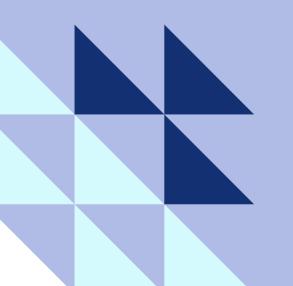
Systems Of Cross-sector Integration and Action across the Lifespan (SOCIAL) Framework:

THE WORK, EMPLOYMENT, & LABOR (WEL) SECTOR

WINTER 2023





DEVELOPED BY SUBCOMMITTEE

- CO-LEADS:
 - KAREN MOSELEY, PRESIDENT AND CEO, HEALTH ENHANCEMENT RESEARCH ORGANIZATION
 - JESSICA GROSSMEIER, PHD, MPH, FOUNDER AND CEO, JESSICA GROSSMEIER CONSULTING & AUTHOR, REIMAGINING WORKPLACE WELL-BEING: FOSTERING A CULTURE OF PURPOSE, CONNECTION, AND TRANSCENDENCE
- ANN KOWAL SMITH, CEO, REFLECTION POINT (FORMERLY BOOKS@WORK)
- ELIZABETH R. CLICK, DNP, ND, RN, CWP, MEDICAL DIRECTOR AND ASSOCIATE PROFESSOR, CASE WESTERN RESERVE UNIVERSITY
- NICOLE ELLISON, PHD, PROFESSOR OF INFORMATION, UNIVERSITY OF MICHIGAN SCHOOL OF INFORMATION
- SARAH WRIGHT, PHD, ASSOCIATE HEAD OF DEPARTMENT MANAGEMENT, MARKETING, AND TOURISM, UNIVERSITY OF CANTERBURY

AUTHORS

- ABIGAIL BARTH, MPH, RESEARCH AND INNOVATION PROGRAM MANAGER, FOUNDATION FOR SOCIAL CONNECTION
- SHANNON VYVIJAL, SOCIAL CONNECTION FELLOW, FOUNDATION FOR SOCIAL CONNECTION
- KAREN MOSELEY, PRESIDENT AND CEO, HEALTH ENHANCEMENT RESEARCH ORGANIZATION
- JESSICA GROSSMEIER, PHD, MPH, FOUNDER AND CEO, JESSICA GROSSMEIER CONSULTING & AUTHOR, REIMAGINING WORKPLACE WELL-BEING: FOSTERING A CULTURE OF PURPOSE, CONNECTION, AND TRANSCENDENCE
- DR. JULIANNE HOLT-LUNSTAD, PROFESSOR OF PSYCHOLOGY & NEUROSCIENCE, BRIGHAM YOUNG
 UNIVERSITY, CHAIR OF THE FOUNDATION FOR SOCIAL CONNECTION SCIENTIFIC ADVISORY COUNCIL

CONTRIBUTORS & REVIEWERS

- ABIGAIL GADBOIS, MPH, POLICY ANALYST, HEALTHSPERIEN
- ANJALI RAMESHBABU, PHD, FOUNDER, HEALTH2WELLBEING
- BARBARA WAXMAN, MS, MPA, PCC, FOUNDER, ODYSSEY GROUP COACHING
- BEN MARKS, CEO, THE #WORKANYWHERE CAMPAIGN
- BRETT HAUTOP, AIA, FOUNDER, WORKSHAPE
- DAVID BALLARD, SENIOR FELLOW AND SCIENTIFIC ADVISOR FOR WORKFORCE MENTAL HEALTH, HERO
- EDWARD GARCIA III, MPH, FOUNDER AND BOARD CHAIR, THE FOUNDATION FOR SOCIAL CONNECTION
- HARRY REIS, PHD, PROFESSOR OF CLINICAL AND SOCIAL PSYCHOLOGY, UNIVERSITY OF ROCHESTER
- IAN MARCUS CORBIN, PHD, INSTRUCTOR, HARVARD MEDICAL SCHOOL
- JENN GRAHAM, FOUNDER AND CEO, INCLUSIVV (FORMERLY CIVIC DINNERS)
- JILLIAN RACOOSIN, MPH, DEPUTY EXECUTIVE DIRECTOR, THE FOUNDATION FOR SOCIAL CONNECTION
- LEIGH STRINGER, LEED AP, GLOBAL DIRECTOR OF ADVISORY SERVICES, PERKINS&WILL
- LISA BRADY, PHD, M.S., VISITING ASSISTANT PROFESSOR OF MANAGEMENT, SOUTHEASTERN LOUISIANA
 UNIVERSITY
- MARTA INDUNI, PHD, ADMINISTRATIVE DIRECTOR OF RESEARCH, BLUE ZONES WELL-BEING INSTITUTE
- MICHAEL COMPTON, PHD, PROFESSOR OF PSYCHIATRY, COLUMBIA UNIVERSITY DIVISION OF BEHAVIORAL HEALTH SERVICES
- STEVE DOWNS, MS, CO-FOUNDER, BUILDING H
- STEVEN VAN COHEN, MS, CO-FOUNDER, SYNCLX & AUTHOR, CONNECTABLE: HOW LEADERS CAN MOVE TEAMS FROM ISOLATED TO ALL IN



TABLE OF CONTENTS

KEY ACRONYMS, TERMS, AND DEFINITIONS 3

EXECUTIVE SUMMARY 4

OPENING LETTER 5

INTRODUCTION 6

THE SOCIAL FRAMEWORK 6

REPORT 3 | THE WORK, EMPLOYMENT, & LABOR (WEL) SECTOR 8

SOCIAL ISOLATION, LONELINESS, AND CONNECTION (SILC) THROUGH WEL 8 LESSONS FROM THE COVID-19 PANDEMIC 9 REPORT OBJECTIVES 11

ADDRESSING SILC ACROSS LEVELS OF INFLUENCE 12

3.0 INTRODUCTION 12

3.1 INDIVIDUALS 12

3.2 INTERPERSONAL RELATIONSHIPS 16

3.3 ORGANIZATIONAL 20

3.4 COMMUNITIES 24

3.5 SOCIETY 27

CROSS-CUTTING CONSIDERATIONS WITHIN THE FRAMEWORK 31

LIFESPAN/LIFE COURSE APPROACH 31

EARLY ADULTHOOD 32

MIDDLE ADULTHOOD 33

OLDER ADULTHOOD 33

INCLUSION, DIVERSITY, EQUITY, AND ACCESS (IDEA) 35

MODALITY 40

EVIDENCE/APPLICATION 41

MAKING IT HAPPEN 43

GOVERNMENT FUNDING 43

SILC: A SMART INVESTMENT 43

CONCLUSION 44

SOCIAL FRAMEWORK IN ACTION 44

APPENDIX 45

CASE EXAMPLES 45

REFERENCES 48

KEY ACRONYMS, TERMS, AND DEFINITIONS

- **SOCIAL FRAMEWORK**: SYSTEMS OF CROSS-SECTOR INTEGRATION AND ACTION ACROSS THE LIFESPAN (SOCIAL) FRAMEWORK.
- **SILC**: AN ACRONYM REFERRING TO SOCIAL ISOLATION, LONELINESS, AND SOCIAL CONNECTEDNESS.
- **HIAP**: HEALTH IN ALL POLICIES.
- IDEA: INCLUSION, DIVERSITY, EQUITY, ACCESS
- SOCIAL CONNECTION: THE (I) STRUCTURE, (II) FUNCTION, AND (III) QUALITY OF RELATIONSHIPS WITH OTHERS. SOCIAL CONNECTION INCLUDES NOT ONLY THE SIZE AND DIVERSITY OF ONE'S SOCIAL NETWORK AND ROLES, BUT THE FUNCTIONS THESE RELATIONSHIPS SERVE, AND THEIR POSITIVE OR NEGATIVE QUALITIES; USED INTERCHANGEABLY WITH SOCIAL CONNECTEDNESS.
- **SOCIAL ISOLATION:** HAVING OBJECTIVELY FEW SOCIAL RELATIONSHIPS, SOCIAL ROLES, AND GROUP MEMBERSHIPS, AND INFREQUENT SOCIAL INTERACTION.
- LONELINESS: A SUBJECTIVE UNPLEASANT OR DISTRESSING FEELING OF ISOLATION. A PERCEIVED DISCREPANCY BETWEEN ONE'S ACTUAL AND DESIRED LEVEL OF SOCIAL CONNECTION.
- **BELONGING**: FEELING LIKE AN ACCEPTED MEMBER OF A GROUP AND HAVING GOOD RELATIONSHIPS WITH MEMBERS OF THE GROUP
- **STAKEHOLDER**: AN INDIVIDUAL OR GROUP OF INDIVIDUALS WITH AN INTEREST IN ANY DECISION OR ACTIVITY OF AN ORGANIZATION OR TOPIC AREA.

WORK, EMPLOYMENT, AND LABOR TERMS (ALIGNED WITH HERO DEFINITIONS)[1]

- **COWORKING**: THE USE OF A SHARED, FLEXIBLE WORKING ENVIRONMENT BY SELF-EMPLOYED, REMOTE, OR HYBRID WORKERS
- EMPLOYEE ASSISTANCE PROGRAMS (EAPS): A VOLUNTARY PROGRAM THAT OFFERS SHORT-TERM COUNSELING, REFERRALS, AND FOLLOW-UP SERVICES TO EMPLOYEES WHO HAVE PERSONAL AND/OR WORK-RELATED PROBLEMS [1]
- EMPLOYEE RESOURCE GROUPS (ERGS): VOLUNTARY, EMPLOYEE-LED GROUPS THAT FOSTER CONNECTION, SUPPORT, MENTORSHIP, OR PROFESSIONAL DEVELOPMENT AMONG EMPLOYEES WITH COMMON EXPERIENCES, INTERESTS, OR SELF-IDENTIFYING CHARACTERISTICS [1]
- EMPLOYEE VOLUNTEERING: UNPAID LABOR PROVIDED TO EXTERNAL NONPROFIT OR CHARITABLE ORGANIZATIONS THAT MAY TAKE PLACE DURING OR OUTSIDE OF WORK HOURS [2]
- LEADERS: WORKERS WITHIN AN ORGANIZATION THAT ARE IN CHARGE OF SUBORDINATES, OR DIRECT REPORTS. THESE INCLUDE MIDDLE MANAGERS, SUPERVISORS, AND EXECUTIVES.
- WORKPLACE: MAY REFER TO A SINGLE OFFICE, OFFICE BUILDING, FACTORY, OR CORPORATE CAMPUS. IN VIRTUAL SETTINGS, IT COMPRISES THE COLLECTIVE MANAGEMENT PRACTICES, WORK REQUIREMENTS, POLICIES, PRACTICES, AND PROCESSES ASSOCIATED WITH COMPLETING PAID WORK [1]



EXECUTIVE SUMMARY

This report offers evidence-based solutions and policies to advance social connectedness and address social isolation and loneliness through the work, employment, and labor (WEL) sector. The WEL sector includes workers who provide services for wages (to organizations or through self-employment) and organizations that employ individuals and offer goods and/or services to the public. Through this report, we aim to provide the information needed by employers, business leaders, policymakers, researchers, and others to develop, test, and implement solutions through the WEL sector. The solutions presented can improve the social connectedness not only of employers and workers, but also, customers, communities, and society at large. We emphasize considering inclusion, diversity, equity, and access (IDEA) and risk factors for social disconnection at different life stages in the development and deployment of solutions. This report was developed in collaboration with a subcommittee of research and practitioner experts. A review was provided by the subcommittee, members of the Foundation for Social Connection Scientific Advisory Council and team, and external experts. Learnings were generated through literature reviews and subject matter expert insight interviews.



OPENING LETTER

When the Business Roundtable announced a new purpose statement in 2019, 181 CEOs, representing every state and 37 million employees, made a commitment to lead their companies for the benefit of all stakeholders—employees, communities, suppliers, customers, and investors [3]. This paradigm shift from shareholders to stakeholders signaled a new era of labor as a company's most valuable asset and a call to action for employers to invest in their employees through fair compensation, training and education, and by "fostering diversity and inclusion, dignity and respect" [3].

With the national crises of a viral pandemic and social and political unrest, employers are now acutely aware of the impact of health, especially mental health, on their workforce. Recent studies show loneliness has morbidity and mortality equivalencies to obesity and smoking, and social isolation is undoubtedly correlated with these physical maladies as well as mental health and overall well-being. The positive benefits of improving social connection within the workforce compound the value added for employers taking action to address social isolation, loneliness, and social connection. Fostering social connection and related experiences of trust, belonging, and social support can mitigate the aforementioned costs and result in significant gains for employers, including improvements in worker productivity, performance, and well-being.

We are pleased to offer this report with a focus on the unique role employers can play in assessing the issues and advancing solutions. What kind of employer leadership can we catalyze that breaks through the stigma of loneliness? How can we take a multifaceted approach to create work processes, policies, facility design, leadership behaviors, and team interactions to foster stronger social connections? In what ways can organizations positively influence the social connectedness of communities and their customers through their products, services, and programs? You'll find examples from <u>Reflection Point</u>, <u>Google</u>, and <u>Inclusivv</u> exhibiting commendable leadership in the ways they foster workforce social connection.* As a society, we are all challenged to consider our role in what it will take to make inclusiveness, civility, and sensitivity to and support for mental health the best way to do business. As organizational leaders ourselves, we have attempted to model the authenticity and vulnerability needed by all leaders by publicly telling our own stories.

As you review the recommendations and guidance offered in this report, consider the actions you and your organization can take to mitigate the risks of social isolation and loneliness and advance stronger social connections for all workers.

Together, Jessica Grossmeier, PhD, and Karen Moseley, Co-Chairs

*See our Appendix for more case examples.

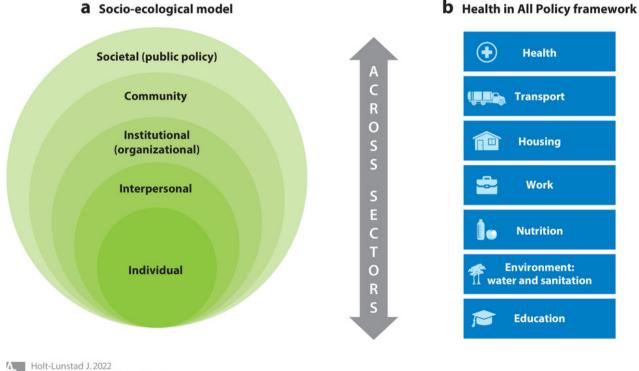


INTRODUCTION

Human beings are fundamentally social by nature. Substantial evidence documents the benefits of stronger social connections and the risks of disconnection (e.g., isolation and loneliness) for individuals, groups, organizations, and communities [4–8]. Research on social connection spans multiple scientific disciplines including medicine, sociology, psychology, epidemiology, neuroscience, communications, and anthropology. Much of this research is conducted in siloes and relies on a wide range of research methods, which makes it challenging to develop a cohesive, systematic approach to promoting social connection. The Foundation for Social Connection's Scientific Advisory Council, chaired by Dr. Julianne Holt-Lunstad, developed The Systems Of Cross-sector Integration and Action across the Lifespan (SOCIAL) Framework to translate research into practice, accelerating progress toward a society that contributes to social connectedness across the lifespan [9].

THE SOCIAL FRAMEWORK

The SOCIAL framework draws upon the socio-ecological model and the Health in All Policy (HiAP) framework to illustrate how every sector of society and level of influence* can contribute to social connection and reduce social isolation and loneliness [9,11,12].



Annu. Rev. Public Health 43:193–213

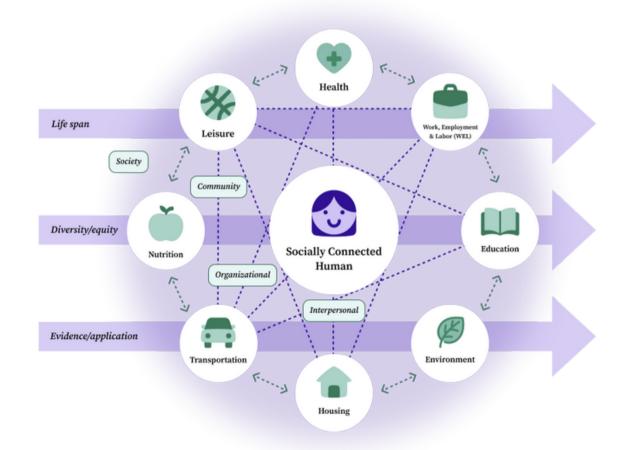
*As stated in Holt-Lunstad (2018), the socio-ecological model underpinning the SOCIAL Framework has "a hierarchy of levels of influence" that shape our social relationships [10]. The hierarchy's depiction as concentric circles reflects how the levels shape one another from both the top-down and bottom-up, thereby highlighting the need to address social connection at every level. See Holt-Lunstad (2022) for more information [9].



The SOCIAL framework has four main components, which provide guidance in identifying opportunities for intervention or support for population health including:

- Levels of Influence: individual, interpersonal, institutional/organizational, community, and societal levels
- **Sectors of Society**: education, health care, transportation, housing, WEL, nutrition, environmental supports (e.g., water, sanitation), and leisure
- **Cross-Cutting Themes**: represent issues that must be addressed across all levels and sectors represented in the framework (e.g., life span, evidence, diversity and equity)
- **Opportunities for Collaboration**: acknowledge and encourage approaches that operate across many sectors and disciplines

Combining these components with an adaptation of the socio-ecological and HiAP models, the SOCIAL Framework model is depicted in the following graphic:



This report uses the framework as an aid to address social isolation, loneliness, and social connection (SILC) across each of the levels of influence specifically for the Work, Employment, and Labor (WEL) Sector, while also addressing cross-cutting themes and opportunities for collaboration. Consideration of these four components ensures a more systematic and effective approach to population health, including the health and well-being of workers and their families.



