



Social Isolation, a public health concern for seniors (March 2019)

The Problem:

Social isolation is an important but under-assessed condition in seniors that affects their health. It is defined as “a state in which the individual lacks (or perceives to be lacking) a sense of belonging socially, lacks engagement with others, has minimal number of social contacts and is deficient in fulfilling and quality relationships.” (Nicholson, 2009) Aging specialist, Janice Keefe, found that the risk factors are highest for the oldest cohorts in a population, those with limited education, urban residents and those with multiple chronic illnesses. (Keefe et al, 2006)

Internationally, social isolation among older adults has been recognized as a factor in seniors’ health. Both the International Federation on Aging in 2012 and the World Health Organization in 2015 acknowledged the potential negative consequences of social isolation as did the Canadian government and our National Seniors Council in 2013-14. In the wake of the NSC’s report on the issue, Employment and Social Development Canada launched funding opportunities through the New Horizons for Seniors program to reduce social isolation for seniors (Weldrick and Grenier, 2018). All provincial and territorial governments contribute to the Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation. They produce toolkits that target specific populations, e.g., LGBTQ Seniors, Indigenous Seniors and New immigrant and Refugee Seniors (Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation, 2018-04-26).

How widespread is social isolation?

There are various estimates of its prevalence with some studies suggesting a quarter to a third of older adults experience social isolation while others provide a range of from 10 to 43%. Whatever the number research suggests that social isolation is associated with negative health outcomes (Nicholson, 2012).

Negative health consequences of social isolation

According to a recent collaborative community health plan in Nova Scotia, “Early experiences with social isolation have lifelong effects and can contribute to obesity, higher risk of disability, mental illness, addictions and cardiovascular disease and stroke.” (Collaborative Community Health Plan, 2017) Social isolation is also associated with depression, dementia, lowered resistance to infection, more hospital admissions and re-admissions, longer hospital stays and other conditions (Nicholson, 2012).

Causes

Social isolation is not only the result of individual circumstances such as: age; living alone perhaps with chronic health problems or mental health challenges; vision or hearing impairment or other disability; or a significant life changing event such as the death of a spouse, but can also be the result

of structural and cultural factors. In both rural and urban areas seniors may experience a lack of accessible/affordable transport or housing, or lack contact with a faraway family. Canada's winter climate can also result in isolation as older adults cope with icy streets and sidewalks. Living on a low or fixed income can be particularly difficult for urban seniors who are subject to ever-increasing rents as landlords renovate or condominiumize apartment buildings often resulting in evictions or moves to unfamiliar areas where seniors do not have social supports (Vodarek, Nov. 12, 2018). Elderly persons from minority groups may face exclusion and isolation, including those from LGBTQ+ communities (Weldrick and Grenier, 2018). In addition, as experts in IT have noted, the high cost of internet services in Canada because of a lack of competition, makes access unaffordable for low income seniors who might benefit from social media contact.

What steps can be taken to reduce social isolation?

Addressing the barriers faced by people who may be experiencing social isolation is a first step. At the individual level, finding ways to engage in physical and social activities such as community exercise programs and organized social activities helps but it is also important to have a community of support to rely on. Some examples of existing programmes include the Kennebecasis Valley (New Brunswick) Oasis Youth Centre's "Generations Walking Together Project" which matches young people with seniors who go for walks and benefit from social interaction and the sharing of life experiences. In Cape Breton, Nova Scotia, the St. Ann's Bay Community Health Group has a check-in system for seniors. Once a senior registers with the programme, they receive visits from community members and can request transportation to appointments or shopping (Canadian Medical Association, 2018 Healthy Canadians Grants). In Denmark, all seniors at age 75 receive a preventative visit to check on their needs. However some advocates suggest that community-initiated activities are preferable to those depending on government legislated services (see <http://reshapingourworld.com> for the Happy Community Project).

While one-on-one interventions can be useful, group interventions that involve participants in the planning, implementation and evaluation of activities and strategies may be more effective. Community centres, churches and groups such as Probus, an international organization of autonomous clubs aimed at social interaction, already provide some outreach services. Weldrick and Grenier (2018) suggest, however, that we need to look at the issue through a social and cultural lens and focus on spatial and temporal factors as well as the relationship between social isolation and structural factors such as poverty, inequality and exclusion. Social isolation looks different depending on where you live, your income level, your cultural background, etc.

Recent studies also suggest that young people in large urban centres such as Vancouver also experience social isolation (Wilson, 2018; Vancouver Foundation, 2017). In urban areas, providing intergenerational social events might break down some of the barriers as would intergenerational living. One way of addressing the problem is through our Age-Friendly Communities movement which identifies problems, especially those relating to urban and building design and accessible transportation as well as the social environments that contribute to healthy aging. Effectively dealing with social isolation will take coordinated effort and political will. Decision makers need to support community initiatives (such as the Age-Friendly Communities movement and other local projects) as well as social policies and government programmes that increase accessibility to these initiatives for those that lack the means to participate. In this election season it is crucial that political parties

commit to taking action on this very important public health issue, especially for seniors. It's time for a National Seniors' Strategy that addresses this issue in a thoughtful and practical manner.

Sources:

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