Understanding social connectedness and health among older adults

Shannon Ang
Assistant Professor of Sociology
Nanyang Technological University

What this talk will cover

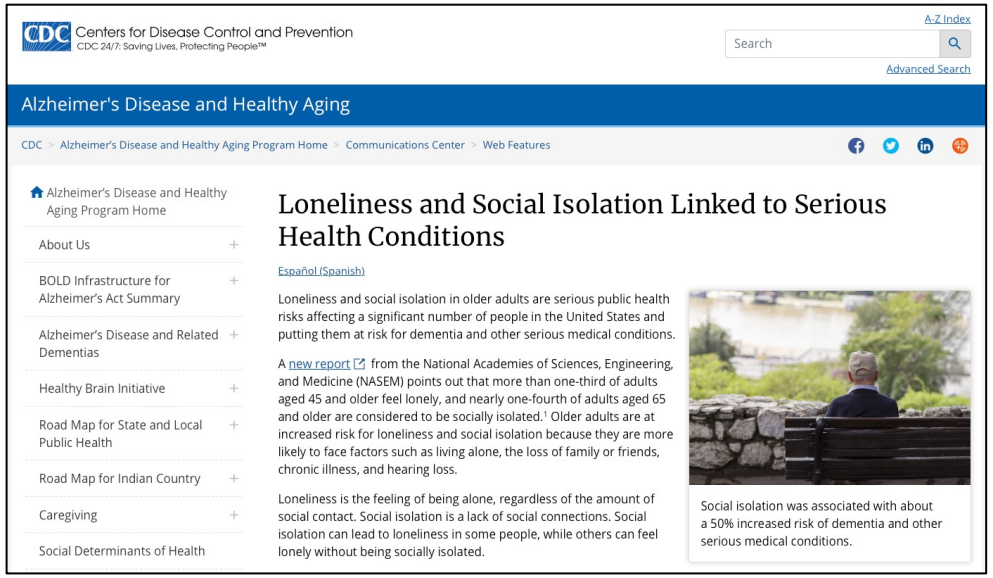
- Generally, some of my **past and current work** on social connectedness and health among older adults
- We'll explore *together* what social connectedness is, how it is related to health, and what more we should work on finding out
- Ideas you may have for **future work and/or collaborations** are welcome!

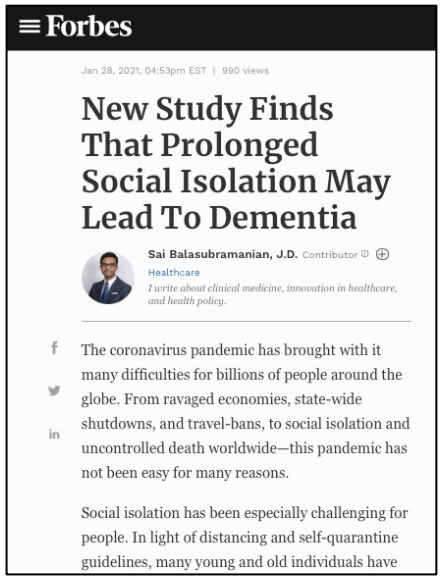
Some caveats

- This is structured around **research (i.e., more "big picture"), rather than practice.** That said, this is not going to be a conference-style presentation (you can go to conferences for that).
- I will talk about studies using data from US and Singapore, but try to link them to implications **for the Singapore context**
- I will assume you know nothing about the field, so bear with me if you're an expert already
- I'm going to skip over a lot of the "weeds". The papers are published, you can check them out if you want to dive into the details (email me for a copy if you want it but have no access)

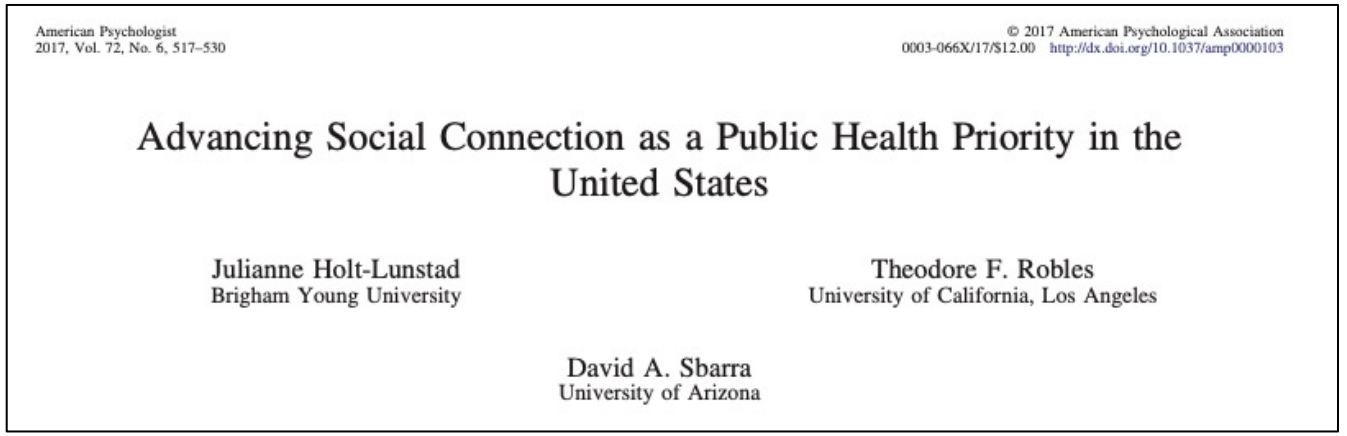
Background

Lots of studies worldwide tell us loneliness and isolation are bad for all types of health outcomes





Background



American Psychologist
2017, Vol. 72, No. 6, 517–530

0003-066X/17/$12.00 http://dx.doi.org/10.1037/amp0000103

Advancing Social Connection as a Public Health Priority in the United States

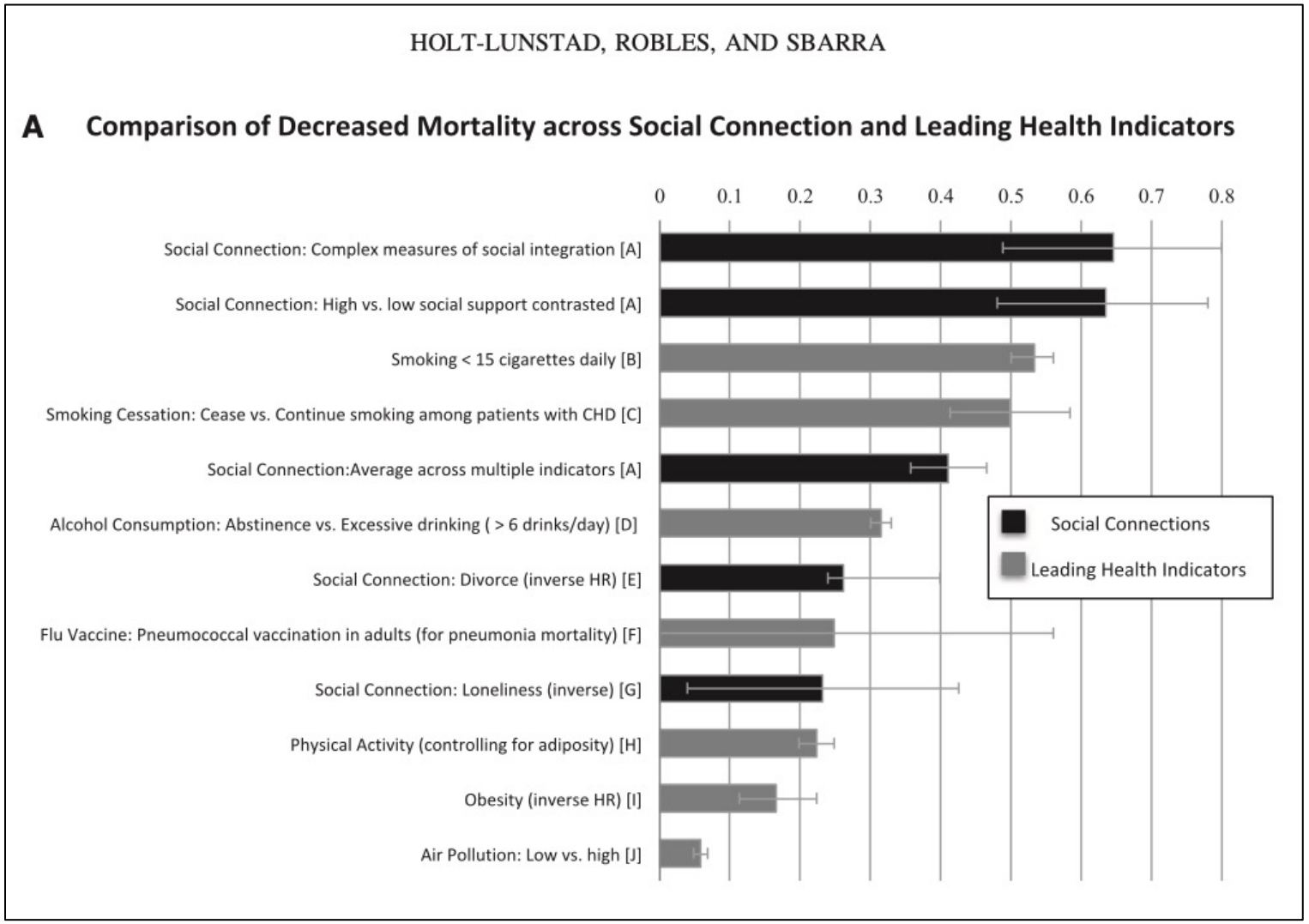
Julianne Holt-Lunstad
Brigham Young University

