Spotlight:

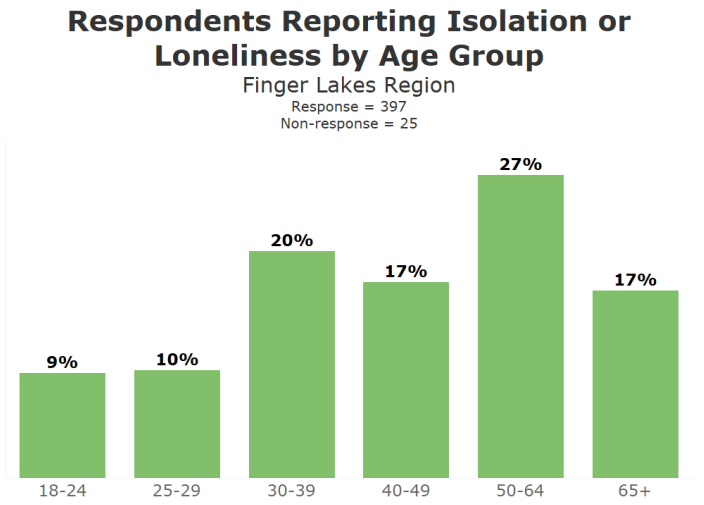
Social Isolation and the Benefits of Intergenerational Connection

Common Ground Health

The Issue

Social isolation is an important but under-recognized social determinant of health. A lack of social contact, engagement, or meaningful relationships is a growing societal concern that has significant implications for both individuals and the community's well-being. In May 2023, the U.S. Surgeon General released an advisory recognizing the harms of disconnection on our mental, physical and societal health.[1]

In the My Health Story 2022 survey of residents of the 9-county Finger Lakes region[2], 11% (N = 422) of survey respondents reported that they had concerns about feelings of isolation and loneliness in the last 12 months. Feelings of isolation and loneliness were reported across the age span, with those aged 50-64 making up the largest percentage of the total reporting being concerned about having these feelings.



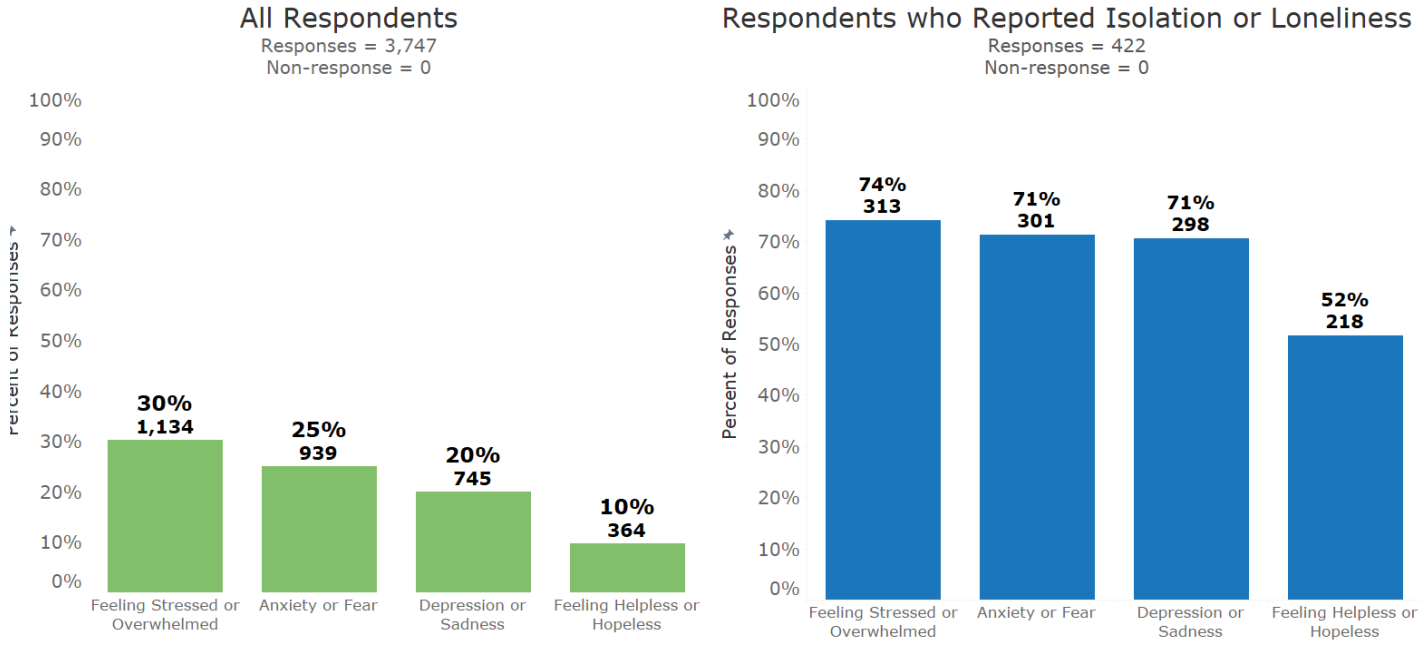
Source: Common Ground Health, My Health Story 2022 (unweighted response counts and percents).

