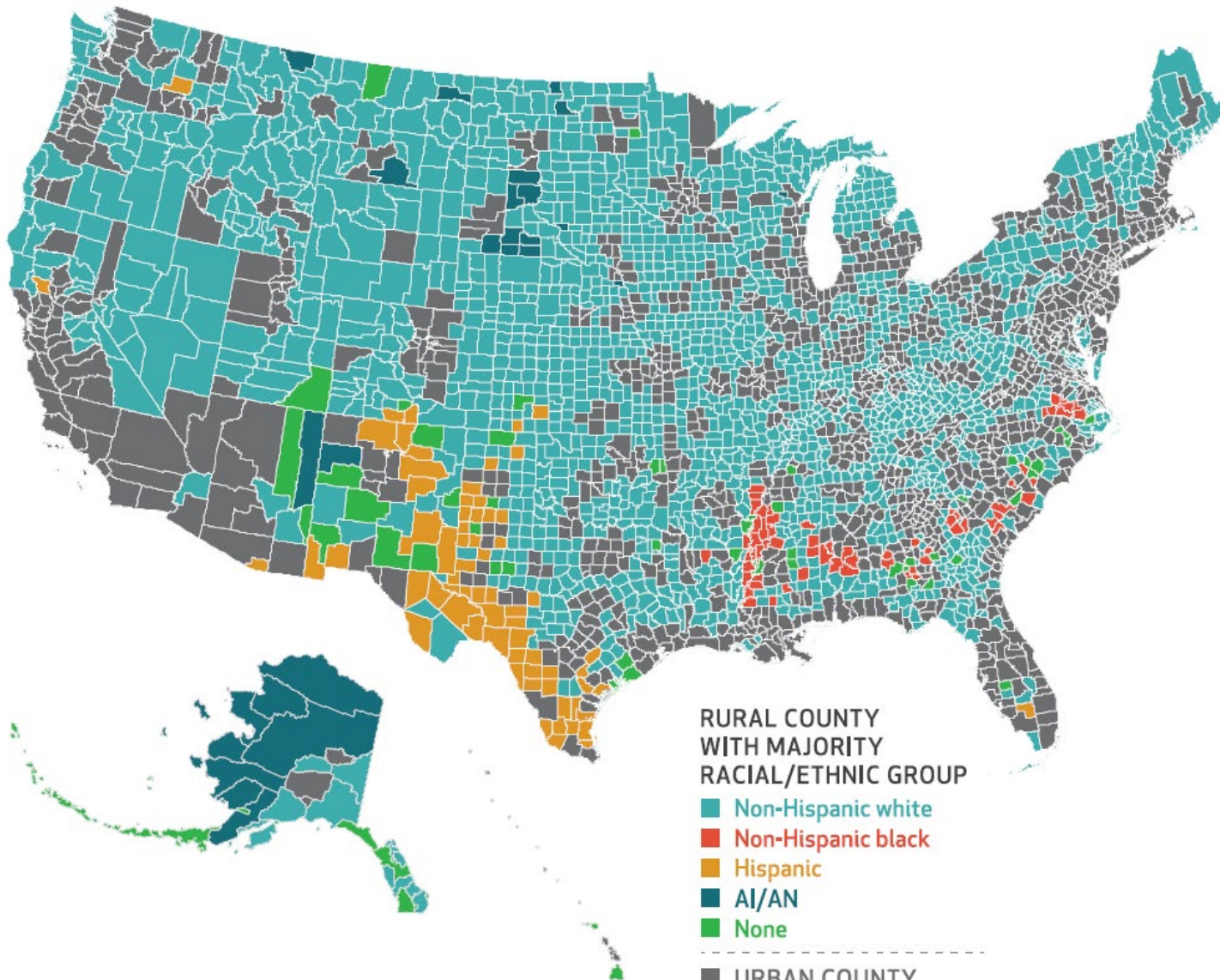
Source: Federal Communications Commission (2022)

Rural Hospital Closures Since 2010



Source: University of North Carolina Sheps Center (2023)

Rural Areas are Not Monolithic



Source: Henning-Smith et al. (2019) *Health Affairs*

What Do the Data Say?

