

The Institute

Turning Information into Insight

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Introduction

Social isolation became apparent and presented various disparities once the COVID-19 pandemic impacted different aspects of society. Daily life then had to be adjusted as mandates like shelter-in-place at the beginning of the pandemic were established as many are continuing to stay socially distant and wear masks. With being socially isolated, many high-risk groups that encounter significant challenges are immigrants, marginalized groups, and older adults. These groups currently face problems besides staying safe during the global pandemic that can include unemployment, housing and food instability, or financial dilemmas.



While society followed the new set of directions as the world shut down in many sectors, educational changes became of major importance. Schools in every district were forced to switch to an online format with the virus rapidly spreading which led to challenges due to isolation. Once students of all ages from preschool and daycares to college students went remote many issues emerged since because of learning out of the classroom. Data from a cross-sectional study in different county focused specifically on the feelings of students and teachers at Higher Education institutions (HEIs) in the year 2020. Many individuals that struggled during this time were international students as they were unable to travel back home due to restrictions.¹ Social isolation has severely impacted the way citizens in different countries connect with one another as adjusting to the world became difficult for the population as a whole.

Loneliness and isolation occur with many factors such as illness of family member or loved ones, separation from friends or family, loss of mobility, vision and hearing problems are worsening, disability, and lack of access or mobility to transportation along with how COVID unexpectedly changed social interactions. Additional risks of facing social isolation is due to living alone, unable to leave their home, a caregiver, not meaningfully engaged in activities or feeling lack of purpose, had a major loss like death of a spouse or partner and major life change like retirement, and struggle with money. Individuals also can encounter being isolated and higher rates of loneliness with limited social support, hearing difficulties, and experience language barriers where they live. Further those who live in rural, unsafe, and/or hard-to-reach neighborhoods as well as dealing with age, racial, ethnic, sexual orientation, and/or gender identity discrimination where they reside are at a greater risk of loneliness and social isolation.²

¹ (Filho, Wall, Rayman-Bucchus, Mifsud, Pritchard, Lovren, Farinha, Petrovic, & Balogun, 2021)

² (National Institute on Aging, 2021)

Segments of the Population Impacted by Social Isolation

The COVID-19 pandemic exacerbated social isolation due to various factors impacting parts of the population including older adults, children, and families. Psychological consequences occur along with deterioration of physical and emotional health as feelings of loneliness arise. Although individuals are continuing to be safe from the virus outbreak other difficulties are faced from the stay-at-home orders and being in quarantine that differ in each segment of the population. Available resources are offered across communities to help with these challenges and provide support.

Older Adults

Isolation among the older adult population can be more prominent and therefore dangerous because they are not involved in the workforce and a majority live alone. Even without the pandemic, as mentioned by the National Council on Aging (NCOA), older adults already face solitude with less social connections and in-person gatherings as trends show families are more geographically dispersed. Risks developing over time associated with physical and mental health are depression, cognitive decline, dementia, adherence to medication or treatment, change to blood pressure and immune functioning/inflammation, and influences ability to conduct activities of daily living. It was reported that older adults residing in long-term care facilities were impacted the most as they recorded an increase of deaths as many neurological abandonment, fear, and physical issues were prevalent. To assist with these problems, technology was used to communicate in order to stay connected with family members and follow certain restrictions. Although organizations in the community and senior centers were quickly forced to carry out online services, the NCOA helped many older adults and conducted surveys. Results indicated that the pandemic impacted the senior-focused organizations resources in losing funding and 38 percent of older adults felt comfortable using the internet. Overall these organizations are valuable sources for older adults as the NCOA offers online resources about the virus and vaccines, events such as the Older Adult Mental Health Awareness Day Symposium, and provide a health education to those who need help.³



Mental health of older adults was the main concern during the social isolation brought upon by the pandemic. As the population began to socially distance and quarantine while COVID spread around the world there was a negative impact on mental health including an increase in depression, emotional disturbance, stress, low mood, irritability, insomnia, and suicide rate. Expert groups such as the World Health Organization (WHO) that have been updating society regularly recommended seeking mental help support through geriatricians, psychiatrists, and physiotherapists.⁴ Other research on health was done by the Kaiser Family Foundation (KFF) who discovered that older adults are significantly more likely to not report anxiety or depression than younger individuals and there is an increased risk of premature death, dementia, stroke, depression, anxiety, and suicide. Information collected from their tracking poll indicated that specifically about half of the adults 65 years and older (46 percent) in July of 2020 they

³ (National Council on Aging, 2021)

⁴ (Sepúlveda-Loyola, Rodríguez-Sánchez, Pérez-Rodríguez, Ganz, Torralba, Oliveira, & Rodríguez-Mañas, 2020)

had feelings of worry and stress to pandemic which impacts their mental health negatively, presenting a 31 percent increase from May. The report also mentioned the thoughts of a former U.S. Surgeon General as well as a KFF Board of Trustees member who said there is an “association between loneliness and the absence of social connections and worse physical and mental health, including anxiety and depression”.⁵

