

SOCIAL ISOLATION AND LONELINESS

The Impact of Social Isolation and Loneliness on Individuals and Communities

Introduction

Social isolation and loneliness are growing public health concerns as the nation navigates the ongoing COVID-19 pandemic. Research has shown that individuals who feel connected to their communities reap psychological and physiological benefits, and, conversely, social isolation and feelings of loneliness can have detrimental health impacts. Health and mobility restrictions experienced by older adults, changing population dynamics in rural communities, the need for social distancing measures related to the COVID-19 pandemic, and a lack of access to broadband and technology contribute to feelings of social isolation and loneliness. This explainer discusses these issues along with opportunities to address social isolation and loneliness at the individual and community levels.

What are Social Isolation and Loneliness?

Social isolation is defined by the Centers for Disease Control and Prevention as a lack of social connections which can lead to feelings of loneliness in some people.¹ Loneliness is defined as the subjective feeling of being alone irrespective of a person's amount of social contact. Experiencing social isolation may lead to feelings of loneliness, but some people feel lonely without being socially isolated.²

Figure 1: Social Isolation vs. Loneliness

- Social isolation: Lack of social connectedness which may lead to feelings of loneliness.
- Loneliness: A person's subjective feeling of being alone, regardless of their amount of social contact.

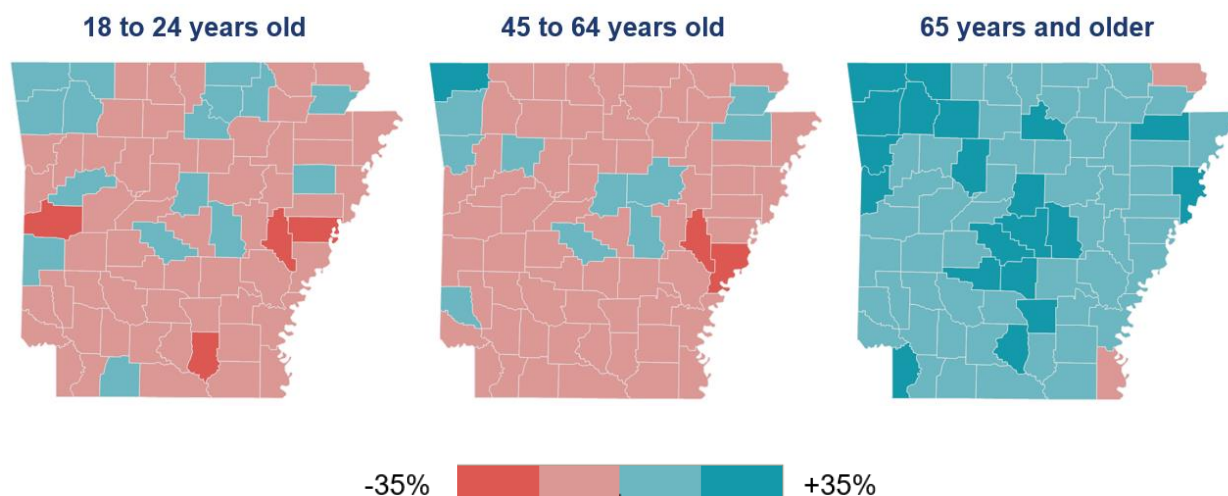


What Causes Social Isolation and Loneliness?

Social isolation and feelings of loneliness can result from many different causes or circumstances. Some examples include staying at home for long periods of time, lacking access to services or community involvement, or having little to no communication with friends and/or family members.³ Individuals living in rural areas may be at increased risk of experiencing social isolation since they are more likely to live farther away from other people and public spaces.

The age demographics of rural communities are shifting as more young adults move to urban areas and older adults remain in these communities. This shift has been observed in Arkansas, as shown in Figure 2. The number of young and middle-aged Arkansans residing in rural counties has decreased substantially, while more urban counties have seen an increase in these populations. Arkansans age 65 and older now represent the largest age group in the majority of the state's rural counties as a result of the out-migration of younger populations. Some research suggests that older adults are at increased risk of experiencing social isolation and loneliness, so this demographic shift may result in an increased prevalence of these factors among older adults in rural areas of the state.

FIGURE 2: PERCENTAGE CHANGE IN POPULATION IN ARKANSAS (BY COUNTY AND AGE), 2010–2017



How Prevalent are Social Isolation and Loneliness?

