Talking Through the Numbers – Episode 13

How Does Social Isolation Impact Older Adults in Minnesota?

Through interviews with researchers, community leaders, and service providers, Wilder Research Executive Director Paul Mattessich examines pressing issues facing our communities today to offer insight beyond the numbers.

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Transcript

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Paul Mattessich:	Welcome to Talking Through the Numbers, a podcast produced by Wilder Research. Our goal is to provide insight on significant issues, combining sound information with an expert knowledge, to enrich our understanding of things that affect our communities and our world. I'm Paul Mattessich, Executive Director, emeritus, of Wilder Research. In this episode, our topic is Social Isolation Among Older Adults. Three experts have come to the studio for our conversation. Steve Hoover, Chris Lindberg and Rebecca Sales. So first of all, guests, could you each take a moment to introduce yourself, tell us who you are and what you do, and maybe start with Steve.
Steve Hoover:	Thank you. Well, thanks for having me here. My name is Steve Hoover. I currently am working part-time for the Central Minnesota Council on Aging as the Healthy Aging Coordinator. I retired from St. Cloud State University about four years ago, I was in community psychology department there. And part of what my role was, was developmental and educational psychology. And so I come to this with a background in developmental psychology. Currently at the council, I promote healthy aging programs and efforts, and we most recently through a United Way grant have formed a coalition to end social isolation loneliness in the greater St. Cloud area. So I'll talk about maybe a little bit of those efforts, as that's relevant here.
Paul Mattessich:	Sounds great. Thanks for joining. Rebecca.
Rebecca Sales:	Hi, really glad to be here with everybody today. My name's Rebecca Sales. I'm a research scientist at Wilder Research. I've been here for about 11 years now. Now my work focuses primarily on public health and more broadly sort of the social determinants of health. So those conditions that really impact a community's ability to achieve the level of health that they're hoping for, but also kind of one piece of that, and one particular population that I look at a lot are older adults and aging services. And so I kind of started getting into that in earlier work at

the University of Minnesota with Dr. Robert Kane. And then I also was a certified nursing assistant for a while as well. So I have a varied history related to health and older adult services.

Paul Mattessich: Coming at this from various dimensions.

Rebecca Sales: Exactly.

Paul Mattessich: Thanks. Chris.

Christin Lindberg: Yeah. Hi, I'm also glad to be here. I'm Christin Lindberg and I've been at Wilder Research for about 13 years now. I have a master's degree in gerontology and I'm a credentialed professional gerontologist. So the bulk of my work at Wilder Research focuses on aging services and programs and supports for older adults and also the intersection with homelessness and housing.

Paul Mattessich: Thanks. Thanks Chris, for joining. And Chris, while you're talking, we do want to ground this conversation in some basic facts and figures and definitions so we know what we're talking about throughout our time in this episode. Older people in Minnesota, I know I'm one of them, but how many older people are there in Minnesota right now?

Christin Lindberg: The latest statistics that we have for 2020 indicate that there are about 949,000 adults in Minnesota who are aged 65 and older. So it's about 17% of the population.

Paul Mattessich: 17%. So about one in five adults in Minnesota would be in this age range that we are describing.

Christin Lindberg: Correct. Yep.

Paul Mattessich: We're talking about social isolation in that group. How do we define social isolation? Steve, is that something you can you can talk about?

Steve Hoover: I can address that. So I think it's relevant to talk about it a couple of ways. One is how social isolation and loneliness are measured. And they are two often used in the same phrase, but they're really two separate constructs. Social isolation really refers to an objective lack of social contact. So it's a quantitative, it's a count of the number of people with whom you have contact. Then loneliness is a more subjective feeling of whether or not you feel alone in that contact. And they are in many ways related, but the correlation between the two, the relationship is relatively low. And that's one way to view this.

The other way that we're looking at it. And I'll just take a moment to kind of give this context here, because I do think it's important in that we're also the flip side of the risk factors are that we would like to talk about social engagement as kind of the positive aspect of all of this. And when we look at social engagement and social connection, we're operating under a model that Holt-Lunstad had developed, which looks at three functions here, three components.