Many resources share other strategies to help individuals that are struggling with social isolation impacting their psychological health. More specifically, governors and private sector entities have certain ways to target older adults including a campaign to help residents in California use the Nextdoor website and a project called Virtual Inclusive Technology for All (VITAL) in Florida which uses technology to relieve isolation of older adults in assisted living facilities and nursing homes as well as giving robotic pets to isolated seniors with Alzheimer’s or dementia. Additional states like Nevada established the COVID-19 Aging Network Rapid Response Plan with a Social Support Action Team (SSAT) which gives support in providing more meaningful interactions socially while doing check-in calls and even peer support involving small groups. New Mexico is another state in which they supported older adults by using technology as 350 tablets were given to licensed long-term care facilities so they can connect and communicate with family and friends. Once the stay-at-home order was lifted there were multiple



states that would keep residents of these older adult facilities safe and protect this vulnerable population by having visitations of loved ones outside while being distant.⁶

Due to many more adults experiencing the effects of loneliness and social isolation, especially during the pandemic, additional medical conditions are more likely to follow including dementia, strokes, and risk of premature death. It was determined by the National Academies of Sciences, Engineering, and Medicine (NASEM) that over one-third of 45-year-old adults feel lonely and then almost one-fourth of adults 65 years and older are socially isolated. Both of these age groups have the potential to experience chronic illness, hearing loss, no social contact with living alone, loss of other family members or friends where other problems can develop. These problems comprise of smoking, obesity, and physical inactivity leading to premature death and 50 percent increased risk of dementia while patients with heart failure had four times increased risk of death, 68 percent increase of hospitalization, and a 57 percent increase risk of emergency room visits.⁷

Older Adult Residents (65+) in Household by County, 2019 5-year Estimates		
	Lackawanna	Luzerne
Total number of seniors	41,322	62,285
Seniors living alone	11,953	19,260
Percent of all seniors living alone	28.9%	30.9%

Source: US Census Bureau

According to the US Census Bureau 2019 5-year American Community Survey estimates, there are more than 100,000 adults aged 65 and older in the two counties. In Lackawanna County, there are nearly

⁵ (Koma, True, Biniek, Cubanski, Orgera, Garfield, 2020)

⁶ (National Governors Association, 2020)

⁷ (Centers for Disease Control and Prevention, 2021)

12,000 seniors living alone, and over 19,000 in Luzerne County. Regionally, this amounts to about 30 percent of older adults living alone.

Children

Not only does the older adult population face issues being isolated but also young adults and children are at risk of loneliness and depression or anxiety as a result. Children while being in quarantine at home can find it more difficult to be more independent and develop an identity as well as an increase in long term mental health problems. A research team associated with the National Institute for Health Research (NIHR) analyzed 63 different studies as well as a little over 50,000 school or university students. These studies were used to support different conclusions of how adolescents and children under 10 years old are at an increased risk of depression and anxiety and how problems of grief and stress are related. From the studies evaluated the most prominent results stated that depression can be present up to nine years later and has a negative impact on one's symptoms of mental health. Even after looking at the impacts of pandemics from the past (H1N1, severe acute respiratory syndrome



(SARS), avian flu) these safety measures of distancing from others caused post-traumatic stress and many were five times as likely to find services for mental health. The NIHR concluded that even data from China and the UK confirmed that fears and worries of children as well as distraction, fear, clinginess, and irritability were the issues presented the most and therefore the national institute hoped to have an increase in mental health facilities.⁸

Other articles with observational studies involving just over 50,000 children and adolescents specifically evaluated how social isolation impacts the mental health of previously healthy young individuals. Anxiety and depression are a big concern for children around this age as there is an increase of health problems during isolation and after the implementation of quarantine ends. As many young children faced anxiety from being isolated from others for a decent amount of time, one study found that in reference to sex there were differences in which male but not female participants loneliness was associated with later social anxiety. Along with anxiety and depression, other adverse mental health problems as well as posttraumatic stress can increase and be a sign for concern. Additional sources found in this study considered how interventions consisting of peer mentoring and classroom-based practices may help this specific population with social isolation long term effects. Results confirmed that having an adult peer mentor program for a couple hours each month reduced loneliness and mental health problems for people struggling with bullying and victimization while a universal classroom-based program within schools did not reduce feelings of loneliness. There is major value shown in situations of being socially isolated in order to stay safe from the pandemic where structure in a child's life is crucial since education became online and additionally different types of therapy have a positive result when dealing with being alone.⁹

⁸ (National Institute for Health Research, 2021)

⁹(Lodes, Chatburn, Higson-Sweeney, Reynolds, Shafran, Brigden, Linney, McManus, Borwick, & Crawley, 2020)

Children (under 18) in Household by County, 2019 5-year Estimates		
	Lackawanna	Luzerne
Number of children	42,865	62,284
Number of children in married-couple families	26,375	35,809
Number of children in single parent families	16,073	25,677
Household with own children of the householder (total)	21,006	31,152
Married-couple family household with own children	12,867	18,489
Single parent family household with own children	8,139	12,663

Source: US Census Bureau

As estimated by the Census Bureau’s American Community Survey, the total number of children under 18 years old was 42,865 in Lackawanna County and 62,284 in Luzerne. According to this data collected between 2015 and 2019, there are more married couples that have children than single parent families in both Lackawanna and Luzerne County. However, there are over 20,000 children in single parent households in the two counties. While various concerns for the health and safety of children arise with them being isolated and lonely, these concerns may be particularly notable for children in single parent families, especially for those with single parents who work or attend school outside of the home full-time.

