Thriving in Isolation: Health & Human Connection

Insights from 2020 CIHF Keynote

Cornell Institute for Healthy Futures

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Thriving in Isolation: Health & Human Connection

Insights from 2020 CIHF Webinar

October 23, 2020, 1:00PM to 3:00PM (EDT)

Reported by CIHF

Webinar chaired by:

Heather Kolakowski, SHA ‘00
Associate Director of Cornell Institute for Healthy Futures; Lecturer, School of Hotel Administration, Cornell SC Johnson College of Business

LaWanda Cook
Senior Extension Associate, Yang-Tan Institute on Employment and Disability

The pandemic has created a “new normal” of remote living, with many of us forced to shift from in-person interactions to online and virtual experiences. This change has provoked heightened feelings of loneliness, disengagement, and social isolation – challenges that disproportionately affect vulnerable and marginalized communities. As we navigate through this transition, we can still create equitable and inclusive spaces, both at work and at home, through thoughtfulness and intentional action.

Sponsored by the Cornell Institute for Healthy Futures in collaboration with the K. Lisa Yang and Hock E. Tan Institute on Employment and Disability, this session highlighted academic research and industry practices in order to deepen the understanding of diverse employee needs and strategies for boosting our capacities to thrive in isolation.

This interactive panel event focused on utilizing health, hospitality, and design to reframe human connection, ultimately promoting inclusion during this challenging time.
“We are not all in the same boat, but we are all in the same storm.”

Re-thinking Disability and the “New Normal” in the Time of COVID-19

Drawing on the metaphor that we’re all in the same storm, but in different boats, Dr. LaWanda Cook – Senior Extension Associate from Cornell’s Yang-Tan Institute on Employment and Disability – discusses the unique disability considerations arising in the time of COVID-19. Cook begins with emphasizing the fact that marginalized and minority communities experience healthcare access differently; these populations are less likely to have equitable access. Healthcare professionals don’t take their healthcare needs seriously as they do for others not identified as, in some sense, disabled; this exclusion happens to people of color, people with disabilities, older individuals, and anyone marginalized or made to feel that their lives are less valuable than the dominant culture. Much of the research focuses on
white communities, meaning the data fails when it comes to the lived experiences of marginalized communities.

The pandemic has highlighted the need for change and there are significant challenges for those who rely on other people for help in a time when social distancing is crucial to get through the pandemic.


A possible bright spot: All of the above are being normalized during COVID-19 – it is natural to have responses like stress, grief, loneliness, depression in situations like a global pandemic. So this really is giving us an opportunity to think about the ways in which disability is socially constructed, who gets to decide who is disabled and when, and maybe reframing and coming to understand disability as a human experience, and not necessarily as a negative difference.

Work from home and flexible schedules are becoming normalized. Before the pandemic these options were unsuccessfully sought after by many people who identify or were identified as disabled. According to Cook, “We are actually learning ways we could do better for folks with disabilities in the workplace.”

The pandemic within the pandemic: Some in our community want to stay home less because of fear of COVID-19 and more because of racism and fear of racist violence. There are healthcare consequences to racism, and we know that communities of difference have been impacted more by COVID-19.

The Asian community, for example, is currently suffering a higher unemployment rate than what is typical for that particular group. Other marginalized communities are also struggling. Historically what have these communities experienced with regards to healthcare and having their needs met? While personal efforts, such as wearing masks and social distancing are important, COVID-19 has only proved to emphasize the need for systemic change. Cook poses the question: “One of the things we need to be considering right now is how systems change? … So that whatever the event, we’re thinking of everybody and valuing them in an equal way and we’re planning for that difference.” Key to moving forward will be to continue the conversation and for each of us to do our best to educate ourselves on how to build a more equitable society.

Design is Never Neutral: Our Well Being and the Built Environment

The built environment is a social determinant for health. So, how do we design for social connection, particularly during a global pandemic?