REPORT 3 THE WORK, EMPLOYMENT, AND LABOR (WEL) SECTOR

Social Isolation, Loneliness, and Connection (SILC) through WEL

Loneliness is pervasive among adults in the U.S., which has significant implications for health and work. Even prior to the COVID-19 pandemic, U.S. health insurer Cigna found that 3 in 5 or about 60% of American working adults felt lonely [13]. The Ipsos 2022 Workplace Belonging Survey found that only 39% of individuals surveyed strongly agreed with feeling a sense of belonging at work and 45% felt connected with their colleagues [14]. The negative effects of social isolation and loneliness (SIL) on the mental and physical health of individuals who experience SIL are well established [4–6,8]. So too are the serious consequences of loneliness and isolation on workers' satisfaction, engagement, and productivity. Research has found that lonely workers have a higher risk of missing work due to stress, claim lower productivity and lower work quality, experience lower organizational commitment and perceptions of colleagues, and are at higher risk of turnover [13,15].

Among the various social, cultural and historical drivers of social disconnection in modern-day work and life, there are likely a number of contributing factors from U.S. workforce conditions that began to take shape during the 20th century. These factors influence workplace norms and policies and the decisions made by leaders of organizations that contribute to the experiences of Americans at work today. For example, shareholder theory developed by economist Milton Friedman argues that a business's most significant responsibility is to satisfy its shareholders [16]. Some experts argue that the widespread incorporation of shareholder theory into American business practice, beginning in the 1970s, has led to the deprioritization of the well-being of workers (which include things like social connection and support provided to employees) as the needs of shareholders are prioritized through maximized profits and efficiency [16]. The decline of unions throughout the 20th century may have contributed to less leverage for workers to advocate for things like work-life balance (and time spent with friends and family, critical for social health)[17]. Throughout the 20th century, there was an increasing shift of risk from organizations to workers (as exemplified by the shift from employer-provided defined benefit pension plans to employee-contribution 401(k) plans), which may contribute to increased financial uncertainty and insecurity today, factors that can increase stress and risk for isolation and loneliness [17–21].

Historically, employers have not considered how their policies and practices may contribute to the social disconnectedness of their workers or how the workplace can



serve as an intentional site for social connection. As Dr. Sarah Wright points out in In a Lonely Place: The Experience of Loneliness in the Workplace, "In many organizations the attention is often focused on productivity, competition, decisions, deadlines, and reports, and less focused on the human element... *In many ways, human interaction is often perceived as 'getting in the way' of work productivity*" [22]. However, aptly stated by the U.S. Surgeon General in <u>The Framework for Workplace Mental Health & Well-Being</u>, there is a tremendous opportunity for connection in the workplace - "Given the amount of time people spend in the workplace, the relationships and connections we build there can have a variety of impacts...physical and psychological help, such as emotional support, informational support, and advice, can mitigate feelings of loneliness and isolation" [23]. Additionally, working longer over one's lifespan may lead to better health in older age, with research findings that feelings of well-being were improved through collaborative, positive work interaction for older workers [24,25].

Through this report, we hope to shift the thinking of workplace leaders to view social connection as fundamental to the health and success of their workforces and take proactive action to prevent social isolation and loneliness from developing for different stakeholders. We also hope to compel policymakers to adopt employer workforce and fiscal policies that incentivize social connection. In addition to the opportunity to foster connection and well-being among their employees, we challenge organizations to consider how the products and services they develop can increase the social connection of their consumers and be a catalyst for positive connections in the communities where they operate.* Companies and organizations that participate in the Coalition to End Social Isolation are actively considering how their services, programs, and products can inadvertently lead to further disconnection and can proactively serve as tools to increase social connectedness.

Lessons from the COVID-19 Pandemic

Since early 2020, the unprecedented impacts on mental and physical health and social well-being have tested organizational and individual resilience and revealed gaps, if not chasms, in equitable access. It has been said that we have all experienced the same storm but in different boats. So much trauma has occurred in our world and our workforce to reinforce the need for a renewed commitment to organizational health and well-being best practices, especially those that aim to address the social isolation and loneliness exacerbated by pandemic restrictions.

What has the pandemic taught us that can inform the WEL sector's response to social isolation and loneliness?

1. **The workplace itself is a driver of health and well-being.** With record numbers of workers rethinking their work conditions and long-term goals in "The Great Resignation," organizations would do well to consider the supports that

*This approach draws upon John Quelch's Culture of Health Model which compels companies to consider their influence on four pillars of health: consumer, employee, community, and environmental health. Read more about the model <u>here</u>.



create a culture worth staying for. When employees have little control over their work, face excessive job demands, and experience suboptimal social relationships in the workplace, they may have little capacity to maintain or improve their health and well-being. In 2020 alone, the number of workdays missed by lonely employees has been estimated to cost the U.S. economy over \$406 billion, or employers around \$4,200 per employee [26].

- 2. **Remote work is here to stay.** A 2022 Northeastern University survey of more than 1,000 executives' views on how the pandemic will affect working arrangements found that 62% are more likely to offer remote work [27]. For many workers, greater autonomy over aspects such as work location and schedules will feel nicely aligned with their preferences for greater control in how they perform their work. Others may feel more stressed by the loss of structure and direction provided in a traditional workplace setting. Still, others may find that the benefits of working from home are offset by anxiety about blurred work and home life boundaries, as well as the implications for feelings of isolation and loneliness.
- 3. **Unpaid caregivers need more support.** According to the Gallup-Healthways Well-Being Index, more than 1 in 6 Americans assist with caregiving while also working full- or part-time, and 40-70% of family caregivers report symptoms of depression, often caused by feelings of isolation and loneliness [28]. The COVID-19 pandemic added complexity given changing quarantine and isolation requirements, reduced access to health care, and vulnerability of individuals at higher risk. This is an opportunity for organizations to review and update caregiver and family leave policies and communicate the benefit to employees.
- 4. **Technology can be a powerful tool for health, both positive and negative.** Due to restrictions on in-person gatherings, many aspects of social, organizational, and economic life were converted to online interactions, some with more success than others. The pandemic necessitated an increase in virtual medical appointments, though access to providers from similar racial and ethnic groups is still insufficient [29]. The digital marketplace offered an overwhelming number of mobile apps and solutions intended to connect employees to what were once place-based programs. Video teleconferencing technologies enabled many aspects of work to continue, although these came with limitations such as the loss of informal organizational socialization. Employers learned the importance of keeping teams connected in new ways, for example through employee resource groups (ERGs) to foster diversity and inclusion.

Organizational leaders are met with many competing demands on a daily basis, magnified by the additional challenges that emerged from the COVID-19 pandemic. When viewed through a different lens, those challenges become an opportunity and call to action allowing employers to employ strategies that support work-life balance and foster connections among their workforce that lead to deeper and more meaningful purpose in our work.



Report Objectives

For the purpose of this report, the WEL sector includes workers who provide services for wages (to organizations or through self-employment) and organizations that employ individuals and offer goods and/or services to the public. Unpaid labor such as volunteer work and family caregiving, are briefly touched upon but are not addressed directly in this report. In line with our previous SOCIAL Framework reports, this report will review evidence-based and promising interventions that can be implemented by organizations and workers to foster social connectedness of workers, customers, and communities, and can address social isolation and loneliness already experienced by these groups. To spark ideas for future endeavors, we identify gaps in the research base and explore untapped organizational, regulatory, and legislative opportunities to reduce social isolation and loneliness and foster social connection in the WEL sector.

The following section is organized by the five socioecological levels of influence as depicted in the socio-ecological model above, thus highlighting the individual, interpersonal, organizational, community, and societal level opportunities to facilitate social connection and address social isolation and loneliness by organizations and those participating in work. At each level, we identify who should take action, what potential actions can be taken, and how policies and programs can be enacted on that level. Upon this section's conclusion, readers will be equipped with the knowledge of specific strategies as well as the awareness of key questions to consider so they can implement and evaluate interventions that effectively address SILC proactively in their workplaces, communities, and society overall.

Key Report Objectives

With this work, we hope to:

- Equip workers, managers, and organizational leaders with approaches and organizational policies they can test and use to address social isolation and loneliness, and create more high-quality connections within their organizations, for their customers, and society at large
- Identify gaps in the evidence base and possible future areas for research for SILC solutions that can be implemented through and at work
- Provide evidence-based policy recommendations to create more socially connected organizations and society



ADDRESSING SILC ACROSS LEVELS OF INFLUENCE

3.0 Introduction

The SOCIAL Framework identifies five levels of influence that should be considered when developing a systems-based approach to promoting social connection and addressing social isolation and loneliness. This section addresses each level by naming the key stakeholders best positioned to take action, solutions that might be implemented, policies that operate at that level of influence, and considerations for implementation.

This WEL Sector Report extends the SOCIAL Framework by noting the special role of leaders, who operate across all five levels. At the individual level, leaders can learn how to cultivate strong social connections. The development of skills and behaviors that foster high-quality social connections in turn can enable individuals to serve as role models to influence employee behavior and support social connection at the interpersonal level. As decision-makers, leaders can also influence or support the adoption or implementation of strategies, policies, and procedures that address SILC within their organization as well as throughout their community and broader society.

3.1 Individuals

Organizations aiming to foster social connectedness and/or address SIL may benefit by directing efforts toward the individual. These efforts need to take socio-demographic attributes (age, gender, race/ethnicity, education, and income), unique preferences and needs as they relate to social connection, and background characteristics (personality, culture, history, and immigration status) into consideration. These factors can serve as either risk or protective factors for social isolation and loneliness. A more detailed exploration of these considerations will be provided in later sections (see Lifespan and IDEA sections).

Who are the key stakeholders with influence and empowerment to take action to improve social connectedness on the individual level? Key stakeholders are those who have the ability to influence individual behavior and/or provide SILC resources that can be used by or directed to individuals. These include:

- Workers. Individuals who are isolated or feel lonely can access a variety of resources to improve their mental health, social connection, and well-being. Individuals who desire stronger connections at work can use these resources as preventative measures against SIL to similarly boost their health.
- **Mental and Behavioral Health Professionals.** These professionals can help individuals identify what they are experiencing, why, and how these experiences may contribute to loneliness or isolation. They can also help individuals cognitively



reframe and develop healthy behaviors and positive coping mechanisms that may increase their ability to form connections with others.

• Leaders. Leaders (i.e., supervisors, middle-managers, and executives) can direct their employees to resources for addressing loneliness and isolation. Aligned with the views of researchers and other workspace consultants, this report holds leaders more responsible for directing their employees to services instead of putting the onus on employees to seek out and navigate their organization's resources. Given their senior status, leaders can also be proactive by advocating for or implementing resources and initiatives that improve these individuals' well-being and sense of connection.

What are potential approaches to improving social connectedness on the individual level? There are a number of cognitive and social skill improvement approaches that stakeholders can both implement and use to reduce SIL and increase social connectedness.

Mindfulness Techniques. Mindfulness is the practice of being present in one's environment and approaching experiences with an attitude of openness and acceptance [30,31]. Multiple researchers have examined its impact and recommended it as a way to reduce stress and promote well-being [32,33]. Studies have found that regular practice of mindfulness can increase prosocial behavior and improve one's relationships with others [32–35]. In the workplace, mindfulness can help individuals feel connected to other employees, perceive support, and show others compassion [34–36]. Mindfulness can also improve connection and workplace relationships through the improved ability of its practitioners to communicate emotions and lower stress during times of conflict. Recent research examining the use of smartphone mindfulness apps has shown promising results in achieving the above benefits as well as a reduction in loneliness and social disconnect [31,35]. Future examination of other programs will help inform how organizations can design and deliver effective mindfulness training to employees.

Emotional Intelligence (EI) Skill-Building. Since EI skills promote empathy and prosocial behavior, researchers have identified EI to be a potentially powerful tool in reducing levels of loneliness, protecting against social isolation, and increasing social support [37–40]. These skills can produce benefits not only for the individual possessing EI skills but also for those around them, as prosocial behavior promotes one's helping, reassuring, and welcoming of others [41,42]. Empathy can also give individuals a greater awareness of their own and others' feelings, which can allow them to better interpret interactions and offer social support to those in need [43]. In the work context, individuals with higher levels of empathy are able to communicate better with others, leading others to prefer to work with them as opposed to individuals with lower empathy skills [43]. However, researchers note specific challenges for individuals in developing EI skills in the workplace, such as experiencing empathy burnout, feeling as if



they do not have time to show empathy, and maintaining professional boundaries [43]. Emotional intelligence training has shown promising results in the workspace, but researchers believe further analysis is still needed to identify components of effective programs [43].

Cognitive Reframing. Researchers have found that maladaptive social cognition interventions produce the greatest effects in reducing loneliness [44]. Cognitive Behavioral Therapy (CBT) is a well-studied and commonly supported approach delivered by behavioral and mental health professionals [44,45]. This approach is designed to help individuals change maladaptive beliefs – or "dysfunctional and irrational beliefs, false attributions, and self-defeating thoughts and interpersonal interactions" [45]. For example, individuals may experience negative or irrational thoughts in stressful situations, but CBT helps them orient toward positive and rational thinking [46]. By teaching individuals to recognize their pessimistic perceptions of others or social interactions, CBT can have a significant and possibly lasting effect in reducing loneliness [37,44,45,47,48]. It can also help address other factors correlated with loneliness, like anxiety and depression, [37,49,50] as researchers have found CBT to be one of the most effective interventions to reduce stress in the workspace [46]* Further research on CBT and other strategies will help shed light on workplace-specific benefits for individuals across the lifespan.

How can policy support social connectedness on the individual level? These policies may be best applied through organizations and institutions or through governmental bodies (agencies and legislatures) to reach individuals:

- Remove barriers and increase employee access to services that use or promote CBT, mindfulness, and EI skill-building
 - Establish Employee Assistance Programs (EAPs) to help employees confidentially navigate and access social and mental health resources
 - Provide benefits that support developing mindfulness practices and emotional intelligence skills (i.e., pay for subscriptions for mindfulness smartphone applications or services)
 - Waive costs of mental health services used by essential workers (e.g., high deductibles, co-pays, and service limits)[51]
 - Provide insurance coverage for telehealth psychotherapy services
- Protect workers' right to mental health resources
 - Prohibit retaliatory or discriminatory supervisor behaviors toward workers who access mental health resources (through EAPs or other forms of access)[51]
 - Make employees aware of mental health accommodations they may be entitled to in the workplace under the Americans with Disabilities Act (ADA)

*Notably, this intervention must be supported by organizational culture changes to address the source of an individual's stress. Evidence-based and promising solutions to address situational or external stressors are presented later in this report.



- Implement workplace practices that encourage mindfulness, such as:
 - Establishing ground rules to discourage multitasking (e.g., texting and using laptops during meetings or certain group interactions).
 - Allowing participation in mindfulness training programs during paid work time
 - Incorporating recovery pauses in the workday (e.g., start all meetings or group events with a moment of silence or setting an intention for the meeting or interaction)
- Offer employers an insurance premium discount for implementing and encouraging the use of employee wellness programs (e.g., the North Dakota Public Employees Retirement System Program)[52]

3.1 Individual Summary

Key Stakeholders

• Workers, Mental and Behavioral Health Professionals, Leaders

Potential Approaches

• Mindfulness Techniques, Emotional Intelligence Skill-Building, and Cognitive Reframing

Questions to Consider*

- Does the organization offer confidential access to employee assistance counselors and/or mental health providers?
- What are some challenges that individuals are facing that I should be mindful of?
- Are we aware of IDEA (Inclusion, Diversity, Equity, Access) considerations?

*Some of these questions are inspired by <u>HERO questions</u> for employers



3.2 Interpersonal Relationships

Efforts to foster social connectedness and/or address SIL can benefit by focusing on workers' day-to-day social interactions – which are different depending on the type and modality of work and industry. For example, employees located in office settings interact more with team members and supervisors while retail and gig workers likely interface more with customers. Additionally, remote workers may spend more of their day interacting with others in their homes or community than with their coworkers or leaders. All of these relationships are part of an individual's social network and are known to influence human behavior and contribute to feelings of social connectedness or isolation and loneliness. Thus, approaches that target interpersonal relationships are important to consider.

Who are the key stakeholders with influence and empowerment to take action to improve social connectedness on the interpersonal level? Within work environments, a variety of social relationships exist. While not exhaustive, the following stakeholders are particularly important for solutions that act upon the interpersonal level. These include the following:

- Workers and Coworkers. Individuals can form relationships with their coworkers to foster greater connection in the workplace. Relationships between coworkers can allow individuals to both provide and receive meaningful social support, which can have a positive impact on individuals who are experiencing loneliness and social isolation.
- **Managers and Supervisors.** As influential leaders of their employees, managers and supervisors' willingness to model healthy relationships and best work practices can inspire their reports to emulate their behavior. Their higher status within the organization also allows them to initiate professional relationships with their employees and establish a respectful, supportive team culture.
- **Customers and Clients.** As mentioned, some workers' responsibilities include solely or mostly interfacing with customers and clients. While the literature has yet to determine evidence-based approaches to reduce loneliness between workers and their customers, this report highlights these individuals as important stakeholders to consider and engage in efforts to build interpersonal relationships and reduce workplace stress.