Families

In the beginning of the pandemic families in the same household had to stay under one roof as schools transitioned to online and work became remote to have the correct safety measures. Eventually as the restrictions became less strict and traveling outside of the home became common again there was a lasting impact on individuals and the family dynamic. Some of the ways in preventing the effect of being lonely and isolated is maintaining other social connections through technology, have structure during the day, maintain physical and mental activities, manage emotions and psychiatric symptoms, and stay active outside.¹⁰

Once families were dealing with being confined to a space to follow protocols other implications existed like financial insecurity, caregiving burden, and confinement-related stress which includes overcrowding and changes to routine. Sufficient amount of evidence supports that family well-being is at risk with being isolated with one another as the dynamic can change once the pandemic quickly hit. It is therefore important to have positive relationships when facing these adversities by having a strong family leadership in which parents show nurturance, guidance, and protection. But overall each family will be impacted differently being socially isolated as they encounter various pre-existing health, social, and economic concerns. The evidence to support how the pandemic disproportionately hit families came from the Centers for Disease Control and Prevention as in the United States there were more illness and deaths found within racial and ethnic minority groups along with an income decline for immigrants, disadvantaged families, and families with children. Several ways to help these vulnerable families struggling is for them to have easy access to telehealth services as a way to gain health advice, have a

¹⁰ (Hwang, Rabheru, Peisah, Reichman, & Ikeda, 2020)

rapid response to their mental health needs, and look into family processes and child adjustment to this change since they are socially disrupted.¹¹

Household Type by County, 2019 5-year Estimates		
	Lackawanna	Luzerne
Family households	53,355	81,052
Married-couple family	38,215	57,005
Male householder, no spouse present	4,517	6,709
Female householder, no spouse present	10,623	17,338
Householder living alone	28,157	40,411

Source: US Census Bureau

According to the data from 2015 to 2019, the largest share of families in both counties were married couples (with or without children). Regionally, these account for about 95,000 households. Unmarried householders, including single parent families, number over 49,000 in the two counties combined. Householders living alone made up about 68,500 households in the region – about 32 percent of all households.

Changes in Child Abuse and Neglect

Once the World Health Organization (WHO) announced the news about COVID-19 that required a lockdown, issues such as child abuse and neglect in the household were more likely present, or less likely to be reported. A study directly focused on the beginning of the pandemic and if there is an association between parental social isolation and the risk of child maltreatment (neglect, verbal aggression, and physical punishment). The researched specifically looked at changes of employment status, parenting behaviors, use of discipline, use of spanking, and depressive symptoms to evaluate the abuse and neglect. To come up with conclusions of the study, an online survey on Prolific was given to 555 adult participants 18 years or older just two weeks after the WHO classified COVID-19 as a pandemic. Then in order to assess certain risks involving physical and emotional neglect, verbal as well as physical punishment, the Parent-Child Conflict Tactics Scales (CTS-PC) was used along with other questions about the increase in parental neglect and discipline. Other variables that contributed to the study include parental perceived social isolation and change in employment due to COVID-19 that can be manipulated in addition to questions about depression using the 8-item Personal Health Questionnaire (PHQ-8), sociodemographic controls, social distance, and lockdown that is not changed throughout the study. From the data collected and analyzed it was ultimately concluded that “parents’ perceived difficulty in parenting due to social isolation would be significantly associated with risk for child maltreatment”. It was discovered that isolation was not associated with physical punishment using CTS-PC questions and the adult participants change in employment status was associated with the increase risk of physical punishment. These results also concur to the prior research done about the lack of social support and being isolated show signs of child maltreatment but many families found this time together helped them get closer. Other questions addressed in the study also indicated that that an increase to 24 percent of U.S. adults had depressive disorder symptoms and it is important to keep in mind how families showed resilience during these difficult times. Since these questions were answered by a predominately White, the authors suggested to include individuals that are socioeconomically

¹¹ (Prime, Wade, & Browne, 2020)

disadvantaged and further build new public health systems to prevent maltreatment, and have economic support for families who are more exposed at this time.¹²

A variety of research has been completed to determine how social isolation can be the main factor for child abuse and the risks associated with children stuck in that position. Factors that can be investigated as the cause to the surge of child abuse and neglect include ongoing stress, trouble with food or housing, or low income due to job loss. It is difficult to determine how many children are dealing with abuse since many cases are unnoticed behind closed doors and is not reported. Before going through the sudden change of the pandemic life child abuse was already witnessed during school holidays, summer breaks, or natural disasters and now can escalate further being socially isolated for longer periods of time. Parents and caregivers suddenly were responsible for their children every day so therefore some children did not receive social and emotional support from going to school or daycare as well as community programs not being available in-person. Certain things can be done in order to decrease the risk of child abuse such as reaching out to others using technology, follow a family schedule, discover different community resources to engage with other children while staying distant, and discover new opportunities to help relieve financial problems.¹³

