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Special Report from the CDC: Strengthening social connections to prevent suicide and adverse childhood experiences (ACEs): Actions and opportunities during the COVID-19 pandemic

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ABSTRACT

Introduction: During this time of intensified hardship and disruption due to the SARS-CoV-2 (COVID-19) pandemic, communities, practitioners, and state and local governments have had to rapidly implement and adapt strategies that support mental health and wellbeing during a global pandemic. Prior to the COVID-19 pandemic, suicide was the 10th leading cause of death in the United States, and at least half of the top 10 leading causes of death have been associated with adverse childhood experiences (ACEs). A number of established risk factors for suicide and ACEs may have been exacerbated by the pandemic, including loneliness and lack of connectedness. Method: This article briefly considers the effects of COVID-19 on social connection and outlines the importance of adapting and developing programming and resources that address suicide and ACEs prevention during a time of infrastructure disruption. Practical Applications: The COVID-19 pandemic has affected the ways that many individuals are able to safely interact and socially connect due to public health prevention strategies implemented to slow the spread of COVID-19. Local, city, and state government, community organizations, and public health and medical practitioners should consider the adaptation and development of existing and new programming, resources, and activities that support and strengthen social connection. In addition to implementing programs, policies may help address systemic and structural barriers to social connection, such as access to parks and open space, public transportation, or digital connectivity.

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1. Introduction

During this time of intensified hardship and disruption due to the SARS-CoV-2 (COVID-19) pandemic, communities, practitioners, and state and local governments have had to rapidly adapt and implement strategies that support wellbeing during a global pandemic. This includes addressing the emotional stress and conditions exacerbated by the pandemic such as social isolation, financial strain, job loss, physical illness, and the loss of loved ones (National Action Alliance for Suicide Prevention, 2020). Existing research illustrates how many of these factors may increase the risk for substance abuse, adverse childhood experiences (ACEs), serious mental health conditions, and suicide (Centers for Disease Control and Prevention, 2019; National Action Alliance for Suicide Prevention, 2020) (Fig. 1).

Prior to the COVID-19 pandemic, suicide ranked as the 10th leading cause of death in the United States in 2019 (Centers for Disease Control and Prevention, 2021). Specifically, suicide is the second leading cause of death for individuals ages 10–34 years, the fourth leading cause for individuals ages 35–54 and the eighth leading cause for individuals ages 55–64 (Centers for Disease Control and Prevention, 2021). Additionally, suicide and at least half of the top 10 leading causes of death have been associated with ACEs (Centers for Disease Control and Prevention, 2019); (Centers for Disease Control and Prevention, 2021). ACEs are potentially traumatic events that occur in childhood and include violence, abuse, neglect, and growing up in a family with substance misuse or mental health problems (Centers for Disease Control and Prevention, 2019, 2019). Having at least one of these experiences is common and a survey across 25 states showed one in six adults reported having experienced four or more types of ACEs (Centers ...
for Disease Control and Prevention, 2019, 2019; Merrick, Ford, & Ports, 2019). Persons reporting more types of ACEs are at higher risk for poor health outcomes, including suicide (Dube et al., 2001; Merrick et al., 2019). Preventing suicide and ACEs requires a comprehensive and sustainable approach that addresses the individual, interpersonal, community, and societal factors that impact well-being (Suicide Prevention Resource Center, n.d.).

The COVID-19 pandemic has exacerbated certain suicide and ACEs risk factors, especially among communities that have been marginalized and experience poverty and disparities in access to healthcare, food security, financial stability, and housing (Adhanom, 2020; Centers for Disease Control and Prevention, 2019; Wasserman, Iosue, Wuestefeld, & Carli, 2020). This also includes populations where the transmission of COVID-19 is particularly high such as individuals living in nursing homes or other long-term care facilities, essential and frontline workers, and other congregate settings (Centers for Disease Control and Prevention, 2019). Researchers and health practitioners have grown concerned that the negative effects of the pandemic may possibly result in an increased risk for suicide and severe mental health issues (Adhanom, 2020; Wasserman et al., 2020). Research on some previous catastrophic events like the influenza pandemic of 1918, the SARS outbreak, and Hurricane Katrina suggest an association in spikes in suicide rates, which highlights the need for increased attention to this issue during the pandemic (Prevention Institute, 2021; Kessler, Galea, & Gruber, 2008; Sher, 2020; Wasserman, 1992). While there is scarce national real-time data that shows the current effects of COVID-19 on suicide rates and ACEs, surveys and state reports help researchers and practitioners better examine the effects of the pandemic on Americans and populations most affected (Czeisler, Ma, & Petsky, 2020; Holland, Jones, & Vivolo-Kantor, 2021; Mitchell & Li, 2021; Bray, Daneshvari, & Radhakrishnan, 2020; Faust et al., 2021; Social and Behavioral Health during COVID-19, 2020).

