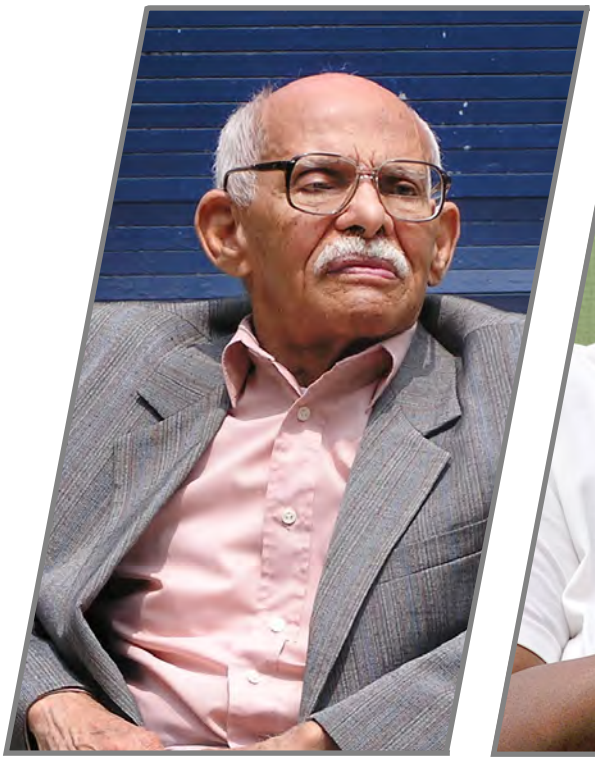
Aging in the Shadows

An Update on Social Isolation Among Older Adults in NYC



by United Neighborhood Houses

United Neighborhood Houses

About Us

United Neighborhood Houses, founded in 1919, is the membership organization of 38 New York City settlement houses and community centers. UNH member organizations comprise of one of the largest human service systems in New York City and provide high-quality services at more than 600 locations to more than 750,000 New Yorkers each year. Through capacity building, program development, and advocacy, UNH is helping to redefine the relationships between older adults and local senior centers, community organizations, and the broader neighborhood. UNH is proud to be at the forefront of building this new field of practice based upon the strengths and assets of community members of all generations.

About the Author

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Introduction

Social isolation can kill. Public health research indicates that the magnitude of health risks posed by social isolation are similar to cigarette smoking,[1] and are greater than the risks posed by physical inactivity and obesity.[2] Like toxic stress, loneliness can impair immune systems, disrupt sleep patterns, and cloud thinking abilities. Despite the known health risks, loneliness and isolation are still largely stigmatized in American culture. Identifying loneliness and isolation in oneself can be a challenging and shameful experience; it can be even more difficult to figure out what to do about it.[3]

Older adults are particularly susceptible to social isolation and loneliness. Diminishing social networks, physical health impairments that can disrupt daily routines, and general negative stereotypes about aging in our society can contribute to and exacerbate feelings of loneliness and isolation among older people.[4] Yet, isolation is not always included in the narrative about aging and health. Successful aging is often defined as the absence of disease and disability, and interventions to help older adults in various professional fields—in particular, medicine and social work—tend to focus on improving individual health outcomes and preventing hospital and nursing home stays. There is a growing body of research that suggests that loneliness, isolation, social connection, and purpose in later life are just as important to one's physical health as biomedical factors.[5] Loneliness and social isolation can be predictors of social decline and death; conversely, social engagement, connection, and positive self-perceptions can lead to positive health outcomes, slower cognitive decline, and greater longevity.[6]

Social isolation among older adults is an issue that we must address, and quickly. Demographics of Americans age 60 and older are changing, and the United States will experience considerable population growth of older adults between 2012 and 2050, mainly due to the aging of the Baby Boomer cohort. Between 2012 and 2050, the United States Census Bureau estimates that the population age 65 and older will almost double from 43.1 million to 83.7 million.[7] New York City is not exempt from these demographic changes; by 2030, there will be more adults age 65 and older in New York City than school-aged children.[8] Currently, there are 1.55 million adults over the age of 60, comprising 18.2 percent of the City's population. Another 12.8 percent of the population is between ages 50 and 59.[9] This aging of our country shows that we will need new solutions, and offers opportunities to engage older adults in new ways to prevent isolation and encourage social and community connections.

Despite research showing the significant health effects that social isolation has on older adults, addressing social isolation is more complex and nuanced than many other public health issues. A variety of circumstances can cause social isolation, calling for different and maybe concurrent interventions. Overall, older adults prefer to age in their own homes and communities, rather than living in nursing homes or moving in with family,[10] indicating a need to focus on community-level interventions. We should start with what we know about the circumstances, choices, and preferences of older adults to mitigate isolation and promote community engagement.

United Neighborhood Houses of New York issued the first *Aging in the Shadows* report in 2006 to begin a public dialogue about social isolation, how it manifests among older adults, and its frequency among older adults in New York City. The report also put forth recommendations for government and the broader community to fight isolation and enhance the social safety net for older adults in New York. Staff working with older adults at settlement houses identified isolation as a persistent challenge that they faced in their programs, and worked with UNH to write the 2006 *Aging in the Shadows*, which was the first attempt to study senior social isolation in New York City. *Aging in the Shadows* helped to bring social isolation to the forefront of aging policy discussions in New York, and served as a catalyst for government and practitioners alike to pilot new ways to work with older adults.

Data sources are often inconsistent in defining the "start" of old age, often using either age 60 or 65 as a starting point. This report will clarify the definition of old age when referencing sources, as it varies among studies and in government definitions. For example, an individual can utilize services from the New York City Department for the Aging starting at age 60, but cannot begin to receive Social Security payments until age 62, and cannot receive health insurance via Medicare until age 65. This report will examine trends among individuals age 60 and older, and will note when data sources focus on a different age range.