Theodore F. Robles
University of California, Los Angeles

David A. Sbarra
University of Arizona

"…Despite mounting evidence that the magnitude of these associations is comparable to that of many leading health determinants (that receive significant public health resources), government agencies, health care providers and associations, and public or private health care funders have been **slow to recognize** **human social relationships as either a health determinant or health risk marker** **in a manner that is comparable to that of other public health priorities**."

Background



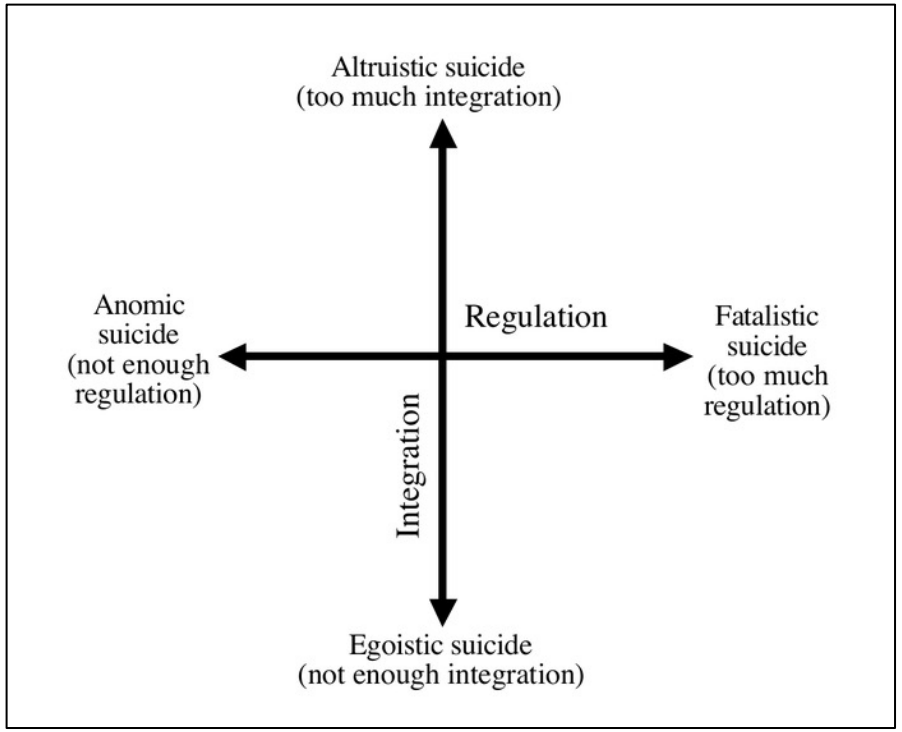
Meta-analyses (studies of studies) have shown that associations between social connectedness and mortality are as strong as other well-established factors like smoking and physical activity

Background

Sociologist Emile Durkheim is often credited for first linking social connectedness and health outcomes in his book *Suicide (1897)*. He theorized four types of suicide occurring as a result of the societal context:

***Ties too strong*, people sacrifice for the group (think suicide bombers)**

***Rules too few* (or feeling that rules no longer apply), happens when there are sudden and unexpected changes**



***Rules too many*, people believe they can never meet expectations**

***Ties too weak*, socially isolated**

Background

Consider social connectedness as a crucial modifiable predictor of health outcomes because:

- People are living longer; Singapore is ageing
  - Epidemiological transition means less acute illnesses, more chronic illness (means the way allopathic medicine works is not as “magical” as before)
    - **Social connections help both prevention and management of illness (even in pandemic times!)**
  - Many of our societal structures are still built for a “young” society – we often assume “disengagement”, even though we promote activity/continuity in old age as the ideal
- There’s a lot more we can do to build social connectedness for older adults (e.g., intergenerational, non-kin ties)

Background

How does social connectedness influence health outcomes? A few examples:

- Sense of identity/self arises from social interactions (e.g., Ellemers and Haslam 2012)
- Activates social support (emotional and instrumental) in times of need (e.g., Verdery and Campbell 2019)
- Other people serve as a reference for 'normative' behavior and provide a 'sense of belonging' (e.g., Over 2015)

Recommended reading

Background

In Singapore, we can probably all agree that social connectedness is important for older adults, especially given the ongoing pandemic.

Seniors felt less socially satisfied, more isolated during Covid-19 circuit breaker period: Survey

For senior citizens living with others, satisfaction levels fell to pre-circuit breaker levels of those living alone. ST PHOTO: DESMOND WEE

Goh Yan Han

PUBLISHED AUG 28, 2020, 2:06 PM SGT

Coronavirus: Elderly hit hard by social isolation amid circuit breaker measures

With activities and visits cut, charities turn to calls and tech to check on vulnerable seniors

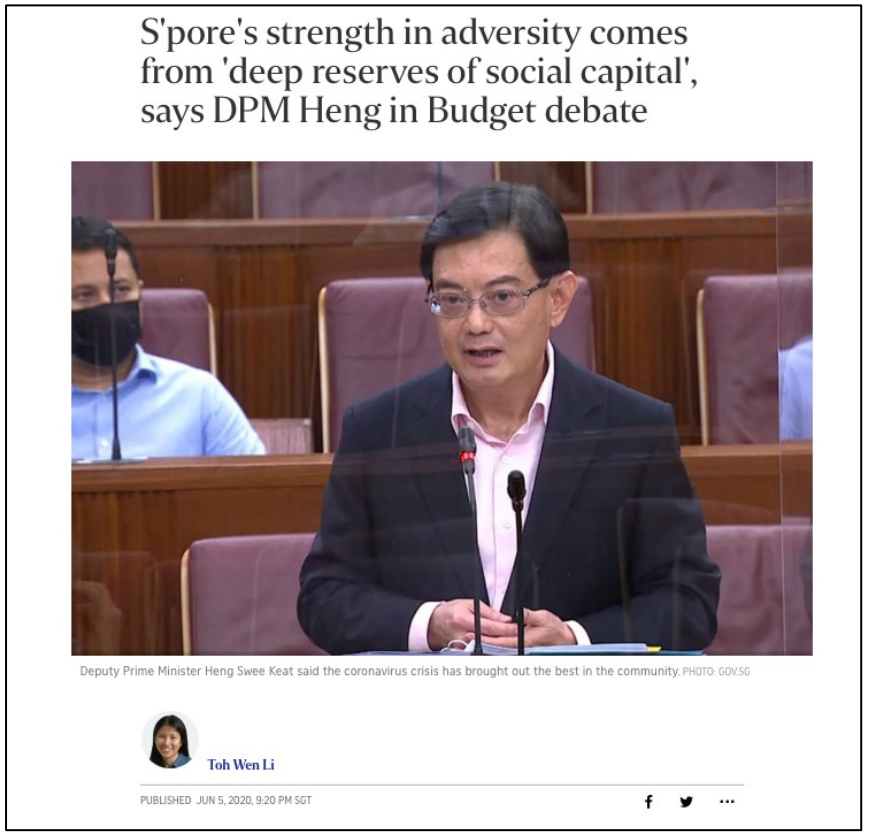
1 of 4 Former sweeper Koh Ah Chew (right, on steps), 70, with a neighbour sitting 2m away from him at Chinatown Complex on Thursday. He said: "How is it possible for us to stay at home for 24 hours? It's so hot and boring in there. ST PHOTO: JANICE TAI

Janice Tai
Social Affairs Correspondent

PUBLISHED APR 11, 2020, 5:00 AM SGT

Background

But at the same time:



S'pore's strength in adversity comes from 'deep reserves of social capital', says DPM Heng in Budget debate

Deputy Prime Minister Heng Swee Keat said the coronavirus crisis has brought out the best in the community. PHOTO: GOV.SG

Toh Wen Li

PUBLISHED JUN 5, 2020, 9:20 PM SGT

So…we have lots of social capital, but older people are still lonely?