A recent Health Affairs brief highlights results from three national surveys conducted in 2018 by the Kaiser Family Foundation (KFF), AARP, and Cigna to gauge the prevalence of loneliness among Americans. The surveys estimated the prevalence of loneliness nationally to be 22%

(KFF), 35% (AARP), and 47% (Cigna), with variations likely resulting from differences in survey samples and methodologies.⁴

Social isolation research has traditionally focused on older adults who are considered to be at a higher risk of experiencing social isolation and feelings of loneliness. National survey data on adults 50 and older from the 2018 University of Michigan National Poll on Aging found that 34% of adults ages 50 to 80 reported feeling a lack of companionship, and 27% reported feeling isolated from others.⁵ Other research efforts have estimated that between 30% and 40% of older adults in the U.S. are lonely.⁶

There have also been efforts to more broadly capture the extent of social isolation and loneliness across different age groups. A 2018 national survey of approximately 20,000 adults by Cigna attempted to quantify the extent of loneliness among adults 18 and older. Survey developers created an index to derive a loneliness score for each respondent. The index ranged from 20 to 80, with a higher score indicating a higher degree of loneliness.

The survey found that almost half of respondents reported sometimes or always feeling alone (46%) or left out (47%). Approximately 20% of adults reported that they rarely or never felt close to people, and only 18% reported feeling there were people they could talk to.⁷ In contrast to other survey data and studies suggesting a higher risk of loneliness among older adults, the Cigna survey found that younger adults were more likely to report feeling lonely. Adults ages 18–22 had the highest loneliness score (average loneliness score of 48.3), while adults ages 72 and over reported being the least lonely (average loneliness score of 38.6).⁸

Feelings of loneliness in younger generations have often been attributed to heavy use of social media, but findings from the survey suggest that social media use alone is not a predictor of loneliness. The Cigna survey found that respondents who were considered heavy users of social media did not have loneliness scores very different from respondents who reported never using social media. Additionally, adults who live with others were less likely to be lonely (average loneliness score of 43.5) compared to people living alone (average loneliness score of 46.4), but this finding did not apply to single parents or guardians living with children, who are more likely to report feeling lonely.⁹

HEALTH RISKS ASSOCIATED WITH SOCIAL ISOLATION AND LONELINESS

Research has shown that individuals experiencing social isolation and loneliness are at higher risk for certain health conditions, including many chronic conditions.¹⁰ According to a 2018 KFF survey on loneliness and social isolation in different countries, 58% of people surveyed in the U.S. who reported feeling lonely also reported a negative impact on their mental health, and 55% reported a negative impact on their physical health.¹¹

Two recent studies found that social isolation was associated with a 50% increased risk of dementia.^{12,13} Additional research suggests that poor social relationships characterized by social isolation or loneliness were also associated with a 32% increased risk of stroke and a 29% increased risk of heart disease. Social isolation and loneliness are also associated with premature death, with a 2015 meta-analytic review of studies identifying a 29% to 32% increased likelihood of mortality attributed to these factors.¹⁴

The COVID-19 Pandemic & Social Isolation and Loneliness

The COVID-19 pandemic presents unique challenges in addressing social isolation and loneliness. While these issues were prevalent prior to the COVID-19 pandemic, there are increasing concerns that some of the public health efforts needed to mitigate the virus' spread may increase feelings of loneliness, including social distancing measures. Findings from a national survey of adults measuring symptoms of psychological distress and loneliness conducted in April 2020 provides insight on the impact of the pandemic on mental health.¹⁵

Researchers compared survey results from the April 2020 survey with national data from 2018, finding that 13.6% of adults reported symptoms of serious psychological distress compared to 3.9% in 2018. Psychological distress symptoms were highest among young adults ages 18 to 29. Researchers also looked at subgroups of respondents, finding that adults with household incomes less than \$35,000 per year reported the highest levels of psychological distress, as did Hispanic adults compared to respondents from other racial/ethnic groups. Additionally, 13.8% of those surveyed reported that they always or often felt lonely, compared to 11% of adults in 2018.

The University of Michigan National Poll on Healthy Aging surveyed older adults in June 2020 to gauge the impact of COVID-19 on that population.¹⁶ Of the respondents included in the sample, 56% reported feeling isolated from others, compared to 27% in 2018. Forty-eight percent of

respondents also said they felt more isolated than they did prior to the pandemic. Additionally, 46% of respondents reported infrequent contact with friends and family outside of their home, compared to 28% in 2018.

The pandemic has also highlighted inequities in the nation, including a lack of broadband access in many parts of the country. For older adults residing in rural areas, the inability to connect electronically with family members in light of social distancing recommendations is likely to contribute to social isolation and feelings of loneliness. Children without internet access at home are also unable to take advantage of virtual learning opportunities and must attend school in person, increasing the risk of bringing the virus into their homes. Moreover, if schools are forced to intermittently shift to virtual learning due to an outbreak, children without internet access are unable to participate and risk falling further behind in their education. Lack of internet access may be attributed to the service being cost-prohibitive for some families or unavailable for families residing in rural areas.