THE JOURNAL OF RURAL HEALTH



ORIGINAL ARTICLE

Differences in Social Isolation and Its Relationship to Health by Rurality

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Abstract

Purpose: Social isolation is an urgent threat to public health. Meanwhile, health outcomes across multiple measures are worse in rural areas, where distance to neighbors is often greater and opportunities for social interaction may be scarcer. Still, very little research examines rural-urban differences in social isolation. This study addresses that gap by examining differences in social isolation by rurality among US older adults.

Methods: Using Wave 2 of the National Social Life, Health, and Aging Project data ($n = 2,439$), we measured differences between urban and rural (micropolitan or noncore) residents across multiple dimensions of social isolation. We also conducted multivariable analysis to assess the associations between rurality, sociodemographic characteristics, and loneliness, overall and by rurality. Finally, we conducted multivariable analysis to assess the association between social isolation and self-rated health, adjusting for rurality.

Findings: Compared to urban residents, rural residents had more social relationships and micropolitan rural residents were more likely to be able to rely on family members (95.8% vs 91.3%, $P < .05$). Micropolitan rural residents reported lower rates of loneliness than urban residents after adjusting for sociodemographic and health characteristics ($b = -0.32$, $P < .05$), whereas noncore rural, non-Hispanic black residents had a greater likelihood of reporting loneliness ($b = 4.33$, $P < .001$).

Conclusions: Overall, noncore and micropolitan rural residents reported less social isolation and more social relationships than urban residents. However, there were differences by race and ethnicity among rural residents in perceived loneliness. Policies and programs to address social isolation should be tailored by geography and should account for within-rural differences in risk factors.

Disclosures: The authors are aware of no conflicts of interest or financial conflicts.

