

THE QUIET EPIDEMIC:
Addressing the Impact of Loneliness
and Social Isolation in America





IT IS A LARGE-SCALE, DEADLY, ONGOING EPIDEMIC, A MAJOR SOURCE OF SUFFERING AND SICKNESS, AND OFTEN THE UNDERLYING CAUSE OF OBESITY, ADDICTION, AND EVEN SUICIDE.

And yet, until recently, it has been largely ignored.

We're talking about loneliness and social isolation. Sometimes referred to as the "quietest social determinants of health," loneliness and social isolation are now a serious health issue in America. The high correlation between these two factors and poor physical and mental health has been demonstrated in multiple research studies. Yet the problem persists. For far too long, the traditional approach of medicine has narrowly focused on hospitals, doctors and drugs—forgetting the vital role that human connection and community play in every person's health and well-being.

The major disruption to social life created by COVID-19 and the imposed isolation caused by stay-at-home orders have only exacerbated the problem of loneliness in America and its detrimental effects. As but one example, the rate of depression tripled in U.S. adults among all demographic groups during 2020.^[1] But with the pandemic, there has come an increased awareness of the depth and magnitude of the issue and a new sense of urgency for developing creative programs, strategies and solutions that generate and strengthen social connections.

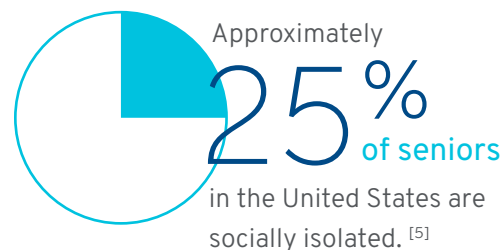
In this white paper, we'll examine the pervasiveness of loneliness and social isolation in America, outline the profoundly negative impact these conditions have on both our health and longevity and explore both proven and innovative ways to address the problem and help restore a sense of community and belonging for those who are vulnerable to this quiet epidemic.



The Scope of Loneliness in America

Multiple studies have looked at loneliness and social isolation in America, and their findings consistently confirm the depth and magnitude of the problem. According to a study from the University of California, San Diego, for example, 75 percent of adults report feeling moderate or high levels of loneliness at some time. ^[2] That figure represents a substantial increase from previous estimates, the highest of which was 57 percent. ^[3]

No age group is exempt. For example, consider people over the age of 60:



Younger adults and older teens are particularly at risk. This age group is often transitioning out of their existing social community as they establish a new life away from home. As a result, they may have difficulty forming a strong social support system either at work or school. For example, a recent survey found that a remarkable 73 percent of workers, ages 18-22, report sometimes or always feeling alone. ^[6] The social distancing restrictions created by COVID-19 have also had a significant impact on increased social isolation and loneliness among young people, with 63 percent reporting substantial symptoms of anxiety and depression during the pandemic. ^[7]

Low-income groups are also susceptible to loneliness and social isolation. Ten million people over the age of 50 live in poverty (annual incomes of less than \$25,000) in the United States, and half of them report being lonely. ^[8]

Defining Our Terms

While the terms loneliness and social isolation are similar, there is an important distinction. A person can live alone, for example, without feeling lonely. On the other hand, a person can feel lonely even though friends and family are present. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated. For the purposes of our discussion, we'll be using the following definitions.

Social Isolation is an objective lack of social connections, of having few people to interact with regularly, which can be measured and monitored over time.

Loneliness is the subjective, often distressing feeling or emotion of being alone or separated. Though it is usually caused by isolation or a lack of companionship, loneliness can occur regardless of the amount of social contact a person experiences.



The Impact of Loneliness on Our Nation's Health

"Man is by nature a social animal." – Aristotle

More than 2,000 years ago, the Greek philosopher Aristotle recognized the importance of human relationships to every person's well-being. Just as hunger and thirst are the body's signs that it's time to eat and drink, loneliness is an indicator that human connection is needed in order to sustain and promote our physical and emotional health.