Public health actions such as physical distancing and stay-at-home orders can reduce the spread of COVID-19, but these prevention strategies can also inadvertently increase isolation, loneliness, stress, and anxiety (Centers for Disease Control and Prevention, 2019). These actions may also separate individuals from their usual sources of support (Wasserman et al., 2020). Individuals who do not have access to reliable internet or technological devices, or don’t know how to use these modes of communication, may experience increased disconnection (Hooks, 2020; Huffman, 2018). This “digital divide” disproportionately affects low-income and rural residents who are unable to access services or support such as telehealth, switch to remote learning, or work from home during the pandemic (Hooks, 2020). In an effort to promote connection, policies to improve access to technology and close the digital divide have been critical to an equitable COVID-19 response (Hooks, 2020).

The Centers for Disease Control and Prevention’s (CDC) Preventing Suicide: A Technical Package of Policies, Programs, and Practices and the additional CDC resource Preventing Adverse Childhood Experiences (ACES): Leveraging the Best Available Evidence (2019) offer a core set of strategies and approaches that represent the best available evidence to prevent or reduce these public health problems (Centers for Disease Control and Prevention, 2019; Stone et al., 2017). The strategies outlined in these two resources can be adapted to the context of infrastructure disruption brought on by COVID-19. In addition, the strategies in these resources have several points of intersection (Figure), including social connection as an important prevention strategy. The strategies of promoting connectedness and connecting youth to caring adults and activities outlined in the suicide prevention technical package and preventing ACEs resource guide were a main focus of October and December 2020 webinars hosted by Prevention Institute (PI), which are the basis for this article. This article highlights lessons emerging from a CDC-PI Cooperative Agreement No. 6 NU38OT000305-02-03, Adverse Childhood Experiences and Suicide Prevention Rapid Response Training & Technical Assistance Tools. Here we distill what was learned in the webinars, give examples of how communities have adapted their social connectedness programs during the pandemic, and discuss research and practice considerations for communities and practitioners across the country who are focused on suicide and ACEs prevention.

2. Promoting connectedness

Connectedness refers to a sense of being cared for, supported, and belonging, and can be centered on feeling connected to school, family, friends, colleagues and other important people and organi-

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**Fig. 1.** Strategies from Centers for Disease Control and Prevention’s Preventing Suicide: A Technical Package of Policy, Programs, and Practices (2017) and Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence (2019). *Strategies in bold (Promote connectedness and Connect youth to caring adults and activities) were a main focus of October and December 2020 webinars hosted by Prevention Institute. Source: Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. And Stone D, Holland K, Bartholow B, Crosby A, Davis S, Wilkins N. Preventing Suicide: A Technical Package of Policy, Programs, and Practices. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2017.
zations (Centers for Disease Control and Prevention, 2020). Social connection, which is fostered through connectedness, is a protective factor against higher rates of depression, anxiety, ACEs, and risk of suicide (Centers for Disease Control and Prevention, 2020, 2021, 2021; Suicide Prevention Resource Center, n.d.). Barriers to engaging with others – such as lack of accessible and affordable transportation options, unemployment, and exposure to domestic and community violence – can put people at increased risk for social isolation, and these barriers do not impact everyone equally (Moieni & Eisenberger, 2020). However, belonging to a group or community where positive relationships and connections can manifest may help to counteract other risk factors for suicide such as physical illness or financial strain (Suicide Prevention Resource Center, n.d.).

CDC resources for ACEs and suicide prevention outline several approaches to promote connectedness and reduce social isolation, including peer norm programs, community engagement activities, mentoring, and after-school programs (Centers for Disease Control and Prevention, 2019; Stone et al., 2017). Communities and practitioners have used these broad approaches to develop and adapt social programs and activities that foster community cohesion and supportive relationships among various population groups (Suicide Prevention Resource Center, n.d.). Research illustrates that activities such as these have been shown to improve behavioral, social, and emotional outcomes (Centers for Disease Control and Prevention, 2019).

3. How communities have adapted programming to support social connection during the pandemic

In the context of the COVID-19 pandemic, there is an amplified need around supporting connection, and at the same time, programming has faced additional challenges, as stay-at-home orders and physical distancing can make typical activities more difficult to maintain or initiate. The following programs have had to figure out how to keep communities socially connected while remaining physically distant.

