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SOCIAL ISOLATION AND LONELINESS

*Impacts on Health
and Approaches to Prevention
for the Fairfax Community*



*The Partnership for a Healthier Fairfax
Behavioral Health Team*



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EXECUTIVE SUMMARY

Social isolation and loneliness (SIL) is a fairly common experience for people of all ages. Over the last few years, research has clarified that SIL can have dramatic effects on physical and behavioral health. We have also identified who is typically at the greatest risk for experiencing SIL. People with physical and/or mental health issues, people who lack social supports, people experiencing transitions in their lives, and members of marginalized groups such as recent immigrants and LGBTQ people are all more likely to experience SIL than their peers.

But practice, as it relates to prevention and intervention, is just beginning to catch up and figure out what works. While the research community is still working to develop evidence, a number of strategies – programmatic, structural, and environmental – are likely to be effective at addressing SIL.

A thorough review has resulted in 14 recommendations for our community, including three that apply to all sectors:

1. Make prevention of SIL (or the promotion of social engagement and inclusion) a key outcome of programs and services, or part of your organization’s stated mission.
2. Adopt organizational standards for inclusion.
3. Ensure programs and services provide adequate language access and are culturally relevant for diverse populations.

DEFINING SOCIAL ISOLATION AND LONELINESS

How are Social Isolation and Loneliness Related?

Although the terms “social isolation” and “loneliness” are often used interchangeably, there are important differences between them. *Social isolation* is a lack of social connections or social contact with others. *Loneliness* is the feeling of being lonely or alone, regardless of social contact. Together, they are commonly identified in social science research as SIL.

While the components of SIL may overlap, not everyone who lacks social contact is lonely, and not everyone who is lonely lacks social contact. It is important to consider not only whether an individual has social connections, but also the type, amount, and quality of perceived support they receive from those connections.

In this report, we refer to SIL as a single, or combined, issue. We do this for three reasons. First, much of the research, practical, and popular literature combines or conflates the terms already. Attempting to disentangle them would likely only serve to confuse the reader. Second, many of the risk factors and interventions for social isolation and for loneliness are similar, so referring to them as a single issue can make for easier reading and understanding. And third, most people who struggle with SIL define themselves as lonely, regardless of how an academic or practitioner may define the issue. It is important to acknowledge that lived experience.

Research suggests that SIL is fairly common.

- **About one in four older adults may be socially isolated due to living alone or lacking social contacts.** Approximately 28% of older Americans live alone.¹ The National Health and Aging Trends Study found that 24% of community-dwelling adults aged 65 and older in the United States were socially isolated, and 4% were severely socially isolated.²
- **Although much research has focused on SIL and older adults, there is evidence that SIL is not limited to the elderly.**
 - Analysis of data from the National Social Life, Health, and Aging Project found that 19% of adults aged 62–91 report frequent loneliness (with an additional 29% reporting occasional loneliness).³
 - An AARP Foundation survey found that 35% of adults aged 45 and older in the United States report feeling lonely.⁴ A Kaiser Family Foundation survey found that loneliness was persistent for more than one in five adults: 22% of adults over 18 years old said they *often or always* “feel lonely, lack companionship, feel left out, or feel isolated from others.”⁵
 - Young people may be even more at risk than older adults. A 2020 Cigna survey found that those younger than 50 are more likely to report loneliness than those age 50 and older: 79% of Generation Z (18–22 years old) and 71% of millennials (23–37 years old) are lonely, versus 50% of boomers (52–71).⁶

- **Economic factors may increase the likelihood of SIL.** Adults 45 and older who have income of less than \$25,000 per year are particularly vulnerable, with nearly 50% reporting being lonely.⁷

Data from other studies suggest that adults may have few opportunities for social contact, putting them at risk for SIL. For example:

- The majority of American adults do not participate in any kind of formal social group.⁸
- Less than half of adults participate in a religious group.⁹
- Less than a quarter of adults participate in a social club, community group, sports league, or other local group.¹⁰
- Only 25% of adults volunteer.¹¹
- A study by the Pew Research Center examined how much time people spend by themselves during their waking hours. Americans ages 60 and older are alone for about seven hours a day. Among those who live by themselves, the time spent alone rises to over ten hours a day. In comparison, people in their 40s and 50s spend nearly five hours alone, and those younger than 40 spend an average of three and a half hours a day alone.¹²

How Has the Pandemic Affected SIL?

In August 2020, the AARP Foundation and United Health Foundation conducted an online survey of 2,010 adults ages 18 and older living in the United States. The study examined the impact of the pandemic, experiences of social isolation during the pandemic, and knowledge of how social isolation affects health. The findings suggest that the pandemic has increased SIL.¹³

- **The impact is widespread.** Two in three respondents reported experiencing social isolation during the pandemic, and 66% agreed that the pandemic has caused their anxiety level to increase.
- **Mental health symptoms are common.** Among adults who reported experiencing social isolation, 50% reported that it resulted in a lack of motivation, and 37% reported that it has made them feel depressed.
- **People aren't seeking help.** Despite the profound impact of the pandemic, only 11% of adults sought help from a medical professional, and nearly a third of adults over 50 reported that they did not look to anyone for support during 2020.
- **Women may be more at risk than men.** Among those over 50 years old, 29% of women report going as long as one to three months without interacting with others outside their home or workplace. Since the pandemic began, women over 50 are more than twice as likely to report feeling overwhelmed (32% vs. 15% of men 50+), and more women than men report feeling anxious (46% vs. 36% of men 50+) and stressed (50% vs. 40% of men 50+).
- **Low-income adults are struggling.** The impact on low-income older adults (i.e., those who are 50 or older and have a household income less than \$40,000) is greater compared to older adults with high incomes (i.e., over 50 with a household income of

\$75,000 or more). Forty percent of low-income adults over 50 reported challenges accessing resources, including food and health care.