The degree of community connectedness and social support that a person enjoys has a powerful impact on their health. Social isolation significantly increases a person's risk of premature death from all causes, a risk that can rival the danger caused by smoking, obesity, and physical inactivity. Indeed, loneliness and social isolation can be as damaging to a person's health as smoking 15 cigarettes a day.^[9]

Extensive research has demonstrated a strong association between loneliness and higher rates of coronary artery disease, high blood pressure, stroke, dementia, depression and anxiety. More specifically, poor social relationships have been linked to:

29%
INCREASE

in risk of coronary
heart disease. ^[10]

32%
RISE

in the risk of stroke. ^[11]

50%
INCREASE

in dementia. ^[12]

In another study, loneliness among heart failure patients was associated with a nearly four times increased risk of death, a 68 percent increased risk of hospitalization, and a 57 percent increased risk of emergency department visits. ^[13]

Research has also demonstrated that lonely people have lower quality of sleep, a weaker immune system, more impulsive behavior and impaired judgment. In addition, a person's social support network is an accurate predictor of health behaviors. An individual who does not have a strong social network is less likely to make healthy lifestyle choices than a person who is connected to friends, family and community. Given all of these findings, it comes as no surprise that the overall impact of loneliness and social isolation on mortality is profound: **People with strong social relationships are 50 percent less likely to die than people with weak social relationships.** ^[14]

The financial consequences caused by loneliness and social isolation are also substantial. Looking at just Medicare clearly makes the point. It's estimated that social isolation among midlife and older adults is responsible for an additional \$6.7 billion in Medicare spending annually. ^[15] And this economic impact will only escalate as the Baby Boom generation, who are now between the ages of 56 and 75, face the growing risk of disease and the gradual decline of physical and mental capacities that are the inevitable consequences of growing older.



The Workplace Is Not Immune from the Loneliness Epidemic

While loneliness and social isolation can have a profound impact on the individuals who experience them, they can also have serious consequences in the workplace. Lonely workers take twice as many sick days. They are also less productive, twice as likely to think about leaving their job, and less engaged at work. A study conducted by the Gallup Organization found that workers who are not engaged at work have a 37 percent higher rate of absenteeism and are involved in 49 percent more accidents. ^[16]

With COVID-19, the opportunity for many workers to transition to full-time remote work has suddenly become a real possibility. This development brings with it a new set of issues that will need to be addressed. For example, one in five remote workers have reported that loneliness was their biggest struggle during the pandemic. ^[17] If working remotely becomes a permanent situation for many employees, how will it impact their productivity and creativity when the in-person interactions that naturally occur in a physical office environment are no longer available? Will limited face-to-face interactions over an extended period of time negatively impact a person's mental health and, as a result, their performance? As the popularity of full-time remote work continues to grow and becomes a viable long-term option, further research will be needed to answer these and other questions.



What's Causing the Rise in Loneliness

Explaining the recent rise of loneliness in America is a complex subject. Multiple factors are involved, from the decline of the extended family to a continuing decrease in church attendance. For our discussion here, we will focus on two modern-day societal changes that have had a major impact on creating the loneliness epidemic: the rise of social media and the increase in the number of single-person households.

A (Too) Plugged-In World

The paradox is striking. With the arrival of the Internet in the early 2000s and the launch of the modern-day smartphone in 2007, the world has never been more connected. And yet, despite this ability to connect almost instantaneously with most of the world, Americans have never been lonelier: rates of loneliness have doubled since the 1980s.^[18] Technology, it seems, cannot satisfy the deep human need for in-person face-to-face interaction.

Because social media is such a convenient and popular mode of communication among young people, this group is especially vulnerable to loneliness. Many in this demographic prefer to cultivate online connections that often serve as a substitute for real-life human contact. Their desire to be perpetually plugged in comes at the price of being socially disconnected. The results are predictable. In a study of people between the age of 19 and 32, heavy social-media users, those who spent more than two hours a day on social media, were twice as likely to feel lonely as those in the low-use group, who spent less than a half an hour a day on social media.^[19] The heavy social-media users were also more likely to be depressed.

The Rise of the Solo Household

The average household size in the U.S. has declined in the past decade, leading to a 10 percent increase in people living alone.^[20] According to the U.S. Census Bureau, over a quarter of the U.S. population—and nearly one-third of seniors (about 13.8 million people)—now live alone, a condition that has been linked not only to a greater likelihood of loneliness but also to depression, anxiety, mood disorders and substance abuse.^[21]

The cause of loneliness, however, cannot be reduced to a sociological issue. A long list of personal factors, such as disabilities, unemployment, long-term illness, and being exposed to domestic and community violence, can have a major impact on preventing people from establishing strong social ties and relationships with others. Age is another cause.