In recent years, New York City has taken steps to address social isolation among older adults. Friendly visiting services and geriatric mental health programs have started and expanded. The needs of caregivers have been examined, and a public awareness campaign to increase awareness of elder abuse was conducted. New York City also became an Age-Friendly City in 2007, adopting the approach of the World Health Organization's Age-Friendly Cities and Communities Program, to develops strategies to reduce or eliminate barriers

to optimize social, physical, and economic participation for older adults.

Though economic, social, and demographic trends in New York City have continued to shape our understanding of social isolation among older adults, the problem still remains. United Neighborhood Houses publishes this update of *Aging in the Shadows* to provide information to policy makers, practitioners, funders, and the general community on how the issue of social isolation has changed, and recommend actions for what must be done now to prevent isolation. This report still seeks to answer the question, What is the role of our society in causing social isolation among older adults, and what can we do as a society to combat it?

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This report examines changing trends since the first *Aging in the Shadows* report, defines isolation and its risk factors, and recommends changes to form and implement a prevention strategy. It draws on literature reviews, discussions with settlement house staff, and analysis of U.S. Census Bureau and New York City data.

The first part of this report examines events and demographic shifts that have influenced our understanding of social isolation. The second part defines social isolation, including the risk factors that older adults experience. It also updates data about the extent of social isolation among older adults in New York City.

The final part of the report offers five recommendations, primarily to government, on ways to invest in prevention strategies that address social isolation and encourage social connection and community integration as antidotes. These recommendations are:

- Recognize, encourage, and draw upon the experience of older adults to contribute to communities and be fully involved in civic life.

- Launch a multi-pronged effort to fight social isolation and loneliness among older adults in New York City that unites various sectors like government, healthcare, business, and social services to identify solutions.

- Continue and expand investments in community-based services that support older adults in their neighborhoods and homes, as well as their caregivers.

- Strengthen the system to report and address complex cases of senior isolation, abuse, and neglect.

- Standardize data across government agencies collecting information about older adults to develop, implement, and measure targeted interventions to address social isolation.

The Last Ten Years

Several major events and social trends that have occurred since the first *Aging in the Shadows* report have helped to shape our understanding of social isolation and of older adults as a whole. Some of these trends are national and even global, while others are unique to New York City. All have impacted the lives of older adults, their caregivers, and the communities in which they live. Each must shape how we respond to social isolation.

The 2010 Census showed there are more older adults than ever before, and they are living longer. Demographics among older adults are also changing.

Isolation may become a more pervasive problem among older people simply because of demographic changes in the United States. More people were aged 65 years and over in the 2010 Census than in any previous Census report, and this population group grew at a faster rate (15.1 percent) than the total U.S. population (9.7 percent) between 2000 and 2010.[11] Additionally, among people age 65 and older, the fastest growing age cohort was individuals age 85 to 94, who grew by 29.9 percent. There was also a 5.8 percent increase in centenarians (people age 100 and older) between 2000 and 2010.[12] In 2011, the first of the Baby Boomer cohort – those born between 1946 and 1964 – turned 65. Each day, 10,000 Baby Boomers turn 65, and will continue to do to until 2029. By that point, more than 20 percent of the United States population will be age 65 or older.[13] This issue is not new, and aging- and health-focused organizations have been discussing these trends for several years. However, this demographic shift started to unfold since the first *Aging in the Shadows* report, and it continues to shape policies and programs that work with older adults.

This general aging of the U.S. population will have a significant impact on health care spending, housing, and social services. More individuals will require assistance with activities of daily living, such as eating, bathing, dressing, etc., as well as long-term care services. There will likely be a shortage of family caregivers to meet these needs,[14] as well as a shortage in the paid caregiver workforce.[15] On a positive note, this demographic trend offers new opportunities for the United States and communities across the country to make the most of this change and draw upon the experience and insight of older adults to contribute to our society.

In New York City, the changes in demographics of older adults have mirrored national trends in the past ten years. Certain trends are unique to New York City, specifically regarding immigrant older adults. Nearly half of all people age 60 and older in New York City were born outside of the United States.[16] This is a 30 percent increase in the number of foreign-born older adults since 2000, while the number of native-born older adults decreased by 9 percent. A study released by the Center for an Urban Future in 2013 called *The New Face of New York's Seniors* examined this trend in depth, and showed how immigrant seniors are at higher risk of isolation than their native-born counterparts. Immigrant seniors have lower incomes, less retirement savings, and have access to fewer entitlement programs like Social Security and Medicare. Nearly two-thirds of older adult immigrants have limited English proficiency, while 37 percent live in linguistically isolated households. This all has significant implications for how older immigrants interact with supportive services and their neighborhoods in general, and puts immigrant older adults at greater risk for isolation.

Technological advances and innovations are changing the ways in which people connect, access information, and utilize services, both in New York City and across the United States.

The scale and scope of technological advances in the United States over the past ten years are significant. By 2020, it is estimated that 80 percent of the adult population in the United States will own a smart phone.[17] The widespread availability of smartphones, tablets, computers, and Internet access makes it easier to connect to other people, access information, and purchase items or services quickly. This has implications for how people remain connected to each other as they age and how they interact with the systems that enable people to age in place, making technology a useful tool to address social isolation among older people. Across the United States, efforts to address isolation have included utilizing technology to reach a greater number of older adults,[18] particularly those with difficulties leaving their home, through programs like virtual senior centers and virtual friendly visiting programs.

