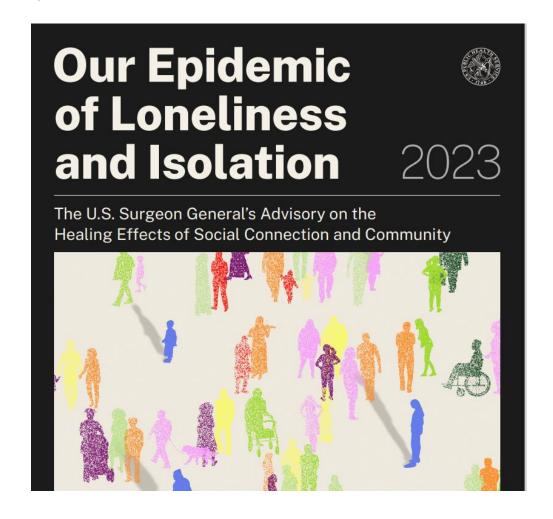


## Ask Dr. Arwady

June 6, 2023



#### New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States



"Our epidemic of loneliness and isolation has been an underappreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight – one that can help us live healthier, more fulfilled, and more productive lives."

"Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders. Together, we can build a country that's healthier, more resilient, less lonely, and more connected." --U.S. Surgeon General Dr. Vivek Murthy.

# Health consequences of poor or insufficient connection (loneliness)

The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day, and even greater than that associated with obesity and physical inactivity.

- Lacking social connection increases the risk of premature death by more than 60%
- 29% increased risk of heart disease
- 32% increased risk of stroke
- 50% increased risk of developing dementia for older adults
- Risk of developing depression among people who report feeling lonely often is more than double that of people who rarely or never feel lonely.
- Loneliness and social isolation in childhood increase the risk of depression and anxiety both immediately and well
  into the future.
- With more than one in five adults and more than one in three young adults living with a mental illness in the U.S., addressing loneliness and isolation is critical in order to fully address the mental health crisis in America.

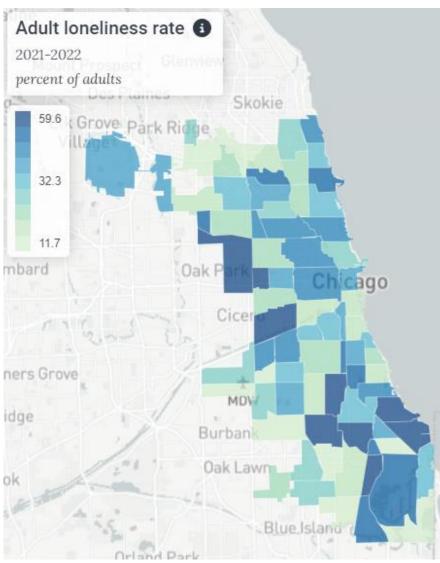


## **X** National data on connection/loneliness

- A 2022 study found that when people were asked how close they felt to others emotionally, only 39% of adults in the U.S. said that they felt very connected to others.
  - · Recent surveys have found that approximately half of U.S. adults report experiencing loneliness, with some of the highest rates among young adults.
- Loneliness and isolation are more widespread than many of the other major health issues of our day, including smoking (12.5% of U.S. adults), diabetes (14.7%), and obesity (41.9%) and with comparable levels of risk to health and premature death.
- Despite such high prevalence, less than 20% of individuals who often or always feel lonely or isolated recognize it as a major problem.

## Local data: More than one third of Chicago's population is lonely





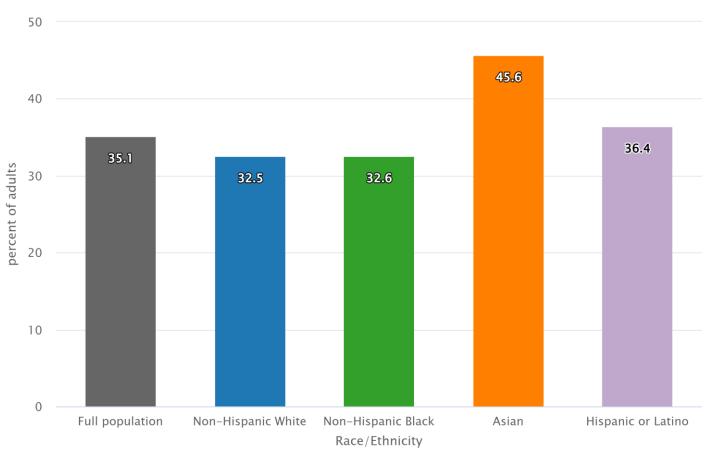
35.1%

Percent of adults who reported being lonely-based on how often they felt they lacked companionship, felt left out, and felt alone.





