



2023-2024 POLICY PRIORITIES

Addressing the Impact of Social Isolation and Loneliness



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The Challenge

Social isolation encompasses objective indicators of deficits in social connection, including having few social relationships and having infrequent social interaction. Relationships with others fulfill a variety of physical, emotional, and cognitive needs; and when individuals are suffering from social isolation, it is difficult for these needs to be met. Loneliness, the common, subjective, distressing feeling of disconnection, has profound consequences.

On an individual level, social isolation and loneliness are associated with increased risk of premature mortality, cardiovascular disease, diabetes, and immune and respiratory illnesses. Those suffering from social isolation or loneliness have an increased risk of dementia, stroke, and cognitive decline. Societally, loneliness impacts people at work, often resulting in unengaged employees, lower productivity, and decreased performance. In fact, loneliness [costs](#) employers more than \$154 billion a year in lost productivity due to absenteeism.

The COVID-19 pandemic led to large increases in social isolation, loneliness, and mental distress. More than half of Americans (58 percent) [reported](#) being lonely in 2021, which is an increase from 46 percent in 2018. Similar to most aspects of well-being, factors like race/ethnicity, age, gender, and socioeconomic status influence how individuals and communities experience loneliness. Notably, young adults ages 18 to 24 are twice as likely to be lonely than adults ages 66 and older. However, evidence shows that young adults with 3-4 social connections have significantly lower odds of attempting suicide, underscoring the importance of social connection. People from underrepresented racial and ethnic groups as well as people with lower incomes are more likely to be lonely. Prior to the pandemic, individuals experiencing hearing loss were [reported](#) to be less willing to engage in social interactions, and living in a community where access to hearing health care is limited can lead to greater isolation.

Data shows that parents and guardians of children, and in particular mothers and single parents, are more likely to experience feelings of loneliness. Veterans and individuals with disabilities are also high-risk populations for social isolation or loneliness. Moreover, Americans experiencing mental illness are more than twice as likely to be lonely than those with strong mental health, and research shows that loneliness often goes hand-in-hand with other mental health challenges.



ABOUT THE COALITION

The Coalition to End Social Isolation & Loneliness (“the Coalition”) has been advocating for policy change that combats the adverse effects of social isolation and loneliness since it was formed in 2018. The Coalition represents some of the most influential consumer groups, patient advocates, health plans, community-based organizations, behavioral health groups, and private sector innovators in the United States. Through disseminating research findings and leading public awareness campaigns alongside its sister-organization, the Foundation for Social Connection, and advocating for legislative and regulatory interventions, the Coalition envisions a society where every individual will one day have the opportunities and supports necessary to be socially engaged.

The Opportunity

As we emerge from the COVID-19 pandemic, with its waves of isolation, disconnection, and loss, the Coalition’s mission becomes critical – even now more than ever – in grounding ourselves in meaningful connection, resiliency, and belonging. The Coalition advocates for a comprehensive policy agenda that focuses on public awareness, social services, health services, innovation, and research. An overarching theme includes the opportunity for cross-agency and cross-sector solutions. Alongside members with diverse perspectives and expertise, the Coalition presents the following targeted and evidence-based legislative and regulatory policy recommendations, to address the impact of social isolation and loneliness and ensure greater social connection for all populations.

2023-2024 Policy Priorities

GOAL #1:

Increase public awareness regarding social Isolation, loneliness and connection and their effect on health, belonging, well-being and resilience.

GOAL #2:

Enhance social services and supports to address social Isolation, loneliness, and promote social connection.

GOAL #3:

Advance health services and supports to address social Isolation, loneliness, and promote social connection.

GOAL #4:

Leverage innovative solutions that foster connection and social integration.

GOAL #5:

Advance research to establish the prevalence of social isolation, loneliness, and connection.

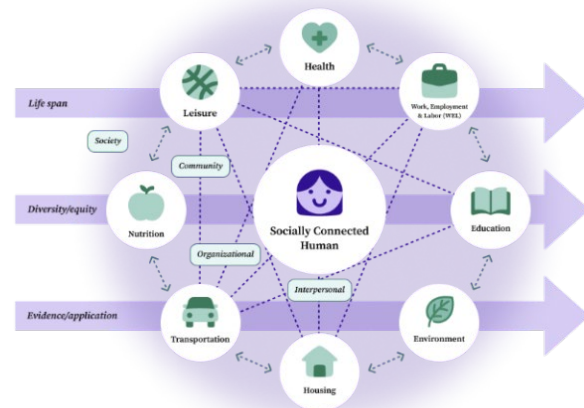
GOAL #1: INCREASE PUBLIC AWARENESS REGARDING SOCIAL ISOLATION, LONELINESS, AND CONNECTION AND THEIR EFFECT ON HEALTH, BELONGING, WELL-BEING, AND RESILIENCE

We must increase awareness and understanding of social isolation and loneliness as well as highlight solutions to promote social connection. 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.