Current perspectives about family violence toward children are discussed as self-report surveys mention estimations of the occurrence of types of victimization which are 22.6 percent for physical abuse, 36.3 percent for emotional abuse, 7.6 percent males and 18 percent females for sexual abuse, 16.3 percent for physical neglect, and 18.4 percent for emotional neglect. Even with the sudden changes to socially isolate, there is the possibility of family uncertainty and increase in child poverty in the long run. Violence towards children tends to increase during this social isolation period of the pandemic which can be explained through aspects of social sciences including criminological theories and socioecological models. Criminological theories directly show how there are multiple variables causing child abuse and that there is a higher risk of violence during critical situations. Socioecological models provide an outline to how COVID-19 directly or indirectly interrupt social ecologies and changed the way individuals interact with their surrounding environment. In order to face this child abuse and neglect issues that will be long-term, prevention strategies can be put in place as well as government officials and social or health care providers working together to integrate child maltreatment into their disaster preparedness plan.¹⁴

Another risk factor during this time of social isolation is that many child abuse cases will be hidden or go unreported due to students not attending school. In experiencing less school contact as schools were closed, teachers and school staff who are mandated reporters of child abuse are not in direct contact with students on a daily basis. The deputy secretary for the Human Services Department Office of Children, Youth, and Families noted that the number of calls to the Pennsylvania's child abuse and neglect reporting system ChildLine dropped significantly. It was found that Pennsylvania witnessed a decline of child abuse and neglect reports in 2021 which is a cause for major concern. According to the Pennsylvania Human Services Department, there was a 16 percent less reports in 2020 for the state and then a 22 percent drop in January 2021. Also in 2020 the U.S. Centers for Disease Control and Prevention indicated that within the nation emergency room visits decreased through September

¹² (Lee, Ward, Lee, & Rodriguez, 2021)

¹³ (Rosenthal & Thompson, 2020)

¹⁴ (Pereda & Díaz-Faes, 2020)

possibly due to less supervision in schools. While schools continued to be remote until conditions improved, medical professionals stressed the need for teachers to interact with students in-person. Lower rates of abuse reports from outside the home are concerning as most child abuse transpires at home. Currently, schools are back in session but it will take time to assess the frequency and long term effects of abuse caused by or unreported due to social isolation. It will be important that statewide real-time data should be collected on abuse and neglect of children because problems exist with not having access to this current information.¹⁵

Domestic Violence

During the pandemic there are other risks and issues that became more apparent while being confined to the home environment such as domestic violence. Although the following orders to stay inside were used to stop the transmission of the virus, it will not be safe for individuals overall. Based on another study it was addressed that “perpetrators who share communal spaces with survivors may attempt to use isolation to abuse, threaten, and control without fear of accountability” as they can feel trapped exposing the flow of depression, stress, and economic hardships of abusers. It was noted that in states such as Oregon different organizations exist in which emergency shelters offer housing to violence survivors as they received an increase in calls about motel vouchers. Additionally, calls into the crisis centers doubled in many parts of the country. Other suggestions from the author shared in order to assist with individuals struggling with domestic abuse was that further assessments should include economic disadvantage and extent of social support risks along with new or worsening substance use and psychological disorders.¹⁶

Even as this increase of domestic violence can become widely seen, many individuals continue to experience difficulty in locating available help since they are forced to stay in a dangerous environment. Data from the CDC stated that one in four women and nearly 1 in 10 men experience intimate partner violence (IPV), sexual violence, physical violence, and possible stalking from their intimate partner. Some considerations to be made about this type of violence during COVID-19 is that “such conditions may stimulate violence in families where it didn’t exist before and worsen situations in homes where mistreatment and violence has been a problem”. Although staying at home will avoid contracting the virus it will not protect others in danger of suffering from abuse as being involved can lead to adverse physical and mental health outcomes, risk of chronic diseases, substance abuse, depression, PTSD, and risky sexual behaviors. Other dangers that IPV causes survivors is that 41 percent of females and 14 percent of males experience physical injury and additional health risks can also arise.¹⁷

Behavioral Health

Being socially isolated can also have an effect on an individual’s behavioral health which involve physical or mental health well-being. Mental health is influential in ability to deal with stressful situations in life, sustain a positive outlook, and have healthy eating or sleeping habits. The Primary Care Development Corporation (PCDC) located in New York completed further investigated the connection of COVID-19 and behavioral health. As many people are currently suffering from mental health issues and different substance use disorders the lockdown adds negative consequences to the existing problems. From a poll

¹⁵ (The Morning Call, 2021)

¹⁶ (Moore, 2020)

¹⁷ (Substance Abuse and Mental Health Services Administration, 2020)

completed by the Kaiser Family Foundation (KFF) there was 45 percent of adults in the country where their mental health is on the decline due to the stress and worries caused by the virus. But even though their overall health will be impacted the most as a result, only a small part of the trillions of dollars Congress has for the mental health crisis emergency fund and therapists had to change to an online format with concerns for vulnerable groups getting help. To help with this issue the PCDC would want to help urban and rural communities by prioritizing integration of behavioral health, even recently having 13 counseling rooms and opioid treatment programs in a health center for those struggling. Expansion of behavioral health services as well as behavioral healthcare for communities is important to fully invest in with the continuing pandemic.¹⁸