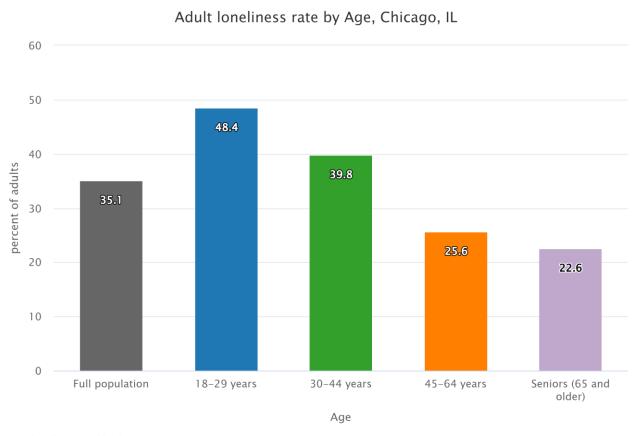
Adult Ioneliness rate by Race/Ethnicity, Chicago, IL



Created on Chicago Health Atlas | chicagohealthatlas.org | Data source: Chicago Department of Public Health, Healthy Chicago Survey Adult Ioneliness rate: Percent of adults who reported being Ionely based on how often they felt they lacked companionship, felt left out, and felt alone



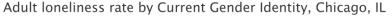
# Young adults aged 18-29 years and 30-44 years report higher rates of loneliness than older adults in Chicago

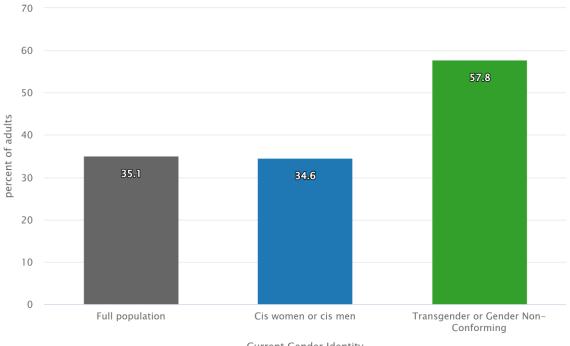


Created on Chicago Health Atlas | chicagohealthatlas.org | Data source: Chicago Department of Public Health, Healthy Chicago Survey Adult Ioneliness rate: Percent of adults who reported being lonely based on how often they felt they lacked companionship, felt left out, and felt alone



## Transgender and gender non-conforming (TGNC) adults report higher rates of loneliness, compared to Chicagoans with other gender identities





Current Gender Identity

Created on Chicago Health Atlas | chicagohealthatlas.org | Data source; Chicago Department of Public Health, Healthy Chicago Survey Adult loneliness rate: Percent of adults who reported being lonely based on how often they felt they lacked companionship, felt left out, and felt alone



## \* Antidote to loneliness: social connection

- Social connection is beneficial for individual health and also improves the resilience of our communities.
- Evidence shows that increased connection can help reduce the risk of serious health conditions such as heart disease, stroke, dementia, and depression.
- Communities where residents are more connected with one another fare better on several measures of population health, community safety, community resilience when natural disasters strike, prosperity, and civic engagement.

# Surgeon General: National Strategy to Advance Social Connection

## \*

#### 1. Strengthen Social Infrastructure

- Connections are not just influenced by individual interactions, but by the physical elements of a community (parks, libraries, playgrounds) and the programs and policies in place.
- To strengthen social infrastructure, communities must design environments that promote connection, establish and scale community connection programs, and invest in institutions that bring people together.

#### 2. Enact Pro-Connection Public Policies

• National, state, local, and tribal governments play a role in establishing policies like accessible public transportation or paid family leave that can support and enable more connection among a community or a family.

#### 3. Mobilize the Health Sector

• Because loneliness and isolation are risk factors for several major health conditions (including heart disease, dementia, depression) as well as for premature death, health care providers are well-positioned to assess patients for risk of loneliness and intervene.

#### **4.** Reform Digital Environments

• We must critically evaluate our relationship with technology and ensure that how we interact digitally does not detract from meaningful and healing connection with others.

#### 5. Deepen Our Knowledge

• A more robust research agenda must be established to further our understanding of the causes and consequences of social disconnection, populations at risk, and the effectiveness of efforts to boost connection.