The Perils of Growing Older

Seniors naturally have a higher risk for social isolation and loneliness because of the many changes in their health that are an inevitable consequence of aging. Losing one's hearing, vision, and memory can make it difficult and frustrating to communicate, leading to a greater sense of isolation. While technology does have the ability to connect, many seniors are unskilled in the use of this technology.

Aging also causes many changes in a person's social connections that can contribute to a more solitary life. One of the biggest issues for seniors is that their social circles begin to shrink. Friends, significant others and family members may move away or pass on. One study found that 45 percent of seniors age 65 and over are separated or widowed, 42 percent are disabled, and 46 percent of women age 65 and older live alone.^[22] Even those friends and family members who still live nearby may be difficult to meet in person because of transportation issues, especially when driving a car is no longer an option for a senior because of safety reasons.

For some seniors, embarrassment about several medical conditions can lead to increased loneliness. For example, the shame of incontinence can make seniors feel insecure about leaving their home and being around other people. Having to carry around an oxygen therapy system or use a walker are both obvious signs of aging that can make seniors feel awkward or even humiliated, leading to further isolation. Though these limitations are usually self-imposed, they can nonetheless result in a decline in both the quantity and quality of their relationships and their ability to keep in touch with friends on a regular basis.



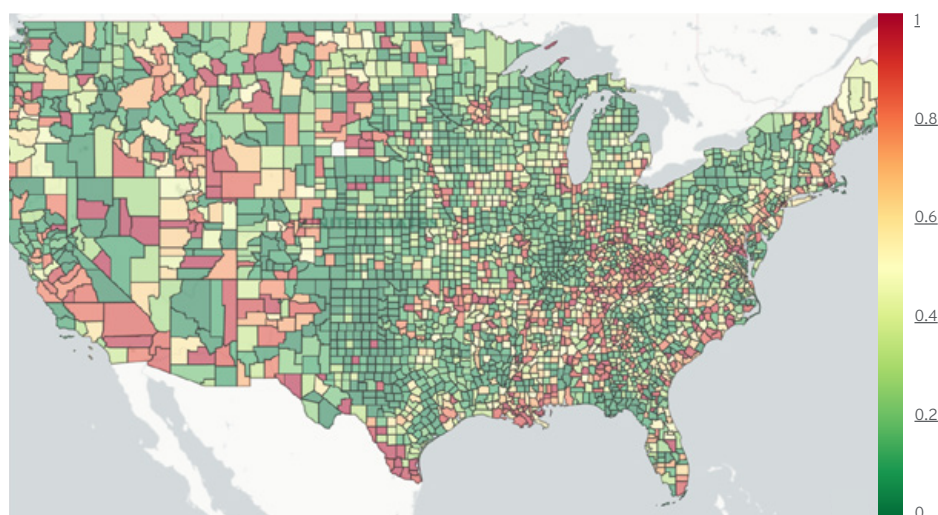
6 Strategies to Address Loneliness and Social Isolation

1) IDENTIFY THE HOT SPOTS

As with any epidemic, the first and most critical step in addressing the issue of loneliness and social isolation in America is to identify the "hot spots," those communities that are most directly impacted.

To address this issue, Onlife Health created a national map that illustrates the Social Associations ranking for every county in the United States. Using data available from CountyHealthRankings.org, we ranked each county on a scale from zero to one, with zero (green) indicating the highest level of social association and one (red) representing the lowest level of social association. This Social Association score measures the number of membership organizations, which include golf clubs, bowling centers, fitness centers and civic, sports, religious, political, labor, business and professional organizations, per 10,000 population. These organizations and voluntary associations play a key role in creating and maintaining social connectedness by providing the opportunity for people with similar backgrounds, interests and goals to build social trust with each other and a stable sense of community.

