EDITORIAL

Research, Practice, and Policy Strategies to Eradicate Social Isolation

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The Grand Challenges for Social Work outlined by the American Academy of Social Work and Social Welfare offer a multitude of opportunities for our profession to develop active responses for pressing societal ails. Each challenge charges social workers to engage in innovative and wide-reaching professional endeavors that span research, practice, and policy. Efforts for addressing the grand challenge to "eradicate social isolation" rely on the uniquely "social" dimension of our work pertinent to increasing and strengthening connections across diverse demographic groups (Lubben, Gironda, Sabbath, Kong, & Johnson, 2015). Although social isolation may sound like an innocuous concern, deficiencies in social connections have been associated with a host of sweeping and significant adverse psychosocial, mental, and physical health outcomes that are well documented across varied disciplines (Dickens, Richards, Greaves, & Campbell, 2011; Nicholson, 2012). Social isolation has been described as a "potent killer" that negatively affects morbidity, mortality, mental health, psychological distress, health behaviors, loneliness, stress, disease, and disability (Lubben et al., 2015). Discrete age-specific affects have also been identified at both ends of the continuum. Among youths, social isolation is associated with increased risk for low self-esteem, behavioral problems, future health concerns, depressive symptoms, and suicide attempts. For older adults, social isolation is associated with increased risk for victimization, mistreatment, abuse, fraud, financial difficulties, poor mental health, intellectual and somatic problems, struggles with tasks of daily living, and succumbing to catastrophic events (Lubben et al., 2015). At the time of writing, social isolation has been heightened by the coronavirus disease (COVID-19) pandemic and accompanying quarantine and social distancing guidelines (Brooke & Jackson, 2020). As we reel from the shockwaves of the virus and various forms of seclusion imposed with different degrees of self-determination, we are yet to discover the consequences of this drastic increase in social isolation. Although there is not a great deal of study specific to COVID-19 at present, early literature and that which extrapolates from research on previous viral outbreaks suggest that although social isolation is effective in reducing exposure risk, it increases acute stress, neurological disorders, depression, anxiety, posttraumatic stress disorder, insomnia, and other specified trauma and stressor-related disorders (Banerjee & Rai, 2020; Brooke & Jackson, 2020; Brooks et al., 2020; Torales, O'Higgins, Mauricio, Castaldelli-Maia, & Ventriglio, 2020). These findings spur a host of recommendations for the development of focused community-based psychosocial interventions aimed at reducing symptoms that can be remotely dispatched. When considering more recent developments, coupled with an increase in social isolation marked by fewer close interpersonal connections, this grand challenge is a significant problem that requires immediate attention.

The social work profession has long recognized the importance of social ties in maintaining one's overall well-being, emotional strength, and resilience. Through this lens, we are well positioned to reduce social isolation through research, practice, and policy efforts for micro-, mezzo-, and macro-level change. Social isolation bears broad and substantial negative effects on well-being across the life span; yet, disparity is overwhelming in childhood and older adulthood (Lubben et al., 2015). Therefore, to meet the challenge of eradicating social isolation we must address the particular needs of those who are disproportionately at risk at each end of the developmental spectrum. Childhood is

doi: 10.1093/hsw/hlaa031

when the propensity for psychosocial, mental, and physical health problems that are encountered later in life are first established, whereas older adulthood is when these consequences can be fatal. Specific to social work research, studies are needed that examine social isolation through interdisciplinary, community-based, person-centered, and participatory methods reflective of the values that underlie the profession. Practice efforts to eradicate social isolation require interdisciplinary collaboration, service integration, social health assessment, novel interventions, and disaster preparedness (Lubben et al., 2015). On legislative levels, social workers are key to the advancement of policies that strengthen ties to the community through initiatives that recognize interconnections between physical, mental, and social health throughout the life span, particularly for those most vulnerable to social isolation (Brown et al., 2016). The COVID-19 pandemic has brought to light the need to reimagine service access and delivery that require the support of research and policy. Social work efforts to address this challenge are needed now more than ever before.

To eradicate social isolation, social work researchers are called on to lead studies that focus on diverse and marginalized groups through interdisciplinary and multisystem approaches that consider the individual, family, community, and larger society. Previous research on this topic emphasizes correlations between morbidity, mortality, and various aspects of social networks and has found that familial and community connections significantly affect health outcomes among the general population (Lubben et al., 2015). Research also suggests that childhood is a critical period during which supportive social ties are more likely to translate into positive long-term psychosocial, mental, and physical health outcomes (Berkman, 2009; Lubben et al., 2015). Yet, further study of social isolation with large diverse samples is needed that addresses cultural differences; individuals with chronic mental illness; identification of isolated adults in crisis situations; direct, indirect, and multicomponent interventions; self-determination; concept operationalization; measurement precision; and virtual social contact (Sabir et al., 2009; Wang et al., 2017). Social work researchers are particularly fit to address these knowledge gaps due to established partnerships and alliances with other professionals and a strong history of interdisciplinary, community-based, and participatory study (Lubben et al., 2015). Addressing the impact of COVID-19, studies suggest that digital communication and technologies can act as a vital means of social connection, service provision, and treatment for those affected by quarantine and social distancing guidelines (Banerjee & Rai, 2020; Brooke & Jackson, 2020; Brooks et al., 2020; Torales et al., 2020). Social work research, along with allied health care disciplines, should use this unprecedented time in history to further examine how technology can enhance social connectedness and service delivery. Further study in this area also affords practitioners the ability to refine interventions to meet the emergent needs of diverse client populations resulting from the COVID-19 pandemic. With ever-evolving trends in technology, a newfound interest in remote approaches, and a strong empirical knowledge base from which to build on, researchers have an abundance of avenues to explore means to eradicate social isolation.

