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Social Isolation from Extended Family Members and Friends among African Americans: Findings from a National Survey

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Social connections to others, especially family and friends, are critical features of life that provide a variety of social supports in the form of assistance with routine activities, comfort and companionship, and help during crises. Individuals who have strong support networks and who interact frequently with family and friends are advantaged in coping with common issues that arise in daily life, as well as when confronted with serious life problems and emergencies. Further, involvement in strong support networks is consistently associated with better physical and mental health (e.g., Berkman & Glass, 2000). Conversely, having few and/or weak social connections and relationships (i.e., **social isolation)**, places individuals at risk for a variety of poor physical health and mental health outcomes (e.g., Berkman & Glass, 2000; Cacioppo & Cacioppo, 2014; Emmons, 2000; House, 2001).

Social isolation has gained national attention as being of special relevance to the health and well-being of the U.S. population (Lubben et al., 2015; National Research Council, 2001). Mounting evidence confirms the negative effects of social isolation on physical and mental health and well-being (e.g., Berkman & Glass, 2000; Berkman et al., 2014). In response, health and social welfare professions, as well as agencies and organizations representing groups most at risk for social isolation (e.g., Elder & Retrum, 2012), have taken on the challenge and responsibility for responding to this issue. The recent report from the American Academy of Social Work and Social Welfare (Lubben et al., 2015), identifies social isolation as a **Grand Challenge** for which the social work profession, with its emphasis on understanding human behavior within the social environment and multilevel practice models, is uniquely equipped to address.

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Despite a significant body of research on social isolation and its effects, very little of this work specifically focuses on African Americans (LaVeist et al., 1997). The goal of this study is to investigate social isolation from family and friends and the degree to which African Americans are isolated from these groups. The present study utilizes data from a national study of African Americans and utilizes multinomial logistic regression to investigate the correlates of objective social isolation from extended family members and friends. The literature review begins with a discussion of the conceptualization and measurement of social isolation, followed by a review of available studies of social participation among African Americans and the focus of the present study.

Conceptualization and Measurement of Social Isolation

Some writers have noted there are as many different definitions and operationalizations of social isolation as there are social isolation researchers (Shimada, Yamazaki, Nakano, & Ngoma, 2014). What is generally agreed upon, however, is that social isolation is multi-dimensional and is conceptualized as having two domains: objective and subjective (Cornwell & Waite, 2009a, 2009b; Elder & Retrum, 2012; Nicholson, 2009; Pedersen, Andersen & Curtis, 2012). Objective social isolation is defined as the tangible measures of isolation and physical separation from others (Cornwell & Waite, 2009a, 2009b; Elder & Retrum, 2012). Measures of objective social isolation frequently include: the size of one's social network (including family members, relatives, friends and neighbors) and the frequency of contact with members of one's social network. Subjective social isolation is defined as the quality of relationships within one's social network (Elder & Retrum, 2012; Cornwell & Waite, 2009a; Nicholson, 2009). Measures of subjective social isolation include feelings of loneliness and a lack of perceived closeness to members of one's social network (Cornwell & Waite, 2009a; Elder & Retrum, 2012). There is conceptual ambiguity in the field as to whether demographic factors such as marital status and living alone are themselves measures of objective isolation (Berkman & Syme, 1979) or risk factors for subjective and objective social isolation (Elder & Retrum, 2012; Lubben et al., 2006).

African Americans and Social Participation

Only a few studies specifically focus on social isolation among African Americans (see LaVeist et al., 1997). However, a considerable body of research examines African Americans' social networks (e.g., family, friend) and involvement in community organizations (churches, volunteer and civic groups). This research documents the importance and central role of these social connections and integration for African American individuals, families and community life (Snowden, 2001; Taylor, Chatters, & Levin, 2004; Taylor, Jackson & Chatters, 1997) and verifies their importance for the provision of various forms of social support (e.g., Taylor et al., 2005; Taylor et al., 2012; Taylor et al., 2013). Finally, connections with social networks and informal social support from family, friends and church members are associated with higher overall well-being, lower psychological distress, and lower rates of mental disorders such as major depressive disorder, depressive symptoms, and psychological distress (Chatters et al., 2015; Taylor et al., 2015), social anxiety disorder (Levine et al., 2015), and suicidality (Lincoln et al., 2012).

