



## The Social Isolation and Loneliness Among Seniors (SILAS) Project

### Summary of Findings and Recommendations

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## Project Background

- Initiative of City of Vancouver Seniors' Advisory Committee
- Purpose
  - Understand causes and consequences of chronic isolation and loneliness among older adults
  - Develop strategies for reduction and, ideally, prevention
  - Support application for WHO Global Age-Friendly City Status
  - Refresh Age-Friendly Action Plan, Healthy City Strategy
  - Consider role of isolation in emergency preparedness
- Three components
  - Literature review
  - Four community consultations with 200+ service providers
  - 23 recommendations

## Project Background

- Community consultations
  - Organized by the Social Planning and Research Council of British Columbia (SPARCBC)
- Project funded and supported by
  - City of Vancouver, Social Policy & Projects Division
  - Vancouver Coastal Health
- Report and brochure available online
  - [www.seniorsloneliness.ca](http://www.seniorsloneliness.ca)

## What Are We Aiming to Solve?

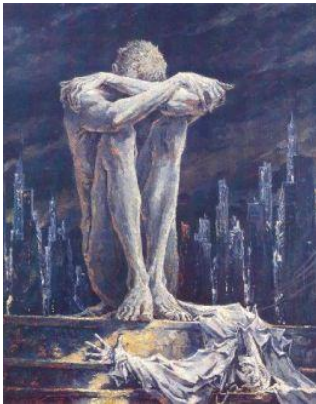
- Objective isolation often the focus
- But *subjective* isolation (i.e., loneliness) is also important
- Committee feels both are equally important
- We are often unclear in our terms, leading to confusion, talking at cross-purposes, poor measurement, ineffective outcomes

## Isolation vs. Loneliness



- Social isolation
  - absence of social network or small social network
  - limited communication with social network
  - measured objectively

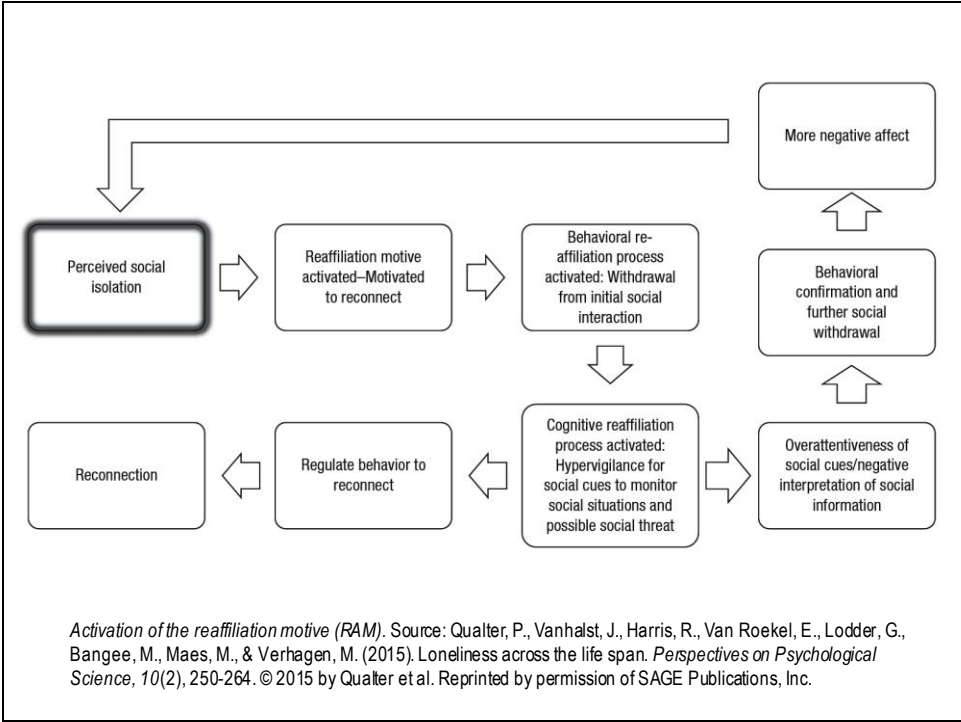
## Isolation vs. Loneliness



- Loneliness (*perceived* social isolation)
  - painful emotion resulting from...
  - discrepancy between desired and actual relationships
  - serves a purpose
  - not depression
  - not absence of social support
  - not same as rejection/exclusion
  - not solitude
  - not a mental disorder
  - stigmatized

# Isolation vs. Loneliness

- Loneliness
  - only modestly associated with isolation
  - four types
    - intimate/emotional
    - social
    - collective
    - existential
  - most interventions focus on social loneliness
  - mild vs. intense
  - transient vs. chronic



