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Research & Training Center
on Disability in Rural Communities

RESEARCH REPORT

SOCIAL ISOLATION AND LONELINESS AMONG RURAL AND URBAN PEOPLE WITH DISABILITIES

November 2021

SOCIAL CONNECTION

Social connection is the experience of interacting with and feeling connected to other people, including friends, family, colleagues, and neighbors. Having social connections is a basic human need that helps us weather life's ups and downs and build resiliency in difficult situations. Social connections also help build self-worth by supporting or fulfilling the needs of others.

- People with disabilities report more than double the rates of social isolation and loneliness than people without disabilities.
- Rural people with disabilities report significantly fewer social connections but similar rates of loneliness compared to urban people with disabilities.
- Structural barriers related to employment and transportation may play a role in social isolation and loneliness disparities among people with disabilities.



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SOCIAL ISOLATION AND LONELINESS ARE DIFFERENT CONCEPTS

A lack of social connections can lead to social isolation and loneliness. Social isolation is an objective measure based on a limited number of social connections. Loneliness is the perception of being isolated or feeling alone. Although social isolation and loneliness can be related to each other, they are not the same concept. For example, some people may enjoy living alone with a pet at home, but do not feel lonely. Other people may not be socially isolated (e.g., living with a spouse), but are dissatisfied with the quality of a relationship and therefore feel lonely.

Both social isolation and loneliness are associated with adverse physical and mental health outcomes including increased doctors' visits, hospitalizations, cardiovascular health issues, depression, and anxiety.¹⁻⁴

TEMPORARY VS. CHRONIC LONELINESS

Loneliness can signal a need to build new relationships and social connections, and occurs during major life transitions. For instance, when a person moves to a new community, starts a new job, or transitions to retirement, a disruption in established social networks can lead to loneliness. Over time, as a person builds new social connections and resiliency while adapting to a new environment, this feeling of loneliness may diminish and be described as temporary loneliness.

On the other hand, chronic loneliness is persistent and does not diminish over time. Chronic loneliness is often self-reinforcing where feelings of shyness, anxiety, or depressed mood prevent or hinder the development of new relationships and social connections. While temporary loneliness is a natural adaptive process, chronic loneliness is detrimental to health and well-being.⁵

STRUCTURAL AND ENVIRONMENTAL BARRIERS

Structural and environmental barriers can also contribute to social isolation and loneliness, particularly for people with disabilities. For example, inaccessible or limited transportation options can reduce opportunities for socialization, employment, and independent living. Inaccessible physical environments at home or in the community may limit opportunities to engage and socialize with others. Finally, stigmas can reinforce structural barriers and further limit confidence, choice, and control in how one participates in the community.

EVIDENCE FROM PRIOR STUDIES

Most research about social isolation and loneliness has focused on older adult populations (65+ years). Many older adults experience significant life changes such as retirement, bereavement, housing, or chronic illness that disrupt established social networks. According to one study, 24% of adults 65+ indicate high levels of social isolation.⁶

There is limited evidence, however, about social isolation and loneliness in adults (age 18-64) with disabilities, or by specific type of disability.