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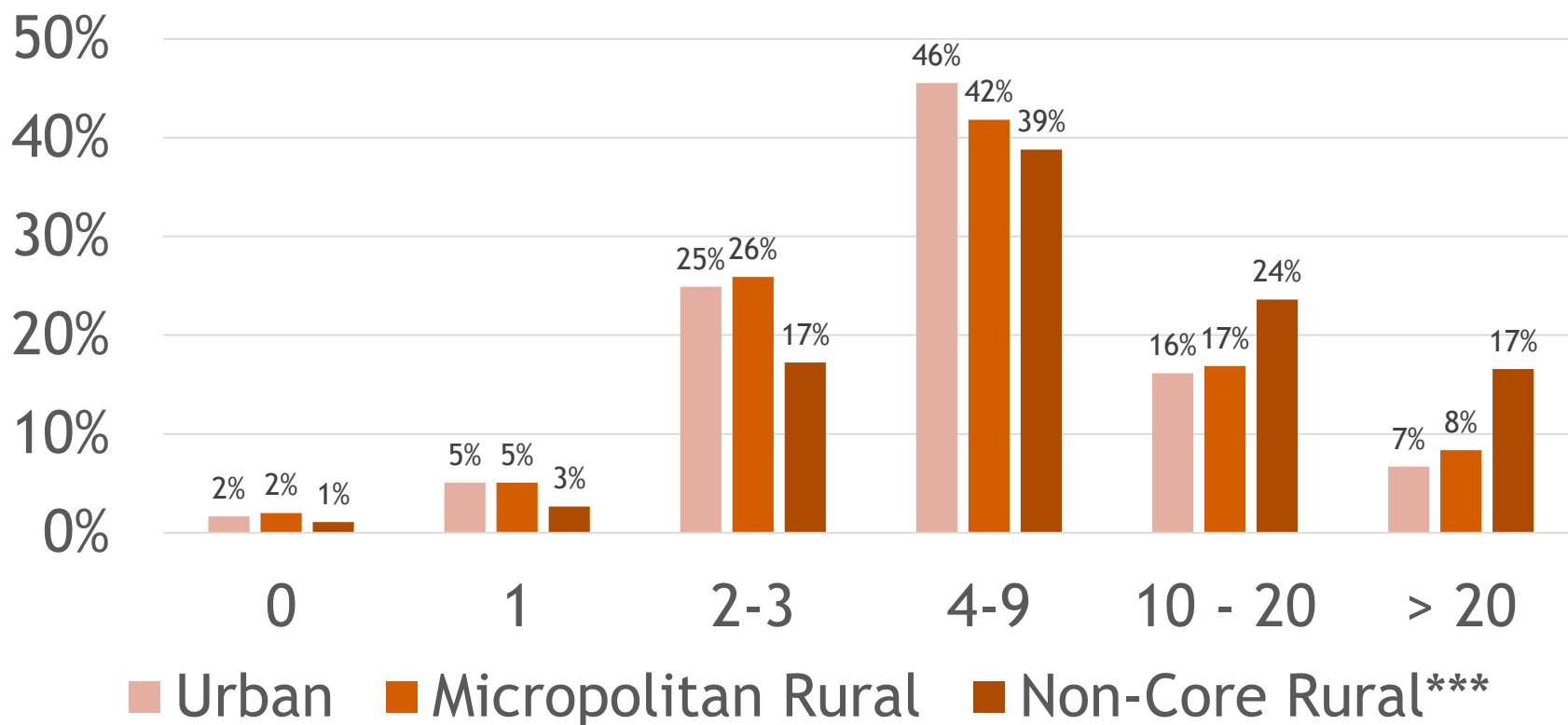
For further information, contact: Carrie Henning-Smith, PhD, MPH, MSW, Division of Health Policy and Management, University of Minnesota School of Public Health, 2221 University Ave. SE, Suite 350, Minneapolis, MN 55414; e-mail: henn0329@umn.edu.

doi: 10.1111/jrh.12344

Rural/urban differences in social isolation and loneliness for older adults (ages 65+)