Although social isolation is under-researched among African Americans, it is important and consequential for health and well-being for this population group for at least three reasons. First, African Americans, as a group, experience a number of health conditions and circumstances that place them at risk for social isolation. For example, African Americans suffer from high rates of chronic disease (e.g., diabetes, hypertension, and heart disease), have high unmet health care needs and are underserved in regard to formal medical and social services (CDC, 2013). Second, African Americans are more likely to live in neighborhoods that hinder the development and maintenance of social relationships. That is, neighborhood settings that are socially and economically marginalized, have limited economic resources, have degraded physical and community infrastructures, and/or are unsafe for residents (Redwood et al., 2010; Ross & Mirowsky, 2001; Schulz et al., 2002). Finally, African Americans, as a group, have higher unmet needs and under-utilize professional social services (Woodward et al., 2008). Because family and friends are critical sources of referral to professional social services, being socially isolated limits the professional services received by adults who may have physical or mental health problems (Woodward et al., 2008). For instance, research by Woodward et al., (2008, 2010) finds that family and friendship contact are associated with the use of professional and informal help when coping with a mental disorder (Woodward et al., 2008) and a serious personal problem (Woodward et al., 2010)

Research among African Americans identifies important health and social correlates of social isolation, as well as its converse, social integration. LaVeist and colleagues (1997) investigated the impact of extreme social isolation on mortality and use of community senior centers among elderly African American women. Extreme social isolation was defined as living alone and having no contact with family or friends in the 2 weeks prior to the interview. Older black women who were extremely socially isolated were 3 times more likely to die within 5 years of the interview as compared to those who were not socially isolated.

Snowden (2001) examined social integration within a large sample of African Americans and whites from the National Medical Expenditures Survey. Social integration was measured by using a broad set of factors: visits by friends; visits to friends; talking with close friends or relatives over the telephone, participating in churches, clubs, lodges, or other group organizations, and having someone to share private feelings and concerns. Comparisons by race revealed that African American men were more likely to visit friends, to be visited by friends and to be involved in church groups and clubs, but less likely to phone friends and relatives in comparison to white men, net of age, region, urbanicity, employment, poverty, and marital status. African American women were less likely than white women to visit friends, make phone calls to friends and relatives, or to share their private feelings and concerns with another person, but were more likely to attend church and community meetings. Finally, a recent study examined patterns of social network involvement (i.e., family, friend and church) among African Americans, Black Caribbeans and non-Hispanic whites (Taylor et al., 2013). African Americans were more likely than non-Hispanic whites to interact daily with family members, provide assistance to extended family members and were more involved in congregation networks. In contrast, non-Hispanic Whites interacted

more frequently with friends and gave and received support from friends more often than did African Americans.

Focus of the Study

The present study investigates sociodemographic, family, friendship and functional status correlates of objective social isolation from family and friends among African Americans. The strengths of the study include its use of a nationally representative sample of community dwelling African American adults and the ability to explore a diverse set of interpersonal, contextual and structural factors (e.g., gender, age, marital status, health status, socioeconomic position) as potential correlates of objective social isolation.

As noted previously, little research is available on African Americans and social isolation. However, research on the social support networks of African Americans can be used to guide our analysis. First, gender differences are consistently reported in connection with the social support networks of African Americans, indicating that women are more involved in social networks than are men (Antonucci, 1994). Accordingly, we anticipate that men will report more social isolation than women. Further, because research indicates that age is negatively associated with the receipt of support from family members among African Americans (Lincoln et al., 2013), we expect that older adults will be more socially isolated than younger adults. Marital status differences indicate that married persons are more likely to rely on family members with help during an emergency, whereas non-married adults (especially older adults) are more likely to rely on friends (Taylor et al., 1996; Taylor, Hernandez et al., 2013). Consequently, we expect that married adults will be more likely to be socially isolated from friends whereas non-married adults may be more likely to be isolated from extended family members.