Social Association Vulnerability Rank



2) CONNECT PEOPLE WITH SOCIAL RESOURCES

Health plans are in a unique position to address the issue of loneliness in America. By leveraging their well-being platform, they can provide their members, especially those who have a higher risk for loneliness and social isolation, with a convenient, one-stop source of information to help them connect with available social resources in their community as well as recommend activities that involve social participation. To cite just a few examples, the well-being platform can encourage members to:

- // Volunteer or perform charity work
- // Join a sports team, for example, a jogging club or a bowling league
- // Get involved in community or religious organizations
- // Sign up for a team challenge
- // Sign up for a course to learn how to use Zoom or other video chat services that can bridge the gap between socially distant friends and family
- // Learn more about easy-to-use phones (for seniors)

3) GO PERSONAL WITH PERSONAS

A persona is a representation of a particular subgroup of consumers who share certain values, behaviors, goals and other characteristics. The Uptown Urbanite is one of the personas created by Onlife Health using Social Determinants of Health data. Characterized by a much higher income level than other personas and usually living in an urban area, the Uptown Urbanite has another somewhat surprising characteristic: a low ranking in social associations.

To reach members who belong to this persona, Onlife first identifies the geographic areas where a high percentage of the population is classified as an Uptown Urbanite. We then populate the personalized home page of each member who lives in this geographic area with content that encourages social associations and promotes physical activity. For example, members will see an article titled "8 Reasons to Exercise with Friends" or "How to Start a Walking Group" that piques their interest and motivates action. Other personas with low social association, such as Urban Diversity, are designated to receive similar content.

4) GET HEALTH CARE PROVIDERS INVOLVED

Many adults and nearly all seniors have regular person-to-person contact with a doctor, nurse or other health care provider. For those who are experiencing loneliness or social isolation, these meetings may be one of the few person-to-person interactions they have. These meetings also present a valuable opportunity for providers to identify people at risk for loneliness or social isolation and connect them to the appropriate resources available in the community. To measure social isolation, the Berkman-Syme Social Network Index assesses a person's participation in 12 types of social relationships: spouse, parents, parents-in-law, children, other close family members, close neighbors, friends, workmates, schoolmates, fellow volunteers, religious groups, and membership in groups without religious affiliation. To assess loneliness, the three-item UCLA Loneliness Scale is a questionnaire, administered by the health care provider, that measures the subjective experience of loneliness.

5) LEVERAGE THE RETURN OF THE HOUSE CALL

The traditional house call is making a comeback. Companies such as our sister-company PopHealthCare are using a multi-disciplinary team to provide care in the home for vulnerable populations that have multiple chronic and complex medical conditions. These in-home visits serve a dual purpose when it comes to addressing social isolation and loneliness. First, they provide a unique opportunity for health care providers to experience firsthand the social environment of each patient. Second, regular visits can help alleviate loneliness, with each meeting creating a stronger bond of trust and gratitude between patients and their care providers.

6) MAKE ADDRESSING LONELINESS A POLICY PRIORITY

Because loneliness and social isolation significantly increase costs (\$6.7 billion in Medicare spending annually alone, as noted earlier), policymakers and health care executives have a strong incentive to make addressing this issue a top priority. Among the initiatives they can pursue are:

- // Adding questions to health assessments that screen members for social isolation and encourage physicians to include these questions as part of each patient's annual check-up.
- // Improving access to mental and behavioral health care providers by increasing coverage for these services and expanding their accessibility through telehealth programs.
- // Encouraging Medicare to support and fund more evidence-based social interventions.

Key Takeaways

1. The rates of loneliness and social isolation in the United States has never been higher and continue to increase; yet the issue has, until now, gone largely unnoticed.
2. The COVID-19 pandemic has cast a spotlight on the issue of loneliness. As a result, the health care system is now beginning to come to terms with this "quiet" public health epidemic that is having a major impact on the health of the nation, significantly increasing a person's risk of coronary artery disease, high blood pressure, stroke, dementia, depression and anxiety.
3. Both health providers and health plans can play a pivotal role in decreasing the level of loneliness in their patients and members by identifying those at risk and then providing the resources and information needed to those who are vulnerable and help them build stronger social relationships with their friends, family and communities.