Leaders Who Experience SIL

It is important to note that leaders themselves experience SIL. However, research indicates that interpersonal solutions that benefit employees are unlikely to confer the same benefits to those in leadership positions if enacted in the ways described below (the approaches included below and much of the research focus on solutions for employees). Solutions that focus on fostering healthy leader-employee relationships, for example, may not produce equal benefits for leaders. Unlike



relationships between coworkers, leaders' authoritative roles can create an inherent distance from their employees and leader-follower relationships may not satisfy certain relational needs for the leader [53–57]. While some of these approaches may be relevant for leaders experiencing SIL (such as peer support between leaders), more research is needed to develop solutions for leaders and their unique workplace relationships.

What are potential approaches to improving social connectedness through interpersonal relationships? A variety of approaches can be used to improve employees' social relationships and everyday interactions through the implementation of supportive work norms and behaviors.

Family Supportive Supervisor Behavior (FSSB). No research has been specifically conducted on the effects of a positive work-life balance on SILC. However, it is likely that FSSB will lead to increased positive social connection for workers. Data has shown that FSSB improves employee psychological health and well-being, reduces turnover intentions, increases organizational commitment, and promotes a healthier, more positive workplace [58–60]. Workers in one study reported greater thriving in their workplace and ability to fully perform both their work and family roles, such as parenting and caregiving [61]. FSSB has four components: instrumental support, emotional support, creative work-family management, and modeling behaviors [59]. By practicing these four aspects, supervisors can open lines of communication and collaboration [58,62]. Specifically through increased emotional support, experts find that supervisors will "engage in authentic interpersonal interactions with their employees"[59]. As previously mentioned, this may not produce the same benefits or sense of social connection for leaders as it does for employees. However, it may be a promising practice to help workers build stronger relationships from their day-to-day interactions with peers and family members.

Peer-to-Peer Support. Research suggests that fostering meaningful, reciprocal support between coworkers is an effective way to address SIL and strengthen connection and belonging [53,63–65]. According to social interdependence theory, the amount of support and care that individuals receive from others predicts the perceived quality of their relationships and reduces loneliness [66,67]. Individuals who experience help from their team members are likely to reciprocate this behavior, building a culture of social support [68]. Notably, a survey of hybrid employees found that social support from coworkers at work was the most significant contributor to reduced loneliness among employees -- even more so than support for new employees, as their introduction into a new work environment can increase their vulnerability to exclusion and loneliness [63,69]. This vulnerability is often related to their higher likelihood of voluntarily offering help to solve work problems compared to existing team members [69].



These actions have the potential to establish high-quality interpersonal connections [69]. However, coworkers may reject this assistance and therefore cause new employees to feel excluded, incompetent, and unworthy of belonging to the team – all factors that can trigger increased levels of loneliness [69]. As a solution, peer-to-peer support programs may create an avenue for increased belonging and connection whereby new employees can provide their help and existing employees can share knowledge and advice about workforce dynamics [63,69]. As a BetterUp survey of employee belonging found, having just a single ally to foster one's inclusion on a team prevented workers from experiencing the negative effects listed above [70].

Team Effectiveness. Initiatives that prioritize collaboration and dialogue among team members have been shown to achieve multiple benefits for a more socially connected workspace. In a study on a program for 911 dispatchers, researchers found soliciting stories and advice from workers (voluntarily) and circulating them to the team in a weekly email significantly increased the sense of support and belonging dispatchers felt [71]. Moreover, they reported feeling more connected to coworkers – even in times of high stress – and were less likely to experience burnout or resign. A BetterUp report similarly found that sharing stories of overcoming struggles with coworkers can prevent employees from experiencing negative feelings associated with exclusion and not belonging [70]. Therefore, researchers posit such a program may be successful in other industries that experience high turnover and burnout and have employees who feel undervalued or less meaningful in society [71]. Examples of shared dialogue interventions that stakeholders can model include the work of Reflection Point and Inclusivy – both of which facilitate voluntary peer discussions for organizations.* Evaluation of these programs suggests these shared dialogues can increase mutual trust and respect and build strong, high-quality relationships among diverse team members, across functions and hierarchies. In fact, according to their 2022 measurement of psychological safety, social connection, and impact, Inclusivv found 99% of participants felt their voice was heard and valued, 98% experienced a greater sense of empathy with other participants, and 94% felt committed to taking action to achieve organizational culture change.

*See Appendix for full case examples on Reflection Point and Inclusivv.

Key Strategy for Team Effectiveness

Developing a team environment that fosters psychological safety–the shared feeling that taking risks in a given group is accepted and embraced–may also support team performance and effectiveness. Research is emerging but theoretical constructs suggest trusting and respectful interpersonal relationships contribute to psychological safety within teams, which promotes positive team member behaviors such as seeking help or feedback from others, speaking up about errors or concerns, and collaboration outside of the team [72]. A 2009 study of 212 employees examined the relationship between the quality of interpersonal relationships, psychological

safety, and subsequent outcomes. High-quality relationships were associated with psychological safety at baseline, which supported higher levels of learning behaviors at follow-up. High-quality relationships directly and indirectly (through the path of psychological safety) were associated with learning behaviors at work [73]. A later study confirmed these relationships when applied to the outcome of learning from failures at work [74]. A more recent longitudinal study of 69 work teams representing 834 employees found employee perceptions of psychological safety predicted the strength of network ties within teams. Teams with higher levels of psychological safety found members were more likely to ask other team members for advice, to see them as friends, and were less likely to report difficult relationships with them [75].

How can policy support social connectedness on the interpersonal level?

There is ample opportunity to encourage and facilitate interpersonal-level interventions through policy and procedural solutions.

- Partner new hires with existing team members during onboarding and extend onboarding timelines to foster these relationships
- Support the formation of employee resource groups (ERGs) for employees to voluntarily connect with others in the organization
- Outline communication expectations during "off" time and develop leave policies that support caregivers [76]
- Model behaviors such as taking time off for family events and mental health, avoiding multitasking during conversations, and openly communicating and collaborating with employees

3.2 Interpersonal Summary

Key Stakeholders

• Workers, Coworkers, Managers, Supervisors, Customers, Clients

Potential Approaches

• Family Supportive Supervisor Behavior (FSSB), Peer-to-Peer Support, Team Effectiveness

Questions to Consider*

- Do leaders model the prioritization of work-life balance?
- Are workplace policies and norms supportive of families, parents and caregivers?
- What is the quality of the relationships being made? Are there supports in place to encourage strong, positive relationships and measures in place to evaluate the relationships?

*Some of these questions are inspired by HERO questions for employers

3.3 Organizational

Efforts to foster social connectedness benefit from the recognition that individuals are situated within a network or web of relationships that extend beyond those of their everyday teams. Organizational-level influences include the actions, practices, policies, structures, and reward systems that are formally or informally applied to all people employed by an organization. This includes the many ways that workplaces are organized, built, managed, and operated. Collectively, these elements are influenced by what is referred to as organizational culture, which is an organization's norms, values, and practices that influence how employees interact with each other and their leaders as they conduct their daily work.

Who are the key stakeholders with influence and empowerment to take action to improve social connectedness on the organizational level? Key stakeholders are those with the power to influence organizational culture through the designing of policies, practices, structures, and reward systems. These include the following:

- **Executives.** Given their status in the workplace hierarchy, these stakeholders have the authority to implement organization-wide interventions aimed at reducing social isolation and loneliness and promoting social connection among their workers.
- Board Members. Since a socially connected workforce is critical for a successful, well-functioning organization, these stakeholders may be interested in implementing effective solutions to address SIL and foster worker well-being and connection. Board members may have the greatest influence on the long-term direction of organizations.
- **Internal Departments.** Internal departments can lead special projects and initiatives that seek to change organizational culture and address SILC.
- **External Benefits Providers.** These providers assist organizations in developing their employee benefit programs, which encompass health insurance, paid time off and sick leave, pensions and retirement accounts, and more. Given this advisory role, they can influence organizations to prioritize SILC.

What are potential approaches to improving social connectedness at the organizational level? Interpersonal and individual strategies described above will only be successful if they are supported by organizational cultures that value social connection. These approaches are important to consider in order to make sustainable changes in organizations to benefit all workers.

Worker Autonomy. Studies show that increasing worker autonomy can reduce loneliness and address social factors related to the formation of quality connections. Rooted in self-determination theory, individuals who want and are able to spend time alone report lower levels of loneliness and improved well-being [76]. In the context of the workplace, autonomy includes reduced monitoring as well as choice over work location, schedules, and participation in work events. Researchers have found that



close supervisor monitoring and restrictive schedules reduce workers' opportunities to interact with their coworkers, as they feel they cannot take breaks to socialize or ask coworkers for help [63]. Workers have also reported feeling less trusted and competent at their jobs, leading almost one-quarter of workers in another survey to feel their workplace is toxic [63,77]. Team bonding or work socials have often been implemented to counteract these negative feelings; however, not all individuals want to participate in social events [78]. Requiring lonely or isolated employees to participate may actually deter them from socially interacting with others and increase their alienation and loneliness [78]. Therefore, granting autonomy to participate in these events may help organizations avoid worsening employee loneliness and isolation.

Physical Activity and Wellness Initiatives. A robust body of evidence shows that group exercise leads to increased trust, prosocial behavior, and social bonding among participants [79–82]. The effects are even stronger for individuals who experience similarly stressful or tiring situations [83]. Researchers have also tested "active rest" programs in the workplace whereby employees performed light exercises for ten minutes, three times a week during their lunch breaks. They found the program increased employees' perceptions of support in the workplace and in their personal lives which, in turn, improved their interpersonal relationships [84]. Recognizing that physical ability can be a barrier to participation, group wellness initiatives like meditation programs can also affect the same benefits. Rooted in mindfulness, these programs help individuals develop 'decentering' skills that lead to greater social connection and more positive emotions [85].

Workplace Design. Researchers and architects have documented the significant role the physical workplace plays in community building and fostering employee well-being. In a case study of different office building layouts, experts found that having rooms with varied purposes, occupancy limits, furniture, and equipment was positively received by a majority of interviewed employees and contributed to greater social connection and support [86]. Specifically, these features provided employees more opportunities to interact with coworkers face-to-face and an environment where they felt an increased sense of meaning and community [86]. Additional beneficial features identified in another meta-analysis include access to natural lighting and greenery as well as the ability to control noise and temperature – all of which improve workers' physical, mental, and social well-being [87]. Spaces specifically mentioned in the literature for their effectiveness in promoting connection and well-being include break rooms, quiet spaces, nap rooms, and outdoor spaces (i.e., balconies)[86-88]. To note, however, open layouts and too many breakout areas have the potential to deteriorate coworker relationships and make employees feel more isolated due to difficulty locating coworkers [86,87]. Additionally, workers may not be motivated to interact more in these spaces if they perceive the underlying organizational culture as toxic. Therefore, researchers conclude that organizations must understand how their employees use their workplace and relate to the organizational culture before altering their design [86].

A Note on Technology and Virtual Spaces in Work

In addition to building the physical spaces mentioned above, employers also have the opportunity to create virtual venues for employees to gather online and interact digitally. Since the rise of remote work, companies have become more aware of the importance of these spaces, and many have already explored various ways to set up these venues. Google's Campfire Conversations initiative is one such example, whereby they offer employees a weekly, hour-long opportunity to connect via video conferencing. 100% of surveyed participants found value in joining, with some qualitative data suggesting the program helped them meet new people and increased their sense of belonging and connection.*

With all technology-based solutions, organizations must thoughtfully consider the software they need to purchase and the privacy and security safeguards they need to provide (e.g., access or rules of use). In addition, thoughtful attention must be paid to the ways that technology can foster or hinder quality social connections as part of one's work.**

*See Appendix for full case examples.

**See Fisher and Phillips (2021) Work Better Together: How to Cultivate Strong Relationships to Maximize Well-Being and Boost Bottom Lines [89] and Microsoft's 2022 New Future of Work Report [90].

How can policy support social connectedness through organizations?

As discussed above, stakeholders can implement policies within their organizations to influence culture and norms. However, they must also follow governmental policies which may sometimes limit the actions they can take. Fortunately, opportunities exist for stakeholders to leverage provisions within existing policies to promote social connectedness.

- Reevaluate organizational policies and consider pilots that promote employee flexibility and autonomy [91], such as:
 - Involve employees in organization decisions (e.g., post-COVID working arrangements) by creating opportunities for employee input, providing feedback on employees' ideas, and explaining the reasoning behind final decisions
 - Allow employees the option to work remotely, hybrid, or in-person with flexible hours (when possible)
 - Consider subsidizing costs associated with remote and hybrid work (i.e., transportation to and membership at coworking spaces).
 - Refrain from electronically monitoring employees
 - Re-evaluate the frequency, required participation, and duration of meetings and work events with greater intentionality
- Provide and encourage group fitness or movement programs. This includes ensuring employees' schedules allow for these breaks or offering opportunities to move around and leave the office.



- Explore employee wellness program options authorized in the Affordable Care Act (ACA) to support fitness and meditation programs
 - Currently, the ACA approves fitness membership reimbursement, health promotion seminars, and screenings as "participatory wellness programs" and walking, diet, and exercise programs as "health-contingent wellness programs" [92]
- (Re)design the working space for greater social connection and improved well-being (i.e., fitness centers, quiet rooms, social break areas, and outdoor areas)

3.3 Organizational Summary

Key Stakeholders

- Executives, Board Members, Internal Departments, External Benefit Providers **Potential Approaches**
- Worker Autonomy, Physical Activities and Well-Being Initiatives, Workplace Design

Questions to Consider*

- Is the significance of social connection illustrated in our organization's mission, vision and/or value statements?
- Are we measuring and including social connection (and related experiences, like loneliness and social support) outcomes when conducting programs?
- Are we utilizing employee surveys to determine what resources are requested by employees?
- What workplace factors interfere with employees' ability to do their jobs well while maintaining their well-being?
- Are we designing our workspaces and team interactions to encourage social connection?

*Some of these questions are inspired by HERO questions for leaders to consider



3.4 Communities

Efforts to foster social connectedness may benefit from recognizing that individuals are situated within a community that extends beyond their organization's official workplace and employees. In addition to forming due to geographic proximity, these communities can be connected through shared beliefs, attitudes, interests, activities, and goals.

Who are the key stakeholders with influence and empowerment to take action to improve social connectedness on the community level? At this level, key stakeholders include all actors and parties that can collaborate to bring groups of individuals together outside of any one specific organization and foster social connection. These include:

- **Executives and Board Members.** These individuals have the decision-making power to choose how interactive their organizations are with the community that surrounds them. They can also choose to collaborate with other companies and community organizations to foster social connection.
- Local Community Leaders. Reciprocally, community-based organizations, Chambers of Commerce, and regional associations can create partnerships with local companies and influence their decision to prioritize building connections between companies and the community.
- Local Government. These stakeholders have the legal authority to incentivize collaboration between companies as well as facilitate partnerships between companies and community organizations.
- Labor Unions and Professional Associations. These groups possess bargaining power in the WEL sector and serve to promote the interests of their members. While these groups may be affiliated with an international or national group, they operate on a more local level representing either workers of a specific workplace (i.e., a single plant or facility) or geographic region [93].

What are potential approaches to improving social connectedness at the community level? Multiple methods exist to reduce SIL throughout communities and broaden employees' opportunities to connect with others outside of their organization.

Employee Volunteering. Research shows volunteering can reduce feelings of SIL and improve feelings of connectedness – both for employees and members of the community [94–96]. These outcomes are in large part due to the opportunities volunteering creates to find purpose and meaning in one's life [97,98]. As one organizational study found, levels of well-being in the workplace were five times higher for employees who felt a sense of purpose compared to those who did not [99]. Additionally, volunteering instills a sense of belonging and builds community cohesion [97]. As a result, both volunteers and those who receive volunteer services may feel less lonely and better integrated into their communities [98].



Community Green Spaces. Co-creating and maintaining walkable, outdoor community spaces can serve to reduce loneliness and foster social connection for employees and community members. These spaces can include parks, gardens, greenways, and sidewalks [100]. From these forums, individuals can experience more opportunities for social interactions and feel a greater sense of belonging [100–102]. Researchers have also found that green spaces can foster well-being by improving individuals' mental and physical health [103,104]. In studies of community gardens, the analysis revealed these spaces allowed participants to interact and form community networks that reduced their sense of loneliness and strengthened social ties [105]. Additionally, research on walkable communities has shown that increasing opportunities for regular interaction can encourage meaningful relationship formation between community members and has led individuals to report higher levels of community connectedness [106,107].

Coworking Spaces. Coworking spaces have been shown to be an effective solution in reducing worker SIL and fostering social connections among workers who would not have otherwise worked together [108,109]. These spaces are different from other community hubs, like coffee shops, which possess multiple social purposes that can cause worker irritation and/or inhibit social interaction [110]. Instead, coworking spaces specifically have the infrastructure to support work outside the traditional office space or home and therefore bring together individuals with shared objectives [111]. As a result, individuals who worked from these spaces reported creating work routines to increase their opportunities to interact with other members, which consequently expanded their social networks, reduced social isolation, and led to a shared sense of community [108,109,111]. In fact, according to a survey by the #WorkAnywhere Campaign, respondents "felt most socially fulfilled or personally connected to other people in coworking spaces (60.7%) compared to private places like cafés (19.9%), someone else's home (8.8%) public places like libraries (4.7%) and client's/customer's office (0.9%)"[112]. Additionally, these spaces often offer after-hours social events at nearby places in the community, which can further encourage social interactions [108,111]. This may help form meaningful, high-quality social connections, as one study revealed workers felt they could be their "authentic self" around people they met coworking rather than people they knew from their traditional work office [108]. As a consequence of these opportunities to interact and connect with others, Harvard Business Review found 83% of their surveyed respondents reported feeling less lonely after joining a coworking space [113].

