THE COVID STATES PROJECT:
A 50-STATE COVID-19 SURVEY
REPORT #55: SOCIAL ISOLATION DURING
THE COVID-19 PANDEMIC

USA, July 2021

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The COVID States Project

From: The COVID-19 Consortium for Understanding the Public’s Policy Preferences Across States

A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University

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COVER MEMO

Summary Memo — July 6, 2021

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Note on methods:
Over 12 survey waves, we polled 185,223 individuals across all 50 states plus the District of Columbia. The data were collected between April 2020 and June 2021 by PureSpectrum via an online, nonprobability sample, with state-level representative quotas for race/ethnicity, age, and gender. In addition to balancing on these dimensions, we reweighted our data using demographic characteristics to match the U.S. population with respect to race/ethnicity, age, gender, education, and living in urban, suburban, or rural areas. The periods covered by each of the 12 survey waves and their sample sizes are as follows: Late April Wave: 4/16/20-4/30/20, 19,484 responses, Early May Wave: 5/2/20-5/15/20, 20,305 responses, Late May Wave: 5/16/20-5/31/20, 18,103 responses, July Wave: 7/10/20-7/26/20, 19,058 responses, August Wave: 8/7/20-8/26/20, 21,196 responses, September Wave: 9/4/20-9/27/20, 20,315 responses, October Wave: 10/2/20-11/4/20, 27,342 responses, November Wave: 11/3/20-11/30/20, 24,017 responses, December-January Wave 12/16/20-1/11/21, 25,640 responses, February Wave: 2/5/21-3/1/21, 21,500 responses, April Wave: 4/1/21-5/3/21, 21,733 responses, and June Wave: 6/9/21-6/28/21, 13,737 responses.

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Social isolation during the COVID-19 pandemic in the United States

What impact has the pandemic had on social isolation in the United States?

COVID-19 is transmitted through physical proximity; as a result, reducing proximity has been the major preventive measure used against the pandemic until the recent introduction of vaccines. Has social isolation in the US increased during the pandemic? In this report, we examine trends in social support (the resources and help that people can mobilize through their social networks) and social isolation (when individuals have few or no relationships through which they can mobilize resources and help).

In the surveys that we have been conducting from April 2020 to June 2021 in all 50 US states plus the District of Columbia, we ask four questions (drawn from prior studies¹) about the number of relationships respondents have available for different purposes. Specifically, we ask how many people respondents think they have in their complete social circle who they could count on for the following purposes:

- to care for them if they fell ill and needed it (caring support)
- to lend them money if they needed to borrow it (financial support).
- to talk to if they had a problem, felt sad or depressed (emotional support).
- to help them if they needed to find a job (employment support).

In this report, we focus on social isolation, which we define as having one or fewer relationships in a given category², a threshold used in prior studies¹.


² While these questions are all intended to measure how much assistance respondents can potentially mobilize through their social relationships, each focuses on different aspects of the social support someone can benefit from. Questions 1 and 2, for example, address two different types of tangible -- also called instrumental -- support. Question 3, conversely, refers to emotional support; we term social isolation regarding emotional support emotional isolation. Questions 2 and 4 relate to economic circumstances in the respondent’s social network; to simplify the writing, we term them economic support.
These four questions allow us to evaluate how the percentage of socially isolated Americans across these various dimensions has evolved alongside the spread of the COVID-19 pandemic. In particular, this report addresses 3 questions:

1. What are the trends in social isolation since April 2020?
2. How do these trends vary among different population subsets?
3. How is social isolation associated with rates of depression?

Key Takeaways

Overall, the levels of social isolation have increased since the first waves of the pandemic, in spring, 2020, but have been showing signs of improvement since January 2021. After its initial increase, the percentage of socially isolated respondents declined most among those with high income and education. We also observed a relatively faster drop in isolation among religious and older Americans. Conversely, unemployed and low SES respondents have barely recovered from the increases in social isolation suffered earlier in the pandemic. In addition, different types of support are not equally available across demographics. Men are substantially more isolated than women with respect to emotional support (but about equal in terms of economic); and white respondents are more socially isolated with respect to economic support; but less isolated emotionally relative to other racial/ethnic groups. Finally, we find a strong association between social isolation (specifically, in terms of relationships available for emotional support) and moderate to severe depressive symptoms.