METHODS

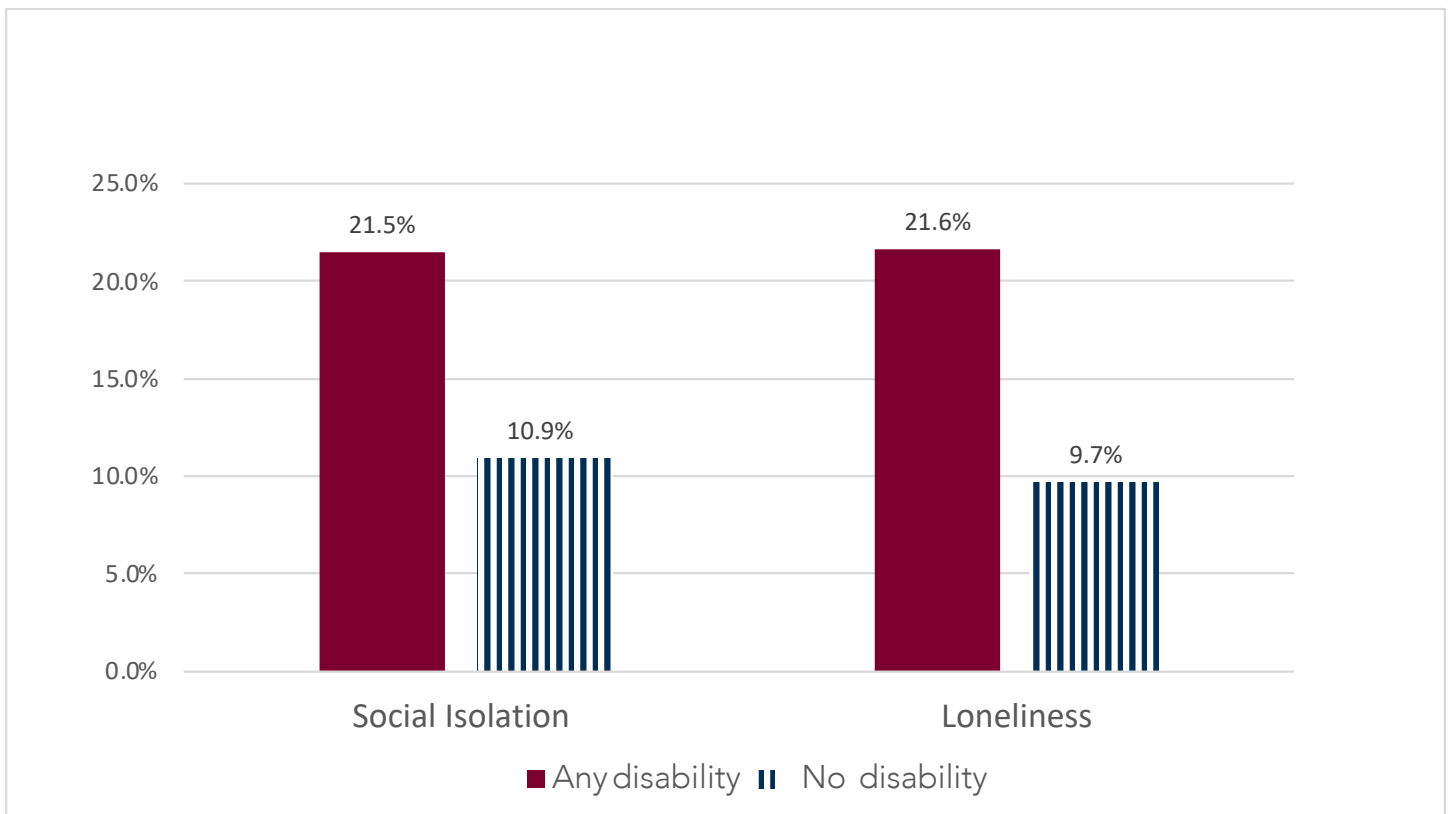
We used data from two national surveys to understand the experiences of social isolation and loneliness among people with disabilities. First, we used data from the Health and Retirement Survey (HRS) to compare the social isolation and loneliness experiences of those who are 50-65 years old with and without disabilities. The HRS is a national longitudinal survey sample that includes basic indicators of disability including work limitations or assistance to perform activities of daily living, as well as measures of social isolation and loneliness.

Second, we used data from the National Survey on Health and Disability (NSHD) to explore how person and environmental factors were associated with social isolation and loneliness. The NSHD is a national survey that only includes people with disabilities. For this analysis, we used data collected from the second wave of the NSHD in 2019/20, which represents data just prior to the start of COVID-19 pandemic lockdowns in March 2020.

PREVALENCE OF SOCIAL ISOLATION AND LONELINESS, BY DISABILITY STATUS

We compared the experiences of social isolation between people with and without disabilities aged 50-65. Figure 1 shows HRS data from 2016, which indicate that rates of social isolation and loneliness are more than twice as prevalent for people with disabilities compared to those without disabilities.

Figure 1: Prevalence of Social Isolation and Loneliness HRS Respondents 50-64 years (N=2,771)



RISK FACTORS FOR SOCIAL ISOLATION AND LONELINESS AMONG PEOPLE WITH DISABILITIES

We next explored how socio-demographic, disability, and environmental factors were associated with differences in (1) satisfaction with social activity, (2) social network quantity, (3) social network quality, and (4) loneliness using 2019/20 NSHD data (N = 2,161).

Table 1 shows the NSHD questions used to evaluate different experiences of social isolation and loneliness. Measures for social isolation include satisfaction with social activity, social network quantity, and social network quality. For these measures, lower numbers indicate higher levels of social isolation. Conversely, for the loneliness measure (3-item UCLA Loneliness Scale), higher numbers indicate higher levels of loneliness.