According to Erin Peavey – Architect, Design Researcher, and Vice President of HKS Inc., – architects “have a responsibility to own that the way that our environments are shaped help shape the boats that people have, that we’re weathering this storm in – to use LaWanda’s language – and I think it’s just critical to remember this and think about this.” Peavey outlines the distinction between social isolation as an objective outcome of infrequent social contact, and loneliness as a subjective feeling of alienation. There are health risks associated with loneliness and isolation equivalent to those posed by the dangers of smoking and obesity. Living alone by itself increases our risk of early death by 32%. The good news: being socially connected reduces our risk of early death by 50%.
Peavey introduces a graphic, a Pyramid of Vulnerability, with “Highly Isolated” at the very top, “Beginning to Disconnect and Isolate” in the middles, and “At Risk for Isolation” at the very bottom. “What the pandemic has done,” Peavey contends, “is raise that level for each one of us, wherever we were originally.”

Peavey goes further, arguing that the physical environment is the foundation of health and health outcomes. Essentially, the physical environment shapes the ease or lack of ease through which we gain access to things such as: healthcare, education, community, employment, outdoor and indoor physical activities, and healthy food.

In fact, the built environment is a critical component to social connection itself; the design of homes, schools, workplaces, and the cities themselves have a tremendous impact on a resident’s sense of community connection. For example, the walkability of a city’s landscape has a direct correlation with local people feeling connected to their neighbors, and to feelings of community cohesion.

Peavey introduces the idea of “third places”: there is the private informal home, and the public formal workplace. A “third place” is public as well as informal while maintaining or creating connections to others.

The power of third places:
- Strength and social capital, foster social connection, boost diversity and well being
- Serve as “enabling places” – meaning for those going through a difficult time these third places serve to enable healthy behaviors and well being
- These “third places” matching the social support deficit experienced elsewhere
- All scales and places: water coolers, coffee shops, city parks and street blocks

**Six Design Guidelines for Creating Third Places that Support Social Health**

| 01 | Accessibility: Creating Places That are Safe, Inclusive, and Walkable |
| 02 | Activation: Programming Place from Ordinary to Extraordinary |
| 03 | Choice: Finding Joy in Variety, Flexibility, and Control |
| 04 | Human Scale: Weaving Comfort into the DNA of a Place |
| 05 | Nature: Moving from Gray to Green |
| 06 | Sense of Place: Crafting a Place as Unique as the People Who Use It |

Ultimately, designing for social health is an inclusive method that takes diverse needs into account. However, the pandemic has encouraged expanding on these methods to answer: how to do we stay connected and safe? The lessons learned from practitioners that design for social health still apply. Walkable neighborhoods, for example, can and do offer a sense of connection to the community even as residents are social distancing.

Peavey highlights the importance of the Slow Streets Movement. This movement relies on a mix of land uses to encourage safe shopping and dining, seating options in areas that have high circulation as “rest stops” for pedestrians (an option that includes those with physical differences who still wish to be active), widening sidewalks, and the use of trees for an aesthetic visual experience while also fulfilling a practical need for shade.

However, the Slow Streets Movement does not work for areas in which residents do not feel safe being outside their homes – either due to crime, police brutality, or systemic racism. Therefore, in order to implement the principles of designing for health and social connection, systemic changes must be addressed regarding our sociopolitical landscape. It is only through a combination of systems, practices, and policies that all people will benefit from the built environment.

Loneliness, COVID-19, and the Human Condition

Dr. Anthony Ong – Professor of Human Development in Cornell’s College of Human Ecology – explains that even before the pandemic, social isolation and loneliness were growing health concerns internationally as well as in the United States. Reiterating Erin Peavey’s distinction, Ong outlines the difference between social isolation (the objective lack of social connection with others) and loneliness (the subjective feeling of being alone).

Knowing the difference between loneliness and social isolation helps to understand why a person can feel lonely in a crowd, a friendship, or a marriage. Conversely, there are some who thrive in isolation, feel energized and productive despite or perhaps because they are alone.