While many older adults are suffering in different ways due to social isolation measures, it can eventually lead to dangerous outcomes of their physical and mental health. Challenges they could face involving their physical health is elevated blood pressure and risk for coronary artery disease-associated death or other heart disease. These issues are results of when older adults are lonely as they can make common unhealthy lifestyle and behavioral changes like smoking, alcohol consumption, less physical activity, poor dietary choices, and not abiding their medical prescriptions doctors gave. Additional mental health problems are seen with seven percent reduced sleep efficiency as many have a decline in the number of hours spent asleep, poor self-rated health, and quality of life can diminish. Risks of suicide with other depressive symptoms and dementia have also been linked to loneliness.¹⁹



Further research about how mental health is associated with loneliness and being socially isolated especially during this outbreak explains psychological consequences that society encounters. The common disorders are anxiety and panic, obsessive-compulsive symptoms, insomnia, digestive issues, depressive symptoms, and post-traumatic stress. With prolonged isolation altering an individual's physical and emotional health they are then at an increased risk of losing relationships and connections because of stress. As the connection between loneliness and depression exist it results in changing someone's cognitive function there are also signs that it affects their ability to solve problems, set and achieve goals, effectively function during the day with work and meaningful relationships, and abandon certain occurrences due to loss of control. Different ways to prevent these depression symptoms is to recognize and then accept those feelings while some may benefit by getting support and advice from others.²⁰ To help these depressive symptoms with being restricted from different social interactions,

¹⁸ (Primary Care Development Corporation, 2021)

¹⁹ (Hwang, Rabheru, Peisah, Reichman, & Ikeda, 2020)

²⁰ (Pietrabissa & Simpson, 2020)

some individuals will exhibit other ways to combat loneliness such as substance use. Overall public health practitioners and mental health experts shared their concerns in how the wellbeing of others can be diminished with this increase of loneliness, anxiety, depression, and substance use. Young adults and adolescents are more at risk for substance abuse and addiction especially with the onset of COVID-19 where conditions likely worsened. In the study done by researchers from the University of Miami Miller School of Medicine, surveys were sent to about 1,000 participants from ages 18 to 35. The premise of this cross-sectional study was to evaluate “relations of loneliness with depression, anxiety, alcohol use, and drug use during COVID-19, and assessed perceived increases in these symptoms in young adults”. Data retrieved after the study was analyzed found that 22 percent of the population reported using drugs and then 38 percent reported they involve themselves in severe drug use.²¹

Pertinent Health Indicators of Social Isolation

Depression and Anxiety

With the presence of social isolation comes difficulties in one’s mental health such as depression and anxiety existing in daily life. To demonstrate what the nation and states face on a deeper level with these continuous health problems, the Census Bureau sent out a Household Pulse Survey (HPS) “designed to provide near real-time data on how the pandemic has affected people’s lives”.²² The most recent data collected is included in Phase 3.3 which started on December 1, 2020 and is set to continue to February 7, 2022. For this phase, the survey will be distributed for two-weeks and the following two weeks no surveys would be given to the public. At first data was collected from December 1st to December 13th and then additionally from December 29th to January 10th. For the questions associated with symptoms of depression that was experienced in the last two weeks, the total number of respondents 18 years and older answered two multiple-choice questions. First it was asked of the frequency of having little interest or pleasure in doing things. In total for the United States 113,890,816 individuals chose not at all, 58,740,058 individuals chose several days, 20,283,172 individuals chose more than half the days, 19,487,896 chose nearly every day, and 37,863,507 individuals did not report. Respondents living in Pennsylvania responded to this question where 4,592,390 individuals chose not at all, 2,379,188 individuals chose several days, 723,538 chose more than half the days, 652,727 individuals chose nearly every day, and 1,412,662 individuals did not report. Next question asked respondents to determine the frequency of feeling down, depressed, or hopeless. The nation recorded that 114,009,784 individuals chose not at all, 60,598,054 individuals chose several days, 17,674,246 individuals chose more than half the days, 20,344,105 individuals chose nearly every day, and 37,639,260 individuals did not report. Pennsylvania respondents also answered this question in which 4,639,142 individuals chose not at all, 2,329,078 individuals chose several days, 691,924 individuals chose more than half the days, 716,340 individuals chose nearly every day, and 1,384,020 individuals did not report.

In addition to the two questions asked about an individual struggling with depression, there were two questions answered by respondents relating to symptoms of anxiety experienced in the last two weeks from December 1st to December 13th. The first question asked about the frequency in which they felt nervous, anxious, or on edge. The total number of respondents from the United States had 94,944,933 individuals answer with not at all, 64,582,126 individuals answer with several days, 22,091,015 individuals answer with more than half the days, 31,298,415 individuals answer with nearly every day,

²¹ (Horigian, Schmidt, Feaster, 2020)

²² (United States Census Bureau, 2021)

and 37,348,960 individuals did not report on this question. Specifically for individuals residing in Pennsylvania, 3,563,121 responded with not at all, 2,702,385 responded with several days, 751,215 responded with more than half the days, 1,364,690 responded with nearly every day, and 1,379,095 did not report. The other question that was given was choosing the frequency of not being able to stop or control worrying. In total for the nation there were 108,792,932 individuals said not at all, 60,839,063 individuals said several days, 18,289,221 individuals said more than half the days, 24,669,382 individuals said nearly every day, and 37,674,852 individuals did not report. The responses collected from the state of Pennsylvania was that 4,387,642 responded with not at all, 2,431,919 responded with several days, 542,603 responded with more than half the days, 1,004,125 responded with nearly every day, and 1,394,216 did not report.

