International Journal of Population Data Science

Journal Website: www.ijpds.org

The relationship between loneliness, social isolation and health service usage in an older population: an example of administrative data linkage using Healthy Ageing In Scotland (HAGIS) and NHS records

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Objectives

Social isolation and loneliness in older populations have been widely reported since 2000s, and are both associated with poorer health status, and physical and mental health conditions. Yet, little is known about how patterns of social isolation and loneliness in ageing populations are reflected in health service usage. Further, the range of definitions and the limitations of, often used, indices of social isolation and loneliness can make it difficult to understand how social isolation and loneliness is manifest within populations and across place.

Aim

To understand variation in health service usage in an older population in Scotland who self-report loneliness and social isolation.

Methods

Latent class analysis (LCA) was used to determine profiles (population groups) of loneliness and social isolation in older people in Scotland (Healthy Ageing in Scotland, HAGIS, $n = 1,057$) using model-fit criteria. Loneliness was measured using the UCLA Loneliness Scale and social isolation used a measure of social networks and social contact. We then analysed the socio-demographic, and subjective health (physical and mental) of these profiles using logistic regression. The survey data (HAGIS, 2016/17) were linked to retrospective administrative health data to investigate patterns of health service usage (from 2005).

Results

Our results highlight the distinction and inter-relation between social isolation and loneliness and the variation in health service usage between these population groups, in particular, the number of hospital admissions and length of stay.

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Conclusion

This study adds further evidence of the association between social isolation, loneliness and poor health, and offers new insights into variation in health service usage. Such an approach also offers substantive potential for the adoption of a public health approach to benefit those most at risk of social isolation and loneliness, and poorer health outcomes.