

Community Conversation: Addressing Loneliness, Isolation, and Depression in Rural New Mexico

Overview

On April 12, 2025, the University of New Mexico's Clinical and Translational Science Center supported a community conversation on loneliness, isolation, and depression. We brought together healthcare professionals to discuss loneliness, social isolation, and related depression in their communities. These experts also discussed ways primary care clinics can help with these conditions, focusing on three different groups of people: postpartum* women, women experiencing domestic violence, and older adults.



*Postpartum: birth of baby to 6 weeks old

Who Took Part in the Conversation

Five experts who work in rural primary care settings in New Mexico participated.

Profession	County	Race/Ethnicity
Medical Doctor, Family Medicine (40%)	Quay (20%)	African American/Black (20%)
Nurse Practitioner (40%)	Sandoval (20%)	Hispanic/Latino (20%)
Registered Nurse (20%)	Chavez (20%)	White (40%)
	Doña Ana (20%)	Prefer not to answer (20%)
	Bernalillo (20%)	

WHAT WE LEARNED

Issues of Loneliness and Isolation

Experts spoke about how loneliness and isolation affect their communities.

- Many older patients do not have strong support systems.
- Fears around immigration, political issues, and low-income contribute to loneliness.
- Many women do not have time to socialize (ex: they are working more than one job, and are responsible for all housework and childcare).
- There is a lack of places to meet that are free of cost.
- COVID-19 worsened loneliness.
- Isolation increases risk of abuse against women. They are fearful to reach out for help.
- Many community members are not aware of available resources or how to access people to talk to about their loneliness. Others do not recognize that loneliness is happening to them.

The Relationship between Loneliness and Social Connection

Experts discussed how social connection is related to loneliness.

- When someone feels isolated, they dwell on issues they have (ex: financial struggles and/or no support systems).
- On the other hand, when people are socially connected, they can see that others have similar experiences. People realize they are not alone in the world and build support.
- A lack of support from family and community makes loneliness worse.

Experts said lack of connections to various resources and health systems are related to loneliness.

- A huge challenge is technology among older populations. Many people do not have access to computers and smartphones.
- People struggle to get through "the system." Many times, people give up or do not know where to start.

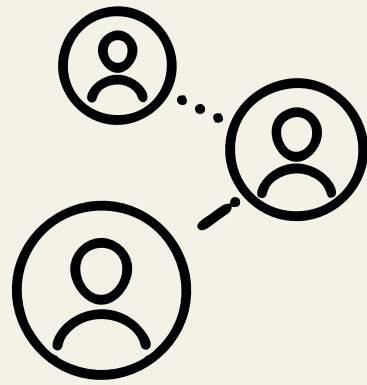
They mentioned specific struggles providers experience.

- Primary care providers have to do social work and community health work.
- Providers face challenges around patient education, literacy, language barriers, and cultural misconceptions about healthcare.
- Not all organizations allow enough time for complex visits.



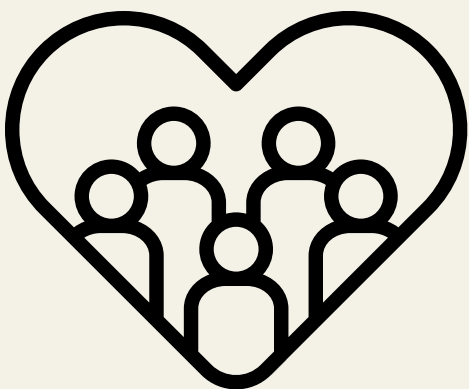
Comprehensive Care Models as Intervention

We presented information about current interventions that address loneliness through social support. Experts provided feedback.



Benefits of what we suggested:

- This is an opportunity to connect older patients to younger people in their community as community volunteers.
- Family medicine providers can give this information to patients, who can then be connected to resources.



Important issues to consider:

- Within organizations, finding resources (money, staff, and time) to hire case managers or care coordinators to “connect the dots” will be an issue.
- Having various options for access will be helpful. There is a need for physical spaces with internet access, plus access to Zoom.
- Access to peer support while at home will be huge for postpartum women with kids.
- It would be beneficial to focus on different groups of women and create opportunities to share experiences (ex: queer, undocumented, or by ethnic identity).

APPLICATION TO THE MÁS DULCE MODEL

Grant Application Submission

Input from the community engagement studio will contribute to a study that will test the “*Más DULCE*” model for postpartum families.

The *Más DULCE* model builds from the existing *DULCE* model:

- *DULCE* is Spanish for “sweet” and stands for Developmental Understanding and Legal Collaboration for Everyone. It is an existing clinic-based intervention for improving postpartum family health outcomes.
- It recognizes the importance of family dynamics and uses a collaborative approach with different types of care providers and community support.

Proposal:

- *Más DULCE* will add a culturally appropriate women’s peer support group to the existing *DULCE* model.
- It aims to reduce social isolation and depression, and increase empowerment and resilience.

Study goals:

- Test how well *Más DULCE* works compared to *DULCE*-alone.
- Understand under what conditions the *Más DULCE* model may work better for different patients.
- Gather information that can inform the implementation of the model with other populations.



Results of this study will:

- Create a model that helps postpartum families be healthier and less socially isolated, and that works well with specific cultures and contexts.
- Provide a roadmap for other primary care clinics to implement the *Más DULCE* intervention.
- Demonstrate how clinic-based social support for postpartum health in environments with limited resources can positively impact the wellbeing of new mothers, babies, and families.