Older adults are using technology at growing rates. In 2012, the Pew Research Center found that over half of older adults in the United States (defined as age 65 and older) use the internet or email. Once online, they tend to use the internet on a regular, even daily basis.[19] This offers an opportunity to reach people in new ways, particularly those who have limited mobility and struggle to leave their homes. However, there are barriers for older adults to use technology. Younger, higher

income, and more educated older adults tend to use the internet, and usage drops significantly around age 75.[20] Though it does not solve the issue of isolation, greater access to the internet and technology has been a promising step toward greater connection among older adults, and the potential of technology to help older adults remain socially connected and age in place is high.

We are learning more about the interaction between health, a sense of purpose, and longevity.

Researchers are giving greater attention to the relationship between positive outlooks and attitudes as predictors of good physical outcomes and longevity among older adults. Studies have shown that when older adults have a sense of purpose and feel useful in life, they report greater physical and mental health outcomes. Many who are over 60 today want and need purpose and meaning in their lives. They seek fulfilling opportunities to apply their skills, talents, and interests in ways that are valued by society at large, contribute to the greater good, and ensure that everyone is a valued part of the fabric of their communities throughout their lives.

To explore this subject in depth, United Neighborhood Houses published *Aging in Good Health: Lives of Meaning and Purpose*, a companion document to this report that summarizes research about the intersection between health, purpose and positive outlooks, and aging. UNH also published *Older Adults Strengthening Communities*, an evaluation of a UNH pilot initiative involving self-directed team work in senior centers.[21] The evaluation found that deliberate and meaningful older adult community engagement improves the health and well-being of participants, including mental health, weight loss, and a reduced need for medications such as those for cholesterol, high blood pressure, diabetes, arthritis, and depression. This evaluation, along with research about aging and purpose, show that positive connections and community-oriented, purposeful activities can be powerful antidotes to isolation.

The elder justice movement is raising awareness about elder abuse.

Elder abuse is defined as an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.[22] Forms of elder abuse include physical abuse, sexual abuse, emotional or psychological abuse, neglect, and financial abuse or exploitation. Elder abuse is often greatly underreported and goes unaddressed, and that trend is prevalent in New York. In New York State, the Office of Children and Family Services (OCFS) has examined the prevalence and impacts of elder abuse, finding that the elder abuse incidence rate in NYS is nearly 24 times greater than the number of cases referred to social service, law enforcement, or legal authorities.[23] Elder abuse can also be extremely costly. Within a single 12-month period, known incidents of financial elder abuse cost New York State citizens and communities somewhere between $27 and $124 million in personal losses and public expenditures.[24]

There is a greater awareness today that social isolation can make someone more susceptible to elder abuse because limited social connections can make it easier for someone to take advantage of an older person. Conversely, social isolation can also be a result of elder abuse, especially if an abuser isolates an older adult from other social ties.[25] This intersection of abuse, neglect, and isolation is important for organizations working with older adults to understand, as interventions to address it must be nuanced.

Social Isolation Among Older Adults

Despite advances over the past ten years, the problem of social isolation still persists among older adults, and has new elements that we must address. This section defines social isolation and the risk factors for it, including new factors that have been identified since the first *Aging in the Shadows* report.

Defining Social Isolation

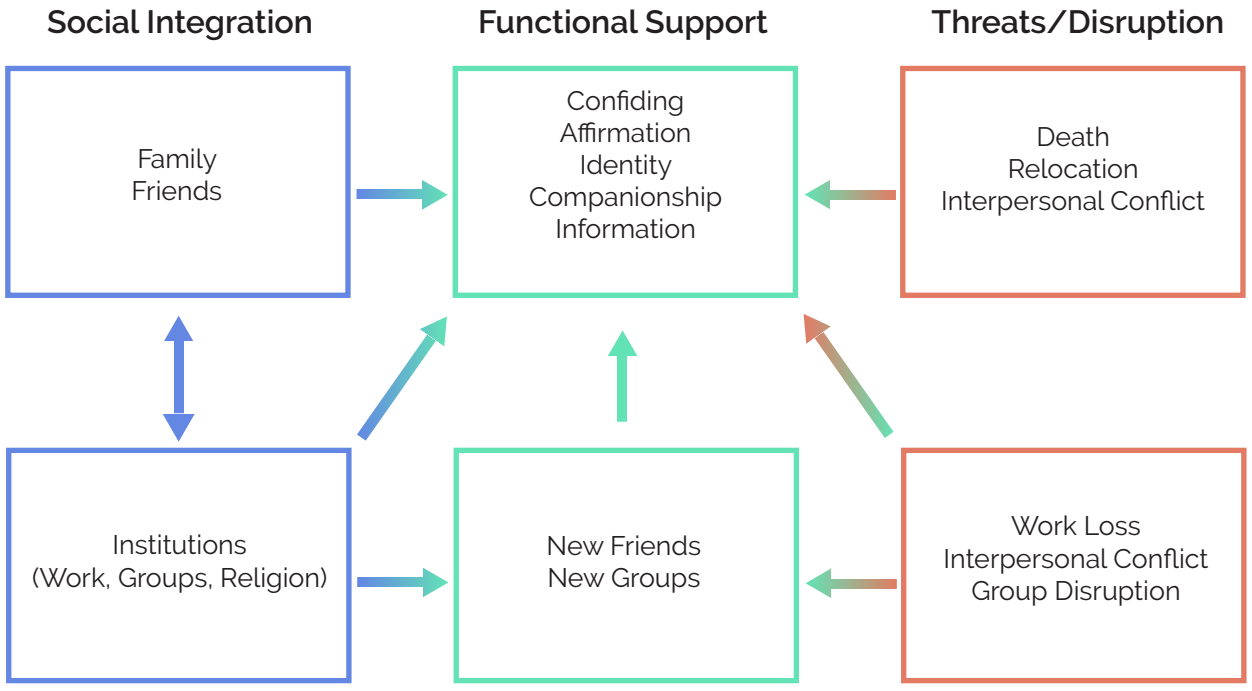
The phenomenon of social isolation is not unique to older people; individuals of all ages can experience social isolation. However, often because of life and societal circumstances, older people are at greater risk for social isolation than younger people. Defining social isolation can be a difficult task, because the factors causing social isolation differ from person to person, as does its manifestation. However, there are commonalities across the risk factors that we can identify, and researchers have recently moved to create a common understanding of social isolation.