Rural-Urban Differences: Family

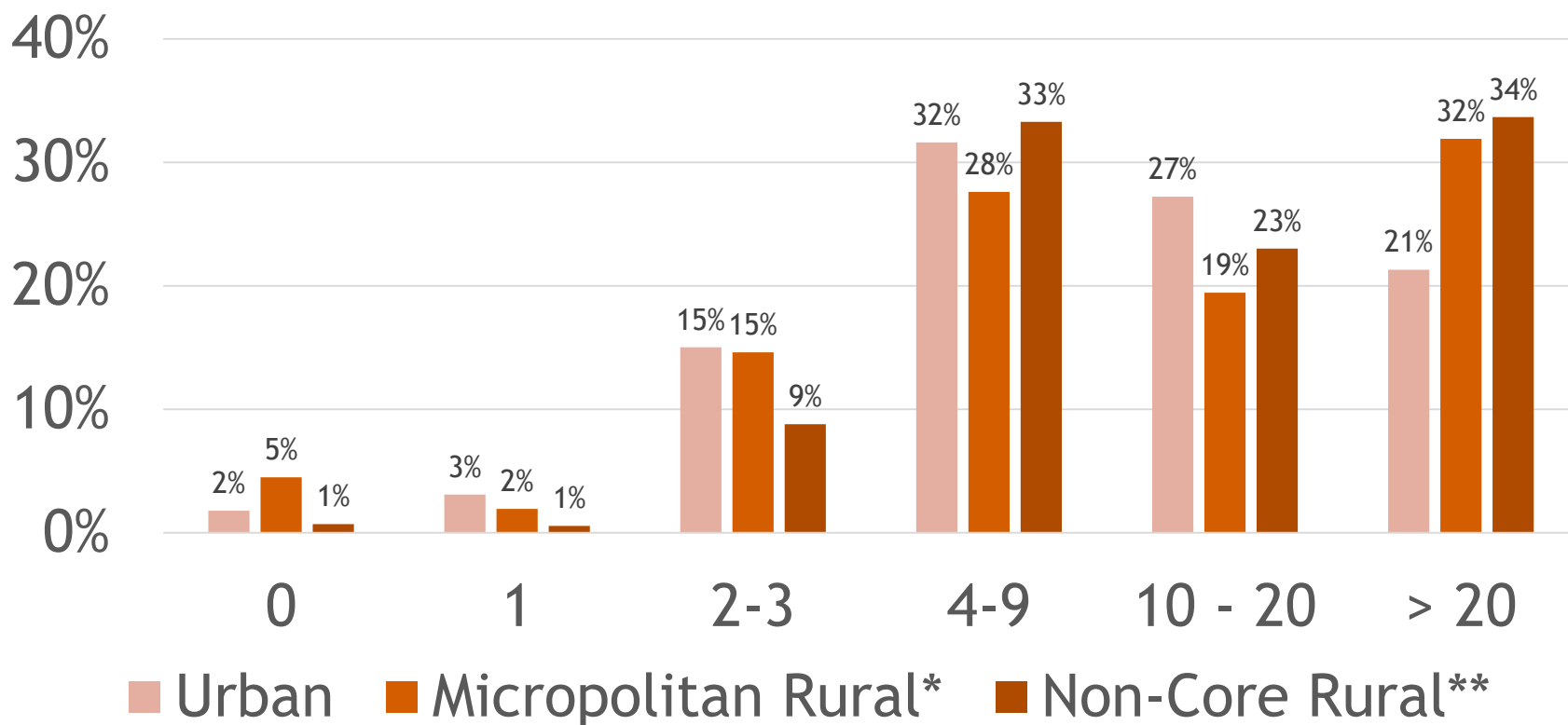
Number of Close Relatives



***Non-core different than urban at $p < 0.001$

Rural-Urban Differences: Friends

Number of Friends

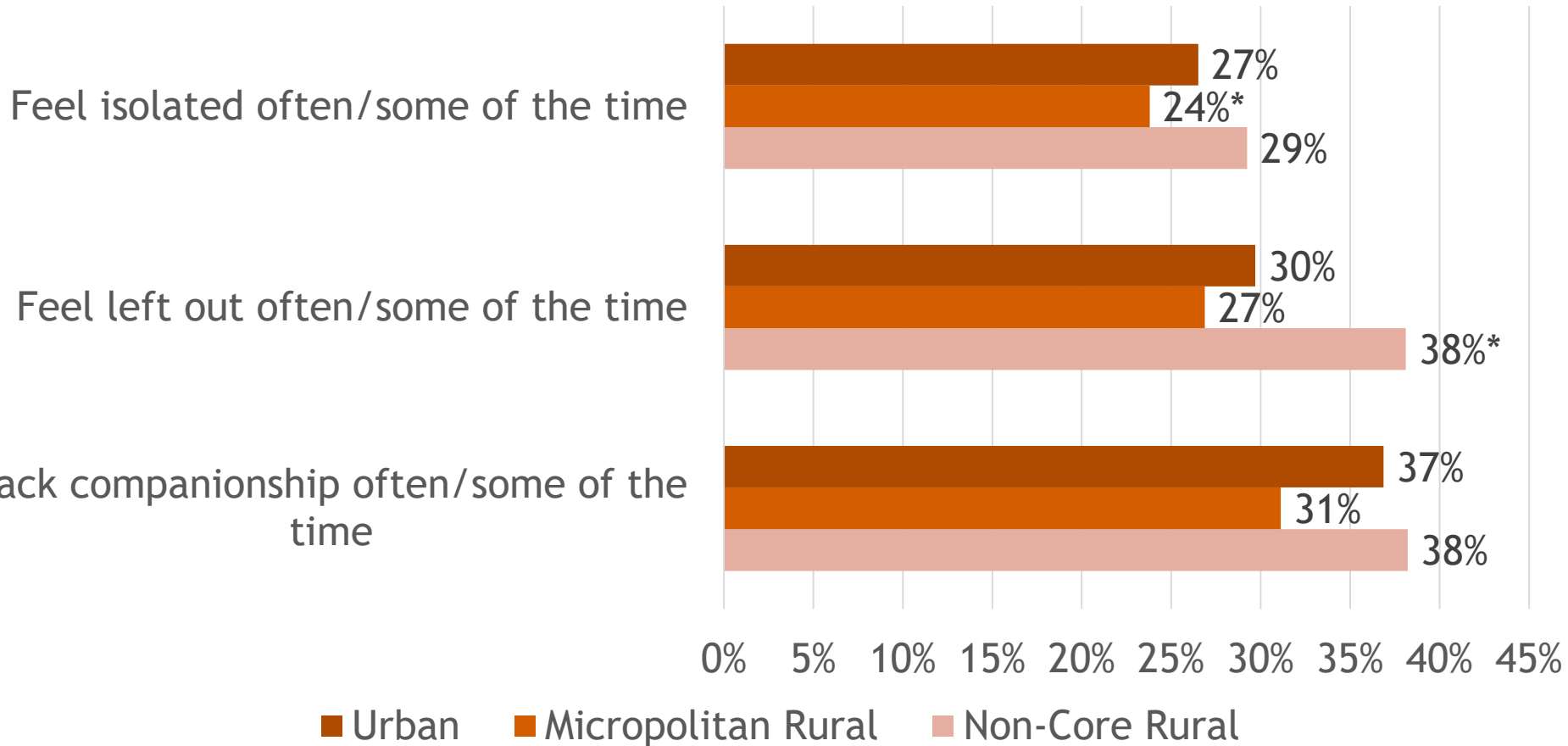


*Micropolitan different than urban at $p < 0.05$;

**Non-core different than urban at $p < 0.01$

Source: Henning-Smith et al. (2019) *Journal of Rural Health*

Rural-Urban Differences: Loneliness



*Different than urban at $p < 0.05$

What Do the Experts Think?

POLICY BRIEF
October 2018



Key Informant Perspectives on Rural Social Isolation and Loneliness

Carrie Henning-Smith, PhD

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Megan Lahr, MPH

Alex Evenson, MA

Ira Moscovice, PhD

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Key Findings

- Twenty-two key informants across multiple sectors identified four main areas in which social isolation may affect health: mental health, general health and well-being, diminished access to basic resources, and quality of life. Mental health was the most frequently mentioned theme.
- Rural-specific issues related to addressing social isolation emerged in five areas: transportation, technology, demographics, access to resources, and rural culture.
- Over time, there have been changes related to technology, resource constraints, demographic shifts, and cultural shifts that have affected those who are socially isolated and those attempting to mitigate the impact of social isolation in rural areas.
- Possible strategies to support socially isolated individuals in rural areas include improvements in transportation, technology, health care, collaboration across sectors, increased support and infrastructure, education and awareness, and increased resources and funding.

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Purpose

Social isolation has received widespread recognition as an urgent public health problem, yet limited information specific to rural areas is available on this issue, making it difficult to design effective interventions to address isolation among rural residents. This policy brief uses data from interviews with 22 key informants in 12 states, all of whom were experts in the issue of social isolation and/or rural health, to describe key challenges and opportunities related to rural social isolation.