#### 6. Cultivate a Culture of Connection

• The informal practices of everyday life (the norms and culture of how we engage one another) significantly influence the relationships we have in our lives. We cannot be successful in the other pillars without a culture of connection.



We are called to build a movement to mend the social fabric of our nation. It will take all of us—individuals and families, schools and workplaces, health care and public health systems, technology companies, governments, faith organizations, and communities—working together to destigmatize loneliness and change our cultural and policy response to it. It will require reimagining the structures, policies, and programs that shape a community to best support the development of healthy relationships.

Each of us can start now, in our own lives, by strengthening our connections and relationships. Our individual relationships are an untapped resource—a source of healing hiding in plain sight. They can help us live healthier, more productive, and more fulfilled lives. Answer that phone call from a friend. Make time to share a meal. Listen without the distraction of your phone. Perform an act of service. Express yourself authentically. The keys to human connection are simple, but extraordinarily powerful.



# Family Connects: Support for All Families









Nurse connects around 3 weeks after birth with family and identifies needs



FOR ALL
Helping all families
who deliver at a
participating hospital



Family connects with infant



**TO RECIPIENTS**Eligible recipients, are not charged

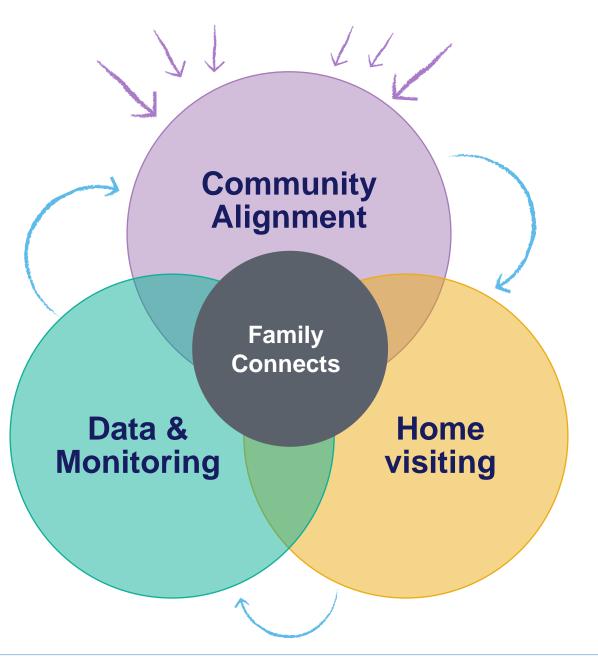
**NO COST** 



Nurse connects family to community resources











#### When you go home, we're still here for you

Get a free, in-home nurse visit for you and your newborn with Family Connects Chicago.



#### We schedule your visit

A Family Connects team member will come see you during your hospital stay or call you after you get home to see if you would like an in-home visit, and find the best time for you and your family.



#### A nurse comes to your home

A nurse will come to your home (or any location you choose) to check on the baby, birthing parent, and the whole family.



#### You get support with whatever you need

From health checks, to breastfeeding support, to scheduling doctor's appointments, your nurse is there to make sure you and your family have everything you need to be happy and healthy.



Every family deserves a little extra care and attention when they bring a new baby home.

## That's what we're here for.

Family Connects Chicago is a free, in-home nurse visit available to families that live in Chicago and deliver babies at participating hospitals, including foster parents, adoptive parents and families who already have other children. It's our mission to make life a little easier for parents with newborns in every Chicago community—so we come to you, at no cost, to make sure you have everything you need to care for yourself, your baby, and your whole family.





To learn more, go to: OneChiFam.org/FamilyConnects



## Connecting New Arrivals to Care





1. Public Health Screening



2. Comprehensive Medical Exam



3. Shelter-Based Care



4. Un-Sheltered Care



5. Communicable Disease Response



## 1. Public Health Screening

Ensure acute medical issues are addressed quickly; identify any diseases that may be communicable (infectious)



- All migrants receive a health screening when processed at the U.S. border
  - Migrants identified as having a possible communicable disease or immediate health need undergo further medical assessment prior to being allowed to travel further into the U.S.
- Upon arrival in Chicago, repeat public health screening
  - All migrants receive additional public health screening upon arrival at a shelter, or upon arrival at O'Hare airport, both to ensure acute medical issues are addressed right away and to identify any diseases that may be communicable.
  - This screening has been happening for many months. Consistently, fewer than 1% of migrants have needed any further public health intervention.
  - With more migrants needing to temporarily shelter in other settings (e.g. police stations), the City is working to increase capacity to conduct public health screening in non-traditional locations.
    - CDPH welcomes additional volunteers via the Chicago Medical Reserve Corps.