Table 1: Social Isolation and Loneliness Measures

Measure	Survey Item or Question	Response Options
Satisfaction with social activity	I am satisfied with my current level of social activity	Scale of agreement from 0 = not at all to 4 = very much
Social network quantity	How many family members or close friends do you see or hear from at least once a month	0 to 9, where 9 includes 9 or more
Social network quality	When you have an important decision to make do you have someone you can talk to about it?	Scale from 0 = never to 5 = always
UCLA Loneliness Scale (3 items)	How often do you feel you lack companionship? How often do you feel left out? How often do you feel isolated from others?	Scale from 1 = hardly ever to 3 = often, where responses to the three questions are added together to create a loneliness score from 3 to 9.

We used multivariate regression analyses to explore the unique contribution of socio-demographic, disability, and environmental variables, where:

- **Socio-demographic** variables included race, gender, age, education, employment, and poverty status.
- **Disability type** variables included psychiatric, physical, chronic illness, intellectual/developmental disability (I/DD), sensory, and neurological disabilities.
- **Environment** variables included geographic location (rural vs urban), reported transportation problems to meet daily needs, reported transportation problems to meet social needs, and living status (alone vs with others).

URBAN AND RURAL DEFINITIONS

We used urban and rural classification from the Office of Management and Budget (OMB). Per the OMB, metropolitan or urban counties include an urban core of 50,000 or more, and micropolitan or rural counties have an urban core of less than 50,000.

Table 2 shows which characteristics were significantly associated with each measure of social isolation and loneliness. Not being employed, having a mental illness or psychiatric disability, and reporting transportation problems to meet social needs were significant predictors across all models. These characteristics were negatively associated with satisfaction with social activity, quantity of social contacts, and quality of contact, and positively associated with higher rates of loneliness.

Table 2: Significant Characteristics of Social Isolation and Loneliness Indicators

Characteristic	Satisfaction with social activity	Quantity of social contacts	Quality of contacts	Loneliness
Race (other than White/non-Hispanic)			Neg	
Male gender (relative to female or other)		Neg	Neg	
Age 35 years or older	Neg	Neg	Neg	
Living at or below 138% federal poverty level (FPL)		Neg	Neg	Pos
Not employed	Neg	Neg	Neg	Pos
Reporting mental illness/psychiatric disability	Neg	Neg	Neg	Pos
Living in a rural location		Neg		
Transportation problems to meet daily needs			Neg	
Transportation problems to meet social needs	Neg	Neg	Neg	Pos
Living alone		Neg	Neg	Pos

Neg – significantly and negatively associated with indicator

Pos – significantly and positively associated with indicator

Being rural was significantly associated with reporting fewer social contacts, but was not significantly associated with satisfaction with social activity, quality of contacts, or loneliness ratings. Similarly, being older (35+), was negatively associated with social connectedness outcomes, but not significantly associated with loneliness. These factors demonstrate some of the nuanced differences between social isolation and loneliness.

Although not shown in Table 2, a combination of significant predictors of loneliness (i.e., living at or below 138% of the FPL, not employed, reporting a mental illness or psychiatric disability, reporting transportation problems related to social needs, and living alone), was associated with a 3-point increase on the UCLA Loneliness Scale. If you think about the scale, this indicates going from hardly ever to sometimes lonely, or sometimes to always lonely – a substantial change.

DISCUSSION

Our data showed that people with disabilities aged 50-64 were more than twice as likely as same aged people without disabilities to report social isolation and loneliness. In part, this may be due to structural and environmental barriers that limit opportunities for social engagement. This was reinforced in the data where employment status and transportation problems were significant predictors in our models. Employment protects against social isolation and loneliness through increased economic security, access to social networks, and a meaningful role that can increase self-worth and confidence. The majority of people with disabilities, however, are not employed due to structural and environmental barriers, including stigmas on the part of employers.^{7,8} Similarly, individuals who can easily and independently use transportation have greater autonomy to participate in a variety of activities and social roles. Although transit options may be available, the combination of inaccessible vehicles, limited routes and schedules, and missed opportunities for coordination means that transportation needs are unmet for the vast majority of people with disabilities.⁹

Structural barriers need to be addressed with comprehensive and accountable legislation, and funded initiatives and strategies. For example, the Workforce Innovation and Opportunities Act (WIOA) and programs such as the Vocational Rehabilitation System, Campaign for Disability Employment, and Job Accommodation Network need sustained funding to address persistent employment disparities. Prioritized transportation funding for §5310 (Enhanced Mobility of Seniors & Individuals with Disabilities) and §5311 (Formula Grants for Rural Areas) can bring additional investment to places that need it most. And creative solutions such as private-public partnerships that fund transportation vouchers and support cooperative models can address systems gaps.

CONCLUSION

Addressing structural and environmental barriers is one strategy for lowering the disparate and concerning rates of social isolation and loneliness for people with disabilities.

RECOMMENDED CITATION

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