Regional differences indicate that Southerners are more involved with family members than are African Americans who reside in other regions (Taylor, Hernandez et al., 2013). Given this, we anticipate that Southerners will be less socially isolated than their counterparts. Education and income differences in African American social support networks are less consistently demonstrated, but some limited evidence indicates that persons with lower socio-economic status may be more socially isolated than their counterparts (Lincoln et al., 2013; Taylor, Hernandez et al., 2013). Significant health problems such as health disabilities may make it difficult for individuals to participate in social network activities. Thus, we expect that African Americans who report functional health limitations will be more socially isolated than their counterparts. Lastly, we expect that individuals who are subjectively isolated (e.g., perceived closeness) from their family and friends will also be objectively isolated from family and friends.

Methods

Sample

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) (Jackson et al. 2004) was collected by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. The field work for the study was

completed by the Institute for Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. The NSAL sample has a national multi-stage probability design which consists of 64 primary sampling units (PSUs). The data collection was conducted from February 2001 to June 2003. A total of 6,082 interviews were conducted with persons aged 18 or older, including 3,570 African Americans. The overall response rate was 72.3% and 70.7% for African Americans. Final response rates for the NSAL two-phase sample designs were computed using the American Association of Public Opinion Research (AAPOR) guidelines (for Response Rate 3 samples) (AAPOR 2006) (see Jackson et al. 2004 for a more detailed discussion of the NSAL sample). The NSAL data collection was approved by the University of Michigan Institutional Review Board.

Dependent Variable—The dependent variable is a measure of objective social isolation from family and friends that was created by combining frequency of contact with family and frequency of contact with friends. Frequency of contact with family members is measured by the question: “How often do you see, write or talk on the telephone with family or relatives who do not live with you? Would you say nearly everyday, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?” This same question was also asked of friends (i.e., Friend Contact). Both questions were recoded by combining the response categories: (1) nearly everyday, at least once a week, a few times a month vs. (2) at least once a month, a few times a year hardly ever or never. The resulting items, socially isolated from family (Yes/No) and socially isolated from friends (Yes/No), were then combined into a four-category pattern objective social isolation variable: 1) isolated from both family and friends, 2) isolated from family only, 3) isolated from friends only, or 4) not isolated from family and friends.

Independent Variables—Sociodemographic factors (i.e., age, gender, family income, education, marital status, and region) are utilized as independent variables in this analysis. Age and education are coded in years; missing data for education were imputed for 74 cases. Household income is coded in dollars; missing data for household income were imputed for 773 cases (12.7% of the total NSAL sample). Marital status is coded as married/cohabiting vs. not married. Region is coded as 4 categories: Northeast, North Central, West and South. We also examined measures of functional ability (self-care and mobility) as correlates of objective social isolation. The World Health Organization Disability Assessment Schedule (WHO-DASII) was used to assess participants' functional ability in the past 30 days in terms of self-care and mobility. Self-care was measured by these three items: washing your whole body, getting dressed, and staying by yourself for days. Mobility was measured by these three items: moving around inside your home, walking a long distance such as a half a mile, and standing for 30 minutes. Both self-care and mobility assess the number of days of impairment in each domain weighted by self-rated difficulty in performing activities. Scores in each of the two domains—self-care and mobility—were transformed to range from zero (no impairment) to one hundred (complete impairment). Finally, we were interested in whether qualitative features of family and friend relationships would emerge as correlates of objective social isolation. The NSAL dataset contains measures of subjective isolation from family and friends. Subjective isolation from family is measured by the question: “How close do you feel towards your family members? Would you say very close, fairly close, not

too close or not close at all?" This item was also asked of friends (i.e., Subjective Isolation from Friends). Values for response categories for both variables are: not close at all=4, not too close=3, fairly close=2 and very close=1.