The Kaiser Family Foundation research also commented on the mental health crisis as it relates to the progression and increase of social isolation. Their research “found the share of adults reporting anxiety or depression has increased since the start of the coronavirus pandemic, with four in ten adults age 18 and older (40%) reporting symptoms of anxiety or depression in July”. As they also tracked what was happening with U.S. adults 18 years and older they mentioned that from the months of May leading to July where the number of individuals who experienced worry and stress increased by 39 percent. Additional information that was included into the study pertinent to how anxiety and depression and other adverse mental health effects increase with being isolated is about the lack of help and cost of services. For older adults, mental health services may be unaffordable and finding providers are difficult because patients are being limited with having Medicare.²³

Social and Economic Hardships

Individuals and families that previously struggle within society and further deal with financial hardships can be hit with more difficulties when social isolation arises. The United Health Foundation collected information measuring social and economic factors using America’s Health Rankings composite measures. Recent findings for the state of Pennsylvania indicate certain factors associated with society and the economy. In summary for 2021 as the most recent year the important values listed was that public health funding reached 83 dollars per person, the economic hardship index from 1 to 100 was at 39 (includes crowded housing at 1.5 percent of units, dependency at 39.2 percent of the population, education less than high school at nine percent of adults 25 years and older, per capita income at 35,804 dollars, poverty at 11.9 percent of households, and unemployment at 4.6 percent of civilian population).²⁴

²³ (Koma, True, Biniek, Cubanski, Orgera, Garfield, 2020)

²⁴ (United Health Foundation, 2022)

Conclusions

Social isolation has become a prominent issue within society especially as the COVID-19 pandemic exacerbated feelings of loneliness and solitude. These feelings associated with being isolated along with other problems that arise due to being alone will continue impact many individuals for years to come. While marginalized populations as well as rural areas struggle the most, the specified larger groups that also deal with social isolation in different ways are older adults, children, and families. As many older adults already live alone they face other challenges such as mental or cognitive health concerns as well as an increase of physical and medical illnesses.

Children also deal with mental and physical difficulties but were hurt as their education went remote for a while along with difficulty in creating an identity for themselves, develop depression and anxiety with being alone, and don't experience enough in-person social interaction. Families have other stressors in becoming suddenly isolated become more prominent including financial troubles, caregiving insecurities, and the responsibility of protection since dynamics within the household change being in a confined space. Further, the major aspects that harm segments of the population are the increase in child abuse and neglect, domestic violence, and behavioral health impacting one's physical and mental health. During the pandemic, fewer cases of child abuse and neglect were reported because children don't see school staff or other mandated reporters in-person. However, this likely indicates underreporting rather than a decrease in the frequency of abuse. The impacts of this underreporting on children as they grow is not yet fully known.

Domestic violence is similarly a concern. Survivors have more difficulty escaping the dangerous environment and can feel trapped. Additionally, the onset of being isolated during the pandemic may have led to an increase in unhealthy behaviors to their lifestyle like substance and alcohol abuse along with diminishing quality of life, psychological consequences, poor health decisions, or delays in seeking preventative medical care. Data and previous research over the years can outline a few of the pertinent health indicators present the most in society which are depression and anxiety along with social and economic hardships.

Nearly every segment of the population has been impacted by some sort of anxiety and depression, which saw a significant jump during COVID-19 as indicated by the US Census Bureau's Household Pulse Survey. Additionally, vulnerable populations are more at risk during this time with how social and economic factors influence the way they try to navigate out this difficult situation. Throughout all these struggles that can suddenly arise with social isolation and loneliness, having a support system and making various resources in the community more available can take the utmost importance for everyone involved.



Recommendations

Several programs or policies may help individuals both nationwide and in the state of Pennsylvania suffering from the effects of social isolation causing loneliness caused or exacerbated by COVID-19.

Bring awareness of existing resources, activities, and networking options to engage and connect with others. It is essential for one's health and well-being to stay connected so there are ways to communicate even when physically apart. It is important to continue to bring awareness to existing resources that can help people, especially those at high-risk of impacts from isolation such as older adults, people living alone, and children. These resources including active adult centers, public libraries, community events, volunteer opportunities, and out of school time (OST) programs.

Screen for isolation, especially among high-risk groups. Screening is important for identifying those at high risk of isolation. Several screening tools have been developed for use among the older adult population. Deployment of screening and personalized intervention among older adults, a pilot project founded by the a Moses Taylor Foundation and being implemented by the United Way of Lackawanna and Wayne Counties is an example of this. The pilot begins in April 2022 after two years of research and planning. A senior isolation tool and a collaborative of service providers is in place. The pilot will be evaluated over its three implementation period.

Another resource is the Commit to Connect campaign, which shares multiple ways to help combat social isolation and loneliness in all communities. Surveys help pinpoint what struggles respondents from different demographics are currently facing, and assessments and other questionnaires determine what resources will help them with the specific problem. The Commit to Connect campaign identified that aging and disability networks are teaming up with businesses, levels of government, non-profits, and communities in order to find, share, and further repeat innovative solutions.²⁵

As isolation and loneliness continue to be an issue for years to come it is crucial to have new innovations to help society be engaged and connected to benefit in this situation.

