Following the Yellow Brick Road:
One Pathway to Reducing Loneliness and Isolation in Rural Communities

2026 Leadership Summit

Get Healthy North Country

Introductions

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Definitions*

- Loneliness
  - An unpleasant and subjective feeling due to the perceived lack of social connection.
- Social Isolation
  - Having objectively few social relationships, social roles, group memberships, and infrequent social interaction.
- Social Connection
  - The degree to which individuals and/or groups have both objective and subjective number, quality, and diversity to meet their social needs.

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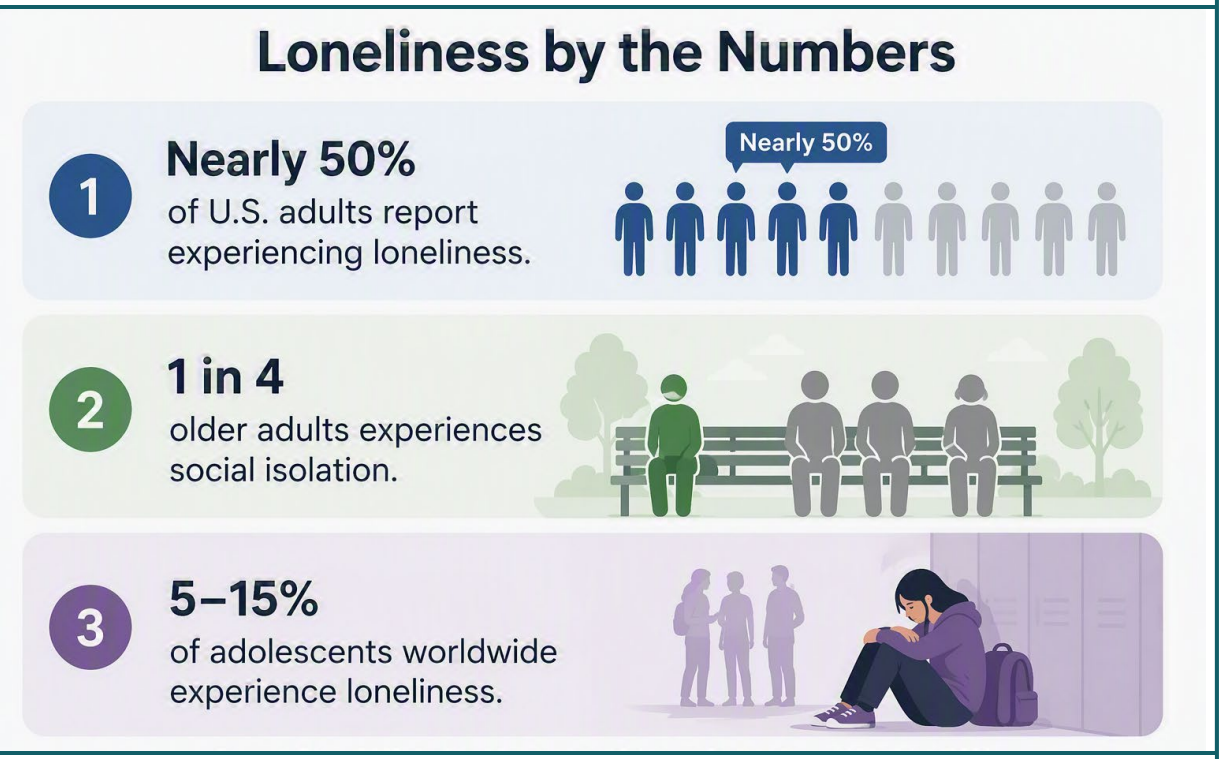
** As defined by the Administration of Community Living's Commit to Connect program.*

The Impact of Loneliness and Social Isolation on Population Health



- Rural residents may face a higher risk of loneliness due to: geographic and social isolation, poorer health, and socioeconomic disadvantage.
- Limited social connection increases the risk of: premature death, heart disease, stroke, anxiety, depression, and dementia.
- CDSME programs may strengthen social connection, but more research is needed to measure their impact on loneliness, isolation, and relationship quality.

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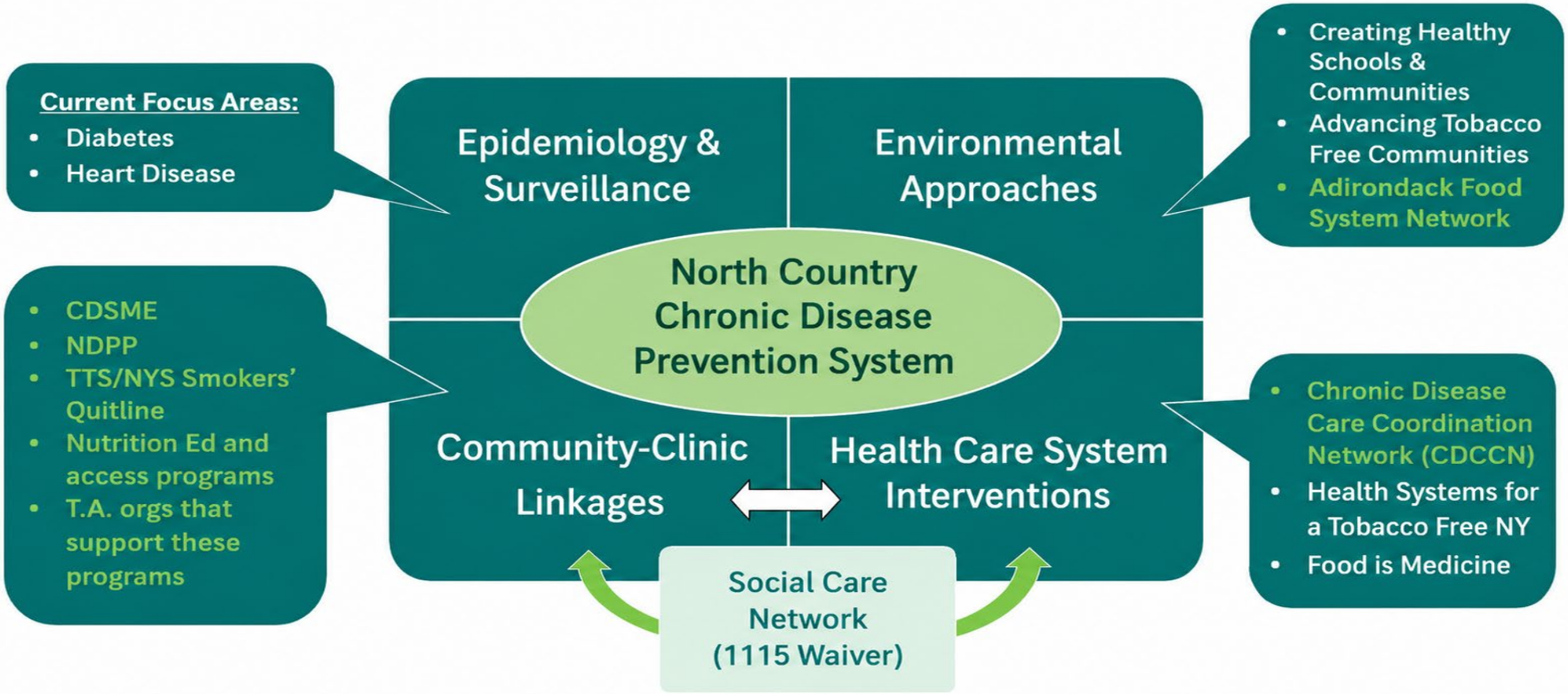
Get Healthy North Country Network System



