

Constructing a composite index to measure loneliness amongst older populations

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Context

By 2039, around one in four people in the UK will be aged 65 or over (ONS, 2021).

Up to 24% of older adults suffer from loneliness at least some of the time, with 7% suffering from chronic loneliness (Age UK, 2018)

As big a health risk as obesity and smoking (Holt-Lunstad et al, 2010; Green 2015)

The director of acute care for the NHS says the increasing costs of caring for isolated elderly patients, if not urgently addressed, will “ultimately cripple” the NHS (Gentleman, 2016).

Measurement

Current methods are very qualitative, data not currently available at any useful level of granularity, and not well suited to planning loneliness intervention strategies.

“How often do you feel lonely?”

- Never.....
- Hardly ever.....
- Occasionally.....
- Some of the time.....
- Often or always.....

Loneliness Index?

Attempts by:



Lucy and Burns
(2017)



and others...

Characteristics associated with loneliness

Possible Predictors

Single marital status (especially widowhood)

Receipt of informal care

Living alone

Provision of informal care

Poor physical health

Substance use

Poor mental health

Quantity of social contacts

Poor self evaluation of health

Level of community engagement

Being an ethnic minority

Internet usage

Low household income

Rurality

Low frequency of social contact

Poor satisfaction with social activities

Poor perception of local area quality

Poor accessibility of local environment

Perceived lack of community integration

Characteristics associated with loneliness

Predictors	
Single marital status (especially widowhood)	Receipt of informal care
Living alone	Provision of informal care
Poor physical health	Substance use
Poor mental health	Quantity of social contacts
Poor self evaluation of health	Level of community engagement
Being an ethnic minority	Internet usage
Being dissatisfied with your level of income /Low household income	Rurality
Low frequency of social contact	
Poor satisfaction with social activities	
Poor perception of local area quality	
Poor accessibility of local environment	
Lack of community integration	