How does that work?

Social capital =/= social connection?

Background

Concept soup alert!

What exactly does it mean to be socially connected? There are many inter-related terms being thrown around:

- Social capital
- Social participation
- Social networks
- Social support
- Social isolation
- Social (dis)connectedness
- Social integration
- Social engagement
- Social cohesion
- Social inclusion
- Social ties
- Loneliness

Background

Understandably, this complicated concept soup tries to get at the multidimensional nature of social connectedness

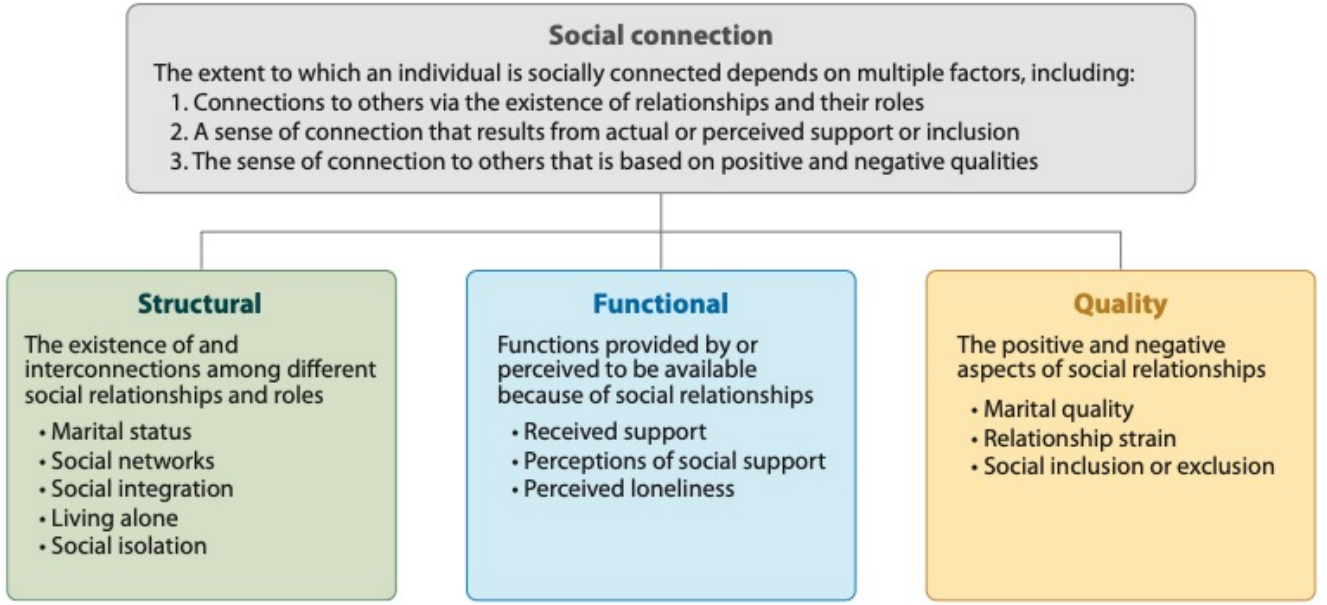


Figure 1

Social connection as a multifactorial construct including structural, functional, and quality components.

Source: Holt-Lunstad (2018), Ann. Rev. Psychol.

Background

Concept soup alert!

What exactly does it mean to be socially connected? There are many inter-related terms being thrown around:

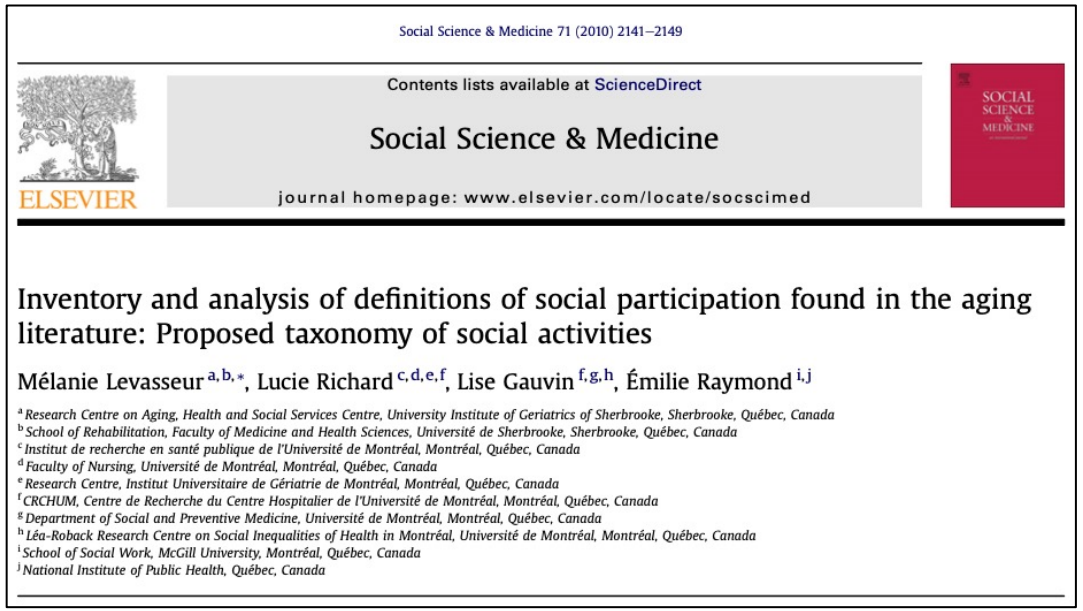
- Social capital
- **Social participation**
- Social networks
- Social support
- Social isolation
- Social (dis)connectedness
- Social integration
- Social engagement
- Social cohesion
- Social inclusion
- Social ties
- Loneliness

I will focus on just ONE of these for today.

Participation

What is social participation?

"…social participation can be defined as a person's involvement in activities that provide interaction with others in society or the community."



Social Science & Medicine 71 (2010) 2141–2149

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Inventory and analysis of definitions of social participation found in the aging literature: Proposed taxonomy of social activities

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Participation

How do we measure social participation?

There are, broadly speaking, two types of social participation – **formal and informal.**

Formal social participation is usually measured through the **frequency of attending and participating in formal social activities** such as religious gatherings, attending club/association/political group meetings, taking classes (e.g., SkillsFuture) and sometimes volunteering.

Informal social participation is usually measured through the **frequency of contact with friends and family**.

Participation

What have I found?

I will quickly share the key findings from a couple of studies that I did.

We'll start with some non-local studies that paint the big picture over the life course.

Participation

First, how does social participation change over the life course?

The literature often assumes there is disengagement in later life:

> *"The most commonly described social participation trajectory in literature is the reduction of social networks and the **reduction of participation in social activities**, or in other words, of social disengagement, both in terms of its negative value as an intentional and adaptive selection process."*
>
> (Pinto and Neri 2017)

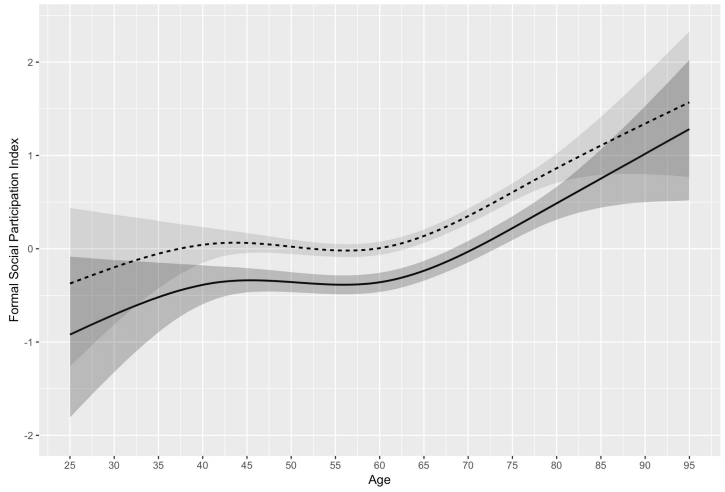
Most studies, however:

- only include people at later ages (age 55+, so there is no way to compare with younger ages), and;
- do not consider cohort effects (which we will come to later)

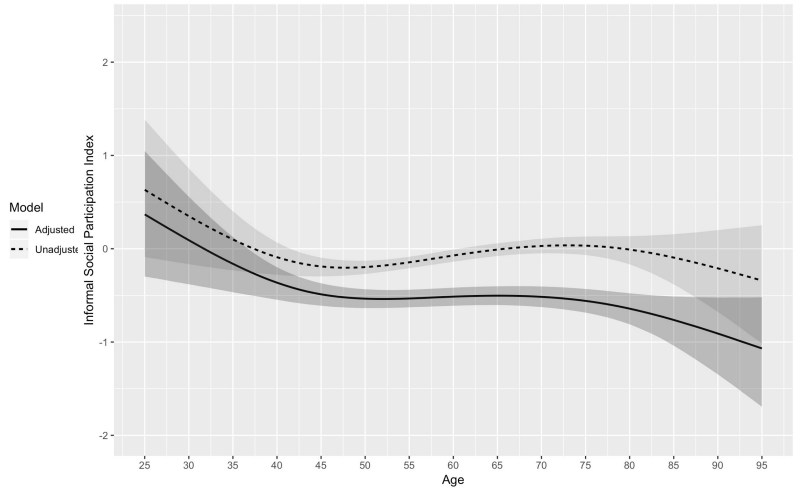
Participation

Using Americans Changing Lives Data (1986-2011), I find that:

While informal social participation declines with age, formal social participation increases. This suggests some form of "compensation" – not monotonic decline or continuity with age as predicted by past theories.