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Healthy Living Programs

- Healthy Living: Pathways to Positive Change
- Take Your Life Back from Chronic Pain: Pathways to Feeling Better
- Thriving & Surviving with Cancer: Pathways to Overcome Challenges
- Living Well with Diabetes: Pathways to Control Your Blood Sugar
- Small Steps, Big Changes: Pathways to Preventing Diabetes
- Balancing a Busy Life: Pathways to Simplify

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Commit to Connect (CTC)
Community of Practice (COP) Study

METHODOLOGY:	A national initiative led by the Administration of Community Living and administered by USAging.	2025 Cohort = 6 Community Care Hubs, including the GHNC Network.	Retrospective survey of CDSME participants who completed their workshop 3+ months prior.
DATA COLLECTION:	Total Participants: 103 engaged ->* 85 participated ->* 81 w/complete data	RACI = Assesses perceptions about participation in CDSME related to social connectedness.	U-SIRS-13 = Identifies upstream risk factors for social disconnectedness.

Commit to Connect (CTC)

Community of Practice Key Findings

1. Workshops Create "Belonging"
   - Relatively high RACI score (41.37)
   - Top scoring RACI element = "Creating a sense of group belonging"

2. Workshops have lasting benefits
   - 58.0% reported feeling less lonely since workshop.
   - 53.8% reported feeling less isolated since workshop.

3. Cycle of Connection

Participants who reported feeling less lonely after the workshop:

- Had higher workshop attendance
- Believed the workshop gave them tools to stay connected in the future
- Reported higher satisfaction with their relationship/interactions.

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The CTC GHNC Sub-Study

Data Collection

Methodology

CDSME workshop look-back period:
January 2024 – July 2025

Survey period:
Late July 2025 – September 2025

Survey Mode:
Started with phone calls. Moved to emails with mailed surveys.

Response Rates

- Outreach = 138
- Successfully Contacted = 41 (29.7%)
- Completed CTC Survey = 34 (82.9%)
- Matched CTC to GHNC = 28 (82.4%)
- Completed GHNC Pre-Survey = 23 (82.1%)
- Completed BOTH GHNC Pre- & Post-Surveys = 16 (69.6%)

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Participant Characteristics, Part 1

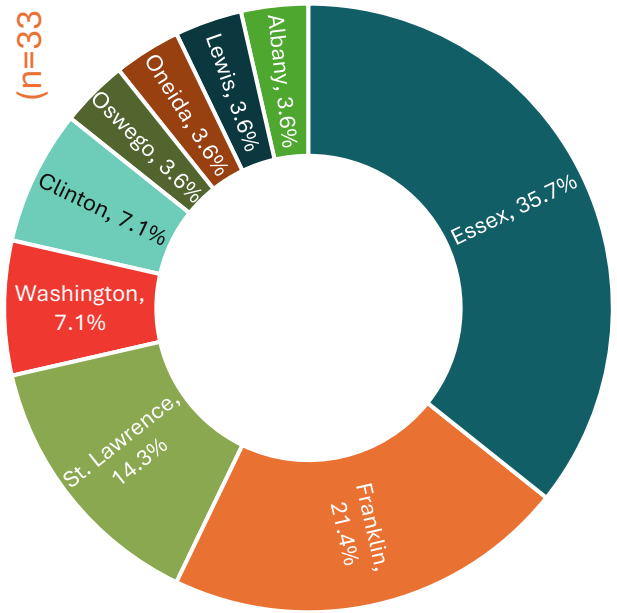
Demographics

(n=33 respondents)

Age Group

Average Age = 70.1 years

County of Residence (n=28 respondents)



87.9%
Female
97.0%
White
97.0%
Non-Hispanic

CDSME Participation

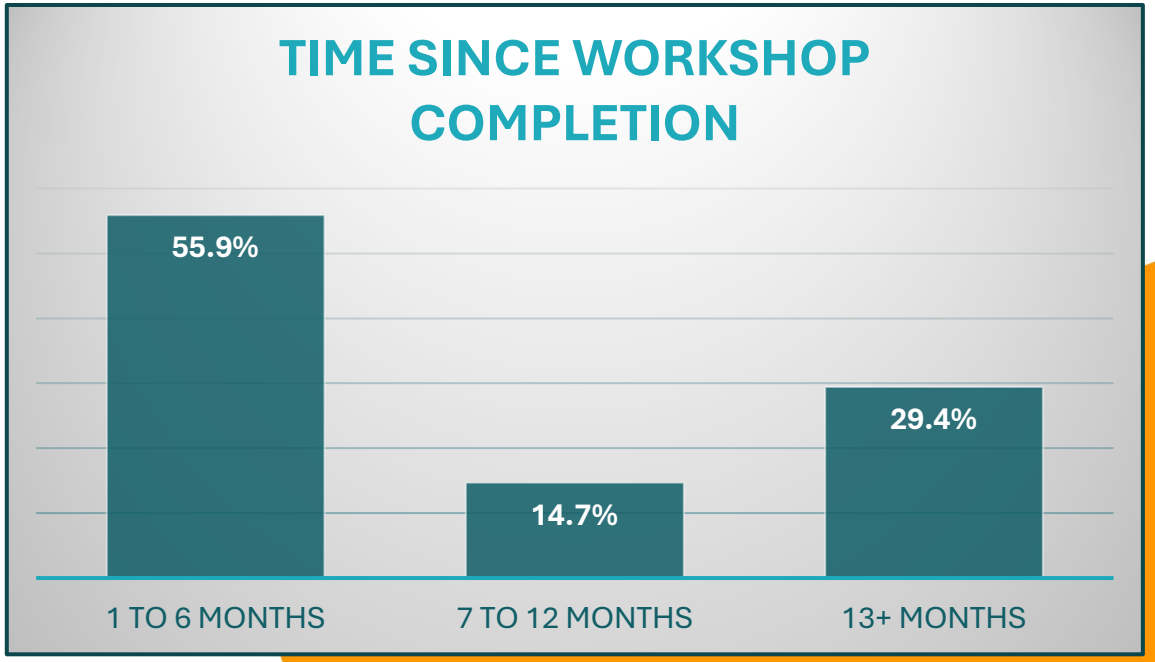
(n=34 respondents)

WORKSHOP FORMAT

WORKSHOP "COMPLETERS"

71.4% per administrative source (n=28)
90.6% self-reported (n=32)

