The Elderly and Social Isolation

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Growing Older, Vulnerability and Social Isolation

Socially isolated older persons are difficult to find. Like other vulnerable older persons, they tend to be invisible. Unfortunately, it takes a crisis to bring the issues of social isolation and, more generally, vulnerability among older person, to the policy agenda. For example, thousands of older New Yorkers were left dangerously isolated during the days immediately after 9/11.[1] Similarly, during the 2003 summer heat wave, there were 2000 "excess deaths," in Paris, mostly among persons 75+.[2] Chicago, as well, suffered a heat wave in 1995. Klinenberg's "autopsy" of this disaster highlighted the importance of neighborhood characteristics since he found that socially isolated older persons had higher mortality rates in poor neighborhoods with abandoned lots than in equally poor, but more socially-connected neighborhoods.[3] Once again, Hurricane Katrina reminded us of how visible otherwise invisible problems can become.

In light of such recent crises, there appears to be growing awareness about the plight of many older New Yorkers. In contrast to the nation as a whole, analyses of 2000 census data revealed that poverty rates among older New Yorkers increased during the decade of the 1990s.[4] To assist the most vulnerable older New Yorkers – the disproportionate number of older women living alone, often in poverty, often in isolation, there is widespread agreement among the aging policy community of NYC that the institutions established in the 1970s under the Older Americans Act are no longer adapted to the pressing problems faced by vulnerable older persons. Although DFTA oversees some 329 senior centers in NYC, there is broad consensus that many vulnerable older persons fall through the cracks. Even though there has been a decline in levels of disability among older persons, the extension of human longevity and the decline in birth rates have resulted in population aging and few cities are prepared to meet this challenge.

World cities like New York face an unprecedented challenge: how to meet the needs of a population that lives longer, has a declining birthrate and is generally healthier and more demanding.[5] The combination of population aging and the erosion of the extended family have fractured the assumptions on which municipal services and social welfare programs have been financed and organized. Our health and social welfare systems are neither prepared nor preparing for such unprecedented change and the consequences of this situation -- if not remedied -- will have significant adverse effects, not only on the general health and well-being of older persons, particularly the poor, but also on families, social structures, economies and governmental as well as non-governmental organizations.

Older people make crucial contributions to the communities in which they reside.[6] To sustain these increasingly important contributions, indeed, to maintain and preserve the viability of their communities, significant attention and resources must be devoted to encouraging "healthy aging." This will require redefining age-related criteria for entering and leaving the labor force, adapting working conditions to the needs of an aging workforce, and more generally meeting the health care and social needs of older persons. The International City/County Management Association (ICMA) recently recognized that social policy innovations will be required to meet this challenge."[7] They urged local governments to "begin with an analysis of the distribution of population and amenities as these pertain to older adults and active living." Yet not enough action has been taken by NYC on this agenda, and too little is known about the spatial distribution of older vulnerable persons, including isolated persons across the neighborhoods of our city. And too little is known, more generally, about how local policies, institutions, and neighborhood characteristics affect the health and well-being of older persons.[8]

Living Alone or Being Lonely and Isolated?

The Commonwealth Fund Commission on the Elderly Living Alone indicated, based on a national telephone survey, that one third of older Americans live alone and one quarter of these persons, typically older women, live in poverty and report poor health: "the elderly person living alone is often a widowed woman in her eighties who struggles alone to make ends meet on a meager income. Being older, she is more likely to be in fair or poor health. She is frequently either childless or does not have a son or daughter nearby to provide assistance when needed. Lacking social support, she is a high risk for institutionalization and for losing her independent life style."[9]

Rates of living alone among all age groups are typically higher in urban areas, particularly dense urban areas, which makes NYC a prime location for all the risks associated with such household arrangements. But living alone is not the same thing as being lonely or isolated.[10] One might even argue that the rise of older people living alone, like the growth of population aging is an extraordinary human achievement worthy of celebration. The challenge is to distinguish, among those older persons who live alone, (and not exclude those who do not), how many are vulnerable due to social isolation, poverty, disabilities, lack of access to primary care, linguistic isolation, or inadequate housing, e.g. living in walk-up apartments without elevators.

The problem of identifying vulnerable older persons has become an important policy issue for cities concerned with emergency preparedness. For example, should housing institutions be encouraged to organize themselves to assist older vulnerable persons in the event of an emergency? Should older persons be encouraged to sign up on voluntary registration lists to obtain special assistance in the event of emergencies? We believe that the implementation of such efforts could be substantially improved by targeting them in neighborhoods with the greatest concentrations of older vulnerable people. What is more, quality of life could be improved if interventions were targeted to these areas. We are currently conducting research, funded, in part, by

the New York Community Trust, the Dreyfus Foundation, ILC-USA and New York University's Center for Catastrophe Preparedness, on how to identify vulnerable older persons in New York City.

