

Social Connection, Isolation, and Loneliness in Rutland County

A Landscape Analysis

COMPILED BY
Social Tinkering:
A Human Connection Project

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The Bowse Health Trust



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Ella Kenney is a lifelong Vermonter and a Master of Public Health (MPH) candidate in Epidemiology and Biostatistics at Mount Sinai. She holds bachelor's degrees in Public Health Science and Spanish from the University of Vermont, where she developed a deep interest in understanding social isolation, loneliness, and the factors that shape community wellbeing. Ella's research with Social Tinkering focuses on identifying patterns of disconnection and exploring evidence-based strategies to promote meaningful social connection. She is passionate about translating public health research into actionable insights that help communities thrive.

Jeanette Langston
Co-Author, Executive Director and Founder

Jeanette Langston is a social entrepreneur, connector, and trailblazer. She has over two decades of experience leading teams, working with partners, managing programs, projects, and founding and directing a globally innovative nonprofit organization. She holds a diploma in Social Innovation from the United Nations Mandated University for Peace, is certified as a Chief Well-Being Officer from the World Happiness Academy, and holds a Bachelors of Science degree in Recreation Management from the University of Montana. Jeanette founded Social Tinkering because she feels that everyone needs access to building kind and compassionate community for themselves, where they can show up authentically and bravely and feel seen and valued. Through her extensive and adventurous life experience, she knows deeply that access to community saves lives. She knows what it feels like to experience long-term social isolation and loneliness, and to recover, heal, and thrive through meaningful relationships. Although Social Tinkering the entity dissolved in December 2025, the spirit of the mission lives on through the community that was gathered together in this human connection project.



A note from our Founder and Director

This report has been 3 years in the making, and is one part of our broader community organizing efforts to raise awareness, deepen understanding, and facilitate intentional and meaningful social connection projects throughout Rutland County. Multiple individuals have been involved in brainstorming, outlining this project, gathering data and supporting research, and finally writing and editing this document. In the process, we wavered then decided to undertake the design and launch of Rutland County's first Social Connection Survey to supplement this Landscape Analysis as a way to begin to identify a baseline for social connection across the region. Many individuals and partner organizations in Rutland County as well as throughout Vermont have supported us in this effort through generously sharing advice, data, and encouragement.

For our team at Social Tinkering, growing meaningful connection begins with practicing what we preach. Over the last 6 years that Social Tinkering has been in operation we have worked hard to intentionally grow authentic and honest relationships with many awesome partners and community members. This has never been an easy task and we have made mistakes and worked hard to learn and grow from them. Practicing meaningful social connection is incredibly challenging and rewarding, healing our aloneness. We cannot express our gratitude enough for these numerous wonderful humans and organizations who have supported this work.

A special thanks goes out to our colleagues and friends Jude Smith Rachele of Abundant Sun and Lisa Lynch of Holistic Happiness, for your willingness to have many hard conversations, and to patiently brainstorm and research with us in the development of this data project. You deeply enriched this work and made this task lighter to carry.

We also thank the Bowse Health Trust for supporting this human connection project. This intentional work is still so new throughout the world, and the systemic way we have approached it here at Social Tinkering is highly innovative and a practice in exploration, trial, and error. Thank you for your trust in us as we have worked to put into words something that we all so deeply feel, yet have rarely spoken of, and are only beginning to work on as a society.

Last but not least, we are so grateful for Ella Kenney reaching out to us over a year ago, generously offering to help us further our mission. Ella's quiet brilliance, insight, knowledge, and analytical skills have truly made our survey and this Landscape Analysis a reality. Thank you Ella!

Social Tinkering as a nonprofit entity may be closing up shop at the end of 2025, but we are all stronger for this critical work we have done together. We hope this Landscape Analysis provides insight and support to move Rutland County's collective social connection work forward for a thriving future.

In Gratitude,

Jeanette Langston

Founder & Director of Social Tinkering: A Human Connection Project



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Who We Are

Social Tinkering is rooted in the simple belief that every person deserves to feel valued, cared for, and supported, and that without this, the isolation and loneliness that follow prevent us from thriving. We believe that all people should have access to welcoming and inclusive spaces where they can grow authentic, brave, and safe social support systems for themselves.

Social Tinkering was founded to answer the question: What would it look like to intentionally grow meaningful social connection for an entire community? We believe that goes far beyond simply telling people to get out and socialize, which we feel is an oversimplified and obvious solution that blames and shames the individual rather than acknowledging the broken pieces of our social structures, norms, and systems. Therefore, we base our work around the core value that how we are in relationship with ourselves and others matters. We collaborate with folks who personally experience isolation and loneliness, and with organizations who are responding to the various complex issues disconnection is perpetuating in our communities. Together, we work to identify and reduce the barriers that are preventing people from feeling meaningfully connected, ultimately growing thriving and regenerative communities grounded in compassionate belonging.

It is painful to name and address the pain of disconnection, isolation, and loneliness and in doing so, we risk becoming vulnerable, which often leads to fear and shame. Growing connection takes curiosity, intention, patience, and thoughtful action. This action begins with making the implicit explicit. Taking the time to thoughtfully explore and discuss the nuanced concepts of disconnection, isolation, and loneliness is essential, creating a space where authentic connection can flourish and participants feel brave enough to engage in this work together.

This process requires a commitment to show up especially when things are challenging; an openness to learning from mistakes we'll make along the way; and intentional effort to treat each other with the dignity and respect we all deserve. We will mess up, because we are all human. By reframing vulnerability as strength, holding compassion together in our shared humanity, and working supportively through our fears and shame, we offer each other the opportunity to experience and grow meaningful connection and the potential to thrive.

We believe that every person in Rutland County and beyond has something to offer this effort. Whether it be through kind words to a stranger, volunteering, supporting a neighbor, financial contributions, attending events, or participating in discussions, every act of human connection matters. Social Tinkering exists to focus on the intentional growth of meaningful and sustainable connection, empowering and supporting collaborative actions toward a more connected and thriving Rutland County.

About This Report

The purpose:

The purpose of this landscape analysis is to compile existing localized data around social connection, social isolation, and loneliness and their potentially related impacts in the Rutland County region.

This is the first known comprehensive effort to evaluate the levels and impact of disconnection, social isolation, and loneliness in Rutland County. The report represents the culmination of three years of research, including a review of measurement and evaluation tools used with similarly sized populations, an assessment of emerging best practices in a relatively new field, and collaboration with numerous regional and statewide partners to gather and synthesize information.

The process:

We began this landscape analysis by identifying the indicators and risk factors of social isolation, loneliness, and disconnection as they are defined by leading international researchers of these topics. We have chosen to focus on the indicators and risk factors that we feel are the most prominently showing up in the Rutland region, our life experiences, and our work over the last six years. Therefore, this does not include a complete list as these issues are extremely complex and varied in experience and outcomes. Upon discerning which indicators to focus on, we then identified and gathered as much existing local data on these subjects as we could discover through online searches and recommendations from community partners in the Rutland region and throughout the state of Vermont. Local data are included in this report to the best of our knowledge, realizing there is likely more existing relevant data available and given time and relationship building, these could be compiled and added in the future.

A note on lived experience:

We cannot advocate for and emphasize strongly enough how critical the need is to value data from people's life experiences. It is vital to respect, listen to, gather, and record the valuable wisdom, knowledge, and recommendations gained from people who are living with or who have lived through and are healing from, disconnection and the resulting long-term social isolation and loneliness and their impacts. Throughout this analysis we share our own team's wisdom and recommendations from our own life experiences along with thoroughly researched information and recommendations from global researchers. It is imperative to the healing and growth of meaningful community and societal connection, that disconnection solutions are driven by people who have most deeply experienced these issues and their causes, barriers, and impacts. Ignoring, assuming, or devaluing this experience will only perpetuate the disconnection and its impacts. We strongly recommend that, especially in a subject such as social connection, qualitative research is critical to determining truly regenerative solutions for the future of our fellow human beings and communities.

Big Takeaways

1. **Social connection is lifesaving.** Isolation and loneliness increase risk of early death, comparable to smoking 15 cigarettes a day.¹ From our experience, participants have described our social connection events as life-saving, both literally and figuratively.
2. **Rutland's rural, aging population faces unique risks.** Geographic spread, limited transportation, and lower broadband access make connection harder for many residents.²⁻⁵
3. **Some groups are hit hardest.** Older adults, youth, LGBTQ+ individuals, people with disabilities, those living alone, financially insecure residents, and BIPOC populations face higher rates of disconnection.^{2,6,7}
4. **Barriers are complex and solvable.** Transportation, digital access, housing, social anxiety, and many more challenges can limit connection. Specific, inclusive solutions can reduce them.
5. **Rutland has strong community assets.** Civic engagement, cultural events, collaboration, and social initiatives provide a strong foundation to expand connection and build a thriving, inclusive community.

