



SOCIAL ISOLATION AND LONELINESS: State Policies and Interventions for the Post-COVID Era

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SOCIAL ISOLATION

the objective state of having few social relationships or infrequent social contact with others.

LONELINESS

a subjective feeling of being isolated.

Abstract

- **Issue:** The COVID-19 pandemic has exacerbated what was already an epidemic of social isolation and loneliness in the United States. As the COVID-19-induced isolation recedes, state policymakers, health care providers, and other stakeholders can look to a broad array of strategies, policies, and interventions to address social isolation and loneliness issues that remain for all ages.
- **Goal:** Examine the array of policy and intervention options available to stakeholders in shaping a post-COVID paradigm of social integration and inclusion.
- **Methods:** Review of policies, challenges, existing state legislation, programs, interventions, new avenues for action, and international solutions.
- **Key Findings:** Existing state legislative initiatives focus on defining and identifying social isolation and its dangers and minimizing or preventing isolation and loneliness among older adults. The challenges exposed by the pandemic-imposed isolation of older adults in long-term care facilities clearly speak to the need for those policies to continue and expand. Future avenues for policy development include creating social-emotional learning curricula and providing psychiatric services via telehealth in schools, addressing the social isolation of those involved in agriculture, and other geographically isolated professions, training teachers to identify social isolation and other warning signs in their students and attending to the shortage of mental health providers.
- **Conclusion:** Researchers see a need for greater inclusion of various populations when it comes to testing the effectiveness of social isolation interventions and developing the evidence of health effects of social isolation and loneliness.



Background and Introduction

The pandemic and its aftermath are exacting a heavy toll on the mental health of millions of Americans with feelings of isolation, anxiety, grief, and depression. From the pandemic's earliest days in 2020, stay-at-home orders, quarantines, and physical distancing recommendations meant little-to-no human contact outside the home for many. This was a particular challenge for those 28% of Americans living alone. Surveys showed increased loneliness and emotional distress and the exacerbation of what was already a serious concern.¹ The heavy emotional toll prompted many to seek psychiatric care.² However, researchers do not expect social isolation and loneliness to abate on their own in a post-pandemic setting. Indeed, the mental and physical impacts of social isolation were already well known to researchers before the pandemic began. From increased risk of suicide,³ moderate-to-severe depression,⁴ and faster cognitive decline⁵ to increased risk of heart disease^{6,7} and cardiovascular disease⁸ and higher levels of physical stress,⁹ the impact of social isolation is significant and wide-ranging. The health care costs of those impacts are significant as well. A study found that a lack of social contacts among older adults is associ-

ated with an estimated \$6.7 billion in additional federal spending annually.¹⁰

Many community-based organizations and health care institutions around the country offer screenings and services, which can quickly and accurately identify those most at risk. Unfortunately, it has become increasingly clear the nation faces a severe shortage of mental health providers who could mitigate isolation and its negative effects.¹¹ According to Health Resources and Services Administration data from May 2021, 125 million Americans live in areas with shortages of these practitioners. Nationwide, an additional 6,538 providers are needed to meet current demand.¹²

The post-pandemic period may offer opportunities for enabling initiatives focused on greater access to mental health care as well as greater inclusion, social integration, and engagement for all. However, vulnerable populations, such as Black, indigenous, and people of color (BIPOC) populations, are currently underrepresented in research regarding the health effects of social isolation and loneliness and the effectiveness of interventions.¹³

Key Findings

Significant Policy Challenges in Social Isolation

IMPACTS TO DIFFERENT AGE GROUPS

Different life stages require tailored intervention and prevention strategies to help people stay connected. Older adults living alone, and/or those who are homebound, may need regular check-ins and screenings to gauge their level of isolation or opportunities for activities offered through the community. Younger students may benefit from a program like Beyond Differences, which was created to reduce social isolation by training students to lead social change through a collection of youth-led assemblies.¹⁴ For young and late middle-aged adults, the level of social isolation and loneliness can be determined by the actual size of or satisfaction with the perceived size of their personal networks and frequency of social activities.¹⁵ Community- and workplace-sponsored mixers and other activities can help expand personal networks.