Analysis Strategy

Multinomial logistic regression was used to analyze the data. Multinomial logistic regression is appropriate for the four-level polytomous response dependent variable used in this study (i.e., objective social isolation from family and friends) and can accommodate both continuous and categorical independent variables. The reference category is not being isolated from family and friends. The format and interpretation of this analysis is similar to dummy variable regression and consists of contrasts between a comparison and an excluded category. However, in multinomial logistic regression, comparisons between selected categories and the excluded category involve the dependent variable (as opposed to the independent variable in standard dummy variable regression). Specifically, the results focus on contrasts involving: 1) Socially Isolated from Both Family and Friends vs. Not Socially Isolated, 2) Socially Isolated from Friends vs. Not Socially Isolated, 3) Socially Isolated from Family vs. Not Socially Isolated.

For the multinomial logistic regression analysis, relative risk ratios (RRR) and 95% confidence intervals are presented. The analyses were conducted using SAS 9.13 which uses the Taylor expansion approximation technique for calculating the complex design-based estimates of variance. To obtain results that are generalizable to the African American population, all of the analyses utilize analytic weights. All statistical analyses accounted for the complex multistage clustered design of the NSAL sample, unequal probabilities of selection, nonresponse, and poststratification to calculate weighted, national representative population estimates and standard errors. All percentages reported are weighted.

Results

Descriptive data for all study variables are presented in Table 1. Overall, 76.83% of African Americans are not socially isolated from their extended family or friends. Only 4.09% are socially isolated from both their extended family and friends, 6.15% are socially isolated from their family members, and 12.93% are socially isolated from their friends. Bivariate analysis indicates that women, Southerners, those who are married, with higher incomes and more years of formal education are less likely to be socially isolated. African Americans who report being subjectively isolated from their family and friends are more likely to also be objectively isolated from their family and friends.

Table 2 presents the multinomial logistic regressions of the sociodemographic, functional status, and subjective social isolation variables on objective social isolation from extended family and friends. Two sets of models are presented; the first set (labeled models 1, 2, and 3) only include the sociodemographic and functional status variables as independent variables. The second set of models (labeled 1a, 2a, and 3a) includes the sociodemographic, functional status variables and the two subjective isolation measures. The relative risk ratios in model 1 indicate that gender, education and region are significantly associated with social isolation from both family and friends. Men were more likely than women to be socially

isolated from both groups. Education was negatively associated with being socially isolated from family and friends and Southerners were less likely than African Americans residing in the West to be socially isolated from both groups. With the addition of subjective social isolation from family members and subjective social isolation from friends in Model 1a, region and education are no longer significant. However, the two subjective isolation variables are significant indicating that African Americans who are subjectively isolated from their family members and subjectively isolated from their friends are significantly more likely to be objectively isolated from both family and friends.

Models 2 and 2a contrast respondents who are not socially isolated with those who are socially isolated from their family only. In model 2, gender, marital status, and region are significant, indicating that men are more likely than women to be isolated from family members, married/cohabitating respondents are less likely to be socially isolated from family members than their non-married counterparts, and respondents in the Northeast and West had a higher likelihood of being socially isolated from family members than Southerners. With the addition of subjective social isolation variables in model 2a, gender and region remain significant and subjective isolation from family members is significant; persons who are subjectively isolated from their family members are significantly more likely to be objectively isolated from their family members. In model 3, education is negatively associated with objective isolation from friends and being married is positively associated with being isolated from friends. These two variables remain significant in model 3a; in addition, subjective social isolation from friends is positively associated with objective social isolation from friends.

Discussion

Social isolation's associations with mental and physical health conditions vividly underscore the connections between social relationships and health and the importance of this issue to American society. Our study, based on a nationally representative sample of community-dwelling African American adults, sought to examine objective social isolation and its correlates within an under-researched population. This issue is significant for African Americans because overall, they experience high levels of health and other risk factors for social isolation and rely on family and friend social networks and resources in addressing health and social needs. Discussion of study findings focus on three areas: 1) overall levels of objective social isolation, 2)major sociodemographic, and functional ability correlates and their significance for social isolation, and 3) the role of subjective isolation from family and friends in relation to objective social isolation.

