



# **Rethinking Design & Service Delivery to Combat Social Isolation and Loneliness**

Social Isolation and Loneliness Defined

Maine Affordable Housing Conference 2017

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# Agenda

**Research → Services → Building Design → Neighborhood Design**

**Questions & Comments**



# Take-aways

## A few main themes

- Social Isolation  $\neq$  Loneliness
  - We are very diverse
    - The “Nudge”

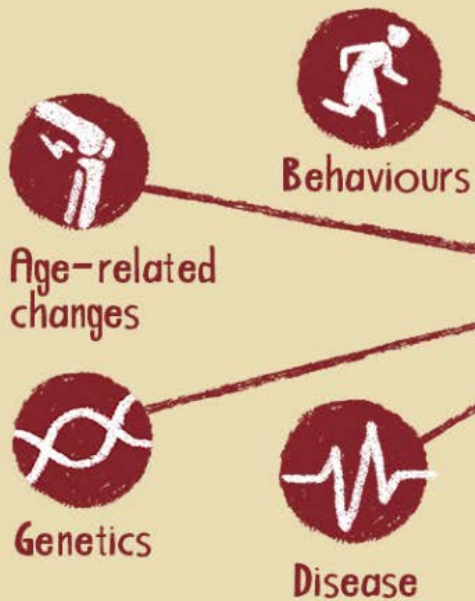
# Why Do We Care about Isolation & Loneliness?

## Concepts of Healthy Aging

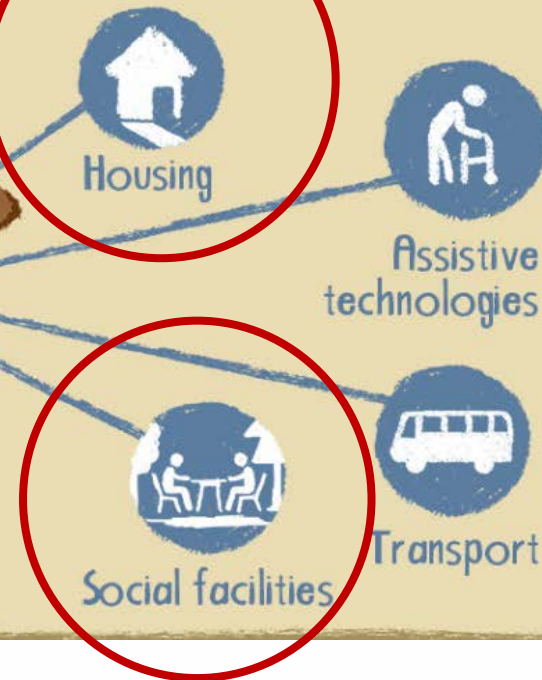
- Agreement that Housing is a *social determinant of health*
  - NASEM 2017 Report *Developing Affordable and Accessible Community-Based Housing for Vulnerable Adults*
- Lots of folks have been thinking about Healthy Aging
  - WHO infographic
- Health impacts of Isolation and Loneliness
- How can we develop the interface between housing and social engagement?

## ▶ WHAT INFLUENCES HEALTH IN OLDER AGE

### INDIVIDUAL



### ENVIRONMENT THEY LIVE IN



# Social Isolation and Loneliness

## What are they *really*?

- Social Isolation

- Social isolation is an objective condition of physical isolation that prevents or limits the development and expansion of a diverse social network, resulting in minimal contact with other individuals and the community<sup>3</sup>

- Loneliness

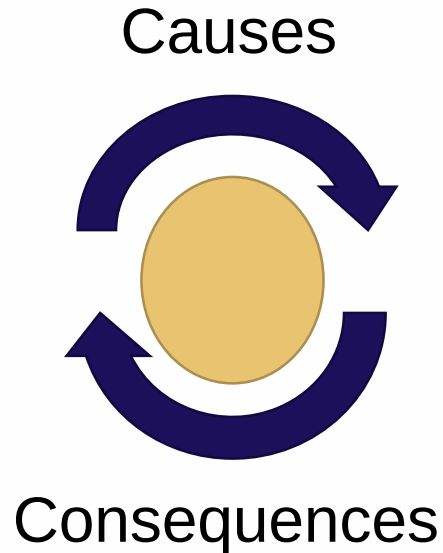
- The subjective experience of whether an individual's social relationships are “deficient in some important way, either quantitatively or qualitatively”.<sup>4</sup> Loneliness is an unpleasant and distressing state.