Stakeholder consultation

Considered for inclusion

Widowhood

Living alone

Poor self evaluation of health

Dissatisfaction with income

Being an ethnic minority

Lack of community cohesion

Smoking rates



**Independent
Age**



BritishRedCross

Stakeholder consultation

Considered for inclusion

Widowhood ✓

Living alone ✓

Poor self evaluation of health ✓

Dissatisfaction with income/**Low household income** ✓

Being an ethnic minority/**Poor English language ability** ✓

Lack of community cohesion/**High rates of hate crime** ✓

Smoking rates ✓

Informal care providers ✓



**Independent
Age**



BritishRedCross

Applying weights

Living alone

Widowhood

Poor health

Hate
crime

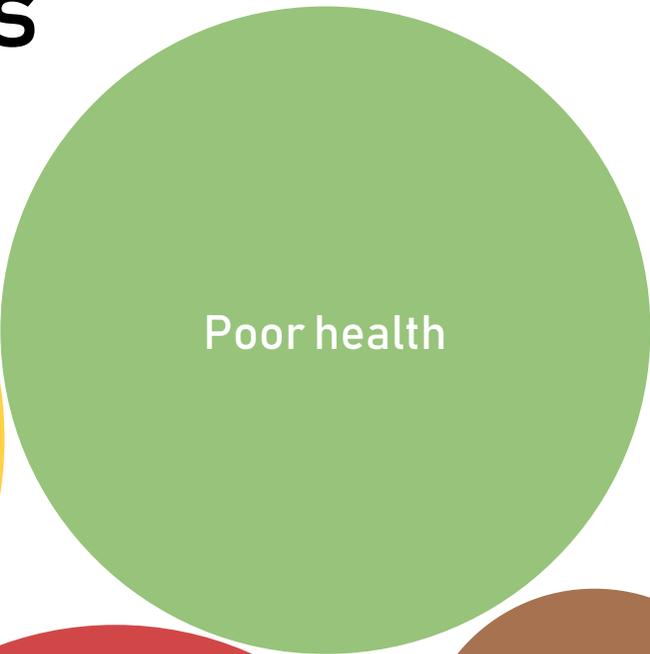
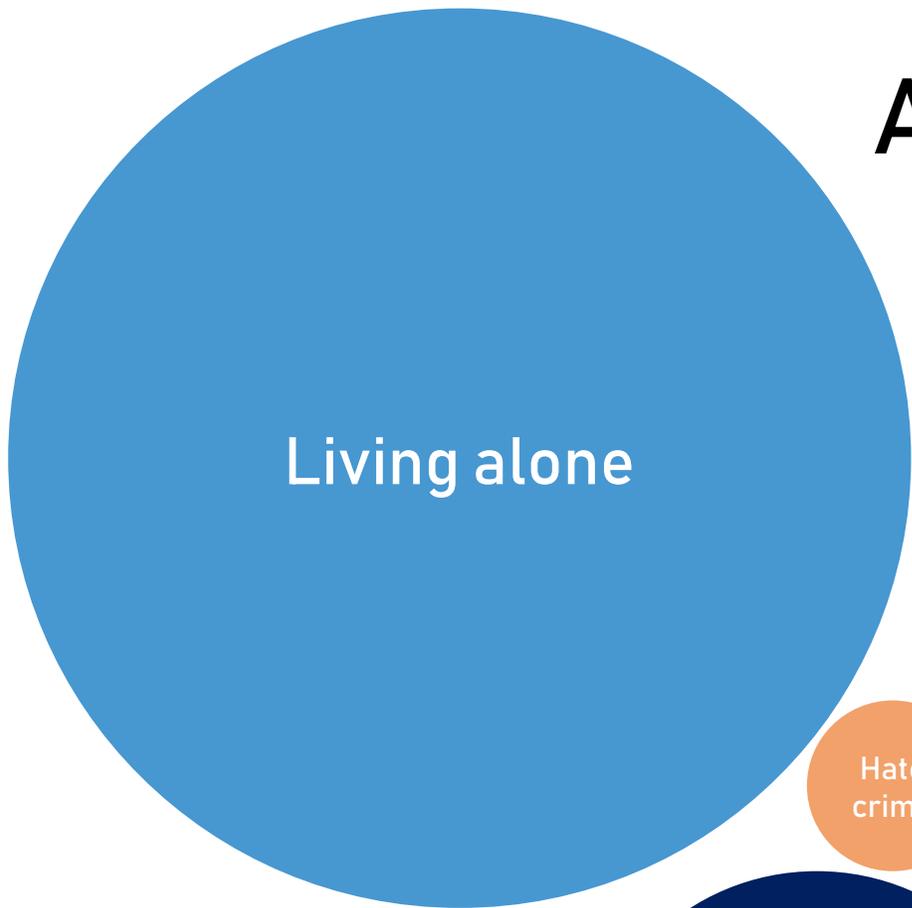
Smokers