## 2. Comprehensive Medical Exam



#### **Connect migrants to ongoing medical care**

Upon arrival at a shelter or respite center in Chicago, all migrants are offered a comprehensive medical exam and opportunity to establish a medical home through Cook County Health (CCH).

- Migrants are transported to a migrant-specific medical intake clinic and receive treatment, connection to ongoing care, prescription medications, etc.
- Children and adults can receive all necessary vaccines (and children receive the medical forms to be able to enroll in school)



## 3. Shelter-Based Care

#### Meet urgent medical and behavioral health needs in shelters



- In addition to the comprehensive medical examination services provided by Cook County Health, CDPH also (since COVID) has funded onsite medical and behavioral health care in Chicago shelter settings.
  - E.g. Medical providers like Heartland Health and Lawndale Christian Health Center routinely have staff onsite at Chicago's more than 70 homeless shelters, funded by CDPH.
    - More than 5,000 people received medical/behavioral health care through this shelter program last year.
  - CDPH, with partners, has expanded this program to cover **all** of the additional shelters and respite centers that have been set up by the City to support increased arrivals.



#### 4. Un-sheltered Care



## Meet urgent medical and behavioral health needs for people who are unhoused and not in shelters

- CDPH also supports medical and behavioral health outreach to help connect unhoused individuals to care, traditionally including:
  - Continuous riders on the CTA
  - Individuals living in encampments or on the street
- Given the current capacity issues in shelters, with more migrants temporarily in non-shelter situations like police stations, the City and CDPH have also been coordinating with medical providers to help support temporary health needs in these settings.
  - This is challenging on many levels
  - We are interested in increasing registered Chicago Medical Reserve Corps volunteers who may want to volunteer



## **5.** Communicable Disease Response

Limit the spread of infections, including in congregate settings



- CDPH has long had a dedicated team of experts who respond to cases or outbreaks of communicable diseases/infectious disease in congregate settings (e.g., settings in which people live in close proximity to each other, like shelters)
- This team works with shelters to receive reports of potentially communicable diseases, provide guidance for infection control, conduct investigations, and coordinate testing and vaccination as needed.
- By law, all medical providers and laboratories in Chicago who diagnose a patient with one of more than 70 infectious diseases is required to report that directly to CDPH. CDPH then responds to these individual cases to prevent further potential disease spread.
  - This reporting and response mechanism remains the same, regardless of whether or not an individual is housed or in a shelter.

## Communicable Disease Reponse



### To be clear...

- There has been NO measles outbreak detected among migrants
- There has been NO tuberculosis outbreak detected among migrants
- We have seen some cases of varicella (chicken pox) among migrants and CDPH has responded to these cases, including with necessary followup and/or vaccinations, just like we do every time a Chicagoan is diagnosed with a reportable disease.
  - We have seen NO cases of varicella (chicken pox) spreading from migrants to Chicago residents.
  - Chicagoans have very high rates of protection against varicella, either through childhood vaccination or through prior varicella infection.



## How can you help? If you have a medical or health background, register to volunteer with the Chicago Medical Reserve Corps (MRC)

- Formed after 9/11 to provide citizens an organized way to serve their communities during crises.
  - More than 185,000 people in nearly 870 MRC units volunteer nationwide
- CDPH recruits medical and non-medical citizens to assist during large-scale emergencies.
- The Chicago MRC is one way citizens can volunteer their time and expertise to strengthen both our neighborhoods and our nation.



#### Get Registered Today!

To Register, visit www.illinoishelps.net and create a new volunteer account.

Select "Preferences" and choose "Chicago Medical Reserve Corps"

#### For More Information:

Medical Reserve Coordinator City of Chicago Department of Public Health chicagomrc@cityofchicago.org4



#### Who Can Volunteer For MRC?

Both medical and non-medical professionals are needed such as:

- Practicing and retired medical and health professionals
- Nurses, physicians, pharmacists, and medical assistants
- Mental health professionals
- Dentists
- · Health care students
- Public health professionals
- Interpreters, social workers
- Administrative support volunteers
- Other volunteers with skills to contribute in a health care setting

#### What Do MRC Volunteers Do?

It depends on the nature of the emergency and your skills:

- Administering vaccines
- Measuring and dispensing medication
- Medical interviewing and evaluation
- Patient education and translation
- Administrative support and data entry
- Assisting with forms completion
- Providing mental health support

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