# Why is This Important?

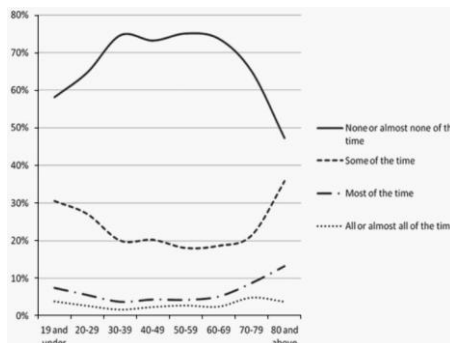


## Diseases & Medical Ailments Caused or Worsened by Chronic Loneliness

- Hastens aging process
- Increased mortality
- Poor medication adherence
- Increased healthcare utilization
- Decreased neighbourhood trust and cohesion
- Lack of contribution from seniors
- “Contagious”: loneliness spreads in social networks
- Isolation also has negative health impact

# Prevalence

- Isolation more common among seniors
- Loneliness: U-shaped curve
- Ageist to assume that these are just “seniors’ issues”
- Social isolation and loneliness can be lifelong patterns
- Should address early on, starting in childhood



Source: Keming Yang and Christina Victor (2011). Age and loneliness in 25 European nations. *Ageing and Society*, 31(8), 1368-1388. Reprinted with permission.

## Risk Factors

- Four broad levels of risk factors:
  - individual
  - relational
  - community
  - societal
- Usually a combination of factors
- Can be cumulative
- Can be synergistic

## Risk Factors

- Individual
  - demographic factors: age, SES, ethnicity, sexual orientation
  - pre-existing physical and mental health problems
  - factors affecting relationship perceptions and behaviours: personality, attachment history, relationship standards & expectations, social cognition, social comparison, self-efficacy, locus of control, attitudes about aging, genetics
- Relational
  - network size, composition, diversity of ties, perceived quality (!!!), life course transitions

## Risk Factors

- Community
  - the built form (e.g., unsafe streets)
  - city living? high-rise living?
  - poor transit
  - housing issues
  - aging in place?
  - gentrification
- Societal
  - cultural values and attitudes
  - broad societal changes (e.g., geographic mobility)
  - systemic factors (e.g., poor social safety net, inequality)

## Intervention

Increase number of relationships

Increase perceived quality of existing relationships

Adjust unrealistic relationship standards and expectations

Correct maladaptive social perception and behaviour

Increase self-acceptance and tolerance of isolation and loneliness

## Effectiveness

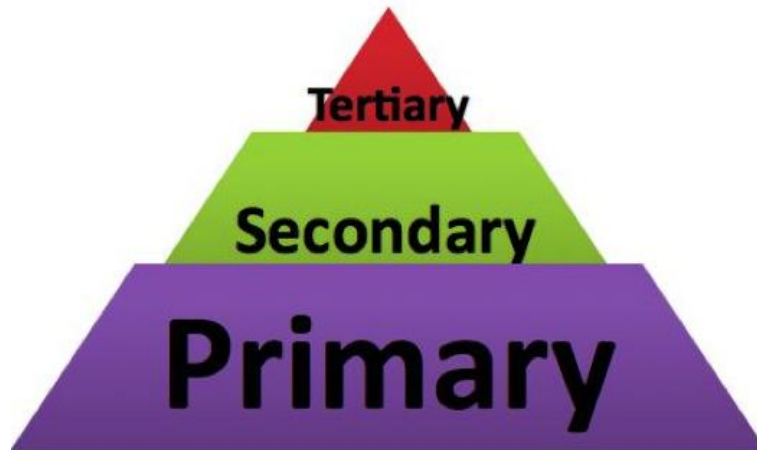
- Intervention research: room for improvement...
- Effects due to intervention or extraneous factors?
- Reaching the most isolated/lonely people?
- Meta-analysis of loneliness interventions
  - small or no effect: social contact, social support, social skills training
  - larger effect for CBT programs
- Key elements of successful interventions
  - based on theory
  - not passive
  - focus on seniors' interests
  - involve seniors in all stages, including planning and delivery
  - scalable and adaptable to different groups

## Barriers to Program Participation

- Private matters
- Impersonal
- "Forced" social interactions
- Socializing for its own sake
- Atmosphere
- Gender preferences
- What about the introverts?
- Poor advertising



## Prevention



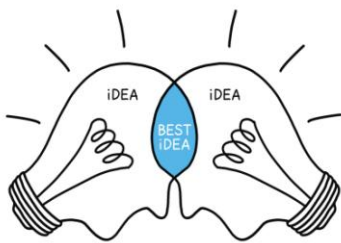
## SILAS Recommendations

- 23 recommendations in following areas
  - identification of lonely/isolated people
  - outreach to lonely/isolated people
  - innovative services/interventions
  - solutions to barriers to social participation
  - public education
  - research, measurement, evaluation