Definitions

Important to understanding these incredibly complex issues, we must first understand how social connection, social disconnection, social isolation, and loneliness are defined. In this report, we have chosen to honor our values of balancing research with lived experience. To this end, our definition of social disconnection is based on our lived experience which we believe gets to the true core of how to solve this epidemic of loneliness.

Social connection is often equated with simply getting out and socializing, but is far more complex. Social connection encompasses our interactions and relationships through the aspects of structure (frequency, duration, and quantity of relationships), quality (positive or negative), and function (levels and type of support).⁸ Not all social connection is beneficial, nor will it necessarily "solve" the problems associated with disconnection.

Social disconnection in global research is commonly defined as having a lack of meaningful ties, often in the form of social isolation and loneliness.⁹ This tends to blame the individual, especially when solutions are oversimplified, when in reality the individual is only at the mercy of our collective disconnection. Social disconnection is a societal issue with community, interpersonal, and individual impacts that become bi-directional when the individual impacts flow back outward into society. Therefore, we define social disconnection as a detachment in our social relationships, structures, and/or systems. In this definition, social isolation and loneliness are a result of the disconnection, not a form of disconnection. Social connection is the solution to social disconnection, and it requires

us to first investigate and heal the cause of the disconnection, or our social connection solutions will not be sustainable. Ultimately, and ironically, we feel there is a disconnect in how we are understanding social disconnection and there is much more work to be done to understand this complicated human experience we are only just recently acknowledging in mainstream society.

Social isolation refers to the objective lack of social relationships, social roles, group memberships, and infrequent social interaction.¹⁰ This state can lead to feelings of loneliness. Social isolation is not necessarily always associated with a negative experience and may even be used as a tool to care for yourself.¹⁰ However, if it occurs in conjunction with loneliness, over time it may lead to negative impacts.

Loneliness can occur even if an individual is surrounded by others. This feeling originates from a discrepancy in the desired level of social connection and the individual's perceived level of social connectedness.¹⁰ Many times, individuals feel a deep aloneness, emptiness, and a lack of belonging.¹¹ A person may crave deeper social bonds but feel that, no matter what they do, the connections just aren't forming. Loneliness then becomes even more internalized in a way that makes individuals feel like something must be wrong with them. While a strong sense of self awareness is important, we must remember that disconnection, isolation and loneliness is a pervasive societal issue that impacts all of us in different ways.

** As demonstrated, social isolation and loneliness are distinct terms and can be measured independently. However, they are both needed to understand the broader construct of the social connectedness of an individual.

Social capital is the resource value someone gains from participating in a network of relationships.¹² This could take the form of a workplace connection or neighborly support, all of which may help boost confidence, help solve problems, and support the growth of meaningful social connection. Unfortunately, research also shows a dark side to the social capital concept, and we have witnessed this being used as a disposable commodity rather than a meaningful relationship building tool that has the potential to lead to disconnection and to perpetuate social isolation and loneliness. Social capital is not the same as social connection and should be entered into mindfully and respectfully to prevent disconnection.

A note about Therapy Speak:

Therapy Speak refers to the widespread use of psychological terms in everyday language, often spread through social media. Common examples include words such as "gaslight," "trauma," "triggered," "toxic," "narcissist," and "boundaries". In popular culture, these words are often observed in phrases such as "You're gaslighting me" or "that's triggering." This misuse often leads to misapplication, oversimplification, or weaponization, potentially hindering genuine connection by turning nuanced experiences into buzzwords or excuses for behavior.^{12,13} That said, there are some benefits to the normalization of these words, such as reduced stigma and increased attention drawn to these critical areas of relationship wellbeing.¹³

Why Social Connection Matters

Social connection is more than just a preference, it is a fundamental need.^{14,15} When individuals lack sufficient social connection, they are more likely to experience social isolation and loneliness. These forms of social disconnection are associated with negative health outcomes, including increased risk of disease and early death.¹⁶ The impact that a lack of social connection has on premature death is similar to smoking 15 cigarettes a day.¹⁶ These health outcomes can impact entire families, academic outcomes, workplace success, community resilience, and entire economies, all at the community and societal levels. In addition, social connection is the primary driver of a healthy democracy and strengthens our social capital, trust, and holding each other accountable.¹⁷

Worldwide, an estimated one in every six individuals is experiencing loneliness.¹⁸ Social isolation and loneliness are universal experiences that can affect everyone, regardless of socioeconomic status, age, race, or culture. In 2023, the former United States (U.S.) Surgeon General Dr. Vivek H. Murthy declared that the U.S. is experiencing an epidemic of isolation and loneliness.¹

The epidemic of social disconnection did not begin overnight or result from a single cause. It reflects the broader societal and systemic changes in the United States over the past few decades. These shifts include increased self-directedness, urbanization and population growth leading to increased anonymity, and, for some, a decline in social capital.¹⁹ Many experts refer to the 2010s as a period when the rates of social isolation and loneliness started to rapidly increase.²⁰⁻²² Studies suggest that technology, specifically social media, work-related expectations, individualistic societal norms, and poor mental health may be to blame.^{19,23,24} Because this area of research is still relatively new, more conclusive evidence about the specific cause will likely emerge in future studies.

Since the onset of the COVID-19 pandemic, the prevalence of social isolation and loneliness in the United States has increased.^{25,26} Current research shows that 24.8% of Americans experience social isolation and 31.9% experience loneliness at least once a week.^{27,28} This amounts to roughly one in three Americans feeling lonely and one in four Americans being socially isolated at any given time, which is a concerning reality, given the well-documented impact that social disconnection can have on our health and wellbeing.

In Rutland County, the importance of social connection is unmistakable. The benefits of social connection extend far beyond the individual and are strengthened and sustained through inclusive and meaningful community relationships. As a rural region, Rutland County faces many unique barriers to staying socially engaged and connected. Understanding these disconnection challenges, and how they intersect with other national problems, is paramount to building a healthier and more vibrant Rutland County.

I 
Rutland, VT!
All are welcome here!

Impact of Social Isolation and Loneliness

While the effects of social isolation and loneliness are most frequently reported at the individual level, the impacts can be observed at multiple levels: the individual, interpersonal, community, and societal level.



Individual level

At an individual level, social isolation and loneliness influence both physical and mental health. The impact that a lack of social connection has on premature death is similar to the effect of smoking 15 cigarettes a day.¹⁶ Not only does social disconnection increase the likelihood of morbidity, social isolation and loneliness increase the risk of early mortality by 29% and 26%, respectively.²⁹ More specifically, in socially disconnected individuals, higher rates of dementia, depression, suicidal behaviors, substance use disorders, cardiovascular disease, and diabetes have been observed.^{1,30,31} Social disconnection is also influenced by our intrinsic connection and perceptions about ourselves. Internal factors such as cognitive biases, psychological states such as anxiety and depression, low self-concept, and more, can manifest as behaviors such as avoidance, which worsens the lack of connection.³²



Interpersonal level

At the interpersonal level, we look at the direct relationships between individuals as another form of social connection. Social connection can be looked at for its structure (the number and variety), function (the degree to which it serves a need), and quality (positive and negative aspects).³³ These relationships can directly shape health behaviors and emotional wellbeing.



Community level

When approaching social isolation and loneliness at a community level, the broader social and environmental contexts that shape individual behavior can be understood. For example, community infrastructure, including the services already available to a community, neighborhood design, access to transportation, community parks, libraries, and third spaces, are all influential on social isolation and loneliness.^{3,4} Factors such as low neighborhood social cohesion, shaped by the built environment, are associated with social disconnection.⁴



Societal level

At a societal level, social isolation and loneliness are often the results and drivers of political behavior and decisions, conflicts, and wars. National, state, and local laws and regulations are often impacted by social isolation and loneliness, in the form of low voter registration and reduced civic engagement. When isolation and loneliness strain people's health, our overall ability to care for our environment is significantly diminished, making it more challenging to respond to natural resource issues, natural disasters, and climate challenges. Shifting the perspective to a financial standpoint, the estimated annual cost of workplace absenteeism due to social isolation and loneliness is around 154 billion dollars (USD).³⁴ So while social disconnection is not often visible, the costs both to health, environment, and economies, can be great.