- **Young people are suffering too.** Among young adults ages 18 to 34, 58% said they felt stressed, 54% felt anxious, and 48% felt isolated. Nearly 80% said the pandemic has made it more difficult for them to connect with friends.
- **Despite experiencing challenges, young people aren't seeking help.** Among respondents 18–34 years old, 38% said they considered reaching out for professional help during the pandemic but did not know where to start, compared to 8% of adults over 50 who reported a similar experience. Fifty-seven percent said they had lost touch with many people since the pandemic began, and 56% said they find it difficult to talk to others about how disconnected they feel.
- **Health care providers aren't asking about social isolation.** Regardless of income level, only about one in 10 adults aged 50 and older reported that their doctor has asked them about social isolation during a recent visit.

How Does SIL Impact Health?

A large body of research has demonstrated that SIL increases the risk of premature death as well as physical and mental illness. Studies support both behavioral health factors (e.g., sleep, routine medical screenings, physical activity) and biological mechanisms (e.g., blood pressure, levels of inflammation) to explain the relationship between SIL and these outcomes.¹⁴

Premature Death

- A meta-analysis of 148 studies examined data from more than 300,000 participants and found that having a stronger social connection was associated with 50% greater odds of survival. The findings were consistent across age, gender, cause of death, and country of origin and have been replicated by subsequent prospective studies.¹⁵
- There is growing evidence that as a factor in increased risk of death, SIL is similar to risk factors like smoking, obesity, and physical inactivity.¹⁶
- The Fairfax County Youth Suicide Review Team identified SIL as a key risk factor for teen death by suicide, as it was evident in at least one-third of cases reviewed by the team.¹⁷

Physical and Mental Health Outcomes

- SIL was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.¹⁸
- A 2015 meta-analysis found that social isolation was associated with about a 50% increased risk of dementia.¹⁹
- A number of studies have shown that social support, social isolation, and loneliness are strongly linked to depression and anxiety.²⁰
- Evidence suggests an association between loneliness and increased use of inpatient care, more visits to health care providers, more re-hospitalizations, and longer length of stays.²¹

Taken together, these studies point to the importance of treating social isolation and loneliness as a public health issue. This includes continuing to explore the causes and impacts of SIL in various segments of our population, and developing and implementing evidence-based strategies to increase social connection and decrease loneliness.

WHO IS AT RISK FOR SIL?

Research suggests that some people are more likely to experience SIL. A variety of factors increase this risk. Some are internal to the individual (e.g., mental health, physical limitations), and others are external (e.g., support from family and friends). Understanding who is most at risk can help inform selection and implementation of strategies to decrease SIL and its effects.

Following are six risk factors for social isolation and loneliness:

Physical Health

- Common chronic diseases and health conditions, including heart disease and stroke, increase risk for SIL.²²
- The relationship between physical health and SIL is often bi-directional, meaning that being socially isolated or lonely can adversely affect health, and the resulting health conditions can increase the likelihood of experiencing SIL.²³
- Geriatric syndromes and impairments (e.g., falls, sensory impairment, malnutrition, osteoporosis) may increase SIL, either because of physical limitations (e.g., difficulty in walking) or the embarrassment and stigma associated with, for example, incontinence or hearing loss.²⁴

Mental Health

- Research suggests that psychiatric disorders—including major depression, generalized anxiety disorder, and social anxiety disorder—can increase the risk of loneliness among middle-aged and older adults.^{25,26,27} In turn, loneliness can increase social isolation, which is associated with higher rate of depression and anxiety over time.^{28,29,30}
- Changes in social function (e.g., memory, reasoning, language skills) and social withdrawal are features of dementia that may increase the risk of SIL among both those experiencing dementia and their caregivers.³¹

Social Support

- Supportive relationships can decrease feelings of loneliness, while unsupportive relationships may be associated with increased feelings of loneliness.^{32,33}
- Adults who never married or who are divorced or separated tend to be lonelier than those who are married, but happiness within a marriage also affects feelings of loneliness. Forty-eight percent of adults who are very or somewhat unsatisfied with their spouse report being lonely, compared with 26% percent who are very or somewhat satisfied with their partner.³⁴

Life Changes and Environmental Factors

- The death of a spouse is associated with increased feelings of loneliness and can lead to symptoms of depression.³⁵
- Relocating later in life can affect SIL. Among people 45 and older who have lived at their current address for 20 years, 32% report being lonely, compared to 40% of adults who have relocated in the past 10 years.³⁶

- Retirement can have an effect on SIL. For some, retirement can cause loss of identity associated with one's job, while for others it can mean more time with loved ones and new opportunities to pursue personal interests.³⁷
- Several studies have found that adults who are unable to drive (e.g., due to physical health, cognitive function, or insecurity about driving skills) may be at increased risk of SIL.^{38, 39,40} The effects may be particularly pronounced for adults who live in areas where there are few other transportation options.^{41,42}
- Feeling safe in one's home and community matters. Research suggests that prior direct or indirect exposure to community violence can increase SIL.⁴³

