The Coalition to End Social Isolation & Loneliness

**OUR VISION**

The vision of the Coalition is for all Americans to have the opportunities and support necessary to be socially engaged in society.

**OUR MISSION**

The Coalition to End Social Isolation & Loneliness has the mission to bring together a diverse set of national organizations including consumer groups, health plans, health care providers, technology innovators, patient advocates and more to develop and advocate for federal policy solutions to address the epidemic of social isolation and loneliness.

**COALITION ACTIVITIES & SERVICES**

The Coalition to End Social Isolation & Loneliness engages in a variety of areas in order to advance its mission; these areas include, but are not limited to, disseminating research findings, developing and advocating for federal and state legislative and regulatory policy interventions, and leading public awareness activities and events in Washington, DC as well as across the nation.

**COALITION MEMBERS**

The Coalition to End Social Isolation & Loneliness consists of national stakeholders including consumer groups (e.g., National Partnership for Women & Families), patient advocacy organizations (e.g. Depression and Bipolar Support Alliance), health plans (e.g. Anthem/CareMore), community-based organizations (e.g. n4a), mental and behavioral health advocates (e.g. National Council on Behavioral Health), and private sector innovators (e.g. Lyft).

*The Coalition to End Social Isolation & Loneliness* brings together a diverse set of national organizations including consumer groups, health plans, health care providers, technology innovators, patient advocates and more to develop and advocate for federal policy solutions to address the epidemic of social isolation and loneliness. For more information, please visit: www.endsocialisolation.org, our COVID-19 Resource Center at www.endsocialisolation.org/COVID-19 and @EndSocIsolation on Twitter.
The Coalition to End Social Isolation & Loneliness

OUR CHALLENGE

Recent studies show that millions of Americans are socially isolated, lonely, or both, which negatively impacts quality of life and health outcomes. Social isolation occurs when an individual does not have adequate opportunities to interact with others, whereas loneliness is a subjective experience stemming from the perception of not having enough social relationships or contact with other people. (1) Both can be similarly detrimental to one’s health and wellbeing. The current pandemic has had a major effect on social isolation and loneliness; a study found that 86% of males reported feeling lonely because of the pandemic, up from 63%, and 76% for females, up from 58% pre-pandemic. (2) While we have seen that the pandemic has had a major impact on loneliness, we acknowledge that social isolation and loneliness has been a silent epidemic affecting millions long before COVID-19.

New research shows that social isolation led to a 29% increased risk of mortality and loneliness a 26% increase, comparable to that of obesity and cigarette smoking. (2) Other studies have found that social isolation and loneliness are strongly related to poor health, particularly with respect to arthritis, mobility impairment, and depression. Furthermore, social isolation has been associated with a number of significant co-occurring illnesses such as chronic lung disease, arthritis, impaired mobility, depressive symptoms, self-neglect, elder abuse, and exploitation. (3)

Both young and older individuals experience social isolation and loneliness. Approximately 42 million adults over age 45 in the United States are estimated to be suffering from chronic loneliness, according to AARP’s Loneliness Study, and Medicare spends $6.7 billion annually as a result of individuals being socially isolated. (4) Among younger Americans the problem is significant as well. An online survey of more than 20,000 U.S. young adults found that nearly half (46%) said they sometimes or always feel alone. (5)

OUR OPPORTUNITY

Federal resources and policy interventions can significantly address the social isolation and loneliness epidemic. In convening allied stakeholders from diverse perspectives, utilizing the expertise from our Scientific Advisory Board, and incubating new intervention methods via the Innovation Network, we advocate for legislative and regulatory policy solutions that will ensure at-risk populations have the opportunity to become socially connected. This is crucial because not only does social connectedness yield positive health outcomes, but studies show its importance among older adults in building age-friendly communities.

JOIN US!

If you’re interested in becoming a member of the Coalition to End Social Isolation & Loneliness or would like to learn more information, please contact Eddie Garcia (egarcia@healthsperien.com), or Meg Wallace (mwallace@healthsperien.com).

1 UK Government. A connected society: a strategy for tackling loneliness. 2018
2 Emily Barone/Elijah Wolfson for TIME, SourcePRO. 2020
5. Linda Flowers, Jonathan Shaw, Monica Farid, et. al. Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute. November 2017
COALITION POLICY PRIORITIES

1. Increase public awareness regarding social isolation and loneliness and its effect on health and well-being. 
We must increase awareness and understanding of the social isolation and loneliness epidemic, as well as highlight solutions to address the problem. Increasing public awareness will have a force multiplying effect on our other policy goals, such as improving access to and uptake of relevant services and supports and promoting research.

2. Enhance Social Services and Supports to address social isolation and loneliness. 
Although solutions to address social isolation and loneliness will vary, they should leverage existing social services and supports. This is particularly timely with recent Medicare Advantage flexibility to offer new types of supplemental benefits to Medicare beneficiaries. Stakeholders are starting to identify and promote community-based programs and interventions that foster social connectedness.

3. Advance health services and supports that address social isolation and loneliness. 
Social isolation and loneliness take a toll on physical and psychosocial health, leading to poorer health outcomes, higher rates of mortality, and higher health care costs. Social isolation and loneliness have emerged as important determinants of health, and health care payers, providers and policymakers are considering whether and how to screen and treat loneliness as a medical condition.

4. Leverage innovative technology solutions that foster connection and social integration. 
Technology has tremendous potential to connect socially isolated and lonely individuals with people, services and programs. Continued innovation in telehealth, social media, app-based services, assistive devices and other consumer-facing technologies holds great potential for addressing social isolation and loneliness. However, technology also has the potential to increase an individual’s sense of isolation, particularly among teens and younger adults.

5. Advance research to continue to develop the evidence base necessary to design effective programs and policies. 
The Coalition’s policy goals and strategies are informed by a robust evidence-base about the effects of social isolation and loneliness and interventions to address the epidemic. Federal legislative and regulatory approaches should support the further development of research in both the private and public sectors, including funding to the Agency for Health Research and Quality and Health Resources and Services Administration.

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