To raise the visibility of social isolation and loneliness as a public health issue, policymakers should:

1. Institute an Inter-Departmental and Agency National Coordinator of Social Isolation and Loneliness to lead and coordinate administrative efforts, identify, and leverage current federal and state resources, and make recommendations to cabinet officials and the White House to reduce stigma and encourage social connection;
 - a. Establish a new chapter within Title 22 of the United States Code directing the Interagency Council on Social Connection to coordinate with the World Health Organization (WHO) to create a WHO commission on global social connection. The United States-funded WHO commission’s mandate is to support global coordinated efforts to reduce social isolation, loneliness, and increase social connectedness.

2. Develop a national strategy to address social isolation and loneliness and the benefits of social connection among all populations that builds off the [SOCIAL Framework](#), foundational research spearheaded by the Foundation for Social Connection’s Scientific Advisory Council;
 - a. Fund the [Equitable Long-Term Recovery and Resilience \(ELTRR\) Workgroup](#) that offers interagency, cross-collaboration recommendations in their Federal Plan to strengthen the vital conditions, of which social connection is at the core, necessary for improved community and individual resilience, and well-being. This can be accomplished by incentivizing public-private and cross-agency stakeholders to support, develop, and test different educational and



- training approaches investigating the mental and physical impacts of social isolation and loneliness for the most effective strategy.
- b. Facilitate partnerships between federal agencies and arts, culture, and civic engagement programs, to support community development and resilience as outlined in frameworks like the [ELTRR for Social, Behavioral, and Community Health](#).
 - c. Map out community engagement resources (such as youth engagement programs, faith-based groups, federal and state offices, and public facilities) across departments and agencies to ensure alignment, awareness, and breadth of support.
 - d. Direct the Secretary of Health and Human Services to develop national guidelines for social connection, which includes best practices and implementation strategies for the design and development of programs to address social connection for all individuals across the lifespan.
3. Provide funding for a national public education campaign that builds upon and leverages action, interventions, and approaches from the [ELTRR's Federal Plan](#), the National Academy of Science, Engineering, and Medicine's [report](#), the U.S. Surgeon General, including the [Framework for Mental Health & Well-Being in the Workplace](#), [Advisory on Protecting Youth Mental Health](#), and future work on social connection and resiliency; and,
 4. Advocate for funding for the Administration for Community Living (ACL) Commit to Connect initiative to evaluate innovations to address social isolation and loneliness, assess the evidence base to support program and technology solutions; and develop a methodology for ranking and building the evidence on those solutions.

GOAL #2: ENHANCE SOCIAL SERVICES AND SUPPORTS TO ADDRESS SOCIAL ISOLATION, LONELINESS, AND PROMOTE SOCIAL CONNECTION

Although solutions to address social isolation, loneliness, and connection will vary, they should leverage existing social services and supports. This is particularly timely with the recent interest in addressing health-related social needs (HRSN) and drivers of disparities. Stakeholders are beginning to identify and promote community-based programs and interventions that are fostering social connectedness.



To promote non-medical interventions that address social isolation, loneliness, and encourage connection, policymakers should promote policies addressing these factors in young adults, including:

Workforce

Programs that connect young adults to meaningful and rewarding careers can serve as a pathway to financial security and establish professional networks that help foster lifelong purpose, belonging, and well-being.

1. Expand eligibility for the Temporary Assistance for Needy Families (TANF) program and funding to support young adults without children;
2. Provide states with technical assistance and authority to braid federal funding intended to comprehensively support youth workforce development and training such as the TANF, the Workforce Innovation and Opportunity Act (WIOA), Reemployment Services and Eligibility Assessment Grants (RESEA), the Adult Education and Family Literacy Act (AEFLA), and Vocational Rehabilitation programs;
3. Amend TANF requirements to explicitly list technology and internet supports as eligible costs for current-year state funding to promote job preparation and work. This could be accomplished by directing the Administration for Children and Families (ACF) to provide states with guidance and technical assistance to states on how to utilize TANF to provide technology and internet services to workers, job seekers, and those receiving job readiness training;
4. Establish federal incentives and initiatives to address social isolation and loneliness in the public sector workplace environment; and,
5. Support the collaborative improvement methodology to address social isolation and loneliness in the workplace environment.