However, there is evidence of loneliness and isolation as a growing health threat before COVID-19: a study from AARP in 2018 documents that 1 in 3 adults age 45+ are lonely. However, the study further suggests that loneliness can occur across age, income levels, and gender. Nonetheless, the highest rates of loneliness occur for younger people with lower incomes, among those with chronic health conditions, and those living alone.

Since the pandemic, between 20-30% of adults report they are feeling lonelier than before the pandemic, other studies suggest the rate is about the same as pre-COVID-19. Of course, the research continues and researchers continue to collect data.

Why do social isolation and loneliness matter? In fact, as Professor Ong explains, “the pandemic has highlighted a number of inequalities, many of which have become magnified in the crisis. And, as suggested by LaWanda, we’re all facing the same storm, but we’re in different boats.” Further, the risk factors for loneliness and isolation continue to exist: low income, lack of formal education, unemployment, living alone, and poor mental and physical health. Professor Ong points out the fact that “we’re not all equally equipped to weather this storm.”

Resonating with Erin Peavey’s presentation, Professor Ong also stresses the ways in which loneliness and isolation contribute to early mortality rates, arguing the data suggests “these
effects on premature death...exceed the effect of other well established risk factors, such as obesity and smoking fifteen cigarettes a day, for example.” These effects could be even greater in a post-COVID-19 world.

Research on other respiratory infections have found that those experiencing personal stress – such as loneliness – had a greater chance of developing an upper respiratory illness when exposed to a cold virus. This suggests that loneliness may be an integral part of determining our physical health. Certainly, the research is a discouraging ramification when it comes to recovery from COVID-19. In fact, there is greater concern for older adults who were, prior to the pandemic, already experiencing high rates of isolation and loneliness, and, as we know, is a population highest hit by the pandemic.

However, Ong points out that he is focused on chronic isolation and chronic loneliness, and that the data he emphasized in no way translates into disregard for CDC guidelines for navigating the pandemic.

Second, Ong suggests that for those of us living with family, it is important to spend quality time cultivating those relationships. This may seem obvious, but many people are working from home and taking care of children, potentially leaving little thought or energy to quality time and connection. But, it is cultivating those relationships that will drastically lessen the experiences of loneliness and isolation.

Third, according to Professor Ong, a vacation mindset can help a great deal during this time of social isolation: “I teach a class on the science of well-being and...research on time use shows that people who reframe their weekend as a vacation are happier at work on Monday.” Ong acknowledges that having small children poses challenges, at times, for vacation-mode, but when possible it can be a valuable tool in maintaining mental and physical well-being.

A fourth activity is reaching out to others and offering support. As an example, Ong refers to the NYC group, Invisible Hands. The volunteers deliver food to older adults who are most vulnerable to COVID-19. This example conveys that offering help from a safe distance can foster feelings of human connection, combatting loneliness and social isolation for all parties involved. “Paradoxically,” Ong explains, “this impulse to help others may also be a kind of back door out of loneliness itself. I think when we help others, we, in effect, take the focus off of ourselves and place it on someone else. It’s how we rebuild a connection to someone or establish a new one.” Ultimately, Ong contends that by reaching out to support others we “remind ourselves that we have value to give in this world.”

The new challenge, then, centers on figuring out how to stay connected to each other while maintaining social distancing.

First, it is crucial to realize that feeling lonely is a normal part of the human condition. As Ong explains, “just as hunger signals us to eat, and thirst signals us to drink water, loneliness is thought to be a biological drive that, in effect, protects us by letting us know when our social connections are starting to fray.”


Source: Gracia Lam
Finally, a gratitude practice could significantly help us get through difficult moments. The science suggests that people enjoying feeling appreciated and that shift helps each of us view our lives and world in a more positive light.

**Employer Practices for Retaining and Supporting Employees with Disabilities During COVID-19**

Matt Saleh from Cornell’s Yang-Tan Institute on Employment and Disability, shares strategies for employers seeking to support employees with disabilities. According to Saleh:

In normal times, people with disabilities are more likely to experience precarious employment, and less likely to report job security. Business cycles amplify negative employment trends for people with disabilities, who are often “the first to be laid off...and the last to be hired when conditions improve.” As economic downturns deepen inequalities, history tells us that there will be rising numbers of people with disabilities permanently exiting the labor force. Historically, recessions deepen inequalities experienced by marginalized groups.