For older adults (age 50+), major life changes, such as retirement and living alone due to family changes (children going to college or moving out of the house), contribute to social isolation. As we age, we are more likely to experience health challenges

[1] United States Public Health Service Office of the Surgeon General (OSG) (2023, May) Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. US Department of Health and Human Services, Washington, DC. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

[2] My Health Story 2022 is a regional health equity survey administered by Common Ground Health. A community-engaged convening process shaped the survey content by identifying priority topics, including social determinants of health and health outcomes. The goal of MHS 2022 is to capture data to inform actionable steps to improve health equity in the Finger Lakes region. The data in this report includes survey responses from individuals aged 18 and older from Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties. See Appendix 1 for demographic composition of the full survey sample and those reporting concerns about isolation or loneliness.

Mental Health Concerns for Self within 9-County Finger Lakes Region



ource: Common Ground Health, My Health Story 2022 (unweighted response counts and percents).
ote: Responses to the question "In the past 12 months, did you have concerns about any of the following for yourself? (Check all that apply).

and the loss of family and friends – both significant risk factors for social isolation. Across generations, the COVID-19 pandemic exacerbated feelings of loneliness, from social distancing measures to reduce COVID transmission, to unprecedented disruptions in schooling and employment. For children and youth, COVID-related school closures affected childcare, education, athletics and hobbies; an entire generation missed some key social experiences. Shifting social dynamics due to increasing use of technology have fostered a perceived increase in quantity of connection, but fewer reliable, quality relationships.