Poor English
ability

Care
Providers

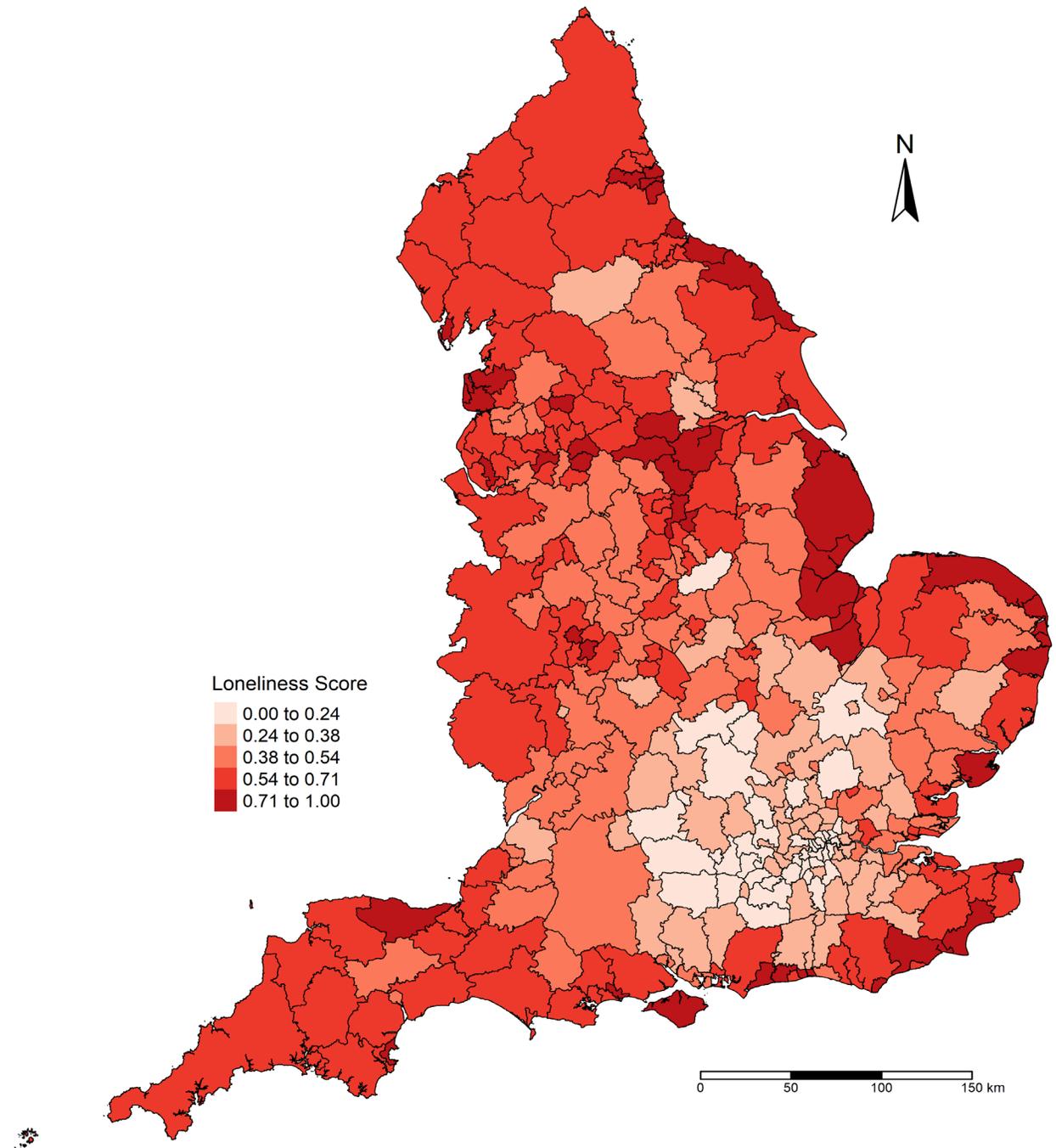
Low household
income

Circle sizes
correspond
to weights
applied to
the relevant
variable

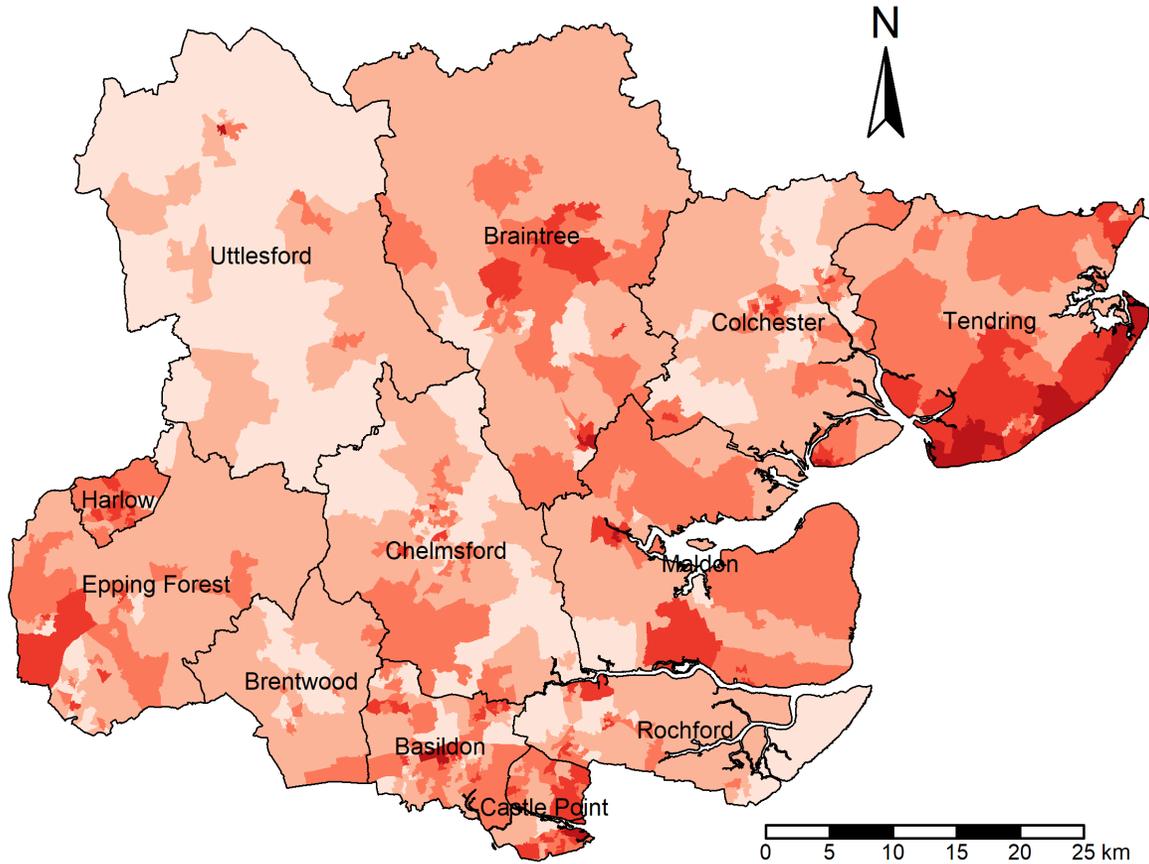


Distribution of Loneliness Amongst Older