Education

Expanded access to high-quality higher education and vocational opportunities will provide young adults with the skills and experience they need to enter and establish careers in high-demand job fields.

1. Amend [45 CFR 261.2](#) to remove the 12-month time limit and participation cap on vocational educational training, to allow



young adults to participate in community college and university education programs as a part of their TANF benefit work requirements;

2. Increase the amount of federal grants available to students pursuing a career in the behavioral health workforce to use towards tuition and related expenses; and,
3. Direct the U.S. Department of Education (DOE) to provide recommendations to public schools and institutes of higher education on how to incorporate evidence-based and developmentally appropriate instructional practices that can promote positive, supportive teacher-student and peer relations (e.g., cooperative or peer learning).

To promote non-medical interventions that address social isolation, loneliness, and encourage connection, policymakers should improve federal assistance and infrastructural capacities for all individuals, including:

Nutrition

Continuing to provide access to resources to help individuals fulfill their basic health needs, to support their overall well-being, and reduce financial stress due to food insecurity, which contributes to loneliness.

1. Protect the Supplemental Nutrition Assistance Program (SNAP) and preserve the flexibilities established during the COVID-19 pandemic;
 - a. Expand eligibility for students at institutes of higher education who are eligible for work studies or have an Expected Family Contribution of 0.
 - b. Replace free or reduced-priced school meals for children and youth whose school is closed for five or more days.
 - c. Fully implement the SNAP online purchasing program.
 - d. Promote and improve benefit coordination to address the under-enrollment of older adults in SNAP, among others.
2. Support the [Opportunity to Address College Hunger Act](#) and similar legislation to promote awareness and access to social services for individuals enrolled in colleges, universities, and other institutes of higher education; and,
3. Capitalize on the Aging Network's existing role in reducing social isolation among older adults and caregivers by:



- a. Increasing funding for the Older Americans Act (OAA) nutrition programs, supportive services, evidence-based disease prevention programs, multigenerational services, resource centers, and other state/local programs that address the impact of social isolation and loneliness on mental and physical health and/or look to improve social connectedness.
- b. Modernizing the OAA regulations, guidance, and secure investments for the authorities added to the OAA in the 2020 reauthorization, including federal leadership, research, and demonstration opportunities in combatting the negative health effects of social isolation and increasing social engagement.



Built Environment

Investment in community environments, infrastructure, and technologies will develop accessible community spaces and platforms for individuals to gather and form social connections.

1. Increase funding and expanding the scope of current Federal Communications Commission (FCC) broadband initiatives;
2. Require the FCC to coordinate with ACF, the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Agriculture (USDA), the U.S. Department of Housing and Urban Development (HUD), and other relevant agency partners to create a cross-agency plan to maximize joint use of broadband and technology affordability programs with braided funding and coordinated enrollment;
3. Address transportation insecurity – a key social determinant of health and well-being – by improving access to non-emergency medical transportation and non-medical transportation programs, which provide social interaction opportunities, connect individuals to healthcare services, and improve quality of life;
4. Support federal legislation that would establish grants and opportunities for braided funding for state and local governments to implement social interventions and foster social connection in health, education, employment, housing, transportation, environment, and arts sectors;