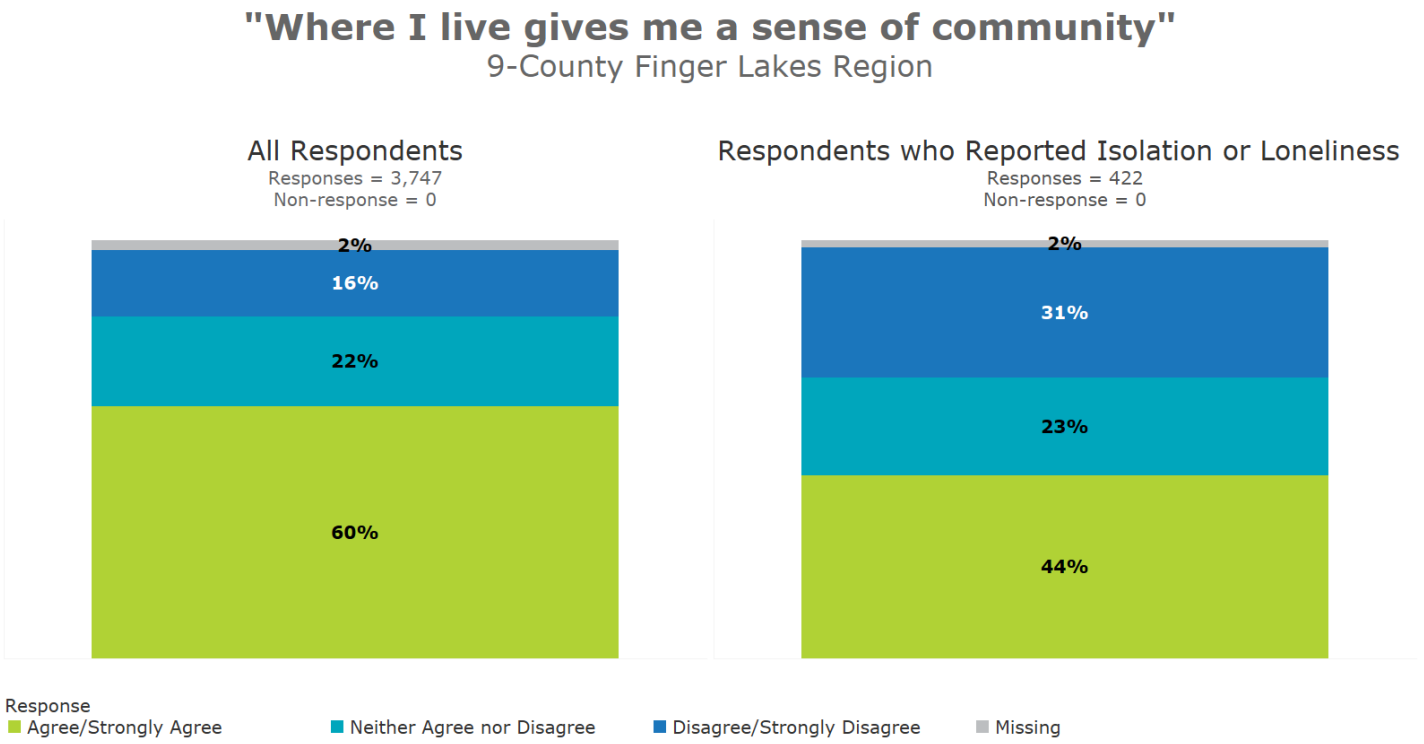
Social isolation is linked to poor health outcomes. The Surgeon General's report identified that the mortality impact of social disconnection "is similar to that caused by smoking up to 15 cigarettes a day."[1] For older adults, social isolation "accounts for an estimated $6.7 billion in excess Medicare spending annually, largely due to increased hospital and nursing facility spending."[1] Among the 422 My Health Story 2022 respondents who reported feelings of isolation or loneliness, 37% rated their physical health fair or poor and 55% reported fair or poor emotional health (compared to 21%, and 24% of all 9-county survey respondents reporting fair or poor physical, and emotional health, respectively).

Consequences of social isolation and loneliness include mental health challenges, such as increased rates of depression, anxiety, and feelings of helplessness or hopelessness. A higher percentage of people reporting concerns about isolation or loneliness also reported concerns about feeling stress or overwhelm (74% vs. 30%), anxiety or fear (71% vs. 25%), depression or sadness (71% vs. 20%) and helplessness or hopelessness (52% vs. 10%), compared to the 9-county Finger Lakes as a whole.

Social isolation is not just an issue of personal behavior or individual choices. It is a reflection of communities and social norms. Compared to the full regional sample, a larger percentage of survey respondents who report being isolated disagreed or strongly disagreed with the statement: "Where I live gives me a sense of community," reflecting a diminished sense of belonging (31% vs. 16%).

Among survey respondents reporting feeling concerned about isolation or loneliness, approximately one-third of those were adults living alone and one-fifth were couples with or without children living in the household. Social isolation was also reported by those living in multi-generational families (13%), single adults with children (9%) and other household types (6%).

