



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, and the policies, process and politics that shape them.

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Isolation and Loneliness Amid the Pandemic | Feb. 15, 2021 | OAS Episode 122

Ed: Hello and welcome to “Our American States,” a podcast from the National Conference of State Legislatures. This podcast is all about legislatures: the people in them, the policies, process and politics that shape them. I’m your host, Ed Smith.

“Social isolation and loneliness can affect anyone at any age, but the prevalence rates do tend to be higher in some groups than others. One of the perhaps more surprising figures is that younger adults may have the highest prevalence rate.”

That was Dr. Julianne Holt-Lunstad, a professor of psychology at Brigham Young University in Utah and a guest on the podcast. Our focus is social isolation, a topic most of us have first-hand experience with after a year of a pandemic has left us unable to spend time with family and friends.

Holt-Lunstad, who has studied the topic for decades, says the ill effects of isolation are not just in our mental health, but can also affect our physical health just as much as cigarette smoking or obesity. She discussed groups in society most at risk for social isolation and how public policy can help address the problem.

My second guest is Lori Gerhard, director of the Office of Interagency Innovation at the U.S. Administration for Community Living, which is part of the U.S. Department of Health and Human Services. Gerhard discusses how social isolation affects older Americans and how policies at the federal and state level can help them with these challenges.

Let’s start with Dr. Holt-Lunstad. Welcome to the podcast.

Dr. HL: Thank you. I’m happy to be here.

Time Marker (TM): 01:54

Ed: Well, thanks for taking the time to do this. This is a subject which we've all become very familiar with, social isolation during this pandemic. But social isolation is not a new phenomenon, so why has the pandemic heightened concerns about it?

Dr. HL: There are probably a number of reasons, but I think one of the key issues is that for some time perhaps there has been the perception that social isolation and loneliness only apply to a very small percentage of the population. Now, during the pandemic, with various restrictions in place and precautions that are meant to reduce the spread of the virus, it has us all experiencing some degree of isolation and just having to limit our social contact. So, I think it's really raised awareness of either concerns for ourselves or for those we care for.

TM: 02:58

Ed: Now, you've written quite extensively about the connection between social isolation and health, and in reading some of that material, I was surprised at how much of a connection there was. Can you talk some more about that?

Dr. HL: I've been working on this research now for almost two decades and, of course, I'm not the first one to ever study this issue and I'm not the only one. Over the decades we have accumulated quite a bit of research evidence that shows that there are significant effects not only on emotional wellbeing and mental health, but also on our physical health, cognitive health, and even risk for premature mortality.

TM: 03:40

Ed: Now, are there some groups that are more affected by social isolation than others?

Dr. HL: When we look at the prevalence rates, it's clear that social isolation and loneliness can affect anyone at any age. It cuts across various demographics. But the prevalence rates do tend to be higher in some groups than others.

One of the perhaps more surprising figures, because I think for some time there has been such a focus and attention on older adults, but what some recent research suggests is that younger adults may have the highest prevalence rates. Depending on the survey, this would be either 18 to 24 or 18 to 28, but generally that younger adult age group.

TM: 04:31

Ed: I think that would be surprising to a lot of us. I would agree that it would seem like seniors would be the ones that would first come to mind.

So, given that it's not just older people, what's the biggest challenge in addressing social isolation, whether it's during this terrible pandemic or once it's over?

Dr. HL: I think the biggest challenge is we know that social isolation and loneliness may stem from a variety of different underlying causes. For instance, research suggests that major life transitions, of course a global pandemic, can potentially trigger that, but health issues can potentially put people at risk, mobility issues, sensory impairments.

There are a number of factors that may potentially put people at increased risk. How we solve for that and help reduce it may need to really be tailored to those underlying... what caused it in the first place. How you address it among young adults who are living on their own for the first time and separated from their social network might be very different than someone who has untreated hearing loss.

So, we have to be really careful about recognizing just how complex this is. It's not surprising that a one-size-fits-all approach may not be effective for all, and we really do need to be responsive to the needs of the individual.

TM: 06:17

Ed: Can you point out some interesting or innovative interventions that have developed to address social isolation?

Dr. HL: We know that there is a variety of underlying causes of social isolation and loneliness. That's why the National Academy of Science in their consensus report recommended tailored approaches. These recommendations also went beyond that to suggest that a national resource, a centralized resource be established to share best practices.

Importantly, the Administration for Community Living is currently working towards such an effort. They have published a Mental Health Innovation Challenge, and mental is an acronym for mobilizing and empowering the nation and technology to address social isolation and loneliness.

In essence, this is seeking solutions to match people to resources for staying connected and engaged, and it is the hope to in essence be able to provide effective solutions for individuals more broadly.