TIME SINCE WORKSHOP COMPLETION



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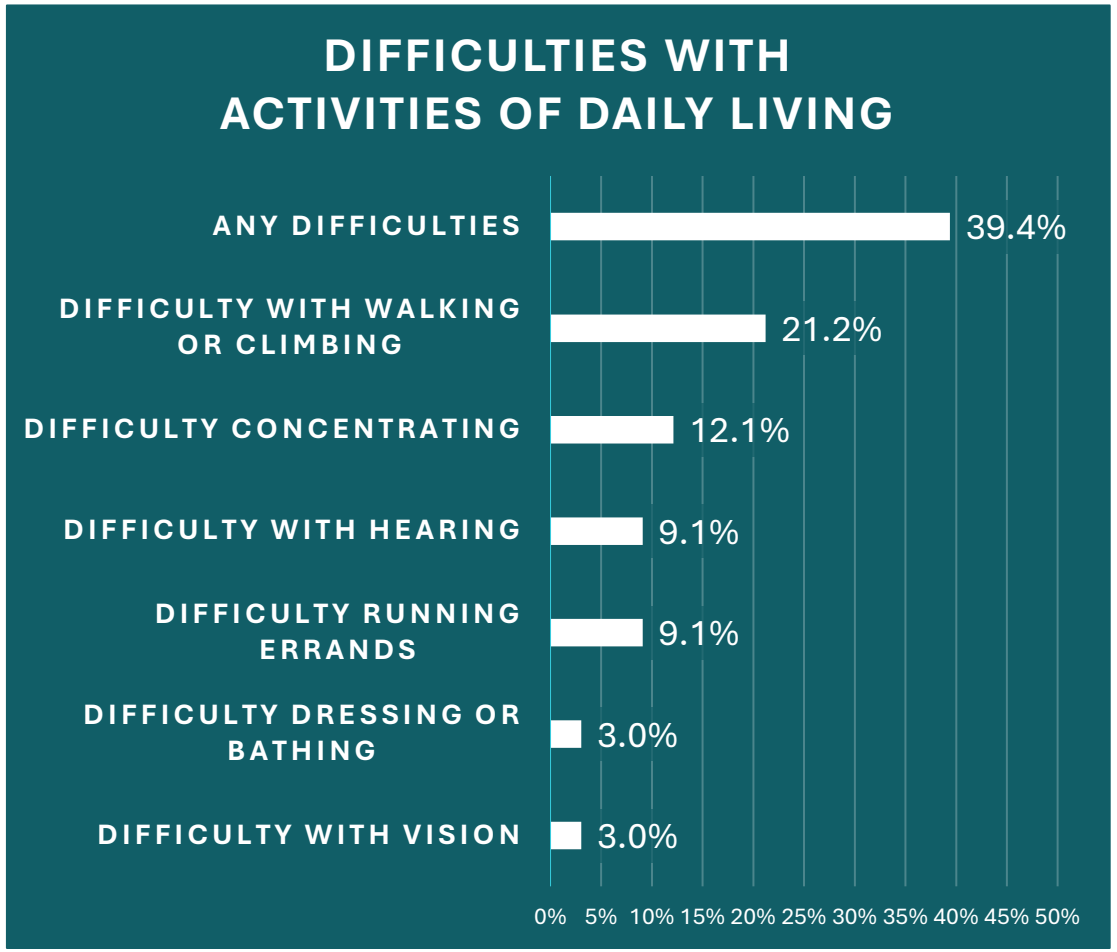
Participant Characteristics, Part 2

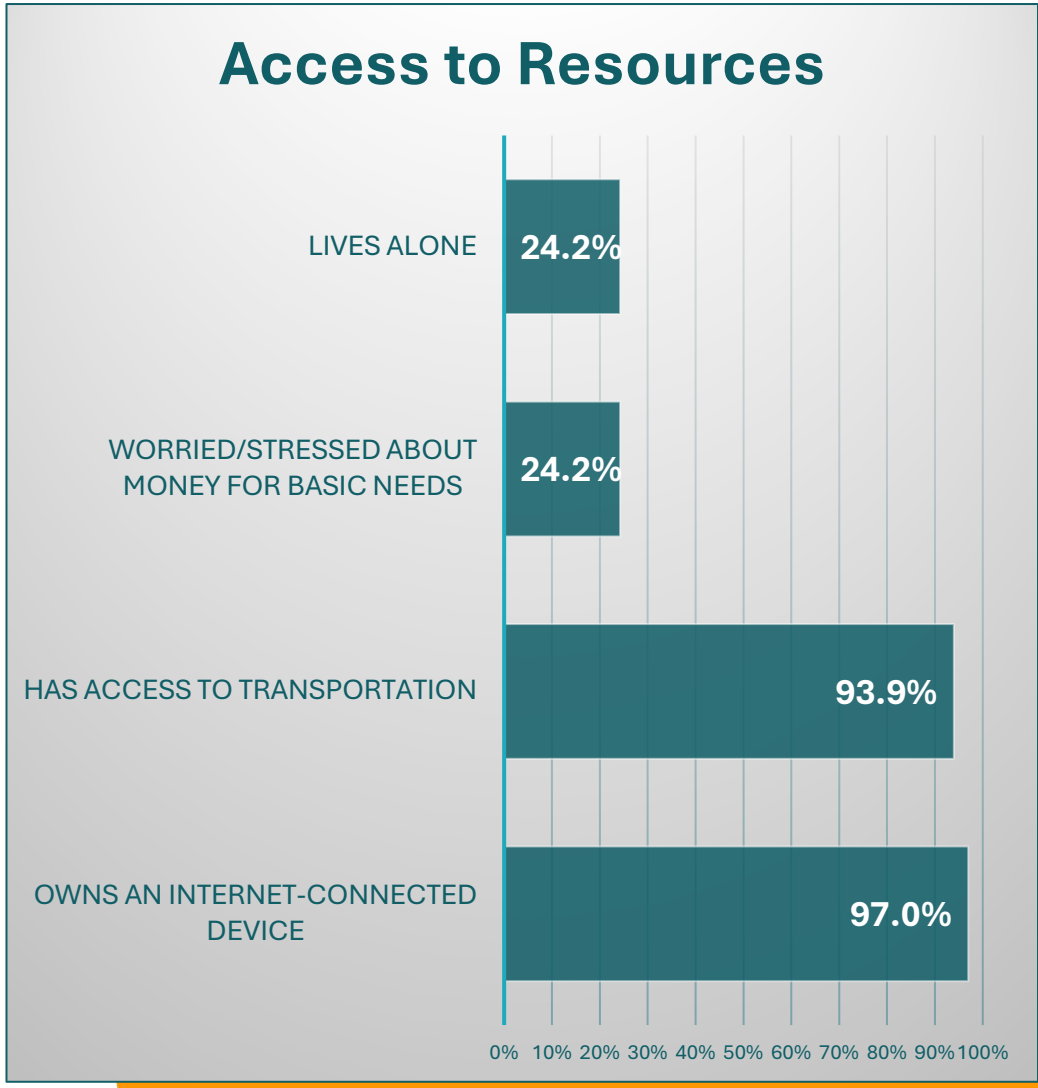
Daily Activities

(n=33 respondents)