About half of those who reported social isolation have a bachelor's degree or higher (49%), and more than half (52%) had incomes of $25K or less. (See Appendix 1 for demographic composition of full survey sample and those reporting social isolation.)



Source: Common Ground Health, My Health Story 2022 (unweighted response counts and percents).

Family caregiving has been linked to social isolation and loneliness.[3] Among MHS 2022 respondents, 25% are a parent or guardian of a child or children under 18, and almost a third of them report feelings of isolation or loneliness. As the population ages, more adults are providing care for aging family members or friends. In MHS 2022, 15% reported being the main caregiver for another adult; 9% provide care for an adult aged 18-64, and 8% provide care for an older adult (age 65+). Nearly one-fifth of these caregivers reported feelings of isolation or loneliness.

Sources of Support

When asked "In the past 12 months, what kind of supports have helped you when you needed it? (Check all that apply)", the response items "family" (66%) and "friends" (58%) were identified as important sources of support for the entire MHS sample. Notably, higher percentages of people who reported isolation identified support from:

- Doctors, counselors and other professionals (54.8%, compared to 36.5%), and

- Others who have faced the same challenges (i.e., peer advocates) (17.3% compared to 7.1%).

Social isolation is not limited to any one population group, and requires a community-wide response to reach those who are feeling disconnected. The Sage II Commission, the Monroe County Aging Alliance, and the New York State Master Plan for Aging have all identified social isolation as a concern for the older adult population, and have recommended intergenerational connection as an opportunity to disrupt ageism, promote community, and address loneliness.

Ageism "refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) toward others and oneself based on age[4]" Ageism is often directed against older people due to negative and inaccurate stereotypes.[5] Starting at an early age, ageism shapes the way we think about ourselves and others as we grow older, and these beliefs go unchallenged when our daily lives are segregated by age groups. But we have an opportunity to confront ageism and reduce loneliness by bringing people together. Intergenerational connection challenges stereotypes and reduces ageism by facilitating positive interactions and understanding between generations, and contributes to the development of strong, cohesive communities. These relationships strengthen social bonds, enhance empathy, and promote a culture of mutual support and care.

[3] Family Caregiver Alliance. (n.d.) Caregiver Isolation and Loneliness: The Impact on Caregiver Health and Strategies for Staying Well. https://www.caregiver.org/news/caregiver-isolation-and-loneliness/

[4] World Health Organization. (2021, March 18) Ageing: Ageism Q&A. https://www.who.int/news-room/questions-and-answers/item/ageing-ageism

[5] Reframing Aging Institute. (2021) The Story of Reframing Aging. [Infographic] ReframingAging.org. https://www.reframingaging.org/Portals/GSA-RA/images/RAI%20Intro%20Infographic%202021.pdf?ver=0-AwevO45NHd7dE_YTdwYg%3d%3d

As we live longer and healthier lives, we can (and must) create a culture that fosters connection, reduces loneliness, and promotes respectful exchange of ideas and mutual learning.

Recommendations

As isolation and loneliness gain recognition as critical community issues, resources are available, such as the Surgeon General's Advisory[1], to guide leaders from multiple sectors in the development of a stronger culture through intergenerational connection:

- Governments should support and fund initiatives that facilitate intergenerational connection, such as intergenerational housing, mentorship programs, and community events that encourage interactions between generations. These initiatives can be formalized through the education system, or implemented informally through recreation programs or the built environment.

- Health care providers, counselors, and peer advocates were identified as key supports for those who reporting feelings of isolation. Implementing isolation screenings in visits both for patients and family caregivers could help facilitate the development of "Connection Plans"[6] for individuals to increase their social connection.

- Employers can create age-inclusive workplaces where older adults can continue to work, mentor younger employees, and contribute their skills and experience.

- Public awareness campaigns can educate the public about the issue of increasing social isolation, along with simple ideas to increase connection among us.

The Surgeon General's report identified that the mortality impact of social disconnection "is similar to that caused by smoking up to 15 cigarettes a day."