TM: 07:33

Ed: Now, I think you know that most of the people in our audience are state policymakers, whether they're legislators or executive branch, as well as state legislative staff. And I know that you have talked about social isolation concerns not being kind of a secondary or tertiary part of public policy.

So, what advice would you give these state policymakers who want to combat social isolation, help people be more connected?

Dr. HL: First I would say that we have very good evidence to support prioritizing social connection and reducing isolation and loneliness. I recently served on a National Academy of Science expert consensus study that issued a report in 2020 that is related to this topic, and summarized the evidence base for recommendations and made several recommendations.

So, first off, I would point to the fact that we have very strong evidence of the health effects, and these health effects rival that of other kinds of factors that we take very seriously, give lots of attention and resources to, factors such as obesity, physical activity, air pollution. The effects

rival that. So, we need to absolutely take this issue seriously. I guess the big question then is: What are some more specific recommendations?

One of the areas that I have written about is the World Health Organization has a framework of health in all policy. What I've argued is that we also need to take a similar approach of social in all policy. The policies that are in place and that we consider have potential social implications, and I think the pandemic has made it very clear how it has affected every sector of our lives from travel to how we engage in employment, education, healthcare. It really cuts across sectors.

And what this suggests is that policy across these sectors has the potential to either enhance or deter from social contact, which has direct implications on isolation, loneliness, and direct implications on public health. So, we absolutely need to take these policies seriously for the health of our nation.

TM: 10:12

Ed: Well now, before we wrap up, is there anything else you'd like to share with our listeners?

Dr. HL: The one thing that of course we need to take into consideration is that relationship quality also matters. So, not only is it important that we have people in our lives and, of course, there are many important functions that others serve in our lives, but that really the protective effects are associated with positive, supportive relationships and that negativity in relationships may actually be detrimental.

And that we cannot ignore conflict, strain, abuse and neglect because those negative aspects of relationships can also potentially put individuals at risk.

Ed: Well, Dr. Holt-Lunstad, thanks so much for sharing your expertise on this very important topic, and please stay safe. I'll be right back after this with Lori Gerhard.

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Ed: I'm back to talk with Lori Gerhard with the U.S. Administration for Community Living. Lori, welcome to the podcast.

Lori: Thank you, Ed. It's great to be here.

TM: 11:53

Ed: So, earlier on the podcast, I spoke with Dr. Julianne Holt-Lunstad about how social isolation is affecting our communities during the pandemic. Why is this issue of social isolation particularly relevant to older adults?

Lori: That's a great question. People of all ages experience social isolation and/or loneliness, but for a lot of reasons it's a particular problem for older adults and people with disabilities. And, of course, because of their increased risks of COVID-19, older adults and people with disabilities have had to be particularly careful about physical distancing, which has only made it more challenging.

Nearly 25% of Americans aged 65 and over are considered to be socially isolated, the objective state of having few social relationships or infrequent social contact with others, while 43% of those 60 and over report feeling lonely. Harmful health outcomes have been associated with isolation and loneliness including premature mortality, a higher risk for developing dementia, heart failure and stroke, and increased risks of hospitalization.

According to an AARP study, analysis of Medicare spending has revealed an additional 6.7 billion dollars is spent annually on enrollees who are socially isolated. As human beings, we're grounded in social connections. It's a key element for thriving and growth.

A survey conducted by the AARP Foundation and United Health Foundation in August of 2020 found that the widespread impact of COVID-19 and physical distancing measures used to prevent infection are intensifying existing feelings of loneliness and, in some cases, the impact is more pronounced in older adults, particularly among women and those who are low income.

More than half of adults 50 and older reported social isolation during the pandemic. Respondents most often reported feeling frustrated, stress, anxiety, isolation, tiredness, and sadness. And among participants 50 and older, women were more likely to report that they've felt these negative emotions since the start of the coronavirus crisis. Low-income adults and high-income respondents 50 plus also reported feeling more stress than middle-income adults.

The latest data from the National Social Life Health and Aging Project conducted by the Social Research Organization, NORC, at the University of Chicago, found through an interview with 1,284 respondents aged 55 to 99, and this survey was conducted in September and October of 2020, that about one in five older adults have had no in-person contact with friends living outside the household during the pandemic. And another 48% report less than weekly in-person contact with friends.

However, most older adults report at least weekly contact with friends via messages like email, text or social media, or phone calls. Forty-one percent of older adults have used video calls at some point during the pandemic to communicate with friends outside the household. In all, 79% of older adults are using at least one technology means of communication to contact friends once a week or more, whether via phone calls, messages or video calls.