Recent Immigration

- Some studies have found that Latino immigrants have fewer social ties than Latinos born in the U.S.^{44,45,46}
- For first-generation immigrants, stressors that can increase social isolation include language barriers, differences in community norms, and changes in family dynamics.^{47,48}

LGBTQ Identity

- One study found that midlife and older adults who identify as LGBTQ are more likely to be lonely (49%) compared to those who identify as heterosexual (35%).⁴⁹
- LGBTQ youth may face special challenges related to lack of social support, lack of contact with the LGBTQ community, social withdrawal, and victimization.⁵⁰ Fear of talking about sexuality with family members may lead to feelings of emotional isolation, while lack of access to information and role models may lead to cognitive isolation.⁵¹
- Limited access to health care may increase risks associated with SIL. A national survey of nearly 5,000 lesbian, gay, bisexual, and transgender individuals showed: 1) 70% of transgender or gender non-conforming and 56% of lesbian, gay, or bisexual (LGB) patients have experienced discrimination in health care; 2) 73% of transgender respondents and 29% of LGB believed they would be treated differently by medical providers because of their LGBT identity; and 3) 52% of transgender respondents and 9% of LGB respondents believed they would be refused medical services because of their LGBT identity.⁵²

Note: Being an immigrant or being LGBTQ are not the risk factors themselves. Immigrants and LGBTQ people are at higher risk because of societal stigmas and structural barriers that can make it more difficult for them to engage.

WAYS TO ADDRESS SIL

While research on the effects of SIL is sound, there are few studies demonstrating effective strategies to reduce or prevent it. Studies have been limited by the lack of a theoretical framework, small sample sizes, minimal follow up, and lack of comparison groups.

Much of the research published to date has focused on four specific populations: 1) older adults, 2) people with specific health issues or conditions (e.g., heart disease), 3) vulnerable groups (e.g., people who have experienced the death of a spouse), and 4) those with setting-specific risk factors (e.g., institutionalized individuals).⁵³ Individual, group, and community-level interventions have been examined.

While there isn't yet clear and convincing evidence about effective intervention and prevention strategies, there is some research to suggest that effective interventions should have key characteristics. These include being grounded in theory, actively involving participants in both design and implementation, adapting to local contexts, and involving activities that allow participants to feel productive and engaged.⁵⁴ Whenever possible, it is important to target the issue underlying SIL (e.g., hearing or other sensory loss, lack of transportation).

Strategies to address SIL can be divided into three primary types: **programs** designed to promote engagement and interaction, or to address the risk factors and underlying causes of SIL; **structural approaches** aimed at promoting engagement and interaction through policy, organizational, and systemic change; and **environmental approaches** that facilitate engagement through natural and built environments.

A Note About Technology: Technology is often cited as a cause of SIL. Consider the image of an individual remaining at home, spending all their time playing video games or scrolling through social media posts. Technology undeniably has an isolating effect on many people. However, it can also be used to connect people across distances and other physical barriers, to help people with similar interests find community, and to help people learn about others with varied backgrounds. When well-designed and well-deployed, technology can help make programmatic, structural, and environmental strategies more effective at preventing and addressing SIL.

Programmatic Strategies

Programs and services can be designed to promote social interaction and engagement, and to address the root causes of SIL. They can be issue focused or designed specifically for a population at elevated risk of SIL. Below are descriptions of types of programs, along with examples of promising programs being implemented in Fairfax and elsewhere.

Suicide prevention

The Centers for Disease Control and Prevention (CDC) has identified “connectedness” as a key strategy to prevent suicide.⁵⁵ This comprises both social connections and social capital. Social connections can include peers, neighbors, co-workers, families, schools, neighborhoods, workplaces, faith communities, cultural groups, and the larger community. Social capital involves a sense of trust in and engagement with one’s community and neighborhood.⁵⁶ Social connections and social capital may reduce suicide by decreasing isolation, helping people to cope better with adversity, and increasing access to formal supports and resources.⁵⁷

Connectedness can also be promoted by modeling peer norms and enhancing community engagement. Such programs often focus on youth in school settings or the community and promote help-seeking (e.g., talking to trusted adults) and connections with peers.⁵⁸

SOURCES OF STRENGTH

Using student peers to create and disseminate messages about suicide prevention, **Sources of Strength** has been shown to improve school norms and beliefs about suicide. One study found that the program increased the likelihood that peer leaders would refer a suicidal friend to an adult. Students reported increased perceptions of adult support for suicidal youths, particularly among those with a history of suicidal ideation, and acceptability of help-seeking behaviors.

sourcesofstrength.org

School violence prevention

Universal, school-based prevention programs have been shown to significantly lower rates of aggression and violent behavior.⁵⁹ These programs aim to create a more supportive and inclusive school climate by helping children develop emotional self-awareness and control, positive social skills, problem-solving and conflict-resolution abilities, and teamwork.

START WITH HELLO

Start with Hello teaches children and youth to minimize social isolation, empathize with others, and create a more inclusive and connected school culture. Materials include a video training for students, an educators’ guide, and a handbook to help schools build and reinforce a culture of inclusion. It can be offered remotely, virtual-live, or in-person.

sandyhookpromise.org/our-programs/start-with-hello

LGBTQ community

Research suggests that individuals who identify as LGBTQ are more likely to experience SIL than their heterosexual peers and face special challenges related to lack of social support, stigma, and victimization. Further, limited access to health care due to real or perceived differential treatment by care providers may increase health risks associated with SIL. Programs for individuals identifying as LGBTQ should address these unique factors.