ASSESSING THE IMPACT OF SOCIAL ISOLATION POLICIES AND INTERVENTIONS

Identifying effective interventions is challenging due to the ongoing need for common language and measurement tools that consider both isolation and loneliness. There also is a need for greater understanding about the potential harms and benefits of social connection via tools like smartphones and social media. In addition, more evidence is needed about the health effects of social isolation and loneliness on underserved and at-risk populations such as BIPOC populations.¹⁶

A 2020 National Academies report that examined large-scale reviews of interventions intended to address social isolation and loneliness and their health impacts in older adults found the evidence concerning the effectiveness of such interventions was often of poor quality. Weaknesses include:

- Lack of long-term follow-up
- Variability in the way the interventions are defined and how they differentiated between social isolation and loneliness
- Variability in measurement tools and outcome measures used
- Small sample sizes
- A limited range of ages among those considered “older adults”

However, successful interventions often had key features in common including an active participation from older adults, an educational focus, and a group-based rather than individual-based approach.

The National Academies report also points to an American Association of Retired Persons Foundation project to catalog evidence-based or promising practices to address loneliness and social isolation in older adults. The project found persistent challenges to the evaluation of interventions, including a limited number of studies to quantify their impact, variability in the concepts measured, and difficulty in recruiting those who are extremely isolated or lonely. Many interventions also assessed impact through qualitative interviews, surveys, and internally designed measurement tools rather than validated tools.¹⁷

It also should be noted that while there is an abundance of research on the impact of social isolation and loneliness on older adults, there is considerably less on younger generations. According to a 2018 survey by the health services provider Cigna, adults ages 18-22 comprise the “loneliest generation,” based on their responses.¹⁸ Moreover, some research suggests that older teens and young adults, many of whom spent months in 2020 separated from friends, teachers, and regular activities, were among those most impacted by social isolation and loneliness during the pandemic.¹⁹

Existing Legislation and Trends in Social Isolation

Social isolation is an expansive challenge affecting all demographic groups in rural and urban settings. Existing legislation ranges from defining social isolation and identifying its dangers to policies creating programs to minimize or prevent isolation and loneliness among older adults. Current programs largely attempt to prevent the effects of social isolation by promoting socialization.

FEDERAL LEGISLATION

The Older Americans Act of 1965 was amended in 2020 to address social isolation and loneliness. The amendment seeks to identify whether social isolation is being adequately addressed under existing programs and assess the prevalence of social isolation in rural and urban areas, the negative public health effects, the role of preventive measures or services, and public awareness of social isolation. It will seek to identify whether existing programs are supporting local communities and involving diverse populations within those communities, providing outreach activities to screen older individuals, and including a focus on decreasing negative health effects associated with social isolation.²⁰

STATE LEGISLATION

State leaders are considering legislation to define social isolation and its dangers and implementing policies to prevent social isolation among aging populations.

NJ | SENATE BILLS 2712 AND 2785 (2020)

Population/Sector Targeted Older Adults

The New Jersey legislature passed, and Gov. Phil Murphy signed, a package of bills to reform the state's long-term care industry. The initiatives include a requirement that such facilities, as a condition of licensure, institute policies that prevent social isolation of residents.²¹

OH | HOUSE BILL 123 (2021)

Population/Sector Targeted School-Age Children

Through the Safety and Violence Education Students Act, the Ohio departments of Education and Mental Health and Addiction Services will maintain lists of approved training programs for social inclusion. This program looks to define social isolation and ways to promote social inclusion within the schools.²²

The Gravity Project

This project works to develop consensus-based data standards, to standardize terms and medical codes, and to facilitate better quality measurement and medical billing in hopes of improving how information on these issues is used and shared. The Washington, D.C.-based Coalition to End Social Isolation and Loneliness, which advised this project, is among the organizations supporting this national public collaborative.

Existing Policies, Programs, and Interventions in Social Isolation

A wide variety of programs and interventions have been created and implemented to serve unique population groups at risk of social isolation.

Population/Sector Targeted: Older Adults

Senior Reach — Program offered in Colorado, Michigan, and Montana communities that identifies older adults who may need emotional or physical support, and/or connection to community services.²³ These adults may be experiencing problematic mental and emotional states, personality and physical changes, poor health, social isolation, substance abuse, physical abuse, or neglect and risk factors for suicide.

