



County of Los Angeles CHIEF EXECUTIVE OFFICE

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June 8, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Fesia A. Davenport
Chief Executive Officer

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REPORT BACK ON THE LOS ANGELES COUNTY SOCIAL CONNECTIVITY INITIATIVE (ITEM NO. 4, AGENDA OF DECEMBER 21, 2021)

On December 21, 2021, the Board of Supervisors (Board), directed the Chief Executive Office (CEO), in collaboration with County departments and agencies identified in the motion, to initiate a Los Angeles County Social Connectivity Initiative (SCI) and report back within 90 days with a landscape analysis that would, among other things, address: 1) which County residents/population groups are most likely to experience harm from social isolation and loneliness (SI/L); 2) the current roles/responsibilities of County departments/agencies relative to these population groups, including culturally competent services, such as the Departments of Mental Health and Public Health's promotores (community navigators) programs; 3) outline appropriate next steps for creating a comprehensive Countywide plan (SCI Plan) to combat the harm of SI/L, including public awareness campaigns, collaboration with external partners; and an initial view of available federal and State funding to support the work; and 4) recommendations for which County department(s) should lead the SCI Plan development.

SCI Workgroup Convenings

On January 12, 2022, the CEO convened the SCI Workgroup (Workgroup) consisting of departments/agencies named in the motion to address the motion's directives. Additional County departments/commissions were invited to participate in the Workgroup given their potential roles in addressing SI/L among County residents: Animal Care and Control, Arts and Culture, Children and Family Services, LA County Library, and the Youth Commission.

Vulnerable Populations

To address the first directive of the Board, the Workgroup adapted several definitions (Attachment I) from best practices in the field. During its deliberations, the Workgroup recognized that all County residents, especially during the COVID-19 pandemic, can at some time experience and potentially suffer from SI/L. Yet, the Workgroup also recognized that the severity/longevity of

these negative effects are disproportionately shouldered by County populations/communities that have historically experienced a concentration of disadvantages that have resulted in persistent social and economic inequities. As such, to have the greatest impact on those experiencing the greatest harm, the Workgroup identified the most vulnerable populations served as follows:

- Older Adults: 1) recently rehoused older adults; 2) homebound older adults; 3) aged and/or disabled adults living alone, receiving In-Home Supportive Services; and 4) clients participating in a home-delivered meals program;
- Youth: 1) immigrant unaccompanied minors; 2) transition-age youth with a focus on independent living and LGBTQ+ youth; 3) youth at-risk for human trafficking, English learners, homeless youth; and 4) justice-involved youth; and
- Veterans and their families.

The Workgroup also collated demographic and related information for each of the population groups identified, including their relative sizes, geographic locations, and a description of the type and gaps in data being collected by departments; and a forecast/analysis for each group was conducted. The Workgroup also inventoried the services and supports provided to each population group identified above, assessed any ensuing gaps, and analyzed respective policies/practices that may unintentionally contribute to SI/L among the identified groups. Finally, the workgroup outlined existing non-County partnerships for addressing SI/L, as well as expanding or establishing new potential collaborations with other County departments and non-County stakeholders to maximize their collective impact. Findings from these analyses were taken into consideration in developing the next steps detailed below.

Recommendations and Funding Opportunities

The Workgroup developed specific recommendations and identified over 25 potential grant opportunities and/or funders collaboratives that may support SI/L-related activities, including solutions that leverage/maximize existing resources based on new/existing relationships with sister departments/external stakeholders and initiatives predicated on securing one-time funding from potential sources and/or funders collaboratives. The CEO Legislative Affairs and Intergovernmental Relations Branch (CEO-LAIR) continues to explore and identify legislative/budget proposals (Proposals) supporting SI/L efforts. The CEO-LAIR will also work with Board Offices and County departments when updating the 2022-2024 Federal and State Legislative Agendas (Agendas) to explore adding SI/L-related Proposals that meet the Board's highest priorities.

