

For Your Health:

How Social Isolation is a Public Health Problem We Can Solve

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In the spring of last year, Dr. Vivek Murthy, the 19th and 21st Surgeon General of the United States, issued an advisory entitled, “Our Epidemic of Loneliness and Isolation,” which created a fair bit of buzz at the time. One of the first helpful things this paper did was to define loneliness and social isolation.

The report defined loneliness as “a subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual’s preferred and actual experience.” In other words, loneliness is a feeling, and that feeling stems from the sense that one doesn’t belong to a social group or have fulfilling relationships with others.

Social isolation, by contrast, occurs when a person has infrequent interaction with others and few social relationships, roles, or memberships. In other words, social isolation is a condition that can be measured objectively.

With these definitions in mind, it becomes clear that loneliness can be a feature of social isolation. It’s not a foregone conclusion that someone who is socially isolated feels lonely, but the feeling of loneliness is often coupled with the condition of social isolation.

Another striking and important thing this report accomplished was to position loneliness and isolation as a public health crisis. What does it mean to be a public health crisis? Firstly, it must affect health...which social isolation absolutely does, in more ways than one. While it may seem obvious that loneliness and isolation could lead to mental health ailments like depression, it might surprise you to know that they can also contribute to physical health ailments as well. The Surgeon General’s report noted that the physical health consequences of poor or insufficient social connection include a 29% increased risk of heart disease, a 32% increased risk of stroke, and a 50% increased risk of developing dementia for older adults. Additionally, lacking social connection increases risk of premature death by more than 60%! Clearly, there is real harm to both our mental and physical health that can result from loneliness and isolation.

Another characteristic of a public health problem is scale. As you might expect, a health issue becomes a public health issue when it affects, or has the potential to affect, a large number of people. Sadly,

loneliness and social isolation qualify. The report notes that even before the onset of the COVID-19 pandemic, approximately half of U.S. adults reported experiencing measurable levels of loneliness, with some of the highest rates among young adults, and every indication is that the pandemic only made us more lonely still.

If social isolation can negatively affect the health of so many people, it's worth trying to understand its root causes. While one might assume it stems from personal choice, social isolation is often the result of one's circumstances instead. As an example, let us consider the older adult living alone in our own rural community. Their spouse is deceased, their adult children are living in another part of the country, and they are too uneasy about driving to attend church or their card club where they used to see friends and acquaintances. As this example illustrates, social isolation can be more about how a person's life is structured than it is about how they choose to live their lives.

In fact, research tells us that several factors can contribute to social isolation, like the loss of a loved one, long-term illness or disability, becoming a caregiver, having a baby, and moving to a new place, among others. We also know that a person's surroundings, such as living in a rural area and lacking transportation can also contribute to social isolation.

The happy news is that if a person's circumstances and surroundings can contribute to social isolation, there may be an opportunity to change those circumstances and surroundings in a way that promotes social connection instead. For instance, we can focus on ensuring that our communities have public spaces such as parks, community gardens, walking trails, libraries, community centers, and schoolyards, where people can interact. We can also focus on programming in those spaces with cultural activities like musical performances, or health-promoting activities like exercise classes that stimulate connection as well. It is also meaningful to "co-create" shared spaces and programs as much as possible, so that the people we hope will connect in and through them are involved in their design and selection.

We can also focus on enacting "pro-connection" policies at every level of government. For instance, policies that focus on establishing public transportation systems, walking and bicycling trails, and good pedestrian supports, like well-marked and lighted crosswalks, promote connection, as do policies like Paid Family Leave, that create more time for family bonding.

And, perhaps most importantly, we can cultivate a "Culture of Connection" through the informal practices of everyday life that define how we engage with each other, whether at home, in the workplace, or at the grocery store checkout. By being intentional about cultivating connection with our families, coworkers, friends, neighbors, and even strangers, we can not only provide an antidote to social isolation, but a remedy for all the ills, physical, mental and societal, that it creates.

The Healthcare Consortium is a non-profit organization with a mission of improving access to healthcare and supporting the health and well-being of the residents in our rural community. The agency is located at 325 Columbia St. in Hudson. For more information, visit www.columbiahealthnet.org or call 518-822-8820.