Workers with disabilities represent only 3% of the labor force, but they have experienced disproportionate labor market impacts of the COVID-19 pandemic. From March-June, workers with disabilities lost nearly 1 million jobs, a 20% decline compared with the 14% for workers without disabilities. Compared to prior economic downturns, recovery could be faster.

The revolution of thought regarding work flexibility as a positive for disabled employees may be exaggerated. The shift away from brick and mortar facilities, and the newfound embracing of telework options, has been largely concentrated in “white collar,” knowledge-based job sectors where people with disabilities have less representation.

Now more than ever, there are lessons to learn from workers with disabilities and the need for employers to develop diverse talent pools.

Many strategies and accommodations (e.g., staggered work schedules, telework, remote client interfacing and conferencing) embraced by businesses during the pandemic are already familiar to workers with disabilities, making PWD an important source of workplace innovation and universal design (UD) efforts.

The Bottom Line for Inclusive Hiring

The business case for hiring people with disabilities can focus on direct and indirect
benefits of diversifying talent pools and filling roles with a qualified but underutilized segment of job seekers.

- When provided with an enabling environment, individuals with disabilities represent a qualified but under-tapped pool of potential workers who are often highly educated
- An inclusive workforce results in attendant benefits for work-place culture, innovation, problem-solving, organizational reputation, and appealing to a diverse customer base
- For instance, healthcare and technology sectors have already begun acknowledging the need for disability representation in their workforce, to spur innovation and appeal to costumer bases that have many PWD
- To increase diversity of talent pools, employers should consider their processes for online recruiting, which is likely to become even more prevalent within social distancing requirements as companies scale up operations

The current context creates new opportunities for the voices of people with disabilities to be included in the design and implementation of virtual team spaces, and a recent review of the literature on home-based telework for people with disabilities identified the need for a greater focus on diversity and inclusion when studying home-based teleworking and issues of work-life balance, work-family conflict, and work-life enhancement.

### Being Compassionate in Trying Times

Dr. Kristina Workman – Assistant Professor, Management and Organization Behavior in Cornell’s School of Hotel Administration – discusses the value of kindness and compassion during this time when we are still reeling from the changes in our lives due to Covid-19.

This presentation begins with a moving video from the Cleveland Clinic that opens with a quote from Henry David Thoreau: “Could a greater miracle take place than for us to look through each other’s eyes for an instant?”

With gentle, somber music playing in the background, the viewer is given different scenes from a typical day at a hospital: patients dreading appointments, waiting for their spouse to come out of surgery, waiting for an organ transplant, learning about treatment options, discovering the tumor is benign, or visiting a dying parent for the last time. The viewer is also given glimpses into the lives of staff, doctors, and nurses, some newly divorced, others newly married, and still others excited about an upcoming vacation. So many different people from all walks of life and with varying lived experiences, all brought together within the hospital grounds. With each glimpse into the backgrounds, fears, and experiences of the individuals on screen, the viewer is invited to have empathy for strangers they will never meet. The video is a powerful reminder of the need for kindness, and it stands as a critical reminder that we are all in different boats, but navigating the same storm.

At the conclusion of the video, Workman explains how pain and joy often coexist, experienced, sometimes, by the same person. These journeys, Workman shares, are complicated and human. Workman further explains, “compassion, the heart of [compassion] is about suffering…an insight to me that has been really useful and meaningful, is that I’ve learned that suffering is personal and individualized…” and this realizations aligns with the same storm, different boats metaphor of this webinar. Therefore, compassion towards others must include the inward acknowledgement that you may not fully
understand or “know” what another person is going through; you cannot assume you know exactly how they feel. However, this realization does not prevent compassion and kindness, but enables you to expand your focus on the one who suffers, offering them more support, not less.