SCI Public Awareness Campaign and SCI Consortium

The Workgroup studied ways to design/implement the SCI Plan and SCI Public Awareness Campaign (Campaign) and concluded given the many populations identified that an SCI Consortium (Consortium) is needed. Detailed in Attachment II, the Consortium will be coordinated by the Department of Workforce Development, Aging and Communities Services' Aging and Community Services Branch (WDACS-ACSB), and comprised of various County departments, local governments, community stakeholders, and State, and national partners. To assist with the development of the SCI Plan, the Workgroup collated a set of County and non-County evidence-based practices and additional resources that work to address SI/L and related harms. This information will be shared with the Consortium as it moves into the implementation phase.

Next Steps

The following are the next steps based on the findings of the Workgroup above:

1. WDACS-ACSB will convene the Consortium to coordinate the: a) creation/implementation of the SCI Plan and Campaign; b) development of a Campaign budget that shall include non-County funds, and/or in-kind resources, and be submitted to the CEO during Supplemental Budget for consideration; and c) pursuit of potential funding; and
2. The CEO will work with the Consortium to: a) reach out to potential funding sources/philanthropic partners identified; b) explore adding SI/L-related Proposals to the County's 2022-2024 Agendas; and c) consult with the Anti-Racism, Diversity and Inclusion Unit, and the Internal Services Department to develop equity-related Campaign outreach strategies for hard-to-engage populations.

Additionally, the Workgroup has compiled substantial information in support of its work, including detailed information on impacted populations, service gaps, and potential partnerships and funding opportunities. The CEO will provide this information to your staff upon request.

Should you have any questions concerning this matter, please contact me or Julia F. Orozco, Acting Branch Manager, Policy Implementation and Alignment, at (213) 974-1152 or jorozco@ceo.lacounty.gov.

FAD:JMN:JFO
EDT:CP:kdm

Attachments

- c: Executive Office, Board of Supervisors
County Counsel
Beaches and Harbors
Children and Family Services
Consumer and Business Affairs
Health Services
LA County Library
Mental Health
Military and Veterans Affairs
Office of Education
Parks and Recreation
Probation
Public Health
Public Social Services
Workforce Development, Aging and Community Services
Los Angeles Homeless Services Authority
Office of Child Protection

LOS ANGELES COUNTY - SOCIAL CONNECTIVITY INITIATIVE

Adopted Definitions

- **Social Connections:** Refers to the strength of relationships among individuals, groups, community members, and the larger social environment (objective concept). Adapted from *Healthy People 2030*.
- **Social Connectivity:** Refers to digital peer-to-peer structures that imply computer-mediated connections between users, or between the users and a digital intermediary. Adapted from *The Digital Intermediary Exchange 'Toolkit.'*
- **Social Isolation:** Inadequate quality and quantity of human and other social emotional connections at individual, group, community, and larger social environment levels where human interaction and other support takes place (objective concept). Adapted from *Zavaleta, 2014*.
- **Loneliness:** The sense of being alone that includes distress or unpleasant feelings associated with having fewer-than-desired social relationships (subjective concept). Adapted from *Reducing Loneliness and Social Isolation Among Older Adults, The Suicide Prevention Center at the Education Development Center*.

LA-CONNECT: A SOCIAL CONNECTIVITY INITIATIVE PUBLIC AWARENESS CAMPAIGN

Social isolation (an objective lack of social contact with others) and loneliness (the subjective feeling of being isolated) are significant yet underappreciated public health risks. Social isolation and loneliness are associated with poor physical and mental health outcomes, including higher rates of mortality, depression, and cognitive decline. Most recent research suggests that the pandemic may have contributed to the increased prevalence of social isolation and loneliness, especially among those with pre-existing physical and mental conditions, who were already suffering from loneliness and social isolation before the enhanced distancing from others imposed by the COVID-19 pandemic public health measures.

Throughout the pandemic, local governments, technology companies, foundations, and various Community-Based Organizations (CBOs) in Los Angeles County (County) have worked to implement strategies to help prevent and address social isolation and loneliness. The County's [Social Connectivity Initiative \(SCI\) Motion](#), approved by the County's Board of Supervisors (Board) in December 2021, provides an opportunity to build on these efforts and develop a Countywide, asset-based, coordinated approach to addressing these issues.

