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Older Immigrants Are More Likely Than Older Nonimmigrants to Experience Loneliness

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KEY FINDINGS

- Immigrant older adults are at a higher risk for loneliness than nonimmigrants.
- Age at immigration matters: risk of loneliness is significantly higher for immigrants who arrived in the United States after age 18.
- Factors such as socio-demographic characteristics, health, and engagement in volunteering partially explain immigrant older adults' higher risk of loneliness.
- Programs that promote social connection are necessary to reduce loneliness among older adult immigrants.

National data indicate that loneliness is a considerable public health problem among older adults,¹ with approximately 20% of adults over the age of 60 reporting frequent loneliness.² Certain groups of older adults, including immigrants, are more vulnerable to loneliness,^{1, 3} which may lead to negative health consequences such as depression, dementia, and mortality.¹ The detrimental effects of loneliness on health may be part of the reason why the 'healthy immigrant effect' (where immigrants have better health than nonimmigrants) diminishes with age.⁴ Understanding and addressing loneliness among immigrant older adults is crucial, as immigrants will comprise nearly a quarter of the U.S. population over 65 by 2060.⁵

This brief examines patterns in reported loneliness for U.S.-born nonimmigrant older adults and older adults who immigrated as children, during early adulthood (ages 18-44) when careers and families are being established, and in middle-to-late life (ages 45 and older).

Immigrant Older Adults are at a Higher Risk for Loneliness than Non-Immigrants

Immigrant older adults have a higher prevalence of loneliness compared to nonimmigrants. As shown by the orange bars in Figure 1, the probability of loneliness (on a scale of 0 to 1) is 0.15 for nonimmigrant older adults, 0.19 for childhood immigrants, 0.20 for early adulthood immigrants, and 0.23 for mid- to late-life immigrants. Compared to nonimmigrants, the likelihood of loneliness is 26% higher

among immigrants who arrived as children, 34% higher among immigrants who arrived in early adulthood, and 63% higher among immigrants who arrived in mid-to-late life.

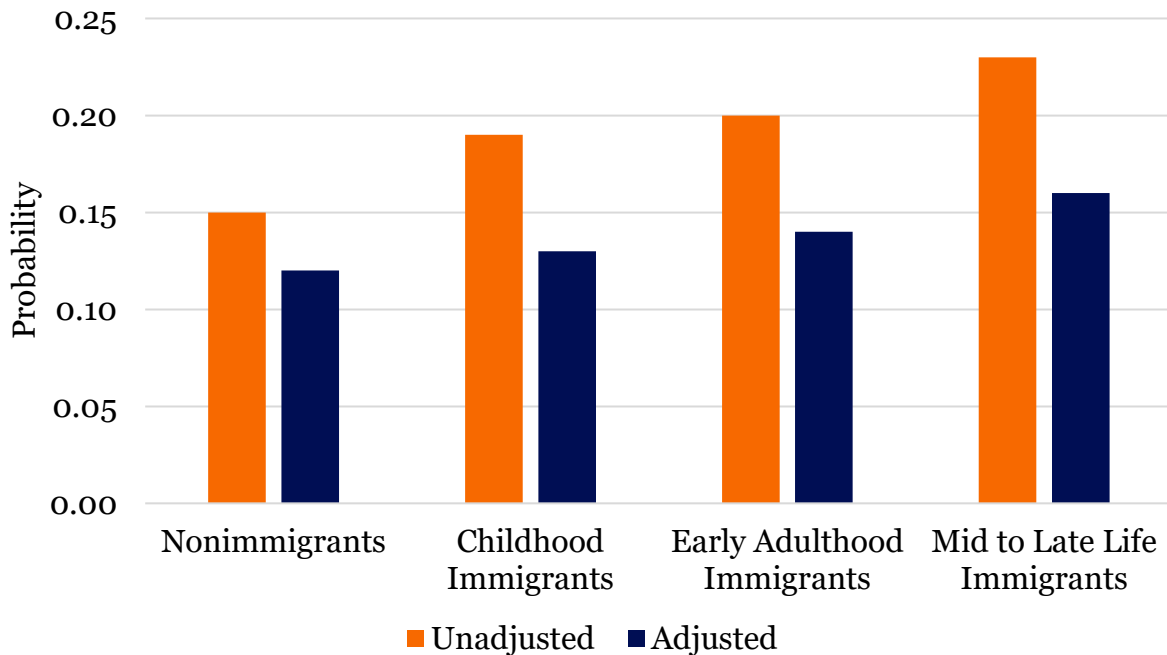


Figure 1: Predicted Probabilities of Loneliness by Immigrant Status and Age at Immigration

Data Source: Health and Retirement Study, 2018; N=14,786

Note: The adjusted model controls for: age, gender, educational attainment, race and ethnicity, living arrangements, marital status, income, self-rated health, chronic pain, days in bed during the past month, and involvement in volunteering.

Characteristics of Immigrant Groups Partially Explain Their Higher Risk of Loneliness

The blue bars in Figure 1 show how accounting for socio-demographic characteristics (age, gender, education, race, living arrangements, marital status, income), health, and volunteering reduces the differences between nonimmigrants and immigrants. In our model that adjusts for these factors, the probability of loneliness is 0.12 for nonimmigrants, 0.13 for childhood immigrants, 0.14 for early adulthood immigrants, and 0.16 for mid- to late-life immigrants. Compared to nonimmigrants, childhood immigrants have a 12% greater likelihood of loneliness, but this is not a statistically significant difference. The likelihood of loneliness is 22% higher among immigrants who came to the U.S. in early adulthood and 45% higher among immigrants who arrived in mid- to late-life. These differences are statistically significant.

Additional analysis (not shown) indicates that living alone, having chronic pain, and reporting more days in bed per month increases the probability of loneliness. Higher income, better self-rated health, and volunteering decrease the probability of loneliness.

To summarize, those who immigrated in early adulthood or mid- to late-life are more likely to experience loneliness compared to nonimmigrants, even after taking these factors into account.

How Can We Address Loneliness Among Older Immigrants?

Age at immigration matters for risk of loneliness among older adults. The likelihood of loneliness is highest among immigrants who arrived in mid- or late-life. This group is more likely to face language and cultural barriers that can hinder efforts at social integration.⁶ Research indicates that many late-life immigrants come to the U.S. using family reunification visas. These older adults tend to abstain from the labor force, take on caregiving duties, and have a family-centered social network.^{7,8}

Programs that promote social connections, particularly those that recognize cultural and linguistic diversity, are needed to reduce loneliness among immigrant older adults. The goals of such programs can include social network expansion, continuation of cultural or religious traditions, and assistance with adjustment to life in the U.S. Strategies may include enhanced funding through the Older Americans Act for programs that encourage older immigrants to volunteer, connect them with local ethnic or religious communities, and provide low- or no-cost English as a Second Language (ESL) classes.

Data and Methods

This study used the 2018 Health and Retirement Study (HRS), which is a nationally representative longitudinal panel study of older adults ages 50+.⁸ The HRS measures immigrant status with a question that asks whether the respondent is U.S. born or foreign born, with a follow-up question about age at immigration. The results in Figure 1 are based on two logistic regression models. The unadjusted bivariate model included only immigrant status and the adjusted multivariate model included socio-demographic, health, and volunteering characteristics.

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