This finding is very important because it's great to learn that people are using technology means of communication. But everyone does not have access to broadband or Internet services, or even technology devices. We will need to continue to find ways to increase access to broadband and technology and increase training and education on how to use the technology to engage in visits with family and friends, faith-based activities, virtual programs, order groceries and supplies, and engage in telemedicine visits and other activities.

TM: 16.023

Ed: So, it sounds as though technology can certainly help some folks, but are there some other unique challenges that older people face in combatting social isolation?

Lori: Absolutely. As older adults age, they lose friends and family members. My grandfather used to say: It's hard getting old because all the people that you've shared your life experiences with are dying. You can share your experiences with others, but it's just not the same as sharing your experiences with those that lived through them with you. Life can get lonely.

Approximately 31% of older adults report lacking companionship, and about 24% report feeling left out. When older adults experience declining health, they can lose functionality, making it difficult to engage in routine activities like grocery shopping, going to church and attending and participating in social events.

Hearing loss can actually be a big issue. It makes it difficult for people to interact with others the way they used to, and that often causes embarrassment, which leads people to withdraw. Fear of falling causes a lot of people to want to stick close to home.

Technology has of course made it easier for us to stay connected to others, but many older adults either don't have access or don't think they can learn to use the technology which, by the way as you've heard earlier, is absolutely not the case. In fact, one thing that is very effective is getting technology into the hands of older adults and showing them how to use it.

The pandemic has compounded these issues because older adults are in the high-risk category and are safest by practicing physical distancing and limiting their exposure to others. Older adults residing in nursing homes and other group settings have had to stay in their rooms to reduce the risk of exposure to COVID-19, and family and friends were unable to visit. This just compounds the social isolation and loneliness feelings that many are experiencing.

TM: 18:01

Ed: Well, I know that I have a mother-in-law who is 99 years old and still lives on her own, so these challenges that you're mentioning are something that I'm quite familiar with.

I'm wondering if there are some groups within the older adult community that are disproportionately affected by loneliness.

Lori: Ed, that's a great question and that's awesome that you have a mother-in-law that's 99 years old. We're hoping that she gets to celebrate that 100-year-old birthday.

There are communities of color that are disproportionately affected by loneliness: those with low incomes, those in congregate settings like nursing facilities, assisted living facilities and group homes. These are some of the groups that are really impacted by loneliness and social isolation.

TM: 18:48

Ed: As you know, state lawmakers are a big part of our audience, and I'm wondering what your key message would be for state policymakers who want to address the social isolation among older adults. And are there any state examples you'd highlight that have been particularly successful?

Lori: That's a great question, Ed. State policymakers are well-positioned to address social isolation among older adults. It has to be a priority. Too often, the socialization and engaging components of human service programs are considered nice to have, as opposed to core services that have a direct impact on health and healthcare costs at both the state level and the federal levels.

Second, addressing social isolation and loneliness is built into our existing programs. That's a model that works and it can be expanded. For example, in New York, the director of the State Office for Aging incorporated addressing social isolation into the delivery of the Older Americans' Act funded programs.

First, they screened all of their clients for their risk of social isolation. Volunteers delivered meals, checked in on older adults when delivering their meals, telephone reassurance programs were provided, and transportation drivers picked up and delivered groceries and supplies and prescriptions.

More than 4,500 anatomical pets were provided to older adults that were experiencing social isolation. There's a growing body of evidence on the impact pets have on improving people's health, reducing isolation and reducing pain. New York is capitalizing on technology usage with virtual programs and services, launching a virtual senior center model for 20 counties, bringing the arts and culture to older adults using professional artists and much more.

It must be noted that access to technology and the ability to use it and afford it differs, so combatting isolation is not a one-size-fits-all approach. We will need to be using traditional methods coupled with new and emerging technologies.

Ed, the third thing states can do is to really emphasize the point that partnerships are a foundational element. So, for instance, in Connecticut, the Cares Act Stay Connected Program is a collaborative effort lead by their No Wrong Door system, which helps people in need of long-term services and supports enroll in and get the services that they choose and the place they want to live.

The Stay Connected program utilizes Professor Nicholas R. Nicholson's six-question social isolation scale to identify older adults and individuals with disabilities who are socially isolated or at risk of social isolation. Based on survey results, an individual is referred for an assistive technology consultation and services provided by the Connecticut Tech Not Act program and AT partners.

No Wrong Door systems in states are helping people get connected to social engagement programs and technologies, and state policymakers can help support those No Wrong Door systems.