Rutland County Snapshot



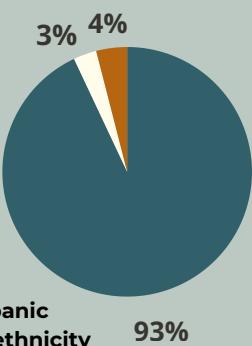
Population Size³⁴
60,484

Median Age³⁴
47.7

Average Household Income³⁵
\$64,778

Racial/Ethnic Makeup

Only 3% of the population identifies as a race or ethnicity other than white³⁶



*48.4 times more white, non-Hispanic residents than any other race or ethnicity

*4% mixed race or ethnicity & white

Rurality

65 people/square mile³⁴



33.5% of residents have achieved a bachelor's degree or higher³⁴

12% of residents in Rutland County are living below the poverty line³⁴



27% of **HIGH SCHOOL** students

26% of **MIDDLE SCHOOL** students identify as **LGBTQ+**³⁹

16.1%



of Rutland County residents live with a disability and outside of an institution or facility in the community³⁶



16.1% of residents are living with severe housing challenges³⁵
that's 9,737 Residents

Nearly 1 in 6 adults in Rutland County (15.7%) experience poor mental health for at least half of every month.³⁶



Rutland County, Vermont, is a largely rural community of about 60,500 residents spread across 930 square miles, giving it a population density of just 65 people per square mile.³⁴ The population is overwhelmingly White (93%) and nearly all residents are U.S. citizens (99.3%), with only 2% foreign-born.^{34,35} The county's population is older than average, with a median age of 47.7 years. This is higher than both the state and national medians, and nearly a third of adults are over 50.³⁴ Households are small, averaging 2.3 people, and a significant portion of residents live alone, including 17% of seniors.^{34,36}

Economically, Rutland County is middle-income, with a median household income of \$64,778 and a homeownership rate of 72.7%.³⁵ However, 16.1% of residents face serious housing challenges.³⁵ Educational attainment is somewhat lower than the state average, with 33.5% of adults holding a bachelor's degree or higher.³⁴ Most residents drive to work alone, with an average travel time of 23 minutes.³⁴ Access to public transit and digital infrastructure is limited, with only 87.8% of households having broadband internet.³⁶ Socially, the community has strong civic engagement (72.9% voter participation).³⁶ Despite this, 32% of residents report feeling socially isolated, highlighting challenges around connection despite the county's stable economic and housing indicators.³⁶ Lastly, 15.7% of adults aged 18 and older report experiencing 14 or more days of poor mental health each month.³⁶

Who is most affected?

- Older Adults
- Younger Adults
- LGBTQ+
- Those living with disabilities
- Those residing in rural regions
- Single households
- Those with financial insecurity
- BIPOC individuals
- Veterans
- Those who struggle with harmful substance use and addiction
- Men and boys



It is important to highlight that while social isolation and loneliness can affect everyone, some populations are at greater risk than others. In Rutland County specifically, older adults, youth and younger adults, Lesbian, Gay, Bisexual, Transgender, Queer, plus other identifying individuals (LGBTQ+), those living with disabilities, single-person households, those with financial insecurity, the Black, Indigenous, and People of Color (BIPOC) population, folks who struggle with harmful substance use and addiction. These groups are highlighted below to illustrate notable populations in Rutland County who may be most affected by social isolation and loneliness.

These risk factors are not indicative that one is experiencing social isolation and loneliness but merely suggests that they are at higher risk of becoming socially disconnected.



High-Risk Populations in Rutland County

- **Those with financial insecurity**

Over 7,250 Rutland County residents (12%) live below the federal poverty line.³⁵ This is very concerning because financial insecurity has been found to be a risk factor for social isolation and loneliness.⁷ Those who are financially insecure are more likely to work longer hours, limit participation in community or social events, have reduced access to transportation, limited reliable internet access, and much more.^{1,38} Limited social interaction makes individuals less likely to connect and network, which may limit social capital and lead to fewer resources and financial opportunities.^{1,38} This cycle, along with the importance of social capital as it relates to financial capital, is exaggerated in rural communities.³⁹ One study found that financial instability decreases friendships but increases participation in organization.³⁸ Conversely, financial stability can lead to increased participation in social events and increased friendship.³⁸ Compounding these challenges, nearly one in seven Rutland County residents, more than 7,860 individuals, reported lacking a reliable source of food, further heightening the risk of social isolation and economic uncertainty.⁴⁰

- **Older adults**

Nearly one in five Rutland residents is age 65 or older, a higher proportion than the Vermont average.³⁵ Research finds that older adults are more likely to experience social isolation and loneliness.^{2,6,7} This may be due to the fact that they are more likely to experience the death of a loved one, worsening health and illness, retirement, and changes in income.² Every year, Medicare spends an excess of around 6.7 billion dollars (USD) on social isolation alone in older adults.⁴¹ Current estimates in the U.S. indicate that 24% of older adults age 65 and older are socially isolated and 43% of adults over 60 are lonely.⁴² In Rutland County, the highest proportion of residents are 60-69 years old (17%).³⁵ This contributes to the older median age of 47.7 years old, compared to the national median of 38.8 years old.³⁵ This shows that many individuals are at higher risk of social isolation and loneliness.

- **Youth**

Although youth are often surrounded by peers, they are not immune to social disconnection. Adolescents and young adults are another age group that is considered to be at higher risk of social disconnectedness.^{6,7,43} In the United States, one in three young adults (30%) report loneliness every day or several times a week.²⁷ While the percentage of youth who feel lonely are not known in Rutland County, only 49% of high schoolers and 52% of middle schoolers agree that they feel like they matter to people in their community.⁴⁴ Social media is found to have both protective and harmful effects to mental health and feelings of social disconnection.⁴⁵ 95% of youth in America report they use social media, while 35% report using social media almost constantly.⁴⁶ In Rutland County, 76% and 69% of high schoolers and middle schoolers, respectively, report using social media several times a day.⁴⁴

- **LGBTQ+ Folks**

People who identify as part of the LGBTQ+ communities are at higher risk of social isolation and loneliness compared to non-identifying LGBTQ+ individuals.⁴⁷ In Rutland County,

LGBTQ+ individuals report elevated rates of feelings of hopelessness and sadness.⁴⁸ Of particular concern, LGBTQ+ youth are less likely to reach out for help with mental health-related concerns.⁴⁹ For adolescent LGBTQ+ youth living in rural areas, social isolation and poor mental health experiences are more common than for non-LGBTQ+ peers.^{49,50} This is concerning as 27% of high school students and 26% of middle school students in Rutland County identify as LGBTQ+.⁴⁴ This is in line with the reporting that Vermont has one of the highest percentage of LGBTQ+ individuals in the nation.⁵¹

- **BIPOC individuals**

In Rutland County, 3% of the population identifies as a race or ethnicity other than white.³⁵ This equals out to there being 48.4 times more white, non-Hispanic residents than any other race or ethnicity.³⁶ Despite making up a small percent of the population, this population is more likely to experience feeling socially isolated or alone.^{2,52} A national study found that 75% of Hispanic adults and 68% of Black and African American adults are lonely, compared to 58% of the total population.⁵³ This population faces higher levels of prejudice and discrimination and remains underrepresented, factors that can exacerbate social disconnection.^{2,52} This disconnection can be noted through the data showing that, in Rutland County, feelings of hopelessness and sadness are disproportionately higher in BIPOC communities.⁴⁸

- **Those living with disabilities**

Individuals living with physical, developmental, mental, and other disabilities experience higher rates of social isolation and loneliness.^{42,54,55} In Vermont, 13% of those with any disability report feeling usually or always socially isolated, compared to a mere 3% of those with no disability.⁵⁶ This can be attributed to the fact that those with disabilities face unique challenges including those relating to mobility, accessibility, social stigmas, and discrimination.⁵⁷ In Rutland County, 16.1% of the non-institutionalized population lives with a disability.³⁷ Vermonters living with disabilities experience disproportionate economic and educational disadvantages and face substantial barriers to employment, education, and healthcare, which together elevate the risk of social isolation and loneliness.^{58,59}

- **Those residing in rural regions**

Rutland County has a population density of 65 people per square mile, slightly less than the overall population density in Vermont-- 69.8 people per square mile.^{35,60} This lower than average population density demonstrates the increased likelihood for geographic isolation, which combined with limited transportation options and broadband options, can exacerbate social isolation and loneliness.⁶¹ Rutland County has the lowest life expectancy of any county in the state, at 76.9 years.⁶² Though the specific contribution of social isolation and loneliness remains unclear, the data underscore the broader impacts of limited access to resources and community connection.