3. Berkman, L. F. (1983). The assessment of social networks and social support in the elderly. *Journal of the American Geriatrics Society*, 31(12), 743-749.

4. Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness* (pp. 1-18). New York: Wiley.

# Isolation and Loneliness Causes & Consequences

**Causes and consequences are often similar**



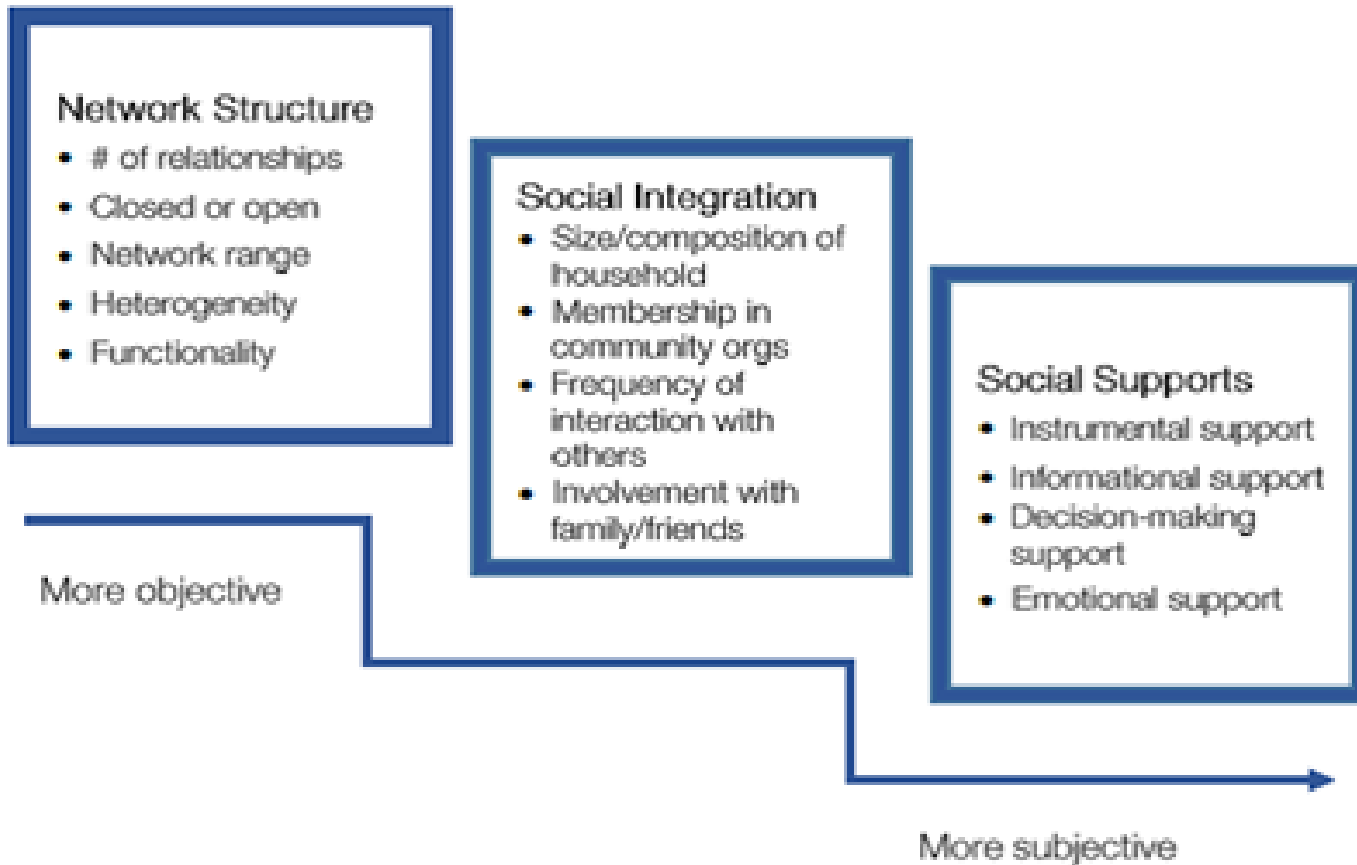
**Precipitating vs. Predisposing**  
**Situational vs. Structural**