Formal



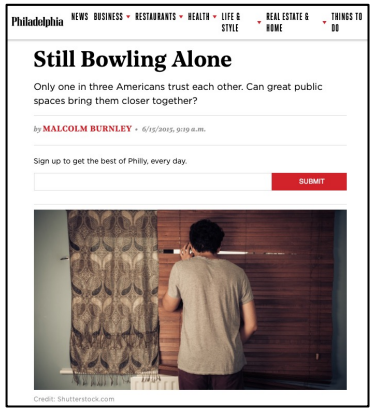
Informal

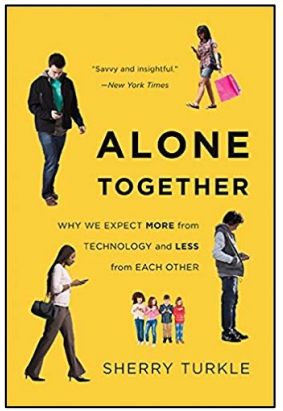
Participation

Second, how does social participation change across cohorts?

The literature often assumes later cohorts are more disconnected:

> *"…one central theme of this book is that people born between 1910 and 1940 constitute a "long civic generation"—that is, a cohort of men and women who have been more engaged in civic affairs throughout their lives—voting more, joining more, trusting more, and so on—than either their predecessors or their successors in the sequence of generations."*
>
> (Putnam 2000:275)



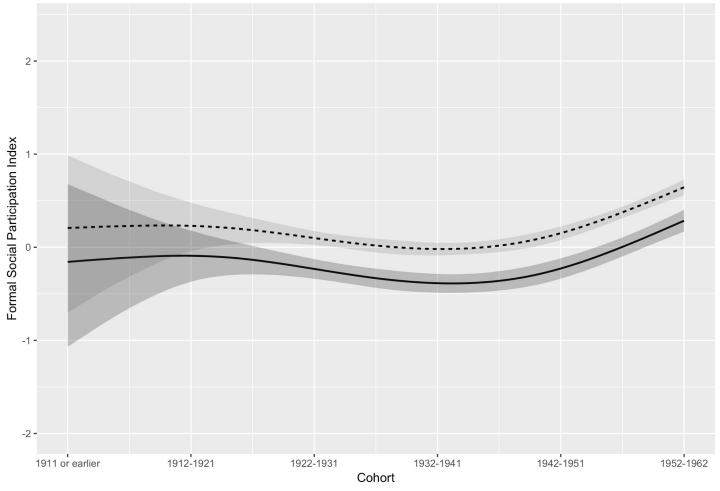


Participation

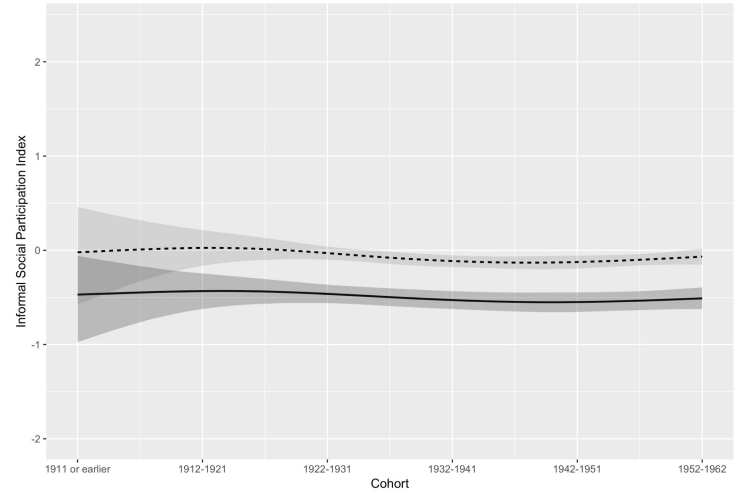
I find that:

No cohort change, contra Putnam.

For formal social participation, in fact, an increase is observed in later-born cohorts.



Formal



Informal

Participation

So what?

Findings add to the growing literature showing that anxiety around societal decline in social connectedness is unnecessary (I explored only social participation, but other studies have looked at other dimensions such as loneliness and social support)

We should pay more attention to the changing composition of social activities across the life course, and how "social activities" have evolved over time (some "in progress" work by other authors support my empirical findings)

Question that might be in your head – "what about Singapore?". No way to really answer your question definitively because we lack the appropriate data (or people are not sharing) to examine age-cohort long-term changes (we'll come back to this)

Participation

Third, does social participation get more important for health as you age?

Scholars often assume that social participation is more important for the health of older adults, because they are more likely to experience loss (of partner or friends) in later life

However, this has not been empirically tested (because most studies are focused on social participation in later life).

Participation

I find that:

Both formal and informal social participation were negatively associated with depressive symptoms, consistent with past literature.

Formal social participation was negatively associated with number of chronic illnesses, but informal social participation was not.

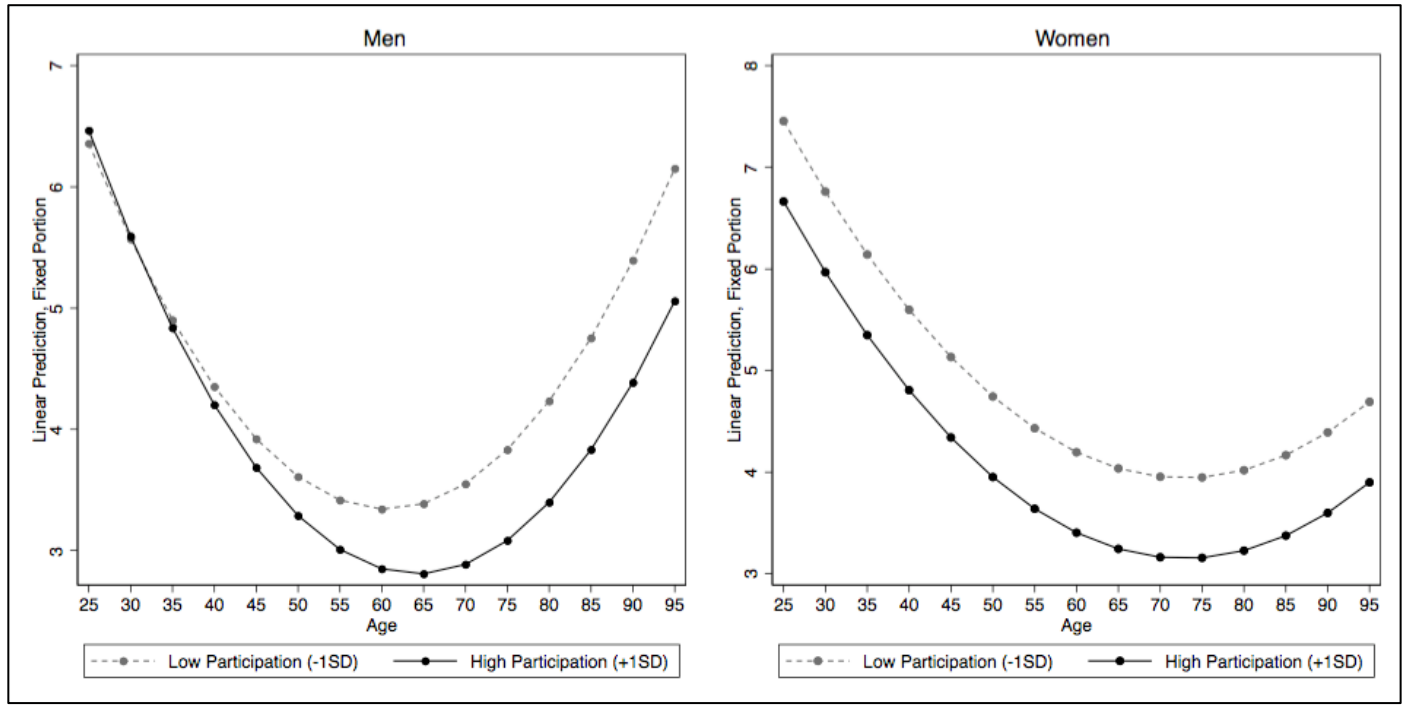
- Likely social control mechanisms at work, which tend to be stronger in formal group settings (Haslam et al. 2009, 2014)

In general, there is **insufficient evidence for age-varying effects of formal or informal social participation** (on depressive symptoms and number of chronic illnesses).