SAGE TABLE

SAGE provides a range of programs and services for LGBT older adults. Their **SAGE Table** program is an intergenerational opportunity to combat SIL. The platform brings people together around shared interests to form friendships and community. Each SAGE Table has three elements: guests of different ages, food to share, and conversation. Individuals can choose to host the event or join as a guest.

<https://sageusa.org/sagetable>

Older adults

Older adults have been the focus of many programs aimed at reducing SIL. Many are *group or congregate programs*, which generally involve older adults participating in a specific activity (e.g., exercise, book club) or gathering at a shared site (e.g., a senior center) to engage in a variety of activities. *Visiting programs* are also regularly implemented. Visiting programs focus on regular phone, video, or in-person check-ins, primarily with older or home-bound individuals. Calls or visits are typically made by volunteers. Warmlines offer seniors someone to call for non-emergency support. They are typically staffed by volunteers and/or peer specialists (people who have lived experience in the warmline's focus area).

CIRCLE OF FRIENDS

Circle of Friends is a group rehabilitation model designed to alleviate and prevent loneliness in older adults. Meeting weekly in a group of 8 for three months helps participants make new friends, share feelings of loneliness, and have meaningful experiences with other group members. Group members play an active role in choosing the content of the meetings.

bit.ly/CircleOfFriendsSLU

CARERING AND THE FRIENDSHIP LINE

Offered by PRS, **CareRing** is a free program in Northern Virginia dedicated to providing clients 60 and older with daily phone calls to chat, remind them of their medications, and make sure they are okay.

prsinc.org/caring

The Friendship Line, created by the Institute on Aging, is both a crisis intervention hotline and a warmline for non-emergency emotional support calls. It is the country's only accredited crisis line for people 60 and older and adults living with disabilities.

www.ioaging.org/services/friendship-line

TECHNOLOGY IN PROGRAMS

Technology can be an important tool for developing and delivering programs to promote social interaction and engagement.

Stitch is a social networking site for seniors. Stitch members play an active role in all aspects of the site, including planning local activities and events designed to bring people together, facilitating online discussions with other members around the world, organizing group travel events, helping with member verification, and volunteering their time to help grow the community.

stitch.net

Fairfax County's **Virtual Center for Older Adults** seeks to enrich the lives of adults in Fairfax County while combatting isolation. Older adults can connect with peers, engage in a variety of activities, and discover useful resources in an online senior center setting that includes both live and on demand programs and activities.

bit.ly/FairfaxVCAA

Structural Strategies

Unlike programs that are time-limited, strategies at the policy, organization, and systems levels seek to create systemic change by integrating efforts to identify and address SIL at a broader level, including everyday practices and procedures. They also seek to increase awareness of the issue among the public and targeted stakeholders. Below are descriptions of types of structural strategies, along with examples of promising initiatives being implemented in Fairfax and elsewhere.

Organizational Practices

The 2020 National Academies of Sciences, Engineering, and Medicine (NASEM) report suggests more work is needed to determine whether a formal screening process is necessary or if other informal identification strategies would suffice. Any tool used for screening or identification should be validated and used consistently.

Organizations are piloting a number of tools to try and identify if their clients are experiencing SIL. A number of professional organizations and advocacy groups include checklists or organizational assessments aimed at promoting inclusive practices that serve to increase engagement and interaction. Examples include the Human Rights Campaign's equality indices for various sectors and the David P. Weikart Center for Youth Program Quality's Youth Program Quality Intervention for out of school time programs.

HEALTHCARE EQUALITY INDEX

The Human Rights Campaign's **Healthcare Equality Index** assesses health care providers on how well they serve the LGBTQ community by providing equitable, knowledgeable, sensitive and welcoming health care, free from discrimination. hrc.org/resources/healthcare-equality-index

Professional Development and Training

A variety of types of training are available offered for service providers, including direct care worker education, lifelong learning for health professionals and direct care workers, and public education campaigns. Training topics include the prevalence of SIL, morbidity and mortality related to SIL, risk factors, assessment strategies, referral options, processes for making and following

up on referrals, ways to support and encourage those at risk, opportunities to partner with community agencies, and program development and evaluation strategies.⁶⁰

2021 ACTION FORUM TO END SIL

The Foundation for Social Connection hosts an annual conference, the **Action Forum to End Social Isolation and Loneliness**. The 2021 Forum, which was free to attend and has session recordings posted online, featured sessions on topics such as research frameworks, use of technology, community initiative highlights, and understanding risk factors. social-connection.org/2021-action-forum-recordings

Policy

Organizations can address SIL through policy in a variety of ways. Some have taken the step of formally recognizing SIL as a key challenge or outcome of the organization's work. In other cases, policies that include things such as inclusion standards or suicide prevention procedures address the root causes and risk factors for SIL.

AASWSW GRAND CHALLENGE

The American Academy for Social Work and Social Welfare has identified *eradicating social isolation* as one of its Grand Challenges. This directs resources and attention to a profession-wide effort to disseminate evidence-based strategies and bring stakeholders together to design multifaceted solutions. grandchallengesforsocialwork.org

Partnerships

Partnerships across sectors, especially within a collective impact framework, can provide opportunities to implement a range of strategies. They can also provide opportunities for innovative programs and services, including intergenerational programming. Partnerships have the added benefit of shared costs and workload.