One is a structural component, and this has to do with the connections in relationships that we have. So for instance you have work, marriage, if you are married or a partner, organizations, groups, faith-based, those are the opportunities for you to share relationships in social engaged contexts. The fewer of those, you have the greater risk you have of social isolation. So social isolation falls under a structural component, the structure of your relationships.

The second one is a functional relationship, and that has to do with your sense of connections within each of those. And even though you may be at work, you might not feel that you're really connected with the individuals there. So that's why we see this potential mismatch in that you could have a number of social connections, but feel lonely and isolated in there. And so it's that interplay between the two.

And for seniors, we have a number of what we're talking about is touch points. So retirement is one, where you may lose those connections and as well, that meaning and purpose in life, which is kind of that functional and qualitative piece. So there are risk factors and times in our lives developmentally where we're at risk for social isolation and loneliness.

Paul Mattessich: Or both at the same time. And again, they're not necessarily identical. They maybe tend to be correlated somewhat, but they're not identical to one another. This may seem like an obvious question or an obvious answer to this question, but so what, what difference does this make for individuals, communities and our society as a whole, if isolation goes up or down? What difference does it make? Chris some idea?

Christin Lindberg: Yeah. There are a lot of health impacts that people are talking about and the costs of social isolation are significant. People have said that the health impact of social isolation is the equivalent of smoking 15 cigarettes a day. And also social isolation is associated with a 50% increased risk of dementia and other serious conditions

Paul Mattessich: Really?

Christin Lindberg: So that really can grab our attention. And if you're looking at it from the financial costs, a recent study said that social isolation increases Medicare costs by an estimate of 6.7 billion every year. So that's another reason why we want to be paying attention to this.

Paul Mattessich: So reading between the lines of what you said that it seemed to indicate that it produces maybe physical and mental symptoms that need to be addressed and then drives up the cost.

Christin Lindberg: Yep, exactly. Yep. Yep.

Paul Mattessich: Rebecca, are you-

Rebecca Sales: Yeah. I was going to jump in and say that thinking about what Steve was saying, and then what Chris just followed up with, really what we're seeing with a theme to this in general is that this is actually a really complex issue, that there are a number of drivers and there are a lot of things that kind of stem from it. So when we look at sort of the factors that might put someone at risk

for becoming socially isolated, for example, you first have to think about what's going on in the community and those structural, not to use it in the same way that Steve was talking about, but transportation options, housing, physical safety, access to resources, technology, all of those kinds of things.

And then something really important to think about as it relates to health and sort of health concerns is that health issues can be a risk factor for social isolation, but they can also on the backside be sort of a consequence or an effect. So if you have, for example, a chronic condition that limits your ability to get out of the house, for example, while now all of a sudden you have an additional risk factor at a greater risk for social isolation. But then on the flip side, when you're experiencing social isolation, as Chris was mentioning, you're now possibly at an increased risk for cognitive decline, for example. So it really is a complex issue that I think once we talk later about kind of actions that you'll see that there's a lot of different ways to come at it.

Paul Mattessich: It's complex, it's systemic, the same factors, the same conditions can be both causes of isolation and consequences of isolation. So it all interacts.

Rebecca Sales: Exactly. Exactly.

Christin Lindberg: Exactly.

Rebecca Sales: Other thoughts on what differences makes, why is it important?

Steve Hoover: Well, I think we can also put it in the context of the concerns we have with cognitive decline in general, because I know some of the work we do is also around individuals that are providing care. And so we work with care providers for people with mild to moderate, to severe levels of dementia. And that also is an isolating factor. When they're into this forced isolation because they can't get out anymore. They're concerned and they have to stay in place, even outside of the pandemic. So there are a lot of those health actors, as Rebecca was mentioning, that impact, not just the individual, but the care providers who end up also then becoming isolated. And we see the link with depression around some of those things as well.

Paul Mattessich: By care providers. Who are you including in that?