Practice efforts to address social isolation hinge on interdisciplinary collaboration, service integration, and implementation of novel interventions. Practitioners are poised to translate the growing body of research into services across settings. Social workers can realize changes in practice methods by developing, testing, and continually refining approaches that effectively use communication, social media, and mobile technologies vital to creating and sustaining lifelines for isolated individuals of all ages (Lubben et al., 2015). Ways in which practitioners can diminish social isolation are as varied as the settings in which they work. Although primary care providers have made substantial strides to address mental health concerns along with physical ailments, social workers in these settings can be pivotal in expanding their first-line reach to assess the social health and well-being of patients. Such an undertaking may require much-needed systemic change and a paradigm shift; yet, the establishment and expansion of health homes has already done much to lay the groundwork for coordinated care that recognizes the whole person (Institute of Medicine [IOM], 2014). Changes of this nature also call for assessment methods that further incorporate one's social health, recognizing the full scope of the biopsychosocial model. Current geriatric assessment instruments often lack adequate appraisal of social health, indicating a need for measures that integrate this aspect of well-

being. Community health nurses and health home personnel screen clients for social isolation; yet, increased interdisciplinary collaboration between social workers and other professionals is necessary to support the social health of the larger population (Lubben et al., 2015). COVID-19 spurs a duty for social work practitioners to consider access in a manner that has gone largely unrecognized. Although the Patient Protection and Affordable Care Act encourages disaster preparedness, expansion of telehealth, and social health information exchange initiatives that mobilize community-based service providers "to focus on the whole person during a disaster response, addressing acute medical needs as well as housing, shelter, and other needs that impact health" (IOM, 2014, p. 79), recent events indicate that these opportunities have not been well developed. In partnership with health care professionals, social workers can significantly advance practice by adopting various remote and telehealth approaches that improve service access, decrease social isolation, and recognize the diverse implications of the pandemic. Particular areas for intervention have already been identified in early literature indicating the need to address psychosocial, mental, physical, and economic needs (Brooks et al., 2020). Those in direct practice are well suited to reduce social isolation and refocus attention on social health across settings.

Policies to reduce social isolation seek to bridge the divide between diverse populations and their communities through access and reform that considers the mounting links between social health and other areas of well-being. Due to the increased risk for social isolation in childhood and older adulthood, policies specific to these populations are primary. Increased access to high-quality child care that strengthens social connections is an essential and well-supported recommendation (Brown et al., 2016). Early attachment and engagement theories have been empirically supported, suggesting that connections formed early in life have a significant influence on one's future patterns of social interaction (Brown et al., 2016; Lubben et al., 2015). Research increasingly indicates that the developmental stage in which crucial social connections are shaped occurs earlier than previously believed, demonstrating the need for high-quality child care that promotes healthy social development from the start (Berkman, 2009; Brown et al., 2016). Such child care options bring secondary gains by supporting parental efforts to manage employment and varied life responsibilities that can positively affect outcomes for both caregivers and children (Brown et al., 2016). A major policy recommendation aimed at reducing social isolation among older adults is through initiatives for age-friendly communities that support active aging and strengthen social connections. Socially isolated older adults are at increased risk for various health concerns, financial fraud, mistreatment, and neurocognitive disorders (Brown et al., 2016). Many of these risk factors have been exacerbated by the COVID-19 pandemic (Brooke & Jackson, 2020). Some contemporary programs to reduce social isolation among this demographic have shown potential and inform policy initiatives for the future. For example, the American Association of Retired Persons (known as AARP) helps municipalities make universal modifications as an affiliate of the World Health Organization's (WHO's) Global Age-Friendly Communities program (Brown et al., 2016). An age-friendly community "adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities" (WHO, 2007, p. 1). Expansion of primary prevention efforts holds promise for reducing social isolation for older populations. COVID-19 has changed the landscape of service provision and presents social workers with an array of opportunities to influence policy to reduce social isolation moving forward. In response to the pandemic, many states, insurance carriers, and service providers hastily developed legislation, allowances, and guidelines to quickly react to the widespread decrease in access to various resources and services by leveraging technology for remote contact. Although this may have lessened barriers for some, new policies are needed to shape proactive and comprehensive responses for situations in which in-person contact is not possible. To meet this need, providers require funding, infrastructure development, and training to effectively implement technology-based services (IOM, 2014).

The social work profession is summoned to eradicate social isolation through our preparedness to affect changes across research, practice, and policy. In response to the COVID-19 pandemic and increasing social isolation throughout the population as a whole, this challenge is critical and timely. Collaborative research that considers diverse populations, practice methods that place social health

at their center, and policy innovations that focus on factors underpinning social isolation are among the tasks for the profession. The COVID-19 pandemic continues to deepen, transform, and expand our understanding of social isolation, calling for immediate attention to research, practice, and policy advancement that supports service access and delivery in times of disaster and public health crises. **HSW**

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Advance Access Publication December 21, 2020