Loss or change in social support network → **Precipitating**

Chronic characteristics (e.g. personality, social skills) → **Predisposing**

# Who is Isolated and How?

## What do we look for?





# Who is Lonely and How?

## What do we look for?

### Weiss' Social Provisions

Social Provision	Type of Relationship
Attachment	Spouse or intimate partner
Social integration	Friends
Nurturance	Children
Worth	Co-workers
Alliance	Close family members
Guidance	Mentors. Parental figures

Weiss, R. (1974)



# Profiles

**The differences among them are illustrative**

## **Lonely**

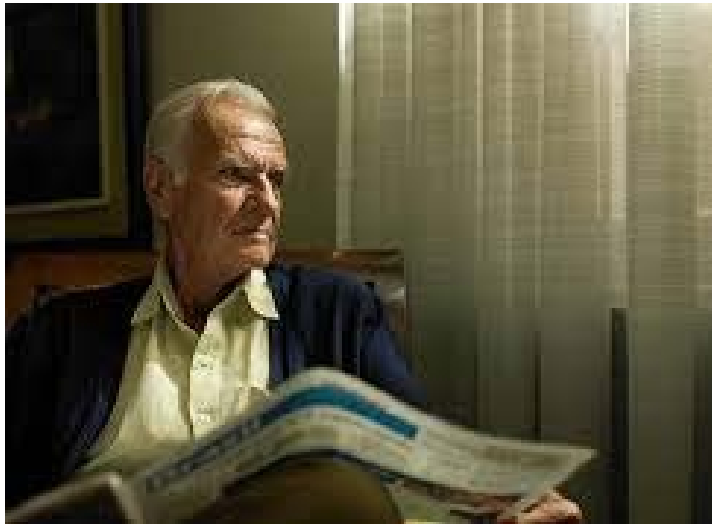


### **Mrs. Jones**

- Lifelong introvert
- Dominant husband died several years ago
- Best female friend recently died
- Shuns group activities
- Enjoys 1:1 conversation
- Often feels that she is a bother to others
- Rarely expresses needs

# Profiles cont'd

## Lonely



### Mr. Brown

- Recently retired at 69
- Blue collar worker; looked to for expertise in his dept.
- Closest friends still working
- Some chronic health conditions
- Moved out of hometown to be closer to daughter
- Misses work and work buddies
- Caring for wife with early Alzheimer's disease

# Profiles cont'd

## Isolated



### Mr. Smith

- Very social
- Recent stroke
- Impaired walking
- Needs roll-in shower
- Hasn't been able to bathe regularly
- Unmet need for personal care
- Is embarrassed by lack of hygiene
- Will not socialize

# Profiles cont'd

## Isolated



### Ms. Green

- Single and retired for a few years; still adjusting
- No children
- Recently downsized housing, moving 50 miles
- Social, but enjoys a lot of quiet time – introverted
- Artistic personality
- Recently diagnosed with cancer, prognosis is unclear
- Not tech-savvy
- Needs decision support

