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Elder Isolation in Immigrant Communities

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Elder Isolation in Immigrant Communities

Clark University

Jessica Da Silva

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Acknowledgement

A few people played an important role in the accomplishment of this project and I would like to acknowledge them here. First, I would like to thank Associate Dean & Capstone Adviser Mary Piecewicz for the ongoing support and encouragement through this process. I also want to thank my family for the inspiration for this project and their support throughout all the years of my studies. Finally, I want to thank my colleagues at San Francisco Village for their encouragement, knowledge and helpful conversations we had during the process of studying older adults.

Abstract

This paper examined loneliness, as a measurement of perceived social isolation, in older immigrant adults. Previous research shows that older adults are more likely to experience social isolation and loneliness. Both of which have a direct correlation with their overall health (Wilson & Molton, 2010, Cacioppo et al., 2002) and mortality rates (Holt-Lunstad et al, 2015). Another international study found that immigrants in particular are at a higher risk for experiencing loneliness (Government of Canada, 2018). In this study, 35 immigrants and non-immigrants participants answered a survey which included 20 questions from the UCLA Loneliness Scale Version 3 (Russel, 1996). Participants were residents of the San Francisco Bay area and ranged in age from under 45 years to over 76 years. Results were non-statistically significant. While the results did not support the study hypotheses, they suggested that older immigrant adults who migrated over the age of 18 feel more lonely than other adults.

Keywords: older adults, immigrants, social isolation, loneliness.

Introduction

In the work the author completed for this research project, she sought information on previous studies of older adults, social isolation and the impact it has on an individual's health. The author was particularly interested in learning about loneliness, the emotional perception of social isolation. Through this research the author also wanted to learn about what organizations, if any, were aware of social isolation as a health related problem. Reviewing the literature allowed her to decide on how to conduct her own survey and what questions to ask. Furthermore, the purpose of this research was to deepen the author's knowledge on how people, immigrants in particular, could be impacted by the lack of social connectedness.

This research is focused on social isolation in elder immigrant communities. The author began to learn about social isolation in older adults after reading a brief article on the consequences of social isolation (Sliwa, 2017). In this article, she learned that social isolation was a public health epidemic in older populations. This article along with the health problems her father-in-law faced in 2019, sparked concern for his social isolation. Her father-in-law is a man in his 70s, who is divorced and lives alone. Based on their conversations, the author understood he has a small group of acquaintances and very few friends who do not live near him. Although this is common for any older adults in the United States, he is also an immigrant who moved to the US when he was 40 years old. The combination of these factors made the author very interested in understanding the topic better.

The intention of this capstone project is for the author to study the relationship between social isolation and loneliness in senior migrants in the United States. Older adults are particularly vulnerable to social isolation as a result of their natural support network diminishing as they age. Recent studies have found that social isolation and loneliness are two of the top health indicators linked to mortality. The risks of social isolation could be a greater threat to

public health than obesity (Sliwa, 2017). Understanding that immigrants' social connections may have additional obstacles, what does social isolation and loneliness mean to them as they age in the United States?

The objectives for this project was to examine previous research and find out if public health agencies are taking proactive measures to help generate solutions for the immigrant community. In other words, the author wanted to learn about what private organizations and the government were doing regarding social isolation and loneliness experienced by the elder population. The author is particularly interested in finding how immigrant communities may be impacted by this.

Seldom recognizable, social connection is very important to our physical and mental health (Holt- Lunstad et.al, 2015). Social relationships are widely considered crucial to emotional well-being (Government of Canada, 2018). Social isolation is considered an objective measure of social connectedness. Loneliness is subjective to how an individual feels. In this study, the author plans on measuring loneliness which is the subjective emotional component of social isolation. It is important to note that an individual may not be socially isolated, but still feel lonely. In this study, the author will measure feelings of isolation, feelings of disconnectedness, and feelings of not belonging. Additionally, after reviewing previous studies the author has decided to measure older adults as individuals who are 56 years old and above.

Literature Review and Hypotheses

Social isolation is increasingly seen as a public health problem. Both objective and subjective social isolation results in higher likelihood of mortality. In a groundbreaking study using the meta-analysis method, the authors studied the impact of social isolation has on individuals' health (Holt-Lunstad, Smith, Baker, Harris & Stephenson, 2015). With data from a sample of over 3 million participants followed by an average of 7 years, Holt-Lunstad et. al.