How can policy support social connectedness through communities?

Increased community-level connections can be supported by organizational and local government policy.

- Leaders can:
 - Encourage employee volunteering by sponsoring organization-wide days of service, accommodating workers' schedules, and allowing workers to use paid

work time for volunteering.

- Reimburse employees for coworking space memberships and commute costs
- Community organizations and associations can employ full-time office organizers in coworking spaces and create official standards to ensure best practices [114]
- Local governments can:
 - Subsidize or provide tax incentives for coworking spaces in rural, remote, or low-income areas [114]
 - Allow organizations to repurpose abandoned or unused buildings as co-working spaces. This may also entail amending zoning laws [114]

3.4 Community Summary

Key Stakeholders

- Leaders and Board Members, Local Community Leaders, Local Government **Potential Approaches**
- Employee Volunteering, Community Green Spaces, Coworking Spaces

Questions to Consider

- Are our initiatives and spaces accessible (i.e., financially, geographically, disability, etc.)?
- Are we collaborating with community members when constructing public spaces and resources?
- How will I measure the success of interventions in my community?
- How can I ensure sustainability when implementing a community approach?



3.5 Society

Efforts to reduce SIL and foster connection on a societal scale may benefit from recognizing that all members of society interact with and participate in the WEL sector simultaneously as employees, clients, customers, and community members. As a result, changes made at this level can shift how society conceptualizes work and how the WEL sector influences our lives.

Who are the key stakeholders with influence and empowerment to take action to improve social connectedness in society? Key stakeholders at the societal level include organizations, agencies, and departments with the ability to set or shift labor industry standards in ways that prioritize taking action to reduce SIL and foster connection. These include:

- **Government Entities.** Certain departments and agencies* have the regulatory authority to set more inclusive and connection-oriented industry standards as well as enforce existing policies that protect and promote employee health and well-being. They can also issue guidance to employers on best practices for workplace health and updated health regulations as they relate to the WEL sector.
- Large Employers and Corporate Executives. Employers and executives can collaborate with other industry leaders to challenge norms in the WEL sector that may contribute to SIL and/or inhibit social connection. Additionally, due to their size, large employers have a greater ability to customize the health insurance packages they offer their employees and can therefore incorporate coverage of SILC interventions into their plans. As has also been mentioned throughout this report, executives can use their prominent authority or public image to inspire change and lead the industry toward a more connected future.
- **Media.** Major media outlets and broadcasting corporations have the potential to influence the social norms that foster connectedness and promote awareness of social isolation and loneliness.
- Networking and Hiring Platforms. Platforms such as LinkedIn, ZipRecruiter, and Indeed are globally popular sites for employers to attract employees and/or announce their organization's achievements and campaigns. These features may incentivize employers to offer health benefits that address SILC as well as pilot SILC interventions. Additionally, these stakeholders can equip employees with knowledge and skills to foster connection in their workplace through skills-based assessments and other resumé-boosting certifications.

*Examples include the Occupational Safety and Health Administration (OSHA), Office of Disability Employment Policy (ODEP), Office of Labor-Management Standards (OLMS), Employee Benefits Security Administration (EBSA), Department of Justice Civil Rights Division, U.S. Equal Employment Opportunity Commission (EEOC), and National Institute for Occupational Safety and Health (NIOSH)



What are potential approaches to improving social connectedness on the

societal level? Stakeholders can employ a number of strategies to affect change in the WEL sector at this level.

Normalization and Destigmatization. Stigma is a powerful barrier that can prevent individuals experiencing challenges such as mental health conditions from seeking support and lead to increased social isolation [115,116]. Although social isolation, loneliness, and disconnection are not mental health conditions, they are often stigmatized. Fear of their challenges being outed in a professional setting may be an influencing factor [117]. Researchers have also found that some people show judgment, dislike, and even anger toward individuals when their health conditions are perceived to be controllable or self-inflicted [115,118]. A potentially promising approach to normalizing SIL is for business leaders to publicly discuss their own struggles with SIL, if comfortable, and express their support for SILC interventions. Research on leaders' mental health suggests talking about experiences might openly challenge stigmas, promote acceptance in the workspace, and lessen their employees' worries about disclosing their own struggles [117]. Recent examples include CEO of USANA Health Sciences, Kevin Guest [119]; CEO of MindForward, Poppy Jaman [120]; CEO of Conductor, Seth Besmertnik [121]; and CEO of Executives Global Network Singapore, Nick Jonsson [122].

Education and Awareness. Multiple methods exist for stakeholders to educate the public on the importance of addressing SIL and spur action to foster social connection. In a systematic review of depression and suicide awareness campaigns, researchers found the combination of long-term media campaigns, educational material dissemination, and training of healthcare professionals increased public knowledge and acceptance of people with mental illnesses and improved attitudes toward mental health treatments [123]. Example SIL campaigns for stakeholders to model include the UK National Health Service's "Let's Talk Loneliness" and Humana's "Far From Alone" national campaigns which focus on sparking conversations, supporting lonely and isolated individuals with resources, and building sense of community. Additionally, businesses have begun prioritizing social connection as a part of their yearly goals and forming partnerships to set new industry standards, like the Global Business Collaboration for Better Workplace Mental Health. These campaigns may be effective in reducing SIL and fostering connection, especially if businesses prioritize measurement and evaluation. For example, as a part of the Global Business Collaborative's pledge, CEOs commit to "regularly measure the impact of our efforts, being open about our progress, to influence and inspire change in our organization and beyond" [124]. Another promising method to educate others and promote awareness might include business leaders using their platforms to make the business case for acting on this issue.



Media Narratives.

The media shapes how we conceptualize work, connection, and well-being and can positively shape narratives about the role of SILC for employees and the workplace. For example, recent coverage of "quiet quitting" has brought national attention to employees' burnout, poor mental health, and struggle for a work-life balance but not much to the underlying issue of social isolation, loneliness, and disconnection [125–128]. Through coverage of the significance of SILC and the opportunities to address SIL, society may place greater importance on implementing SILC interventions and push stakeholders to assume a more active position in creating a socially connected workplace. For example, the Harvard Business Review has published multiple articles on the effects of loneliness in the workplace and even partnered with the U.S. Surgeon General Vivek Murthy to discuss the loneliness epidemic [129–131].

Certification for Socially Connected Organizations & Products. No evidencebased, organizational accreditation programs directly focus on SILC. Existing programs are broader, recognizing organizations that practice corporate social responsibility and prioritize society's well-being. For example, <u>Building H</u> and <u>Fitwel</u> have both developed indexes and scorecards to rate and rank or certify organizations based on their efforts. Whereas Building H focuses on how companies' goods and services affect consumer health, Fitwel examines how workspace design impacts employee and community health. Further, Fitwel releases reference guides with research-backed recommendations to improve companies' initiatives and optimize their results. These examples may represent promising practices to address factors associated with SILC. However, more research and collaboration are needed to understand what measurable indicators should be leveraged to ensure the successful development and implementation of effective SILC programs.

Advocacy. Advocating for social connectedness and addressing isolation and loneliness as policy priorities for the WEL sector has the potential to create systemic changes that address these issues. For example, a U.S. Minister of Loneliness, modeled after the United Kingdom's, could affect change in all sectors of society, including the WEL sector. Additionally, stakeholders could identify federal supporters of SILC workplace initiatives and advocate for new or amended legislation to improve labor standards and industry practices. National advocacy groups like the Coalition to End Social Isolation and Loneliness (CESIL) currently exist to help organizations with such efforts. CESIL members include consumer groups, community-based organizations, mental and behavioral health advocates, health plans, and private sector innovators.



How can policy support social connectedness on the societal level?

Policies enacted on the national level and through large-scale collective action may have the farthest-reaching implications and the strongest ability to set baseline standards to reduce SIL and foster social connection.

- Organizations & Leaders can:
 - Share evaluation data publicly and raise awareness about findings (i.e., speaking at conferences, issuing reports and white papers)
 - Partner with other executives or join national collectives dedicated to addressing SILC.
- Governmental policy can:
 - Establish nationally consistent, evidence-based benchmarks and measurements for SILC intervention evaluation
 - Institute an Inter-Departmental and Agency National Coordinator of Social Isolation and Loneliness to lead and coordinate administrative efforts, identify, and leverage current federal and state resources, and make recommendations to cabinet officials and the White House to reduce stigma and encourage social connection.
 - Establish a new chapter within Title 22 of the United States Code directing the Interagency Council on Social Connection to coordinate with the World Health Organization (WHO) to create a WHO commission on global social connection. The United States-funded WHO commission's mandate is to support globally coordinated efforts to reduce SIL and increase social connectedness.
 - Educate employers on healthcare regulation updates that address SILC
 - Promote employees' awareness of SILC-related legislative protections and healthcare benefits that may be available to them.

3.5 Society Summary

Key Stakeholders

• Government Entities, Large Employers and Corporate Executives, Media, Networking and Hiring Platforms

Potential Approaches

• Normalization and Destigmatization, Education and Awareness, Certification for Socially Connected Organizations & Products, Advocacy

Questions to Consider

- How can I use my platform and influence to destigmatize the experiences of social isolation and loneliness and raise awareness about solutions?
- How can I evaluate the influence and impact of my organization's products, services, and programs on the social (dis)connectedness of my customers?
- Who are like-minded executives or industry-related organizations with whom I can collaborate to raise national awareness and advocate for policy change?



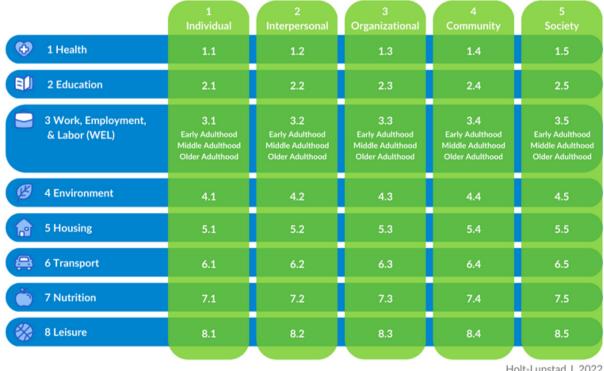
CROSS-CUTTING CONSIDERATIONS WITHIN THE FRAMEWORK

The themes presented in this report cut across all levels of the SOCIAL framework. This section provides some cross-cutting perspectives and themes to consider when developing, researching, and implementing approaches.

Lifespan/Life Course Approach

Social connection is important for health and well-being throughout our lives.* At the same time, there are experiences unique to different life stages that can contribute to SIL, and sources of connection that are more or less fulfilling at different life stages. The life stages presented reflect the common ages of workers in the United States. As organizations, policymakers, and researchers consider how to develop and implement solutions that either address SIL or promote social connection, we highlight some key considerations for stakeholders to keep in mind. Life milestone statistics referenced in this section are specific to the United States, but the relationships between different life stages and development and SILC are likely applicable globally.

For a robust, in-depth review of age differences in loneliness, see Hawkley and Luhmann 2016.



Levels of Influence Across the Socio-Ecological Model

Holt-Lunstad J. 2022 Annu. Rev. Public Health 43:193-213

*Since this report focuses on workers, the SOCIAL Framework life stages of infancy, childhood, and adolescence are excluded from this section. To learn more about important considerations for fostering healthy relationships and social connection and preventing isolation and loneliness in these stages, please see the Education Sector Report.



Early Adulthood

Emerging Adulthood

Early adulthood can be divided into two life stages, the beginning of early adulthood (18-25), often referred to as emerging adulthood, and a later stage of early adulthood (26-40)[132]. As individuals progress through emerging adulthood (18-25), many experience rapid changes in their social environment and relationships. This is a time when individuals explore their identities and is characterized by experts as a period with frequent changes in romantic partners, living situations, academic paths, and jobs [133]. This period in life may lead to loneliness for a number of reasons. First, individuals may become lonelier and more isolated due to discontinuities of their social networks in adolescence (i.e., living with families, daily friendships in high school, relocating for work or education). Hawkley et al. also posit that if emerging adults have a difficult process determining who they are and their place in society, they may feel lonely since feeling "out of place in society" is one characteristic of loneliness [134]. In this period of major life changes, as noted, one major change is entering the workforce and beginning to identify as workers, which can be a challenging and in turn lonely process. It is unsurprising, therefore, that researchers have found that loneliness tends to peak in young adulthood [135]. Employers should recognize and consider ways to support their younger workers through this process. Factors that increase young adults' risk for social isolation and loneliness include increased independence such as living alone, limited time to build and maintain strong personal social networks due to work or other responsibilities [135], increased susceptibility or vulnerability to significant mental health disorders (most likely to be diagnosed around this time) which co-occur with loneliness, identity exploration and realization, romantic instability, and occupational and financial instability.

Later Stage Early Adulthood

The later stage of early adulthood (roughly 26-40) is characterized by a different set of personal and occupational factors. In the later stage of early adulthood, individuals become more settled into their identities, personal relationships (the median age of marriage in the U.S. is 28.6 for women and 30.4 for men)[136], and careers - thereby negating those risk factors for SIL in emerging adulthood. On the other hand, this period of life includes for many, one of the most major life changes - becoming a parent. As of 2021, the median age for women in the U.S. to have their first child is 30 years old [137]. Parenthood may increase one's levels of social isolation as new parents are often no longer participating in the same activities or social networks as they were before their child was born [134,135]. 2018 survey data found that one in three new parents always or often felt lonely [136]. Single parents may also be at risk of experiencing loneliness along with additional stressors that contribute to loneliness such as financial stress [138,139]. For those who become parents without friends and others in their networks who are parents, or those who do not become parents while their friends and social network members do, these individuals may also feel more isolated and disconnected in their relationships.



At work, another major stage occurs around the age of 30, the ascension from employee to supervisor [140]. As has been discussed in this report, the nature of relationships between managers and their employees may contribute to the unique experience of loneliness among managers. Additionally, when taking on the new responsibilities of supervisors, particularly women and individuals whose identities (gender, race, ethnicity) are not represented in their workplaces, are at increased risk of experiencing imposter syndrome, a phenomenon which itself makes individuals feel that they are alone in their experiences [141].

Middle Adulthood

In middle adulthood in the United States, most adults are engaged in paid work and many have reached high levels of expertise in their roles [142]. As a result, middle adulthood workers may experience greater stability and satisfaction at work [143]. The expertise that individuals have developed in their work and accompanying success and satisfaction may lead to greater openness to forming relationships with and supporting other coworkers at work. Therefore, organizations should consider leveraging these knowledgeable and experienced workers as mentors for less senior employees and stewards for social connection interventions in their organizations. For middle adults who serve as leaders in their organizations, they have a tremendous opportunity to include approaches described in this report to develop work cultures that foster social connection and aim to support employees experiencing SIL.

At the same time, in the personal lives of middle adults, there is an increased risk for social isolation or loneliness through competing family responsibilities. On the one hand, marital relationships are protective against loneliness (and thought to be more protective as age increases), and by the age of 40, the probability of a first marriage is around 80% for men and women [144,145]. Similar findings have confirmed that caregivers for adult and aging relatives are at very high risk for experiencing social isolation and loneliness, particularly if they are also caring for children [146,147]. This risk is particularly acute for adults who care for aging, disabled, or ill family members or lack nearby family support, like immigrant parents [148]. Parenting and caregiving may lead workers to miss social work events, thereby withdrawing them from opportunities for social interaction and reducing the number of connections they can make and maintain. It is also important to note within this discussion about parenthood that many adults at this life stage may be trying to conceive or adopt or are childless.

Older Adulthood

Older adulthood (age 65+) includes life changes that influence an individual's experiences of SIL. On one hand, some individuals are preparing for retirement, which can lead to SIL because they lose social ties and the sense of purpose they previously experienced through their work. The risks for cognitive decline, death of a family member or loved one (notably a spouse), and physical limitations increase in older adulthood and can increase their risk for isolation and loneliness as well [148–150].

In an effort to support the well-being of employees as they transition into retirement, some organizations have established employee alumni programs. The more robust alumni programs include dedicated social media, alumni websites, newsletters, and regular reunion events. The organization also benefits when retirees return as part of employee mentorship programs or in volunteer positions within the organization. Numerous commercial platforms exist to support organizations in developing and supporting corporate alumni associations [151].

On the other hand, some older adults still participate in the workforce. 2021 data from the U.S. Bureau of Labor Statistics found that 9.1% of the U.S. workforce was over 65 [152]. Additionally, research from 2019 found that 25% of new entrepreneurs were 55-64 years old (up 10% from 1996)[153]. This suggests that a portion of adults 65+ are not only participating in the workforce but leading new businesses and establishing new connections at work. Older adults offer knowledge and workplace social skills that are often less developed in younger workers and can develop strong mentorship relationships with earlier-stage employees. At the same time however, a 2022 survey conducted by AARP found that 78% of older workers had experienced discrimination in the workplace due to age and experienced more difficulty finding a new job compared to younger workers [154]. For example, during the job application process, 41% of older job seekers were asked to provide age-related information [154]. The consequences of ageism can directly influence the emergence of loneliness since these practices can socially exclude individuals, and social rejection can lead individuals to withdraw from social participation [155].