ENDNOTES

- 1 Mary Van Beusekom | News Writer | CIDRAP News | Sep 03, 2020. *Depression triples in US adults amid COVID-19 stressors*. CIDRAP. <https://www.cidrap.umn.edu/news-perspective/2020/09/depression-triples-us-adults-amid-covid-19-stressors>
- 2 *Serious Loneliness Spans the Adult Lifespan but there is a Silver Lining*. UC Health - UC San Diego. (n.d.). <https://health.ucsd.edu/news/releases/Pages/2018-12-18-Serious-Loneliness-Spans-Adult-Lifespan-but-there-is-a-Silver-Lining.aspx>
- 3 Ibid.
- 4 Jain, S. (n.d.). *A Treatment for Loneliness*. Harvard Medical School. <https://hms.harvard.edu/magazine/imaging/treatment-loneliness>
- 5 Centers for Disease Control and Prevention. (2021, April 29). *Loneliness and Social Isolation Linked to Serious Health Conditions*. Centers for Disease Control and Prevention. <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- 6 Bertha, Coombs. (2020, January 23). *Loneliness is on the rise and younger workers and social media users feel it most, Cigna survey finds*. CNBC. <https://www.cnbc.com/2020/01/23/loneliness-is-rising-younger-workers-and-social-media-users-feel-it-most.html>
- 7 ABC News Network. (n.d.). ABC News. <https://abcnews.go.com/Health/pandemics-mental-health-burden-heaviest-young-adults/story?id=75811308>
- 8 G. Oscar Anderson, C. T. (2018, September 1). *Loneliness and Social Connections Among Adults Age 45 and Older*. AARP. <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>
- 9 Pomeroy, C. (2019, March 20). *Loneliness Is Harmful to Our Nation's Health*. Scientific American Blog Network. <https://blogs.scientificamerican.com/observations/loneliness-is-harmful-to-our-nations-health/>
- 10 Centers for Disease Control and Prevention. (2021, April 29). *Loneliness and Social Isolation Linked to Serious Health Conditions*. Centers for Disease Control and Prevention. <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- 11 Ibid.
- 12 Ibid.
- 13 Ibid.
- 14 American Psychological Association. (n.d.). *Julianne Holt-Lunstad probes loneliness, social connections*. American Psychological Association. <https://www.apa.org/members/content/holt-lunstad-loneliness-social-connections#:~:text=Significantly%2C%20it%20showed%20that%20people,more%20than%20300%2C000%20people%20worldwide>
- 15 Lynda Flowers, A. H. (2017, November 27). *Medicare Spends More on Socially Isolated Older Adults*. AARP. <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>
- 16 Gielan, S. A. and M., Kopans, D., & Molinsky, A. (2017, November 27). *Burnout at Work Isn't Just About Exhaustion. It's Also About Loneliness*. Harvard Business Review. <https://hbr.org/2017/06/burnout-at-work-isnt-just-about-exhaustion-its-also-about-loneliness>
- 17 Made of Millions Foundation. (n.d.). *How Loneliness Affects Employee Productivity*. Made of Millions Foundation. <https://www.madeofmillions.com/articles/how-loneliness-affects-employee-productivity#:~:text=Dr.&text=Research%20has%20shown%20that%20loneliness,miss%20work%20due%20to%20stress.&text=Studies%20show%20that%20depression%20strongly%20correlates%20with%20productivity%20loss%20in%20the%20workplace>
- 18 Committee, U. S. J. E. (2018, August 22). *All the Lonely Americans?* - United States Joint Economic Committee. <https://www.jec.senate.gov/public/index.cfm/republicans/2018/8/all-the-lonely-americans#:~:text=We%20live%20in%20the%20most,over%20the%20past%20few%20decades.%22>
- 19 Murthy, Vivek (2020). *In TOGETHER: why social connection holds the key to better health, higher performance, and greater ... happiness* (pp. 105). essay, HARPERWAVE.
- 20 *The "Loneliness Epidemic"*. Official web site of the U.S. Health Resources & Services Administration. (2019, January 10). <https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic#:~:text=For%20example%2C%20the%20average%20household,%2D%2D%20now%20live%20by%20themselves>
- 21 Ibid.
- 22 Next Avenue. (2013, July 23). *How to End the Senior Loneliness Epidemic*. Next Avenue. <https://www.nextavenue.org/how-end-senior-loneliness-epidemic/>

Onlife Health, a GuideWell Company, brings end-to-end simplicity to population health and wellness. Connecting and integrating people, technology, and benefit design through our user-friendly engagement platform, we guide consumers on the “next right thing to do” in their health care journey. Our unique approach – personalized, supported, connected – drives engagement and delivers value. With its built-in agility, the Onlife platform can be quickly and easily configured and scaled to serve any market, from commercial health insurance to Medicare Advantage and Individual (ACA) lines of business.

©2021 Onlife Health All Rights Reserved