Equip health care providers to address the effects of isolation. Health care providers can be a critical contact point to identify those experiencing negative effects from social isolation. Health care providers should receive training in identifying patients with isolation risk factors, through surveys and screening tools. Providers must also have access to and training to effectively use tools to intervene for patients whose overall wellness is being effected by isolation. This may include case management staff within hospitals and long-term care facilities.

Gathering contextual information on behavioral health, such as through a region wide Mental Health Needs Assessment, can also equip providers with important information on community needs around loneliness and mental health.

Explore Intergenerational Programming. To serve both older adults and youth in need of increased socialization, intergenerational programs that match older adults with children or teens would address isolation in two critical cohorts. Technology should also be seen as a tool, rather than an obstacle, to creating intergenerational connections.²⁶ These programs, such as foster grandparent programs, friendly

²⁵ (U.S. Department of Health and Human Services, Administration for Community Living, 2021)

²⁶ (Freedman, Marc. Greater Good Magazine. University of California Berkeley. 2019)

visitor programs, and Second Acts for Strong Communities are all models that can be investigated.²⁷ Organizations serving older adults, schools, social service organizations, and community groups should be encouraged to form partnerships to explore these opportunities.

Adapt strategies to prevent child abuse and domestic violence in light of social isolation. With isolation so prevalent during the past two years, there may be a decline in the reporting of child abuse and domestic violence. This is an important time for reinforcing to mandated child abuse reporters the importance of their responsibility, and potentially additional training on when to report potential abuse when their contact with a family is not face-to-face.

Broader messages to the public on child abuse and domestic violence prevention and crisis resources are as important as ever. It is important that these communications include means that will reach abuse victims who are isolated in the home. For example, while billboards, flyers, or other messaging in public places are important, communication through television and internet advertisements or on social media may have a better chance of reaching isolated individuals.

Public education surrounding the dynamics of abuse will prove valuable as well. Isolation is a common tactic of abuse, used to limit victim contact with family, friends, and other systems of support. If community members are aware of isolation as a means of power and control, they will be better prepared to recognize signs of abuse and offer safe outreach.

Opportunities to better access to public transportation and expand ways to travel safely, especially advancing options in rural areas. Although there are still businesses and organizations that are operating remotely, as in-person services resume many individuals face a different barrier to socialization: lack of transportation. Even before the pandemic, there was a significant gap in availability of public transportation between the urban core and outlying rural areas of the region, and many people, including some of those most at-risk for social isolation, rely on buses or shared rides to get to work, school, medical appointments, or social activities.

To address the disparity, the region must continue to work collaboratively to expand access to public transportation that is convenient, affordable, and safe to as many people as possible. Additionally, social service organizations, community groups, and health care providers should consider maintaining virtual communication options deployed during the pandemic so that individuals with transportation barriers do not lose access to socialization opportunities as in-person events return.

Identify the gaps in research pertaining to social isolation and continue the efforts to discover how the COVID-19 pandemic impacts different segments of the population long term. Evidence-based research on social isolation is useful in obtaining the most recent and useful data to update the community of solutions backed up by the analysis. Social scientists and clinical researchers are still working to understand the extent and nature of the effects of social isolation caused by COVID-19. Of particular importance in the future are two areas of research:

- Identifying and testing intervention strategies and treatment plans for children, families, older adults, and other populations to address the problems caused by isolation.
- Understanding the long-term mental health effects of the COVID-19 pandemic. For children especially, the developmental impacts that will be caused by reduced in-person socialization

²⁷ (Alliance for Strong Families & Communities, 2021)

during the early phases of the pandemic are not fully known. Longitudinal studies of child development, mental health, and socialization will be necessary.

Educate the community at-large on the health and wellness impacts of social isolation. Many individuals are unaware of the seriousness of social isolation as a health concern. Educating the broader public on the long-term health effects and risks factors can help patients identify their own risk factors and those of their family members and help to inspire community action on this issue.