Public Awareness Campaigns

Public education campaigns play a critical role in raising awareness of SIL and ways to prevent and address it. Well-developed campaigns seek not just to inform, but to spur action or behavior change. As with other strategies, awareness campaigns can be focused on SIL itself or on addressing underlying and related issues such as stigma and health care access. The United Kingdom's Campaign to End Loneliness is perhaps the best-known national example.⁶¹

THE LONGEVITY PROJECT

The Longevity Project is a university-community collective impact initiative focused on SIL among older adults in Richmond. It is led by Senior Connections, the Capital Area Agency on Aging, and Virginia Commonwealth University's Department of Gerontology. The project includes a regional social connectedness assessment. Standing meetings between aging services organizations and funders identify patterns of social isolation, health inequities, and emerging best practices. agewellva.com

THREE TO SUCCEED

Fairfax County's **Three to Succeed** campaign is based on Fairfax County Youth Survey results that indicate that when children and youth have 3 or more positive, protective factors in their lives, they are more likely to manage stress, make better choices, and develop healthy habits. As the strongest of these protective factors are healthy and caring relationships among adults and youth, much of the campaign focuses on simple things adults can do to cultivate such relationships. bit.ly/3toSucceed

TECHNOLOGY USE IN STRUCTURAL APPROACHES

Technology can be an important tool for implementing the kinds of structural approaches highlighted above.

Telehealth services have been found to be effective in treating a range of behavioral health issues, including depression, anxiety, and PTSD. Videoconferencing, online forums, smartphone apps, text messaging, and e-mails have been used to successfully deliver services. The federal government has supported its use by significantly expanded Medicare coverage of telehealth services during the Covid-19 pandemic, affording providers greater flexibility to refer Medicare enrollees who feel isolated and lonely to virtual mental health care.

Virtual training platforms and webinars have exploded in popularity, as they bring professional development opportunities to workers, increasing accessibility and decreasing cost.

Environmental Strategies

Environmental strategies address ways in which the physical environment – including both built and natural environments – can either increase SIL or reduce it. Simply put, the environment can encourage people to engage and interact. But it can also serve as a barrier to engagement and interaction. Below are descriptions of types of environmental approaches to addressing SIL, along with examples of promising approaches being implemented in Fairfax and elsewhere.

Transportation

Lack of reliable transportation can make it possible for any individual to experience SIL. But the inability to drive puts older adults and those with disabilities at particular risk. Several studies have found driving cessation to be associated with a decrease in social engagement and an increase in SIL.^{62, 63}

NV RIDES

NV Rides coordinates a network of local partner organizations driven to help our older neighbors with their transportation needs in Northern Virginia. Working with partner organizations, NV Rides engages volunteer drivers to help older adults with rides to doctors' appointments, supermarkets, and other places. nvrides.org

In 2016, a survey sought to identify transportation challenges faced by residents of Fairfax County and the cities of Fairfax and Falls Church. Forty-six percent of respondents said the distance to a bus or metro station was too far; 44% said travel time on public transportation was too long; and 25% were unable to reach certain destinations due to transportation challenges. Affordable and accessible public transit, ride sharing, and other services can help to decrease SIL.

Personal Living Space

The living environment can have an important effect on SIL. Several studies have shown that a person's living space (e.g., private residence, apartment, room in a retirement community) and feelings about that space can affect physical, psychological, mental, and financial well-being, as well as attachment to the community^{64 65}. The same space may represent a risk factor or protective factor for SIL, depending on the perspective of the person who lives there.⁶⁶

BLUEBERRY HILL COHOUSING

Located in Vienna, **Blueberry Hill** is Northern Virginia's first cohousing development. It includes shared space and actively promotes engaging activities, such as sharing meals and lending a hand when a neighbor needs assistance with a project. blueberryhill.org

Universal design to support aging in place, supportive cohousing communities that foster intergenerational engagement, and continuing care retirement communities that provide a continuum of supports from independent to assisted living are all examples of strategies that help address SIL.

Nature

Improvements in cognitive ability, mood, mental health, and emotional well-being have been associated with time spent in nature.^{67 68 69} A study of 20,000 adults in the United Kingdom found that adults, including older individuals and those with chronic health problems, who spent at least two recreational hours in nature during the previous week reported significantly greater health and well-being.⁷⁰ Another study in the U.K found that that when people with low social connectedness had high levels of contact with nature, they reported high levels of well-being.⁷¹

PARK RX

Park Prescription programs are diverse and ever-evolving, often including collaboration between park and public land agencies, healthcare providers, and community partners. In general, they include a health or social service provider who encourages their patients/clients to spend time in nature with the goal of improving their health and well-being. They often write a “prescription” for outdoor activity.

parkrx.org

Nature-based social prescribing is increasingly popular, particularly to promote social connection and decrease SIL.⁷² Physicians, nurses, social workers, and other licensed professionals are providing non-medical referral options (e.g., walking clubs, cycling, communal gardening, food vouchers to attend farmers’ markets) that support treatment by promoting connectedness and, as a result, improve mental well-being, health behaviors, and physical health. The movement has even drawn interest from U.S. health insurance companies.

TECHNOLOGY USE IN ENVIRONMENTAL APPROACHES

Access to technology can itself be an important environmental strategy.