Populations in England by Local Authority

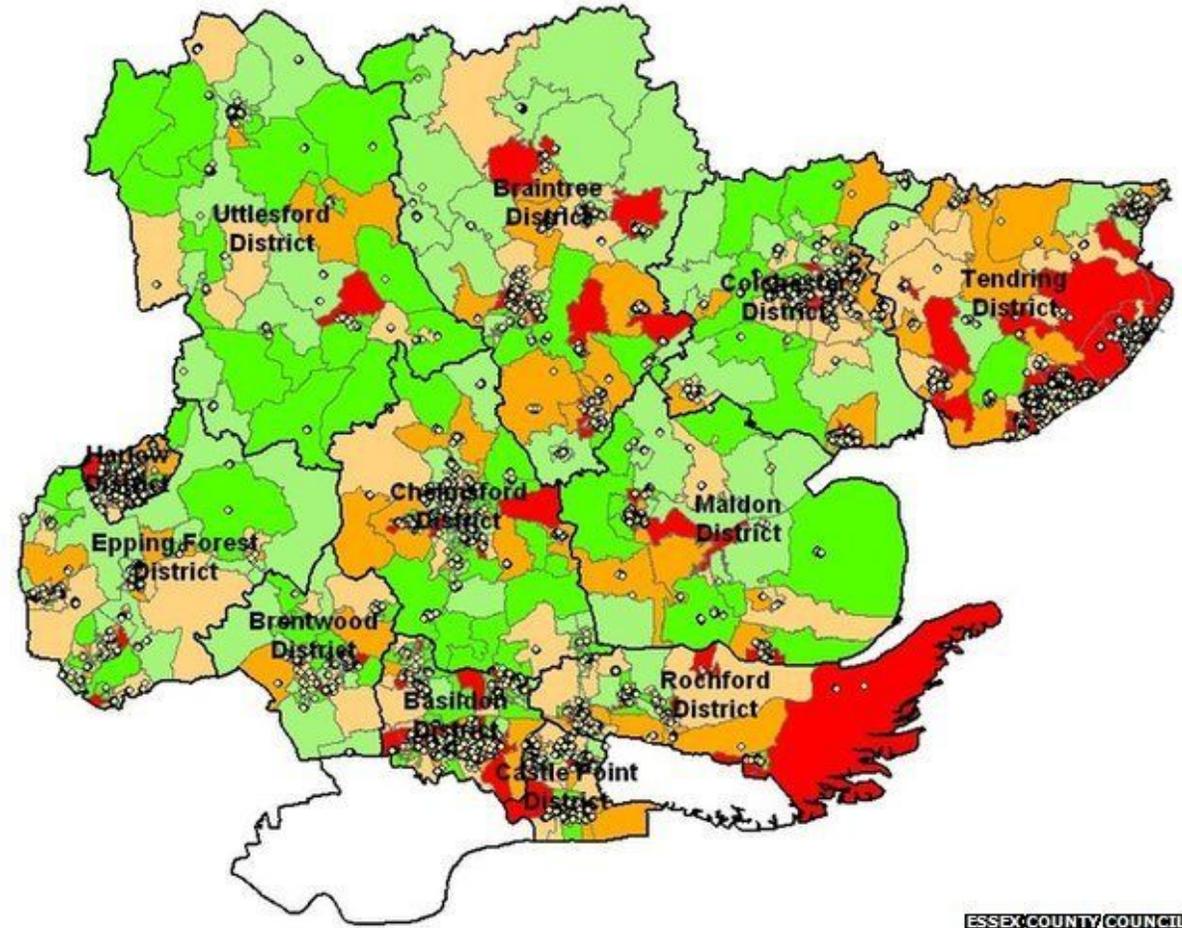
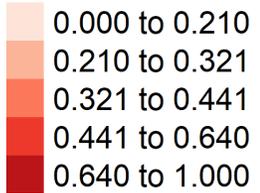
- Coastal areas at high risk
- Urban areas in the North affected but not urban areas in the South.
- Home Counties least vulnerable