References

- Alliance for Strong Families & Communities (2021). Second Acts for Strong Communities. Retrieved from <https://www.alliance1.org/web/community/second-acts-strong-communities/web/community/second-acts-strong-communities.aspx?hkey=28518fb-2071-4fcd-90e1-fa8f61d2aa86>
- Centers for Disease Control and Prevention. (2021, April 29). Loneliness and Social Isolation Linked to Serious Health Conditions. Retrieved from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- Filho, W. L., Wall, T., Rayman-Bucchus, L., Mifsud, M., Pritchard, D. J., Lovren, V. O., Farinha, C., Petrovic, D. S., & Balogun, A-L. (2021, June 24). Impacts of COVID-19 and social isolation on academic staff and students at universities: a cross-sectional study. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11040-z>
- Freedman, M. (2019, April 22). What Happens When Old and Young Connect. Greater Good Magazine, University of California Berkeley. Retrieved from https://greatergood.berkeley.edu/article/item/what_happens_when_old_and_young_connect
- Horigian, V. E., Schmidt, R. E., Feaster, D. J. (2020, October 28). Loneliness, Mental Health, and Substance Use among US Young Adults during COVID-19. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/02791072.2020.1836435>
- Hwang, T-J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020, May 26). Loneliness and social isolation during COVID-19 pandemic. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306546/>
- Koma, W., True, S., Biniek, J. F., Cubanski, J., Orgera, K., Garfield, R. (2020, October 9). One in Four Older Adults Report Anxiety or Depression Amid the COVID-19 Pandemic. Retrieved from <https://www.kff.org/medicare/issue-brief/one-in-four-older-adults-report-anxiety-or-depression-amid-the-covid-19-pandemic/>
- Lee, S. J., Ward, K. P., Lee, J. Y., & Rodriguez, C. M. (2021, January 14). Parental Social Isolation and Child Maltreatment Risk during the COVID-19 Pandemic. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7807402/>
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0890856720303373>
- Moore, D. M. (2020, March 25). The Impact of Social Isolation and COVID-19 Pandemic Mitigation on Child Welfare and Domestic Violence. Retrieved from <https://www.cornerhousemn.org/the-latest/the-impact-of-social-isolation-and-covid-19-pandemic-mitigation-on-child-welfare-and-domestic-violence>
- National Council on Aging. (2021, March 31). COVID-Driven Isolation Can be Dangerous for Older Adults. Retrieved from <https://www.ncoa.org/article/covid-driven-isolation-can-be-dangerous-for-older-adults>
- National Governors Association. (2020, August 7). Strategies To Address Social Isolation And Loneliness During COVID-19. Retrieved from <https://www.nga.org/center/publications/social-isolation-covid19/>
- National Institute for Health Research. (2021, February 23). Lonely young people have an increased risk of mental health problems years later: research suggests lockdown could have a long term effect. Retrieved from <https://evidence.nihr.ac.uk/alert/lonely-young-people-risk-mental-health-problems-years-after-lockdown/>
- National Institute on Aging. (2021, January 14). Loneliness and Social Isolation – Tips for Staying Connected. Retrieved from <https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected>
- Pereda, N. & Díaz-Faes, D. A. (2020, October 20). Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors. Retrieved from <https://capmh.biomedcentral.com/articles/10.1186/s13034-020-00347-1>
- Pietrabissa, G. & Simpson, S. G. (2020, September 9). Psychological Consequences of Social Isolation During COVID-19 Outbreak. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.02201/full>

- Primary Care Development Corporation. (2021). COVID-19 and Behavioral Health. Retrieved from [https:// www.pcdc.org/covid-19-and-behavioral-health/?creative=497431278159&keyword=&matchtype=&network=g&device=c&gclid=CjwKCAiAtouOBhA6EiwA2nLK Hx3jlcMbamlkhButfrCD-oFCV0Owt8gOgBitPkMS5L7R5EYueU5LChoCHKwQAvD_BwE](https://www.pcdc.org/covid-19-and-behavioral-health/?creative=497431278159&keyword=&matchtype=&network=g&device=c&gclid=CjwKCAiAtouOBhA6EiwA2nLK Hx3jlcMbamlkhButfrCD-oFCV0Owt8gOgBitPkMS5L7R5EYueU5LChoCHKwQAvD_BwE)
- Prime, H., Wade, M., & Browne, D.T. (2020). Risk and Resilience in Family Well-Being During the COVID-19 Pandemic. Retrieved from [https:// pubmed.ncbi.nlm.nih.gov/32437181/](https://pubmed.ncbi.nlm.nih.gov/32437181/)
- Rosenthal, C. M., & Thompson, L. A. (2020, April 24). Child Abuse Awareness Month During the Coronavirus Disease 2019 Pandemic. Retrieved from [https:// jamanetwork.com/journals/jamapediatrics/fullarticle/2765195](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2765195)
- Sepúlveda-Loyola, W., Rodríguez-Sánchez I., Pérez-Rodríguez, P., Ganz F., Torralba R., Oliveira, D. V., & Rodríguez-Mañas, L. (2020, September 25). Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. Retrieved from [https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC7514226/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7514226/)
- Substance Abuse and Mental Health Services Administration. (2020). Intimate Partner Violence and Child Abuse Considerations During COVID-19. Retrieved from [https:// www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf](https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf)
- The Morning Call. (2021, March 22). The Morning Call: Pennsylvania has seen fewer child abuse reports; is abuse not being reported because children are not in school. Retrieved from [https:// pafsa.org/in-the-news/2021/pennsylvania-has-seen-fewer-child-abuse-reports-is-abuse-not-being-reported-because-children-are-not-in-school/](https://pafsa.org/in-the-news/2021/pennsylvania-has-seen-fewer-child-abuse-reports-is-abuse-not-being-reported-because-children-are-not-in-school/)
- United Health Foundation. (2022). Retrieved from <https://www.americashealthrankings.org>
- United States Census Bureau. (2021). Household Pulse Survey Data Tables. Retrieved from <https://www.census.gov/programs-surveys/household-pulse-survey/data.html#phase3.3>
- U.S. Department of Health and Human Services, Administration for Community Living. (2021, December 6). Commit to Connect: Combatting Social Isolation and Loneliness in All Communities. Retrieved from <https://acl.gov/CommitToConnect>

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