The remainder of our testimony presents some preliminary findings based on this work in progress. Among New York City's 2,217 census tracts, we sought to identify those that stood out with respect to five dimensions of vulnerability for which we were able to obtain data for all NYC's census tracts:

1. Number and percent of people age 75 years and over
2. Percent of people (75+) living below poverty level;
3. Percent of people (75+) living alone;
4. Percent of people (75+) reporting at least one disability;
5. Percent of people (75+) who are "linguistically isolated;"
6. Rate of hospitalization for "avoidable hospital conditions" for the population 18 and over, an indicator of neighborhood access to primary care

Selected Findings from Spatial Analysis of Vulnerability Indicators

Elder-Density:
- There are close to one million persons 65 and over (65+) in NYC. Among its 2,217 census tracts, there are 138 with over 20% of the community-dwelling population 65+. These neighborhoods are characterized by higher levels of socio-economic status (more income and higher levels of education).
- The older old (85+) make up 1.5% of NYC's population, which conforms to the national average. But there are more than 500 census tracts in which at least 2% of the community-dwelling population is 85+ and 70 with at least 5% of the community-dwelling population in this age cohort

Living Alone:
- For the population 75+, the average rate of living alone is 35%. But there are 200 census tracts in which 59% of this age cohort lives alone. These areas are located disproportionately in Manhattan and do not match the areas characterized by the highest poverty rates.
- In comparison to the White population 65+, rates of living alone are significantly lower among Hispanics and Asians and slightly lower among African-Americans.
- In Manhattan, persons 85+ who live alone have higher levels of educational attainment than their counterparts in nursing homes. The relationship is particularly strong among men.

Poverty
- Among older New Yorkers (75+), there are more than 450 census tracts in which at least 30 percent are living in poverty.

Disability

- For NYC's population 75+, 56% are living with at least one disability. But there are roughly 200 census tracts in which 88% of this age cohort are living with one or more disability.

Inadequate access to primary care

- The enormous variations among NYC census tracts, in discharge rates for AHCs, indicate great disparities in access to primary care. Even among older persons, in the Bronx, Brooklyn and Queens, 20-25% do not even have access to Medicare Part A coverage – and these estimates do not include older undocumented immigrants.
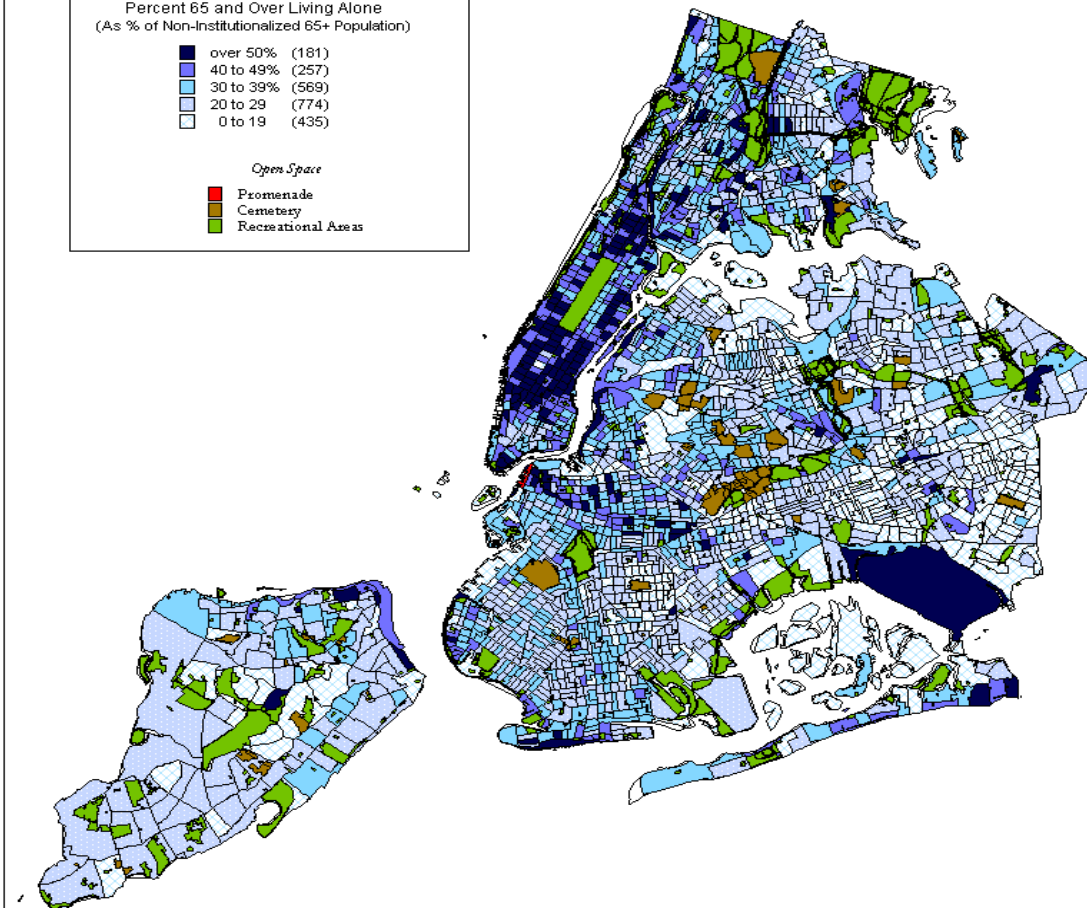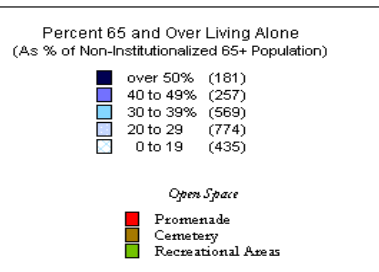
Targeting resources: the need for an index of neighborhood vulnerability