Living Situation

(n=33 respondents)



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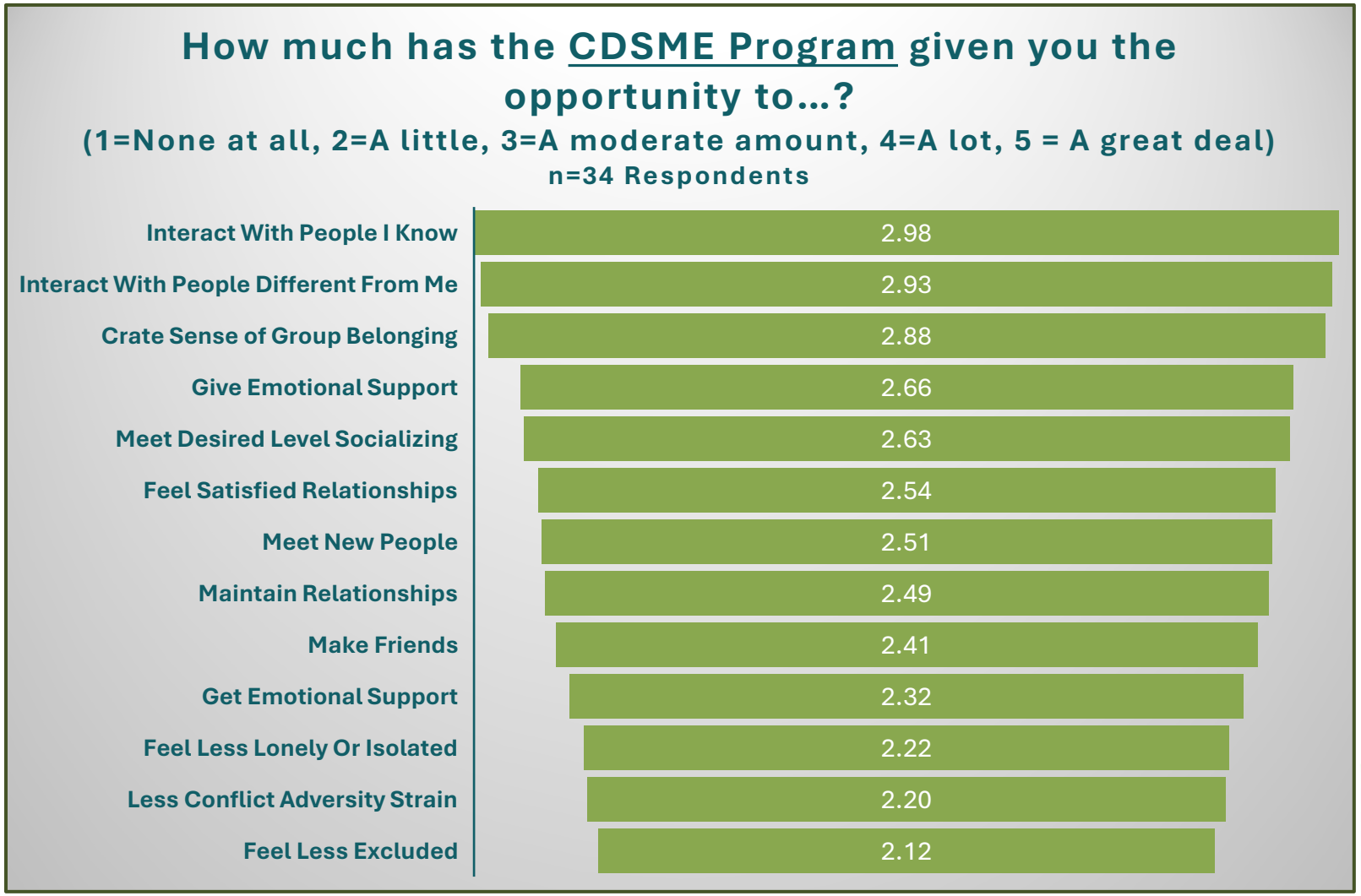
Impact on Social Connection



Social Connection Impact

- 3.1= average rating for social connection opportunities from CDSME = Moderate positive impact (on average).
- 100% of RACI items = CDSME had at least “A Little” positive impact (on average).
- 54.9% = percent of respondents had an average RACI >= 3.0 (moderate impact).