Overall trends

We find a broad pattern of increasing social isolation among American adults since April 2020. Figure 1 presents the percentage of respondents with one or fewer relationships available for each of the four types of support we ask for through twelve survey waves. Across support types, the evolution of social isolation through the period covered can be summarized in five phases: first, social isolation decreased from April to June 2020 (perhaps as the initial shock of the pandemic wore off) and then increased up to August/September, following the end of the first COVID-19 wave and the increment of cases in the summer. The level of social isolation was fairly stable throughout the fall; and all four measures have steadily improved between December and April. Finally, social isolation increased again in June 2021.

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3 In the appendix, we show trends in percentage of respondents with zero relationships (Figure 12) and in means and medians (Table 1). The patterns described do not significantly change.
Unfortunately, we do not have data from before the pandemic, so we do not know how much social isolation has increased since March, 2020. However, we can compare the late May wave, the lowest point regarding social isolation levels, with the September wave, the highest point for three of the four support measures. The picture is dire: the percentage of respondents with one or fewer relationships increased 8 points for caring support, 7 points for emotional support and 11 points for financial and employment support. From the September to the June 2021 waves, social isolation with respect to caring support declined 2 points, emotional support increased 1 point, financial support declined 5 points and employment support declined 4 points. Hence, social isolation with respect to economic help (someone to lend you money or help you find a job) increased more at its peak and has decreased faster than the other items, showing stronger signs of recovery. Isolation regarding both caring and emotional support has remained fairly stable since the summer. However, while the percentage of respondents with one or fewer relationships for caring support has decreased since February, emotional isolation reached its peak in our last wave.

Figure 1: Social isolation trends
The social isolation trends do not track the levels of social distancing in our data (Figure 2). While the decrease in social isolation in April-May 2020 matches a decrease in social distancing, respondents also reported social distancing less from May to September, a period during which social isolation greatly increased. In addition, the drop in social distancing between February and June 2021 is not paired with a drop in social isolation. In Figure 3, the reduction in unemployment rates between August 2020 and April 2021 does seem to precede a reduction in social isolation regarding economic support, but the evolution of unemployment still does not explain why this type of social isolation increased through the summer of 2020 and in our last wave.

In summary, the amount of social support available to American adults has undergone considerable changes throughout the COVID-19 pandemic. Our findings show that recovering from social isolation is hard and does not simply stem from increased social contact.
While low case rates and the reopening of the economy seem to be promoting the recovery of social isolation regarding instrumental and economic support, the same is not happening with emotional support. In a recent report using similar data, we find that Americans’ mental health did not improve in parallel with the economy and the COVID-19 situation. In the following sections, we explore the trends of social isolation for different population subgroups. Finally, we also explore how social isolation is associated with depression levels.

Figure 3: Comparison of social isolation regarding economic support and unemployment rate following data from the U.S. Bureau of Labor Statistics. 
(https://data.bls.gov/cqi-bin/surveymost)
Gender

Men are more socially isolated with respect to caring and emotional support than women; and men and women have roughly the same level of economic social support.

We find higher percentages of women who have at least 2 caring and emotional support relationships (Figure 4), with average gaps across waves between women and men of 4 and 6 points, respectively. Regarding economic support, the values are close, with gaps of about 1 point on average, with men indicating more help to find a job and women indicating more help to borrow money. Roughly, the trends for all types of support behave similarly, suggesting the pandemic has not had a noteworthy differential impact on women and men regarding social isolation.

Figure 4: Social isolation trends by gender
Age

There are large differences across age cohorts with respect to social isolation. Younger cohorts report less social isolation with respect to economic support than older cohorts, while older cohorts report less emotional isolation.

In contrast to the lack of gender effects, isolation regarding economic support varies widely across age groups, with younger cohorts having greater economic support (Figure 5). The trends regarding these two types of support are approximately similar. For financial support, there is a gap of 20% on average between the 18 to 24 and 65+ cohorts. For employment support, this gap expands to 36% on average, which is likely explained by the fact that most members of the older cohort are retired.