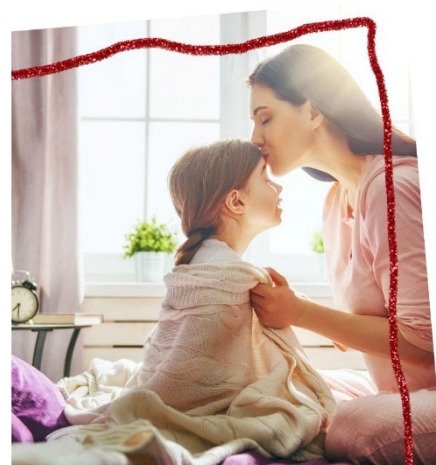
5. Enhance funding for public spaces like libraries, community art spaces, and green spaces where community members across generations and abilities can engage in social connectivity and access social and emotional learning;
6. Enhance broadband infrastructure and connectivity for underserved urban and rural individuals by:
 - a. Requiring the FCC to coordinate with ACF, the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Agriculture (USDA), the U.S. Department of Housing and Urban Development (HUD), and other relevant agency partners to create a cross-agency plan to maximize joint use of broadband and technology affordability programs with braided funding and coordinated enrollment.
7. Promote housing services and supports that increase connection and reduce social isolation through:
 - a. Expanding Service Coordinator funding to all Section 202 HUD funded properties. Currently only half of Section 202 properties and a small percentage of Project-Based Rental Assistance properties currently have Service Coordinators. Service Coordinators play a vital role in connecting residents with resources and leveraging their connectivity to improve health and well-being. Additionally, prioritize service coordinator funding for Public Housing that is targeted to older adults, families, and people with disabilities.
 - b. Prioritizing housing investments that structurally build in resources for onsite services and resident support. Provide additional basis points in the Low Income Housing Tax Credit (LIHTC) program for projects that integrate housing and health/social services.



Caregiving

Everyday millions of Americans provide care to their children, aging family members, and other individuals with disabilities. While the act of providing care can be fulfilling and meaningful, caregivers without adequate workplace, financial, and other supports are at higher risk of becoming isolated, lonely, and depressed.

1. Support the reauthorization of the [Child Care and Development Block Grant Reauthorization Act of 2022](#) and its enhancements to the program funding, eligibility, and reimbursements to childcare providers;
2. Support policies that expand access to [Family and Medical Leave Act](#) protections to additional workers and broader coverage for family caregivers;
3. Support policies that increase access to Medicaid-funded long-term services and supports, to provide formal, paid caregiving and other home and community based services and supports such as:



- a. Transitioning from sheltered workshop-based employment for individuals with disabilities to competitive, integrated employment.
- b. Increasing the supply of affordable, accessible housing.
- c. Implementing reimbursement and payment reforms to support an adequate supply of HCBS providers and direct care workers.
- d. Increasing access to modern accessibility technologies and broadband.



Civic Engagement

Individuals engaged in civic activities strengthen their communities, develop their own leadership skills, and build social ties, trust, and cooperation between community members, community-based organizations, and government agencies.



1. Support legislation that strengthens the Voting Rights Act;
2. Automate voter registration and restoration for formerly incarcerated individuals and newly eligible voters;
3. Expand federal student loan forgiveness and repayment flexibilities to additional civic engagement programs and opportunities (e.g., Resilience Corps, Year, participation in community advisory boards and other programs);
4. Provide guidance and technical assistance to local governments and community-based organizations to improve public awareness of and ease of accessing civic engagement opportunities; and,
5. Engage with stakeholders on existing programs within Corporation for National and Community Service (e.g., AmeriCorps Senior) to provide volunteer services to Americans affected by social isolation and loneliness.

GOAL #3: ADVANCE HEALTH SERVICES AND SUPPORTS TO ADDRESS SOCIAL ISOLATION, LONELINESS, AND PROMOTE SOCIAL CONNECTION

Social isolation and loneliness take a toll on physical and psychosocial health, leading to poorer health outcomes, higher rates of mortality, and higher healthcare costs. Social connection, or lack of social connection, is a social determinant of health that can lead to positive or negative physical, emotional, and/or mental health outcomes. Healthcare payers, providers, and policymakers are considering how to best utilize health services and supports to strengthen the protective factor of social connection and address social isolation and loneliness.

*To provide better health services and supports,
policymakers should:*

Whole Person Care

Whole person care can comprehensively address the physical, behavioral, and social drivers of health by removing barriers and incentivizing strong collaboration across the health and social sectors which can improve an individual's well-being and social connectedness.



1. Support social prescribing practice in medical institutions including hospitals, long-term care facilities, and community health centers to refer patients to community-based resources such as legal guidance, financial support, housing assistance, food security, time in nature, arts and culture, and volunteer opportunities;
2. Expand the scope of screenings for health-related social needs or social drivers to include social isolation, loneliness, and social connection;
3. Encourage the sharing of health information through technological and in-person care management programs to streamline the identification of risks for social isolation and loneliness, and connect patients to adequate interventions;
4. Provide states with grant funding and technical assistance to develop state-wide community information exchange infrastructure to facilitate the sharing of health and social service referrals and data;
5. Remove federal and state barriers that impede access to mental and behavioral health care services provided through telehealth and remote communication technology (RCT) for those socially isolated;
6. Reauthorize the Substance Abuse and Mental Health Service Administration (SAMHSA) grant program ([42 U.S.C. § 290bb-42](#)) that supports state efforts to integrate behavioral health and physical health services;
7. Establish and disseminate grants to improve the mental health of providers to prevent burnout, especially beyond the COVID-19 public health emergency (PHE); and,
8. Strengthen the behavioral health workforce to ensure providers receive cultural competency training to best serve individuals from diverse backgrounds.