Key Questions to Consider

- Are my strategies appropriate and inclusive of all ages or stages of life?
- Are my strategies sensitive or tailored to potential developmental characteristics that may influence the acceptability, accessibility or effectiveness of solutions?
- How can I expand my current strategies to include other age groups or intergenerational approaches?



Inclusion, Diversity, Equity, and Access (IDEA)

To ensure all Americans have the opportunity to lead a healthy and connected life, the SOCIAL Framework emphasizes the importance of considering inclusion, diversity, equity, and access (IDEA) in every social sector. These four elements are especially relevant to this report because the WEL sector continues to struggle with discrimination and harassment toward marginalized groups [156,157]. These individuals may also struggle with certain skill sets, like language comprehension and digital skills, that lead to difficulties in the workplace. Therefore, stakeholders must consider these barriers to forming connections at the workplace and the resulting higher risk of experiencing social isolation and loneliness.

Multiple studies have shown that harassment and discrimination decrease employees' sense of belonging, trust, and perceived social support from coworkers [158–160]. These can also lead employees to develop self-isolating behaviors because they often avoid their harasser rather than report the behavior [157,161]. Employees do, in fact, have legal avenues to pursue. For example, under Title VII of the Civil Rights Act, the Department of Justice protects workers from job discrimination based on race, color, religion, sexual orientation, gender identity, and nationality [162]. The Equal Employment Opportunity Commission (EEOC) also has laws that prohibit discrimination on the basis of age and disability [163]. However, discriminatory individual actions and workplace policies still happen and exist due to limited enforcement by these regulatory agencies.

A more common and frequent form of harassment and discrimination that employees experience is microaggressions, which leaders can consciously or unconsciously ignore due to their subtle nature. Microaggressions "are not limited to human encounters alone but may also be environmental in nature, as when a person of color is exposed to an office setting that unintentionally assails his or her racial identity"[164]. Though not explicitly connected to SIL by research, a subcategory of microaggressions called *microinvalidations* may be similarly detrimental because they are "communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality" of marginalized individuals [164].

Since the 1960s, organizations have implemented diversity, equity, and inclusion (DEI) interventions – sometimes known as diversity, equity, inclusion, and belonging (DEIB) – to combat discrimination and promote inclusive workplaces. However, there is a large disconnect between the perceived effectiveness of these programs and the evidence base. An analysis of over 800 companies' DEIB initiatives and a meta-analysis of almost 500 anti-bias training studies concluded that organizations' current efforts largely fail in achieving their goals [165,166]. In fact, the data suggests their effects only last for a few hours or days and may actually exacerbate discrimination and hostility in the workplace [165–167]. Two promising approaches include "formal, democratized mentoring systems and having a diversity manager or task force" because they can help leaders



recognize the structural barriers their employees face and enforce accountability measures [166]. In response to 2020 protests in response to the murder of George Floyd, the number of job postings for DEIB managers and executives grew by 123%, making these roles the second most popular job in the past five years [168,169]. Unfortunately, these positions experience high turnover due to the combination of high expectations for change in organizational culture and little department funding [169,170]. Ultimately, further research is needed to build an evidence base on effective, sustainable DEIB initiatives.

Racial Discrimination

Studies show race-based discrimination in the workplace significantly hinders the ability of Black, Indigenous, and people of color (BIPOC) to form connections and increases their risk of SIL [160]. Black employees specifically report having fewer close work friends than their White peers, thereby reducing the perceived level of social support they receive at work [160]. Further, they are more likely to feel disrespected, treated as lesser, and perceived as less smart and trustworthy by their coworkers [171]. According to one survey, 29% and 31% of Black and Latino workers, respectively, said they felt scared at work [156]. Researchers have also found that experiences of discrimination and SIL are positively associated, and the association becomes stronger when individuals have darker skin tones [172]. The negative effects of SIL on the well-being of BIPOC may be exacerbated by the racial discrimination they experience within the healthcare system, creating implications for organizational stakeholders to consider when offering health resources and benefits [171]. Therefore, stakeholders must educate themselves more on the unique experiences employees of color face and pay greater attention to disparities in the support offered.

Age-based Discrimination

Age discrimination occurs when someone is treated differently or unfairly and is disadvantaged due to age. Federal legislation protects against age discrimination for workers who are 40 years old and older [173]. However, as noted above, 2022 survey data found that 78% of older workers had experienced discrimination due to age in the workplace and in the job search [154]. During the job application process, 41% of older job seekers were asked to provide age-related information [154]. And while it is also against the Age Discrimination in Employment Act, employers have more recently shifted to using terms like "digital native" in their job posting requirements to show their preference for younger candidates, drawing upon the fact that older adults are more likely to be digitally unskilled [174,175]. Discriminatory practices retain or push older workers out of the workplace with numerous physical, mental, and social health and financial consequences and harassment/victimization [176]. At the same time, agebased discrimination can also influence younger workers' abilities to get hired and advance at work. Emerging literature suggests these workers may now experience discrimination even more than older adults because generational differences in life values and work habits have led to the creation of negative Gen Z and Millennial



employee stereotypes [127,177]. Workplaces need to be cognizant and actively work against hiring and advancement practices that will disadvantage younger and older workers.

Gender Discrimination

Discrimination based on one's gender may also present obstacles to social connection in the workplace. In a study of workers in STEM fields, researchers found that gender biases led men to socialize less with women, thereby offering women less social support in the workplace [178]. Traditional gender roles may also contribute to greater loneliness for women who assume leadership positions, as the common association between leadership and masculinity may prevent them from being their authentic selves [179]. While not explicitly connected to SIL, data shows women leaders leave their organizations at higher rates than men [180]. In fact, 2021 saw the highest rate of women leaders leaving their organizations and the largest gap between departing men and women leaders [180]. For transgender and gender-nonconforming employees, a survey by McKinsey & Company found that they are more likely to report feeling unsafe, unsupported, and unable to connect with coworkers and make friends [181]. As a result, many skip meetings - up to three times more than cisgender employees [181]. For those who do attend, 41% said they "avoid talking to their colleagues altogether"[181]. Therefore, organizations must openly and directly challenge traditional gender norms that may prevent individuals of these marginalized groups from experiencing a safe and connected workplace.

Disability-based Discrimination

The Americans with Disabilities Act (ADA) defines a disabled person as "someone who has physical or mental impairment that substantially limits one or more major life activities; has a history or record of such impairment; or is perceived by others as having such an impairment"[182]. People with disabilities comprise the world's largest minority group, yet a 2020 estimate suggests only 22% of this population participates in the workforce [183–185]. Of those who are employed, survey research has found they are 60% more likely to feel excluded than able-bodied workers [186]. Other negative effects include "lowered supervisor expectations, isolation from co-workers, and increased likelihood of termination"[187]. For those who have intellectual or developmental disabilities (IDD), this isolation may stem from the common practice of sheltered rather than integrated employment. Under this practice, employers often separate workers with IDD from the rest of the organization, assign them to low-paid, unskilled tasks, and offer few opportunities to grow [188]. Given this disparate treatment that disabled workers may face, many choose not to disclose their disabilities [187]. Until employees feel safe to disclose and are aware of the support they can receive, organizations may not be able to accurately understand the needs of their employees and implement successful SILC interventions for disabled workers [187].



Sexual Orientation-based Discrimination

Employees also face exclusion in the workplace because of sexual orientation-based discrimination and unsupportive environments. In their studies, researchers have found these employees can be denied mentorship and support, left out of conversations and work events, and treated insensitively by healthcare providers [189–191]. In turn, they are less likely to feel socially integrated and more likely to leave their organization [190]. Experiences may be even worse for workers who have not yet come out about their sexual orientation. According to a Harvard Business Review study, "42% of closeted employees said they felt isolated at work" with a principal reason being the fact they could not share their personal lives or have meaningful conversations with coworkers [192]. With the fear of disclosure and discriminatory healthcare treatment once again being an issue, stakeholders must consider how to construct a safe, inclusive environment for LGBTQ+ individuals with accessible health resources when devising SILC interventions.

Language Barriers

All workers may not speak the same language within an organization with contributing factors such as immigration and globalization. Additionally, these two phenomena are highly politicized, making dislike toward immigrants strongly associated with language exclusion and ostracism [193]. All of these factors may pose an obstacle to forming interpersonal relationships and promoting workplace inclusion. Analyses of multinational companies reveal the language barrier between coworkers can contribute to non-native speakers' social isolation and loneliness because they cannot easily seek support from native speakers and are often excluded from both formal and informal activities [194]. Consequently, the stress and frustration from these experiences can cause them to actively avoid collaboration with native-speaking team members [194]. This harms native-speaking individuals as well because non-native speakers may come to dislike them, withhold help from them, and even act aggressively toward them [195].

Digital Skills

While discrimination based on digital skills is often seen as an issue of age-based discrimination against older adults, the growing demand for these skills in the WEL sector can lead employees of all ages to feel excluded in the workplace. In the tech industry, some workers mark their first experience of age-based discrimination at the age of 29 years old; the average reported age for employees in the workforce overall is 49 years old [196]. An individual's race, education, income level, location, immigrant status, and native language also impacts their digital proficiency and can increase their likelihood of experiencing workplace discrimination [175,197]. In fact, since the shift to online learning and work during the pandemic, data shows young adults (16-24) from historically marginalized groups fell significantly behind their non-marginalized peers in digital skills, which will no doubt have implications as they enter the workforce [197]. While this report acknowledges and expects the WEL sector to increasingly rely on



innovative technology, these disparities emphasize the need to invest in community digital skills training and support employees throughout their lifespan.

Key Questions to Consider

- Are my strategies or approaches inclusive?
- Are there groups that may be over- or under-represented in my current strategy?
- Whom do I need to reach that my current efforts may be missing?
- Do some groups benefit more from my strategy than others?



Modality

Modality refers to the method and medium through which an intervention is delivered. Key modality considerations are whether an approach is delivered in person or remotely, directly to individuals or in a group, and who is involved in group interventions (i.e., peers, family members or professionals). The modality of a solution can affect the uptake, accessibility, and scalability of solutions, thereby affecting their success. Researchers are still exploring which modalities are most effective, for whom, and in which contexts. For example, some studies suggest that group activities may be more effective than one-to-one social support for some groups [198,199].

Interventions using the modality of technology have become increasingly popular. Technology affords opportunities that in-person interventions do not (e.g., reaching harder-to-reach populations, abilities to scale); however, these opportunities also come with challenges and the need for further investigation. Researchers continue to investigate how technology may contribute to disconnection and continue to evaluate the efficacy and appropriateness of tech-based interventions for different types of approaches and populations to advance social connectedness.

An important modality consideration for workplaces is which types of solutions will be most successful depending on whether workers are in-person, virtual, or hybrid. For example, one intervention with positive results provided 911 dispatchers with weekly prompts to share stories through an online platform [200]. Would this intervention be successful for fully remote employees? Could this translate to workers who are selfemployed and do not work for the same organization?

In addition to place or location, another consideration is the type of relationship or individual with whom workers are interacting. A survey of hybrid employees found that support from coworkers - not managers - at work was the only significant predictor of reduced loneliness [63]. However, for in-person employees who already have spontaneous socialization and may receive support from coworkers and continue to experience loneliness, the relationship with managers may be much more important to address. Additionally, for remote workers, some research suggests that workers find third spaces (coworking spaces) to be most socially fulfilling (over the home and work) [112]. Workplaces should survey and understand their employees, and researchers should test the efficacy of SIL strategies for different work modalities.

Key Questions to Consider

- How might the acceptability, accessibility, scalability, and effectiveness of my strategy or approach differ across modalities?
- What are the opportunities for and barriers to fostering social connection through work environments depending on their modalities?



Evidence/Application

As decision-makers select approaches and programs to implement to address SILC, it is helpful to consider the level of scientific evidence supporting available solutions. Our identification of the solutions mentioned in this report is based on the following four criteria. For solutions that meet at least one but not all four of the criteria identified above, we have included them as a "Promising Practice" in this report and they are presented with the appropriate qualifiers.

Four Criteria:

- 1. The solution was developed based on theoretical or a conceptual framework, with at least one peer-reviewed article on the approach
- 2. The solution has been evaluated for outcomes related to social isolation, loneliness, social support, social connection, or belonging
- 3. The solution demonstrates an impact on one or more outcomes listed above with at least one peer-reviewed published study demonstrating its effectiveness
- 4. The solution has been tested in at least one workforce setting or with one population of adult workers

Our assessment of the current evidence reveals a nascent body of literature exists in support of solutions addressing SILC. Publicly available resources to support the selection of workforce health promotion solutions are more robust for those focused on physical health (e.g., tobacco control, weight management, physical activity, nutrition, and chronic condition management)[201]. Mental health solutions most often focus on stress management and depression, but the role of social connection to address mental health is more recent [23]. Many interventions or policies may be informed by theory and formative research but not be evaluated for effectiveness specifically relating to social connection outcomes. Moreover, solutions that have been evaluated for effectiveness are often published as case studies or in white papers but are not subjected to the rigor required for peer-review publication.

It is common for the WEL Sector to test emerging innovations before they have been vetted and published in peer-reviewed journals. Organizations may choose to pilot-test promising practices by offering them to a small segment of their population before expanding them to their entire workforce.

Whenever organizations implement a solution, it is necessary to evaluate its effectiveness within their organization. Even solutions that have been evaluated and subjected to professional peer review may need to be modified or adapted to meet the needs of sub-populations within an organization. For example, a solution considered to be effective for full-time office workers may not be as effective for hourly or manufacturing workers. The Health Enhancement Research Organization (HERO) has developed a set of guidelines to support the interpretation and application of peer-



reviewed research studies on the effectiveness of workforce health and well-being solutions.

The following resources and toolkits have been developed to support workforce health and well-being program evaluation:

- <u>CDC Workplace Health Promotion Resource Center Evaluation Toolkit</u>
- Health Promotion in the Workplace, 5th Edition Evaluation Chapter 6
- HERO Program Measurement and Evaluation Guide
- NIOSH Total Worker Health Planning, Assessment, and Evaluation Tools
- The Art and Science of Health Promotion Value Demonstration Dashboards

Identified Areas for Additional Research:

The following areas require additional research to support their adoption as a solution to address SILC in the workforce and throughout the WEL sector:

- Solutions for leaders experiencing workplace loneliness or social isolation
- Solutions for workers who work in non-traditional settings (i.e., coworking, gig workers)
- Solutions for effective, appropriate in-person interactions for individuals who work remotely
- Evidence-based approaches to foster meaningful relationships through digital workspaces
- Methodology to evaluate the impact of products and services on consumer social connection
- Evaluation of workspace design (including coworking and non-office spaces) to foster high-quality relationships
- Exploration of the risks for, the experiences of, and the solutions to loneliness based on occupation type (i.e., emergency response worker vs. office worker)



MAKING IT HAPPEN

Government Funding

Government funding for SILC interventions would most likely be awarded to employers who meet specific requirements related to increasing health resources and access for employees. For instance, Wisconsin provides tax credits for employers who implement workplace wellness programs [51]. The provision returns a credit equal to 30% of the cost of providing the program. In Indiana, the government offers small employers (2-100 full-time employees) a state tax credit equal to 50% of the cost [202]. On a federal level, a bipartisan group of policymakers have supported the Healthy Workforce Act to similarly provide tax credits to employers for wellness program implementation costs; however, it has yet to pass [203].

Though not currently applied to the creation of coworking spaces, local and state governments also have the power to offer tax incentives to organizations for converting abandoned buildings into habitable spaces. In recent years, government officials have supported offering tax credits or other forms of funding to developers who will convert spaces into housing [204]. Additionally, the New York state government in the past offered developers "a one-year exemption from property taxes during construction and then a series of partial tax abatements for the buildings for more than a decade after" [205].

SILC: A Smart Investment

As previously discussed, the effects of social isolation, loneliness, and disconnection include increased healthcare costs, sick days, absenteeism, and turnover as well as reduced productivity. Translated to monetary figures, the ramifications of these issues are estimated to cost our national economy \$406 billion annually [26]. On the organizational level, the number of workdays lonely employees miss equates to a cost of \$4,200 per employee to employers according to Cigna [26]. However, increasing social connection and other related factors can mitigate these losses and even result in significant gains for employers. A BetterUp report finds that fostering employees' sense of belonging can increase job performance by 56% and reduce job turnover and sick days by 50% and 75%, respectively [70]. Effectively, "for every 10,000 employees, this would equate to an annual gain of over \$52 million from boosts in productivity; an annual savings of nearly \$10 million in turnover-related costs; and 2,825 fewer sick days being taken during the year, which translates into a productivity gain of nearly \$2.5 million per year" [70]. Analysis of companies certified for their social responsibility practices and commitment to improving general well-being has also revealed these companies outperform non-certified S&P 500 companies, as "stock values appreciated by 325% compared with the market average appreciation of 105%" [206].

While the estimated costs of approaches mentioned in this report have not been calculated, it should be noted that some SILC interventions may require little to no



funding. Examples include employee resource groups (ERGs) and peer support groups which can be started organically by employees for free or at a minimal cost. Other instances include autonomy-promoting policies (e.g., flexible schedules or time off for family events, mental health, and volunteering). Organizations should also note that this report highlights certain workplace practices that should be discontinued and the fact that not all of their employee well-being initiatives are evidence-based. Switching to evidence-based SILC interventions may reduce expenditures and/or produce greater benefits, thereby increasing returns on investment.