Many housing complexes have poor wifi connection due to how the buildings are constructed. Fairfax County Public Schools provides **mobile hotspot lending** services to allow students to have a reliable connection. Other initiatives, such as public wifi, also help provide connectivity.

fcps.edu/resources/technology/access-technology

Public computer access at facilities like libraries and community centers provides internet access and some technical support, allowing people of all means a free way to connect online.

fairfaxcounty.gov/neighborhood-community-services/technology-programs

RECOMMENDATIONS

To prevent and address SIL in Fairfax County, the Partnership for a Healthier Fairfax Behavioral Health Team recommends the following, and encourages stakeholders across sectors to consider what they can do.

Recommendations for All

1. Make prevention of SIL (or the promotion of social engagement and inclusion) a key outcome of programs and services, or part of your organization's stated mission.
2. Adopt organizational standards for inclusion.
3. Ensure programs and services provide adequate language access and are culturally relevant for diverse populations.

Recommendations for the Health Care and Clinical Social Services Sectors

4. Case managers, intake staff, and others assessing individuals' needs should actively consider social engagement, isolation, and contact with others.
5. Implement and promote warm lines that provide contact and support.
6. Create programs and activities with a variety of entry points, participation levels, and partnerships to allow for multiple opportunities for people to engage.
7. Provide services and supports that address the root causes of an individual's SIL (e.g., ensure access to hearing aids for people with hearing loss).

Recommendations for Community, Faith-Based, and Non-Clinical Social Services Sectors

8. Programs in congregate settings (e.g., senior centers, after-school programs, classrooms) should incorporate activities that deliberately aim to have participants interact with different people.
9. Promote strategies that provide adults with specific ways to connect with young people and have meaningful relationships.
10. Use technology to promote accessible ways to expand programming and interaction access.
11. Plan for and create informal opportunities and creative mechanisms for people to interact (as opposed to only within structured programs).
12. Provide training that teaches professionals how to engage with, connect, and support the people they work with.

Recommendations for Land Use and Other Built Environment Sectors

13. Plan for and create physical spaces that encourage social interaction.
14. Plan for and provide safe physical and emotional spaces for people within their communities to interact.

FOR MORE INFORMATION

Social Isolation and Loneliness Resources (reports and toolkits), curated by the Coalition to End Social Isolation and Loneliness:

endsocialisolation.org/social-isolation-and-loneliness

Social Isolation and Loneliness Outreach Toolkit, by the National Institute on Aging:

nia.nih.gov/ctctoolkit

Weave: The Social Fabric Project, by the Aspen Institute:

aspeninstitute.org/programs/weave-the-social-fabric-initiative

Campaign to End Loneliness, by the UK What Works Centre for Wellbeing:

campaigntoendloneliness.org

CONTRIBUTORS

Ramona Carroll, Fairfax County Neighborhood and Community Services

Jesse Ellis, Fairfax County Neighborhood and Community Services

Leigh Guarinello, Inova Health System

Lisa Lunghofer, Making Good Work

Denise Miller, MITRE Corporation

Carolyn Sutterfield, Fairfax Area Commission on Aging

Diane Watson, Fairfax Area Commission on Aging and Fairfax County Long Term Care
Coordinating Council

Nicole Wright, Girls on the Run

Marla Zometsky, Fairfax-Falls Church Community Services Board

ENDNOTES

- ¹ Administration on Aging. 2018. A Profile of Older Americans: 2017.
- ² Cudjoe, T. K. M., D. L. Roth, S. L. Szanton, J. L. Wolff, C. M. Boyd, and R. J. Thorpe, Jr. 2020. The epidemiology of social isolation: National Health and Aging Trends Study. *Journals of Gerontology. Series B: Psychological Sciences and Social Sciences* 75(1):107–113.
- ³ Hawkey, L. C., M. Kozloski, and J. Wong. 2017. A profile of social connectedness in older adults. <https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf>
- ⁴ Anderson, G. O., and C. E. Thayer. 2018. Loneliness and social connections: A national survey of adults 45 and older. Washington, DC: AARP Foundation.
- ⁵ DiJulio, B., L. Hamel, C. Muñana, and M. Brodie. 2018. Loneliness and social isolation in the United States, the United Kingdom, and Japan: An international survey. Kaiser Family Foundation. <http://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey> (accessed November 20, 2019).
- ⁶ Cigna. 2020. Loneliness and the Workplace: 2020 U.S. Report.
- ⁷ Anderson, G. Oscar and Colette E. Thayer. 2018. Loneliness and Social Connections: A National Survey of Adults 45 and Older. Washington, DC: AARP Research.
- ⁸ Pew Research Center. 2011. The Social Side of the Internet. Washington, DC: Pew Research Center.
- ⁹ *ibid*
- ¹⁰ *ibid*
- ¹¹ Volunteering in the United States -- 2015. 2016. U.S. Bureau of Labor Statistics.
- ¹² Pew Research Center analysis of Bureau of Labor Statistics data. <https://www.pewresearch.org/fact-tank/2019/07/03/on-average-older-adults-spend-over-half-their-waking-hours-alone/>
- ¹³ The AARP Foundation and United Health Foundation. 2020. The Pandemic Effect: A Social Isolation Report.
- ¹⁴ Social Isolation and Health, Health Affairs Health Policy Brief, June 22, 2020. DOI: 10.1377/hpb20200622.253235.
- ¹⁵ Holt-Lunstad, J., T. B. Smith, and J. B. Layton. 2010. Social relationships and mortality risk: A metaanalytic review. *PLOS Medicine* 7(7):e1000316.
- ¹⁶ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ¹⁷ <https://www.fairfaxcounty.gov/neighborhood-community-services/sites/neighborhood-community-services/files/assets/documents/prevention/reports/2017%20youth%20suicide%20review%20team%20report.pdf>
- ¹⁸ Valtorta N.K., Kanaan M., and Gilbody S. 2016. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart* 102:1009-1016.
- ¹⁹ Kuiper, J. S., M. Zuidersma, R. C. Oude Voshaar, S. U. Zuidema, E. R. van den Heuvel, R. P. Stolk, and N. Smidt. 2015. Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews* 22:39–57.
- ²⁰ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ²¹ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ²² Air, T., P. J. Tully, S. Sweeney, and J. Beltrame. 2016. Epidemiology of cardiovascular disease and depression. In B. T. Baune and P. J. Tully (eds.), *Cardiovascular diseases and depression: Treatment and prevention in psychocardiology*. Switzerland: Springer. pp. 5–21.
- ²³ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ²⁴ *Ibid*
- ²⁵ Domènech-Abella, J., J. Mundo, J. M. Haro, and M. Rubio-Valera. 2019. Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from the Irish Longitudinal Study on Ageing (TILDA). *Journal of Affective Disorders* 246:82–88.
- ²⁶ Lim, M. H., T. L. Rodebaugh, M. J. Zyphur, and J. F. Gleeson. 2016. Loneliness over time: The crucial role of social anxiety. *Journal of Abnormal Psychology* 125(5):620–630.
- ²⁷ McHugh Power, J., C. Hannigan, P. Hyland, S. Brennan, F. Kee, and B. A. Lawlor. 2020. Depressive symptoms predict increased social and emotional loneliness in older adults. *Ageing & Mental Health* 24(1):110–118.