[6] Van Orden, K. A., Bower, E., Lutz, J., Silva, C., Gallegos, A. M., Podgorski, C. A., Santos, E. J., & Conwell, Y. (2021). Strategies to Promote Social Connections Among Older Adults During "Social Distancing" Restrictions. The American Journal of Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry, 29(8), 816–827. https://doi.org/10.1016/j.jagp.2020.05.004

Promising Local Programs

St. John's Collaborative for Intergenerational Learning – This partnership between Nazareth University and St. John's brings students and older adults together in weekly course sessions for PSY 355 – Aging & Community Service. Students and residents work together on community impact projects, and older adult participants actively shape the direction of the course. In 2023, this partnership expanded with the option for gerontology students to move into St. John's Meadows for three weeks to experience and better understand and experience a senior living community.

Clarissa Uprooted – A collaboration between the Center for Teen Empowerment and the Clarissa Street Reunion Committee, Clarissa Uprooted brings Rochester young people and adults together to look to the past to understand the present and identify actions that will help heal the future. This project resulted in an award-winning documentary, *Clarissa Uprooted: Youth and Elders Uncover the Story of Black Rochester*.

Generation 2 (G2) – The G2 Program affiliated with The Strong Museum pairs school-aged children with consistent adult volunteers for regular, child-directed play sessions. G2 is currently active in Rochester City School District, East Rochester and Greece school districts.

Conclusions

Social isolation is a pressing issue with far-reaching consequences for individuals and society as a whole. Fostering intergenerational connection is a promising approach that can break down ageist stereotypes, improve emotional and social well-being, provide cognitive and health benefits, and build stronger, more cohesive communities. Governments, communities, and individuals should work together to address this issue by implementing policies and programs that promote intergenerational connection, ultimately improving the lives of individuals of all ages and the well-being of society as a whole.

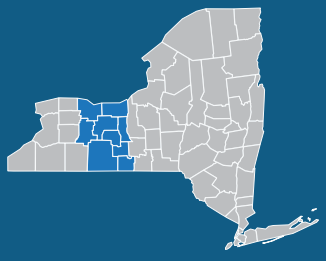
Appendix 1

Demographic Composition of 9-County Finger Lakes Region My Health Story 2022 Respondents					
		All Respondents		Respondents who Reported Isolation or Loneliness	
Segmentation	**Segment**	**Count**	**Percent**	**Count**	**Percent**
Household Income	Low (<$50K)	1,732	46%	219	52%
	Middle ($50K-$100K)	1,041	28%	114	27%
	High (>$100K)	668	18%	63	15%
	Prefer Not to Say	306	8%	26	6%
Household Type	Adult living alone	1,105	29%	136	32%
	Couple with children	715	19%	86	20%
	Couple without children	968	26%	84	20%
	Multigenerational or extended family	417	11%	55	13%
	Single adult with children	369	10%	36	9%
	Unrelated adults in group setting	29	1%	**	**
	Unrelated adults in private residence	82	2%	12	3%
	Other housing situation	62	2%	**	**
Educational Attainment	Less than HS, or HS diploma, or Some College but No Degree	1,487	40%	143	34%
	Trade or Associates	560	15%	67	16%
	Bachelor's or higher	1,542	41%	207	49%
	Missing	158	4%	5	1%
Sex	Female	2,684	72%	330	78%
	Male	1,037	28%	89	21%
	Intersex	**	**	**	**
	Prefer Not to Say	**	**	**	**
Race & Ethnicity	White Non-Latino	2,021	54%	300	71%
	Black Non-Latino	1,038	28%	50	12%
	Latino	470	13%	41	10%
	Write-In	118	3%	19	5%
	Prefer Not to Say	100	3%	12	3%

Source: Common Ground Health, My Health Story 2022 (unweighted response counts and percents).

Note: 3,747 respondents within the region, with 422 of those respondents reporting isolation or loneliness.

** - Demographic groups less than 10 are suppressed.



About Common Ground Health

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.

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