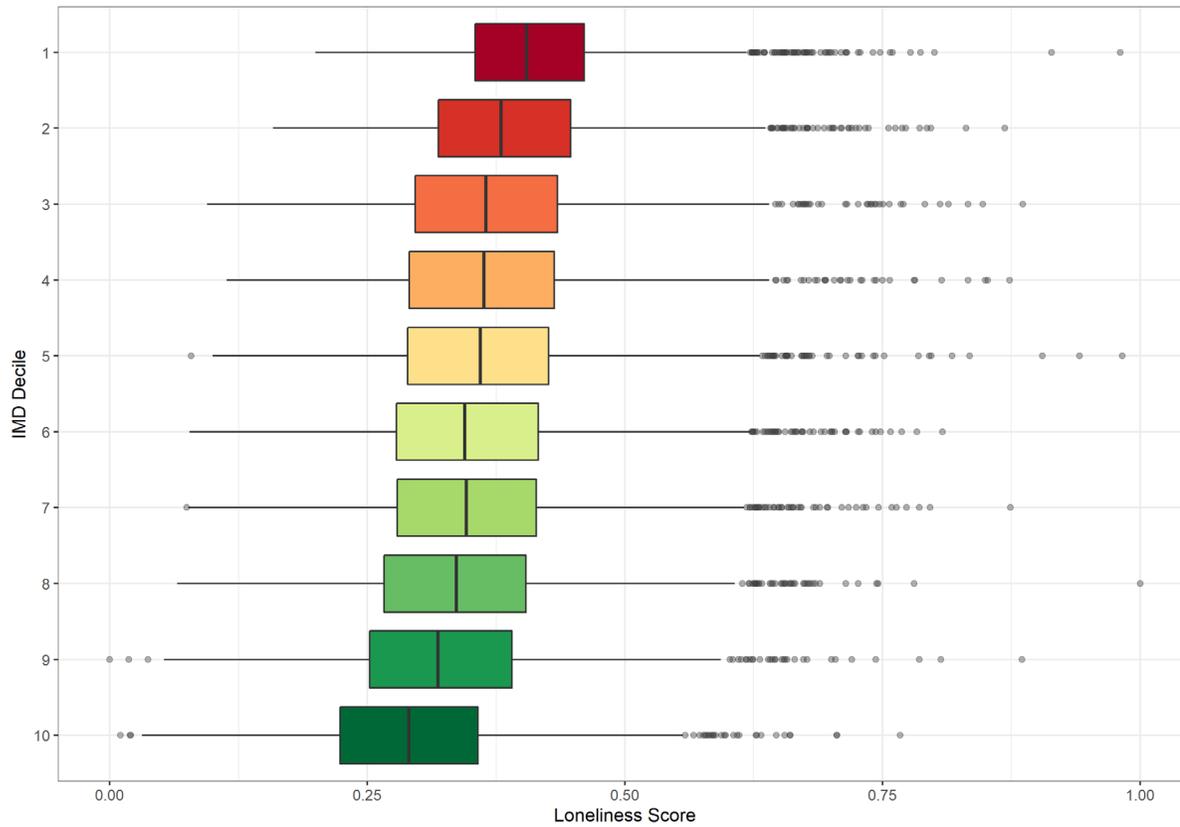
Comparison with Essex County Council Index



