



# Key Informant Perspectives on Rural Social Isolation and Loneliness

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## Key Findings

- Twenty-two key informants across multiple sectors identified four main areas in which social isolation may affect health: mental health, general health and well-being, diminished access to basic resources, and quality of life. Mental health was the most frequently mentioned theme.
- Rural-specific issues related to addressing social isolation emerged in five areas: transportation, technology, demographics, access to resources, and rural culture.
- Over time, there have been changes related to technology, resource constraints, demographic shifts, and cultural shifts that have affected those who are socially isolated and those attempting to mitigate the impact of social isolation in rural areas.
- Possible strategies to support socially isolated individuals in rural areas include improvements in transportation, technology, health care, collaboration across sectors, increased support and infrastructure, education and awareness, and increased resources and funding.

## Purpose

Social isolation has received widespread recognition as an urgent public health problem, yet limited information specific to rural areas is available on this issue, making it difficult to design effective interventions to address isolation among rural residents. This policy brief uses data from interviews with 22 key informants in 12 states, all of whom were experts in the issue of social isolation and/or rural health, to describe key challenges and opportunities related to rural social isolation.

## Background and Policy Context

Social isolation encompasses objective lack of social contact, or social disconnectedness, as well as more subjective feelings of loneliness, both of which affect health.<sup>1</sup> It is directly related to increased morbidity and mortality, both of which are elevated in rural areas, compared with urban areas.<sup>2,3</sup> In fact, recent research shows that social isolation poses as great a risk to mortality as obesity and smoking.<sup>4,5</sup> Social isolation has been linked to increased health care costs,<sup>6</sup> and with a variety of poor health outcomes, including increased risk of high blood pressure, stress, substance use, depression, suicide, and Alzheimer's disease, as well as diminished immune system functioning.<sup>7</sup>

Given the geographic and spatial aspects of social isolation as well as the uniqueness of rural communities and life experiences, specific attention should be paid to social isolation in rural areas. Rural-tailored information could inform effective intervention strategies to increase social connection in these communities. However, research on rural-urban differences in social isolation is limited and more information is needed regarding effective strategies to inform policy-making. This policy brief addresses gaps in the literature and provides policy-relevant information by identifying key issues in rural social isolation and potential opportunities to intervene, based on interviews with rural stakeholders who are actively working on issues related to social isolation in their communities.

## Approach

We interviewed 22 key informants across 11 states (CA, GA, IL, IN, MI, MN, MO, MT, NC, NM, and UT), plus the District of Columbia with expertise in the area of rural health and/or social isolation. We identified key informants through literature and online searches and relied on a snowball sampling technique, in which key informants were asked to nominate others with expertise in the topic. We purposefully included key informants working in different sectors, including academia, health care, advocacy, and direct service. We also included key informants with national, state, and local foci of their work and focusing on different pop-

ulation and age subgroups. Table 1 shows characteristics of the 22 key informants by sector, scope, and focus.

Two members of the research team conducted the 20-30 minute-long interviews using a structured instrument.

**Table 1: Key Informant Interview Characteristics**

| Characteristic                      | Number of Informants |
|-------------------------------------|----------------------|
| <b>Sector</b>                       |                      |
| Research                            | 2                    |
| Direct Service                      | 14                   |
| Philanthropy                        | 1                    |
| Advocacy                            | 1                    |
| Health Care                         | 4                    |
| <b>Scope</b>                        |                      |
| Local                               | 13                   |
| State                               | 2                    |
| National                            | 7                    |
| <b>Specific Focus</b>               |                      |
| All ages/groups                     | 6                    |
| Youth                               | 1                    |
| Recent immigrants                   | 2                    |
| Intergenerational                   | 5                    |
| Medicaid and Medicare Beneficiaries | 1                    |
| Older Adults                        | 6                    |
| End-of-life                         | 1                    |

*N = 22 key Informants*

Interviews were conducted by telephone (n=20), email (n=1), and in person (n=1). Interviews were recorded; detailed notes were taken and written up immediately following each interview. We conducted interviews until we reached a saturation point of information (meaning that no new ideas were emerging).

After the interviews were completed, three members of the research team coded notes from the interviews independently and then met to arrive at consensus around codes and to collapse codes into themes. We coded themes in four main areas, each of which were specifically asked about in the interview: 1) how social isolation impacts

health, 2) challenges to addressing social isolation in rural areas, 3) changes over time in rural social isolation, and 4) potential policy and programmatic responses to reduce social isolation.