Conversely, throughout the period covered here, the gaps between age groups regarding emotional and caring support are much narrower. Regarding relationships available for emotional support, the trends by age group evolved from barely any differences in the first 4 waves to significant differences after October. In the final June wave, the gaps between age groups became smaller, due to the increase in the percentage of emotionally isolated respondents among the two older cohorts. The percentage within the older age cohort with one or fewer relationships went from 30% in September to 26% in February, to then increase again to 31% in the last wave, the highest point.

Within the 45 to 64 age group, this value decreased 3 percentage points between September and April 2021, and also increased through the June wave to reach its peak, at 32%. These percentages for the two younger cohorts, on the other hand, have remained virtually unchanged throughout the same period. Regarding caring support, the younger cohort clearly stands out, probably due to the support that family members and parents still provide to them. However, within the older cohort, the percentage of socially isolated respondents has decreased since the summer more than it has for the two middle cohorts.

In short, for these two types of relationships, the evolution across age groups in the percentage of socially isolated respondents has been distinct. The two older cohorts initially recovered more from social isolation regarding emotional support, but experienced a substantial increase in the last wave, driving the increase in emotional isolation for this wave in Figure 1. In contrast, younger respondents do not report being less socially isolated in any wave after August.
Race

White respondents report being less isolated with respect to ties that offer emotional and caring support but more isolated with respect to people who would lend them money or help them find a job.

Figure 6 shows significant differences across racial/ethnic groups. A lower percentage of White respondents have one or fewer relationships available to take care of them and to talk to than any other racial/ethnic group, for almost all waves. This gap is especially consistent regarding emotional support, where White respondents are substantially less likely to be socially isolated in every wave of the survey. The average gap for this type of support with the closest racial/ethnic group per wave is 4%, while the corresponding gap for caring support is 1%. Overall, while the trends vary among groups, the gaps in April/May 2020 are similar to the gaps in June 2021.
For the two questions on economic support, the opposite pattern emerges: a larger percentage of White respondents are socially isolated than any other racial or ethnic group for almost all waves. This difference is especially substantial between the August and April 2021 waves, a period during which Asian-Americans, African-Americans, and Hispanics saw their social isolation regarding these two types of social support decrease more than Whites. These values have significantly decreased for Hispanics from 51% in our December/January wave to 43% in the April 2021 wave for employment support, and from 49% to 39% for financial support. However, through our last wave, isolation regarding economic support significantly increased for Hispanics and African-Americans, and African-Americans became the racial/ethnic group with the highest levels for these two questions. Isolation regarding caring and emotional support also substantially increased among African-Americans through the June 2021 wave. In the rest of the waves, Asians and African-Americans had similar levels of social isolation for all four types of support.

Figure 6: Social isolation trends by race/ethnicity
**Education**

Education is strongly and negatively related to social isolation. Further, individuals with higher education bounced back more from their peak levels of social isolation, especially with respect to ties that could offer them economic support.

In Figure 7, we observe a clear education gradient regarding social isolation. More highly educated respondents are less likely to be socially isolated for all four types of social support and across most waves. The differences are especially significant for respondents without any College education: the average gaps across waves with respondents with some College education are 5% for caring and financial support and 6% for emotional and employment support. When comparing with respondents with a Graduate degree, these gaps reach 10% for financial and employment support and 9% for emotional support.

*Figure 7: Social isolation trends by education*
In addition, the difference between the percentage of socially isolated respondents among respondents without College education and others increased after August/September. Similarly, respondents with a Graduate or Bachelor’s degree have generally become less socially isolated after this wave than the others, hinting at the differential impact the pandemic might have had following educational level. Between August and June 2021, the percentage of respondents with a Bachelor’s degree who were socially isolated with respect to caring support declined from 34% to 30%; for financial support, it declined from 43% to 37%; for emotional support, from 27% to 26%; and for help when finding a job, from 48% to 42%. For respondents without any College education, these transitions were uniformly modest: from 39% to 39%, from 50% to 48%, from 37% to 38%, and from 57% to 56%, respectively.

**Income**

**Income is also strongly and negatively related to social isolation. Just as with education, high income individuals bounced back with respect to ties that could offer them economic support.**

Income shows a pattern similar to education level: there is a clear gradient in favor of higher income respondents (Figure 8). The average gaps between the lowest and highest income respondents are 15 points for caring and financial support, 13 points for emotional support, and 19 points for employment support, which is larger than the gap between respondents without any College education and respondents with a Graduate degree. The large differences in social isolation following income and education suggest social isolation could mediate some of the negative outcomes generally associated with lower socio-economic status, such as health.