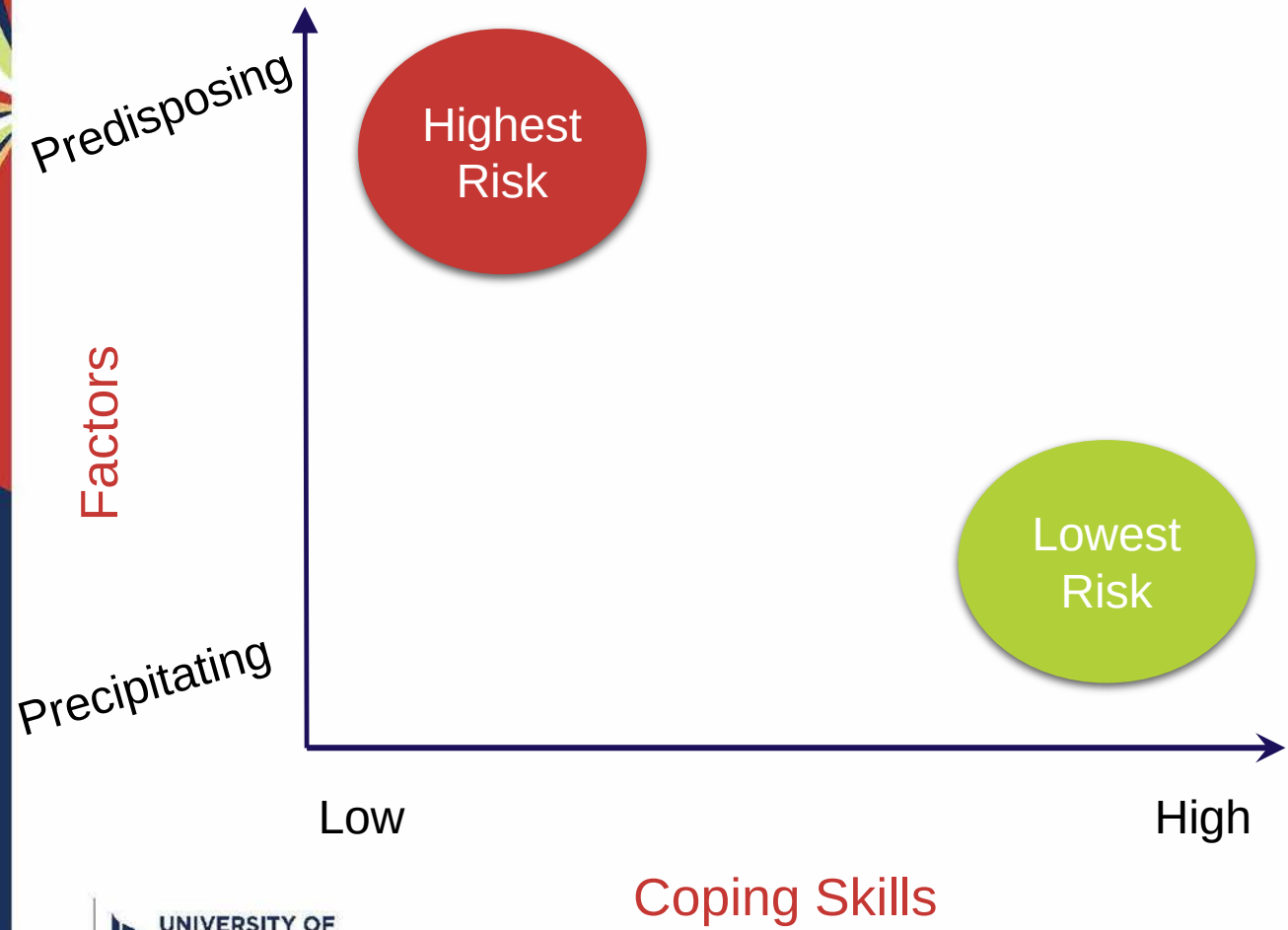
# Differences Among the Profiles

- Mrs. Jones lost attachment figures and will find it challenging to replace them. She is not likely to be involved in social activities without a lot of support.
- Mr. Brown finds himself disconnected from his worklife, his friends at work, and his desire to be seen as having something to contribute to his work community. Plus, he is caregiving, which can be a lonely task.
- Mr. Smith is a social guy and would welcome the opportunity to socialize but he is having trouble getting his personal needs met and does not feel comfortable socializing.
- And Ms. Green is having a health crisis and needs ready access to decision support and emotional support. She probably would be amenable to resources since she is social, but might need resources to be offered or at least very accessible.

**Very common scenarios – all need something different**

# Who is Most at Risk?

**Coping skills and personality types matter**





# Housing – Social Engagement Interface

## How can housing design and services have impact?

- Build social capital in your communities - foster trust and safety
  - Maslow's Hierarchy
- Build strong linkages to internal and external resources
- Support resilience, coping skills, and the development of feelings of contentment (despite some adversities)
- Design for robust and diverse methods of communication
- Individual → Community → System levels
  - Focus more on the middle, but not to the exclusion of the others







Thank you