## Results

### How Social Isolation Affects Health

The key informants we interviewed identified various ways that rural social isolation affects health, which collapsed into four themes: mental health, general health and well-being, diminished access to basic resources, and quality of life.

Mental health was the most frequently mentioned theme. Several issues were cited under this theme, including a connection between social isolation and increased risk of depression, anxiety, and substance abuse, as well as worsening cognitive health. Key informants also mentioned issues of stigma, both around being lonely and isolated and around getting help for mental health issues.

***“People are more depressed, they take less better care of themselves, they sort of spiral into that downward circle because they don’t feel like they have purpose and then that gets reinforced, so it leads to not taking as good of care of themselves and not feeling like they have value.”***  
– Sector: Direct service; Focus: Intergenerational

For general health and well-being, key informants mentioned that socially isolated rural residents experienced problems with worsening health, increased mortality, weight gain, increased sedentary behavior, and difficulty managing chronic diseases. These observations came from the key informants’ knowledge of empirical evidence, as well as from their own lived experiences.

***“Social isolation is a huge risk factor. It can potentially compromise a person’s health and well-being, and abilities to maintain their independence. I think it tends to be overlooked by a lot of people, you know they’re always looking at like the medical, physical needs of a person, and perhaps don’t recognize the importance of being engaged in the community as an important aspect to a person’s life.”*** – Sector: Direct service; Focus: Intergenerational

Regarding diminished access to basic resources, several key informants mentioned how being socially isolated can make it difficult for rural residents to meet their daily

needs, including accessing health care and food.

This is because they may not have funds or transportation to access those resources, and they do not have others there to help them. They also mentioned how this prevents rural residents from getting early intervention for health problems, which can lead to more crises later. One respondent observed that isolated and lonely rural residents may be more likely to call 911, in part because they did not get timely care earlier and in part because they have no one else to turn to when they are having trouble.

***“As an EMT, I’ve gone on a lot of 911 calls because they didn’t have anyone else in their life. I don’t know how many runs I’ve gone on that are caused by loneliness, but it’s more than you would think.” – Sector: Health care; Focus: All ages/groups***

Finally, key informants talked about issues related to the connection between social isolation and reduced quality of life, including decreased individual self-worth and independence. In particular, key informants noted that individuals who are socially isolated and/or feel disconnected with their community experience a diminished sense of meaning, owing partly to the fact that they are not being asked to contribute their skills and expertise.

### **Rural-Specific Issues Related to Addressing Social Isolation**

Key informants listed ways in which social isolation is unique in rural areas across five main themes: transportation, technology, demographics, access to resources, and rural culture.

***“If you’re in an urban environment, and you want to live alone and everything like that, you can still see homes from where you live, almost by definition. And a lot of our rural folks, they can’t. It takes a lot, a little bit more to interact with neighbors.” – Sector: Health care; Focus: All ages/groups***

Transportation was the most frequently endorsed theme, with key informants discussing ways in which limited transportation availability and infrastructure make it difficult for people to connect with each other across long distances, as well as for providers to reach people and for people to attend events.

For technology, key informants discussed ways in which limited Internet and broadband access may put rural residents at an increased risk of isolation in a society that in-

***“Our bus doesn’t run on Sundays. So, you’re losing that whole weekend day that you could say, ‘Hey! We’re going to have a big picnic at the park!’ because then you have to figure out who’s coming and who needs rides...the logistics are really, really hard.” Sector: Direct service; Focus: Recent immigrants***

creasingly connects and interacts online. They also talked about ways in which increased use of technology has made people more insular and less likely to connect with their neighbors, although they acknowledged potential positive elements of technology, too, discussed in more detail below.

With regard to demographics, key informants mentioned challenges related to an aging population, younger people moving out of rural areas, and families becoming more geographically distant. They also mentioned challenges related to rural poverty as they relate to social isolation. For example, one key informant discussed difficulty affording transportation for people living in poverty, and ways in which that can exacerbate isolation.

***“Even when Medicaid pays for most of a ride, the co-pays can be too expensive for those living in poverty.” – Sector: Direct service; Focus: All ages/groups***

For issues related to access to resources, key informants discussed a wide variety of ways in which it is difficult for rural residents to connect with programs that might decrease their risk of being socially isolated. These included having few formal programs or opportunities for gathering, difficulty with insurance reimbursement for programs that specifically address social connectedness or related issues, limited facilities in which to gather, long distances between people and programs, low population density, and weather that may make travel across long distances difficult. Some key informants also discussed limited availability of culturally- and linguistically-appropriate services for recent immigrant populations, and an increased risk of boredom for youth in areas with few formal programs and services.