First, we found that the vast majority of African Americans were not socially isolated from their family and friends—only 4% of respondents indicated being isolated from both family and friends. Further, respondents were more likely to be socially isolated from friends only (13%) than to be socially isolated from family members only (6%). Overall, 23% of respondents indicated some degree of objective social isolation from family, friends or both groups, while the complementary 77% of the sample were not isolated from family or friends. Second, sociodemographic differences (i.e., gender, marital status, region and education) in social isolation were largely consistent with prior findings related to social

integration and involvement. With respect to gender, men were more likely than women to be isolated from both family and friends and from friends only, even controlling for degree of subjective social isolation from family and friends. These findings are consistent with research indicating that women are more involved in family and friendship networks and are regarded as family kin keepers (Antonucci, 1994; Lincoln, 2013; Taylor & Chatters, 1991) who promote family cohesion and interactions (e.g., remembering family events such as birthdays, maintaining contact with family members, caregiving responsibilities).

Regional differences indicated that respondents residing in the West were more likely to be isolated from both family and friends than their counterparts in the South. However, the relationship was not maintained with the introduction of subjective isolation from family and friends, suggesting that this effect actually reflects differences in subjective isolation from family and friends. In contrast, southerners were also less likely to be isolated from family members only than respondents who reside in the West and in the Northeast, even controlling for subjective family and friend isolation. These findings are consistent with research on regional differences in the family support networks of African Americans in which Southerners report greater involvement in their support networks (Taylor, Hernandez et al., 2013). For instance, in response to a health problem, Southerners indicated having larger support networks comprised of both kin and non-kin than did non-southerners (Taylor, Hernandez et al., 2013).

With respect to marital status, the initial finding that married respondents were less likely to be objectively isolated from family, was eliminated with the addition of measures of subjective isolation from family and friends. Married respondents were also more likely than their unmarried counterparts to be objectively isolated from friends. This relationship was unchanged after accounting for subjective isolation from family and friends which suggests that unmarried African Americans rely upon friends in their social networks. Related research on marital status differences in informal assistance for physical health problems among older adults reveals that married respondents report having larger support networks comprised exclusively of extended family members (Taylor, Hernandez et al., 2013), while the unmarried were more likely to rely on both relatives and non-kin (i.e., friends and neighbors) for assistance (Taylor, Hernandez et al., 2013). Similarly, when confronted with a serious personal or mental health problem, unmarried African Americans were more likely than their married counterparts to seek assistance from non-kin (Taylor et al., 1996).

Overall, prior research findings for socio-economic status differences in support networks are mixed (i.e., either positively related or no relation with various aspects of support networks). We found that persons with higher levels of education were less likely to be objectively isolated from friends. This is contrary to the commonsense notions that persons with lower levels of socio-economic status are more involved with family and friends and thus have lower levels of social isolation. Our finding, however, is consistent with research using the General Social Survey which found that respondents with higher levels of education had larger support networks and were less likely to be socially isolated (McPherson et al., 2006). Similarly, research on older African Americans indicates that those with higher levels of education had more telephone contact with their family and friends (Lincoln et al., 2003). Interestingly, age, income, and measures of self-care and

mobility, which are correlates of social isolation in other studies (Elder & Retrum, 2012), were unrelated to social isolation from family and friends.

Finally, both subjective isolation from family and subjective isolation from friends had particularly strong relationships with objective social isolation—in both cases, those who were subjectively isolated from their family and friends were more likely to also report being objectively isolated from them. We can think of subjective isolation or subjective closeness as attitudinal precursors to interactions with family or friends; individuals who do not feel close to family and friends are, as shown in this analysis, significantly less likely to interact with them. Previous research on African Americans confirms the importance of subjective closeness as a correlate of a variety of social network indicators including the receipt of support, as well as the size of the support network (Taylor, Hernandez et al., 2013). Subjective family closeness is also positively associated with receiving emotional support from family members (Lincoln et al., 2013) and negatively associated with negative interaction (i.e., arguments, criticisms) with family members (Lincoln et al., 2013).