Similarly as with education, higher income respondents became less socially isolated across all four types of relationships at a faster rate than lower income respondents after the August/September period. This difference is especially noteworthy for financial and employment support: the percentage of respondents earning $25,000 per year or less with one or fewer relationships went from 51% to 51% and from 58% to 60%, respectively between the August to June 2021 waves. In contrast, in June 2021, the group of respondents earning over $150k reached levels of social isolation relatively close to the lowest values over the whole period in May 2020. 34% of the respondents in this group were socially isolated regarding financial support in June 2021, compared to 30% in May 2020. For employment support, these values were 35% and 31%, respectively.
Figure 8: Social isolation trends by income

Employment status

Employment status is strongly associated with social isolation. Unemployed respondents have high levels of social isolation across all four types of support.

Figure 9 shows distinct patterns for social isolation following the respondents’ employment status. Some of these trends, especially regarding the economic variables and students and retired respondents, mimic the above age cohort trends (Figure 5). Students enjoy overall low levels of social isolation; however, they are the only group with increasing social isolation regarding emotional support in the last wave.

Employment support is directly associated with employment status, which explains the high percentages of socially isolated respondents regarding help to find a job among the unemployed and home-makers. Still, the almost continuous decrease in the percentage of respondents among these groups with 2 or more relationships for employment and
financial support, between May-July 2020 and February 2021, hints at the distinctive impact the pandemic has had on the socially most vulnerable. For example, in our May wave, 45% of unemployed respondents had one or fewer relationships available to help them find a job; in our February wave, this value was 61%. In the last wave, this percentage decreased to 60%.

However, the most striking finding is how unemployed respondents are the most socially isolated in terms of emotional support, and how they suffered a stronger dip since July in comparison to the rest of the respondents. The average difference in percentage points compared to employed respondents with one or fewer relationships available for emotional support was 5% in our first 4 waves and jumped to 10% for the rest of the waves. A factor to consider regarding employment status is that the population belonging to each of its categories can substantially vary across the period studied, due to unemployment rates going down, for example. Hence, the unemployed population in the last waves is not the same as that in the first waves, which could partially drive the results.

*Figure 9: Social isolation trends by employment status*
Religiosity

Attendance at religious services is negatively associated with all types of social isolation. In addition, those who regularly attend religious services have become less socially isolated after the summer.

Figure 10 plots the relationship between social isolation and attendance at religious services. More religious respondents are less socially isolated across all dimensions measured. Furthermore, the gap between both groups generally expanded after a late summer drop, especially regarding emotional support. While the difference in percentage of respondents with one or fewer relationships for emotional support was 3 points in our October wave, it became 7 points in November. Similarly, for caring support, the difference of 3 points in October enlarged to 8 points in January. Overall, we interpret these differences to be a consequence of the social capital this activity provides, enabling an earlier recovery from the social isolation the COVID-19 pandemic has caused.

Figure 10: Social isolation trends by religious attendance
Depression

Symptoms of depression are strongly and robustly related to emotional isolation. We used the Patient Health Questionnaire-9 (PHQ-9) to screen for symptoms of depression, and labeled as moderate depression a score on the PHQ-9 of 10 or greater, the threshold generally used in primary care settings to determine individuals who require treatment or referral for evaluation. We find social isolation regarding emotional support to be the type of support most strongly associated with moderate depression⁴, and name this type of social isolation emotional isolation.

![Figure 11: Prevalence of moderate depression and emotional support isolation](image)

FIGURE 11: Prevalence of moderate depression and emotional support isolation

⁴ Among the 4 types of relationships we ask about, being socially isolated regarding emotional support is the only variable which is statistically significant for all waves in logistic regressions with being socially isolated regarding all four types of support as predictors and moderate depression as the dependent variable. It is also the variable with the largest coefficient across all waves in these regressions.
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*Table 1: Mean and median number of relationships available for each support type*
Thinking of your complete social circle of family, friends, neighbors, and other acquaintances, approximately how many of them could you count on for the following things?

Percentage of respondents answering None.

Figure 12: Overall trends