In their report on social isolation among seniors (65+) in NYC, the United Neighborhood Houses (UNH) of New York identified several risk factors which are more pronounced in NYC than they are nationwide: living alone, disability, poverty, linguistic isolation, never having married, and being divorced, separated or widowed.[11] Based on unpublished work of the NYC Department of Health and Mental Hygiene, this report also identifies 12 Community Districts (out of 59 in NYC) that are "likely the most at risk for senior isolation based on the number of seniors living alone and the level of need among the elderly residents." The NYC Office of Emergency Management (OEM) has also conducted some analyses of neighborhood vulnerability but has not yet made the information available to the public.
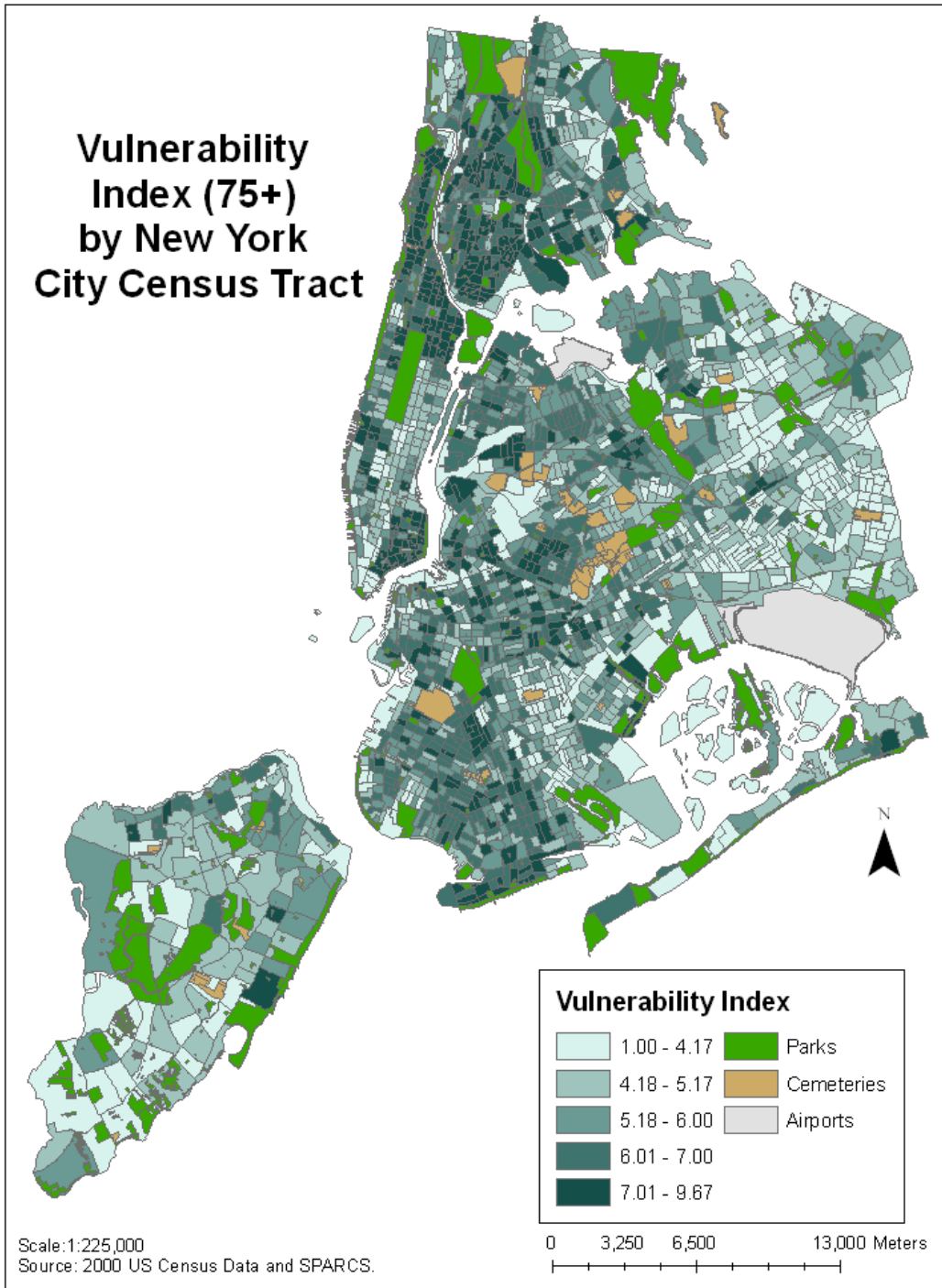
We have expanded the work of UNH along two dimensions. First, we focus on vulnerability, more generally, among older persons 75+, including but not limited to those who are socially isolated. Second, since we are interested in a concept of neighborhood that is more local than the community district, we focus on NYC's census tracts. Hence, we have devised a vulnerability index based on the indicators listed above, for which we could obtain data at the census tract level. A comparison of our maps of living alone and vulnerability (Maps 1 and 2) reinforces the limitations of focusing exclusively on living alone. In the next phase of our analysis, we hope to solicit reviews and comments from city agencies to refine and validate an index of vulnerability. Once we have done so, we believe it could be used to target more effectively resources to neighborhoods in which older residents are at greater risk for social isolation and vulnerability.