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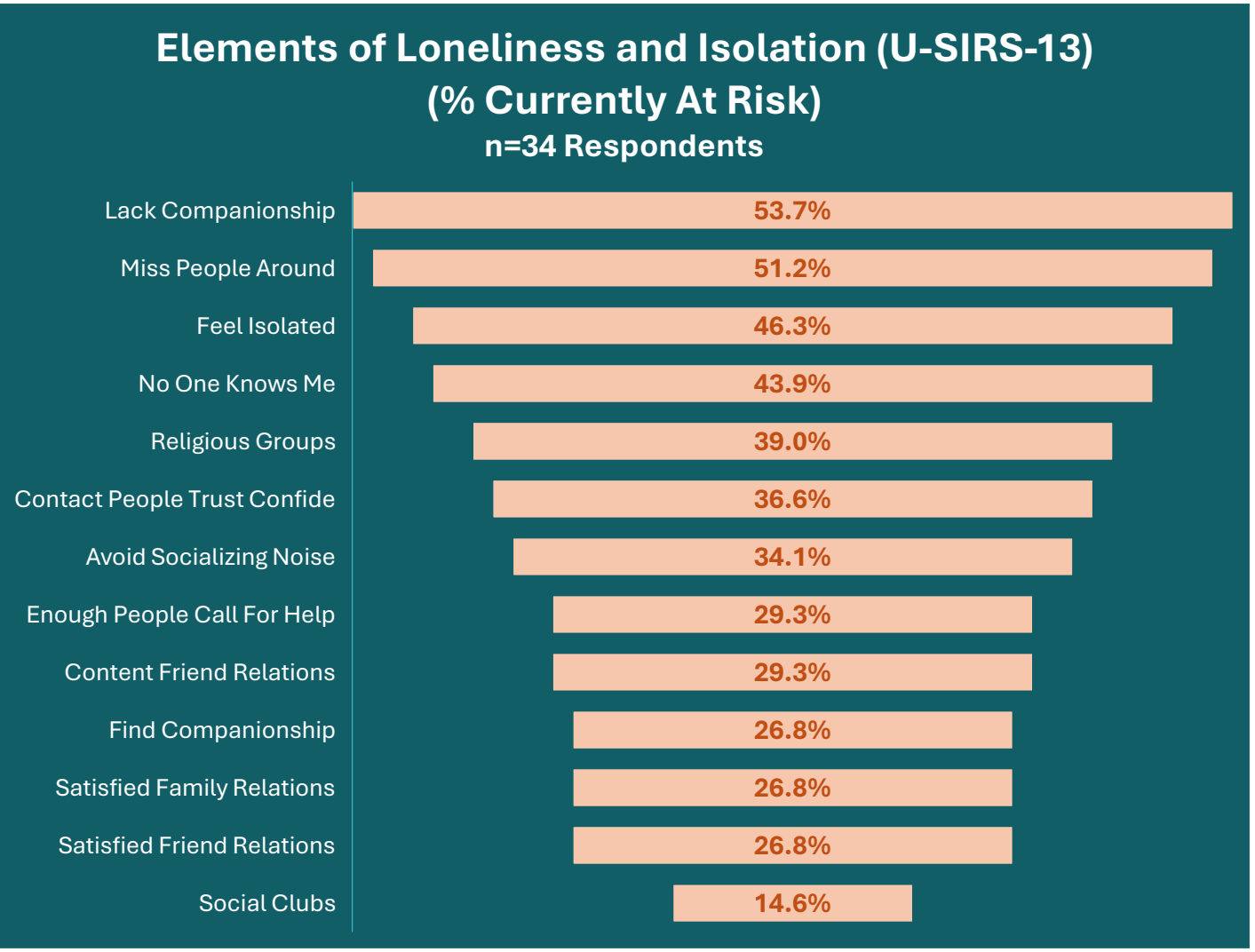
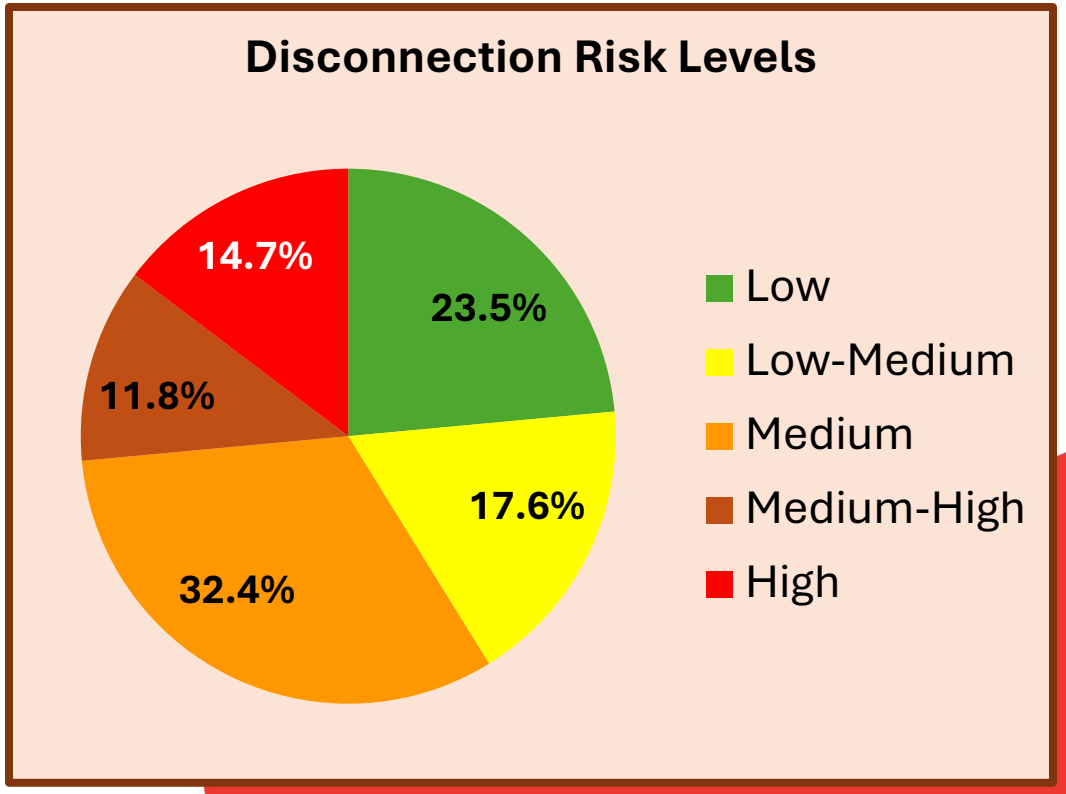
Social Disconnectedness



Magnitude of Disconnectedness

- 5.5 U-SIRS items = average number of factors At Risk per respondent.
- 100% = percent of respondents At Risk for 1+ elements.
- 58.9% = percent of respondents at medium, medium-high, or high risk.