Steve Hoover: My work right now is I'm doing this is primarily with informal care provider. So partners, individuals who have a partner or a spouse that is at home, but they're uncomfortable with being able to leave them or be away from them. And they're feeling isolated in this as well. Now there are resources available, but many of them may not know it, about those and spend time finding those kinds of resources. And this is also issues with subgroups within the population. So in St Cloud, we know that a lot of our recent immigrants are also socially isolated in part because they're language issues, transportation issues, cultural issues that are preventing them from being engaged as they might like to be engaged. So as we're pointing out, it's a huge issue with many, many contributing factors.

Paul Mattessich:	Sure. Talking about the hugeness, the size of this issue, a question for any, or all of you, we are a research podcast after all. And I know that we might not have the best research to estimate the extent of social isolation, but what do we know from survey data, other data about the extent of social isolation? What proportion of the older people that Chris told us about actually would be isolated?
Christin Lindberg:	I can dive back in with, I seem to have my finger on a lot of the statistics today. A 2020 study said that nationally about a quarter of adults, age 65 and older are considered to be socially isolated. And we also know another study about Minnesota specifically said that almost 24,000 older adults live alone and do not have a car in Minnesota. And I know that you can't say that they're automatically socially isolated, but the risk factors are greater in.
Paul Mattessich:	Yeah.
Christin Lindberg:	Yeah. In terms of not being able to get out, to get... It affects food security, access to medical care and then the social engagement piece.
Steve Hoover:	Yeah. And that is one of the issues that is recognized nationally is that we have studies that have been done, but we don't have good ways of measuring the social isolation and the loneliness, especially at the local level. So I know our coalitions worked with CentraCare and we have some data because of what they are doing as their patients come in. And their normal intake has questions that address social isolation, in part, because of that Medicare cost that we mentioned earlier. And so that data from about the last two to three years has indicated that for instance, in central Minnesota, the white population – about a third of them – would be classified as isolated. And then when you look at the combined non-white population, it jumps to almost 60%. And then to talk about some of those protective factors, those that were married, it was about 21%. Whereas again, if you were not, it could be up to 75%. So again, we talk about those risk factors.
Paul Mattessich:	Sure, to get into specific subgroups, but it sounds like between what we heard from the national data, 25%, the CentraCare data could be up to 30-33%. It could be in that neighborhood. As long as you're talking about your geographic area, it does lead to the question of might there be any rural and urban differences in the amount of social isolation?
Steve Hoover:	Yeah. There was a U of M School of Public Policy study not too long ago that looked at reported levels. And again, as Chris pointed out, the studies vary, but it was interesting in that there were some differences with rural residents actually having more potential contacts with individuals, but feeling a little more left out. So this goes back to that issue we have about, just because you have lot of social connections or contacts, doesn't mean you are not lonely. And so they-
Paul Mattessich:	It's not a perfect causation there. Yeah.
Steve Hoover:	Exactly. And this was primarily a rural white population in Minnesota, which found a little difference between metropolitan or what they call micropolitan residents in that. So there

seemed to be structural components in place for the rural population, but didn't necessarily have impact on the quality, the functioning of those relationships.

Paul Mattessich: Sure. And that seems to relate to the social determinants of health that you were bringing up before Rebecca. There might be something there urban/rural, is it determinant? You had alluded to some others. Do we have research that indicates that some of those social determinants are stronger than others or they predispose people more towards isolation, or is that not known?

Rebecca Sales: You know, I can't say that I know off the top of my head, one of those being having a stronger association than another. I think just looking across the different communities that there might be in a particular geography. So let's just take the state of Minnesota: we know, for example, that access to transportation, I think that's already even mentioned at least once in this conversation, that tends to be more problematic in rural areas or kind of smaller pockets of more urban or suburban areas. So I think we can definitely identify areas in which there are social determinants, where the issue is larger in general. And so then we would assume that that would be impacting that population in terms of social isolation more, but yeah, in terms of what studies are out there that I have seen and specifically looking at each of them individually, I don't know, off the top of my head.

Paul Mattessich: Sure. Makes sense.

Christin Lindberg: I hope it's okay to jump in with this here too.

Paul Mattessich: Oh, yeah.