Key informants also mentioned issues related to rural culture, including who is and is not welcomed into rural areas. One key informant discussed ways in which it can be isolating to be lesbian, gay, bisexual, or transgender (LGBT) in rural areas. Others discussed limited infrastructure to welcome recent immigrants and refugees. Still, some key informants discussed ways in which rural families are stronger and more closely-knit than in urban areas.

### **Changes Over Time in Rural Social Isolation**

In this category, key informants identified changes over time that have affected social isolation, and these were

grouped into four themes: technology, resource constraints, demographic shifts, and cultural shifts.

***“Family relationships tend to be stronger and more enduring in rural than urban settings, which is a positive factor for now, but trends in urban society eventually reach rural areas. Considering many factors, the most pressing challenge to rural areas will be maintaining and strengthening family relationships.” – Sector: Research; Focus: All ages/groups***

For technology, key informants discussed the positive impact of being able to connect with others online. However, they also mentioned the increased disparity for rural populations with limited access to broadband Internet and technological devices. Some key informants noted generational differences in knowledge about and comfort level with technology, although one noted that such challenges are not universal among older adults and that it is possible to teach people to use new technology.

***“We have this great idea going out, but can’t do it for people in the smaller communities because there’s no internet access. No cell signals in the area. There are certain places where there are dead spots and that’s where people live.” – Sector: Direct service; Focus: Older adults***

Resource constraints included an increasingly limited health care workforce and fewer available volunteers for programs, less funding over time for programs, decreased availability of health care, and increased economic pressure in rural areas, especially related to the economic recession of the late 2000s (from which rural areas have recovered more slowly).

***“So many more people, in a positive and negative way, are connected to electronics. And I think in some ways that can be a positive, but I also think it can kind of lull you into thinking you have a human connection when you don’t have the richness of actually doing it in person.” – Sector: Direct service; Focus: Intergenerational***

Demographic shifts included an aging population, increased immigration and heterogeneity in rural areas, and increased pressure on informal caregivers. Key informants identified several trends related to this, including younger residents moving out of rural areas, which leaves older adults more isolated and with fewer available caregivers,

should health problems arise. Conversely, we heard about increasing racial and ethnic diversity in rural areas, with the potential to bring renewed vitality to communities; however, many new residents, especially those without English language proficiency, were left at greater risk of being isolated themselves. One key informant noted the importance of working with communities that will be welcoming new immigrants to ensure that they have a plan in place, including language services and ways to encourage new entrepreneurial endeavors from new residents.

Cultural shifts identified by key informants included an observation by some that rural residents are less likely now than ever to really know or reach out to their neighbors. Additionally, increased political divisiveness that makes it difficult for people to connect with one another. However, some key informants also mentioned a positive trend of increased awareness about the dangers of isolation and loneliness.

#### **Potential Policy and Programmatic Responses**

The key informants we interviewed had numerous ideas for policy and programmatic interventions to reduce the risk of social isolation in rural areas. These grouped into seven themes: transportation; technology; collaboration; health care; increased support and infrastructure; education, awareness, and research; and increased resources and funding.

***[On increasing political divides]: “We’ve created more tribalism than we had 10 years ago... Now, the lines are drawn much harder.” – Sector: Health care; Focus: All ages/groups***

The need to address transportation challenges to better connect people surfaced in numerous interviews. One key informant discussed how helpful it would be for her program to have access to a bus to bring people to services. Another discussed a recent success story of a rural community that had purchased a van and was using it as a taxi to drive isolated older adults to social events and to do things like get their hair done.

Regarding technology, key informants discussed the importance of expanding access to cell phone connectivity, broadband Internet, and technological devices. One also suggested having visiting nurses or other providers go into older adults’ homes to help them learn how to use technological devices to connect with others.

When discussing collaborations, many key informants cited the importance of working across sectors to address social isolation, including involving community members,

health care, and faith-based organizations. They also talked about the utility of intergenerational programming to address social isolation across age groups and of the importance of involving volunteers. Giving people the opportunity to volunteer also has the added benefit of giving people more sense of self-worth, which mitigates the health concern discussed above.