(2015) observed the significant outcome of social isolation, loneliness and living alone. The increased likelihood of death for those who reported loneliness was 26%. More importantly, when predicting mortality, they found no difference between actual and perceived social isolation. As seen in this study, social isolation is considered an objective quantifiable variable, while loneliness is a subjective emotional state. Both variables are important to be measured, however, it is important to note that an individual may have social relationships and still feel lonely (Holt-Lunstad et al, 2015).

In 2010, the American Association of Retired Persons (AARP) released a report on the study of loneliness among 3,012 individuals aged 45 and older (Wilson & Moulton, 2010). Using the UCLA Loneliness Scale, researchers conducted the survey in both English and Spanish for those who were not fluent in English. The study found that 35% of the participants reported feeling lonely. Among demographic information collected in the survey, age, income and marital status have a significant correlation with loneliness. Wilson & Moulton's results (2010) also predicted that older adults who reported higher levels of loneliness were more likely to have poor health and abuse both drugs and alcohol.

A 2002 study by Cacioppo et al., examined how loneliness impacts cardiovascular health, cortisol levels and sleep. By assessing variables such as salivary cortisol levels, sleep quality, blood pressure and heart rates, among others, the researchers were able to link the values to loneliness scores. Their study showed a strong association between social isolation and loneliness with poor health habits such as poor sleep quality and increased blood pressure (Cacioppo et al., 2002). These are important and relevant indicators of an individual's overall health and life quality.

Older adults are particularly vulnerable to social isolation as a result of their natural support network diminishing as they age (Wilson & Moulton, 2010). In 2018, there were an

estimated 52 million Americans 65 and older. This number is projected to almost double by 2060, reaching 95 million people (Mather, Scommegna, & Kilduff, 2019). Although there is substantial research on social isolation and loneliness in the elder population, there is still much to be learned about the experiences of minority groups within the older population in the United States (Wilson & Moulton, 2010).

Absent from the literature is a representation of minority groups, such as immigrant seniors, in the United States (US). In 2017, the foreign-born population in the US reached a new record of 44.4 million. The report states that most immigrants living in the US today are between the ages of 30 and 54 (Radford & Noe-Bustamante, 2019). As the US population ages, learning about their psychosocial experiences and its impact on health is essential for a healthier nation (Wilson & Moulton, 2010). As a large segment of the country's population, the health of immigrants is highly important to future policy in public health.

Abroad, the public sector has begun to make large commitments to improve social isolation in their communities. Countries like Canada and England have more recently begun to tackle the problem of social isolation and loneliness in a systematic way (Government of Canada, 2018, Prime Minister's Office 2018). In 2018, England announced its first Minister for Loneliness with a broad strategy for helping those suffering with loneliness through major policy changes (Prime Minister's Office 2018). While in Canada, in a recent government funded study, researchers highlighted that new immigrant and refugee seniors are more likely to suffer from social isolation and loneliness than other seniors. In a joint report, Canadian provinces identified and analyzed risk factors for this population. Among the risk factors were senior immigrants and refugees 80 years and older, those living alone, who were low income and who were either lesbian, gay, bisexual or transgender (Government of Canada, 2018).

While previous studies revealed that the impact of perceived social isolation in older adults is highly negative, older immigrants in the US may have a disproportionate disadvantage. The purpose of this study was to measure and assess how often an immigrant elder feels disconnected from others. It was hypothesized that immigrants over the age of 56, will show a higher score of loneliness than immigrants who were 55 and younger. It was also predicted that individuals who immigrated to the US over the age of 18 years old showed a higher score of loneliness than individuals who immigrated under 18 years old. Finally, it was hypothesized that non-immigrants over the age of 55 will show lower levels of loneliness than their immigrant counterparts.

Method

Participants

In this study, the participants were residents of San Francisco, Alameda, San Mateo and Marin counties in California. The sample consisted of 35 participants. As for the age of the participants, 2 participants were under the age of 45, 3 participants responded they were between the ages of 46-55 years, 17 participants were between 56-75 years old and 13 participants were over 76 years old. The majority (85%) of participants were from the targeted population chosen. Of the 35 participants, 14 of them were born in the United States. While a total of 21 participants were immigrants, 17 of them immigrated to the US when they were over the age of 18 and 4 of them immigrated when they were under 18 years old.

