Approaches to Data Collection and Analysis: Social Isolation

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The COVID-19 pandemic has exacerbated what was already an epidemic of social isolation and loneliness in the U.S. and further drove the issue into the public consciousness. To implement effective policies and interventions to address social isolation, state leaders may consider these best practices for policies and programs to ensure better tools and metrics are in place to gauge their success.

> **State leaders may consider funding research on effective interventions to identify, prevent, and mitigate the effects of social isolation and loneliness.**

Policymakers could consider focusing efforts on programs that have a solid pre-existing evidence base and that will **strengthen scientific understanding of mental health and social isolation**, using a methodical and standardized research design. In particular, consideration could be given to the theoretical framework a program is using (i.e. why this intervention?), the choice of measurements (what kind of data will the program collect and why?), the target of the program (who will benefit and why that group?), how scalable a program is (how many people could eventually be served by it and how much would that cost?), and ways to encourage data sharing.

In particular, **policymakers may prioritize research** on the following gaps in the evidence base:

- Prevention efforts for social isolation to identify individuals at risk of social isolation, improve interventions related to those individuals, and strengthen measures of impact

- Trends among young adults as they age to anticipate future approaches to addressing social isolation

- Flexibility in funding to allow pilot testing and evaluation for innovative programs

- Assessment of interventions for understudied populations of older adults (low income or disabilities, members of the LGBTQ+ population, and others who face unique barriers)

> **State leaders could consider basing new programs on existing programs with proven positive impacts.**

Examples of social isolation programs with evidence of positive impact include:

SENIOR REACH
provides education, outreach, behavioral health treatment, care management, and community-based services to older adults. Participants reported lower levels of social isolation, among other positive effects. Learn more about the impact of the program **here.**

ACTIVITY PROGRAMS FOR OLDER ADULTS
offers educational, social, creative, musical, or physical activities for groups of older adults. Participants report improved mental health and lower social isolation.

SOCIAL SKILLS GROUP INTERVENTION
designed to help children ages 3-5 with interpersonal skills including building friendships, dealing with teasing and bullying, and managing social anxiety. Participants reported lower social anxiety; learn more about the impact **here.**

PSYCHOSOCIAL TREATMENT FOR CANCER SURVIVORSHIP
designed to provide coping skills for breast cancer patients using group therapy to help patients with emotions, social support, and relationships. Participants reported significantly less pain and suffering over time after their diagnosis.

> **State leaders may consider using the first run of a new program to implement an experimental research design, such as a randomized controlled trial (RCT).**

An experimental design allows for the strongest possible impact assessment and estimation of the causal effects of the program on the outcomes of interest. Programs also can benefit from observational studies and case studies, especially in the early stages of implementation. Programs also could include regular reevaluations and sunsetting conditions.

When designing new programs and policies, state leaders may consider the full system of social support, rather than just targeted programs. For example, if existing programs already target specific age groups (seniors, teens, etc.), which age groups are left out? What gaps exist in systems of support and how can they be filled?

Health care systems could partner with social service systems and groups, especially those serving vulnerable communities, for team-based care, secondary services (such as housing and transportation), and tailored community solutions. To the greatest extent possible, these systems may also share information and standardize data collection efforts for the greatest impact.

> **State leaders could integrate data collection from the outset of a program and data should be used throughout implementation to monitor and evaluate the intervention.**

Program monitoring and evaluation may consider using standard and well-supported metrics to evaluate social isolation and measure the impact of programs. This allows for better evaluation and using standard approaches to measurement across multiple programs allows comparison among programs. For example, one measure is the **Lubben Social Network Scale**, which asks:

- How many relatives/friends do you see or hear from at least once a month?

- How many relatives/friends do you feel at ease with that you can talk about private matters?

- How many relatives/friends do you feel close to such that you could call on them for help?

For a list of common social isolation measurement scales to consider using, see **here.**

State leaders could consider issues of data availability and coordination in the overall response to social isolation.

To date, there are no surveys of social isolation reflective of state level interventions. Surveys on social isolation in the U.S. are nationally representative. Policymakers could set aside resources to fund surveys that are state level-specific, giving a clearer picture of the problem.

If possible, state leaders may **consider creating a dedicated state agency** or other permanent structure to coordinate the state's efforts to address mental health issues and social isolation; centralize evidence and standardize data collection and information sharing, resources, and training; and recommend best practices toward reevaluating and improving previous efforts.