Participation

I find that:

The **only exception** is for men's depressive symptoms. The association between formal social participation and depressive symptoms increases for men as they age.



Participation

So what?

Formal social participation may become more important as men age into later life, by helping to fill role absences and ensuring continuity when transitioning out of employment (e.g., Goll et al. 2015, Gradman 2019) – *i.e., this is a gendered process*

Social participation is not necessarily more important for the health of older people (vs. younger people). It depends on the outcome, and the mechanisms that undergird the process. (some people citing my paper recently, however, tend to miss this point)

Participation

Fourth, is spousal social participation important for older adults' own health?

Studies often assume social participation and its association with health is the sole product of an individual – i.e., one's own social participation leads to the betterment of one's health.

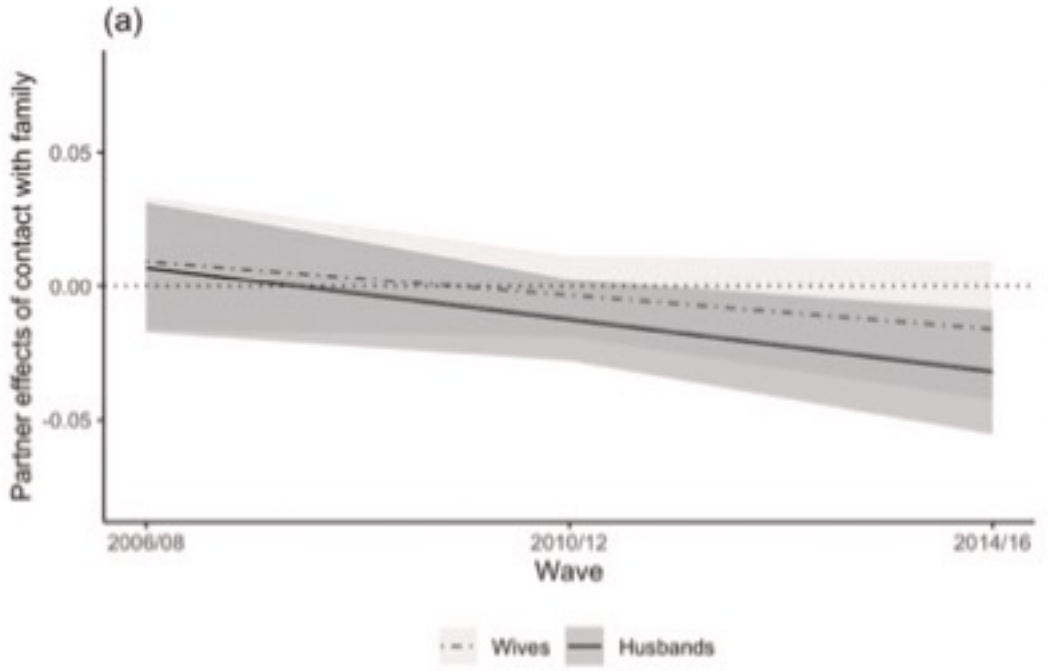
But within a close relationship such as marriage, the social participation of one's spouse may also have an association with one's own health.

- E.g., your spouse picks up a keto diet from his/her friends, and then attempts to make you do it together with him/her.
- E.g., prevalence of kin-keeping may insulate males from stress of dealing with family (e.g., difficult extended kin)

Participation

Using dyadic data from the Health and Retirement Study (2006-2016), I find that:

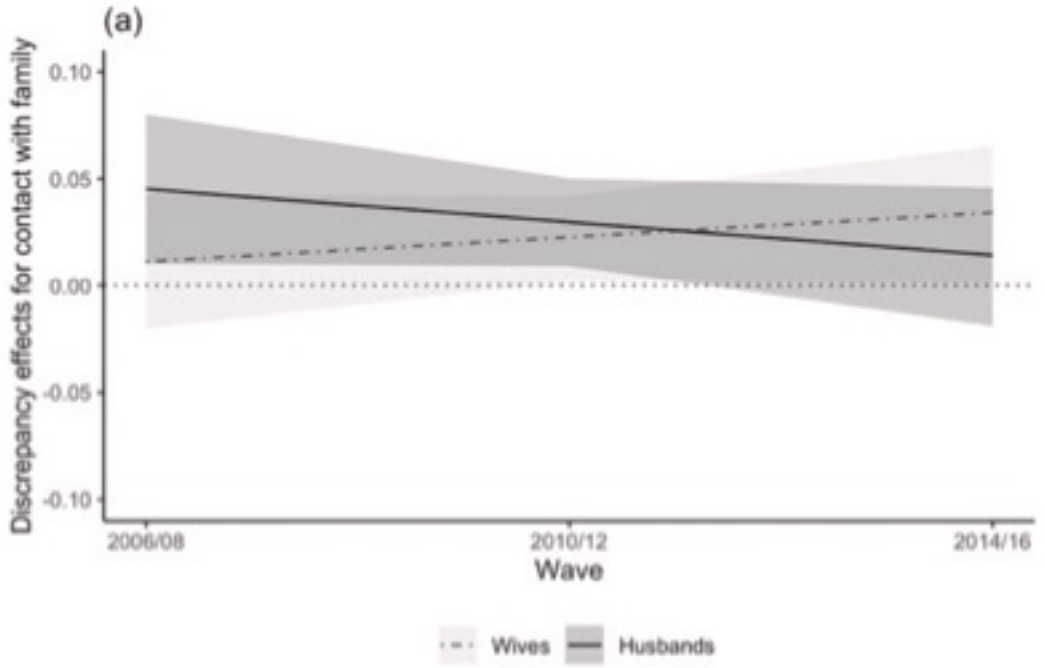
Partner effects of contact with family for husband's depressive symptoms emerged only at later time points. Wives' social participation was associated with fewer depressive symptoms among husbands.



Participation

Using dyadic data from the Health and Retirement Study (2006-2016), I find that:

Discrepancies between couple social participation is associated with more depressive symptoms for wives' – likely reflects the prevalence of "kin-keeping" for women.



Participation

So what?

Findings show that the informal social participation of one's spouse can influence the other's mental health. This study only looks at married couples, but this likely applies to other types of dyads (e.g., caregiver-care recipient, parent-child).

This means that most studies focusing only on the health benefits of social connectedness for an individual likely *underestimate* the effects of promoting social connectedness. It also means dyad-level characteristics matter.

Social participation is not all benefits – there may be downsides – i.e., seeing people you don't like (e.g., difficult family). In the case of my study, an imbalance in contact with family shows downsides.

Again, here *gender matters*.