- **Single households**

Living alone is an objective risk factor for social isolation.⁶³ In Rutland County, more than one-third (35.7%) of Rutland County households consist of a single individual.³⁷ Of those aged 65 or older in Rutland County, 17.3% of residents live alone.³⁷ Living alone increases the likelihood of

social isolation, especially when coupled with barriers such as transportation, financial insecurity, and limited mobility.^{2,63} Taking the rurality of Rutland County into consideration, residents who live alone are further restricted in their daily social interactions.

- **Veterans**

In Rutland County, 7.4% of the population has veteran status.³⁵ Veterans often face social isolation and loneliness after their military service, often influenced by the difficult transition back to civilian life.⁶⁴ Social isolation and loneliness are commonly reported with suicidal thoughts, depression and post-traumatic stress disorder in veterans.⁶⁴ Many veterans indicate that peer support groups with other veterans are helpful, but the availability in rural areas like Rutland county may be limited.⁶⁴

- **Substance Use Disorders and Addiction**

Individuals with substance use disorders and addiction are at increased risk for social isolation and loneliness.^{65,66} In Rutland County, opioid use disorder remains a prominent concern.^{67,68} The current opioid overdose death rate in Rutland County is 6.6 deaths per 100,000 residents and more than twice as many residents receive treatment for opioid use than for any other substance.^{67,68} This rate is higher than the rate in the state as a whole.⁴⁸ Other reports find that Vermont has the second highest rate of alcohol use disorders and is also second highest for binge drinking.⁶⁹ These patterns place Vermonters with substance use disorders at increased risk for social isolation and loneliness through stigma, strained relationships, and reduced community connection.⁶⁶

- **Men and Boys**

Men and boys are at increased risk of social isolation and loneliness, as described in research and the *Gone Guys* documentary, which was produced here in Vermont.^{70,71} Disconnection for men and boys is showing up as economic anxiety, traditional and cultural pressures, societal views of masculinity, poor mental health, higher suicidal ideation, and ultimately, social isolation and loneliness.⁷⁰ Despite significantly higher rates of poor mental health and suicidality, men often face stigma and are less likely to seek help.⁷⁰ Research is needed to more deeply understand how men and boys may be faring in Rutland County.

Barriers to Connection and Social Determinants

As with many other health issues, social isolation and loneliness are shaped by underlying social and structural determinants of health.^{7,72-74} This includes factors such as transportation, digital access, housing and economic security, marital status, and sex.^{72,74} While these barriers can individually impact social disconnection, it's the intersection of the barriers that can have serious implications in one's social connectedness.

Poor Mental Health and Fear of Socializing

In Rutland County, 15.7% of residents aged 18 and older report experiencing 14 or more days of poor mental health each month.³⁷ As of 2024, one in four residents have been diagnosed with a depressive disorder.⁴⁸ Many individuals feel anxious or fearful about unfamiliar social situations, joining social activities, speaking in groups, or the possibility of negative judgment from others.⁷⁵ For some, this social anxiety causes reduced or stopped participation in social events and avoidance in forming new relationships, all of which further perpetuates social disconnection.^{75,76} These challenges are reflected in broader and more consequential outcomes, as Rutland County experiences higher rates of suicide than the majority of Vermont counties, at 16.6 deaths per 100,000 residents.⁷⁷



In our work at Social Tinkering, we have found social anxiety and fear to be one of the most significant barriers to meaningful social connection. This challenge is further complicated by the difficulty of recognizing social anxiety within ourselves, especially when stigma is internalized and subconscious. Fear of socializing is often based upon a history of actual or perceived negative experiences, such as being dismissed, treated disrespectfully, and being discriminated against. The fear and anxiety are often a result of past trauma - remember, that aloneness is deeply painful, and it can be terrifying to try again when you have experienced many negative moments. Experiencing inequity, discrimination, stigma, and bias may increase fear and social anxiety.⁷⁸ It is important to note that many people confuse social introversion with social anxiety. Social introversion describes a person who enjoys social activities but prefers them in small groups or with familiar people, unlike social anxiety, which is a mental health condition marked by intense fear of judgment.⁷⁹



Digital access

Access to technology is increasingly essential for social connection, especially in rural areas.⁸⁰ In Rutland County, 87.8% of households have a computer and a broadband internet subscription, which is below the national and state benchmarks, at 91.8% and 90.2%, respectively.³⁷ For the 12.2% of households who do not have access to a computer and are not subscribed to broadband internet, they face more difficulties connecting with others in our increasingly digital world.^{5,37} Federal Communications Commission (FCC) defines high speed internet as a minimum of 100 megabits per second (Mbps) download speed and 20 Mbps upload speed.⁸¹ In Rutland County, of the households that have internet, 92% of residents have adequate internet speeds.⁸² For the 8% who do not have adequate speeds, this is likely due to the lower socioeconomic status, a risk factor of social disconnection.^{2,5} Without reliable internet, residents may struggle to maintain social relationships, access telehealth services, or engage in virtual community events.⁵ Digital exclusion can further isolate low-income, older, or rural populations who are already at greater risk.^{5,83}



Housing

Stable and affordable housing is a foundation for all types of wellbeing, including social

wellbeing.⁸⁴ In Rutland County, housing affordability remains a challenge, with median home values and rental costs rising faster than local wages.⁸⁵ While the home ownership rate in Rutland County is high, at 72.7%, many residents are still confronted with a wide array of housing-related issues.³⁶ From 2019 to 2024, Rutland County's unhoused population increased by 610%, rising from 96 individuals to 682.^{86,87} As a result, Rutland County accounts for 21% of the state's unhoused population in emergency housing, despite representing only 9% of Vermont's total population.⁸⁷ For those with housing, 16.1% of Rutland residents report they are living with severe housing problems.³⁶ Additionally, individuals living in remote or poorly connected neighborhoods may have fewer chances for casual social interaction, further contributing to isolation.⁶¹



Crime and Violence

Exposure to crime and violence, as well as perceptions of neighborhood safety, are associated with increased social isolation and loneliness through their effects on fear, mistrust, and reduced social participation.^{88,89} Research suggests that perceived risk can influence social behavior as strongly as objective crime rates, contributing to community-level disconnection even in areas with comparatively lower overall crime.⁹⁰

In Rutland County, rates of violent crimes are lower than the national county average, with the county ranking safer than approximately 64% of U.S. counties.⁹¹ However, crime is unevenly distributed, with higher incidence in more densely populated areas such as Rutland City and Rutland Town. Certain neighborhoods may be perceived as less safe, which can discourage new residents, indicating elevated fear and social division that may contribute to increased social isolation and loneliness.



Trauma

Experiences of trauma, which may come in the form of neglect, abuse, violence, discrimination, or loss, can be encountered at any point in our lives. When individuals are left alone to process these experiences, particularly within a culture that stigmatizes mental health, vulnerability, and emotional expression, trauma can become internalized.^{92,93} This unresolved disconnection often contributes to the development of social isolation and loneliness, which may manifest in long-term impacts on physical health, mental well-being, behavior, and relationships.⁹⁴

One source of trauma may come from adverse childhood experiences (ACEs). While not all ACEs are traumatic, 15.2% of Vermont children between the ages of 0 and 17 have experienced two or more ACEs.⁹⁵ ACEs include experiences such as abuse, neglect, household dysfunction, and parental separation.⁹⁶ Experiencing a specific, or multiple adverse events in childhood is linked to greater loneliness in adulthood.⁹⁷ In our personal experience, loneliness and isolation arising from adverse experiences may develop during childhood itself and if left unhealed, carries into adulthood where it significantly impacts all types of relationships, including those in education and employment settings. This is a key significance when it comes to passing along trauma to the next generation as parents and grandparents.



Stigma and Bias

Access to social connection is shaped by systemic factors that create unequal opportunities for different groups.⁹⁸ Structural inequities generate barriers, such as stigma, bias, or limited resources, that prevent some individuals from fully engaging.⁹⁹ This makes it essential to center those most affected, identify real obstacles, and co-create solutions. Recognizing that some groups experience disconnection disproportionately is crucial to effectively and increasing diversity, equity, and inclusion.

Stigma and bias, both conscious and unconscious, actively limit connection by fostering division and “othering,” which perpetuates isolation and loneliness.^{100,101} Misconceptions, such as the belief that only “lonely people” need connection, reinforce disconnection. Open dialogue about social isolation and loneliness, combined with intentional, inclusive community-building, can reduce these impacts.

