

Preventing social isolation, decreasing loneliness and staying connected

By DIANA SPORE / MHRB

Posted Apr 17, 2018 at 12:01 AM

Research reveals that approximately 19 percent to 48 percent of seniors experience loneliness, that 17 percent to 43 percent are socially isolated. Estimated rates reflect differences on who is focused on and so forth (e.g., community-dwelling seniors versus all older adults nationwide). Loneliness does not happen by choice. It is based on how seniors “feel” or “view” their social situations (e.g., negative feeling resulting from lack of relationships viewed as not meaningful, close, or intimate; perceived loss of companionship). In contrast, isolation can occur by choice or not by choice. It is measured by responses to objective questions such as the following: (1) how often do you participate in activities?; (2) how many people are in your social network?; (3) to what extent do you have supportive relationships, ones that are of high quality and value? Please note that those defined as “socially isolated” may not feel lonely when alone. Coming from a different direction: those who perceive themselves as lonely may be surrounded by people and be in contact with family members and others.

Social isolation adversely affects your emotional, physical and cognitive status. Also, recent research reveals higher costs to Medicare for coverage of services provided to socially isolated beneficiaries relative to those who are not socially isolated. Socially isolated seniors are at risk of chronic health care problems, decline in cognitive status, dementia, depression, need for home health care and long-term care, elder abuse and neglect, mortality and decreased ability to engage in activities of daily living. However, cause-effect relationships may be difficult to determine. For example, does depression lead to loneliness/isolation AND/OR does loneliness/isolation lead to depression?

Risk factors for social isolation and loneliness

Life transitions and major changes may place seniors at risk of social isolation and loneliness (e.g., being widowed). Risk factors include: living alone, functional impairments, low income, being a caregiver for someone with a severe impairment or disease (e.g., Alzheimer's), impaired physical and mental health status, small social network size and/or limited social support. Additional risk factors include: limited access to transportation, negative aspects of the community in which one dwells, being non-English-speaking, living in a rural region and having marked strain in relationships with family members.

Tips for maintaining connectedness, avoiding isolation/loneliness

1. Keep socially active; for example, participate in group activities at least weekly, socialize with others, volunteer, serve as a mentor, attend religious services if you wish to, engage in hobbies that you love, take classes, take part in group exercise programs. Don't limit yourself to engaging in programs that are primarily recreational in nature – spread your wings! Find ways to add or promote a sense of meaning and purpose in life. Especially take advantage of group opportunities in which supportive relationships can be forged, in which you can be ACTIVE participants and program PLANNERS.
2. Social connections can remain strong and may be more emotionally supportive in nature when interactions are more frequent.
3. Relationships should be developed, strengthened and nurtured, emphasizing the positive aspects. It is important to reduce strain and eliminate toxicity in family relationships.
4. Make use of local resources: transportation options; meals where seniors can dine together and chat; consider receiving housekeeping assistance if preparing your home for visitors is of concern to you; seek respite for caregivers; access information about programming and events in our community and region.
5. If interested and perceived to be beneficial, take part in available support groups (e.g., those suffering from grief, caregivers). You can make a difference in the life of someone dealing with similar problems by providing peer support, by being an active listener.

6. Address sensory deficits by use of hearing aids and glasses, when needed.

Financial and other support is available (e.g., Lions Club) for those who cannot afford to purchase these items.

7. For seniors in general as well as for those who are homebound, it is beneficial to keep in touch with family members and other loved ones by phone, by mail, with personal visits, by email or texting. It can be beneficial to use technology to deal with or minimize isolation: learn how to use a computer, an ipad or other devices; how to make email messaging part of your world; how to take advantage of social media; how to use the internet; how to skype; how to engage in "conference calls." Have training efforts be personalized and simplified to reach individuals who are not well-informed about technology (yet!!!).

8. Consider the value of feline or canine companionship; caring for a pet who will become a beloved family member and friend who can be counted on.

9. Many seniors no longer drive or only drive infrequently, may not have family members to provide help with transportation routinely or when needed. Availability of transportation options is key, necessitating that a coordinated public transportation system is in place, one that accommodates those with disabilities.

In Ashland County, transportation options are open to you via Ashland County Council on Aging (COA) and Ashland Public Transit (APT). Please contact Cindy Baughman, who coordinates and schedules transportation at COA, and Liz McClurg, transit coordinator, APT (419-289-8221; mcclurg.liz@ashland-ohio.com) if you have any questions about transportation options, or wish to identify unmet needs.

Support available in Ashland County

Please contact Diane Cawood, information and referral activity manager, at COA (419-281-1477) for more information about programming opportunities in Ashland County. Cawood can refer you to appropriate agencies and can talk with you about efforts to prevent social isolation in our community.

Additional community organizations that can provide helpful information are: Catholic Charities Services (419-289-1903; for example, you may be interested in learning about its multi-generational mentoring program), and Ohio Area

Agency on Aging District 5 (419-524-4144, 1-800-860-5799; questions can be answered about programs and senior events).

Several locations in our area offer activities that may be viewed as personally meaningful, that have a key educational component, that provide opportunities for seniors to connect: libraries (Ashland Public Library, Loudonville Public Library), community centers (Salvation Army Kroc Center), senior centers and agencies (e.g., COA). Closing Comments By maintaining social health (avoiding social isolation, minimizing loneliness) and connectedness — seniors thrive rather than just survive. Quality of life, mental health, physical health, emotional well-being and empowerment are all promoted.

Diana Spore is an older adult consultant and member of the Mental Health and Recovery Board of Ashland County. She can be reached at dianaspore@zoominternet.net