LA-Connect: A SCI Public Awareness/Education Campaign (Campaign)

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 well-being. As a first step, the Department of Workforce Development, Aging and Communities Services' Aging and Community Services Branch (WDACS-ACSB), serving as the coordinator of the SCI Consortium,* will convene a Campaign Workgroup to implement/expand on the steps outlined in the *Process Section* below, which will culminate in the design, implementation and evaluation of a culturally responsive, Countywide Campaign to increase awareness, remove the stigma, and enlist the public's help to reduce social isolation and loneliness throughout the Los Angeles Region. The Campaign Workgroup will consist of County departments, and representatives from a number of cross-sector partners, local governments, community stakeholders, and local, State, and national resources, as outlined in the list of *Potential Collaborative Partners* section below.

Target

All County residents, with special attention given to age, culture, language, education, gender, disability, and geographic areas to ensure that difficult to reach populations (such as newcomers that may be socially isolated due to language and/or culture) are included.

Goals

Using media, messaging, and an age, culturally/linguistically, and geographically appropriate strategic set of communication tactics, the Campaign will help to:

1. **Raise public awareness** about social isolation and loneliness;
2. **Educate community and policy-/decision-makers** about risk factors for social isolation and loneliness;
3. **Engage the community** in action – policy advocacy; and
4. **Provide reliable information and resources** to address social isolation and loneliness.

* The SCI Consortium consists of the following partner departments: Children and Family Services, Mental Health, Public Health, Parks and Recreation, Public Social Services, and WDACS-ACSB.

Process

Contingent on the Board's approval, and identification of resources to support the development of the Campaign, the SCI Consortium will convene a Campaign Workgroup consisting of County departments, and representatives from a number of cross-sector partners, local governments, community stakeholders, and local, State, and national resources, as outlined in the list of *Potential Collaborative Partners* section below to help:

1. **Identify/clarify the goals and objectives for the Campaign** - decide on the modality/strategies to disseminate the information (i.e., website, email campaign generator, etc.).
2. **Build a network of support to help promote the Campaign** - identify/engage community stakeholders.
3. **Engage community leaders and develop champions** - to share the Campaign's message with specific audiences that otherwise are difficult to reach (i.e., top business leaders, policymakers, and influential community members).
4. **As trusted community members, use Community Health Workers (CHWs)/Promotores** to spread the message. CHWs focus their efforts on the evolving needs of the community and can provide referrals and community resources to residents who indicate they need more social supports.
5. **Create a Media Strategy to identify, discuss and agree on the type(s) of media** to engage Los Angeles communities (i.e., social media, paid ads, local newspaper articles, messaging frequency).
6. **Tie into other efforts/identify existing local, State, and national awareness campaigns** and learn from them.
7. **Develop a hub of information on existing community resources** - conduct asset mapping.
8. **Provide input into the evaluation plan** - to be developed in close collaboration with academic partners.
9. **Develop a comprehensive implementation plan** - including goals, steps, tracking of progress and costs related to the Campaign.
10. **Identify funding strategies/establish a budget** - include existing and potential funding sources, such as leveraging Medical/Medicare health prevention dollars, given the negative impact that social isolation has on health.

Timeline

In close collaboration and coordination with local governments, local media, health care service providers, social services, and educational systems, the Campaign will be conducted per an established and agreed upon calendar that will be determined by the SCI Consortium and Campaign Workgroup.

Evaluation and Reporting

The Campaign will be evaluated, and outcomes will be tracked, analyzed, and reported quarterly.

Expected outcomes

Include, but are not limited to, increased:

1. Awareness about social isolation and loneliness;
2. Community/stakeholder engagement/meaningful participation in social connectedness efforts;
3. Experience of social connectedness (self-reported); and
4. Sense/feelings of emotional connectedness (self-reported).