There are clear psychological and physical benefits to compassion. But, showing compassion in an organizational setting can be challenging, though it comes with tremendous advantages for work culture.

The Difference Compassion at Work Makes

Compassion Actor:
- Stronger prosocial identity
- Greater compassion satisfaction
- Stronger impression as smart and as a leader

Third Parties (not directly involved):
- More positive emotions
- Increased pride in organization
- More motivation to act for common good

The Organization as a Whole
- Lower turnover
- More collaboration
- Greater commitment
- Greater capacity for healing and compassion

Compassion in the workplace can be complicated. Often, there is what experts refer to as “disenfranchised grief:” the notion that there are certain types of grief that cannot be acknowledged or discussed. For example, mental health concerns or infant loss. Another complication are workplace norms where the concept of professionalism is at odds with the experiences of grieving or negative emotions. Someone experiencing a difficult time may be uncomfortable if their suffering or grief is considered taboo. Additional challenges are coworkers concerned with prying or being perceived by the sufferer as meddlesome rather than supportive.

The key to establishing compassion in the workplace – and benefitting from the advantages listed above – is to establish a culture of respect and trust prior to tragedy. Avoiding “toxic positivity” is important because that invalidates suffering by demanding a positive outlook regardless of one’s circumstances. Also critical is having policies in place that provide accommodations for unexpected life experiences; this sends the message that in this organization employees are safe and will be provided with support in hard times.

Workman ends her talk by urging us all to be kind to ourselves: “When we have self-compassion we feel more connected to other people, we feel more energized when we’re interacting with other people. Because we’re not beating ourselves up and driving ourselves crazy with self-judgement, we have more physical and emotional resources to devote to our relationships...we are able to have more emotional stability to weather things like negative feedback.” The final message is that self-compassion is key to having compassion for others.
Key Takeaways

On Disability during COVID-19:
- Acknowledge that marginalized and minority communities experience healthcare access differently; these populations are less likely to have equitable access
- Continue the conversation to move forward and for each of us to do our best to educate ourselves on how to build a more equitable society
- Think about the ways in which disability is socially constructed, who gets to decide who is disabled and when, and consider reframing and coming to understand disability as a human experience
- Consider how systems and structures can change, so that whatever the event, we’re thinking of everybody and valuing them in an equal way and we’re planning for that difference

On Design for Social Connection:
- Identify the built environment as a critical component to social connection itself
- Consider the impacts of the “third space” (both informal and public) to create social connections
- Focus on creating safe spaces that offer a sense of connection to the community even as residents are social distancing

On Maintaining Social Connection:
- Realize that feeling lonely is a normal part of the human condition
- Spend quality time cultivating relationships with family and people you live with currently
- Practice a vacation mindset
- Reach out to others and offer support
- Adopt a gratitude practice

On Practices for Being More Inclusive of Those with Disabilities:
- Listen to worker’s needs
- Build accessibility and universal design (UD) into workspace redesign and reopening strategies
- Make remote work and flexible schedules a more common feature where possible
- Permanently create policies for flexible long-term leave and benefits
- Prioritize diversity and inclusion efforts to spur innovation and “future proofing” for the new normal
- To increase diversity of talent pools, employers should consider their processes for online recruiting, which is likely to become even more prevalent within social distancing requirements as companies scale up operations

On Being Compassionate in Trying Times:
- Establish a culture of respect and trust prior to tragedy to create compassion in the workplace
- Avoid “toxic positivity” because that invalidates suffering by demanding a positive outlook regardless of one’s circumstances
- Have policies in place that provide accommodations for unexpected life experiences
- Be kind to ourselves because self-compassion is key to having compassion for others

Conclusion

Ultimately, “Thriving in Isolation” brings together diverse perspectives and lived experiences that help us recognize the opportunities for improving our methods and mentalities while relying upon an ethical approach to our work lives and spaces. By working together – and embracing the fact that while we are all trying to survive the same storm, we are not in the same boat – changes that benefit the community as a whole are not only possible, but within reach.
Innovating across health, hospitality, and design to create a…