Researcher Nicholas R. Nicholson defines social isolation as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships."[26] Social isolation differs from loneliness or simply being alone because of its persistent nature, because several domains of life are often impacted, and because one's protective factors cannot outweigh the risks. A nuanced definition of isolation from AARP distinguishes this multi-faceted nature of social isolation:

> *Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live.*[27]

The below visualization of the actions that maintain one's social networks, created by Elaine Wethington, Phyllis Moen, Nina Glasgow, and Karl Pillemer[28] and featured in the first *Aging in the Shadows* report, is still an accurate depiction of the delicate balance that a social network can enact. Social integration refers to the level of integration into one's roles and relationships within community. Functional support refers to the benefits that individuals experience as a result of social integration. Threats and disruptions refer to the events and characteristics that hinder those benefits that one may experience and that can lead to social isolation.

Creators of this model explains, "Gains in one level of the network may compensate or substitute for losses in the other." For example, a strong network of family support or participation in a community group can help lead to a positive sense of self and greater access to social capital and information. Conversely, the death of a spouse or relocation to a nursing home can lead to diminished companionship and a loss of friend groups. When the threats and disruptions become greater than the level of social integration, social isolation can occur.[29]



Risk Factors

There are both individual and societal factors that put older adults at risk of experiencing social isolation. These risk factors have remained the same from the first *Aging in the Shadows*, with a few exceptions. Caregiver status has been added as a risk factor, since caregivers are at higher risk for experiencing isolation. Gender has been removed as a risk factor, as research is inconclusive as to whether women or men experience social isolation at higher rates (though transgender individuals are at higher risk, which is discussed below).

Individual risk factors for social isolation can include the following:

• **Living arrangement** – In 1950, only one in ten Americans over age 65 lived alone. Today, one in three live alone. Older adults who live alone do not have a consistent social outlet and support available to them at home. Thus, they are more likely to be depressed, isolated, live in poverty, fearful of crime, and to have worse outcomes in crises than peers who live with someone else.[30]

• **Support of family and community** – Strong interpersonal relationships are important for individuals of all ages, and the quantity and quality of social relationships affect one's physical health, mental health, and mortality risk.[31] For older adults, close relationships are particularly important as social networks often diminish with age. Marriage and long-term partnerships offer greater protection against social isolation, as do strong family and friendship ties.[32]

• **Meaningful social participation** – The degree to which one feels useful in society is an important factor in social isolation. A 2009 study found an association between social participation is not just about simply being with other people, it is about engaging in society in a meaningful way, and doing something with and for others.

• **Health status and mobility** – Physical and psychological impairments can be particularly debilitating for older adults and can make it challenging for older adults to leave their homes, especially if alternative transportation options are not available.[33]

• **Socioeconomic status** – Older adults who live around or below the poverty line often experience challenges that put them at risk for isolation. Low-income older adults are more likely to have lost a loved one, be burdened by caregiving demands, and live in lower-quality housing.[34] Older adults who reside in low-income neighborhoods are particularly at risk for experiencing social isolation, because of limited access to resources and a fear of crime and use of social withdrawal as a survival strategy.[35]

• **Sexual orientation and gender identity** – Older adults who identify as lesbian, gay, bisexual, and/or transgender are more likely to be at risk for social isolation than heterosexual, cisgendered peers. LGBT older adults are twice as likely to be single and three to four times more likely to be without children.[36] They also experience poverty at higher rates, and face barriers to receiving formal healthcare and social supports. LGBT older adults also have experienced and continue to experience discrimination due to their sexual orientation and gender identity, which often makes them less willing to seek out formal services and supports.[37]

• **Race, ethnicity, immigration status, and level of English proficiency** – Each of these factors can contribute to social isolation. Older black women are the most likely demographic to be socially isolated and have the least social support and capital.[38] Older immigrants tend to be poorer than their native-born counterparts, more reliant on family members, and more likely to live in linguistically isolated households.[39] Level of English proficiency is also a risk factor because the inability to communicate with someone else can limit one's social circles, and can cause older adults with limited English proficiency to have to rely on family members for assistance in navigating the English language.

• **Being a caregiver** – Though it may seem counterintuitive, being a caregiver of an older adult can lead to higher rates of isolation and depression,[40] especially among caregivers of individuals with dementia.[41] A caregiver (sometimes also referred to as an informal caregiver) is an unpaid individual, such as a spouse, family member, friend, or neighbor, who assists others with activities of daily living and/or medical tasks.[42] Caregivers often experience the disruption of their previous activities and habits, which can lead to a disruption in their level of social integration.

Societal factors, though broader and with fewer objective measures, are as influential as individual factors when it comes to isolation. Ageism in particular is a pervasive and insidious risk factor for social isolation. Ageism is defined as prejudice or discrimination on the basis of age, and it often plays out in our culture as discrimination against older people. Ageism can cause social isolation through the internalization of negative stereotypes and images. If older adults believe that they are no longer valuable to society, an understandable reaction is to withdraw from it. These negative self-perceptions can have significant health consequences; in one study, those with positive self-perceptions lived for 7.5 years longer than those with negative self-perceptions.[43] Any interventions to address isolation must also work to address the broader issue of ageism.