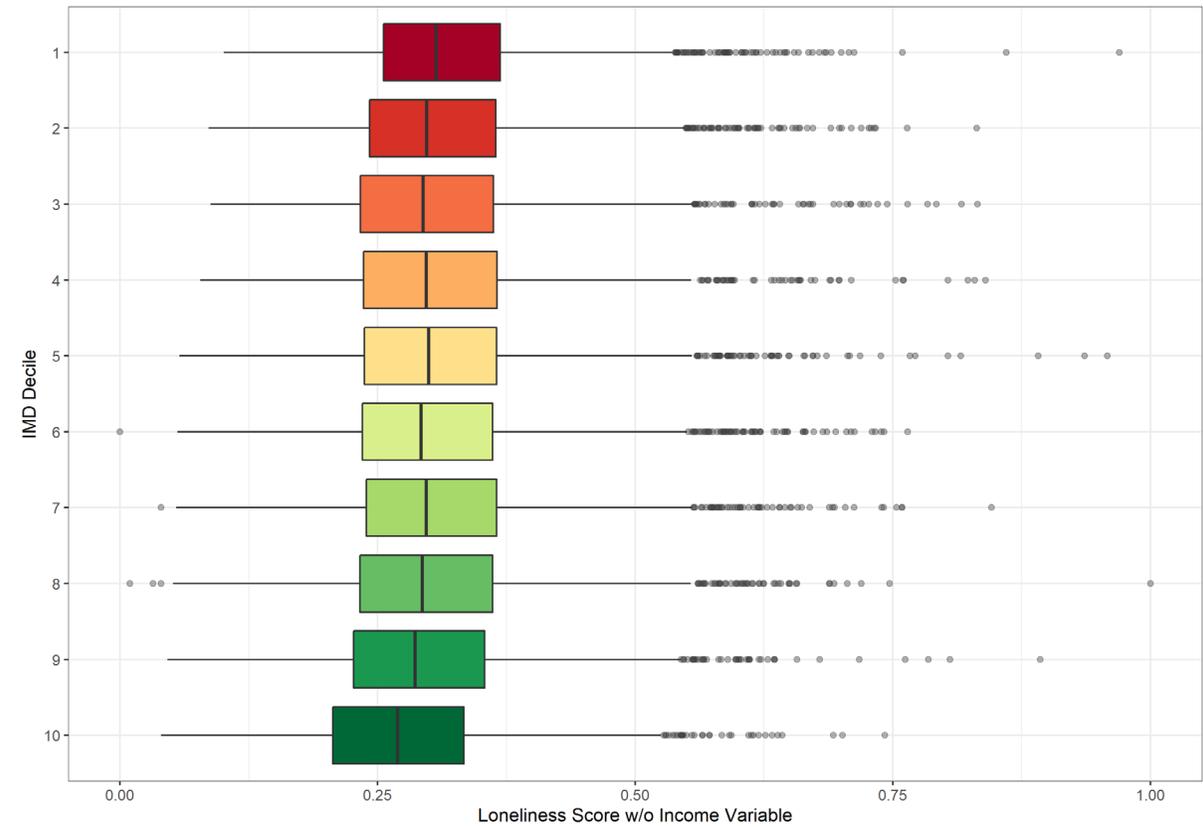
Loneliness Score



Relationship between IMD decile and loneliness index