This study's findings broaden our understanding of social isolation and informal social networks among African Americans. Overall, 20% of African Americans were socially isolated from either their friends or family members and 4% were isolated from both groups. This is of concern because persons who have limited or no contact with family and friends lack available social resources for help in managing activities of daily living, as well as during a crisis. Further, examining the pattern of sociodemographic correlates helps us to better understand social isolation in relation to specific subgroups. For example, married persons were less likely than unmarried persons to be isolated from family, but more likely to be isolated from friends. The opposite pattern was seen for residents of the West, who were more likely to be isolated from family, but were comparable to Southerners in terms of isolation from friends. Persons with lower levels of education were more likely to be isolated from friends, but not family (when controls for subjective closeness were included). Men were more likely to be isolated from both family and friends and family only, but were no different from women in terms of isolation from friends only.

These patterns indicate that social isolation is not uniform and individuals may be socially isolated from one group while being engaged with another social group (e.g., married persons). Although individuals may compensate for the absence of social engagement with particular groups, it is still important to consider whether overall contact and interaction are sufficient to a person's needs in terms of the quantity and quality of social connections. Given that family ties are regarded as more enduring and reliable than friendships, this caution is especially important for those who have friend relationships, but are socially isolated from family. Our analyses indicated that men, although comparable to women in terms of connections with friends, were more likely to be objectively isolated from both family and friends and family only heightening their risk of social isolation and vulnerability with respect to having adequate social resources.

In evaluating these findings within a broader context, there are several reasons why a person may be socially isolated from family and friends that relate to issues of causal relationships. First, the individual may have mental or emotional difficulties that make it difficult for

support members to interact with them. For example, some individuals with anxiety disorders report irritability related to their anxiety (Joorman & Stöber, 1999) and individuals with clinical depression withdraw and isolate themselves from their support networks. In both of these circumstances, the mental challenges and related interpersonal difficulties may precede (and potentially cause) social isolation from family and friends rather than the reverse. Second, some individuals may engage in activities that cause the members of support networks to reduce or completely stop interacting with them. Individuals who engage in criminal behaviors, who may be substance abusers or who may engage in other negative behaviors may have lost all credibility and connections with their support networks and thus may be socially isolated from them. Issues and behaviors such as these may also explain the lower rates of social isolation from family as compared to friends. That is, ties with friends are voluntary and can more easily be broken, whereas family ties are more enduring.

Because social isolation is relatively rare among African Americans, a fairly large sample is needed to assess social isolation. Due to its large sample size, the National Survey of American Life has a sufficiently large sample of African Americans which allows us to conduct this multivariate analysis. Nonetheless, it is important to not to overstate the findings and keep in mind that only 4% of respondents are socially isolated from both family and friends, 13% are isolated from friends only, and 6% of respondents are socially isolated from family members. In contrast, fully 77% of respondents are neither isolated from family nor friends. It is important to note that even large surveys such as the NSAL may not have enough power to ascertain some small groups of people who are socially isolated. Groups such as very old (80 years of age and older), physically disabled elders, who live alone may be a very small percentage of the general population but may suffer from very high rates of social isolation.

Implications for Social Work

The study's findings have several implications for social work strategies addressing social isolation among African Americans. Community leaders and institutions can engage family and friend networks to help reduce social isolation. For example, African American religious institutions and clergy have historically assumed social engagement roles with groups that are physically and/or socially at risk for social isolation such as the elderly and persons who experience chronic illness and physical frailty. These efforts often involve the development of specific ministries that attend to persons who are hospitalized and in nursing homes or visits to those who are sick and shut-in within their own homes. Other community organizations and non-profit groups can also use information about social isolation to better understand their client population and plan services suited to different patterns of family and friend involvement.