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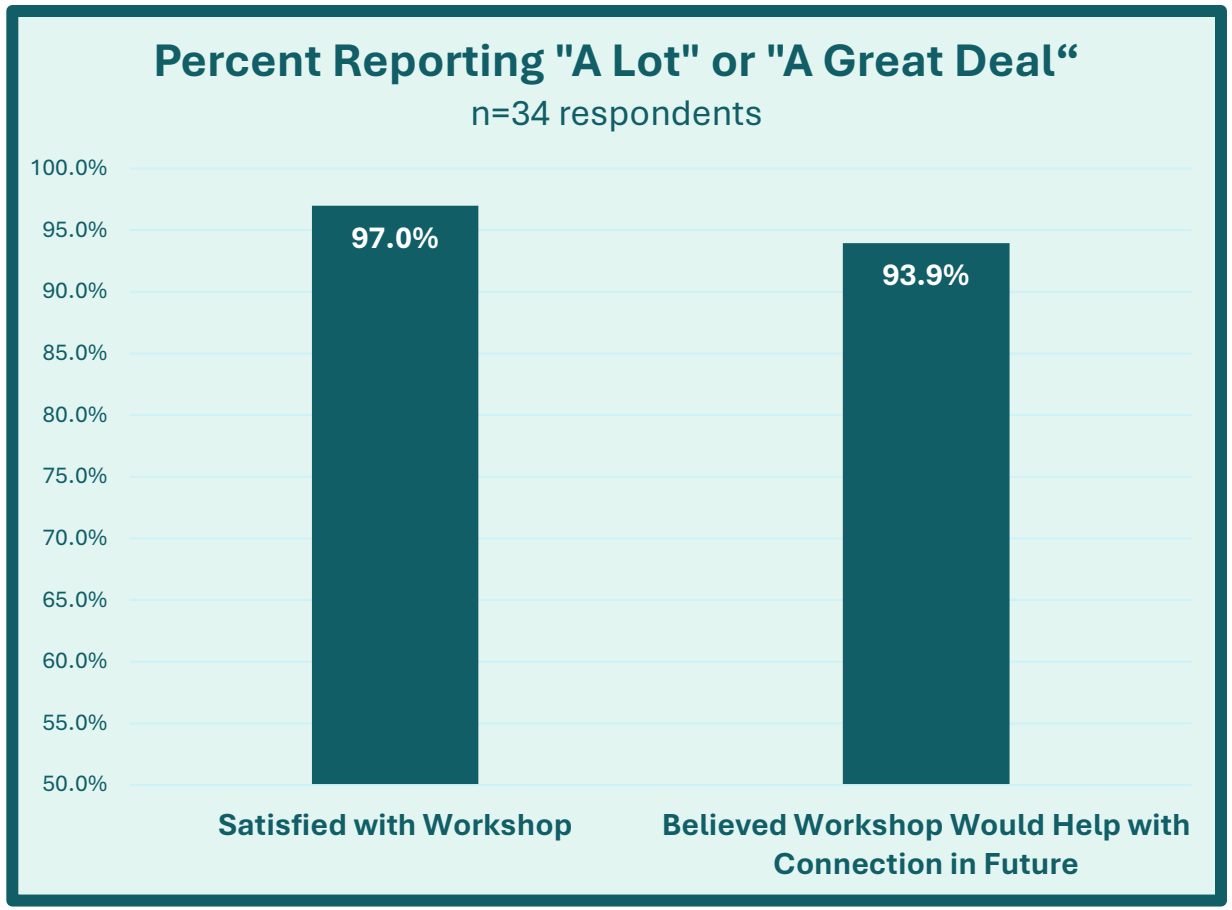
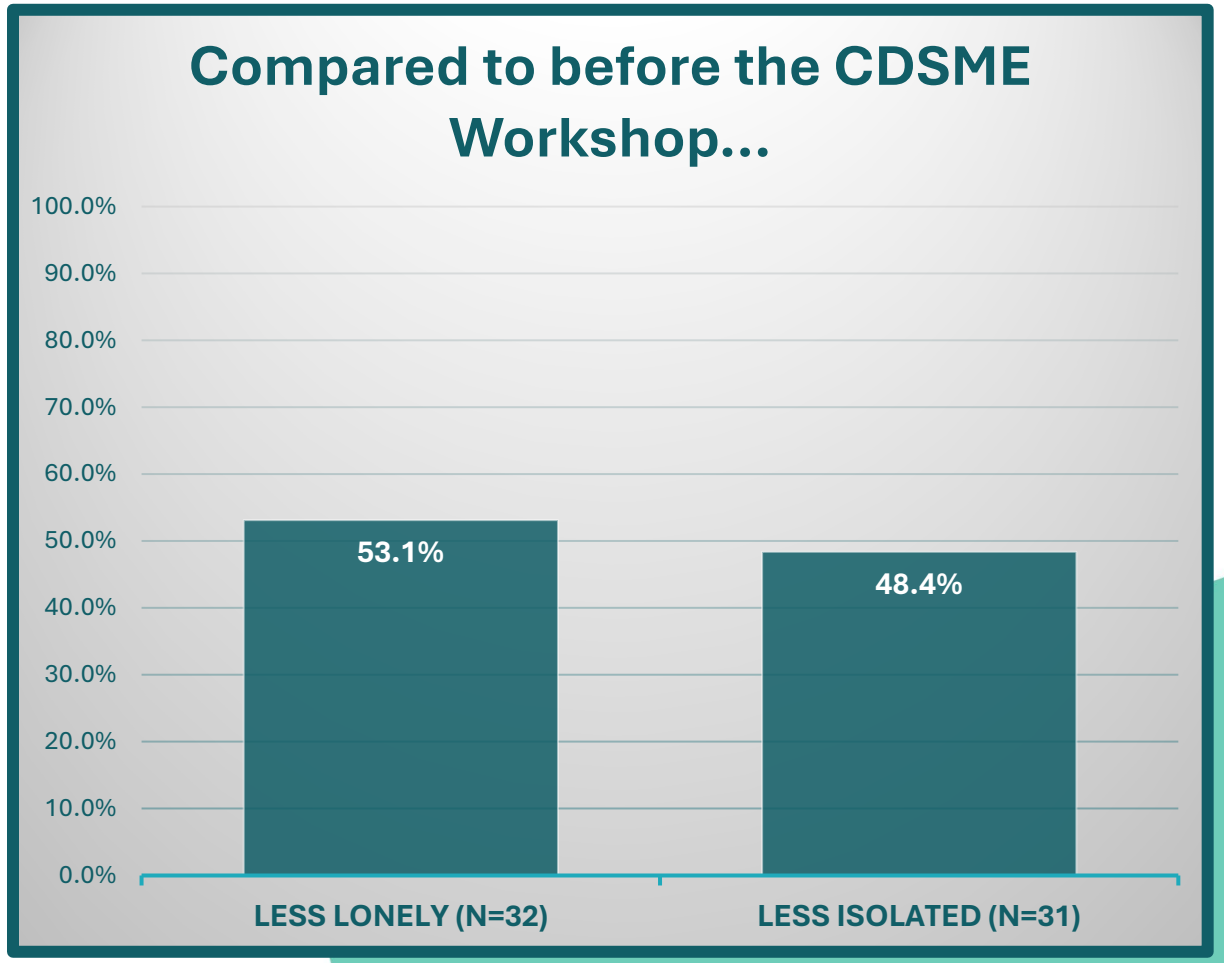
CDSME Impact on Social Connection





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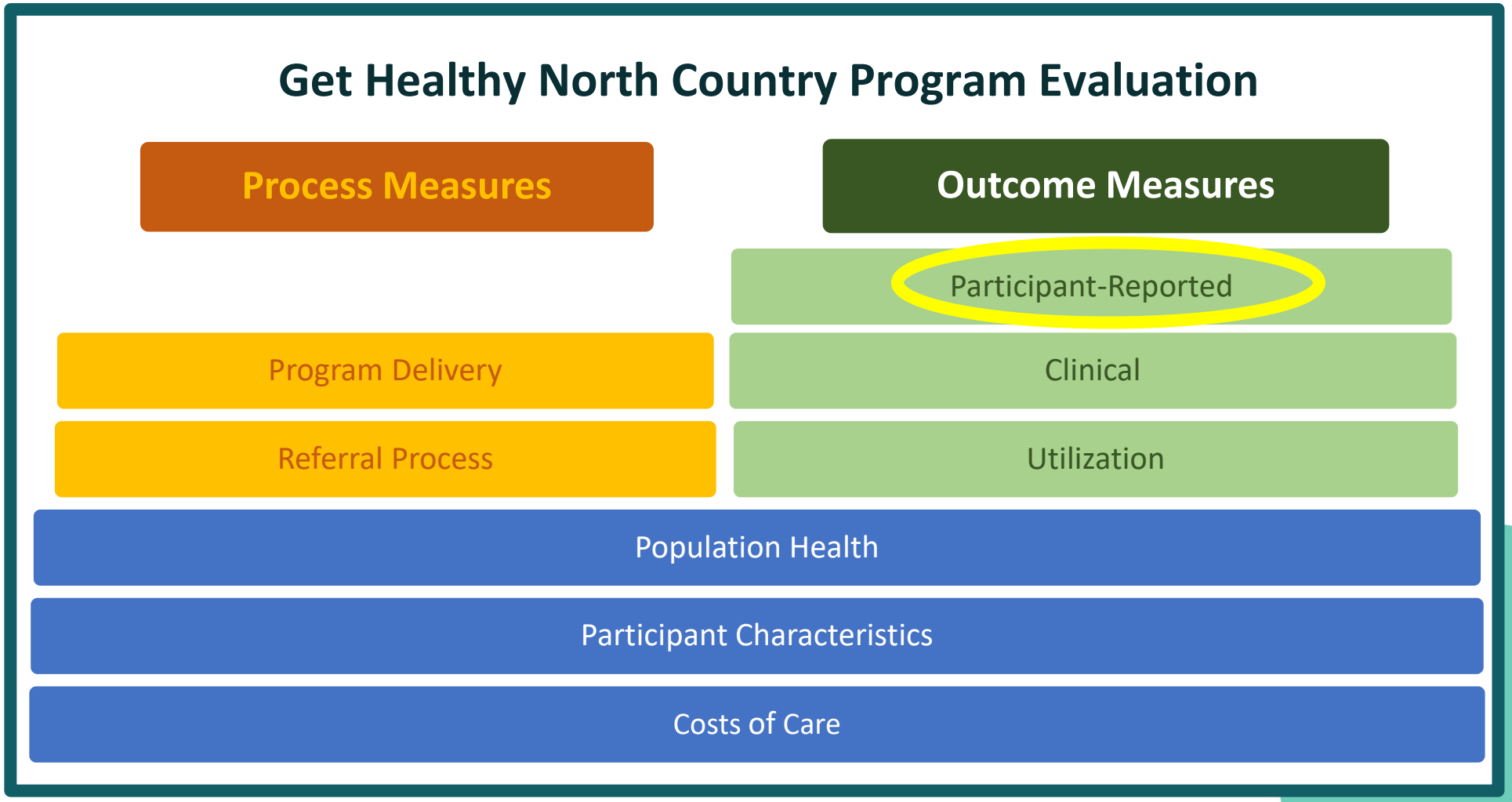
The GHNC Evaluation