Map 1

Percent of Population 65 and Over Living Alone, by Census Tract

Percent 65 and Over Living Alone
(As % of Non-Institutionalized 65+ Population)

over 50% (181)
40 to 49% (257)
30 to 39% (569)
20 to 29 (774)
0 to 19 (435)

Open Space
Promenade
Cemetery
Recreational Areas

Map 2

Vulnerability
Index (75+)
by New York
City Census Tract

Vulnerability Index

1.00 - 4.17	Parks
4.18 - 5.17	Cemeteries
5.18 - 6.00	Airports
6.01 - 7.00	
7.01 - 9.67	

Scale:1:225,000
Source: 2000 US Census Data and SPARCS.

0   3,250   6,500   13,000 Meters

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NOTES

[1] O'Brien, N. "Emergency Preparedness for Older People." ILC-USA Issue Brief, January-February, 2003.

[2] *Conséquences sanitaires de la canicule d'août 2003 en Ile-de-France -- Premier bilan*. Paris: Observatoire Régional de la Santé (ORS), October, 2003 (www.ors.idf.org).

[3] Klinenberg, E. 2002. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University of Chicago Press.

[4] Gusmano, M.K., M.G. Hodgson, and E. Tobier. 2002. "Old and Poor in New York City." International Longevity Center-USA, *Issue Brief* (September/October).

[5] Rodwin, V. and M. Gusmano, eds. *Growing Older in World Cities: New York, London, Paris and Tokyo.* Vanderbilt U. Press, 2006.

[6] Knapp, K. and C. Muller. 2000. *Productive Lives: Paid and Unpaid Activities of Older Americans*. ILC-USA Working Paper-2000-01.

[7] Active and Living for Older Adults: Management Strategies for Healthy and Livable Communities (activeliving@icma.org)

[8] Glass, Thomas A. and Jennifer A. Balfour. 200s. "Neighborhoods, Aging and Functional Limitations." In *Neighborhoods and Health*, Kawachi and Berkman (eds.). Oxford: Oxford University Press.

[9] Commonwealth Fund Commission on the Elderly Living Alone,, 1988

[10] Victor, C., Scambler, S. Bond, J. and A. Bowling. 2000. "Being Alone in Later Life: Loneliness, Social Isolation and Living Alone." *Reviews in Clinical Gerontology (10)407-417.*

[11] United Neighborhood Houses. 2005. *Aging in the Shadows: Social Isolation Among Seniors in New York City*. UNH Special Report.