

MOTION BY SUPERVISOR HILDA L. SOLIS

December 21, 2021

**Los Angeles County Social Connectivity Initiative**

Loneliness is a public health concern – one that has compounded problems of substance use, homelessness, violence, and mental health. Although society is arguably more connected than ever with technology, relationships and a sense of community have vanished for some.

This problem of loneliness, or social isolation, affects individuals of all ages. In fact, 36% of respondents to a recent national survey of about 950 Americans reported feeling lonely frequently or all the time in the prior four weeks.<sup>1</sup> As the study exemplifies, social isolation has deepened for young people and there are other reports suggesting the same for older adults. The National Academies of Sciences, Engineering, and Medicine released a report finding that more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are socially isolated.<sup>2</sup>

<sup>1</sup> <https://mcc.gse.harvard.edu/reports/loneliness-in-america>

<sup>2</sup> <https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>

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There is strong evidence suggesting that these factors put older adults' health at risk. Social isolation was associated with about a 50% increase risk of dementia, 29% increased risk of heart disease, and a 32% increased risk of stroke. Further research by the AARP shows that socially isolated older adults are at greater risk for poor health and death than their well-connected counterparts. An examination of Medicare spending data found that an additional \$6.7 billion was spent in federal Medicare funding associated with these higher health costs.

Additional studies show that millions of Americans are socially isolated, lonely, or both, negatively impacting the quality of life and health outcomes. Social isolation was accompanied by a 29% increased risk of mortality, and loneliness was accompanied by a 26% increased risk – comparable to risk factors of obesity and cigarette smoke. Approximately 42 million adults over the age of 45 are estimated to be suffering from chronic loneliness. An online survey of more than 20,000 U.S. young adults found nearly half reported they sometimes or always feel alone.

In addition to the copious concerns affecting individual people when it comes to loneliness, the societal costs are significant and almost immeasurable. Although little is known about loneliness among people experiencing homelessness, and whether it is a significant reason that people fall into homelessness, it is indisputable that the erosion of relationships keep some people from exiting homelessness quickly and successfully.

Loneliness affects the economy as well. According to a report from the Jo Cox Commission on Loneliness, more than 9 million people in Britain often or always feel lonely, which costs U.K. employers up to \$3.5 billion annually. This led the United Kingdom to appoint its first Minister for Loneliness in 2018.

The COVID-19 pandemic has only created more urgency to address social isolation. With President Joseph R. Biden's installation of Surgeon General Dr. Vivek Murthy, there is an opportunity to tackle this issue head on. But doing so will require coordination across County safety net agencies, several of which have a unique position to enhance social connectivity among Los Angeles County residents.

The problems and root causes of social isolation and loneliness are layered and complicated. For this reason, it is important that the County work toward a comprehensive response to loneliness and social isolation that identifies multi-pronged, multi-disciplinary approaches. According to the Coalition to End Social Isolation and Loneliness, there is a significant need to increase public awareness regarding social isolation and loneliness and its effect on health and wellbeing. Addressing this need will require enhanced social services and supports, with collaboration from stakeholders from public health, aging, housing, workforce development, education, and community groups. Health services and supports that implement social isolation and loneliness screenings can provide critical data and information on social isolation and help advance healthcare innovations to address these issues.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Chief Executive Office, in collaboration with the Departments of Mental Health, Health Services, Public Health, Public Social Services, Workforce Development Aging & Communities Services, Consumer & Business Affairs, Parks & Recreation, Beaches & Harbor, the Los Angeles County Office of Education, as well as the CEO Homeless Initiative, the Alliance for Health Integration, and interested stakeholders, to initiate a Los Angeles County Social Connectivity Initiative and report back within 90 days with a landscape analysis that

addresses the following:

1. Defines which County residents and population groups are most likely to experience harms from loneliness and social isolation,
2. The current roles and responsibilities of County departments and agencies relative to populations most likely to experience harm from loneliness and social isolation. This must include consideration of culturally competent services offered such as the promotores (community navigators) programs housed in the Departments of Public Health and Mental Health.
3. The appropriate next steps needed to create a comprehensive Countywide plan to combat the harms of social isolation and loneliness, including but not limited to recommendations for stakeholder engagement, public awareness campaigns, collaboration with external partners like school districts, cities, community-based organizations, faith-based organizations, and philanthropy, an initial view of available federal and state funding to support the work, and
4. Recommendations on what County department or departments should lead the development of the comprehensive plan.

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