Potential Collaborative Partners (include but are not limited to)

1. Community leaders
2. CBOs
3. Faith-based organizations
4. Local businesses
5. Media outlets
6. Local governments (cities)

7. Health plans (i.e., Centene, Kaiser, Care More, United Health, and Anthem)
8. Hospitals and health care providers
9. School and academic institutions

Examples of Existing Campaigns

A number of initiatives across the country are helping to create a national community that is focused on promoting conversations and achieving a better understanding about social isolation, feelings of loneliness, its root causes that are at the core of many of the challenges that many people are experiencing today. The following are examples of national, State, and local efforts founded to address social isolation and loneliness:

1. Older Adults, Children and Youth, and Social Isolation and Loneliness Campaign – National Institute on Aging (NIA)

Social isolation and loneliness can be harmful to physical, mental, cognitive, and emotional health, development, and well-being. Further, there is [growing evidence](#) of mental health impacts associated with the social isolation of children and youth during the pandemic. Agencies like the NIA have developed an outreach toolkit to help reduce social isolation and loneliness. The County can build its own media campaign by leveraging and adapting already-existing, evidence-based strategies to raise awareness and take action and may offer additional tools and strategies to help individuals and organizations better identify, prevent, and address loneliness and social isolation.

Social Media Posts - Post on social media to increase awareness. A good example includes the National Institute on Aging. Each of the sample post (below) links to NIA's health information article on social isolation and loneliness. Consider tagging NIA on Facebook at @NIHAging or on Twitter at @NIHAging.

A lack of regular interaction with others can affect your health and well-being. Explore activities you can do to stay connected, such as starting a new hobby or taking a virtual class: <http://bit.ly/3qiBQ4J> #CommitToConnect.

Feeling #lonely and being isolated can be bad for your health. The good news is that you can help reduce your risk! Find tips for staying connected with friends and family here: <http://bit.ly/3jGTUmK> #CommitToConnect.

Loneliness and social isolation have been associated with higher rates of depression, a weakened immune system, heart disease, and #dementia. Learn about steps you can take to help reduce feelings of #loneliness and social #isolation: <http://bit.ly/3jKpCiR%20#CommitToConnect>.

Know the risk factors for loneliness and social isolation so you can help reduce your risk — or a loved one's. Learn about steps you can take to help reduce feelings of #loneliness and prevent social #isolation: <http://bit.ly/379njAT%20#CommitToConnect>.

2. Raise Awareness

Leverage a cultural moment (when loneliness and isolation is top-of-mind) to raise awareness of the issue and its negative consequences on health. Strategies should include:

- a. Develop Animated Graphics - place animated graphics on social media channels to educate individuals about the harmful effects of social isolation and loneliness and strategies to develop Social Media Images and Infographics.

- b. Develop Educational Flyers, Health Information and Videos - Media tools such as educational flyers, videos, and brochures can identify risk factors for social isolation and loneliness and strategies to prevent them.
- c. Curate resources and celebrate strategies that nurture community-building, connectedness, and belonging in schools (e.g., Beyond Differences).

3. Take Action

Create a webpage to serve as a central hub for information on existing resources to help the community increase their social connectedness and reduce feelings of loneliness and social isolation.

Note: WDACS-ACSB has developed a webpage that serves as a digital hub where resources related to aging are listed. Similar efforts can be used to implement the SCI Campaign.

4. Additional Awareness Campaign Resources

- a. **Los Angeles County Department of Mental Health - We Rise: Article, Digital Toolkit and Evaluation**
[WE RISE TOGETHER: Celebrate The Power Of Community & Healing \(LA List Article\)](#)
[We Rise Event Digital Toolkit](#)
[Evaluation Study](#)
- b. **National Institute on Aging**
[Social Isolation and Loneliness](#)
[Social Isolation and Loneliness Toolkit](#)
[Social Isolation and Loneliness-Research Highlights](#)
- c. **Far from Alone: Improving Mental Health and Wellness**
[Social Connectedness Campaign](#)
- d. **Humana: Social Isolation Issue Brief/Goals**
[Social Isolation and Loneliness Population Health / Determinants of Health](#)
- e. **The Roots of Loneliness Project**
Everything Loneliness. From feeling lonely and isolated because of technology, a breakup, grief, or one of 100+ other types of loneliness, we cover every angle of this human condition.
<https://www.rootsofaloneliness.com/everything-loneliness>