Measures

To measure the perception of social isolation, the author decided to measure loneliness which is defined as the perceived lack of social companionship. Loneliness is also conceptualized as the subjective emotional component of social isolation. Using the UCLA Loneliness Scale-Version 3 (Russel, 1996), participants were asked to answer the 20-item

questionnaire that assesses how often an individual feels disconnected from others. Choosing from a 4-point rating scale (Never = 1, Rarely = 2, Sometimes = 3, Always = 4), participants will indicate their degree of loneliness. Positively worded items are reverse-coded in this questionnaire. Higher scores indicate greater degree of loneliness (see *Appendix*). The reliability and validity of the Loneliness Scale is strong. For reliability, the coefficient alpha ranges from .89 to .94. Also the “test-retest reliability over a 1-year period is $r = .73$ ” (Russel, 1996). Additionally, according to Russel the convergent and construct validity are also strong and are supported by other measures of loneliness.

To obtain information about participants, a basic demographics questionnaire was developed. The demographics questionnaire consisted of one question where the participants had to indicate their age range (Under 45 years, 46-55 years, 56-75 years, and over 76 years). Participants were also asked to indicate whether they immigrated to the US before or after 18 years old, or if they were born in the US. Lastly, it is important to note that the survey was conducted in English.

Procedure

Participants were solicited electronically via email and posts to social media websites. The author invited participants connected with a nonprofit serving older adults, as well as, immigrant groups through social media pages. Using a link to an electronic survey, participants were given written instructions and informed consent followed by the survey questionnaire which included 22 items. The 22 items were a combination of the demographics section and the UCLA Loneliness Scale (Version 3). The survey was conducted between February 12th and March 9th 2020.

Results

A total of 35 participants completed the survey. Several participants (17) began the survey but did not complete it. These survey responses were excluded from the data analysis and only completed surveys were calculated. Participants who completed the survey did it within an average of 6 minutes.

To examine the first hypothesis, the author compared two groups of immigrants (ages: under 56, over 56). The first hypothesis stated that immigrants over the age of 56 would show a higher score of loneliness than immigrants who were 55 and younger. Younger immigrants who were under 56 ($M = 43.25$, $SD = 8.01$) had a lower score of loneliness in comparison to older immigrants who were over 56 ($M = 44.82$, $SD = 12.99$). Similarly, there was no difference for the age of the participant, $F(1, 19) = 0.05$, *ns*. Therefore, there was no significant difference in the loneliness score between younger and older immigrants.

The second hypothesis was then examined. This hypothesis stated that individuals who immigrated to the US over the age of 18 years old showed a higher score of loneliness than individuals who immigrated under 18 years old. Participants who immigrated when they were 18 or younger ($M = 39.25$, $SD = 14.52$) had a lower score of loneliness in comparison to participants who immigrated when they were 18 and older ($M = 45.76$, $SD = 11.54$). Again, there was no significant difference between the scores of the two groups $F(1, 19) = 0.94$, *ns*.

Finally, the last hypothesis stated that non-immigrants over the age of 55 would show lower levels of loneliness than their immigrant counterparts. The results showed that non-immigrants ($M = 39.84$, $SD = 7.24$) had a lower loneliness score than immigrants ($M = 44.82$, $SD = 12.99$). Although immigrants showed lower scores, the variance was non-significant $F(1, 28) = 1.53$, *ns*.

Discussion

The purpose of this study was to investigate the levels of loneliness experienced by older adult immigrants and non-immigrants in the San Francisco area. The survey results were non-statistically significant and they did not support the three hypotheses regarding the population studied. The results showed that although there was a small difference between the loneliness score between groups for each of the hypotheses, the difference in these scores were not significant enough to prove any of the hypotheses.

These findings are important to future studies as well as today's society. It is important that society is aware of the impact loneliness has on older adults' health. Immigrant or non-immigrant, older adults are at a higher risk for loneliness due to physical social isolation. While society understands that loneliness is a negative feeling, many may not have knowledge of the health concerns and risk of mortality it may cause.

Results were consistent with a study conducted by Wilson & Moulton (2010). Older adults did show higher scores of loneliness, however this study has several limitations and results were not significant enough. It was hypothesized that older immigrants would show higher scores of loneliness than younger immigrants. However, no significant differences were found between them.

There were several limitations in this study. One limitation was that the sample size of the targeted population was small. In the first hypothesis for example, there were only 4 participants who fit the criteria of immigrants under 56 years old. This was not a large enough sample to compare to immigrants over the age of 56. This may have been one of the reasons why the variance in results was not statistically significant. This study could have been improved if each demographic group surveyed was larger and had a similar response rate than the others. In general, this study would have benefited from a larger sample size.

Another limitation of this study was that the survey did not capture the participant's marital status. Marital status is an important variable as seen in the previous literature reviewed in this study. Those researches showed examples of research who took into account if the participant lived with a partner or lived alone (Holt-Lunstad et. al., 2015, Government of Canada, 2018, Wilson & Molton, 2010). Marital status or living situation is likely to have an influence on how a person perceives social isolation. Although one may live with another and feel lonely, as previous studies have shown it is important to take this demographic question into consideration when conducting a survey such as this one.