CONCLUSION

Robust scientific evidence has shown that social connection promotes improved health, well-being, and work success, while social isolation and loneliness significantly increase the risk for a variety of negative outcomes. Strategies focused on promoting and strengthening social connection and reducing SIL throughout the WEL sector hold tremendous promise for employee health and well-being, team and organizational success, and the social connectedness of customers and society. Employers, researchers, workplace design experts, community leaders, and others have begun to develop and implement evidence-based solutions, and more work remains to be done, to forge a path toward a more socially connected future.

The Social Framework in Action

We hope that the SOCIAL Framework and this report on the WEL Sector serve as helpful resources for the existing evidence, approaches, and policies and that they spark ideas for new evidence-based approaches, policies, and future areas of investigation. We would love to learn about how you may take action based on the information reviewed in this report. Please share more by completing this brief form.



APPENDIX

Resources

- HERO Scorecard One-Pager
- HERO Employer Action Steps: Awareness Accountability, and Action

Case Examples

INCLUSIVV

Organization:

• Inclusivv (formerly known as Civic Dinners) serves companies, universities, and local governments by facilitating peer discussions in small groups both online and inperson on a wide range of topics.

Scope of Inclusivv's Work:

- These conversations follow a guide with three big questions and ground rules designed to allow equal time to share with one voice at a time. The format creates a space for personal storytelling, shared vulnerability, and the opportunity to co-create solutions to important challenges. Solutions discussed differ between groups; examples include implementing mentoring and volunteering programs, advocating for policy change, and starting conversations with other coworkers.
- To date, more than 3,600 conversations have occurred, engaging over 31,000 people around the world.

According to metrics gathered after the conversation through the Inclusivv platform:

- 99% of participants agreed their voice was heard and valued (a measure of psychological safety)
- 98% felt a greater sense of empathy with others (a measure of social connection)
- 94% of participants felt more committed to take action toward implementing their discussed solutions (a measure of impact).

REFLECTION POINT

Scope of Reflection Point's Work:

- Reflection Point partnered with Fairbanks Morse Engine (FME) to work with teams in cross-functional and cross-hierarchical groups, at all levels of the company, to support a culture of relatedness and connection.
- From 2012 to 2019, Reflection Point engaged 315 unique participants in professionally facilitated and customized, one-hour sessions as well as 365 participants in town hall style events. Topics were based on short stories chosen to inspire meaningful and relevant discussion.



Positive Participant Engagement:

- Survey respondents (n=130) reported overwhelmingly positive satisfaction.
 - 95% would participate again
 - 93% would recommend the program to a friend
 - 93% found Reflection Point worthwhile

Moving the Needle on Measurable Outcomes:

- From 2012 to 2019, FME increased its EBITDA by 75% (15% CAGR) which they attributed to the company's commitment to building a culture of transparency, trust, collaboration, and execution as well as Reflection Point's assistance.
- In addition to high satisfaction, Reflection Point positively changed employee perceptions of FME's culture and psychological safety in the workplace. They reported:
 - 15% increase in comfort level to express themselves at work
 - 16% increase in feeling safe to take a risk
 - 14% increase in feeling that others see them as they want to be seen

GOOGLE*

Organization:

• Google is a multinational organization well recognized as an "employer of choice" due to its rich array of employee benefits and perks as well as strong ratings on external workforce surveys.

Scope of Intervention:

- Google began working with Charles Vogl in 2019 to incorporate the seven principles for belonging, based on Vogl's 2016 book "The Art of Community," into Google's culture of health and performance.207 In 2021, Vogl was asked to translate the principles for building community and belonging into a digitally mediated format.
- A series of "Community Campfires" was launched, featuring weekly hour-long gatherings that relied on widely available interactive video conferencing technology. Initial gatherings established guidelines for interaction that promoted authentic relating, psychological safety, and personal connection.

Positive Pilot Results:

- The Community Campfires were initially created as a short-term experiment but due to their popularity, they continued for more than a year. Due to positive employee response to the pilot, more than 100 Google employees were eventually trained to facilitate the peer-led Community Campfires within the broader organization.
- Surveys of initial Campfire participants indicated 100% of them felt the gatherings were a valuable use of time. One person added, "This was truly one of the best experiences I have had while working from home during this pandemic! I've been having a hard time meeting new people where I live, and these campfire meetings helped me improve my mental health a lot and gave me a sense of belonging."



- Evaluation is ongoing, but the initial participant response confirms the effectiveness of the format for enriching connections and promoting more authentic and personal conversations. Individual testimonials indicate how the relationships formed became an enduring support for many members.
- According to Michelle Railton, Google's Health and Performance Innovation Partnerships Manager at the time of the Campfire Conversations, "Community Campfires have the potential to provide a safe, scalable format for people to feel heard, supported, and connected to each other with technology as their medium and enabler (rather than an inhibitor)."

*This case example has been adapted from the full published version in Grossmeier, Jessica. 2022. Reimagining Workplace Well-being: Fostering a Culture of Purpose, Connection, and Transcendence." Boulder, CO: Modern Wisdom Press. It is also available at: https://www.charlesvogl.com/articles/googlecasestudy



1. HERO. Glossary of Terms. Health Enhancement Research Organization; 2023.

2. Rodell JB, Breitsohl H, Schröder M, Keating DJ. Employee Volunteering: A Review and Framework for Future Research. J Manag. 2016;42(1):55-84. doi:10.1177/0149206315614374

3. Business Roundtable. Business Roundtable Redefines the Purpose of a Corporation to Promote 'An Economy That Serves All Americans.' Published August 19, 2019. Accessed January 30, 2023.

https://www.businessroundtable.org/business-roundtable-redefines-the-purpose-of-a-corporation-to-promote-an-economy-that-serves-all-americans

4. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspect Psychol Sci. 2015;10(2):227-237. doi:10.1177/1745691614568352

5. Pinquart M, Duberstein PR. Associations of social networks with cancer mortality: A meta-analysis. Crit Rev Oncol Hematol. 2010;75(2):122-137. doi:10.1016/j.critrevonc.2009.06.003

6. Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. Brayne C, ed. PLoS Med. 2010;7(7):e1000316. doi:10.1371/journal.pmed.1000316

7. Zalta AK, Tirone V, Orlowska D, et al. Examining moderators of the relationship between social support and self-reported PTSD symptoms: A meta-analysis. Psychol Bull. 2021;147(1):33-54. doi:10.1037/bul0000316

8. Lyyra TM, Heikkinen RL. Perceived Social Support and Mortality in Older People. J Gerontol B Psychol Sci Soc Sci. 2006;61(3):S147-S152. doi:10.1093/geronb/61.3.S147

9. Holt-Lunstad J. Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health. Annu Rev Public Health. 2022;43(1):193-213. doi:10.1146/annurev-publhealth-052020-110732

10. Holt-Lunstad J. Why Social Relationships Are Important for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. Annu Rev Psychol. 2018;69(1):437-458. doi:10.1146/annurev-psych-122216-011902

11. CDC. Health in All Policies. Office of the Associate Director for Policy and Strategy. Published June 18, 2019. Accessed January 31, 2023. https://www.cdc.gov/policy/hiap/index.html

12. CDC. The Social-Ecological Model: A Framework for Prevention. Centers for Disease Control and Prevention. Published January 18, 2022. Accessed January 31, 2023.

https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

13. Cigna. Loneliness and the Workplace. Cigna; 2020. https://www.cigna.com/static/www-cignacom/docs/about-us/newsroom/studies-and-reports/combatting-loneliness/cigna-2020-lonelinessreport.pdf

14. Newall M, Diamond J. Workers agree, a sense of belonging at work boosts productivity. Ipsos. Published January 24, 2022. Accessed January 18, 2023. https://www.ipsos.com/en-us/newspolls/belonging-boosts-productivity-Jan-2022

15. Wax A, Deutsch C, Lindner C, Lindner SJ, Hopmeyer A. Workplace Loneliness: The Benefits and Detriments of Working From Home. Front Public Health. 2022;10. Accessed January 17, 2023. https://www.frontiersin.org/articles/10.3389/fpubh.2022.903975

16. The New York Times. Greed Is Good. Except When It's Bad. The New York Times.

https://www.nytimes.com/2020/09/13/business/dealbook/milton-friedman-essay-anniversary.html. Published September 13, 2020. Accessed January 17, 2023.



17. Green TV. Majorities of adults see decline of union membership as bad for the U.S. and working people. Pew Research Center. Published February 18, 2022. Accessed January 17, 2023.

https://www.pewresearch.org/fact-tank/2022/02/18/majorities-of-adults-see-decline-of-union-membership-as-bad-for-the-u-s-and-working-people/

18. Hawkley LC, Zheng B, Song X. Negative Financial Shock Increases Loneliness in Older Adults, 2006–2016: Reduced Effect during the Great Recession (2008–2010). Soc Sci Med 1982. 2020;255:113000. doi:10.1016/j.socscimed.2020.113000

19. Liu S, Haucke MN, Heinzel S, Heinz A. Long-Term Impact of Economic Downturn and Loneliness on Psychological Distress: Triple Crises of COVID-19 Pandemic. J Clin Med. 2021;10(19):4596. doi:10.3390/jcm10194596

20. Campagne DM. Stress and perceived social isolation (loneliness). Arch Gerontol Geriatr. 2019;82:192-199. doi:10.1016/j.archger.2019.02.007

21. Poterba J, Venti S, Wise DA. The shift from defined benefit pensions to 401(k) plans and the pension assets of the baby boom cohort. Proc Natl Acad Sci. 2007;104(33):13238-13243.

doi:10.1073/pnas.0611596104

22. Wright SL. In a Lonely Place: The Experience of Loneliness in the Workplace. In: Morrison RL, Wright SL, eds. Friends and Enemies in Organizations: A Work Psychology Perspective. Palgrave Macmillan UK; 2009:10-31. doi:10.1057/9780230248359_2

23. Department of Health and Human Services. The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being.; 2022. https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf

24. Mastroianni K, Storberg-Walker J. Do work relationships matter? Characteristics of workplace interactions that enhance or detract from employee perceptions of well-being and health behaviors. Health Psychol Behav Med. 2014;2(1):798-819. doi:10.1080/21642850.2014.933343

25. Farrell C. Working Longer May Benefit Your Health. The New York Times.

https://www.nytimes.com/2017/03/03/business/retirement/working-longer-may-benefit-yourhealth.html. Published March 3, 2017. Accessed January 18, 2023.

26. Cigna. Loneliness and Its Impact on the American Workplace: Understanding the Drivers of Workplace Loneliness, the Costs and the Solutions. Cigna; 2020. https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combatting-loneliness/loneliness-and-its-impact-on-the-american-workplace.pdf

27. Stening T. What does the post-pandemic workplace look like? New survey finds more investment in AI, remote work. Northeastern Global News. Published January 24, 2022. Accessed January 18, 2023. https://news.northeastern.edu/2022/01/24/post-pandemic-workplace-ai-remote-work/

28. Family Caregiver Alliance. Caregiver Statistics: Work and Caregiving. Family Caregiver Alliance. Published 2022. Accessed January 18, 2023. https://www.caregiver.org/resource/caregiver-statistics-work-and-caregiving/

29. Gallup, Inc. Black Adults Have Harder Time Finding Doctor of Same Race. Gallup.com. Published February 14, 2022. Accessed January 30, 2023.

30. Kabat-Zinn J. An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results. Gen Hosp Psychiatry. 1982;4(1):33-47. doi:10.1016/0163-8343(82)90026-3



31. Lindsay EK, Young S, Brown KW, Smyth JM, Creswell JD. Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial. Proc Natl Acad Sci. 2019;116(9):3488-3493. doi:10.1073/pnas.1813588116

32. Good DJ, Lyddy CJ, Glomb TM, et al. Contemplating mindfulness at work: An integrative review. J Manag. 2016;42:114-142. doi:10.1177/0149206315617003

33. Brown KW, Ryan RM, Creswell JD. Mindfulness: Theoretical foundations and evidence for its salutary effects. Psychol Inq. 2007;18:211-237. doi:10.1080/10478400701598298

34. Condon P, Desbordes G, Miller WB, DeSteno D. Meditation increases compassionate responses to suffering. Psychol Sci. 2013;24(10):2125-2127. doi:10.1177/0956797613485603

35. Bostock S, Crosswell AD, Prather AA, Steptoe A. Mindfulness on-the-go: Effects of a mindfulness meditation app on work stress and well-being. J Occup Health Psychol. 2019;24(1):127-138. doi:10.1037/ocp0000118

36. Cosley BJ, McCoy SK, Saslow LR, Epel ES. Is compassion for others stress buffering? Consequences of compassion and social support for physiological reactivity to stress. J Exp Soc Psychol. 2010;46(5):816-823. doi:10.1016/j.jesp.2010.04.008

37. Hickin N, Käll A, Shafran R, Sutcliffe S, Manzotti G, Langan D. The effectiveness of psychological interventions for loneliness: A systematic review and meta-analysis. Clin Psychol Rev. 2021;88:102066. doi:10.1016/j.cpr.2021.102066

38. Twentyman CT, Zimering RT. Behavioral Training of Social Skills: A Critical Review. In: Hersen M, Eisler RM, Miller PM, eds. Progress in Behavior Modification. Vol 7. Elsevier; 1979:319-400. doi:10.1016/B978-0-12-535607-7.50012-8

39. Nozaki Y. Emotional intelligence and ostracism. In: Emotional Intelligence: Current Evidence from Psychophysiological, Educational and Organizational Perspectives. Psychology research progress. Nova Science Publishers; 2015:119-130.

40. Borawski D, Sojda M, Rychlewska K, Wajs T. Attached but Lonely: Emotional Intelligence as a Mediator and Moderator between Attachment Styles and Loneliness. Int J Environ Res Public Health. 2022;19(22):14831. doi:10.3390/ijerph192214831

41. Uehara E. Dual Exchange Theory, Social Networks, and Informal Social Support. Am J Sociol. 1990;96(3):521-557. doi:10.1086/229571

42. Akamatsu D, Gherghel C. The Bright and Dark Sides of Emotional Intelligence: Implications for Educational Practice and Better Understanding of Empathy. Int J Emot Educ. 2021;13(1):3-19.

43. Gill L, Schaddelee M, Ramsey P, Turner S, Naylor T. When Empathy Works: Towards Finding Effective Ways of Sustaining Empathy Flow. Asia Pac Manag Bus Appl. 2018;6:115-136.

doi:10.21776/ub.apmba.2018.006.03.1

44. Masi CM, Chen HY, Hawkley LC, Cacioppo JT. A Meta-Analysis of Interventions to Reduce Loneliness. Personal Soc Psychol Rev. 2011;15(3):219-266. doi:10.1177/1088868310377394

45. Cacioppo S, Grippo AJ, London S, Goossens L, Cacioppo JT. Loneliness: Clinical Import and Interventions. Perspect Psychol Sci J Assoc Psychol Sci. 2015;10(2):238-249.

doi:10.1177/1745691615570616

46. Richardson KM, Rothstein HR. Effects of occupational stress management intervention programs: a meta-analysis. J Occup Health Psychol. 2008;13(1):69-93. doi:10.1037/1076-8998.13.1.69



47. Käll A, Backlund U, Shafran R, Andersson G. Lonesome no more? A two-year follow-up of internetadministered cognitive behavioral therapy for loneliness. Internet Interv. 2020;19:100301. doi:10.1016/j.invent.2019.100301

48. Smith R, Wuthrich V, Johnco C, Belcher J. Effect of Group Cognitive Behavioural Therapy on Loneliness in a Community Sample of Older Adults: A Secondary Analysis of a Randomized Controlled Trial. Clin Gerontol. 2021;44(4):439-449. doi:10.1080/07317115.2020.1836105

49. Hollon SD, Stewart MO, Strunk D. Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. Annu Rev Psychol. 2006;57:285-315.

doi:10.1146/annurev.psych.57.102904.190044

50. Boden MT, John OP, Goldin PR, Werner K, Heimberg RG, Gross JJ. The role of maladaptive beliefs in cognitive-behavioral therapy: Evidence from social anxiety disorder. Behav Res Ther. 2012;50(5):287-291. doi:10.1016/j.brat.2012.02.007

51. Gurney E. Addressing the Mental Health Needs of Workers Throughout and Beyond the COVID-19 Pandemic: State Responses. The Council of State Governments; 2022. https://seed.csg.org/wpcontent/uploads/2022/01/Accessible-2021 SEED WorkersMentalHealth Report-11 22.pdfa

52. North Dakota Public Employees Retirement System. Employer Based Wellness. NDPERS. Accessed January 18, 2023. https://www.ndpers.nd.gov/employers/employer-resources/employer-based-wellness 53. Holt-Lunstad J. Fostering Social Connection in the Workplace. Am J Health Promot. 2018;32:1307-1312. doi:10.1177/0890117118776735a

54. Silard A, Wright S. Distinctly lonely: how loneliness at work varies by status in organizations. Manag Res Rev. 2022;45(7):913-928. doi:10.1108/MRR-05-2021-0379

55. Zumaeta J. Lonely at the top: How do senior leaders navigate the need to belong? J Leadersh Organ Stud. 2019;26:111-135. doi:10.1177/1548051818774548

56. Wooll M. How companies are using coaching to build connection, community, and commitment. BetterUp. Published July 12, 2022. Accessed January 18, 2023.

https://www.betterup.com/blog/connection-crisis-companies-that-get-it-right

57. Anicich EM, Hirsh JB. The Psychology of Middle Power: Vertical Code-Switching, Role Conflict, and Behavioral Inhibition. Acad Manage Rev. 2017;42(4):659-682. doi:10.5465/amr.2016.0002

