

Future of Community: Solving For Connection

The Problem: Face-to-face interaction has declined significantly, exacerbated by technology and the pandemic, and has not recovered. People need in-person connections and engagement to foster well-being. Loneliness results in poor health outcomes, reduced workplace productivity, and increased healthcare costs.

Who It Affects: Loneliness impacts all demographics, from children to the elderly. Young adults (12-28) are particularly vulnerable, and it affects their relationships, mental health, and future stability. Workplace loneliness leads to absenteeism, decreased productivity, and increased turnover.

Why It Matters:

- **Reduced GDP and economic growth:** Higher levels of disconnection are related to lower GDP growth.
- **Increased healthcare costs:** Loneliness is linked to a 29% increased risk of heart disease and a 32% increased risk of stroke.
- **Mental and physical health risks:** Chronic loneliness is as harmful as smoking **15 cigarettes a day**.
- **Workforce impact:** 73% of Gen Z and 65% of Millennials reported needing time off for stress and anxiety, often linked to loneliness.
- **Workplace absenteeism and disengagement:** Absenteeism due to loneliness cost employers over **\$150 billion** (2019).

Contact:

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Our Focus: We aim to lower the barriers to social connection by making it easier for individuals to engage with others. Our initiative will focus on practical, scalable approaches to increase in-person interactions.

How:

- 1. Understanding Barriers**
Using a decision-function model to assess why people opt to stay in vs. go out.
- 2. Reducing Effort to Connect**
Developing low-friction, high-impact solutions to encourage in-person engagement.
- 3. Building Collaborative Solutions**
Bringing together experts, health professionals, businesses, and community leaders to co-create actionable strategies.

Why USC:

USC offers a unique environment with:

- Leading researchers on loneliness and social health
- A population of both young adults and faculty/staff
- A strong medical system focused on public well-being
- AI-driven initiatives that can facilitate connections
- Business community engagement to support healthier workplaces

Potential Collaboration Partners:

- **Researchers**
e.g., Jennifer J. Deal, PhD, Cheryl Wakslak, PhD, Julianne Holt-Lunstad, PhD
- **Health organizations**
USC, Kaiser, Blue Cross, United Healthcare
- **Government agencies**
U.S. Surgeon General, National Institute on Aging, USC Washington DC
- **Community initiatives**
Social Prescribing, AARP, Scouts USA, AmeriCorps
- **Employers**
Nike, PwC, Microsoft, Amazon, Bank of America, etc.

The Ask: We propose a multi-phase initiative:

- **Phase 1:** Expert Convening – Gather leaders and innovators for a 2-3 day working session to identify practical interventions
- **Phase 2:** Solution Development – Design and prototype high-potential interventions over 18 months.

Principles:

- Open access to all solutions developed
- No gatekeepers or restrictions on participation
- Link to educational resources for deeper engagement

Funding Request:

Initial funding need:
\$2M to support planning, convening, and early development efforts.

We invite mission-aligned partners to join us in creating sustainable solutions to combat loneliness and foster stronger, healthier communities.