Population/Sector Targeted: Middle School Children

Beyond Differences — Created to reduce social isolation in schools, particularly middle school. The organization includes national programs such as Know Your Classmates, No One Eats Alone, and Be Kind Online.²⁴

Population/Sector Targeted: Veterans

RESOLV: Recreation, Education, and Socialization for Older Learning Veterans — Program that connects U.S. veterans via telephone to avoid social isolation.²⁵

Population/Sector Targeted: Elementary School and Autistic Children

Social Skills Group Intervention (S.S. GRIN) — Implemented in small groups with children in grades 3-5 (8-12 years old) who have immature social skills, are being rejected or teased by peers, or are socially anxious with peers.²⁶ There also is a S.S. GRIN program for children and youth with Highly Functioning Autism.²⁷

Population/Sector Targeted: Adolescents

Youth-Nominated Support Team: Version II — Adolescents who have attempted or who have had serious thoughts of suicide nominate several “caring adults” to serve as support persons for them after hospitalization.²⁸



Future of Social Isolation Policy

Shaping the Post-Pandemic Future

Researchers predict sustained changes to the way we live, work, play, and age in the wake of the COVID-19 pandemic. Some believe that requires a new social contract between the public and those that provide services to them to prevent or mitigate the effects of social isolation. Public education campaigns can increase understanding of loneliness and its impact. Social infrastructure can be redesigned so it benefits individuals who may be experiencing isolation. Key institutions across health care, education, and business and industry could be called upon to implement routine practices that seek to ensure the connection of individuals to society and their communities.

The World Health Organization has advocated for a “Health in All Policies” approach that systematically takes into account the health implications of policy decisions.²⁹ Social isolation researchers suggest the need for a parallel “Social in All Policies” framework, recognizing the influence of all sectors of society including transportation, housing, employment, education, nutrition, and environment on social well-being.³⁰

NEXT FRONTIER OF SOCIAL ISOLATION POLICIES AND PROGRAMS

Support for ongoing research about social isolation and loneliness and their impacts will be important in developing more effective interventions, policies, and programs to address them. The 2020 National Academies report on social isolation and loneliness among older adults found a need to:

- Develop a more robust evidence base for effective assessment, prevention, and intervention strategies

- Translate current research into health care practices in order to reduce negative health impacts

- Improve awareness of the health and medical impacts across the health care workforce and among members of the public

- Strengthen ongoing education and training for the health care workforce

- Strengthen ties between the health care system and community-based networks and resources³⁴

Sector/ Stakeholder	Opportunity
Primary Care Providers	Primary care providers can screen patients for loneliness using tools like the UCLA Loneliness Scale ³¹ and the Accountable Health Communities Health-Related Social Needs Screening Tool, which is now used by some health systems and payers to link social isolation screening with referral to social and clinical support services. ³²
Schools	Schools can connect children and adults to one another and to resources that allow them to engage and interact in therapeutic and other settings.
Senior Centers	Senior centers can help older adults feel more connected by providing opportunities for them to talk with and mentor young people and scheduling musical performances and other cultural experiences.
Employers	Employers can ensure their employees have resources that support connection including regularly scheduled social opportunities in and out of the workplace setting. ³³

Social Isolation Policy Avenues for State Legislatures

While non-profit organizations and state executive branch agencies, particularly ones that deal with Medicaid, health care, education, and other relevant programs, play an important role in developing programs to address social isolation, state legislatures also can affect how it is addressed in a variety of ways across a variety of settings.