Christin Lindberg: That we have talked about before is just the access to the infrastructure of internet connectivity and broadband. And I think in rural areas, that is a greater issue. In addition to the lack of transportation in rural areas and just the greater distances to get places. But we know that there just aren't that many people, or it's less secure knowing that you've got that internet or the device. And I think that's a huge equity issue between the more urban and suburban areas and the rural areas.

Steve Hoover: Yeah. We saw that pretty consistently when we had to change at the beginning of the pandemic from face-to-face to virtual offerings, and the numbers dropped tremendously initially because many people didn't have access. Wasn't consistent, wasn't reliable. They also weren't quite sure how to do this or were a little reluctant to engage in it. Some of our providers just didn't want to do it. They've come back on board. And now we've seen some actual positives coming out of that with access in ways now that we hadn't anticipated.

Paul Mattessich: Sure. So let me just move to something, I think the word has come up twice so far in our conversation, but we really have to address it, it starts with P, meaning pandemic. Has anything changed with respect to social isolation as a result of the pandemic? And is there a change either in the amount of it, the numbers, or is there a fundamental change in the meaning, the subjective implications of isolation?

Steve Hoover:	There's a report that just actually came out today from the Foundation for Social Connection that was looking at studies that have looked at the incidents of social isolation and it's been varied. And this is probably a function of who gets surveyed and how they measure this. Whereas there was some studies that looked at incidents jumping up to about, well, almost two thirds of adults being isolated, especially during the early stages of the pandemic, which is jumping quite a bit from that 24% that we looked at before. Some of that may have mitigated over time as people have become more connected. And so I think we're a little early to find out what the full impact of the pandemic has been, the studies are looking like they're a little, all over the place, so to speak, with regard to that.
	But we're getting some incidents that, yeah, it may have increased, especially during the early stages. I can put a human face to this: There was a piece, well an obituary in the Pioneer Press, July 12th, 2020. And it just stated, "Although she did not die directly as a result of the coronavirus, she was absolutely a casualty of the pandemic. The forced isolation and extreme loneliness resulting from the restrictions on visitors at her assisted living facility took her will to live." And I think we all saw the human face of the pandemic and social isolation. One of the doctors at a national symposium said he no longer has to win the hearts and minds of other physicians with regard to the need to address social isolation and loneliness because the pandemic put it on our television screens. It was right out there.
Paul Mattessich:	Right into our face with it. Yeah.
Steve Hoover:	Yeah.
Rebecca Sales:	And I think that's a really important point to make Steve and why I think it's often easy to ask, "Well, why now, why are we talking about this now?" And I think one of the why now reasons is, even if you're not an older adult, I think a much larger proportion of the population has a sense of what it feels like to be isolated as a result of COVID either by choice or as a result of policies that were in place. And so, it's sort of like people's ability to make a decision about, do I want to do something or do I not want to do something was taken away? And so I think that continuing to bring this up in conversation and in community is going to be really important because it's going to resonate with people more and it's hopefully going to get people, maybe pushing them to take that first step, to take action, to support older adults in their community.
Steve Hoover:	Yeah, it's one thing to be choosing to have some time alone, it's one when it was forced on us.
Paul Mattessich:	Sure.
Steve Hoover:	And I think that lack of choice was a huge impact for a lot of people.
Paul Mattessich:	Yeah. The involuntariness of it. So Rebecca used the word action. Maybe we should take a few minutes and shift into a discussion of what should we do? Are there services and programs that address isolation? Are there services that you would want to discuss that increase engagement, increase connections, reduce loneliness, reduce isolation? What are those?