3.1. After School Matters

After School Matters, a not-for-profit organization in Chicago, has offered out-of-school-time and summer programming through project-based apprenticeships and internships for 30 years. The organization serves diverse Chicago communities, with 54% of teens in the program identifying as Black/African American and 34% as Hispanic/Latino. After School Matters connects youth to caring adults and activities and has been shown to be a promising program for reducing risk factors for ACEs (Centers for Disease Control and Prevention, 2019). Evaluations of the programming highlight benefits such as improved youth attitudes toward school, decreased participation in violence, and higher graduation rates (Goerge, Cusick, Wasserman, & Gladden, 2007; Hirsch, Hedges, Stawicki, & Mekinda, 2011).

In 2020, in response to the COVID-19 pandemic and the related infrastructure disruptions, the organization and its partners adapted After School Matters programming to support 10,000 youth in paid remote summer learning opportunities. To support participation, the organization surveyed teens in Chicago about gaps in access to technology and worked with partners like Chicago Public Schools to distribute devices to families who needed them. At the same time, the City of Chicago launched ‘Chicago Connected’ to provide free high-speed internet to approximately 100,000 Chicago Public Schools students (City of Chicago, 2020). After School Matters was able to inclusively continue programming virtually and support social connections between the teens and caring adults.

3.2. Broomfield Youth for Youth

Broomfield Youth for Youth (Y4Y) is a group of middle- and high-school students that works to improve wellbeing, prevent substance use, and promote positive relationships among youth in Broomfield, Colorado. They advise and collaborate with Communities That Care, a coalition also focused on youth substance use prevention, led by the Broomfield Department of Public Health and funded by the Colorado Department of Public Health and Environment. In addition to Y4Y and the Department of Public Health, the coalition includes members from youth-serving organizations, city council, nonprofits, faith-based organizations, and school district administrations.

In light of the challenges presented by the COVID-19 pandemic, Y4Y chose to focus on connectivity and resilience for its summer 2020 internship, and adapted an evidence-based peer norm program called Sources of Strength as the basis for summer activities. Sources of Strength seeks to prevent youth suicide by strengthening protective factors including positive norms, help-seeking, and connectedness. Through a remote format, Y4Y Teen Advisors and adult community partners underwent training and engaged in weekly youth-led conversations. At a time when daily activities were curtailed and many youth were spending more time at home, the internship provided an opportunity to connect with caring adults and activities. As part of the internship, Y4Y participated in messaging campaigns, maintained a strong social media presence, and developed a list of supportive resources to help normalize mental health topics and issues across their community. This work at the intersection of community building and youth development sought to lessen the stigma around mental health problems that makes people unwilling to seek help—a risk factor for suicide—and to foster community connectedness at a time when many people were at increased risk of social isolation.

3.3. Oregon lesbian, gay, bisexual, transgender, queer or questioning+ (LGBTQ+) mini-grants

Oregon Alliance to Prevent Suicide, Oregon Health Authority, Trauma Informed Oregon and additional partners moved quickly during the COVID-19 pandemic to launch an initiative to promote connectedness among lesbian, gay, bisexual, transgender, queer or questioning+ (LGBTQ+) communities. Older LGBTQ+ adults are more likely to live alone and not have children, increasing their risk of social isolation. (Yang, Chu, & Salmon, 2018) and LGBTQ+ youth were at increased risk for suicidality even prior to the pandemic (Johns, Lowry, & Rasberry, 2018; Russell & Fish, 2016). Using COVID-19 supplemental funding granted to the Oregon Health Authority through CDC’s Injury Center’s Core State Injury and Violence Prevention Program (SVIPP), the partnership distributed flexible mini-grants across the state to trauma-informed and COVID-responsive project proposals, prioritizing funding for communities that have been marginalized including Black and Indigenous persons, People of Color, people with disabilities, and people who live in rural/frontier areas. The Oregon Health Authority leveraged the expertise of the Oregon Alliance to Prevent Suicide’s LGBTQ+ Advisory Group to determine the process and priorities, resulting in a low-barrier application that encouraged nontraditional groups to apply. Examples from the 18 funded project activities include facilitating cultural gatherings, technology support for older LGBTQ+ individuals, and connecting LGBTQ+ youth with their families. The initiative incorporates a community of practice, technical assistance, and evaluation to support community grantees, and will ultimately develop recommendations to support resiliency through connectedness in future emergencies.
4. Discussion and implications

As communities continue to adapt programming and implement strategies to reduce the risk for suicide and ACEs and increase exposure to protective factors during the pandemic, learning from others and leveraging existing resources and assets can support a rapid response. Examples of how communities have promoted connectedness during this time offer lessons and opportunities for practitioners and researchers across the country.