Social Isolation Risk Factors in New York City

While there is concern for increasing rates of social isolation among older adults across the country, older adults in New York City experience certain risk factors at higher levels than their national counterparts.

The below chart compares the prevalence of certain risk factors among older adults in New York City versus the United States, and compares changes from 2005 to 2015. Some notable findings include:

- Though the number of older adults living alone has declined from 2005 to 2015, more older adults in New York City live alone than in the U.S. as a whole

- Though we have made slight progress in lowering the number of older people who live in poverty, older adults in New York City still experience poverty at nearly twice the rate of their national counterparts.

- The number of older adults who are foreign born and speak English less than "very well" has increased significantly in New York City since 2005, and remains much higher than the national rates.

There are 1.55 million adults age 60 and over in New York City, who currently make up 18.2 percent of the City's population. Another 12.8 percent of the population is between ages 50 and 59. By 2040, the number of 60+ New Yorkers will increase to a projected 1.86 million, which is a 48.5 percent increase from 2000. This means that people age 60 and older will comprise 20.6 percent of the population in New York City, one in every five New Yorkers. With a growing aging population, and one that is higher than 10 years ago, the prevalence of social isolation in New York City will only continue unless policy and practice changes.

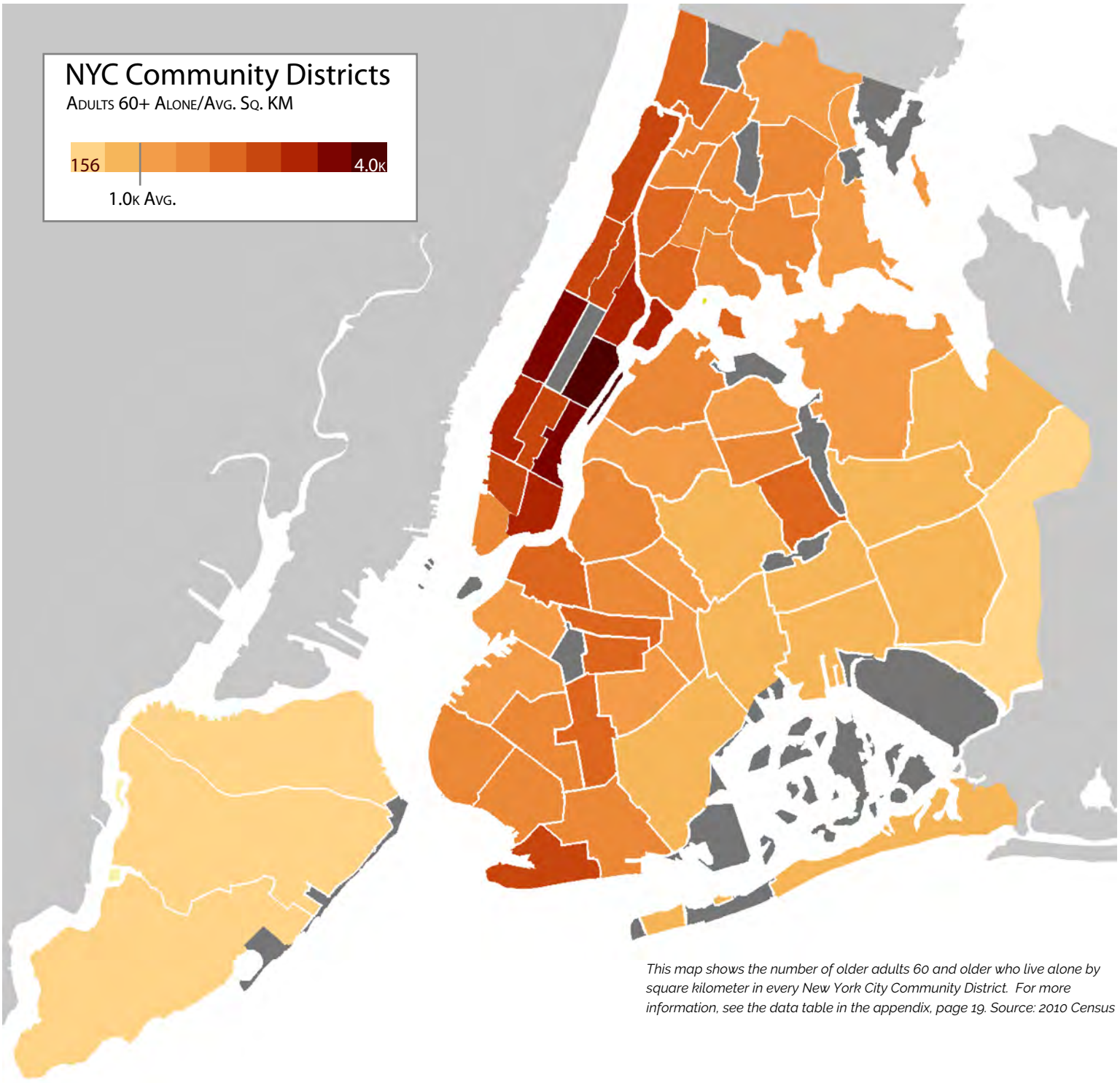
- More older adults are remaining in the workforce past age 60 in 2015 than in 2005.