Policy	Description
Social-Emotional Learning in Schools	Social isolation and loneliness among young people can be assessed in the school setting using a social and emotional learning curriculum, such as the one offered by the aforementioned organization Beyond Differences. ³⁵ A number of states in recent years have enacted legislation to encourage the development of social and emotional learning in schools. Connecticut lawmakers, for example, approved a bill to create a collaborative tasked with developing an assessment tool for students in grades 3-12 to determine whether they are at risk of suicide. ³⁶ Other states created pilot programs to use social and emotional curricula in select school districts ³⁷ or task forces to develop curricula and assessment guidelines. ³⁸
Behavioral Health Interventions via Telehealth in Schools	The pandemic prompted many states to expand access to telehealth, including behavioral health services. But prior to the pandemic, one of the most promising avenues for expanding access to those services was through school-based health centers (SBHCs) as approximately 35% of adolescents reported receiving their mental health services in schools. ³⁹ Even with new telehealth options available, transitions to virtual learning likely created gaps in children's behavioral health care access during the pandemic. With most students likely to return to school for the fall 2021 semester, the opportunity exists for states to again support SBHCs and other central hubs to create a solution to provider shortages, broadband deficiencies and other issues, particularly in rural communities. ⁴⁰
Rural Population Strategies	For farmers in remote rural communities, isolation can be a fact of life. The Wisconsin Department of Agriculture, Trade and Consumer Protection created a program in 2019 that offers free mental health services to farmers and their families. The Farmers Wellness Program includes a 24-hour wellness hotline, tele-counseling sessions and vouchers for in-person visits with mental health providers. ⁴¹ Virtual support group sessions also are offered for farmers and farm couples. ⁴²
Teacher Education	Legislatures also have addressed teacher training to identify social isolation and other warning signs in students. Colorado created a grant program to assist schools in providing professional development around crisis and suicide prevention. ⁴³ Illinois lawmakers require professional development in social and emotional learning as part of professional educator license renewal. ⁴⁴ And Texas requires teacher certification programs to include training regarding student mental health. ⁴⁵

Policy	Description
Medical Education	A number of states in recent years have sought to address mental health provider shortages with greater support for graduate medical education programs producing new psychiatrists. New Jersey Gov. Phil Murphy's budget proposal this year included \$4 million for a psychiatric residency pipeline program to help address the shortage of psychiatrists in the state. The proposal would fund 10 new four-year psychiatric residency slots. ⁴⁶ The state of Washington requires those in many health professions to take a suicide prevention course at least once every six years as part of regular continuing medical education. ⁴⁷
Robotic Companion Pets	Interactive companion pets have become an important strategy in improving the quality of life for socially isolated individuals. States such as Alabama, Florida, ⁴⁸ and Michigan ⁴⁹ committed federal dollars from the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act to programs enabling the purchase and delivery of the robotic companions to socially isolated seniors, people with disabilities and caregivers. The pets can serve as an alternative to traditional pet therapy and can help provide a break to caregivers who are stressed from caring for a loved one. ⁵⁰



Instructive International Solutions

Key strategies from around the globe can be instructive when it comes to strengthening interventions to address the effects of social isolation and loneliness. Policymakers and practitioners can:



Tailor programs to specific groups and personalize referrals for social care activities that emphasize emotional support or shared interests



Identify ways to sustain programs over time that may receive initial seed funding through grants and other soft money sources



Embed social isolation interventions within existing community services that conduct regular check-ins on older adult populations such as Meals on Wheels⁵¹



Strengthen large-scale public education campaigns and coalitions for social isolation and loneliness that have proven successful. A decade ago in the United Kingdom, the Campaign to End Loneliness was created by a charitable organization focused on the well-being of older people with the goal of sharing research, evidence, and knowledge to connect individuals and communities across the country. An evaluation found that 84% of health officials targeted by the campaign had implemented written strategies for addressing loneliness⁵²



Conclusions

When it comes to addressing social isolation and loneliness across the life course, experts see a need for more evidence on the effectiveness of interventions, many of which are still relatively new. Supporting research, bolstering the evaluation of programs, and finding new ways to engage all demographics should be key priorities for those seeking to address the epidemic of social isolation and loneliness in this country. Policies that seek to improve the nation's mental and behavioral health services and provide additional services to students as they return to in-person school are the kinds of structural changes that may be necessary as a less isolated post-COVID future is built.

How This Study Was Conducted

The Council of State Governments (CSG) convened an advisory group of 19 members, including state legislators from eight states, state executive branch health officials from eight other states and five subject matter experts. Social isolation was discussed at two virtual meetings — an introductory session March 26, 2021, and a deeper dive discussion April 23, 2021.

Prior to the second meeting, the advisory group was presented with a summary compiled by CSG researchers bringing together academic research on social isolation along with scans of state policies, programs, and interventions in this area.

The authors drew upon the research summary, input from participants at the two meetings, and additional research in writing this brief.

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