

# COVID-19 Pandemic Underscores the Need to Address Social Isolation and Loneliness

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When I began my first tenure as surgeon general in 2014, I did not expect loneliness and social isolation to become one of my top priorities. But, as I traveled across America and listened to the stories of people from all walks of life, the topic of loneliness came up again and again. It ran like a dark thread through our nation's most pressing public health challenges—from addiction to obesity, from heart disease to depression. People struggling with opioid use disorder said they felt stigmatized and cast aside. Teachers and parents worried that their children were becoming more and more socially isolated. And older people, often after children had moved out or a spouse had died, said they felt inescapably alone. I remember speaking with a woman named Anne who had struggled with loneliness ever since the passing of her husband, James. After James died, Anne was left alone for the first time in more than 6 decades. Worse, she was facing a breast cancer diagnosis and had no one to lean on for support.

Although Anne felt isolated in her experience, her story is all too common. In recent years, we have come to better understand the prevalence and profound health impact of social isolation and loneliness. A 2018 survey found that more than 1 in 5 adults in the United States “often or always feels lonely, feels a lack of companionship, feels left out, or feels isolated from others.”<sup>1</sup> In 2011, nearly 25% of people in the United States aged 65 or older were considered to be socially isolated. In 2018, 43% of adults aged 60 or older reported feeling lonely.<sup>2,3</sup> Immigrants; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) populations; and people in long-term care settings such as nursing homes are at elevated risk for social isolation and loneliness.<sup>2,4</sup>

Social isolation and loneliness are closely related but have separate meanings: social isolation is an objective measure of a lack of social contact with others, whereas loneliness is the subjective feeling of being lonely. People who are socially isolated do not always feel lonely, and people can feel lonely even if they have a lot of social contact with others.<sup>4</sup>



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The consequences of social isolation and loneliness can be serious and even life-threatening. For example, people who are socially isolated are at a 50% increased risk of dementia, a 29% increased risk of coronary heart disease, and a 32% increased risk of stroke compared with people who are not socially isolated.<sup>2,5</sup> A 2010 meta-analysis found that people with stronger social relationships had a 50% higher likelihood of survival than people with weaker social relationships.<sup>6</sup> In terms of mortality, loneliness and social isolation can be as harmful as smoking 15 cigarettes a day.<sup>7</sup>

Early evidence suggests that the COVID-19 pandemic may have increased the prevalence of social isolation and loneliness. According to a survey conducted in August 2020, 66% of adults—and 75% of young adults aged 18-34—reported experiencing social isolation during the COVID-19 pandemic.<sup>8</sup> Often, people experiencing social isolation also reported feeling frustrated, stressed, anxious, tired, or sad.<sup>9</sup> Social isolation and loneliness resulting from COVID-19 containment measures may also lead to longer-term challenges, such as mental health problems in children and adolescents.<sup>10</sup> Necessary public health measures, such as physical distancing, have kept us safe but limited our ability to interact with family, friends, and loved ones.

Throughout the pandemic, community-based organizations, state and local governments, technology companies, and other entities stepped up to help prevent and address social isolation and loneliness. They trained volunteers to regularly check in with socially isolated older adults by telephone or even get them groceries,<sup>11</sup> hosted discussion groups to discuss strategies for engaging socially isolated people with disabilities,<sup>12</sup> provided tablets and other technology tools to help people stay connected,<sup>13</sup> and even distributed robotic pets to socially isolated adults.<sup>14</sup> As we emerge from the pandemic, we have an opportunity to build on these

efforts and develop a national, coordinated approach to addressing social isolation and loneliness.

A promising national effort is the Commit To Connect campaign, a public–private partnership developed by the Administration for Community Living (within the US Department of Health and Human Services) and more than a dozen other federal agencies, associations, and nonprofit organizations.<sup>15</sup> The Commit To Connect campaign is implementing targeted strategies to reach millions of people experiencing social isolation. The campaign’s top priorities include the following:

1. Increasing awareness about the harms of social isolation and loneliness across all segments of society. For example, the campaign is facilitating conversations with various industry sectors to create more connected communities.
2. Building a nationwide “network of champions” consisting of individuals and community-based organizations committed to combating social isolation and loneliness. These champions will work in local communities to scale up promising solutions to social isolation and loneliness.
3. Developing an online tool that matches people experiencing social isolation with community resources and technologies that can help them connect and engage with others.

Part of the goal of the Commit To Connect campaign is to identify and strengthen successful existing programs. Two of these promising efforts, Area Agencies on Aging and Beyond Differences, are addressing social isolation and loneliness.

Area Agencies on Aging serve older adults in every community across the country. They engage with and connect older adults, caregivers, and people with disabilities to services that help them live full lives in the community. Early in the pandemic, Area Agencies on Aging experienced an increased demand for services. People needed home-delivered meals, groceries, supplies, and medications, as well as telephone and technology access to obtain health care, enroll in programs and services, and connect with loved ones. Many Area Agencies on Aging implemented innovative programs to meet these needs.<sup>16</sup> For example, in Maryland, a nonprofit agency that operates the Maryland Living Well Center of Excellence developed an application (app) to screen a person’s risk of social isolation and provided 700 older adults with tablets to enable them to use the app.<sup>17</sup> The agency coupled the app with PEARLS (Program to Encourage Active, Rewarding Lives), an evidence-based wellness program that matches people with trained social workers who help manage their depression and improve health-related quality of life.<sup>18</sup> The agency is working with the Centers for Disease Control and Prevention and other public health agencies to study the impact of this solution on

depression and health-related quality of life among older adults.