- ²⁸ Cacioppo, J. T., L. C. Hawkley, and R. A. Thisted. 2010. Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychology and Aging* 25(2):453–463.
- ²⁹ Domènech-Abella, J., J. Mundo, J. M. Haro, and M. Rubio-Valera. 2019. Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from the Irish Longitudinal Study on Ageing (TILDA). *Journal of Affective Disorders* 246:82–88.
- ³⁰ Luo, Y., L. C. Hawkley, L. J. Waite, and J. T. Cacioppo. 2012. Loneliness, health, and mortality in old age: A national longitudinal study. *Social Science & Medicine* 74(6):907–914.
- ³¹ National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ³² Cohen-Mansfield, J., H. Hazan, Y. Lerman, and V. Shalom. 2016. Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics* 28(4):557–576.
- ³³ Shiovitz-Ezra, S., and S. A. Leitsch. 2010. The role of social relationships in predicting loneliness: The National Social Life, Health, and Aging Project. *Social Work Research* 34(3):157–167.
- ³⁴ Anderson, G. Oscar and Colette E. Thayer. *Loneliness and Social Connections: A National Survey of Adults 45 and Older*. Washington, DC: AARP Research, September 2018. <https://doi.org/10.26419/res.00246.001>
- ³⁵ Fried, E. I., C. Bockting, R. Arjadi, D. Borsboom, M. Amshoff, A. O. Cramer, S. Epskamp, F. Tuerlinckx, D. Carr, and M. Stroebe. 2015. From loss to loneliness: The relationship between bereavement and depressive symptoms. *Journal of Abnormal Psychology* 124(2):256–265.
- ³⁶ Anderson, G. Oscar and Colette E. Thayer. 2018. *Loneliness and Social Connections: A National Survey of Adults 45 and Older*. Washington, DC: AARP Research. <https://doi.org/10.26419/res.00246.001>
- ³⁷ Schaap, R., A. de Wind, P. Coenen, K. Proper, and C. Boot. 2018. The effects of exit from work on health across different socioeconomic groups: A systematic literature review. *Social Science & Medicine* 198:36–45.
- ³⁸ Barrett, A. E., and C. Gumber. 2019. Feeling older and driving less: The effect of age identity on older adults' transition from driving. *Innovation in Aging* 3(1):1–8.
- ³⁹ Chihuri, S., T. J. Mielenz, C. J. DiMaggio, M. E. Betz, C. DiGuseppi, V. C. Jones, and G. Li. 2016. Driving cessation and health outcomes in older adults. *Journal of the American Geriatrics Society* 64(2):332–341.
- ⁴⁰ Edwards, J. D., M. Lunsman, M. Perkins, G. W. Rebok, and D. L. Roth. 2009. Driving cessation and health trajectories in older adults. *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* 64(12):1290–1295.
- ⁴¹ Finlay, J. M., and L. C. Kobayashi. 2018. Social isolation and loneliness in later life: A parallel convergent mixed-methods case study of older adults and their residential contexts in the Minneapolis metropolitan area, USA. *Social Science and Medicine* 208:25–33.
- ⁴² Herbert, C., and J. H. Molinsky. 2019. What can be done to better support older adults to age successfully in their homes and communities? *Health Affairs* 38(5):860–864.
- ⁴³ Tung, E. L., L. C. Hawkley, K. A. Cagney, and M. E. Peek. 2019. Social isolation, loneliness, and violence exposure in urban adults. *Health Affairs* 38(10):1670–1678.
- ⁴⁴ Ramos, A. K., D. Su, L. Lander, and R. Rivera. 2015. Stress factors contributing to depression among Latino migrant farmworkers in Nebraska. *Journal of Immigrant & Minority Health* 17(6):1627–1634.
- ⁴⁵ Shelton, R. C., R. E. Goldman, K. M. Emmons, G. Sorensen, and J. D. Allen. 2011. An investigation into the social context of low-income, urban black and Latina women: Implications for adherence to recommended health behaviors. *Health Education & Behavior* 38(5):471–481.
- ⁴⁶ Viruell-Fuentes, E. A., J. D. Morenoff, D. R. Williams, and J. S. House. 2013. Contextualizing nativity status, Latino social ties, and ethnic enclaves: An examination of the “immigrant social ties hypothesis.” *Ethnicity & Health* 18(6):586–609.
- ⁴⁷ Barrington, C., D. K. H. Messias, and L. Weber. 2012. Implications of racial and ethnic relations for health and well-being in new Latino communities: A case study of West Columbia, South Carolina. *Latino Studies* 10(1-2):155–178.
- ⁴⁸ Gerst-Emerson, K., T. E. Shovali, and K. S. Markides. 2014. Loneliness among very old Mexican Americans: Findings from the Hispanic established populations epidemiologic studies of the elderly. *Archives of Gerontology & Geriatrics* 59(1):145–149.
- ⁴⁹ Anderson, G. Oscar and Colette E. Thayer. 2018. *Loneliness and Social Connections: A National Survey of Adults 45 and Older*. Washington, DC: AARP Research. <https://doi.org/10.26419/res.00246.001>
- ⁵⁰ Greytak, E. A., Kosciw, J. G., Villenas, C. & Giga, N. M. (2016). *From Teasing to Torment: School Climate Revisited, A Survey of U.S. Secondary School Students and Teachers*. New York: GLSEN.
- ⁵¹ <https://www.nepsy.com/articles/leading-stories/isolation-and-lgbtq-youth-social-psychological-and-financial-implications/>
- ⁵² *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV*. New York: Lambda Legal, 2010. <http://www.lambdalegal.org/publications/when-health-care-isnt-caring>