Though it is difficult to locate where socially isolated older adults live, Census Data can be used to identify where older adults live alone. The map on page 10 details where older

10-Year Comparison of Risk Factors for Social Isolation: NYC vs. the United States

	New York City		Nationwide	
	2005 ACS	2015 ACS	2005 ACS	2015 ACS
Total Population	1,284,964	1,592,548	34,760,527	47,759,967
Living alone, non-institutionalized	48.1%	45.4%	44.7%	41.1%
With disabilities, non-institutionalized	39.1%	30.4%	40.5%	36.5%
Below the poverty level	19.4%	17.7%	9.9%	9.8%
100-149 percent of the poverty level	11.2%	11.3%	12.1%	10.6%
Speak English less than "very well"	30.1%	33.5%	7.9%	7.8%
Foreign born	41.5%	49.8%	11.3%	11.5%
Never married	11.4%	14.8%	3.9%	4.2%
Divorced, separated, or widowed	42.8%	38%	40%	36.2%
Less than high school graduate education	33.4%	28.9%	27.5%	24.6%
Not in the labor force	77.5%	71.5%	85.3%	75.5%
No telephone service available	2.4%	1.7%	1.4%	1.7%

Source: American Community Survey Data, 2005 and 2015



This map shows the number of older adults 60 and older who live alone by square kilometer in every New York City Community District. For more information, see the data table in the appendix, page 19. Source: 2010 Census

adults live alone by Community District. Certain areas of Manhattan – the Upper East Side, Upper West Side, Stuyvesant Town, and Midtown East – and Brooklyn – Brighton Beach and Coney Island – have some of the highest rates of older people living alone per square kilometer. In general, Manhattan and Brooklyn have higher rates of older adults living alone than other boroughs.

The number of caregivers in New York City is also significant. New York State ranks third in the nation for the highest rate of informal caregivers.[44] According to the New York City Department for the Aging (DFTA), approximately 1.5 million caregivers live in New York City, but the number could be "much larger, in that people often do not recognize that they are caregivers."[45] Since we now know that caregivers are at higher risk for experiencing isolation, it is important that interventions to address social isolation include the needs of caregivers.

When considering ways to address and prevent social isolation, understanding how risk factors play out in New York City is important. New York City's older adults tend to live alone, experience poverty, and have limited English proficiency. Interventions to address isolation must take into account the unique experiences of older adults in New York City.

Reccommendations for Change

Important work is already being done to combat social isolation among older adults, but barriers still remain. This report identifies five recommendations that can alleviate social isolation, prevent it from happening in the first place, and ensure that communities are best equipped to support older adults as they age in place. Some recommendations reflect challenges and opportunities that remain from the first *Aging in the Shadows* report, as we have made progress in the past ten years but work remains. These recommendations, primarily for government but also for institutions working with older people, should be considered together since a multi-faceted problem like social isolation requires multi-faceted solutions.

Recognize, encourage, and draw upon the experience of older adults to contribute to communities and be fully involved in civic life.

Meaningful social participation is essential to preventing isolation. Interventions to address social isolation, such as friendly visiting programs, are an important part of the solution and should be coupled with an examination of what older adults want for themselves. People are also living longer and attention must be paid to how older adults want to spend these extra years, as the traditional narrative of retirement at age 65 without further activity is no longer be relevant for many individuals. Economic shifts during the Great Recession forced some people to continue to work after 65 because they do not have enough retirement savings. Others want to participate in some sort of volunteer activity, but may struggle to find an opportunity that feels meaningful.

To test this idea, United Neighborhood Houses and settlement houses across New York City have led efforts to work with older adults to find meaning and purpose in later life, and to empower older adults to become civic leaders. Starting in 2010 with the Community Experience Partnership (CEP), and continuing in 2014 with a pilot project to bring Self-Directed Volunteer Teams[46] to senior centers, UNH has found that opportunities for older adults to be involved in community efforts has positive impacts, both on the older adults themselves and the broader community. For example, through Self-Directed Volunteer Teams, older adults led food access programs out of senior centers, aimed at increasing access to healthy food for the broader community. Participants were able to increase access to healthy food, but there were also personal outcomes. Those participating in a self-directed team reported a greater sense of confidence, a greater sense of purpose, and better self-reported health outcomes.[47] This work was based in the premise that civic and community engagements are powerful antidotes to social isolation. Infusing this approach into the work of community-based organizations and beyond is an essential step to move toward involvement of older adults, promoting a sense of purpose, and ultimately addressing isolation.

New York must give greater attention to harnessing the potential of older adults to participate in civic life, and can look to other cities for models and resources to do so. For example, Purposeful Aging LA, an initiative in the City of Los Angeles that seeks to make the city "age-friendly," specifically identifies "unleashing the power of older adults" as part of its plan. The plan mentions the potential of older adults as community resources as part of its age-friendly strategy, noting that "older adults in Los Angeles represent an extraordinary human capital resource that is hiding in plain sight."[48] Involving older adults in community efforts will be an important step not only to adapt to changing demographics and harness the positive potential of an aging society, but it will help to promote a sense of purpose as we age and ensure that opportunities for work, volunteerism, and engagement are available at any stage of life.

Launch a multi-pronged effort to fight social isolation and loneliness among older adults in New York that unites various sectors like government, healthcare, business, and social services to identify solutions.

A well-coordinated effort to end loneliness and isolation on the local level should be launched, as gaps in our understanding of social isolation and loneliness among older adults in New York remain. This effort should unite government, community-based organizations, health care professionals, the private sector, and academic institutions, and older adults themselves to increase awareness of social isolation, grow the body of existing research, share best practices, and frame social isolation as a public health issue.

A similar model is the Campaign to End Loneliness in the United Kingdom, which was launched in 2011 and now has 2,500 supporters working to ensure that people at risk of loneliness are being reached and helped, that services are effective at addressing loneliness, and that more approaches to ending loneliness are developed.[49] The Campaign has produced guides to help organizations working with older

adults to measure isolation and loneliness in order to better address it, as well as practical tips for talking about loneliness and isolation with older relatives and friends. They have also published strategies specifically for local governments to use when developing social isolation interventions. The Campaign to End Loneliness framework would help New York to have a central resource for existing information about social isolation, and to develop new tools to help those working with older adults to share best practices and identify new solutions.