Steve Hoover:	There's actually quite a few things out there. And a number of the organizations Commit to Connect is one from the Administration for Community Living. As I mentioned, Foundation for Social Connection, they have lots of ideas and activities. One that we've done here in St. Cloud, Central Minnesota is create a coalition to end social isolation and loneliness. And it's just bringing people together to talk about the kinds of things that we can do. So very specifically, we're going to start next month, a men's shed, an opportunity to bring together, to do some projects, to get together shoulder to shoulder, as they say, and engage men in service and community. So…
Paul Mattessich:	Is this literally in a shed, or where do you do it?
Steve Hoover:	Well, it's wherever we can find a space.
Paul Mattessich:	Ok.
Steve Hoover:	Yeah, so actually one of the first ones was right in Roseville and there's a vibrant in Hopkins I think was the first one, rather. So yeah, it's an opportunity for men to come together and to actually meet, talk and do things. We like to do stuff. And so it's an opportunity to do that. We can look at multi-generational involvement, we're doing that with our coalition. So we have a high school student, we have a couple of college students on our coalition, and one goes into nursing homes and they play cards and they're musicians, high school student. So they play music and they are actually having a great time. So it's not big programs sometimes, but it's those human connections and finding ways to get involved.
Paul Mattessich:	Do we know anything about what kinds of programs or services might be more effective?
Rebecca Sales:	I would say generally what the research indicates at this point is programs that are really focused on a particular community. So not necessarily trying to take a one-size-fits-all approach to addressing so social isolation, but really either focusing on, is it a cultural community? Is it a community that has a similar particular interest? I kind of like Steve was talking about offering the men's sheds or is it a gardening club? So finding that common denominator to get people interested, as opposed to leading with, let's help address social isolation, but rather, let's come together around this particular activity or service or resource that everybody is interested in and kind of let the relationships grow from there.
Paul Mattessich:	Making the community specific relevant. Yeah. Steve.
Steve Hoover:	Yeah. And I think it's really important to realize that people can be engaged at whatever level they want. We have one lady who's on our group that's really good at community organizing. And so she's doing work that way. Other people it's one-to-one relationships in their neighborhood. Others are looking at public policy issues. So it really there's place for everybody at the table that wants to be involved in addressing.
Paul Mattessich:	I did want to ask a question about policy, but Chris, did you have something you wanted to say?

Christin Lindberg: No, I was just going to say that we know from so much of the research at all age levels, that it's the human connection. The relationship building is just of critical importance and we cannot overlook that, and sometimes you can't measure that. But we know that those connections are everything.

Paul Mattessich: So simple one-on-one connections are so important. I'll move in the other direction though, with a question. Steve used the word policy, are there policy changes that would help if you could go to the legislature right now and identify one thing that those legislators ought to do, is there something you would recommend?

Steve Hoover: Well, and there have been, I know that Senator Smith has been involved in policy, preventing social isolation for older Americans and has been very, very active in doing that. I think one of the things that we've tried in part of our group is to raise awareness, much like we're doing right here. The pandemic did and has, my fear is that when we start moving out of the pandemic – I'm cautiously optimistic we do – that we'll go back too much to the way things were, and maybe even rushing back to the way things were. And we have the potential then to lose sight of some of the gains.

So I'll give a quick for instance on that. When we moved a lot of our face-to-face courses into virtual, one of the concerns that a lady expressed to us that after the pandemic, we'd go back to face-to-face and she's a rural resident, and this was a way for her to connect that she otherwise wouldn't have had. So there have been some of those benefits that we've seen come out of this. And so I think, broadband is, as Chris mentioned earlier, is a huge issue to help promote those connections. We have links with age friendly communities that are being developed all over Minnesota. So more promotion of those kinds of things fit very nicely into this. And along with, as Rebecca's mentioning the social determinants, looking at those risk factors of economics, neighborhoods, education, all of those are related.

Paul Mattessich: Sure, how they relate. And certainly policy can affect them. Let me ask you, what about just the regular person in our community? Maybe it'll be somebody who listens to this podcast, or maybe they hear some publicity from the coalition or who knows where they learn about this topic, but they want to do something. They don't have an infinite amount of time. It would be limited, but they really would like to do something, they're not experts. Is there something you would recommend that those people could do?

Steve Hoover: Well, if we go back to looking at Chris's data, you think about it and I'm looking out my window right here and I know that I can see two houses where there's two people that live alone. And just checking in with them, "I'm on the way to the grocery store. I'm more than happy to pick up anything you would like." And that's one person impacting two. So it's people that change people's lives, not the programs. The programs may give us the structure, but it's ultimately our reaching out and making those, I think Chris mentioned, those human-to-human contacts in that.