The pandemic has illuminated the importance of bringing together multiple forms of evidence, adapting to the needs of priority populations, and building on existing relationships that can support a coordinated response in times of emergency. Practitioners have leveraged the best available research about risk and protective factors and strategies, while also incorporating local contextual factors and experience. As agencies, organizations, and community members face constrained bandwidth in responding to multiple arising needs, working together may help increase collective capacity when adapting and developing an array of programs and resources in response to a pandemic.

Promoting connectedness and connecting youth to caring adults are examples of strategies backed by research that may reduce the risk of suicide and ACEs (Centers for Disease Control and Prevention, 2019; Stone et al., 2017). During this time of increased social isolation and loneliness for some Americans, communities have operationalized opportunities for social connection in new ways, such as remote internships in lieu of in-person. For example, Broomfield Y4Y and the Communities That Care coalition decided to quickly pivot their summer 2020 Sources of Strength programming to occur virtually to ensure the safety of students and staff. Adapting the Sources of Strength program in response to the challenges brought on by the pandemic illustrates how communities and organizations are working to support specific populations profoundly affected by the pandemic, such as youth.

Rapid adaptations have required understanding the needs of priority populations and developing programming and strategies that are culturally informed. The partnership in Oregon designed their mini-grant application to be short and flexible so communities could tailor their funding proposals to local needs that support LGBTQ+ communities. Partnerships such as these have been critical in rapidly implementing on-the-ground efforts to serve priority populations such as LGBTQ+ communities that may require unique considerations in programming.

In addition to implementing programs, policies may help address systemic and structural barriers to social connection, such as access to parks and open space, public transportation, or digital connectivity. In Chicago, free high speed internet offered through Chicago Connected helped to facilitate social connection by decreasing disparities in access to technology. Access to technology has become increasingly important during the COVID-19 pandemic, as opportunities to connect with friends, relatives, classmates, colleagues, and care providers have turned largely virtual.

As practitioners adapt their efforts in response to COVID-19, there are numerous opportunities to evaluate the changes, and more generally, evaluate local suicide and ACEs prevention approaches to promoting connectedness. These types of evaluations can support local learning, build the evidence base around suicide and ACEs prevention and potentially inspire other communities.

5. Conclusion

Suicide and ACEs are preventable. The COVID-19 pandemic has demonstrated the complexity of addressing and preventing suicide and ACEs during infrastructure disruption, including efforts to promote social connection. CDC’s suicide prevention technical package and ACEs resource guide offer evidence-based strategies for communities, practitioners, and researchers interested in addressing these issues and can be adapted to specific populations of focus and contexts — including periods of infrastructure disruption. Working to support communities experiencing disproportionate impacts of social isolation during the COVID-19 pandemic may build resilience, further advance suicide and ACEs prevention in communities, and save lives.

6. Practical applications

The COVID-19 pandemic has affected the ways that many individuals are able to safely interact and socially connect. Local, city, and state government, community organizations, and public health and medical practitioners should consider the adaptation and development of existing and new programming, resources, and activities that support and strengthen social connection. In addition to implementing programs, policies may help address systemic and structural barriers to social connection, such as access to parks and open space, public transportation, or digital connectivity.

7. Additional resources

In addition to the resources and programming outlined in this article, listed below are some resources compiled by Prevention Institute that highlight strategies or resources that can help promote connectedness during COVID-19. These resources can also be applied to the current and ongoing work being done to combat the effects of social isolation on suicide prevention and ACEs.

**Resources**

- [AARP Foundation Isolation Among Older Adults](https://connect2affect.org/about-isolation/)
- [AARP Foundation The Pandemic Effect: A Social Isolation Report](https://connect2affect.org/wp-content/uploads/2020/10/The-Pandemic-Effect-A-Social-Isolation-Report-AARP-Foundation.pdf)
- [Action Alliance: An Action Plan for Strengthening Mental Health and Prevention of Suicide in the Aftermath of COVID-19](https://nationalmentalhealthresponse.org/resources/national-response-action-plan)
- [Adverse Childhood Experiences Resources](https://www.cdc.gov/violenceprevention/aces/resources.html)
- [American Foundation for Suicide Prevention: Talk Saves Lives](https://afsp.org/talk-saves-lives)
- [CDC Preventing ACEs Resource](https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf)
- [CDC Suicide Technical Package](https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalpackage.pdf)
- [Coalition to End Social Isolation and Loneliness Policy Priorities](https://www.endsocialisolation.org/policy-priorities)
- [Health Affairs Policy Brief on Social Isolation and Health](https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/full/)

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