Transportation

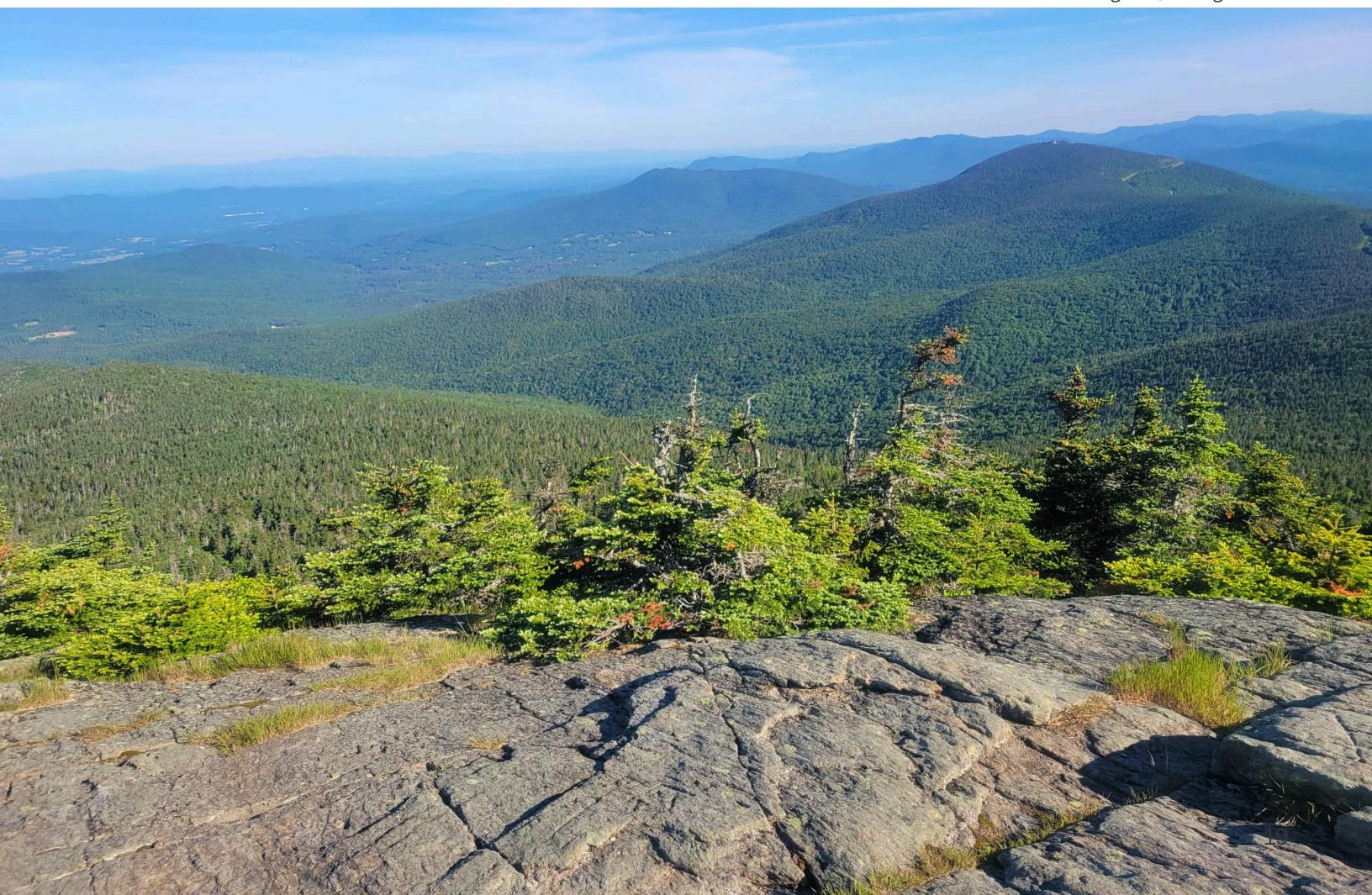
Limited transportation options are one of the most significant structural barriers to social connection. If residents cannot access community events to increase connection, what good are the events?¹⁰² In Rutland County, many rural residents live miles from community centers, healthcare services, or grocery stores, with few or no public transit routes.^{103,104} Lack of reliable transportation can prevent individuals—especially older adults and those with disabilities—from participating in social or recreational activities.^{7,102} In Rutland County, about 579 households do not own a car and 19.8%, roughly 5,500 households, have one car.³⁶ The average household size is 2.3 persons, meaning that many households with one car must share.³⁵ Limited transportation options contribute not only to social isolation but can also lead to missed medical appointments, less job opportunities, financial insecurity, and reduced independence.¹⁰⁵



Do not lose hope, these barriers are solvable!

Yes, there are complex and significant barriers to healing and reducing social isolation and loneliness. The good news is these are not permanent! With courage and compassion, we have the ability, on our own and together, to heal and reconnect.

Photo Credit: Shawn Langston, Killington Peak



Community Gaps and Strengths

Rutland County has many incredible strengths as well as some gaps that need to be filled. The good news is that we are not alone in these challenges. People across the world are working on solutions that could be adapted and applied right here at home.

Gaps

Fostering Meaningful Connection Where We Gather

Over the decades, how and where we gather has been dictated by the places that are available. Rutland has many coffee shops, restaurants, gyms, and recreation centers that people tend to socialize in. However, many popular spaces that facilitate socializing are not accessible to those who cannot afford to spend the money required to stay. In addition, spaces to socialize are not always offered in ways that are equitable and accessible, which creates barriers for our most marginalized and underserved residents. While public parks and libraries are often free and available to residents, they are not suitable for social occasions. Utilization of outdoor spaces is dependent on weather and the accessibility of the facilities, and libraries are more for quiet contemplation and reading than for group socializing. All of this points towards a need for more social spaces that are both accessible and affordable for people of all ages, identities, and abilities. Greater availability of inclusive social spaces could help improve connection and strengthen our community.

In addition to increasing availability of inclusive social spaces, we also see a significant need for local governments, workplaces, schools, healthcare services, and businesses to continue working on increasing community-wide equity, connection, and belonging as much as possible. Resources and coordination are needed for training and strategic planning and implementation, structural updates for accessibility needs, and general education around what fosters meaningful connection and belonging. Over the last several years much work has been done across the community to improve equity for all in our community and there is more to be done. By continuing to work with and listen to those most impacted by disconnection, our community will make even more significant strides together.



Photo Credits: Kimberly Ringey and Jeanette Langston

Sustainable Community Organizing Around Social Connection

There is a significant need in our region for sustainable coordination focused on strengthening social connection and better understanding of how disconnection affects our residents. In recent years, the complexity and intensity of local challenges have often required organizations to focus on immediate, urgent needs, leaving limited capacity for long-term planning and collaboration. This focus on immediate, quick fixes has strained service providers, contributed to competition for limited resources, and led to staff burnout. As a result, opportunities for upstream planning and coordination have been limited. While some organizations, businesses, and advocates are already working together to improve community connection, continued efforts are needed to deepen collaboration and address the underlying causes of disconnection.



While there are additional gaps within these two subject areas that warrant further exploration these represent the two primary overarching gaps that we recommend prioritizing to advance social connection efforts in the Rutland region.

Strengths

Our Incredibly Caring and Active Community

Rutland County is characterized by a strong culture of community care and civic engagement with residents showing up to support one another and address local challenges. While approaches may differ, this shared commitment to participation and problem-solving is a defining strength of the region. Rutland County has a long history of innovative and community-driven leadership, from its marble industry to the founding of the Rotary Club and Alcoholics Anonymous, as well as community traditions such as the Gift of Life Marathon, the annual Halloween Parade, and the Pride Festival. Residents have many opportunities to engage, volunteer, and build skills through organizations including the NAACP, Rotary Clubs, and Rutland Young Professionals. The region also supports a vibrant arts, food, and maker community through art centers and festivals, farmers markets and food hubs, dance and performance groups, social clubs, and makerspaces, creating an inclusive environment in which people of all ages and interests can participate in community life.

Project Vision, Community Policing, and Restorative Justice

For over a decade the Rutland City Police Department (RCPD) in coordination with the Vermont Department of Health and many other community organizations and advocates, have led our unique Project Vision collaboration. Together this group responds to many of the impacts and urgent needs that have arisen from disconnection, social isolation, and loneliness. This collaboration of over 200 people and more than 30 organizations from across the region, has lasted through a global pandemic, political turmoil, and multiple community crises and is a testament to the strength and resilience of Rutland County residents and leaders. In addition, we are very fortunate to have multiple organizations in the Rutland region coordinating on restorative justice practices to reduce recidivism in crime and violence, to increase equity, and respond to the needs of victims. All of this collaborative service and care goes right to the heart of healing loneliness and isolation.