Continue and expand investments in community-based services that support older adults in their neighborhoods and homes, as well as their caregivers.

New York already has an infrastructure in place to serve older adults through community-based, non-medical supportive services, but we must do more to improve this system and make it work better for older adults and caregivers. An even stronger network of community-based services, where older adults are offered coordinated, comprehensive care, and where individuals, including caregivers, feel respected and involved in care decisions, will go a long way to address social isolation.

These community-based services, typically funded and coordinated by the New York State Office for the Aging and New York City Department for the Aging, fall into a few major categories:

- Place-based services, which offer programming for older adults in congregate settings, such as senior centers, Naturally Occurring Retirement Communities-Supportive Service Programs (NORC-SSPs), social adult day services, and transportation services,

- Home-based services, for older adults who need assistance with one or more activities of daily living, such as case management, home delivered meals, homecare (for those above the Medicaid threshold),

- Caregiver support services, which provide counseling, respite services, and trainings on how to coordinate care for individuals who are taking care of a relative or friend; and

- Elder abuse prevention services, which can include crisis intervention, safety planning, and legal services.

Progress has been made since 2006 to enhance and strengthen this network, but this system still remains underfunded and siloed. Waitlists for certain in-home supportive services like case management and homecare are typically sizeable and persistent, and New York City does not have a strong, consistent rationale for reimbursing senior centers for their operations leading to an unequally funded network.[50] In general, government-funded human services contracts in New York City pay 80 cents or less for each dollar of true program delivery cost, and nearly one in five human service organizations is insolvent.[51] Rather than putting forth new program models in addition to the ones mentioned above, New York should fund its existing system of services adequately, and enhance, evaluate, and build on these programs to create a stronger continuum of care services.

There also has been little evaluation to examine the effectiveness of these programs. Evaluation can be complicated in aging services, because outcomes are often different than other social service programs, such as those that focus on housing or job placement. An older individual may not necessarily be "improving" but may be maintaining chronic conditions. However, it is still useful to know how services for older adults are working with and for older people, in order to make the case for continued investment. As the non-profit and government funding environment shifts to one that is focused on results and outcomes, evaluation is needed in order to preserve non-medical social service programs for older adults. For example, in 2016, Fordham University published one of the first longitudinal studies on the outcomes of senior center participation.[52] This study helped to show the health and wellness benefits that senior centers provide for participants.

The services discussed above should be flexible to allow for community-based organizations to meet the changing needs of older adults, and tailor their approach depending on the populations with which they work. Naturally Occurring Retirement Communities- Supportive Service Programs (NORC-SSPs) are a particularly effective approach for meeting the self-identified needs of older people and for fighting isolation. Located in apartment buildings, complexes, or neighborhoods, a NORC-SSP surveys what older people want for themselves, and involves these individuals in achieving those goals. For example, a NORC-SSP might offer residents in-home nursing hours to discuss medication management, while also creating space for resident-led activities. The fact that NORC-SSP staff can work in a communal space or in the home makes it easier to reach people who are homebound and thus at greater risk for isolation.

More needs to be done to examine and address emerging needs, especially as demographics are shifting and older adults are living longer. The model of the aging services network was largely designed by the federal Older Americans Act, which was first passed in 1965. Given the significant changes our society has experienced since then, New York should conduct a thorough planning process that takes into account new

practices, advances in technology, and the preferences of older adults to remain in their own homes. In addition to including older New Yorkers, this process should include community-based organizations, health care providers, and business leaders. It should involve all aspects of City life such as health care, transportation, housing, and commerce, since older people interact with many types of institutions in their daily lives.

In addition to this broad effort to infuse an aging lens into the local planning process, more needs to be known about specific populations of older adults, such as immigrant and LGBT seniors. For example, the New York City Council passed legislation in 2016 calling on the Department for the Aging to examine the needs of unpaid caregivers, in order to identify solutions to assist them. Continued targeted efforts to understand the needs of certain subpopulations of older adults are needed, as the general category of "older adult" is broad in itself and does not give a nuanced picture of the whole population.

Strengthen the system to report and address complex cases of senior isolation, abuse, and neglect.

Many individuals understand what steps to take when a child is in danger, but there is less awareness about how to help an older relative or neighbor. Greater public understanding of how to assist an older neighbor or family member who might be in distress is an important part of preventing social isolation, neglect, and elder abuse, as we know that elder abuse is often related to isolation. The Department for the Aging took an important step in in 2016 with its public advertisements focused on raising awareness about elder abuse, instructing people to call 311, the City's 24-hour hotline, or 911 if someone is in immediate danger. Continued public awareness campaigns can help a wide audience understand what elder abuse is and how to report it.

Along with targeting the broader public, individuals who may come into contact with older adults, such as mail carriers, utility workers, bank tellers, police and fire officers, and healthcare professionals must also be aware of the intersections between isolation, abuse, and neglect. Training these individuals to understand the risks for social isolation and to identify and report suspected cases of abuse and neglect will help prevent the most vulnerable cases from falling through the cracks.

However, this only goes so far if the proper systems are not in place to address cases. The City's Adult Protective System (APS), which is overseen by the New York City Human Resources Administration (HRA), has specific criteria for assisting adults who are unable to manage their own resources, carry out activities of daily living, or protect themselves from abuse or neglect. Cases that do not meet their specific criteria will not receive assistance, and there may be complicating factors that prevent the case from fitting neatly within the APS guidelines. Due to high caseloads, once a case is accepted by APS, it may not receive the specialized assistance that it deserves. Between 2011 and 2014, APS caseworkers almost always had a higher caseload than the range recommended by New York State, which is between 20 and 30 cases. Between 2008 and 2014, in nearly 200 cases, APS caseworkers did not learn about a client's death until more than a month after it occurred.[53]

Cases that come to APS are often extremely complex and require a number of coordinated resources to address them. If New York is to take addressing cases of extreme isolation, abuse, and neglect seriously, it must examine the practices within APS and provide greater resources in order to lower caseloads and improve policies.