Evaluation Framework

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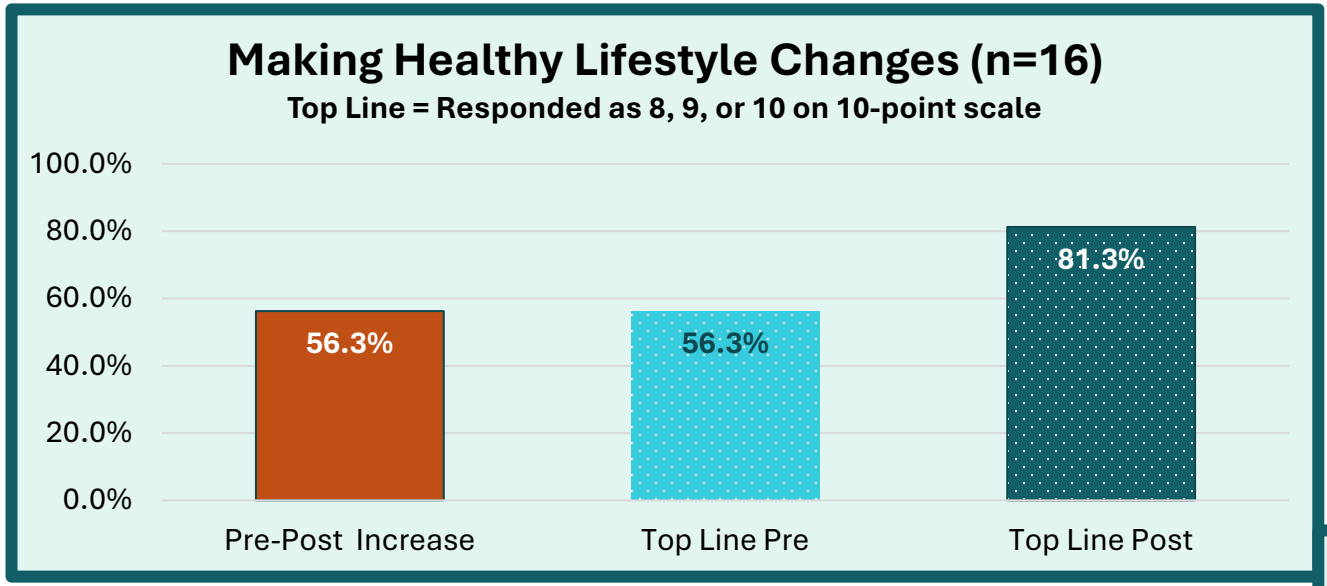
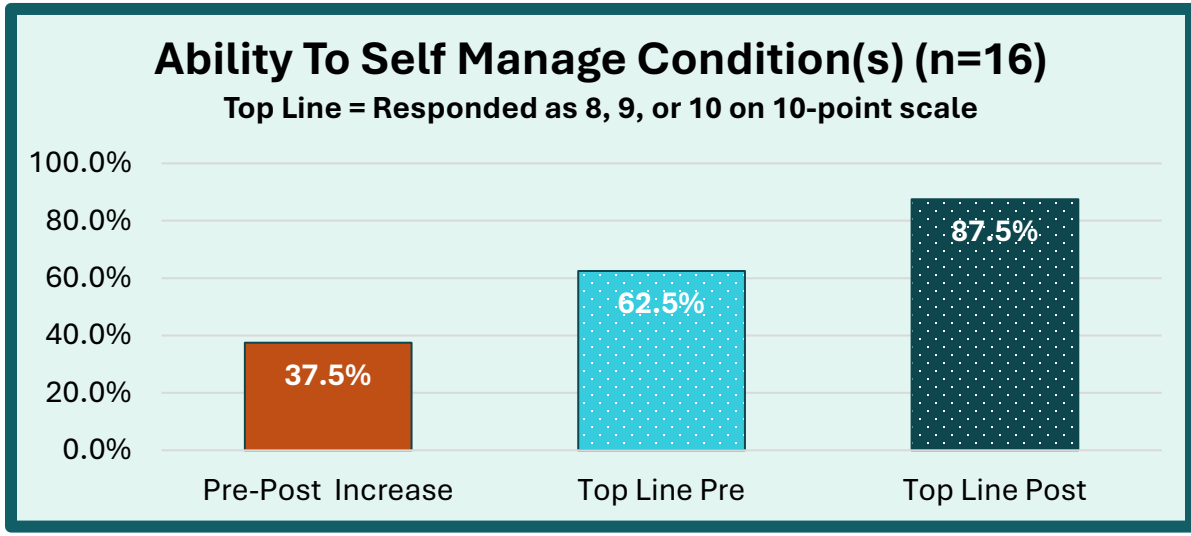
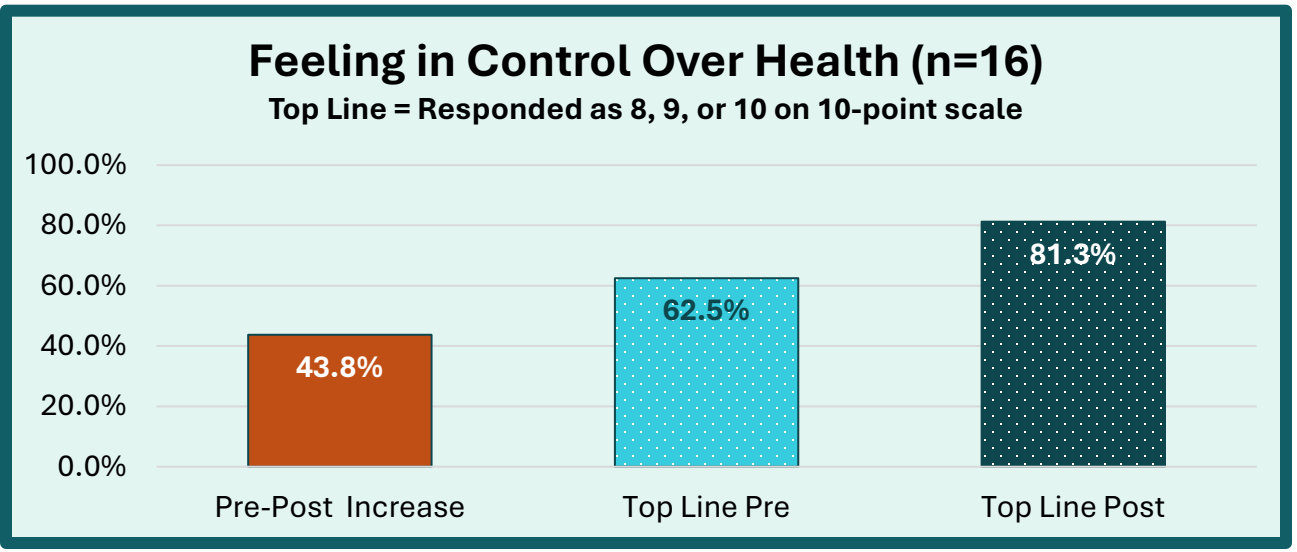
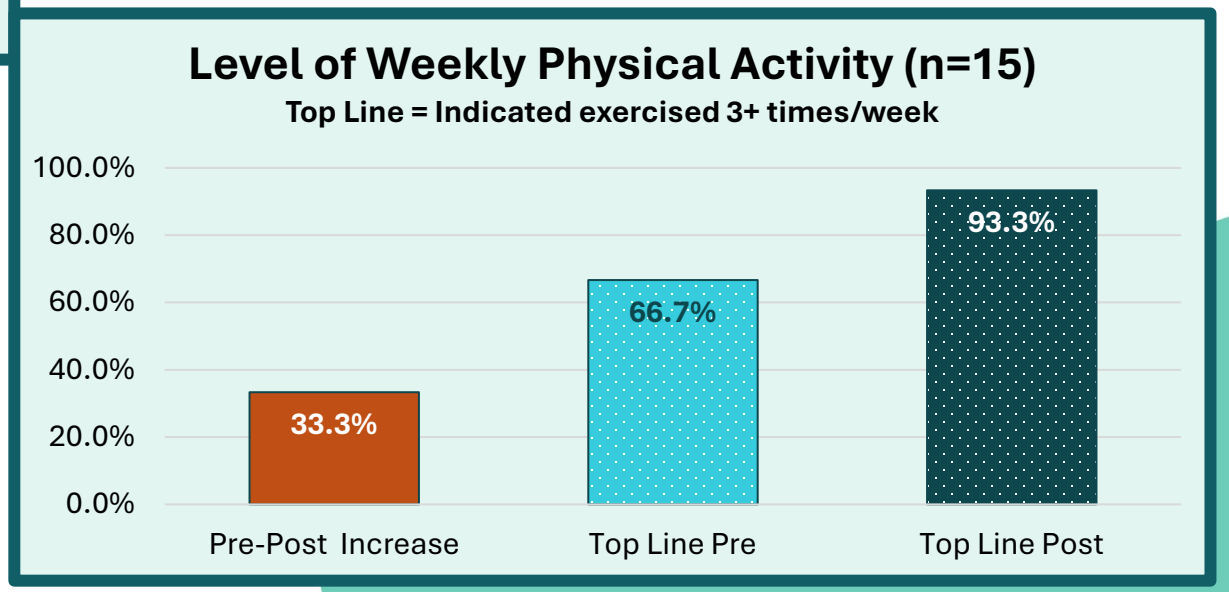
CDSME Impact on Healthy Behaviors