Green Spaces and Pathways

Rutland County is uniquely situated among the scenic Green Mountains, providing extensive access to outdoor recreation throughout the region. For those without personal transportation, the bus offers connections between towns and can provide access to trailheads, ski areas, and even services for Appalachian and Long Trail hikers returning from the mountains. The area features several lake and stream access points, as well as foot, bike, and horseback trails that extend from many neighborhoods to destinations such as Pine Hill Park in the city of Rutland and the Slate Valley Trails system running through Poultney. World-class skiing is available at Killington and Pico, complemented by opportunities for Nordic skiing, snowshoeing, ice skating, sledding, and hockey. Ongoing efforts to connect trail systems across Vermont aim to further enhance access to the outdoors, making the region an attractive destination for recreation and engagement with the natural landscape. These are important in providing residents accessible opportunities for varying types of connection.



Photo Credit: Jeanette Langston, Springtime Backroad in Rutland County

Next-Step Recommendations

Addressing social isolation and loneliness to promote meaningful connections in Rutland County requires intentional, evidence-based and community-centered strategies. While much more research is needed in this area, the following recommendations, based off this report, serve to widen the perspective of interventions and actions that can be taken to reduce social disconnection.

Accessible and Inclusive Gathering Spaces

Expanding accessible and inclusive gathering spaces is essential to support meaningful social connection in Rutland County. Both indoor and outdoor spaces should accommodate people of all ages and abilities, providing opportunities to socialize, build friendships, and participate in community activities. These spaces are particularly important for those who are at higher risk of social isolation and loneliness. We highly recommend programs and research focused on co-generational connection to bring younger and older generations together and increase meaningful connection.

Targeted Support for High-Risk Populations

High-risk populations would benefit from tailored social connection projects and programs. Structured social opportunities, peer mentoring, and partnerships with schools or community organizations can help these groups build supportive networks and reduce isolation. This is consistent with the emphasis on equity not equality, to best support our community.

Advancing Equity through Policy

Social disconnection is a societal issue that affects individuals, families, and entire communities. We recommend that community leaders and policymakers continue to identify and reduce structural and systemic inequities that limit inclusion and accessibility while perpetuating stigma, bias, and discrimination across the Rutland region. This includes reviewing and strengthening policies, procedures, training practices, and broader cultural and social awareness efforts. Meaningful collaboration with individuals who have lived experience of inequity is essential to developing effective, sustainable, and regenerative solutions.

Enhance Data Collection on Social Disconnection in Rutland County

To better inform future interventions, programs, and policies, Rutland County must have a better understanding of social disconnection within the community. We advocate for data collection efforts specific to connection in Rutland County. Other recommendations include conducting focus groups to learn from lived experiences, and asset mapping to identify community resources.

YOU can Make a Difference

If we haven't said it enough, social isolation and loneliness can be prevented! While this problem results from structural and social inadequacies, they can be mitigated through consistent, intentional effort and compassion. Rutland County has the knowledge, creativity, and power needed to lead this change. Specifically, every resident, business, organization, and institution can help take action to build a more connected county.

We invite community members to reach out, participate, and look for small ways to connect with neighbors. Organizations and businesses can lead collaborations that expand programs, resource accessibility, and opportunities for connection. Policymakers and funders can prioritize investments in transportation, housing, digital access, and community spaces.

When we act together, we can ensure that Rutland County grows stronger and more connected to thrive. Not only is connection a fundamental human need, but it also serves as a foundation for health, resiliency, and an improved quality of life. There is no better time to act than now!



References

1. Murthy V. Our Epidemic of Loneliness and Isolation. Published online May 16, 2023. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
2. National Academies of Sciences E, Education D of B and SS and, Division H and M, Board on Behavioral C, Policy B on HS, Adults C on the H and MD of SI and L in O. Risk and Protective Factors for Social Isolation and Loneliness. In: Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies Press (US); 2020. Accessed October 29, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK557971/>
3. Meehan DE, Grunseit A, Condie J, HaGani N, Merom D. Social-ecological factors influencing loneliness and social isolation in older people: a scoping review. *BMC Geriatr.* 2023;23(1):726. doi:10.1186/s12877-023-04418-8
4. Meehan DE, Clare P, Grunseit A, Merom D. Community-level determinants of loneliness and social isolation: a population-based cohort study across younger and older adults. *Front Public Health.* 2025;13. doi:10.3389/fpubh.2025.1526166
5. Reddick CG, Enriquez R, Harris RJ, Sharma B. Determinants of broadband access and affordability: An analysis of a community survey on the digital divide. *Cities Lond Engl.* 2020;106:102904. doi:10.1016/j.cities.2020.102904
6. Hutton E, Jongen EMM, Hajema K, Ruiter RAC, Hamers F, Bos AER. Risk factors of loneliness across the life span. *J Soc Pers Relatsh.* 2022;39(5):1482-1507. doi:10.1177/02654075211059193
7. Barjaková M, Garner A, d'Hombres B. Risk factors for loneliness: A literature review. *Soc Sci Med.* 2023;334:116163. doi:10.1016/j.socscimed.2023.116163
8. Social connection. Accessed December 11, 2025. <https://www.who.int/news-room/questions-and-answers/item/social-connection>
9. Na PJ, Jeste DV, Pietrzak RH. Social Disconnection as a Global Behavioral Epidemic-A Call to Action About a Major Health Risk Factor. *JAMA Psychiatry.* 2023;80(2):101-102. doi:10.1001/jamapsychiatry.2022.4162
10. Veazie S, Gilbert J, Winchell K, Paynter R, Guise JM. Table F-1, Definitions of social isolation and loneliness. February 2019. Accessed October 27, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK537897/table/appf.tab1/>
11. Hawkley LC, Cacioppo JT. Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Ann Behav Med.* 2010;40(2):10.1007/s12160-010-9210-9218. doi:10.1007/s12160-010-9210-8
12. When 'Therapy Speak' Does More Harm Than Good. Cleveland Clinic. Accessed December 18, 2025. <https://health.clevelandclinic.org/what-therapy-speak-is>

13. The Rise of "Therapy Speak." Center for Cognitive Behavioral Therapy and Mindfulness. December 28, 2023. Accessed December 18, 2025.
<https://www.cbtmindful.com/articles/therapy-speak>

14. Liu D, Rahman M, Johnson A, et al. A hypothalamic circuit underlying the dynamic control of social homeostasis. *Nature*. 2025;640(8060):1000-1010. doi:10.1038/s41586-025-08617-8

15. What is the importance of social connection? <https://www.hhs.gov/sites/default/files/sg-social-connection-individuals.pdf>

16. Holt-Lunstad J, Robles T, Sbarra DA. Advancing Social Connection as a Public Health Priority in the United States. *Am Psychol*. 2017;72(6):517-530. doi:10.1037/amp0000103

17. Join or Die. Join or Die. Accessed December 12, 2025. <https://joinordiefilm.com/>

18. Social Isolation and Loneliness. Accessed October 6, 2025. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>

19. Knack S. Robert D. Putnam, Bowling alone: The collapse and revival of American community. *Public Choice*. 2001;108(3-4):390-395. doi:10.1023/A:1017598916384

20. Khullar D. How Social Isolation Is Killing Us. *The New York Times*. <https://www.nytimes.com/2016/12/22/upshot/how-social-isolation-is-killing-us.html>. December 22, 2016. Accessed October 28, 2025.

21. Twenge JM, Haidt J, Blake AB, McAllister C, Lemon H, Le Roy A. Worldwide increases in adolescent loneliness. *J Adolesc*. 2021;93:257-269. doi:10.1016/j.adolescence.2021.06.006

22. Demarinis S. Loneliness at epidemic levels in America. *Explore N Y N*. 2020;16(5):278-279. doi:10.1016/j.explore.2020.06.008

23. What is Causing Our Epidemic of Loneliness and How Can We Fix It? | Harvard Graduate School of Education. October 25, 2024. Accessed October 28, 2025. <https://www.gse.harvard.edu/ideas/usable-knowledge/24/10/what-causing-our-epidemic-loneliness-and-how-can-we-fix-it>

24. Wolfson J. Why Are We So Lonely? Boston College. Accessed October 28, 2025. <https://www.bc.edu/bc-web/sites/bc-magazine/winter-2024-issue/features/why-are-we-so-lonely-.html>

25. Ernst M, Niederer D, Werner AM, et al. Loneliness before and during the COVID-19 pandemic: A systematic review with meta-analysis. *Am Psychol*. 2022;77(5):660-677. doi:10.1037/amp0001005

26. Einav M, Margalit M. Loneliness before and after COVID-19: Sense of Coherence and Hope as Coping Mechanisms. *Int J Environ Res Public Health*. 2023;20(10):5840. doi:10.3390/ijerph20105840

27. New APA Poll: One in Three Americans Feels Lonely Every Week. Accessed October 27, 2025. <https://www.psychiatry.org:443/news-room/news-releases/new-apa-poll-one-in-three-americans-feels-lonely-e>

28. Town M. Racial and Ethnic Differences in Social Determinants of Health and Health-Related Social Needs Among Adults — Behavioral Risk Factor Surveillance System, United States, 2022. *MMWR Morb Mortal Wkly Rep.* 2024;73. doi:10.15585/mmwr.mm7309a3

29. 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 J Assoc Psychol Sci.* 2015;10(2):227-237. doi:10.1177/1745691614568352

30. Kaye LW, Singer C, Schwartz P, et al. GUEST EDITOR'S MESSAGE Relational Fragility and the Isolational Trajectory in the Latter Stages of Life.

