# Social isolation and loneliness are serious health concerns for adults with disabilities. COVID-19 has magnified the problem.

**Social Isolation** is the objective state of being isolated from people and lacking meaningful contact with a social network or community. **Loneliness** is the perception of feeling isolated.

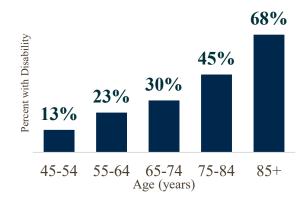**Significant risk factors for social isolation and loneliness include:**

- Living alone
- Mobility disabilities
- Major life transitions
- Emerging health problems

**The rate of disability, a key risk factor, increases with age**



Bar chart — Percent with Disability by Age (years):
- 45-54: 13%
- 55-64: 23%
- 65-74: 30%
- 75-84: 45%
- 85+: 68%

**40 percent** of adults with a debilitating disability or chronic condition report feeling lonely or socially isolated.

**Specific health risks associated with social isolation and loneliness include:**

- Increased mortality
- Increased blood pressure and progression of Alzheimer's Disease
- Depression, pain, and fatigue
- Failing immune system, decreased restorative sleep

> The health risks of prolonged loneliness are equivalent to smoking **15 cigarettes a day**

> Seniors who report feeling lonely or socially isolated have a **45 percent greater risk of mortality**

# COVID-19 has exacerbated challenges for adults with disability.

## Social isolation and loneliness produce negative health outcomes

Social relationships encourage older adults and those with disabilities to seek preventive treatment plans, as well as to participate in less negative health behaviors. But without regular social support and communication, older adults with disabilities often **experience negative health outcomes**.

The COVID-19 pandemic has intensified poor health outcomes because of the closure of many ancillary services, and the shift to telemedicine – especially for adults whose disabilities prevent them from accessing online resources.

## COVID-19 social distancing has increased social isolation and loneliness

COVID-19 Stay-at-Home orders and guidelines that call for social distancing **have intensified the social isolation and loneliness** faced by individuals with disability, who are usually home-bound and have limited physical functioning.

Many individuals with disability already struggle with adequate self-care, mobility, and independent living. The additional physical restrictions demanded by COVID-19—especially for older adults who are at higher risk and often have one or more disabilities—exacerbate and amplify the impact of social restrictions, preventing individuals with disability from accessing social networks and connecting with others.

## Adults with disability have unequal access to technology

**32%** of rural adults live with a disability (compared to 22% of urban adults).

Rural communities, with a higher prevalence of individuals with disability, often lack the stable internet connections needed to access online resources, such as telehealth services, meal delivery, and social support – all of which are now in higher demand due to COVID-19.

Additionally, more than half of Americans living with a disability report that their **disability makes navigating websites challenging**.

Barriers like these deter individuals with disability from using technology to stay connected to loved ones and social networks.

# Many states have launched new and enhanced COVID-19 supports for individuals with disabilities.

Historically, there has been little evidence-based literature regarding best practices to combat social isolation and loneliness. However, many states are taking action and launching programs to lessen the negative health outcomes that stem from social isolation and loneliness.

**California's Neighbor-to-neighbor campaign** encourages neighbors to safely connect to older adults and those with chronic conditions.

The campaign connects caregivers and volunteers who are willing to help neighbors with disabilities access groceries and other services.

**Minnesota's statewide Wiki of older adult services** lists available services during COVID-19.

The content is updated daily to best help older adults, individuals with disabilities, and caregivers.

**Nevada's aging network response plan** included the development of a Social Support Action Team (SSAT).

The SSAT offers one-to-one check-in calls and small-group peer support through teleconferencing and Zoom.

**New York established five priority services**: 1) home-delivered meals, 2) groceries and supplies, 3) medication delivery, 4) transportation to critical services, and 5) combating social isolation.

A 2016 pilot study on the efficacy of animatronic pets and their impact on social isolation found that 70 percent of older adults who were isolated and adopted an animatronic pet had a significant reduction in social isolation. New York's State Office for the Aging is sending 1,100 animatronic pets statewide.

**Michigan** launched a media campaign that includes social media posts in efforts to reduce social isolation and tips for adults:

1. MI Resilience: Reach out to Older Michiganders
2. MI Resilience: Avoid COVID-19 Scams
3. MI Resilience: Tips for Seniors

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