Primary health and social care professionals (physicians, nurses, direct practice social workers) could be involved in screening older adults who may be at risk for or currently experiencing social isolation. Current models for screening for potentially problematic health and social situations include the incorporation of brief, standard sets of questions that are administered during office visits. Other screening approaches have been developed for

specialized settings such as emergency departments. These screening protocols, which are often administered with the intent of understanding the social circumstances of the Emergency Department visit, can be used to identify the types and levels of family and friend social engagement that may be indicative of social isolation. Social work practice models should also address the health and well-being consequences that are associated with social isolation. Given the multifaceted nature of the effects of social isolation (i.e., physical, social and mental health issues), these approaches necessarily involve social workers interacting with members of multidisciplinary treatment teams (e.g., physicians, nurses, physical and occupational therapists, dieticians).

Finally, local, as well as state and federal agencies can also have a role in developing and strengthening friendship and family networks to prevent and address social isolation. Programs that provide specific services such as meal delivery (e.g., Meals On Wheels) have the added benefit of providing an outlet for general social interaction and engagement. Several programs have a more focused mission to provide companionship, relationship development and enrichment/mentoring to clients who are at risk for or currently experiencing social isolation (e.g., Foster Grandparent Programs, Retired Senior Volunteers). Whether focused on the provision of supportive services with household tasks and medical care assistance within the home (e.g., Senior Companion Program) or providing opportunities for social interaction (e.g., friendship clubs), these efforts have demonstrated benefit for reducing medical care expenditures, enhancing social engagement, and improving quality of life. The social benefit accruing from programs that provide home-based supportive services is substantial and includes enhanced quality of life, opportunities to expand new social contacts, as well as maintaining existing relationships in the community that work to mitigate social isolation.

Conclusions and Limitations

Several limitations of the study should be acknowledged. First, because homeless individuals and those residing in institutional settings were not represented in this sample of community-dwelling African Americans, study findings are not generalizable to these groups. Second, the interpretation of findings for the sociodemographic correlates of social isolation builds on previous work on family and friend relationships (e.g., noted gender differences in social relationships with family and friends). However, given the cross-sectional nature of our data and the absence of information (e.g., qualitative) on the antecedents and processes associated with social isolation, our interpretations and causal inferences regarding these differences are suggestive and await confirmation with prospective data.

Nonetheless, the significant advantages of this study include: 1) the availability of indicators of objective social isolation from both family and friends, 2) the use of multivariate analyses to examine sociodemographic, functional status, and subjective social isolation from family and friends as correlates of objective social isolation and 3) the use of a large and nationally representative sample of African Americans which provides greater confidence regarding the generalizability of findings. This study provided a novel opportunity to systematically investigate and clarify important correlates of objective social isolation among community-

dwelling African Americans and generated findings that will stimulate further research on the risks and consequences of social isolation.

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Table 1

Demographic Characteristics of the Sample and Distribution of Study Variables

	%	N	Mean	S.D.	Min	Max
Social Isolation						
Socially Isolated from Both	4.47	54				
Socially Isolated from Family	7.43	86				
Socially Isolated from Friends	10.82	133				
Not Socially Isolated	77.28	1048				
Subjective Isolation from Family		1321	1.30	0.61	1	4
Subjective Isolation from Friends		1321	1.61	0.76	1	4
Race/ethnicity						
African American	39.29	755				
Black Caribbean	2.64	282				
Non-Hispanic Whites	58.08	284				
Gender						
Male	44.22	495				
Female	55.78	826				
Age		1321	66.54	8.91	55	93
Family Income		1321	37425	40192	0	640000
Education		1321	12.12	3.44	0	17
Marital Status						
Married/Cohabit	46.87	474				
Non-Married	53.13	847				
Parent	91.92	1230				
Household Size						
Live Alone	41.47	682				
Live with Someone Else	58.53	639				
Mobility		1321	7.98	19.54	0	100
Self Care		1321	1.44	8.89	0	100

Percents and N are presented for categorical variables and Means and Standard Deviations are presented for continuous variables. Percentages are weighted and frequencies are un-weighted.