An additional limitation was the language used in the survey. Because the author was conducting this study alone, she preferred to survey only in English. This may have influenced those who attempted to respond to the survey and, ultimately, did not complete it. Future research should consider immigrants who are not fluent in English. This population may have a different experience aging in the United States.

There were 52 attempts, with only 35 participants completing the questionnaire. Another limitation was that the survey was only conducted via an electronic format. Although this was helpful in keeping the participants' information anonymous, it also excluded participants, particularly seniors, who do not have access to a computer or smartphone. In future studies of this population, it would be ideal to have it conducted with multiple language options as well as phone or mail surveys in order to reach those who do not have access to technology tools or the internet.

In addition to the limitations discussed above, future research should consider surveying immigrant groups from a variety of countries. In the San Francisco Bay area, there are strong diasporas of immigrant communities. The Chinese and Filipino immigrant populations are large (Census, 2012) and known to have a solid tie with their community members. The presence of well-established diasporas may influence how a person experiences social isolation and

loneliness. Furthermore, a more robust study should also consider risk factors such low income, sexuality, and gender identity in addition to factors mentioned previously such as living situation and marital status.

Conclusion

While the results of the survey did not support the three hypotheses, the results suggested that older immigrant adults who migrated over the age of 18 feel more lonely than other groups from the study. This study brought attention to the topic of social isolation and loneliness and tried to measure the loneliness felt by non-immigrant and immigrant older adults. The results are important because they show that there may be a difference between how older adults from immigrants groups perceive social isolation.

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Appendix: Survey

You have been invited to take part in a research study about **elder isolation in immigrant communities**. This study will be conducted by Jessica Da Silva, Master of Public Administration graduate student as part of her Capstone research project. Her faculty sponsor is Professor Mary Pieciewicz, Department of School of Professional Studies, Clark University.

The survey is anonymous, participation is voluntary, and responses cannot be traced back to any participant. Participants should not include any identifying information about themselves in the survey. Any questions may be left unanswered and participants can end the survey at any time. The data collected from this survey will only be used for the purposes of the Clark University Capstone Project. This survey, a combination of demographic questions and the UCLA Loneliness Scale (Version 3), is a 20-item measure that assesses how often a person feels disconnected from others. The survey should take you approximately 3-5 minutes to complete.

If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact Jessica Da Silva at 774-270-1220, JDasilva@clarku.edu or the faculty advisor, Mary Pieciewicz at MPieciewicz@clarku.edu.

Your cooperation with this Capstone Survey is greatly appreciated. Thank you for your participation and for completing this survey.

This Capstone Project has been approved by the Clark Committee for the Rights of Human Participants in Research and Training Program (IRB). Any questions about human rights issues should be directed to the IRB Chair, Dr. Robert Johnston at 508-751-4619.

Appendix: Survey

Q1 Please indicate your age:

- Under 45 years (1)
- 46-55 years (2)
- 56-75 years (3)
- Over 76 years (4)

Q2 At what age did you immigrate to the United States?

- Under 18 years old (1)
- Over 18 years old (2)
- I was born in the United States (3)

Q3 How often do you feel that you are “in tune” with the people around you?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q4 How often do you feel that you lack companionship?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q5 How often do you feel that there is no one you can turn to?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q6 How often do you feel alone?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Appendix: Survey

Q7 How often do you feel part of a group of friends?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q8 How often do you feel that you have a lot in common with the people around you?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q9 How often do you feel that you are no longer close to anyone?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q10 How often do you feel that your interests and ideas are not shared by those around you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q11 How often do you feel outgoing and friendly?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q12 How often do you feel close to people?

- Never (4)
- Rarely (3)
- Sometimes (2)

- Always (1)

Appendix: Survey

Q13 How often do you feel left out?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q14 How often do you feel that your relationship with others are not meaningful?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q15 How often do you feel that no one really knows you well?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q16 How often do you feel isolated from others?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q17 How often do you feel that you can find companionship when you want?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q18 How often do you feel that there are people who really understand you?

- Never (4)
- Rarely (2)

- Sometimes (2)
- Always (1)

Appendix: Survey

Q19 How often do you feel shy?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q20 How often do you feel that people are around you but not with you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Always (4)

Q21 How often do you feel that there are people you can talk to?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)

Q22 How often do you feel that there are people you can turn to?

- Never (4)
- Rarely (3)
- Sometimes (2)
- Always (1)