Opportunities to Address Social Isolation and Loneliness

Addressing social isolation and loneliness requires interventions at the individual and community levels. There are steps that individuals can take to reduce feelings of loneliness such as volunteering, engaging in civic activities, and spending time with friends and family members, although COVID-19 precautions must be considered. Finding appropriate work-life balance is also important. Those who report having a manageable workload at their job are less likely to report feeling lonely. Practicing healthy behaviors such as getting enough sleep and increasing physical activity can also help to mitigate feelings of loneliness and improve one's health.¹⁷

Communities also play a key role in addressing social isolation and loneliness. For example, communities may establish community centers or other programs that provide important opportunities for residents to connect with one another. Community centers offer a place for recreation and often serve many important needs, such as meal provision, tutoring for school-age children, and physical activity opportunities such as group exercise classes. The Batesville, Ark., community center offers a local example of a successful community center initiative. The center features an array of attractions to draw in community members of all ages, including basketball courts, a fitness center, meeting rooms, pools and outdoor activities, and rental

space for events. The community center has become an important meeting place for the city of Batesville, with its membership representing more than 75% of community members.¹⁸

Investment in Arkansas's broadband capacity has important implications in reducing social isolation and loneliness. The Arkansas State Broadband Plan is an effort to expand broadband access to population centers of 500 or more by 2022, and the Arkansas Rural Connect grant program includes \$25 million for broadband funding. The COVID-19 pandemic has accelerated efforts to expand broadband in the state, with \$100 million in federal pandemic funding allocated to support broadband. Approximately 20 localities have received funding to support their broadband initiatives.¹⁹

There are also opportunities to leverage technology and social engagement programs to reduce feelings of social isolation. For example, a pilot program at the University of Arkansas for Medical Sciences (UAMS) called Geriatric Buddy sets up virtual visits for older adults residing in nursing homes or by themselves. The program utilizes virtual meeting platforms (or phone calls if needed) to connect medical residents, fellows, and third- and fourth-year students from several UAMS colleges with older adults. During the visits, the program participants have informal conversations and engage in activities like puzzles and board games. Importantly, the visits also provide an opportunity to help identify and address issues that the older adults may be experiencing, such as food insecurity.²⁰

Conclusion

The COVID-19 pandemic has elevated concerns about social isolation and loneliness while exposing the impact of inequities that existed prior to the outbreak. Required social distancing to mitigate virus spread has affected routine social interaction for all of us, but older adults, particularly those with mobility concerns or living in rural areas away from family members, continue to experience high levels of social isolation. Surveys also show that young adults are increasingly experiencing social isolation and reporting feelings of loneliness resulting in psychological distress. Recent investments in broadband and access to technological platforms to connect individuals and communities remotely are promising, but we should enhance support of opportunities to engage with their social support networks, including support of community centers and other important community-engagement programs, and continue to raise awareness of social isolation and loneliness as key drivers of poor mental and physical health outcomes.

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⁴ Holt-Lunstad, J. (June 22, 2020). Social Isolation and Health. *Health Affairs*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hpb20200622.253235/full#:~:text=Prevalence%20And%20Risk%20Factors,%2C%20and%2047%20percent%2C%20respectively.>

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⁸ Cigna. 2018 Cigna U.S. Loneliness Index.

⁹ Cigna. 2018 Cigna U.S. Loneliness Index.

¹⁰ CDC. Loneliness and Social Isolation Linked to Serious Health Conditions.

¹¹ DiJulio, D., Hamel, L., Munana, C., & Broadie, M. (August 2018). Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. Retrieved from <http://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey>.

¹² Kuiper, J.S., et al. Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Res Rev*. 2015 Jul;22:39-57. doi: 10.1016/j.arr.2015.04.006. Epub 2015 May 5. PMID: 25956016.

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¹⁴ Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*. 2015;10(2):227-237. doi:10.1177/1745691614568352.

¹⁵ McGinty, E.E., Presskreischer, R., Han, H., & Barry, C.L. Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020. *JAMA*. 2020;324(1):93-94. doi:10.1001/jama.2020.9740.

¹⁶ University of Michigan National Poll on Healthy Aging. (September 2020.) Loneliness Among Older Adults Before and During the COVID-19 Pandemic. Retrieved from <https://www.healthyagingpoll.org/report/loneliness-among-older-adults-and-during-covid-19-pandemic>.

¹⁷ Cigna. 2018 Cigna U.S. Loneliness Index.

¹⁸ Arkansas Center for Health Improvement. (March 6, 2019). Healthy Active Arkansas Case Study: City of Batesville. Retrieved from <https://achi.net/library/healthy-active-arkansas-city-of-batesville/>.

¹⁹ Talk Business & Politics. (September 4, 2020). Rural broadband grant program to allow more companies to participate. Retrieved from <https://talkbusiness.net/2020/09/rural-broadband-grant-program-to-allow-more-companies-to-participate/>.

²⁰ American Hospital Association. (November 11, 2020). Geriatric Buddy Program Eases Social Isolation During COVID-19. Retrieved from <https://www.aha.org/other-resources/2020-11-11-geriatric-buddy-program-eases-social-isolation-during-covid-19>