Beyond Differences provides schools across the country with social and emotional learning tools to address social isolation and foster a sense of community and belonging.<sup>19</sup> These tools may be particularly useful during the COVID-19 pandemic, which has created unique challenges for young people.<sup>20</sup> For example, the organization’s Be Kind Online curriculum reduces social isolation in digital spaces by teaching students how to build self-confidence, be kind online, understand the benefits and drawbacks of screen time, and stand up to online bullying.<sup>21</sup> Beyond Differences’ programs and curriculum are used at 8500 schools in all 50 states, reaching more than 3.5 million students.

Throughout the COVID-19 pandemic, I have been so moved by efforts such as these to confront the challenge of social isolation and loneliness. As we see signs of hope that we are emerging from the COVID-19 pandemic, we must find ways to serve others and reconnect with family, friends, and neighbors.

If you are experiencing social isolation or loneliness, know that your feelings are valid. Try to communicate how you are feeling to a peer, friend, or family member. Look for activities and resources, such as those available through the Commit To Connect campaign, to help you connect with others.

If you know someone experiencing social isolation or loneliness, be there for them. Listen, support them, and offer to provide them with resources that can help them find connection.

If you are a community-based organization, consider how social isolation and loneliness may affect the communities you serve. Develop local strategies to address social isolation and loneliness. Involve community members in designing tailored solutions for specific subpopulations. For example, work with educators, parents, and health professionals to identify promising solutions for loneliness in children and adolescents.

We all bring value and meaningful connection to our communities, from our roles as next-door neighbors to our roles as global citizens. And it will take all of us working together, at every scale of community, to lift up the people around us and replace loneliness and isolation with healing and connection.

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## References

1. DiJulio B, Hamel L, Muñana C, Brodie M. *Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey*. Kaiser Family Foundation; 2018. <https://www.kff.org/report-section/loneliness-and-social-isolation-in-the-united-states-the-united-kingdom-and-japan-an-international-survey-introduction/>
2. National Academies of Sciences, Engineering, and Medicine. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. National Academies Press; 2020.
3. Anderson GO, Thayer C. *Loneliness and Social Connections: A National Survey of Adults 45 and Older*. AARP Research; 2018.
4. Simard J, Volicer L. Loneliness and isolation in long-term care and the COVID-19 pandemic. *J Am Med Dir Assoc*. 2020;21(7):966-967. doi:10.1016/j.jamda.2020.05.006
5. Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*. 2016;102(13):1009-1016. doi:10.1136/heartjnl-2015-308790
6. Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med*. 2010;7(7):e1000316. doi:10.1371/journal.pmed.1000316
7. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci*. 2015;10(2):227-237. doi:10.1177/1745691614568352
8. AARP Foundation. *The Pandemic Effect: A Social Isolation Report*. AARP Foundation; 2020. Accessed July 15, 2021. <https://connect2affect.org/the-pandemic-effect/>
9. Davis MR. Pandemic has created loneliness epidemic, new report shows. October 8, 2020. Accessed July 15, 2021. <https://www.aarp.org/home-family/friends-family/info-2020/isolation-survey-coronavirus.html>
10. Loades ME, Chatburn E, Higson-Sweeney N, et al. Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020;59(11):1218-1239. doi:10.1016/j.jaac.2020.05.009
11. Meals on Wheels America. Combating senior social isolation and loneliness. 2020. Accessed July 15, 2021. <https://www.mealsonwheelsamerica.org/docs/default-source/advocacy/meals-on-wheels-america-social-isolation-and-loneliness-overview.pdf>
12. Administration for Community Living. Webinar: improving social connection among people with disabilities. March 17, 2021. Accessed July 15, 2021. <https://acl.gov/news-and-events/announcements/webinar-improving-social-connection-among-people-disabilities>
13. Span P. Just what older people didn't need: more isolation. *The New York Times*. April 13, 2020. Accessed July 15, 2021. <https://www.nytimes.com/2020/04/13/health/coronavirus-elderly-isolation-loneliness.html>
14. Tkatch R, Wu L, MacLeod S, et al. Reducing loneliness and improving well-being among older adults with animatronic pets. *Aging Ment Health*. 2021;25(7):1239-1245. doi:10.1080/13607863.2020.1758906
15. Administration for Community Living. Commit To Connect. Accessed July 15, 2021. <https://acl.gov/CommitToConnect>
16. engAGED: The National Resource Center for Engaging Older Adults. Innovations from the field. Accessed July 15, 2021. <https://www.engagingolderadults.org/innovations-from-the-field>
17. Administration for Community Living. Getting started: resources & technical assistance. Accessed July 15, 2021. [https://acl.gov/sites/default/files/committoconnect/CTC\\_Resources%26Assistance\\_FINAL.pdf](https://acl.gov/sites/default/files/committoconnect/CTC_Resources%26Assistance_FINAL.pdf)
18. University of Washington Health Promotion Research Center. Program to Encourage Active, Rewarding Lives (PEARLS). Accessed July 15, 2021. <https://depts.washington.edu/hprc/programs-tools/pearls/>
19. Beyond Differences. SEL curriculum. 2020. Accessed July 15, 2021. <https://www.beyonddifferences.org/sel-curriculum/>
20. Yoder N, Posamentier J, Godek D, Seibel K, Dusenbury L. *From Response to Reopening: State Efforts to Elevate Social and Emotional Learning During the Pandemic*. Collaborative for Academic, Social, and Emotional Learning (CASEL), Committee for Children; 2020. Accessed July 15, 2021. <https://casel.org/wp-content/uploads/2020/08/CASEL-CFC-final.pdf>
21. Beyond Differences. Be Kind Online curriculum. 2021. Accessed July 15, 2021. <https://www.beyonddifferences.org/be-kind-online>