Background and Policy Context

Social isolation encompasses objective lack of social contact, or social disconnectedness, as well as more subjective feelings of loneliness, both of which affect health.¹ It is directly related to increased morbidity and mortality, both of which are elevated in rural areas, compared with urban areas.^{2,3} In fact, recent research shows that social isolation poses as great of a risk to mortality as obesity and smoking.^{4,5} Social isolation has been linked to increased health care costs,⁶ and with a variety of poor health outcomes, including increased risk of high blood pressure, stress, substance use, depression, suicide, and Alzheimer's disease, as well as diminished immune system functioning.⁷

Given the geographic and spatial aspects of social isolation as well as the uniqueness of rural communities and life experiences, specific attention should be paid to social isolation in rural areas. Rural-tailored information could inform effective intervention strategies to increase social connection in these communities. However, research on rural-urban differences in social isolation is limited and more information is needed regarding effective strategies to inform policy-making. This policy brief addresses gaps in the literature and provides policy-relevant information by identifying key issues in rural social isolation and potential opportunities to intervene, based on interviews with rural stakeholders who are actively working on issues related to social isolation in their communities.

Approach

We interviewed 22 key informants across 11 states (CA, GA, IL, IN, MI, MN, MO, MT, NC, NM, and UT), plus the District of Columbia with expertise in the area of rural health and/or social isolation. We identified key informants through literature and online searches and relied on a snowball sampling technique, in which key informants were asked to nominate others with expertise in the topic. We purposefully included key informants working in different sectors, including academia, health care, advocacy, and direct service. We also included key informants with national, state, and local foci of their work and focusing on different pop-

- Key informant interviews (n=22)
- Semi-structured interviews
- Inductive content analysis



Key Rural-Specific Challenges

- Five themes:
 - Transportation
 - Technology
 - Demographics
 - Access to resources
 - Rural “culture”



Transportation Challenges

- Most frequently endorsed theme
- Limited transportation resources and infrastructure constrain social contact
- Long distances make access to providers, events, and resources challenging



“Our bus doesn’t run on Sundays. So, you’re losing that whole weekend day that you could say, ‘Hey! We’re going to have a big picnic at the park!’ because then you have to figure out who’s coming and who needs rides...the logistics are really, really hard.”