- ⁵³ Retrum, J. 2017. A review of interventions: addressing social isolation in older adults [PowerPoint slides]. Retrieved from www.nationalacademies.org/event/02-27-2019/the-health-and-medical-dimensions-of-social-isolation-and-loneliness-in-older-adults
- ⁵⁴ Gardiner, C., Geldenhuys, G., and Gott, M. 2018. Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health & Social Care in the Community* 26(2), 147-157.
- ⁵⁵ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. 2017. Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- ⁵⁶ Muennig P, Cohen AK, Palmer A, and Zhu W. 2013. The relationship between five different measures of structural social capital, medical examination outcomes, and mortality. *Soc Sci Med.* 85, 8-26.
- ⁵⁷ Centers for Disease Control and Prevention. Strategic direction for the prevention of suicidal behavior: promoting individual, family, and community connectedness to prevent suicidal behavior. 2009; Available at: http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_version-a.pdf.
- ⁵⁸ Wyman PA. 2014. Developmental approach to prevent adolescent suicides: research pathways to effective upstream preventive interventions. *Am J Prev Med.* 47(3 Suppl 2):S251-256.
- ⁵⁹ Centers for Disease Control and Prevention. 2007. The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior: a report on recommendations of the Task Force on Community Preventive Services. *MMWR*, 56(RR-7):1-12. Available from www.cdc.gov/mmwr/PDF/rr/rr5607.pdf
- ⁶⁰ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>. P. 148
- ⁶¹ Campaign to End Loneliness, <https://www.campaigntoendloneliness.org/>
- ⁶² Barrett, A. E., and C. Gumber. 2019. Feeling older and driving less: The effect of age identity on older adults' transition from driving. *Innovation in Aging* 3(1): 1–8.
- ⁶³ Chihuri, S., T. J. Mielenz, C. J. DiMaggio, M. E. Betz, C. DiGuseppi, V. C. Jones, and G. Li. 2016. Driving cessation and health outcomes in older adults. *Journal of the American Geriatrics Society* 64(2):332–341.
- ⁶⁴ Kemperman, A., P. van den Berg, M. Weijts-Perree, and K. Uijtewillegen. 2019. Loneliness of older adults: Social network and the living environment. *International Journal of Environmental Research and Public Health* 16(3):406.
- ⁶⁵ Bekhet, A. K., J. A. Zauszniewski, and W. E. Nakhla. 2009. Reasons for relocation to retirement communities: A qualitative study. *Western Journal of Nursing Research* 31(4):462–479.
- ⁶⁶ National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.
- ⁶⁷ *Current Directions in Psychological Science*, Vol. 28, No. 5, 2019
- ⁶⁸ *Science Advances*, Vol. 5, No. 7, 2019
- ⁶⁹ Engemann, K., et al., *PNAS*, Vol. 116, No. 11, 2019
- ⁷⁰ *Scientific Reports*, Vol. 9, No. 1, 2019
- ⁷¹ Cartwright, B., White, M. P., and Clitherow, T. J. 2018. Nearby Nature 'Buffers' the Effect of Low Social Connectedness on Adult Subjective Wellbeing over the Last 7 Days. *International journal of environmental research and public health*, 15(6), 1238. <https://doi.org/10.3390/ijerph15061238>
- ⁷² Leavell, M.A., Leiferman, J.A., Gascon, M. et al. 2019. Nature-Based Social Prescribing in Urban Settings to Improve Social Connectedness and Mental Well-being: a Review. *Curr Envir Health Rpt* 6, 297–308. <https://doi.org/10.1007/s40572-019-00251-7>



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