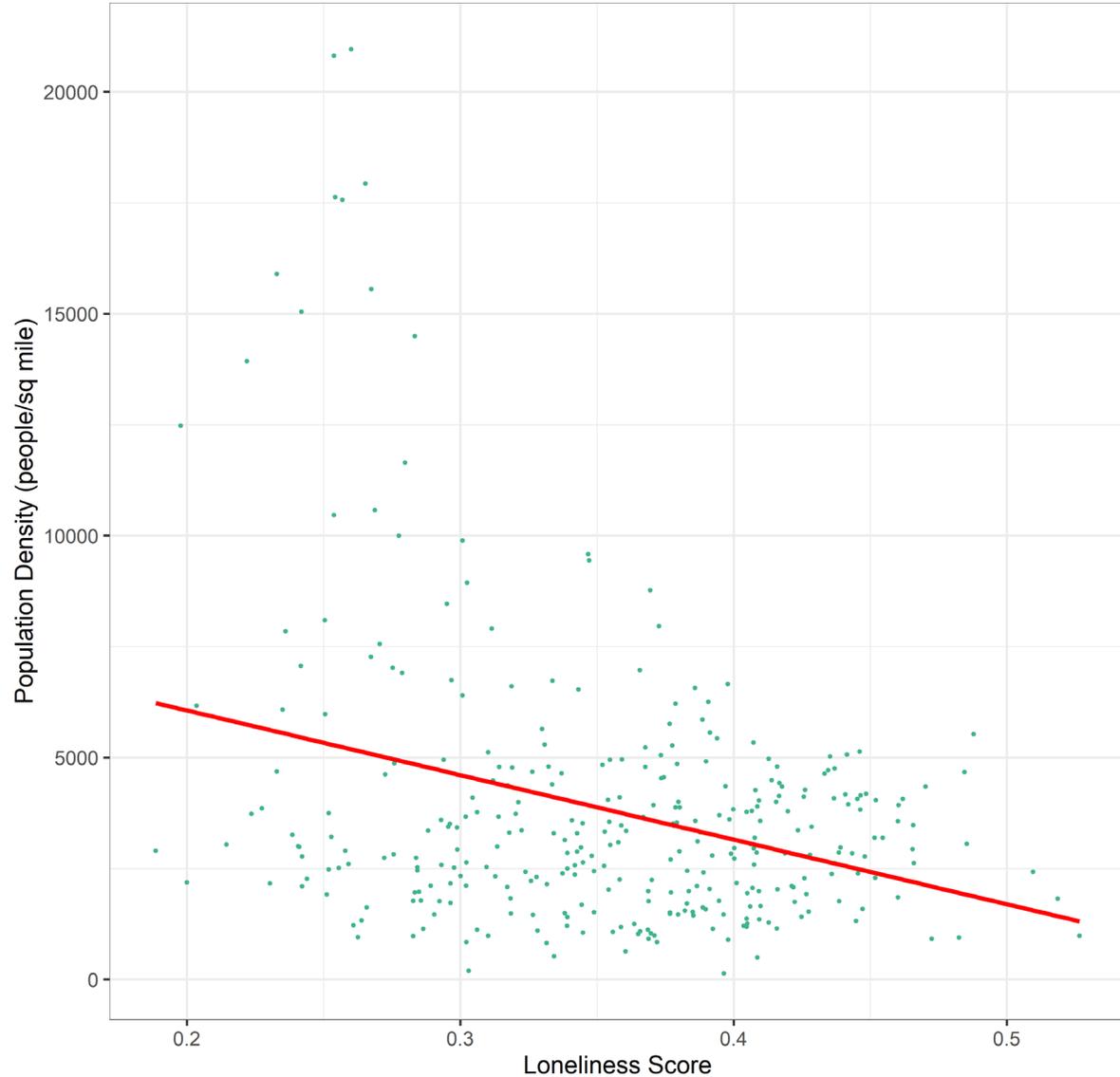


Relationship between IMD decile and loneliness score when low household income is removed from the index