The Stay Connected program has completed 21 surveys on individuals 30 days after receiving training on the technology and the results are showing improved social isolation scores, regular

daily use of the technology, and individuals report it has improved their quality of life. However, Internet access continues to be challenging.

Fourth, we can increase access to technology devices and training on how to use the devices and greater awareness of and use of accessibility features. For example, through Project Vital in Florida, easy-to-use tablets were provided to residents in nursing homes to enable them to engage with family and friends that were unable to visit.

Project Vital is sustainable beyond the pandemic because long-term care residents are still lonely in between visits, and the availability of games, TV, movies, books, music, virtual travel, spiritual resources on the tablets mitigates that loneliness. The virtual technology platform is secure, protecting the residents from exploitation. Florida is now looking at introducing tablets into people's homes.

Many of these examples I've just shared are dependent on people having access to technology, Internet services and the knowledge to use the technology, which means we need greater digital inclusion. And that's where states can help. We need to increase access to Internet and broadband for rural and frontier areas and also for those who are unable to afford Internet services.

We need to explore strategies to more rapidly enroll people who are eligible for the lifeline program, and we need to think about how we build access to broadband, acquisition of technology devices and training in the programs we fund and provide.

In January 2021, CMS published a rule to increase access to innovative technologies, and the Federal Communications Commission published a request for input on providing broadband access to low-income households. States have opportunities to implement policies and more fully implement digital inclusion programs.

TM: 23:58

Ed: It certainly is a theme that technology and access to technology has become a focus during the pandemic and that we need to do better. Thanks for those state examples. Can you talk a little bit about how the Administration for Community Living is looking to address this issue and what sort of programs and resources you have available?

Lori: Thanks, Ed, for that question. That's a really great question because we've been very active. In fact, we are working with our federal partners, national organizations, the aging and disability networks, states, local communities, and the technology industry to grow awareness of the prevalence of social isolation and loneliness and the actions we can take to connect and engage those at risk of social isolation and loneliness.

We fund the Engaged National Resource Center for Older Adults that is lead by the National Association of Area Agencies on Aging, also known as N4A. It's a national effort to increase social engagement among older adults through a variety of activities. Engaged identifies and disseminates information about emerging trends, resources and replication strategies that the Aging Network can customize for use in their communities.

Last year, over 2,500 people attended the social isolation virtual summit. We provided webinars, virtual summits and presentations to increase awareness of technology and programs that address social isolation.

As I mentioned earlier, the Aging and Disability Network did a heroic job of finding ways to continue to help people to connect others and engage in the community even during physical distancing. Very early in the pandemic, however, it became clear that a coordinated national approach also was needed to support these efforts.

In response, we pulled together partners from across federal government, the Aging and Disability Network, national organizations, philanthropy and industry to tackle the challenge of combatting social isolation during COVID-19 and beyond. Together we have created the Commit to Connect campaign, a national public/private partnership that is developing an online consumer-focused tool that matches people who are socially isolated to customize suggestions for resources that can help them connect and engage.

In fact, we just wrapped up a prize competition we launched to kickstart that work. We announced the winners of the challenge at CES 2021 in January. The winners are No Wrong Door Virginia and United Way Worldwide. Visit the [acl.gov/committoconnect](https://www.acl.gov/committoconnect) website to learn more about these solutions.

The partnership is also building a nationwide network of champions to collaborate on solutions and help us reach more people. We're looking to find leaders and organizations at the state level that can increase awareness and access to broadband, social engagement programs and technology through policy, legislation and investments, and we're also looking for leaders in organizations at the community level that increase awareness of social isolation and help connect their neighbors and people in their communities to social engagement programs and technologies.

And we're seeking more leaders in organizations, companies and foundations at the national level, establishing critical partnerships in communities and across all levels of government, sharing successful initiatives that can be implemented in communities across the country, and much more.

We've contracted with the AARP Foundation to establish a coordinating center to help all of these initiatives move forward. And through the coordinating center the partnership will work with No Wrong Door Virginia and United Way Worldwide to launch the initial version of the online tool to help older adults and people with disabilities find access and resources that they need to connect with others and engage in the community.

We've got a lot going on and we have many more things to come. We're just getting started. Thanks so much, Ed, for this opportunity to talk with you and with state policymakers, and together we'll be able to address social isolation and help others live full lives. Have a great day.

Ed: Lori, thank you for your time and perspective, and you stay safe.

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Ed: And that concludes this edition of our podcast. We encourage you to review and rate our episodes on iTunes, Google Play or Spotify. You may also go to Google Play, iTunes or Spotify to have these episodes downloaded directly to your mobile device when a new episode is ready. For the National Conference of State Legislatures, this is Ed Smith. Thanks for listening and being part of “Our American States.”