58. Odle-Dusseau HN, Hammer LB, Crain TL, Bodner TE. The influence of family-supportive supervisor training on employee job performance and attitudes: An organizational work–family intervention. J Occup Health Psychol. 2016;21:296-308. doi:10.1037/a0039961

59. Bouleh PG, Allen SJ, Link to external site this link will open in a new window, Hammer LB, Link to external site this link will open in a new window. Family-Supportive Supervisor Behaviors and Psychological Distress: A Secondary Analysis across Four Occupational Populations. Int J Environ Res Public Health. 2022;19(13):7845. doi:10.3390/ijerph19137845

60. Alshutwi S. The Influences of Family Supportive Supervisor Behaviors on the Relationships among Work-Family Conflict, Stress, and Turnover Intention in Saudi Arabian Registered Nurses. Ph.D. The University of Wisconsin - Milwaukee; 2016. Accessed January 20, 2023.

https://www.proquest.com/docview/1867751145/abstract/B7819AB4B9EA46E7PQ/1

61. Russo M, Buonocore F, Carmeli A, Guo L. When Family Supportive Supervisors Meet Employees' Need for Caring: Implications for Work–Family Enrichment and Thriving. J Manag. 2018;44(4):1678-1702. doi:10.1177/0149206315618013



62. Matthews RA, Toumbeva TH. Lagged effects of family-supportive organization perceptions and supervision in relation to generalized work-related resources. J Occup Health Psychol. 2015;20:301-313. doi:10.1037/a0038377

63. Knight C, Olaru D, Lee JA, Parker SK. The Loneliness of the Hybrid Worker. MIT Sloan Manag Rev. 2022;63(4):10-12.

64. Wright SL. Organizational Climate, Social Support and Loneliness in the Workplace. In: M. Ashkanasy N, J. Zerbe W, E.J. Härtel C, eds. The Effect of Affect in Organizational Settings. Vol 1. Research on Emotion in Organizations. Emerald Group Publishing Limited; 2005:123-142. doi:10.1016/S1746-9791(05)01106-5

65. Stubbs JM, Achat HM. Are healthcare workers particularly vulnerable to loneliness? The role of social relationships and mental well-being during the COVID-19 pandemic. Psychiatry Res Commun. 2022;2(2):100050. doi:10.1016/j.psycom.2022.100050

66. Zhang X, Dong S. The relationships between social support and loneliness: A meta-analysis and review. Acta Psychol (Amst). 2022;227:103616. doi:10.1016/j.actpsy.2022.103616

67. James SD, Johnson DW. Social interdependence, psychological adjustment, and marital satisfaction in second marriages. J Soc Psychol. 1988;128:287-303. doi:10.1080/00224545.1988.9713746 68. Deckop JR, Cirka CC, Andersson LM. Doing Unto Others: The Reciprocity of Helping Behavior in Organizations. J Bus Ethics. 2003;47(2):101-113.

69. Chou SY, Chang T. The costs of being rejected: A theoretical analysis of rejections to newcomers' interpersonal helping behaviours in teams. Team Perform Manag Int J. 2016;22:181-203. doi:10.1108/TPM-01-2016-0003

70. Carr E, Cooney G, Gray C, et al. The Value of Belonging at Work: New Frontiers for Inclusion. BetterUp; 2020.

https://f.hubspotusercontent40.net/hubfs/9253440/Asset%20PDFs/Promotions_Assets_Reports/Better Up_BelongingReport_121720.pdf?utm_medium=email&_hsmi=135295318&_hsenc=p2ANqtz-92qi4sitXG7-

Dyejn0QbL2lHDqqxU4hXiGHKT9k2zjxJ94rZ7tbK7ulRUaJKbFLeFpCP8hR0YeppSQyehdclLsq0aAsHmGfpk gOh2Lj-BgVhwepnE&utm_content=135295318&utm_source=hs_automation

71. Linos E, Ruffini K, Wilcoxen S. Reducing Burnout and Resignations among Frontline Workers: A Field Experiment. J Public Adm Res Theory. 2022;32(3):473-488. doi:10.1093/jopart/muab042

72. Edmondson A. Psychological Safety, Trust, and Learning in Organizations: A Group-level Lens. Trust Distrust Organ Dilemmas Approaches. Published online October 28, 2011.

73. Carmeli A, Brueller D, Dutton JE. Learning behaviours in the workplace: The role of high-quality interpersonal relationships and psychological safety. Syst Res Behav Sci. 2009;26(1):81-98. doi:10.1002/sres.932

74. Carmeli A, Gittell JH. High-quality relationships, psychological safety, and learning from failures in work organizations. J Organ Behav. 2009;30(6):709-729.

75. Schulte M, Cohen NA, Klein KJ. The Coevolution of Network Ties and Perceptions of Team Psychological Safety. Organ Sci. 2012;23(2):564-581. doi:10.1287/orsc.1100.0582

76. Chua SN, Koestner R. A Self-Determination Theory Perspective on the Role of Autonomy in Solitary Behavior. J Soc Psychol. 2008;148:645-647. doi:10.3200/SOCP.148.5.645-648



77. Parker SK, Knight C, Keller A. Remote Managers Are Having Trust Issues. Harv Bus Rev. Published online July 30, 2020. Accessed January 20, 2023. https://hbr.org/2020/07/remote-managers-are-having-trust-issues

78. Stuart A, Stevenson C, Koschate M, Cohen J, Levine M. "Oh no, not a group!" The factors that lonely or isolated people report as barriers to joining groups for health and well-being. Br J Health Psychol. 2022;27(1):179-193. doi:10.1111/bjhp.12536

79. Davis A, Taylor J, Cohen E. Social Bonds and Exercise: Evidence for a Reciprocal Relationship. PLoS ONE. 2015;10(8):e0136705. doi:10.1371/journal.pone.0136705

80. Cohen E. Performance-enhancing friends. Social bonds and exercise. Wadham College. Published March 9, 2015. Accessed January 20, 2023. https://www.wadham.ox.ac.uk/news/social-bonds-exercise 81. Patterson MS, Gagnon LR, Vukelich A, Brown SE, Nelon JL, Prochnow T. Social networks, group exercise, and anxiety among college students. J Am Coll Health. 2021;69(4):361-369.

doi:10.1080/07448481.2019.1679150

82. Farrance C, Tsofliou F, Clark C. Adherence to community based group exercise interventions for older people: A mixed-methods systematic review. Prev Med. 2016;87:155-166.

doi:10.1016/j.ypmed.2016.02.037

83. Papa S. The Effects of Physical Activity on Social Interactions: The Case of Trust and Trustworthiness. J Sports Econ. 2017;20. doi:10.1177/1527002517717299

84. Michishita R, Jiang Y, Ariyoshi D, Yoshida M, Moriyama H, Yamato H. The practice of active rest by workplace units improves personal relationships, mental health, and physical activity among workers. J Occup Health. 2017;59(2):122-130.

85. Adair KC, Fredrickson BL, Castro-Schilo L, Kim S, Sidberry S. Present with You: Does Cultivated Mindfulness Predict Greater Social Connection Through Gains in Decentering and Reductions in Negative Emotions? Mindfulness. 2018;9(3):737-749. doi:10.1007/s12671-017-0811-1

86. Forooraghi M, Miedema E, Ryd N, Wallbaum H. How Does Office Design Support Employees' Health? A Case Study on the Relationships among Employees' Perceptions of the Office Environment, Their Sense of Coherence and Office Design. Int J Environ Res Public Health. 2021;18(23):12779. doi:10.3390/ijerph182312779

87. Colenberg S, Jylhä T, Arkesteijn M. The relationship between interior office space and employee health and well-being – a literature review. Build Res Inf. 2021;49(3):352-366.

doi:10.1080/09613218.2019.1710098

88. Nejati A, Rodiek S, Shepley M. The implications of high-quality staff break areas for nurses' health, performance, job satisfaction and retention. J Nurs Manag. 2016;24(4):512-523.

doi:10.1111/jonm.12351

89. Fisher J, Phillips A. Work Better Together: How to Cultivate Strong Relationships to Maximize Well-Being and Boost Bottom. McGraw Hill; 2021.

90. Teevan J, Baym N, Butler J, et al. Microsoft New Future of Work Report 2022.; 2022. https://aka.ms/nfw2022

91. HERO. Addressing Social Determinants of Health for Employers: Awareness, Accountability, and Action. Health Enhancement Research Organization; 2020. https://hero-health.org/wp-content/uploads/2020/03/HERO_SDoH_EmployerActionSteps_032420.pdf



92. Department of Labor. HIPAA and the Affordable Care Act Wellness Program Requirements. Department of Labor; 2022.

93. Inc.com. Labor Unions. Inc.com. Published March 30, 2006. Accessed January 30, 2023. https://www.inc.com/encyclopedia/labor-unions.html

94. Casiday R. Volunteering and Health: What Impact Does It Really Have? Published online January 20, 2023.

95. Piliavin JA, Siegl E. Health benefits of volunteering in the Wisconsin longitudinal study. J Health Soc Behav. 2007;48(4):450-464. doi:10.1177/002214650704800408

96. Yeung JWK, Zhang Z, Kim TY. Volunteering and health benefits in general adults: cumulative effects and forms. BMC Public Health. 2017;18(1):8. doi:10.1186/s12889-017-4561-8

97. Vannier C, Mulligan H, Wilkinson A, et al. Strengthening community connection and personal wellbeing through volunteering in New Zealand. Health Soc Care Community. 2021;29(6):1971-1979. doi:10.1111/hsc.13340

98. Kim ES, Whillans AV, Lee MT, Chen Y, VanderWeele TJ. Volunteering and Subsequent Health and Well-Being in Older Adults: An Outcome-Wide Longitudinal Approach. Am J Prev Med. 2020;59(2):176-186. doi:10.1016/j.amepre.2020.03.004

99. Grawehr S. 6 Benefits of Corporate Volunteering for Your Business & Beyond. Alaya. Published September 22, 2021. Accessed January 20, 2023. https://alayagood.com/blog/what-is-corporate-volunteering-benefits/

100. Wilkerson R. Socially Connected Communities: Solutions for Social Isolation. Healthy Places by Design; 2021. https://healthyplacesbydesign.org/wp-content/uploads/2021/03/Socially-Connected-Communities_Solutions-for-Social-Isolation.pdf

101. Wakefield S, Yeudall F, Taron C, Reynolds J, Skinner A. Growing urban health: Community gardening in South-East Toronto. Health Promot Int. 2007;22(2):92-101. doi:10.1093/heapro/dam001

102. van den Berg AE, van Winsum-Westra M, de Vries S, van Dillen SM. Allotment gardening and health: a comparative survey among allotment gardeners and their neighbors without an allotment. Environ Health. 2010;9(1):74. doi:10.1186/1476-069X-9-74

103. Browning MHEM, Rigolon A, McAnirlin O, Yoon H (Violet). Where greenspace matters most: A systematic review of urbanicity, greenspace, and physical health. Landsc Urban Plan. 2022;217:104233. doi:10.1016/j.landurbplan.2021.104233

104. Wood C, Wicks C, Barton J. Green spaces for mental disorders. Curr Opin Psychiatry. 2023;36(1):41-46. doi:10.1097/YCO.000000000000830

105. Soga M, Gaston KJ, Yamaura Y. Gardening is beneficial for health: A meta-analysis. Prev Med Rep. 2016;5:92-99. doi:10.1016/j.pmedr.2016.11.007

106. Glover TD, Todd J, Moyer L. Neighborhood Walking and Social Connectedness. Front Sports Act Living. 2022;4. Accessed January 20, 2023.

https://www.frontiersin.org/articles/10.3389/fspor.2022.825224

107. Leyden KM. Social Capital and the Built Environment: The Importance of Walkable Neighborhoods. Am J Public Health. 2003;93(9):1546-1551.

108. Garrett L, Spreitzer G, Bacevice PA. Co-constructing a Sense of Community at Work: The Emergence of Community in Coworking Spaces. Acad Manag Proc. 2014;2014:14004-14004. doi:10.5465/AMBPP.2014.139



109. Gerdenitsch C, Scheel TE, Andorfer J, Korunka C. Coworking Spaces: A Source of Social Support for Independent Professionals. Front Psychol. 2016;7:581. doi:10.3389/fpsyg.2016.00581

110. Ferreira J, Ferreira C, Bos E. Spaces of consumption, connection, and community: Exploring the role of the coffee shop in urban lives. Geoforum. 2021;119:21-29. doi:10.1016/j.geoforum.2020.12.024

111. Blagoev B, Costas J, Kärreman D. 'We are all herd animals': Community and organizationality in coworking spaces. Organization. 2019;26(6):894-916. doi:10.1177/1350508418821008

112. #WorkAnywhere Campaign, Selina. Social Connection in Remote Work. Published 2022. Accessed January 20, 2023. https://www.workanywhere.org/research/social-connection-in-remote-work

113. King S. Coworking Is Not About Workspace — It's About Feeling Less Lonely. Harv Bus Rev.

Published online December 28, 2017. Accessed January 20, 2023. https://hbr.org/2017/12/coworking-is-not-about-workspace-its-about-feeling-less-lonely

114. #WorkAnywhere Campaign. It's Time For Coworking 2.0. #WorkAnywhere Campaign; 2023. https://uploads-

ssl.webflow.com/627163b5534f48638d2736a2/63bd2fe5af126516dbd4e300_lt%27s%20time%20for% 20Coworking%202.0.pdf

115. Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ. Stigmatisation of people with mental illnesses. Br J Psychiatry J Ment Sci. 2000;177:4-7. doi:10.1192/bjp.177.1.4

116. Schomerus G, Angermeyer MC. Stigma and its impact on help-seeking for mental disorders: what do we know? Epidemiol Psichiatr Soc. 2008;17(1):31-37. doi:10.1017/s1121189x00002669

117. Barling J, Cloutier A. Leaders' mental health at work: Empirical, methodological, and policy directions. J Occup Health Psychol. 2017;22:394-406. doi:10.1037/ocp0000055

118. Weiner B, Perry RP, Magnusson J. An attributional analysis of reactions to stigmas. J Pers Soc Psychol. 1988;55:738-748. doi:10.1037/0022-3514.55.5.738

119. USANA. During National Mental Health Month, Bestselling Author/CEO Shares 5 Steps for Harmony, Balance. PRNewswire. Published May 2, 2022. Accessed February 3, 2023.

https://www.prnewswire.com/news-releases/during-national-mental-health-month-bestsellingauthorceo-shares-5-steps-for-harmony-balance-301536962.html

120. Dagan N, Srinivasan R, Vidler A. Conversation on mental health with Poppy Jaman | McKinsey. McKinsey Health Institute. Published September 9, 2022. Accessed February 3, 2023.

https://www.mckinsey.com/mhi/our-insights/be-brave-not-perfect-says-mental-health-advocate-poppy-jaman

121. Goodwin D. Conductor CEO opens up about mental health. Search Engine Land. Published May 4, 2022. Accessed February 3, 2023. https://searchengineland.com/conductor-ceo-mental-health-384937 122. DeWall J. Executive Loneliness and Mental Health with CEO Nick Jonsson. Crestcom International. Published March 4, 2022. Accessed February 3, 2023. https://crestcom.com/blog/2022/03/03/executive-loneliness-and-mental-health-with-ceo-nick-jonsson/

123. Dumesnil H, Verger P. Public awareness campaigns about depression and suicide: a review. Psychiatr Serv Wash DC. 2009;60(9):1203-1213. doi:10.1176/ps.2009.60.9.1203

124. The Global Business Collaboration for Better Workplace Mental Health. The Leadership Pledge. The Global Business Collaboration for Better Workplace Mental Health. Accessed January 20, 2023. https://betterworkplacemh.com/pledge/



125. The Economist. Why the fuss over quiet quitting? The Economist. Published online September 8, 2022. Accessed January 20, 2023. https://www.economist.com/business/2022/09/08/why-the-fuss-over-quiet-quitting

126. Bremen JM. Quiet Quitting: The Real Story (Don't Blame Gen Z). Forbes. Published September 20, 2022. Accessed January 20, 2023. https://www.forbes.com/sites/johnbremen/2022/09/20/quiet-quitting-the-real-story-dont-blame-gen-z/

127. Morgan K. The "acute" ageism problem hurting young workers. Published August 5, 2021. Accessed January 20, 2023. https://www.bbc.com/worklife/article/20210730-the-acute-ageism-problem-hurting-young-workers

128. Levine S. Why Millennials And Gen Z Are 'Quiet Quitting' — And Why It's Not as Bad as It Sounds. Katie Couric Media. Published August 25, 2022. Accessed January 20, 2023.

https://katiecouric.com/news/what-is-quiet-quitting/

129. Murthy V. Work and the Loneliness Epidemic. Harv Bus Rev. Published online September 26, 2017. Accessed January 30, 2023. https://hbr.org/2017/09/work-and-the-loneliness-epidemic

130. Harvard Business Review. Another Workplace Crisis: Loneliness. Accessed January 30, 2023. https://hbr.org/podcast/2020/04/another-workplace-crisis-loneliness

131. Berinato S. What Do We Know About Loneliness and Work? Harv Bus Rev. Published online September 28, 2017. Accessed January 30, 2023. https://hbr.org/2017/09/what-do-we-know-about-loneliness-and-work