31. Roe L, Proudfoot J, Tay Wee Teck J, Irvine RDG, Frankland S, Baldacchino AM. Isolation, Solitude and Social Distancing for People Who Use Drugs: An Ethnographic Perspective. *Front Psychiatry.* 2021;11:623032. doi:10.3389/fpsyg.2020.623032

32. Figure 1: Pathways into Loneliness. ResearchGate. Accessed December 10, 2025. https://www.researchgate.net/figure/Pathways-into-Loneliness_fig1_275039634

33. Action Guide for Building Socially Connected Communities. Action Guide for Connection. Accessed November 5, 2025. <https://action4connection.org/>

34. Bowers A, Wu J, Lustig S, Nemecek D. Loneliness influences avoidable absenteeism and turnover intention reported by adult workers in the United States. *J Organ Eff People Perform.* 2022;9(2):312-335. doi:10.1108/JOEP-03-2021-0076

35. Census profile: Rutland County, VT. Census Reporter. Accessed November 5, 2025. <http://censusreporter.org/profiles/05000US50021-rutland-county-vt/>

36. Rutland County, VT | Data USA. Accessed November 5, 2025. <https://datausa.io/profile/geo/rutland-county-vt>

37. IP3 Assess. Accessed November 5, 2025. <https://ip3-assess.org/share/ckustil7c00000im138ey8ie5/clksr1m1s000s0ikj2dzt4rma?areaid=50021#individual>

38. Corman H, Noonan K, Reichman NE, Schultz J. Effects of financial insecurity on social interactions. *J Socio-Econ.* 2012;41(5):574-583. doi:10.1016/j.socsec.2012.05.006

39. Rahe ML, Van Leuven AJ, Malone T. Leveraging social ties to financial gains: Exploring the impact of social capital in rural development. *J Rural Stud.* 2025;114:103539. doi:10.1016/j.jrurstud.2024.103539

40. Food Insecurity* | County Health Rankings & Roadmaps. Accessed December 18, 2025. <https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-insecurity>

41. Shaw JG, Farid M, Noel-Miller C, et al. Social Isolation and Medicare Spending: Among Older Adults, Objective Social Isolation Increases Expenditures while Loneliness Does Not. *J Aging Health*. 2017;29(7):1119-1143. doi:10.1177/0898264317703559

42. National Academies of Sciences E, Education D of B and SS and, Division H and M, Board on Behavioral C, Policy B on HS, Adults C on the H and MD of SI and L in O. Summary. In: Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies Press (US); 2020. Accessed November 10, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK557972/>

43. Shah HA, Househ M. Understanding Loneliness in Younger People: Review of the Opportunities and Challenges for Loneliness Interventions. *Interact J Med Res*. 2023;12:e45197. doi:10.2196/45197

44. hsi-yrbs-2023-Rutland.pdf. Accessed November 11, 2025.
<https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2023-Rutland.pdf>

45. Uhls YT, Ellison NB, Subrahmanyam K. Benefits and Costs of Social Media in Adolescence. *Pediatrics*. 2017;140(Supplement_2):S67-S70. doi:10.1542/peds.2016-1758E

46. Massarat EAV Risa Gelles Watnick and Navid. Teens, Social Media and Technology 2022. Pew Research Center. August 10, 2022. Accessed November 11, 2025.
<https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/>

47. Charmaraman L, Zhang A, Wang K, Chen B. Sexual Minorities and Loneliness: Exploring Sexuality through Social Media and Gender-Sexuality Alliance (GSA) Supports. *Int J Environ Res Public Health*. 2024;21(3):300. doi:10.3390/ijerph21030300

48. DSpace. Accessed December 18, 2025. <https://scholarworks.uvm.edu/items/244faab0-0fcf-4618-87fa-1d4c629a590f>

49. Escobar-Viera CG, Choukas-Bradley S, Sidani J, Maheux AJ, Roberts SR, Rollman BL. Examining Social Media Experiences and Attitudes Toward Technology-Based Interventions for Reducing Social Isolation Among LGBTQ Youth Living in Rural United States: An Online Qualitative Study. *Front Digit Health*. 2022;4. doi:10.3389/fdgth.2022.900695

50. Cohn TJ, Leake VS. Affective Distress Among Adolescents Who Endorse Same-Sex Sexual Attraction: Urban versus Rural Differences and the Role of Protective Factors. *J Gay Lesbian Ment Health*. 2012;16(4):291-305. doi:10.1080/19359705.2012.690931

51. Petenko E. Vermont has among highest rate of LGBTQ people in the nation, new survey shows. VTdigger. February 28, 2022. Accessed November 11, 2025.
<https://vtdigger.org/2022/02/28/vermont-has-among-highest-rate-of-lgbtq-people-in-the-nation-new-survey-shows/>

52. Byrne KA, Anaraky RG, Dye C, et al. Examining Rural and Racial Disparities in the Relationship Between Loneliness and Social Technology Use Among Older Adults. *Front Public Health*. 2021;9:723925. doi:10.3389/fpubh.2021.723925

53. The hidden costs of loneliness at work. The Cigna Group Newsroom. Accessed December 13, 2025. <https://newsroom.thecignagroup.com/the-hidden-costs-of-loneliness-at-work>

54. Loneliness and Isolation: Unseen Barriers for People with Disabilities – Merge. November 21, 2024. Accessed November 11, 2025. <https://hdi.uky.edu/merge/loneliness-and-isolation-unseen-barriers-for-people-with-disabilities/>

55. Emerson E, Fortune N, Llewellyn G, Stancliffe R. Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. *Disabil Health J.* 2021;14(1):100965. doi:10.1016/j.dhjo.2020.100965

56. hsi-databrief-aging-health-social-isolation.pdf. Accessed December 20, 2025. <https://www.healthvermont.gov/sites/default/files/document/hsi-databrief-aging-health-social-isolation.pdf>

57. Macdonald SJ, Deacon L, Nixon J, et al. 'The invisible enemy': disability, loneliness and isolation. *Disabil Soc.* 2018;33(7):1138-1159. doi:10.1080/09687599.2018.1476224

58. Vallas R. 7 Facts About the Economic Crisis Facing People with Disabilities in the United States. The Century Foundation. April 21, 2022. Accessed December 20, 2025. <https://tcf.org/content/commentary/7-facts-about-the-economic-crisis-facing-people-with-disabilities-in-the-united-states/>

59. Goodman N, Morris M, Boston K. Financial Inequality: Disability, Race and Poverty in America.

60. 2020 Census Demographic Data Map Viewer. Accessed November 11, 2025. <https://maps.geo.census.gov/ddmv/map.html>

61. Southerland JL, Zheng S, Dodson K, et al. Social isolation and loneliness prevention among rural older adults aging-in-place: a needs assessment. *Front Public Health.* 2024;12. doi:10.3389/fpubh.2024.1404869

62. Vermont | County Health Rankings & Roadmaps. Accessed November 11, 2025. <https://www.countyhealthrankings.org/health-data/vermont>

63. Kojima G, Taniguchi Y, Kitamura A, Fujiwara Y. Is living alone a risk factor of frailty? A systematic review and meta-analysis. *Ageing Res Rev.* 2020;59:101048. doi:10.1016/j.arr.2020.101048

64. Wilson G, Hill M, Kiernan MD. Loneliness and social isolation of military veterans: systematic narrative review. *Occup Med.* 2018;68(9):600-609. doi:10.1093/occmed/kqy160

65. Geoffrion L, MD. Isolation And Addiction. Addiction Center. Accessed December 17, 2025. <https://www.addictioncenter.com/addiction/isolation/>

66. Ingram I, Kelly PJ, Deane FP, et al. Loneliness among people with substance use problems: A narrative systematic review. *Drug Alcohol Rev.* 2020;39(5):447-483. doi:10.1111/dar.13064

67. Bousquet R, Boutin J, Galster L, et al. Community Health Needs Assessment Advisory Council Members.

68. dsu-sud-treatment-age-gender-county.pdf. Accessed December 17, 2025.
<https://www.healthvermont.gov/sites/default/files/document/dsu-sud-treatment-age-gender-county.pdf>