Table 2

Weighted Multinomial Logistic Regressions of Social Isolation among older adults (n = 1321) in the National Survey of American Life (NSAL; 2001-2003)

	Socially Isolated from Both Family and Friends[1]		Socially Isolated from Friends Only[1]		Socially Isolated from Family Only[1]	
	Model 1	Model 1a	Model 2	Model 2a	Model 3	Model 3a
	RRR (95% C.I.)	RRR (95% C.I.)	RRR (95% C.I.)	RRR (95% C.I.)	RRR (95% C.I.)	RRR (95% C.I.)
Race/Ethnicity[2]						
African American	1.00	1.00	1.00	1.00	1.00	1.00
Black Caribbean	1.22 (0.41, 3.65)	1.58 (0.43, 5.91)	1.97 (0.84, 4.59)	2.01 (0.91, 4.42)	1.60 (0.49, 5.24)	1.98 (0.59, 6.71)
White	1.09 (0.43, 2.80)	1.09 (0.39, 3.02)	1.34(0.77, 2.32)	1.28 (0.71, 2.31)	1.41 (0.89, 2.25)	1.35 (0.73, 2.49)
Gender						
Male	5.04 (2.35, 10.81)***	3.06 (1.34, 7.02)**	1.76 (0.81,3.79)	1.46 (0.64, 3.31)	2.38 (1.33, 4.25)**	2.74 (1.69, 4.45)***
Female	1.00	1.00	1.00	1.00	1.00	1.00
Age	1.01 (0.95, 1.08)	1.03 (0.97, 1.09)	0.97 (0.94, 1.00)	0.97 (0.94, 1.00)*	1.01 (0.97, 1.05)	1.05 (1.01, 1.09)*
Family Income	1.00 (0.96, 1.04)	1.00 (0.96,1.04)	0.92 (0.85, 1.00)	0.93 (0.86, 1.00)	0.89 (0.84, 0.95)**	0.92 (0.86, 0.99)*
Education	1.07 (0.97, 1.19)	1.00 (0.85,1.19)	0.99 (0.91, 1.08)	0.97 (0.90, 1.05)	1.08 (0.96, 1.20)	1.04 (0.94, 1.14)
Marital status						
Married	0.64 (0.17, 2.43)	0.86 (0.20, 3.75)	0.87 (0.43,1.78)	0.93 (0.44, 1.96)	0.98 (0.46, 2.09)	1.08 (0.50, 2.33)
Non- Married	1.00	1.00	1.00	1.00	1.00	1.00
Parent	0.19 (0.08, 0.46)***	0.33 (0.09, 1.18)	0.70 (0.18, 2.74)	0.63 (0.20, 1.95)	0.23 (0.10, 0.53)**	0.39 (0.20, 0.76)**
Household Size						
Live Alone	1.00	1.00	1.00	1.00	1.00	1.00
Live with Others	2.47 (0.57, 10.72)	2.03 (0.46, 8.93)	2.51 (1.11, 5.68)*	2.68 (1.12, 6.39)*	2.16 (1.17, 3.98)*	2.25 (1.09, 4.67)*
Mobility	1.01 (0.98, 1.03)	1.01 (0.98, 1.04)	1.01 (1.00, 1.02)	1.01(1.00, 1.02)**	1.00 (0.99, 1.02)	1.00 (0.99, 1.02)
Self-Care	0.98(0.93, 1.04)*	0.98 (0.92, 1.04)	0.98 (0.96, 1.00)	0.97 (0.95, 1.00)*	1.00 (0.97, 1.02)	1.00 (0.97, 1.03)
Subjective Isolation from Family	--	3.04 (1.65, 5.62)**	--	0.79 (0.39, 1.62)	--	7.30 (5.15, 10.34)***
Subjective Isolation from Friends	--	4.25 (2.34, 7.72)***	--	3.72 (2.61, 5.31)***	--	0.51 (0.31, 0.85)*

Note: RRR= Relative Risk Ratio, C.I.=Confidence Intervals

[1] Not Socially Isolated is the Comparison Group

[2]Several independent variables are represented by dummy variables. Race/Ethnicity, African Americans are the excluded category; Gender, 0 = female, 1 = male; Marital Status, non-married is the excluded category; Household size, Living alone is the excluded category.

*p<.05

**p< .01

***p<.001