***“To me that’s one of the biggest things. Figuring out what technology can do, how we can use it, and how we can connect with people.” – Sector: Direct service; Focus: Older adults***

For health care, some key informants endorsed the idea of requiring screening for loneliness and isolation in clinic appointments. However, one cautioned that requiring this would also increase the importance of equipping clinicians with strategies to address social isolation. Key informants also discussed the usefulness of home visits and telemedicine to reach homebound and isolated rural residents, but talked about the need for payment reform to ensure adequate reimbursement for such services. They also talked about increasing the use and availability of personal care aides and visiting nurses. Finally, one key informant discussed the importance of working with isolated rural residents on end-of-life planning and advanced directives so that their wishes are clear as they age—especially if they are isolated from friends or family.

***[In discussing a tutoring program that pairs older adults with school-aged children] “From what the tutors tell us, I’ve had them say, ‘It saved my life because it gives me a reason to get up in the morning.’ We have people who go to these schools in walkers, in wheelchairs... it keeps them active.” – Sector: Direct service, Focus: Intergenerational***

In the increased support and infrastructure theme, key informants talked about the importance of increasing the availability of programming, such as social support and stress management groups and classes. They also talked about creating more physical spaces in rural areas where people can gather, including community gardens, farmers’ markets, parks, and community centers. Multiple key informants reinforced the importance of making sure that programs and services are culturally- and linguistically-appropriate so that no one is left out.

The education, awareness, and research theme included the importance of raising awareness of the issue of social isolation and loneliness in the community and in society. This

***“No one asks about loneliness, because they haven’t thought about how they’ll fix that.” Sector: Health care; Focus: Medicaid and Medicare beneficiaries***

could be done through public awareness campaigns and/or could capitalize on existing structures, such as faith-based organizations. They also talked about the need for more and better data to study this issue in rural populations and emphasized that community health needs assessments need to consider social isolation.

Finally, for increased resources and funding, the key informants talked about needing more state, federal, and philanthropic funding for programs to address social isolation, but also for more flexibility for available funds to be used to address social isolation and loneliness, given its direct health impacts. Key informants stressed the importance of soliciting community input and securing buy-in regarding all programmatic and funding decisions.

***“It doesn’t take a lot of money, but it does take some financial resources to really help put into place and have somebody to kind of lead the charge in these communities. You’ve got to have someone to kind of coordinate efforts.” – Sector: Direct service; Focus: Intergenerational***

## Discussion and Implications

In this policy brief, we used qualitative data from 22 interviews with key informants with expertise in rural health and/or social isolation to illuminate health impacts, rural-specific issues, recent changes, and potential policy and programmatic interventions related to rural social isolation. The interviews revealed the multifaceted and complex nature of rural social isolation, including challenges related to infrastructure (transportation, technology), resources, culture, and demographic shifts. However, the key informants also stressed the importance of addressing rural social isolation, given its pervasive impacts on individual and population health.

Above, we outline several potential policy and programmatic interventions recommended by the key informants in these interviews. These include creating shared spaces, such as community gardens, parks, farmers markets, and community centers. They also include raising awareness about social isolation, and finding ways to involve the entire community, across generations and organizational sectors, in tackling it. Our key informants provided specific ideas about involving health care providers, including having them screen for

loneliness and equipping them with knowledge and resources about how to best address it when it arises.

Despite the apparent scale and complexity of the challenges involved in addressing rural social isolation, the key informants were almost universally optimistic that policy and programmatic action at the national, state, and local levels can and will make a difference in the lives of rural residents. Indeed, many of them are involved in programs that are successfully addressing rural isolation through a variety of tactics.

**Some specific examples that the key informants we spoke with discussed from their own work across rural communities included:**

- Intergenerational programming in which college students are matched with older adults to visit them in their homes and work with them on learning how to use technology to connect with others (e.g., through video calling), thereby increasing social connectedness for the college student and older adult alike.
- Recruit older adults to tutor school-aged children. This provides older adults with a meaningful way to share their skills while fostering community connectedness.
- Mandate social isolation and loneliness screenings in clinic appointments—and equip providers with resources to address isolation when it comes up.
- Offer instrumental support, including home-delivered meals, personal care assistance, transportation, a loan closet for medical equipment, and home health care to individuals who might otherwise go without having social contact and their basic needs.
- Bring technology into people's homes if they are not able to go out, and help them use that technology to remotely attend classes and community events that they would have otherwise missed.
- Encouraging community programming and infrastructure development, including building a pavilion, farmers' market, and butterfly garden and developing intergenerational programming, including a community choir, genealogy class, and collecting an oral history of the community.

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