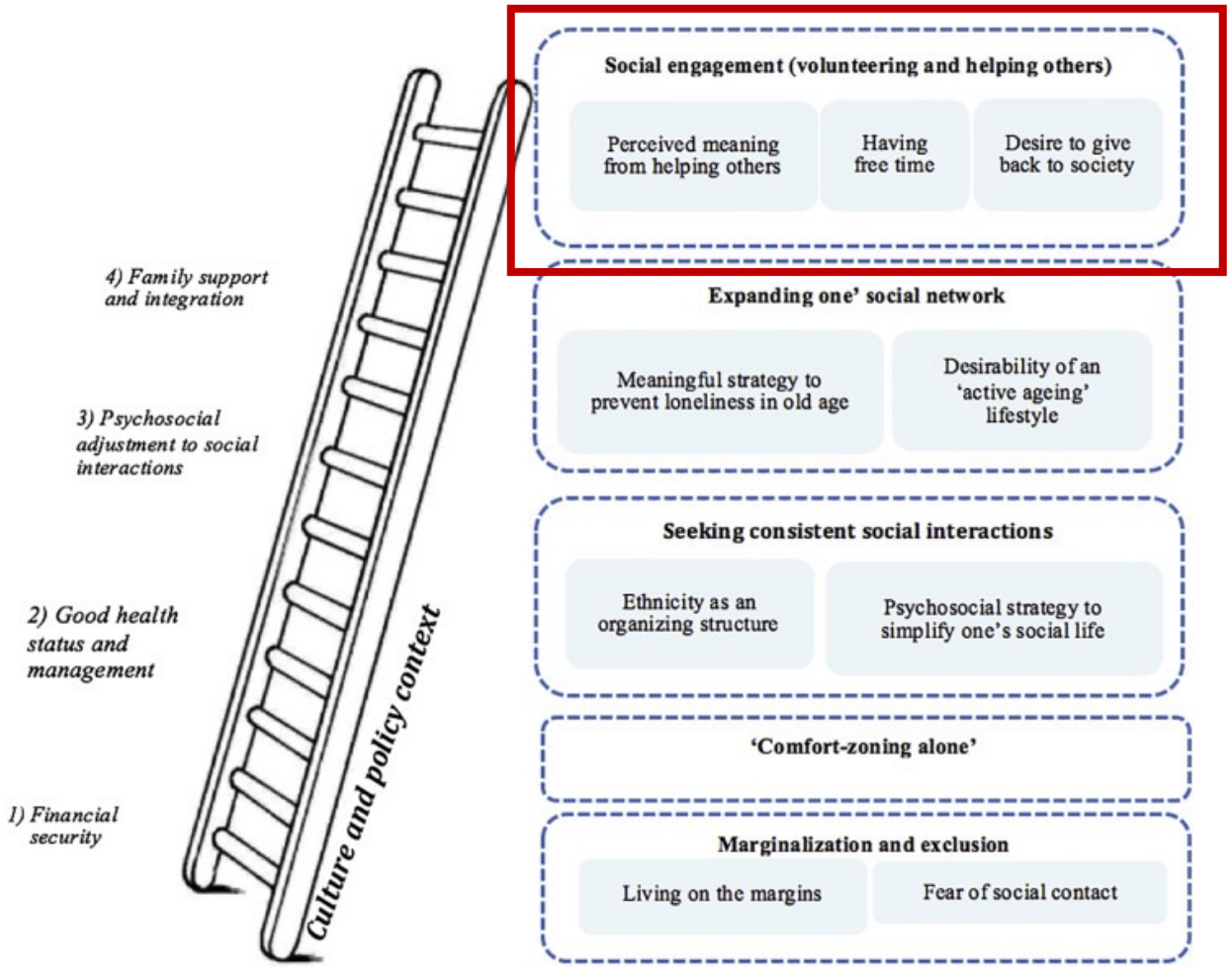
Participation

So what about Singapore?!

Let’s get there.

Participation

Aw et al. (2017) give us a nice continuum of social participation of Singapore older adults from their Whampoa study



This part is important

Participation

Studies using Singapore data are in broad agreement as those from the rest of the world – social participation is beneficial for health

Journals of Gerontology: Social Sciences
cite as: *J Gerontol B Psychol Sci Soc Sci*, 2018, Vol. 73, No. 8, 1470–1479
doi:10.1093/geronb/gbw078
Advance Access publication July 12, 2016

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Original Article

Social Participation and Mortality Among Older Adults in Singapore: Does Ethnicity Explain Gender Differences?

Shannon Ang

Participation

Like other studies, there are also gender differences:

For men, “going out to eat” was protective against all-cause mortality. For women, “playing a game of sport” was protective.

Not perfect measures of social participation, but reasonable given our context and the available data.


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Journals of Gerontology: Social Sciences
cite as: *J Gerontol B Psychol Sci Soc Sci*, 2018, Vol. 73, No. 8, 1470–1479
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Advance Access publication July 12, 2016

OXFORD

Original Article

Social Participation and Mortality Among Older Adults in Singapore: Does Ethnicity Explain Gender Differences?

Shannon Ang

Participation

One reason why social participation may affect health is because it promotes better self-management of chronic illness.

Informal social participation improves quality of life among low-income Singapore older adults with chronic illnesses, because it improves self-management (likely through social control).

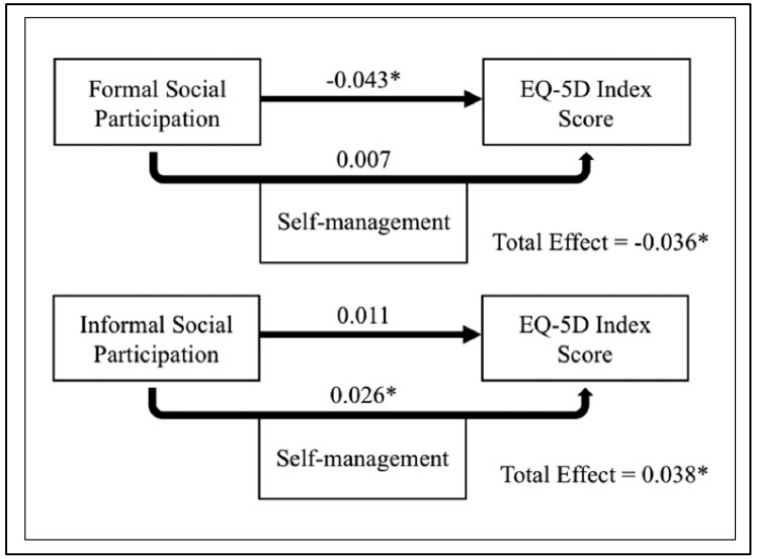
Article

How Social Participation Benefits the Chronically Ill: Self-Management as a Mediating Pathway

Shannon Ang, MA[1,2]

Journal of Aging and Health
2019, Vol. 31(7) 1134–1154

DOI: 10.1177/0898264318761909
journals.sagepub.com/home/jah
SAGE



Participation

Unfortunately, it seems like formal social participation has a *negative* effect on quality of life for low-income older adults

This may be because low-income individuals are often faced with a challenging institutional environment where they are met with bureaucratic complications and a general lack of empathy toward their plight (see Suen & Thang, 2018).

Article

How Social Participation Benefits the Chronically Ill: Self-Management as a Mediating Pathway

Shannon Ang, MA[1,2]

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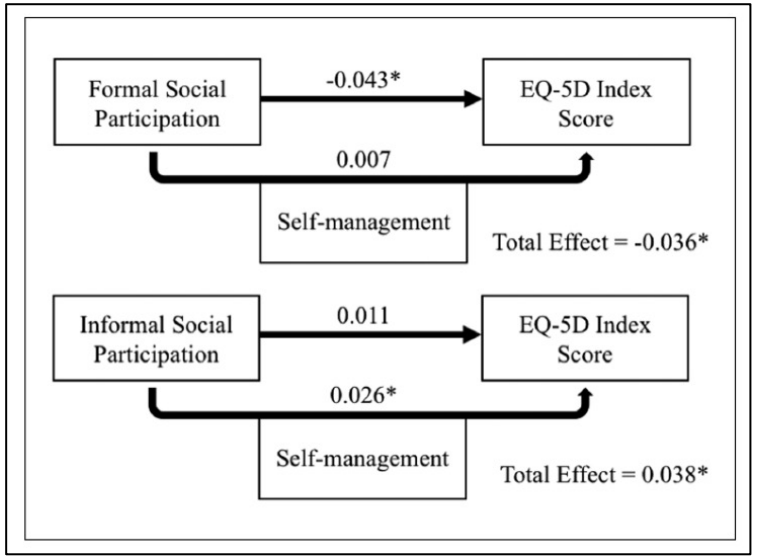


Participation

Null or negative effects of formal social participation for health in Singapore are interesting, given positive effects elsewhere

Why is this the case?

Is it a selection effect (i.e., those who have bad health in the first place are those that go for these formal social activities)?

Or is it something to do with the way these activities are run?

Could be either, hard to say conclusively. However…

Participation

An important suggestion from researchers is that for formal social participation to work, we need to empower older adults

"…one key barrier was how **many older people felt pessimistic about their power to solve community issues**. As one participant lamented: 'We have raised this issue (to the grassroots) many times. Singapore is like that, nobody (of power) to sign. The grassroots leaders will know, but who will care?'

…Unlike other countries, in Singapore, grassroots bodies are under the purview of People Association. Most neighborhood changes from improving estate facilities to addressing environmental concerns require the Citizen's Consultative Committee within the People's Association, to endorse and refer to the relevant government bodies. **This top-down structure likely contributed to the initial lack of valuing of community dialogue** and reliance on the government since 'the government is handling our citizen so well.'"

– Aw et. al (2020), *Social Science and Medicine*

Participation

An important suggestion from researchers is that for formal social participation to work, we need to empower older adults

"…Eventually, an evident change was how SWING stimulated bottom-up agency among several participant groups, heartening trainers who saw 'seniors speaking up so much, with so many solutions'

…**the ability to cooperate or 'come up with a project and take action' contributed to feelings of collective self-efficacy or 'performing well in a group.'**…Given the tension between top-down structures in Singapore making bottom-up grassroots harder, SWING is notable for beginning a new narrative and encouraging community-led solutions whenever possible.