132. Lazzara J. Early Adulthood. In: Lifespan Development. Maricopa Community Colleges; 2020:733. Accessed February 3, 2023. https://open.maricopa.edu/devpsych/chapter/chapter-9-early-adulthood/ 133. Cohen P, Kasen S, Chen H, Hartmark C, Gordon K. Variations in patterns of developmental transmissions in the emerging adulthood period. Dev Psychol. 2003;39(4):657-669. doi:10.1037/0012-1649.39.4.657

134. Buecker S, Mund M, Chwastek S, Sostmann M, Luhmann M. Is loneliness in emerging adults increasing over time? A preregistered cross-temporal meta-analysis and systematic review. Psychol Bull. 2021;147(8):787-805. doi:10.1037/bul0000332

135. Luhmann M, Hawkley LC. Age differences in loneliness from late adolescence to oldest old age. Dev Psychol. 2016;52(6):943-959. doi:10.1037/dev0000117

136. US Census Bureau. Census Bureau Releases New Estimates on America's Families and Living Arrangements. Census.gov. Published November 29, 2021. Accessed January 30, 2023.

https://www.census.gov/newsroom/press-releases/2021/families-and-living-arrangements.html 137. Chung L. Median age for new moms rises to 30 in U.S. Spectrum News: NY1. Published July 26, 2022. Accessed January 30, 2023. https://www.ny1.com/nyc/all-boroughs/health/2022/07/26/median-age-for-new-moms-rises-to-30-in-u-s-

138. Baranowska-Rataj A, Matysiak A, Mynarska M. Does Lone Motherhood Decrease Women's Happiness? Evidence from Qualitative and Quantitative Research. *J Happiness Stud*. 2014;15(6):1457-1477. doi:10.1007/s10902-013-9486-z

139. Stack RJ, Meredith A. The Impact of Financial Hardship on Single Parents: An Exploration of the Journey From Social Distress to Seeking Help. *J Fam Econ Issues*. 2018;39(2):233-242. doi:10.1007/s10834-017-9551-6



140. Zenger J. We Wait Too Long to Train Our Leaders. Harv Bus Rev. Published online December 17, 2012. Accessed January 30, 2023. https://hbr.org/2012/12/why-do-we-wait-so-long-to-trai
141. Bravata DM, Watts SA, Keefer AL, et al. Prevalence, Predictors, and Treatment of Impostor Syndrome: a Systematic Review. J Gen Intern Med. 2020;35(4):1252-1275. doi:10.1007/s11606-019-05364-1

142. Middle Adulthood. Who Wants to Work?: The Working Life of Middle Age Adults. Middle Adulthood. Accessed January 20, 2023. http://middleadulthood.weebly.com/work-relationships.html

143. Besen E, Matz-Costa C, Brown M, Smyer MA, Pitt-Catsouphes M. Job characteristics, core selfevaluations, and job satisfaction: what's age got to do with it? Int J Aging Hum Dev. 2013;76(4):269-295. doi:10.2190/AG.76.4.a

144. Goodwin P, McGill B, Chandra A. Who Marries and When? Age at First Marriage in the United States: 2002. Centers for Disease Control and Prevention; 2009.

https://www.cdc.gov/nchs/products/databriefs/db19.htm

145. Stack S. Marriage, family and loneliness: A cross-national study. Sociol Perspect. 1998;41:415-432. doi:10.2307/1389484

146. Akhter-Khan SC, Hofmann V, Warncke M, Tamimi N, Mayston R, Prina MA. Caregiving, volunteering, and loneliness in middle-aged and older adults: a systematic review. Aging Ment Health. Published online November 23, 2022:1-13. doi:10.1080/13607863.2022.2144130

147. Victor CR, Rippon I, Quinn C, et al. The prevalence and predictors of loneliness in caregivers of people with dementia: findings from the IDEAL programme. Aging Ment Health. 2021;25(7):1232-1238. doi:10.1080/13607863.2020.1753014

148. Nowland R, Thomson G, McNally L, Smith T, Whittaker K. Experiencing loneliness in parenthood: a scoping review. Perspect Public Health. 2021;141(4):214-225. doi:10.1177/17579139211018243
149. Caspi A, Harrington H, Moffitt TE, Milne BJ, Poulton R. Socially isolated children 20 years later: risk of cardiovascular disease. Arch Pediatr Adolesc Med. 2006;160(8):805-811.

doi:10.1001/archpedi.160.8.805

150. Smith TO, Dainty JR, Williamson E, Martin KR. Association between musculoskeletal pain with social isolation and loneliness: analysis of the English Longitudinal Study of Ageing. Br J Pain. 2019;13(2):82-90. doi:10.1177/2049463718802868

151. Dachner AM, Makarius EE. Turn Departing Employees into Loyal Alumni. Harv Bus Rev. Published online March 1, 2021. Accessed February 1, 2023. https://hbr.org/2021/03/turn-departing-employees-into-loyal-alumni

152. U.S. Bureau of Labor Statistics. U.S. Bureau of Labor Statistics.; 2013:b.

153. Ewing Marion Kauffman Foundation. Who Is the Entrepreneur? Race and Ethnicity, Age, and Immigration Trends Among New Enterpreneurs in the United States, 1996-2019. Ewing Marion Kauffman Foundation; 2020. https://www.kauffman.org/wp-

content/uploads/2020/07/Kauffman_Trends-in-Entrepreneurship-Who-is-the-Entrepreneur-9-Race-and-Ethnicity-Age-and-Immigration-Trends-Among-New-Entreprenurs-in-the-United-States_2020.pdf 154. Perron R. As Economy Improves, Age Discrimination Continues to Hold Older Workers Back: Infographic. AARP Research; 2021. doi:10.26419/res.00445.003



155. Shiovitz-Ezra S, Shemesh J, McDonnell/Naughton M. Pathways from Ageism to Loneliness. In: Ayalon L, Tesch-Römer C, eds. Contemporary Perspectives on Ageism. International Perspectives on Aging. Springer International Publishing; 2018:131-147. doi:10.1007/978-3-319-73820-8_9 156. American Psychological Association. 2022 Work and Well-being Survey. APA. Published 2022. Accessed January 20, 2023. https://www.apa.org/pubs/reports/work-well-being/2022-mental-health-

support

157. Feldblum CR, Lipnic VA. Select Task Force on the Study of Harrassment in the Workplace. U.S. Equal Employment Opportunity Commission; 2016.

https://www.eeoc.gov/sites/default/files/migrated_files/eeoc/task_force/harassment/report.pdf 158. Stainback K, Irvin M. Workplace racial composition, perceived discrimination, and organizational attachment. Soc Sci Res. 2012;41(3):657-670. doi:10.1016/j.ssresearch.2011.11.016

159. Brance K, Chatzimpyros V, Bentall RP. Perceived Discrimination and Mental Health: The Role of Immigrant Social Connectedness during the COVID-19 Pandemic. J Migr Health. 2022;6:100127. doi:10.1016/j.jmh.2022.100127

160. Sloan MM, Evenson Newhouse RJ, Thompson AB. Counting on Coworkers: Race, Social Support, and Emotional Experiences on the Job. Soc Psychol Q. 2013;76(4):343-372.

doi:10.1177/0190272513504937

161. Kearney MD, Barg FK, Alexis D, Higginbotham E, Aysola J. Employee Health and Wellness Outcomes Associated With Perceived Discrimination in Academic Medicine: A Qualitative Analysis. JAMA Netw Open. 2022;5(1):e2145243. doi:10.1001/jamanetworkopen.2021.45243

162. U.S. Department of Justice. Laws We Enforce. Published August 6, 2015. Accessed January 20, 2023. https://www.justice.gov/crt/laws-we-enforce

163. U.S. Equal Employment Opportunity Commission. Overview. US EEOC. Accessed January 20, 2023. https://www.eeoc.gov/overview

164. Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. Am Psychol. 2007;62(4):271-286. doi:10.1037/0003-066X.62.4.271

165. Forscher PS, Lai CK, Axt JR, et al. A Meta-Analysis of Procedures to Change Implicit Measures. J Pers Soc Psychol. 2019;117(3):522-559. doi:10.1037/pspa0000160

166. Dobbin F, Jones L, Kalev A. Getting to Diversity. Tantor Media, Inc; 2022.

167. Dobbin F, Kalev A. Why Diversity Programs Fail. Harv Bus Rev. Published online July 1, 2016. Accessed January 20, 2023. https://hbr.org/2016/07/why-diversity-programs-fail

168. Murray JK. Jobs in Diversity, Inclusion and Belonging Have Risen 123% Since May—Here's How To Get One. Indeed Career Guide. Published August 25, 2022. Accessed January 30, 2023.

https://www.indeed.com/career-advice/finding-a-job/diversity-inclusion-and-belonging-jobs-rise 169. Schwab K. There's a hiring boom for diversity and inclusion managers. And the jobs have high turnover. Marketplace. Published November 16, 2022. Accessed January 30, 2023.

https://www.marketplace.org/2022/11/16/theres-a-hiring-boom-for-diversity-and-inclusion-managersand-the-jobs-have-high-turnover/

170. Asare JG. If You Really Care About Equity And Inclusion, Stop Cutting Your Diversity Budget. Forbes. Published August 30, 2020. Accessed January 30, 2023.

https://www.forbes.com/sites/janicegassam/2020/08/30/if-you-really-care-about-equity-and-inclusion-stop-cutting-your-diversity-budget/



171. Maese E, Lloyd C. It's Time to Synchronize Your DEI and Wellbeing Strategies. Gallup.com. Published February 21, 2022. Accessed January 20, 2023.

https://www.gallup.com/workplace/389957/time-synchronize-dei-wellbeing-strategies.aspx 172. Nguyen AW, Taylor HO, Keith VM, Qin W, Mitchell UA. Discrimination and social isolation among African Americans: The moderating role of skin tone. Cultur Divers Ethnic Minor Psychol. Published online November 28, 2022. doi:10.1037/cdp0000569

173. U.S. Equal Employment Opportunity Commission. Age Discrimination. US EEOC. Accessed January 20, 2023. https://www.eeoc.gov/age-discrimination

174. Sink JK, Bales R. Born in the Bandwidth: "Digital Native" As Pretext for Age Discrimination in Hiring. ABA J Labor Employ Law. 2016;31(3):521-536.

175. Hecker I, Spaulding S, Kuehn D. Digital Skills and Older Workers: Supporting Success in Training and Employment in a Digital World. Urban Institute; 2021.

https://www.urban.org/sites/default/files/publication/104771/digital-skills-and-older-workers_0.pdf 176. World Health Organization. Ageism is a global challenge: UN. World Health Organization. Published March 18, 2021. Accessed January 20, 2023. https://www.who.int/news/item/18-03-2021-ageism-is-aglobal-challenge-un

177. Francioli SP, North MS. Youngism: The content, causes, and consequences of prejudices toward younger adults. J Exp Psychol Gen. 2021;150(12):2591-2612. doi:10.1037/xge0001064

178. Cyr EN, Bergsieker HB, Dennehy TC, Schmader T. Mapping social exclusion in STEM to men's implicit bias and women's career costs. Proc Natl Acad Sci. 2021;118(40):e2026308118. doi:10.1073/pnas.2026308118

179. Ong WJ. Gender-contingent effects of leadership on loneliness. J Appl Psychol. 2022;107(7):1180-1202. doi:10.1037/apl0000907

180. McKinsey & Company, LeanIn.Org. Women in the Workplace. McKinsey & Company; 2022. https://wiw-report.s3.amazonaws.com/Women_in_the_Workplace_2022.pdf

181. Baboolall D, Greenberg S, Obeid M, Zucker J. Being Transgender at Work. McKinsey & Company; 2021. https://www.mckinsey.com/featured-insights/diversity-and-inclusion/being-transgender-at-work 182. U.S. Department of Justice Civil Rights Division. Introduction to the Americans with Disabilities Act. ADA.gov. Published January 19, 2023. Accessed January 20, 2023. https://www.ada.gov/topics/intro-to-ada/

183. United Nations. Factsheet on Persons with Disabilities | United Nations Enable. United Nations Department of Economic and Social Affairs. Accessed January 20, 2023.

https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html 184. EARN. Disability Inclusion in the Workplace: Why It Matters. Employer Assistance and Resource Network on Disability Inclusion. Accessed January 20, 2023. https://askearn.org/page/disabilityinclusion-in-the-workplace

185. Accenture. Getting to Equal: The Disability Inclusion Advantage. Accenture; 2018.

https://www.accenture.com/t20181029T185446Z_w_/us-en/_acnmedia/PDF-89/Accenture-Disability-Inclusion-Research-Report.pdf

186. Accenture. The Equality Perception Gap. Accenture; 2020.

https://www.accenture.com/_acnmedia/PDF-148/Accenture-Accelerating-to-Equality-New.pdf



187. von Schrader S, Malzer V, Bruyère S. Perspectives on disability disclosure: The importance of employer practices and workplace climate. Empl Responsib Rights J. 2014;26:237-255. doi:10.1007/s10672-013-9227-9

188. Gilligan HT. A Foundation For Health And Well-Being: Meaningful Employment: Article examines a Tennessee Medicaid program committed to empowering people with intellectual and developmental disabilities by creating access to integrated employment opportunities. Health Aff (Millwood). 2022;41(10):1366-1370. doi:10.1377/hlthaff.2022.01069

189. Friskopp A. Straight Jobs, Gay Lives: Gay and Lesbian Professionals, the Harvard Business School, and the American Workplace / Annette Friskopp, Sharon Silverstein. Scribner; 1995.

190. Cech EA, Rothwell WR. LGBT Workplace Inequality in the Federal Workforce: Intersectional Processes, Organizational Contexts, and Turnover Considerations. ILR Rev. 2020;73(1):25-60. doi:10.1177/0019793919843508

191. Cigna. Vitality: The Next Generation Measure of Health. Cigna; 2022.

https://newsroom.cigna.com/the-state-of-vitality-in-the-united-states-chapter-1

192. Hewlett SA, Sumberg K. For LGBT Workers, Being "Out" Brings Advantages. Harv Bus Rev. Published online July 1, 2011. Accessed January 20, 2023. https://hbr.org/2011/07/for-lgbt-workers-being-out-brings-advantages

193. Hitlan RT, A. Zárate M, Kelly KM, Catherine DeSoto M. Linguistic ostracism causes prejudice: Support for a serial mediation effect. | Soc Psychol. 2016;156(4):422-436.

doi:10.1080/00224545.2015.1119668

194. Lønsmann D. Linguistic diversity in the international workplace: Language ideologies and processes of exclusion. Multilingua. 2014;33(1-2). doi:10.1515/multi-2014-0005

195. Hitlan RT, Kelly KM, Schepman S, Schneider KT, Zárate MA. Language exclusion and the consequences of perceived ostracism in the workplace. Group Dyn Theory Res Pract. 2006;10:56-70. doi:10.1037/1089-2699.10.1.56

196. Michaelides S. This Is The Latest Form Of Discrimination At Work. Allwork.Space. Published November 29, 2021. Accessed January 20, 2023. https://allwork.space/2021/11/this-is-the-latest-form-of-discrimination-at-work/

197. Briggs A, Hecker I. Closing Digital Skill Gaps Created by Structural Inequities Could Enhance Young Workers' Economic Resilience. WorkRise Network. Published May 24, 2021. Accessed January 20, 2023. https://www.workrisenetwork.org/working-knowledge/closing-digital-skill-gaps-created-structural-inequities-could-enhance-young

198. Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. Ageing Soc. 2005;25(01):41-67. doi:10.1017/S0144686X04002594

199. Luna-García H, Mendoza-González R, Álvarez-Rodríguez FJ. Design patterns to enhance accessibility and use of social applications for older adults. Comunicar. 2015;23(45):85-94. doi:10.3916/C45-2015-09

200. Linos E, Ruffini K, Wilcoxen S. Belonging Affirmation Reduces Employee Burnout and Resignations in Front Line Workers.; 2019. doi:10.13140/RG.2.2.21546.36801



201. National Healthy Worksite. Worksite Health 101 Training Manual. Centers for Disease Control and Prevention; 2013. https://www.cdc.gov/workplacehealthpromotion/tools-

resources/pdfs/WH101_Training-Manual_09.03.13_v3-508.pdf

202. Indiana State Department of Health. Small Employer Qualified Wellness Program Fact Sheet.

Indiana State Department of Health Division of Nutrition and Physical Activity; 2010.

https://www.in.gov/health/files/SEWPTaxCreditFactSheet-11.10.10.pdf

203. Thomas Harkin. Healthy Workforce Act of 2009.; 2009.

https://www.govtrack.us/congress/bills/111/s803

204. Arroyo N. Yes, S.F. could turn empty downtown offices into housing. Here's what it would take. San Francisco Chronicle. Published October 17, 2022. Accessed January 20, 2023.

https://www.sfchronicle.com/sf/article/empty-offices-housing-17510576.php

205. Peel S. Downtown Offices Are Empty. Offer a Tax Abatement for Developers Who Turn Them Into Apartments. Willamette Week. Published January 4, 2023. Accessed January 20, 2023.

https://www.wweek.com/news/2023/01/04/downtown-offices-are-empty-offer-a-tax-abatement-for-developers-who-turn-them-into-apartments/

206. Goetzel RZ, Fabius R, Fabius D, et al. The Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index. J Occup Environ Med. 2016;58(1):9-15. doi:10.1097/JOM.0000000000000632

207. Vogl CH. The Art of Community: Seven Principles for Belonging. Berrett-Koehler Publishers, Incorporated; 2016. Accessed February 1, 2023. http://ebookcentral.proquest.com/lib/aul/detail.action? docID=4504183