Christin Lindberg:	Well, because I think everyone wants the magic answer. You know, just do this and you'll automatically get this outcome. And I don't know if it's a good thing or a bad thing. It's not the easy thing, but it really does boil down to just those human connections and people taking a step to know their neighbors, know who's in their community and just to reach out.
Steve Hoover:	Yeah, absolutely. And I do think that's so critical Chris, because I think the programs provide us the structure and the opportunity to do it, but we still have to engage in those opportunities. So yeah, contacting a senior center, offering to volunteer at a senior center, RSVP our local RSVP, just got a grant to address social isolation and loneliness with volunteers. So those opportunities are out there and I think you can fit them into your life in some relatively easy ways. And the benefits are not just for the person, but they're also for you know. Those benefits of connecting, they work both ways. So it's kind of a win/win.
Paul Mattessich:	The volunteer receives benefits as well.
Steve Hoover:	Absolutely.
Paul Mattessich:	So we will need to wrap up soon. What about more information on this topic? If people are interested in learning more, how can they access useful data, information, resources, where might you recommend they would go?
Steve Hoover:	So I can address several of these, there's several national organization that are looking at this, one in particular is from the Administration for Community Living. That's the Department of Health and Human Services, and it's called Commit to Connect. And they have a tremendous website with resources, both for programmatic development, as well as individuals. What can you do? There's a national coalition in social isolation and loneliness. We just did a local one. I'm more than happy to talk with people if they're interested in developing one, what we did, it was relatively simple. The Foundation for Social Connection has a weekly research report that comes out. So if you really like to look at studies and data, they summarize what's out there that comes up weekly. And actually that's from around the world. And there's the National Resource Center for Engaging Older Adults. So there are a number of organizations, and I think we'll have those available for people to check.
Paul Mattessich:	Chris, Rebecca, other organizations, websites, books, anything?
Christin Lindberg:	What I was going to say is, I think a lot of that is emerging in relation to the pandemic as we're sort of coming out of it or finding our footing now, there's better information about it. People understand it better. And I think a lot of those resources and the response to it are emerging after the fact. So it will be interesting to see what else shows up.
Rebecca Sales:	I would also say that even here within Wilder Research, we have Minnesota Compass, which does a really fantastic job. You would call it like a community indicators website and that team does a really fantastic job sort of packaging up information in a way that's really easy to

understand and easy to visually kind of digest. So whether you're wanting to learn more about older adults or COVID, or other particular geographies or populations, I think that's a really great tool that people can explore to utilize on their own time as well.

The other thing that I would say that ties back to, the so what of this around the fact that it's expensive when there's a lot of people experiencing social isolation for a variety of reasons, is you do see a lot of insurers or health plans now either providing programs or paying for programming in this area. And so I would say, whether it's for you, yourself or a family member or a friend, just looking into that, being aware of what's available to you, whether it's currently in person or remote or some combination of the two, as Steve was saying, there's definitely services out there. It's just a matter of finding the ones that might best serve you and are most accessible for you.

Steve Hoover: And I think one of the things that we need to advocate for in that context is a better connection between the health systems that may be gathering that data or have access to that data such as I was talking about CentraCare has collected that data, but then making that connection with all the appropriate security with the people that provide the services. They can't provide all those classes, but they can help to identify individuals who may be at risk for various conditions. And then they can make referrals or give that them information about what's out there. And so we've been working with CentraCare to do that

Paul Mattessich: Great way to reach out and to connect. Well, thank you. We, in this brief period of time, managed to cover are a lot of important dimensions of this topic, what it is, how extensive it is, what the implications are, some of the programs and services, what people can do to get more information or to help out in their community. And I know there's a lot more depth, but thank you guests, Steve Hoover, Chris Lindberg, Rebecca Sales.

Please visit our website, www.wilderresearch.org, for more information on this topic, links to some of the resources that our guests have mentioned. If you have suggestions for a future podcast, please let us know. I'm Paul Mattessich from Wilder Research. And I look forward to talking through the numbers with you on other topics.

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