– Aw et. al (2020), *Social Science and Medicine*

Participation

Echoing this sentiment - a recommendation from Duke-NUS CARE's report on a study of Senior Activity Centres

"Older persons should be engaged directly through consultations and involvement in the planning of SAC programmes and services to ensure that these are appropriate and relevant…

…The level of social engagement among seniors **should also not be limited to frequent attendance at SACs. Study participants expressed their desire to contribute**…SACs could tap on such interests to involve older persons directly in all aspects of the centre's work such as outreach, planning and organisation."

- Lee et al (2019), *Duke-NUS CARE Research Brief Series*

Participation

…and studies on other formal programmes meant to help older adults learn

"…participants' use of self-deprecating language to rationalize their learning challenges demonstrate that **rather than enhancing feelings of self-efficacy, control and empowerment, the program may have instead reinforced negative self-perceptions among some participants**."

- Lu (2021), *Master's Thesis* (on Project Wire Up)

"Older Singaporean learners may express deference toward teachers, but they also desire greater autonomy and mutual respect as an elder…In societies like Singapore, which place a high value on learning for instrumental and pragmatic purposes, **a national lifelong learning agenda specific for older persons requires a redesign of education and purpose of learning in later life – one that empowers and emboldens elders to confront ageist structures** and transcend their own negative assumptions about aging."

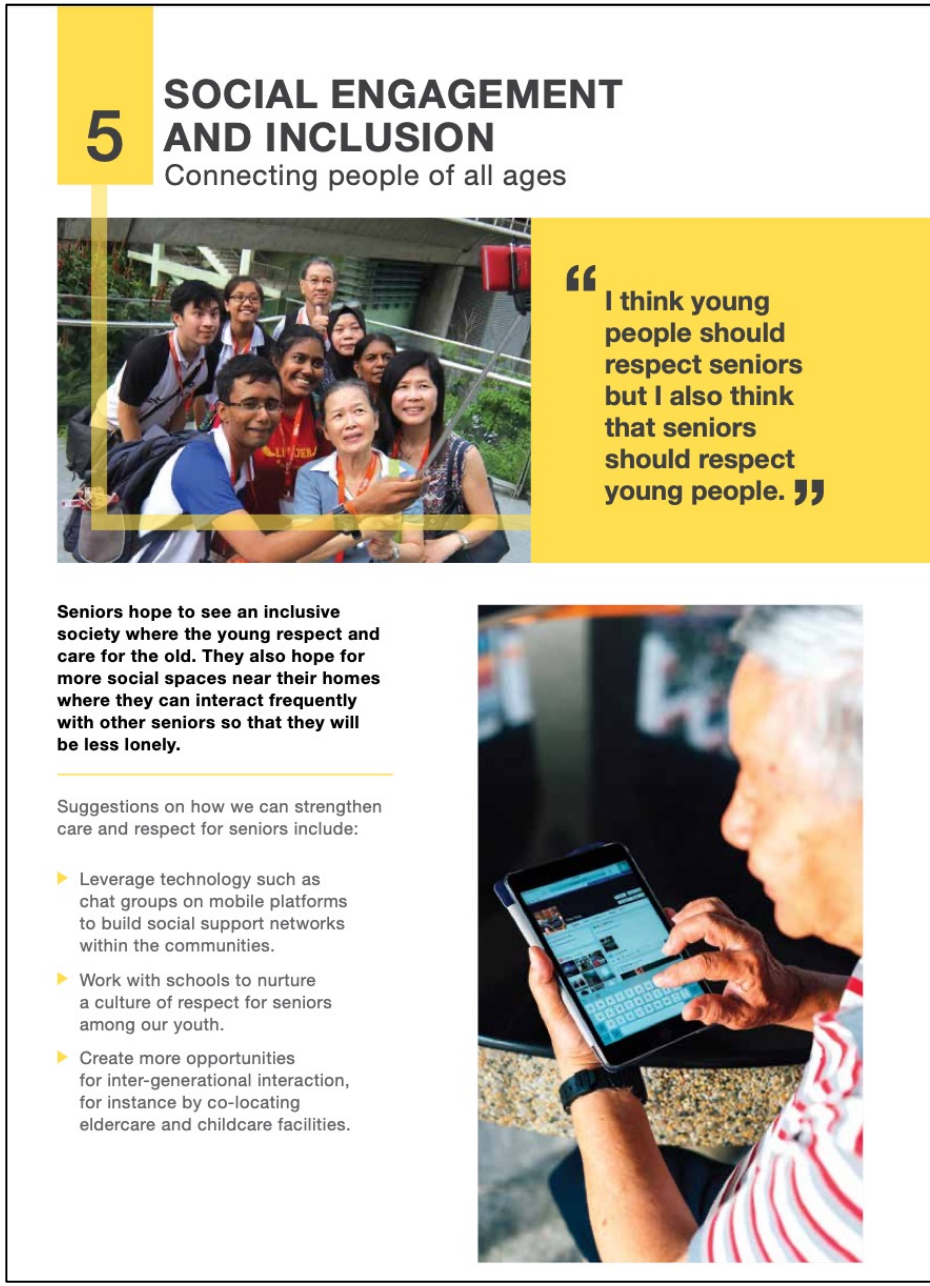
- Maulod and Lu (2020), *Educational Gerontology* (on NSA)

Participation

Yet most of our national efforts tend to be top-down and focus heavily on programme delivery rather than equipping older adults to community organize

While there are many formal activities e.g., SAC's, National Silver Academy etc., there does not seem to be much effort to help older people navigate the system so that they can community organize and/or gain a distinct voice in the public sphere (Aw et al. 2020 shows it can be done).

This may be "untapped potential" in terms of older adult health.



5 SOCIAL ENGAGEMENT AND INCLUSION

Connecting people of all ages

"I think young people should respect seniors but I also think that seniors should respect young people."

Seniors hope to see an inclusive society where the young respect and care for the old. They also hope for more social spaces near their homes where they can interact frequently with other seniors so that they will be less lonely.

Suggestions on how we can strengthen care and respect for seniors include:

- Leverage technology such as chat groups on mobile platforms to build social support networks within the communities.
- Work with schools to nurture a culture of respect for seniors among our youth.
- Create more opportunities for inter-generational interaction, for instance by co-locating eldercare and childcare facilities.

Participation

Before I talk about the future, let's take stock of what we've covered so far:

Older adults change the composition of their activities as they grow older. They have fewer (yet likely more meaningful) interactions with friends and family, but older adults may compensate by taking part in more formal activities. In Singapore, better understanding and optimizing how we engage older adults in formal settings seems to be an area that needs work.

Younger cohorts are not less connected than older cohorts. I looked at social participation, but this is consistent with many other studies using other measures of social connectedness which show that a doomsday rhetoric (or moral panic) around a "loneliness epidemic" is unwarranted (see Hawkley et al. 2019), despite the media attention it gets and the books it sells.

Participation

Before I talk about the future, let's take stock of what we've covered so far:

Social participation affects not just the individual's health, but possibly the health of those around the individual. Social connections also have both immediate and long-term/cumulative effects on health.

This means most evaluations of programs are likely *underestimating* the effect of social connectedness/participation. That said, without more data (and more *sharing* of data) – this effort remains greatly hindered in the local context.

Agencies should not write off the efficacy of social connectedness just because it is difficult to pin down a specific "dollar value" in terms of savings for the national budget, but seek to better explicate the mechanisms and benefits of social connectedness for health (in the short term AND in the long term).

Participation

Before I talk about the future, let's take stock of what we've covered so far:

Gender matters.

Men (in older cohorts) may have a harder time re-integrating into their local communities after retiring, making formal social activities more important. Women may not benefit as much from social participation if that social contact is obligatory ("kin-keeping"). These differences are shaped by the traditional gender norms held by earlier generations.

Also, of importance here in Singapore is that spaces and activities have strong gender connotations (e.g., SAC participants tend to be female, those who sit around at hawker centres tend to be male, fear of crime in the neighbourhood affects men and women differently).

Future

Future challenges

1) Social connectedness and the internet

2) Structural lag

Future

Social connectedness and the internet

There is evidence that online social participation is important for the mental health of older adults – especially for those where ”offline” social participation is not as easy to achieve (e.g., those who experience pain, or are not as mobile).