Benefit Coverage

The inclusion of evidence-based social connection interventions in Medicare and Medicaid benefits will help ensure access for the beneficiaries who most benefit from these solutions.

1. Expand access to affordable hearing aids through private insurance and original Medicare benefits, such as proposed in the [Build Back Better Act of 2021](#);
2. Expand coverage of school-based health clinics for Medicaid payment for families and communities to bolster social connection and address social isolation;
3. Provide Medicare coverage for behavioral health peer support services;
4. Expand innovative state initiatives and Medicaid waivers addressing social determinants of health (SDOH), which influence the prevalence of social isolation and loneliness, through 1115 and 1332 authorities; and
 - a. Expand the use of individual market health-contingent wellness programs to include “standards” addressing SDOH, including social isolation and loneliness.
 - b. Utilize In Lieu of Services (ILOS).
 - c. Expand coverage for group exercise programs, peer support groups, and other group interventions.
5. Leverage Medicare and Medicare Advantage (MA) benefits to ensure health care reimbursement for social services and supports to address social isolation and loneliness through the following:
 - a. Expand the current definition of “chronic condition” under Special Supplemental Benefits for the Chronically Ill (SSBCI) and propose changes to the MA rebate formula as a means of incentivizing adoption of supplemental benefits that address social isolation and loneliness.
 - b. Ensure Medicare Advantage plans continue to have access to adequate rebate dollars to craft supplemental benefits that address social isolation and loneliness.
 - c. Expand the behavioral health benefit under Medicare fee-for-service to include reimbursement pathways for interventions addressing social isolation and loneliness.





Data Collection

Systematic and standardized screenings, assessments, and evaluations of social isolation and loneliness will provide critical baseline data, identify opportunities for future interventions, and help evaluate solutions as they are implemented.

1. Incorporate social isolation assessment and quality measurement into the Center for Medicare and Medicaid Innovation (CMMI) demonstrations;
2. Direct HHS to build a set of core competencies for streamlined measurement and data collection of social isolation, loneliness, social connection, and related behavioral health;
 - a. Quality measures set within Medicare and Medicaid value-based payment programs.
 - b. Process and outcomes measures that improve screening of social isolation and loneliness and increase utilization of care management to address social isolation and loneliness.
 - c. Quality measures and supports for data systems and integrations that encourage integrated care coordination between providers and social service networks.
 - d. Establish outcome measures that evaluate reported changes in social connection.
3. Enhance federal funds and efforts to establish a streamlined system to collect and aggregate data measuring social isolation, loneliness, and social connection among various federal safety net systems and programs;
4. Incentivize Medicare and Medicaid providers to assess and/or screen for social isolation, loneliness, and social connection; and,
 - a. This may be relevant in the one-time “Welcome to Medicare” preventive visit, yearly “Wellness” visits within Medicare, and Medicaid wellness visits.
 - b. This may include revising the conditions of participation (CoPs) that healthcare organizations including Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs), must meet in order to participate in the Medicare and Medicaid programs to include assessment and preventative measures for social isolation and loneliness.
5. HHS should direct relevant agencies to provide funding to states for health education and training programs and Continuing Education (CE) to require workshops, seminars, and classes on the value of integrating care related to social isolation and loneliness, and integrating social connection into treatment and prevention efforts, for health care providers. This may include understanding how identification of SIL interventions can be incorporated into clinical practice and as part of discharge planning, care coordination, and transitional care planning with community organizations.

GOAL #4: LEVERAGE INNOVATIVE SOLUTIONS THAT FOSTER CONNECTION AND SOCIAL INTEGRATION



Recent advances in technologies and innovative solutions hold the promise to connect individuals with people, services, and programs. Continued innovation in the uses of telehealth, social media, services, assistive devices, and other consumer solutions holds great potential for addressing social isolation and loneliness. However, technology may lead to an increase in an individual's sense of isolation, particularly among teens and younger adults.