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Intersection of Social Connectedness and Healthy Behaviors

Of those ***less lonely*** after CDSME:

- 83% reported increased ability to self manage their condition(s).
- 80% reported increased physical activity.
- 57% reported increased level of control over health.
- 56% reported increased healthy lifestyle changes.

Of those ***less isolated*** after CDSME:

- 63% reported increased healthy lifestyle changes.
- 60% reported increased ability to self manage their condition(s).
- 33% reported increased level of control over health.
- 25% reported increased physical activity.

Key Takeaways

1. Social Disconnection is Persistent

Post-CDSME, more than 50% of respondents:

- Reported a lack of companionship and missing having people around.
- Were at medium, medium-high, or high risk for social disconnection.

2. CDSME Workshops Support Social Connection

- Post-CDSME, more than 50% of respondents reported a moderate positive impact of the workshop on their social connectedness.
- +/- 50% reported being less lonely and/or isolated after the CDSME workshop.
- CDSME had the largest positive impact on respondents' interacting with people and with creating a sense of belonging.

3. CDSME Workshops Support Healthier Behaviors

- 20-30% increase from pre- to post-workshop in top line (most healthy) responses for all four self-reported healthy lifestyle activities.

4. Social Connection and Healthy Activities are Interconnected

- Of those less lonely after the workshop, more than 50% showed improvement in each of the four healthy lifestyle activities.
- Of those less isolated after the workshop, more than 50% showed improvement in making healthy lifestyle changes and in their ability to self-manage their health condition(s).

Final Takeaway

CDSME may not get us to the Emerald City of social connectedness, but it IS a helpful partner for our rural residents on the path towards connection and engagement.

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Resources

- **Commit to Connect 2025 Community of Practice**
  - *Executive Summary:* https://committoconnect.org/wp-content/uploads/2026/02/CTC-2025-Community-of-Practice-508.pdf
  - *Webinar*: https://vimeo.com/1164381230
- **Get Healthy North Country**
  - *CDSME website* for finding and registering for CDSME workshops: https://gethealthynoco.org/#/
  - If interested in *learning more and/or joining the GHNC Network, c*ontact Arriana (see next slide).
  - *The Heart Network website*: https://heartnetwork.org/
- **References on Social Connection**
  - World Health Organization. (2023, November 15). *WHO launches commission to foster social connection*. World Health Organization
  - U.S. Department of Health and Human Services, Office of the Surgeon General (2023). Surgeon General's Advisory
  - Abshire, D. A., Graves, J. M., Amiri, S., & Williams-Gilbert, W. (2022). Differences in Loneliness Across the Rural-Urban Continuum Among Adults Living in Washington State. *The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association*, *38*(1), 187–193. https://doi.org/10.1111/jrh.12535

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