There also should be increased support for case management programs and NORC-SSPs to expand and enhance their clinical case management to help those individuals who do not meet APS criteria but still require a higher level of intervention. This would help to serve those people who do not quite meet APS guidelines and create a more graduated case management system that has a stronger continuum of care.

Standardize data across government agencies collecting information about older adults to develop, implement, and measure targeted interventions to address social isolation.

Precise data collection is needed to identify where older adults live and where they are at risk for isolation, especially given how the risk factors for social isolation can be specific and compounding. Currently, the New York City Department of Health and Mental Hygiene collects significant amounts of data on the health and well-being of New York City residents, including causes of death, rates of chronic disease, poverty, and access to health care. However, this information is not always broken down by age, or will only separate data for those under the age of 18, making it difficult to know when age is a compounding factor in various situa-

tions. More DOHMH Open Data sets should break down information by age, so that health professionals and community-based organizations can understand the patterns among older adults and so that we can begin to examine social isolation from a public health lens.

Community-based organizations must also have resources to track data on the individuals that they serve in order to remain connected to those at risk of isolation, and to provide better and more comprehensive services. Government contracts often mandate certain reporting requirements via specific systems, and these systems often do not interact with each other. For example, the reporting system required by the NYC Department for the Aging in New York City differs from that of other City government agencies, and often makes it difficult for service-providing organizations to have a full picture of all of the aging-related services offered to an individual. Without better integrated data management tools, it can be challenging to offer coordinated, timely, and targeted services to older people.

Conclusion

In general, what older adults want is the same as what any person of any age wants—purpose in life, social acceptance, and a strong, supportive community. These needs and desires do not go away as one ages, but the circumstances and life events that older adults experience are different. These different circumstances and life events can cause or exacerbate social isolation, and so particular care must be paid attention to how this phenomenon impacts older people.

Though New York has made progress in addressing social isolation, gaps in knowledge and services still remain. By taking the steps outlined in this report, New York can make strides toward creating a more inclusive city for older adults.

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Appendix

New York City Community Districts Map, page 16. Density of older adults living alone per square kilometer, rounded.

Borough	District Number	Neighborhood	Density of Adults 60+ Living Alone, Households/km^2
Manhattan	1	Financial District	941
Manhattan	2	Greenwich Village/Soho	1944
Manhattan	3	Lower East Side/Chinatown	2344
Manhattan	4	Clinton/Chelsea	2123
Manhattan	5	Midtown	1927
Manhattan	6	Stuyvesant Town/Turtle Bay	3323
Manhattan	7	Upper West Side	3626
Manhattan	8	Upper East Side	4036
Manhattan	9	Morningside/Hamilton	1796
Manhattan	10	Central Harlem	1847
Manhattan	11	East Harlem	2108
Manhattan	12	Washington Heights/Inwood	1688
Bronx	1	Mott Haven/Melrose	1106
Bronx	2	Hunts Point/Longwood	754
Bronx	3	Morrisania/Crotona	763
Bronx	4	Highbridge/South Concourse	1214
Bronx	5	University Heights/Fordham	925
Bronx	6	Belmont/East Tremont	776
Bronx	7	Kingsbridge Heights/Bedford	999
Bronx	8	Riverdale/Fieldston	1033
Bronx	9	Parkchester/Soundview	810
Bronx	10	Throggs Neck/Co-op City	575
Bronx	11	Morris Park/Bronxdale	765
Bronx	12	Williamsbridge/Baychester	647
Brooklyn	1	Greenpoint/Williamsburg	791
Brooklyn	2	Brooklyn Heights/Fort Greene	1043
Brooklyn	3	Bedford Stuyvesant	946
Brooklyn	4	Bushwick	694
Brooklyn	5	East New York/Starrett City	474
Brooklyn	6	Park Slope/Carroll Gardens	718
Brooklyn	7	Sunset Park	616
Brooklyn	8	Crown Heights/Prospect Heights	1008
Brooklyn	9	South Crown Heights/Lefferts Gardens	1120
Brooklyn	10	Bay Ridge	853
Brooklyn	11	Bensonhurst	838
Brooklyn	12	Borough Park	806
Brooklyn	13	Coney Island	1854
Brooklyn	14	Flatbush/Midwood	1010
Brooklyn	15	Sheepshead Bay	975
Brooklyn	16	Brownsville	731
Brooklyn	17	East Flatbush	720
Brooklyn	18	Flatlands/Canarsie	429
Queens	1	Astoria	763
Queens	2	Sunnyside/Woodside	719
Queens	3	Jackson Heights	724
Queens	4	Elmhurst/Corona	907
Queens	5	Ridgewood/Maspeth	492
Queens	6	Rego Park/Forest Hills	1176
Queens	7	Flushing/Whitestone	550
Queens	8	Hillcrest/Fresh Meadows	385
Queens	9	Ozone Park/Woodhaven	376
Queens	10	South Ozone Park/Howard Beach	253
Queens	11	Bayside/Little Neck	291
Queens	12	Jamaica/Hollis	288
Queens	13	Queens Village	213
Queens	14	Rockaway/Broad Channel	361
Staten Island	1	Stapleton/St. George	227
Staten Island	2	South Beach/Willowbrook	198
Staten Island	3	Tottenville/Great Kills	156

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