

Social Exclusion

What We Know

Social interaction is an important part of human culture. Having social support can lead to a number of health benefits, including increased survival rates from various diseases (see, “Social Support”). However, not everyone can claim the benefits of social inclusion.

People who are marginalized or discriminated against experience social exclusion. Those who experience social exclusion are typically ethnic or religious minorities, people living in poverty, and the homeless. People who experience social exclusion tend to be in worse health and die earlier than the rest of the population.

Regardless of when social exclusion is experienced, its influence can last a lifetime. Social exclusion contributes to the development of many chronic diseases across a lifetime². Social exclusion and its effects across the lifespan have been measured in four large, national population samples. In these studies, signs of chronic illnesses including inflammation, high blood pressure, heart function, and obesity were measured. Low levels of social inclusion were associated with both high blood pressure and inflammation for all age groups. When high blood pressure is present during early adulthood, there is a greater chance of developing other heart-related issues later in life.

Social exclusion at any age contributes to poor health and well-being, through a sense of isolation and loneliness. Even modest feelings of social inclusion, however, can protect against some illnesses². In adolescence and young adulthood, social inclusion protects against obesity in middle or late adulthood. In late adulthood, social inclusion protects against the development of high blood pressure.

Exclusion from society affects not only contributes to chronic illness, but also increases rates of preventable death. For adults, social exclusion and living alone both have serious effects on mortality¹. In approximately 70 American studies, social isolation, living alone, and loneliness are all associated with substantial increases in mortality, especially for adults younger than 65.

Implications for Rockingham/Harrisonburg

Two groups of people who are at risk for social isolation in H/R area are homeless people and recent immigrants and refugees.³

Homelessness: Profound health disparities exist in people with histories of homelessness and serious mental illness (SMI).⁴ Healthy People 2020 objectives specifically pinpoint the need for increased mental health services for homeless people.⁵ In recent years, H/R has seen growth in homelessness due to low wages, a lack of available affordable housing, and unemployment, all of which are noted as community challenges in the 2016 HCC Community Assessment. The annual *Homeless Point-in-Time Survey* counts the number of persons who are homeless on a given day each year in H/R. The number of homeless adults and children in this community has increased 59% since 2008. A recent prevalence study by the local Continuum of Care Coalition

demonstrated that homeless numbers have more than doubled between 2008 and 2013 (from 67 to 152 persons), with more than half reporting being homeless for the first time. The 2014 Point-In-Time prevalence count of the homeless conducted in January 2014 showed 124 homeless individuals in the city.⁶

Some unique programs that specifically serve the homeless community with housing and healthcare are Open Doors, a winter emergency shelter in operation from November through April, Bridge of Hope Harrisonburg-Rockingham, which connects homeless and nearly homeless single mothers with housing, and the Healthcare for the Homeless Suitcase Clinic, an innovative multi-field healthcare delivery program designed to address the complex health needs of homeless adults and children in H/R.

Immigration: The city of Harrisonburg has a large and growing immigrant population. Of great interest is the increased growth of the Hispanic/Latino population in the Central Shenandoah Health District from 2000-2010 by 175%⁶ and in Harrisonburg, an increase from 15.7% to 19% of the total population between 2010 – 2014, and 114% increase between 2000 and 2010.⁷ Immigrants in general are drawn to the area in part by the labor needs of the poultry industry in Rockingham County, one of the largest poultry producing counties in the United States. Almost 23% of the population 5 years and older speak a language other than English at home compared to 15.1% in Virginia.⁸ Harrisonburg City Public Schools has the highest *English as a Second Language* program enrollment in the Commonwealth (38.5%). This figure represents 1,904 school children.⁹ The number of health encounter interpretations arranged through the Blue Ridge Area Health Education Center's (AHEC) Community Health Interpreter Service has increased dramatically in the past decade with the majority of requests for Spanish (80%) followed by Russian (10%) and Kurdish (10%).

Local agencies designed to decrease social isolation in immigrants/ refugees by helping with acculturation are Dayton Learning Center, Promotoras de Salud, a local lay health-promoter program, the Community Health Interpreter Service, and New Bridges Immigrant Resource Center. The Harrisonburg Immigration and Refugee office, a Church World Service program, assists people with Resettlement and integration into the area. HCC survey respondents noted that there are multiple programs to assist homeless people and immigrants in the area, and that the large amount of immigrants locally brings a high level of diversity to this rural college town.¹⁰

References

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- ⁵ Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>.
- ⁶ Annual Homeless Point-In-Time Survey (2014). Harrisonburg HUD and Community of Caring.
- ⁷ Weldon Cooper Center for Public Service (2012). *Demographics & Workforce Data Virginia*. Retrieved from <http://www.coopercenter.org/demographics/age-sex-race-hispanic-town-estimates>)
- ⁷⁸US Census Bureau 2011-2013 American Community Survey 3-year estimates www.census.gov
- ⁹ US Census Bureau, American Fact Finder, 2010, www.census.gov

¹⁰Harrisonburg Health Community Council survey (2015).