69. Community_Assessment-2024_report.pdf. Accessed December 17, 2025.
https://rutlandcountyheadstart.org/wp-content/uploads/2024/05/Community_Assessment-2024_report.pdf

70. State-of-American-Men-2025.pdf. Accessed December 20, 2025.
<https://www.equimundo.org/wp-content/uploads/2025/06/State-of-American-Men-2025.pdf>

71. Gone Guys Film. Accessed December 20, 2025. <https://goneguysfilm.com/>

72. Beutel ME, Klein EM, Brähler E, et al. Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry*. 2017;17(1):97. doi:10.1186/s12888-017-1262-x

73. Hawkley LC, Hughes ME, Waite LJ, Masi CM, Thisted RA, Cacioppo JT. From Social Structural Factors to Perceptions of Relationship Quality and Loneliness: The Chicago Health, Aging, and Social Relations Study. *J Gerontol Ser B*. 2008;63(6):S375-S384. doi:10.1093/geronb/63.6.S375

74. Lyu Y, Forsyth A. Planning, Aging, and Loneliness: Reviewing Evidence About Built Environment Effects. *J Plan Lit*. 2022;37(1):28-48. doi:10.1177/08854122211035131

75. Social anxiety disorder (social phobia) - Symptoms and causes. Mayo Clinic. Accessed November 12, 2025. <https://www.mayoclinic.org/diseases-conditions/social-anxiety-disorder/symptoms-causes/syc-20353561>

76. Teo AR, Lerrigo R, Rogers MAM. The role of social isolation in social anxiety disorder: A systematic review and meta-analysis. *J Anxiety Disord*. 2013;27(4):353-364. doi:10.1016/j.janxdis.2013.03.010

77. hsi-injury-2024-suicide-report.pdf. Accessed December 18, 2025.
<https://www.healthvermont.gov/sites/default/files/document/hsi-injury-2024-suicide-report.pdf>

78. Frost DM, Meyer IH. Minority stress theory: Application, critique, and continued relevance. *Curr Opin Psychol*. 2023;51:101579. doi:10.1016/j.copsyc.2023.101579

79. Social Anxiety and Introversion: Difference & Similarities. April 9, 2025. Accessed December 13, 2025. <https://wellnessroadpsychology.com/social-anxiety-and-introversion/>

80. Rush KL, Burton L, Seaton CL. Living in the shadow of rural digital vulnerability: Navigating technology needs and resources. *J Rural Stud*. 2025;119:103812. doi:10.1016/j.jrurstud.2025.103812

81. DOC-401205A1.pdf. Accessed November 12, 2025. <https://docs.fcc.gov/public/attachments/DOC-401205A1.pdf>

82. Broadband High-Speed Internet Availability in Vermont | Department of Public Service. Accessed November 12, 2025. <https://publicservice.vermont.gov/telecommunications-and-connectivity/broadband-high-speed-internet-availability-vermont>

83. Silva P, Delerue Matos A, Martinez-Pecino R. The Contribution of the Internet to Reducing Social Isolation in Individuals Aged 50 Years and Older: Quantitative Study of Data From the Survey of Health, Ageing and Retirement in Europe. *J Med Internet Res.* 2022;24(1):e20466. doi:10.2196/20466

84. Lachaud J, Yusuf AA, Maelzer F, et al. Social isolation and loneliness among people living with experience of homelessness: a scoping review. *BMC Public Health.* 2024;24:2515. doi:10.1186/s12889-024-19850-7

85. Rents are rising faster than wages across the country, especially in these cities - CBS News. May 8, 2024. Accessed November 12, 2025. <https://www.cbsnews.com/news/rent-cost-us-2024-housing-national/>

86. Writer GDS. Data shows sevenfold increase Rutland unhoused population since 2019. Rutland Herald. September 4, 2024. Accessed December 18, 2025.
https://www.rutlandherald.com/news/local/data-shows-sevenfold-increase-rutland-unhoused-population-since-2019/article_4438d298-6ae9-11ef-8268-d326677498ab.html

87. Mountain Times: Community Care Network aims to reach Rutland's unsheltered population. Community Care Network. Accessed December 18, 2025. <https://rmhscn.org/blog/mountain-times-community-care-network-aims-to-reach-rutlands-unsheltered-population>

88. Tung EL, Cagney KA, Hawley LC, Peek ME. Social Isolation, Loneliness, and Violence Exposure in Urban Adults. *Health Aff Proj Hope.* 2019;38(10):1670-1678. doi:10.1377/hlthaff.2019.00563

89. Tsuchiya K, Thierry AD, Taylor HO. Institutional, neighborhood, and life stressors on loneliness among older adults. *BMC Public Health.* 2025;25(1):363. doi:10.1186/s12889-025-21463-7

90. Jamalishahni T, Davern M, Villanueva K, Turrell G, Foster S. The contribution of objective and perceived crime to neighbourhood socio-inequity in loneliness. *Health Place.* 2024;85:103165. doi:10.1016/j.healthplace.2023.103165

91. I E. Rutland County, VT Violent Crime Rates and Maps. CrimeGrade.org. March 5, 2025. Accessed December 14, 2025. <https://site.crimegrade.org/templates/violent-crime-in-place-slug-v2/>

92. Laricchiuta D, Panuccio A, Picerni E, Biondo D, Genovesi B, Petrosini L. The body keeps the score: The neurobiological profile of traumatized adolescents. *Neurosci Biobehav Rev.* 2023;145:105033. doi:10.1016/j.neubiorev.2023.105033

93. Panuccio A, Biondo D, Picerni E, Genovesi B, Laricchiuta D. Trauma-Related Internalizing and Externalizing Behaviors in Adolescence: A Bridge between Psychoanalysis and Neuroscience. *Adolescents.* 2022;2(4):413-423. doi:10.3390/adolescents2040032

94. Allen SF, Gilbody S, Atkin K, van der Feltz-Cornelis CM. The associations among childhood trauma, loneliness, mental health symptoms, and indicators of social exclusion in adulthood: A UK Biobank study. *Brain Behav.* 2023;13(4):e2959. doi:10.1002/brb3.2959

95. Explore Adverse Childhood Experiences in Vermont | AHR. Accessed December 18, 2025. https://www.americashealthrankings.org/explore/measures/ACEs_8_overall/VT

96. CDC. About Adverse Childhood Experiences. Adverse Childhood Experiences (ACEs). September 30, 2025. Accessed December 18, 2025. <https://www.cdc.gov/aces/about/index.html>

97. Curtis A, Luchetti M, Prendergast C, et al. Adverse childhood experiences and loneliness: A systematic review and meta-analysis. *Soc Sci Med*. 2025;370:117860. doi:10.1016/j.socscimed.2025.117860

98. Stahlmann K, Mena E, Kuhnert R, Conrad A, Bolte G. Social Inequalities in the Association between Social Infrastructure and Mental Health: An Observational Cross-Sectional Analysis of Children and Adolescents in Germany. *Int J Environ Res Public Health*. 2022;19(11):6760. doi:10.3390/ijerph19116760

99. Frost DM. Social Stigma and its Consequences for the Socially Stigmatized. *Soc Personal Psychol Compass*. 2011;5(11):824-839. doi:10.1111/j.1751-9004.2011.00394.x

100. AbdulMagied S. Othering, Identity, and Recognition: The Social Exclusion of the Constructed 'Other.' 2020. Accessed December 14, 2025. <https://www.doria.fi/handle/10024/177835>

101. Thomas-Olalde O, Velho A. Othering and its Effects – Exploring the Concept.

102. Lamanna M, Klinger CA, Liu A, Mirza RM. The Association between Public Transportation and Social Isolation in Older Adults: A Scoping Review of the Literature. *Can J Aging Rev Can Vieil*. 2020;39(3):393-405. doi:10.1017/S0714980819000345

103. RC-Master_2025.pdf. Accessed November 12, 2025. https://www.trivalleytransit.org/wp-content/uploads/2023/05/RC-Master_2025.pdf

104. GVT.217.22_TransportationGuide-2023_Rutland_April2023_OUTPUT.pdf. Accessed November 12, 2025. https://www.connectingcommuters.org/wp-content/uploads/2023/04/GVT.217.22_TransportationGuide-2023_Rutland_April2023_OUTPUT.pdf

105. Traveling Towards Disease: Transportation Barriers to Health Care Access - ProQuest. Accessed November 12, 2025. https://www.proquest.com/docview/1433066034?pq-origsite=primo&accountid=41157&_oafollow=false&sourcetype=Scholarly%20Journals