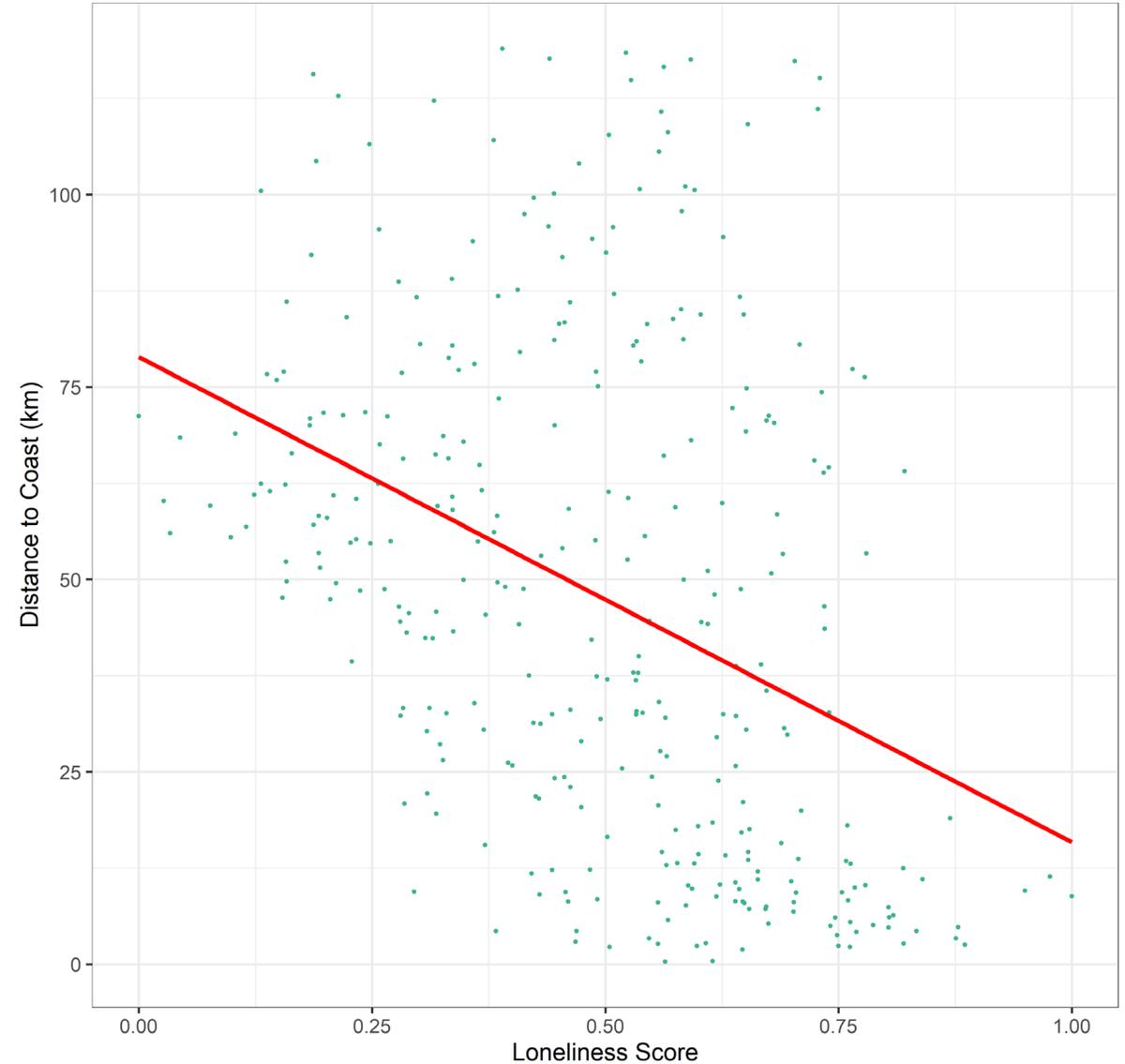
Relationship between population density and loneliness index

Correlation: -0.31



Relationship between coastal proximity and loneliness index

Correlation: -0.38





**Thanks for
listening!**

**Any questions or
feedback?**

**Contact:
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References

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