Sector: Direct service; Focus: Recent immigrants

Technology Challenges



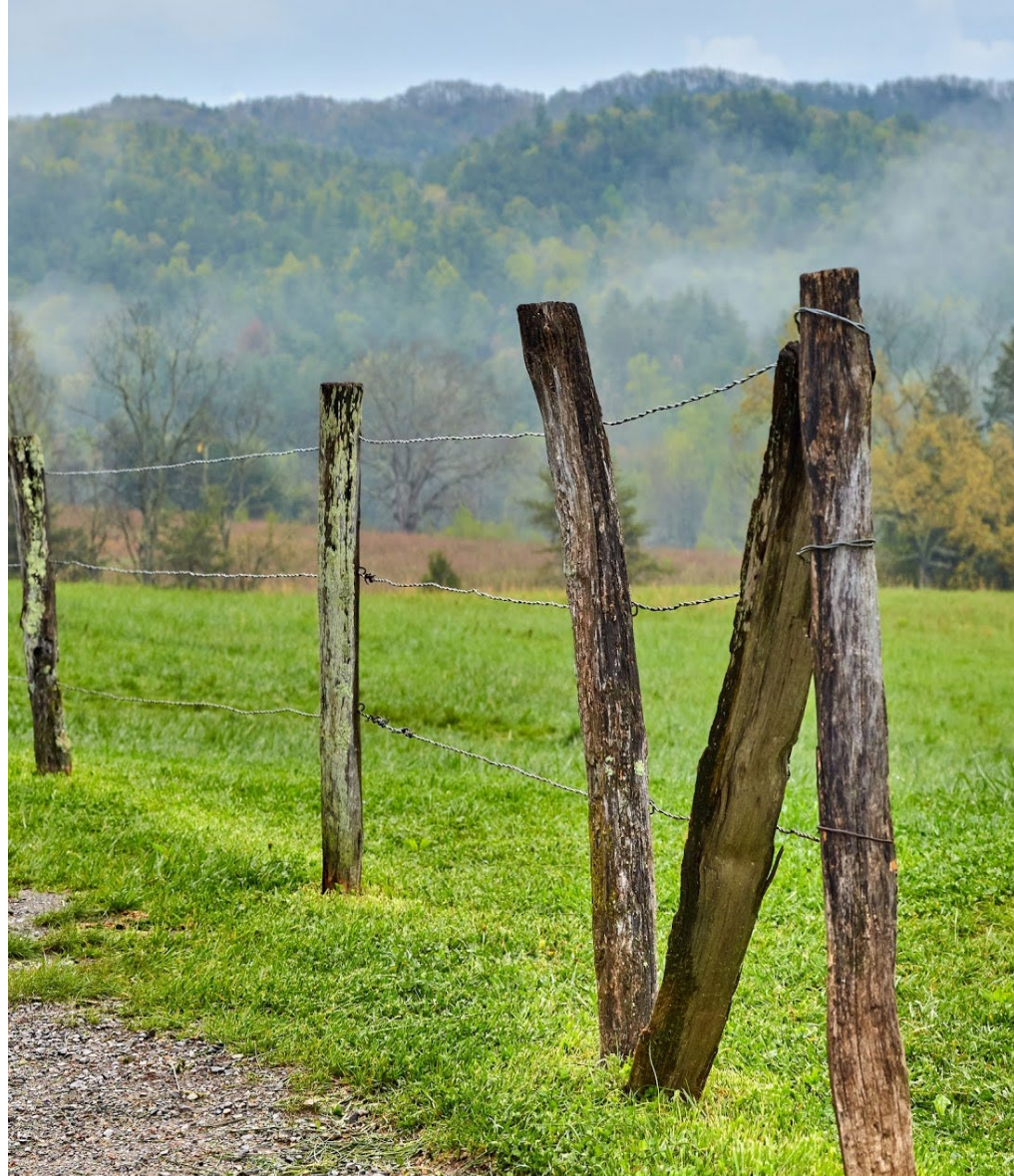
- Limited Internet, broadband access, and cell connectivity
- More restricted access to devices and resources, compared with urban

“We have this great idea going out, but can’t do it for people in the smaller communities because there’s no internet access. No cell signals in the area. There are certain places where there are dead spots and that’s where people live.”

Sector: Direct service; Focus: Older adults

Demographics

- Aging population, younger people moving to urban areas
- Families becoming more geographically distant
- Poverty
- Increasing racial and ethnic diversity, but limited availability of culturally- and linguistically-appropriate services for recent immigrant populations



Access to Resources



- Fewer formal programs and gathering spaces
- Low population density
- Health care constraints and workforce shortages
- Fewer available volunteers

“As an EMT, I’ve gone on a lot of 911 calls because they didn’t have anyone else in their life. I don’t know how many runs I’ve gone on that are caused by loneliness, but it’s more than you would think.”

Sector: Health care; Focus: All ages/groups

Rural “Culture”

- Strength and size of rural families
- May be isolating to be “different”
- Shift toward being less likely to know one’s neighbor; increased political divides



Addressing Isolation: Individual Actions



- Pay attention to your feelings with solitude and your need for connection
- Reach out to others: phone, email, text, mail...
- Use social media constructively
- Try out hobbies, clubs, or groups
- Find ways to help others
- Don't be afraid to talk about loneliness

Addressing Isolation: Community Actions

- Talk about isolation and loneliness
- Provide opportunities for connection
 - Accessible
 - Affordable
 - Varying schedules
 - Varying interests
- Address built environment
 - Places to gather
 - Safe connection points



Addressing Isolation: Policy Actions



- Need for rural-specific, flexible, and inclusive policies
- Address structural factors that impact health and social well-being
- Build on strength in rural areas

Resources



- [988 hotline](#)
- [MN Thrives \(Minnesota Department of Health\)](#)
- [Men's Sheds](#)
- [Foundation for Social Connection](#)
- [Rural Health Information Hub](#)



Thank you!

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