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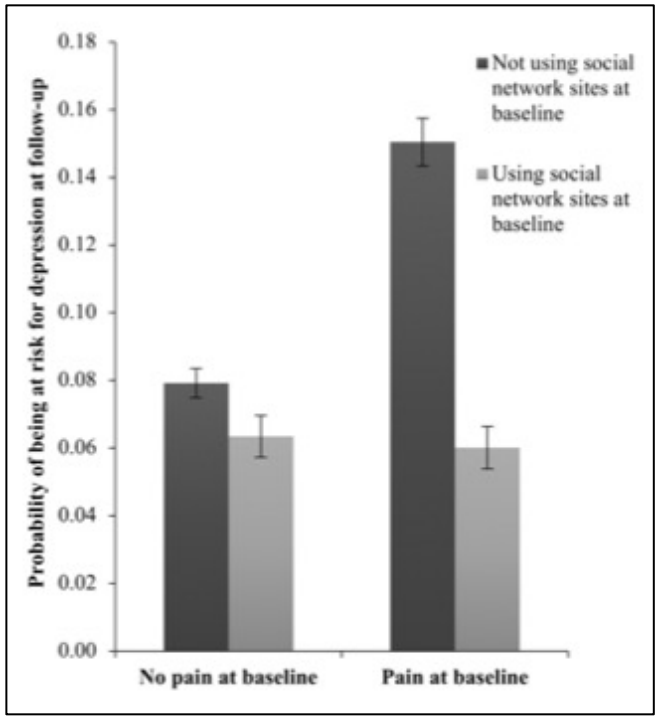
Advance Access publication September 27, 2018

OXFORD

Original Article

Going Online to Stay Connected: Online Social Participation Buffers the Relationship Between Pain and Depression

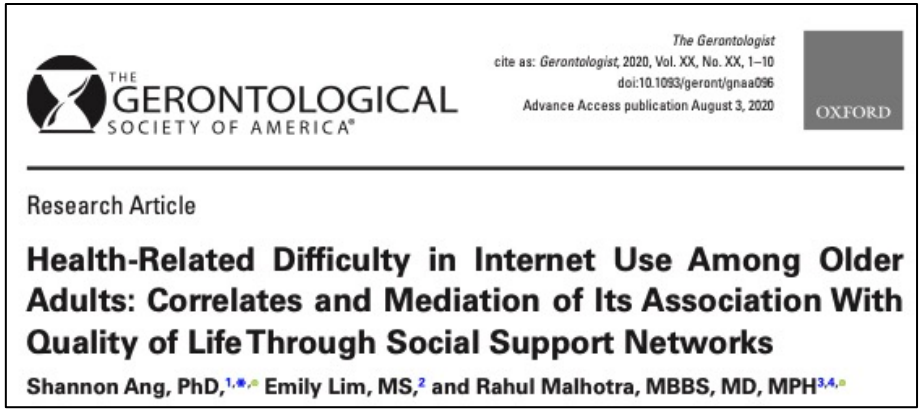
Shannon Ang, MA[1,2,3,*] and Tuo-Yu Chen, PhD[4,5]



Future

Social connectedness and the internet

But significant barriers for older adults to effectively participate online remain, even though we often hear that many older adults have smart phones and that there are schemes to help them get connected.



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Research Article

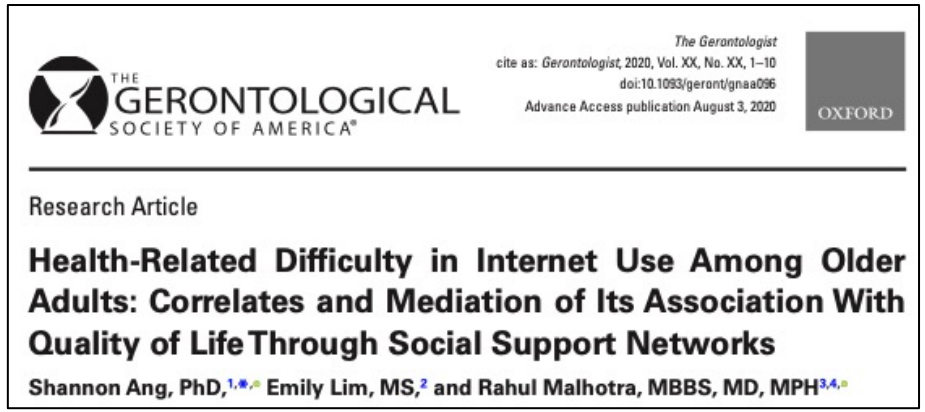
Health-Related Difficulty in Internet Use Among Older Adults: Correlates and Mediation of Its Association With Quality of Life Through Social Support Networks

Shannon Ang, PhD,[1,*,•] Emily Lim, MS,[2] and Rahul Malhotra, MBBS, MD, MPH[3,4,•]

Future

Social connectedness and the internet

My colleagues and I find that many older adults in Singapore aged 60+ do not use the internet (57%), and a sizable proportion of them have health-related difficulties in doing so (7%). Those who have health-related difficulties in internet use have lower quality of life compared to those without such difficulties, likely because they have weaker social support networks.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Future

Social connectedness and the internet

So what?

Social connectedness (online or offline) is **not equally distributed.** Some preliminary work I've done shows that inequality in connectedness is in fact growing, likely because of "networked individualism".

There is a lot of room to better understand online social connectedness. (e.g., online social connectedness among older adults in Singapore; the interplay between their online and offline social connectedness; whether it affects health; which health outcomes it affects; and through what mechanisms, etc.)

The **current available tools are frankly quite blunt** for now, even as younger cohorts (think the current 60+) begin to adopt more of these technologies (even for community organizing!). (For instance, a report by Duke-NUS CARE notes that formal social participation has declined between its 2009 and 2015/16 surveys, but this does not account for new forms of formal social activity, such as engaging in an online discussion forum.)

<u>This brings me to my final point.</u>

Future

Structural lag

"…one of the most perplexing problems of our time, the problem I call "structural lag." This concerns the mismatch between the two central changes before us here: (1) changes in individual aging and (2) changes in the structure of society that influence the ways individuals age.

While more and more people live longer than in the past and grow old in new ways, social structures have been slow to make room for them. These structures are still geared to the population of much younger people that characterized the nineteenth—certainly not the twenty-first century…

…Thus the root of the mismatch lies not in people's capacities or in the aging process itself, but in the lack of suitable social roles through which individuals can move as they grow older. Consequently, **aging in the twenty-first century, will depend upon changes in society: on reduction of the twentieth-century lag in social structures**."

- Matilda White Riley (1993), *Sociological Practice*

Future

Structural lag

Structural lag is a challenge that is highly relevant to Singapore. Why? Because our rapid economic development over the past decades means that our society is changing faster than most other societies.

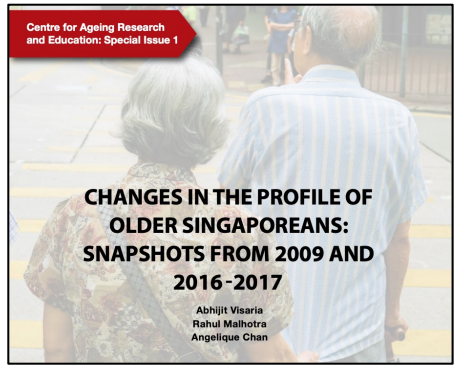
Older adults are now more highly educated and seem more financially secure, but tend to have fewer children and are more likely to live alone.

Have our societal structures and norms adapted to these changes?
(e.g., Do we still see older people as having shorter career runways? Do we see them as heavily dependent on their children?)

Table 5A: Highest Educational Attainment, 2009 (PHASE – I) and 2016-2017 (THE SIGNS Study – I)

Distribution overall, weighted %

	2009	2016-2017	Absolute Difference	Relative Difference
N	4990	4549		
No formal education	30.8	27.5	-3.3	-10.8
Primary	36.4	30.6	-5.8	-15.9
Secondary / Vocational / ITE	23.6	29.2	5.5	23.4
JC / Poly	5.5	7.7	2.2	40.6
University and above	3.4	4.9	1.5	45.7



Future

Structural lag

Cohort change in Singapore is rapid and this happens along with important trends like ”digitalization” and impacts like COVID-19. **Online social connectedness is one such change, but there are likely others.**

The research on which we depend to make decisions **gets outdated quickly**, and by the time measures are implemented they may not be relevant to that specific cohort anymore.

We need to anticipate these changes and prepare for them. To do this, we need long-running data (from early ages) which allow us to investigate, disentangle, and project age-period-cohort changes in social connectedness and health over the life course. This is true for all kinds of studies of older adults*.

*But we have few such studies, and people tend to operate in fragmented low-productivity silos despite spending large amounts of public monies to collect data (a lack of data sharing means there is wasteful overlap and slows down the entire process significantly). Moreover, the current structure of most research grants (usually 3-5 years) do not allow researchers to pursue and maintain long-running studies, fragmenting the available data even further.

Q&A

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Find (a list of) my work at shannonang.net