To leverage innovative solutions that foster social connection, policymakers should:

Technology

Widespread recent advances in information and communication technologies, including new devices, telehealth, and social media can be leveraged to increase social connectedness.

1. Expand Medicare reimbursement for telehealth and remote communication technology services that screen and treat patients for social isolation and loneliness by:
 - a. Permanently expanding telehealth flexibilities and reimbursement policies and granting HHS authority to expand Medicare telehealth services during all future emergencies and disasters.
 - b. Extending flexibilities for federally funded resources that expand availability and affordability of broadband services and hardware for communities with limited access to quality broadband internet services, prioritizing socioeconomically marginalized communities.
2. Evaluate the efficacy and safety of information and assistive technologies to have a better understanding of which technologies, digital tools or usages promote and facilitate social connection and which exacerbate social isolation and loneliness; and,
 - a. Increase funding for Older Americans Act Title III B Supportive Services which is used by the Aging Network to implement social engagement programs such as telephone reassurance services, arts and creative expression activities, and intergenerational programs. Enhance the [Eldercare Locator](#), a national aging information and referral resource funded by the Administration on Aging, with additional resources to reach more older adults and caregivers and connect them with community-based aging resources that can reduce social isolation.

- b. Require HUD, DOT, and USDA to collaborate on integrated solutions to address rural community development needs.
3. Strengthen the network of non-profit and community-based organizations that provide in-person arts, education, and social events by:
 - a. Offering limited tax deductions to non-profits and small businesses that purchase personal protective equipment (PPE), ventilation system improvements, and cleaning supplies to reduce the spread of COVID-19 and other infectious diseases.
 - b. Funding grants and providing technical assistance to help community-based organizations identify and install technology solutions to facilitate hybrid online and in-person events, and use the lessons learned from the grantees to develop a national set of best practices.

GOAL #5: ADVANCE RESEARCH TO ESTABLISH THE PREVALENCE OF SOCIAL ISOLATION, LONELINESS, AND CONNECTION



The Coalition’s policy goals and strategies are informed by a robust evidence base about the effects of social isolation and loneliness and interventions that promote social connection. Research on social connection should be funded to similar levels as health concerns such as diabetes and smoking.

To promote research activities and dissemination, policymakers should:

1. Generate comprehensive databases to establish the prevalence of social isolation, loneliness, and connection; and,
 - a. Amend Public Health Services Act section 301 ([42 U.S.C. § 241](#)) to include required research and survey items related to an individual’s social health. Bolster nationwide screening and surveillance efforts for social connection through prioritizing specific items related to social isolation, loneliness, and connection in the [Behavioral Risk Factor Surveillance System \(BRFSS\) survey](#), the [National Health and Nutrition Examination \(NHANE\) survey](#), [National Health Interview Survey \(NHIS\)](#), as well as prioritizing social connection as a measurable objective in the [Healthy People 2030 initiative](#).
 - b. Existing surveillance data such as BRFSS and NHIS need to be more expansive and inclusive of different subpopulations.

- c. Additional resources for the National Institutes of Health (NIH), National Institute on Aging (NIA), ACL, the Agency for Health Care Research and Quality (AHRQ), HRSA, the National Institute of Mental Health (NIMH), and the CDC are needed to assess the baseline level and effects of social isolation, loneliness, and disconnection.
2. Leverage new and existing research funding opportunities to understand the impact of social isolation and loneliness on younger and older adults:
 - a. Federal grants for research evaluating the prevalence of social connection before and after interventions can inform local, state, and federal interventions.
 - b. Direct funding to organizations and research coalitions to create a knowledge base on the most effective interventions and existing research gaps across key factors identified in the SOCIAL Framework.
 - c. Continue current DOE funding that offers opportunities for research on preventative interventions for school-aged kids, such as the effects of social and emotional learning.
 - d. Provide designated appropriations for HHS and its subagencies like National Institutes for Health, NIA, AHRQ, HRSA, and the CDC to study interventions that promote social connection or address social isolation and loneliness.
 - e. Request appropriations to study federal social service program requirements to identify opportunities to align and streamline beneficiary eligibility and enrollment across federal benefit programs (Medicaid, SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), TANF, HUD, etc.); and,
 - f. Request a U.S. Government Accountability Office (GAO) report to study the impact of social isolation and government efforts currently underway to address it.



Acknowledgements

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The Coalition to End Social Isolation and Loneliness (CESIL) Policy Team

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