## SILAS Recommendations

- Because these problems require action from multiple levels, interventions within each category are described for different groups:
  - municipalities
  - non-profit organizations
  - individuals/caregivers
  - business community
  - academic community

## SILAS Recommendations



- Not exhaustive
- “Menu” of options
- Jumping-off points
- Local focus
- Alignment with WHO Global Age-Friendly City, Age-Friendly Action Plan, Social Infrastructure Plan, Vertical City Strategy, 100 Resilient Cities

## Identification



- A challenging task
  - by definition, isolated people hard to find
  - lonely people may not always match our preconceptions
- Capitalize on public data (e.g., heat-maps)
- Use non-traditional “gatekeepers”:
  - VFRS, VPD
  - VCH nurses
  - Canada Post
- Training

## Outreach



- Address fragmentation and lack of knowledge-sharing regarding services
  - “first-contact” scheme
- Neighbourhood teams
- Work with people who may be wary of social interaction
  - supported access
- Find seniors where they are
  - programs in multi-tenant residential buildings...



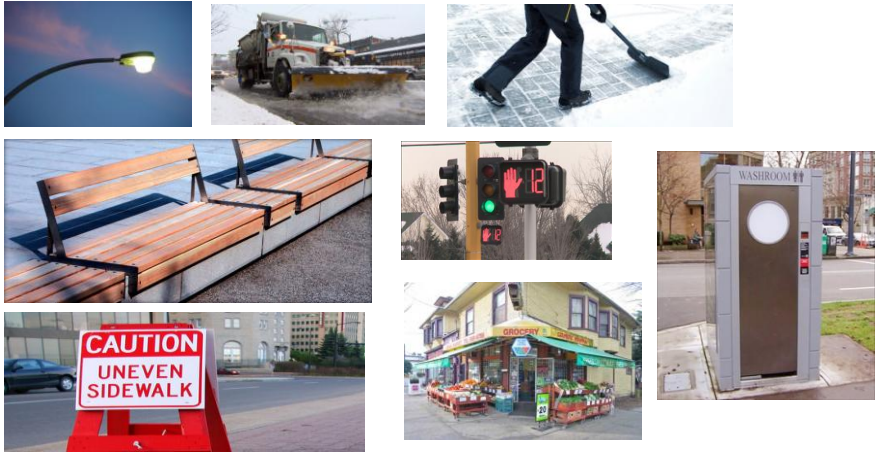
## Services & Interventions



- Optimize programs to address isolation/loneliness
  - social cognition
- Examine how organizational practices hinder or facilitate social connection
  - Audit tool
- Share knowledge
  - Database of validated interventions
- Collaboration between service providers
  - regular summits
  - online discussion forum

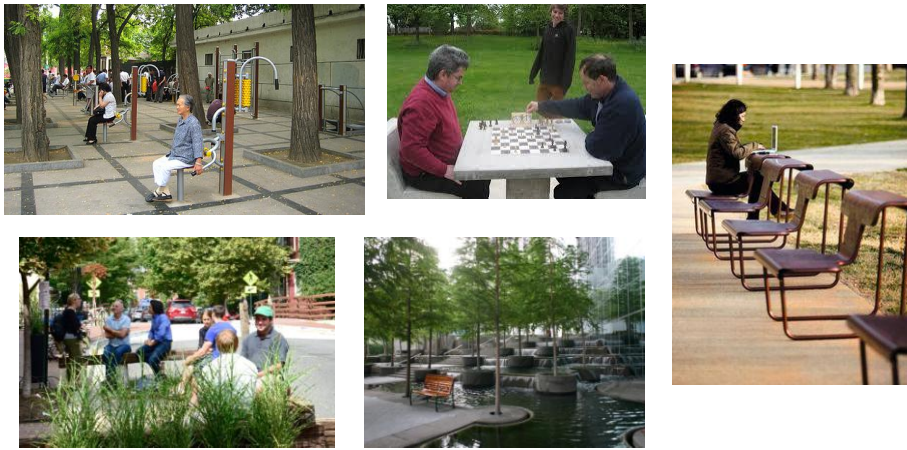
# Barrier Solutions

- Improve safety and walkability of streets



# Barrier Solutions

- Improve attractiveness and usability of parks



## Barrier Solutions

- “Sociable design” features
- Reduce transit barriers
  - ride-sharing
  - transit staff
- Reduce barriers for ethnic minority seniors
  - preserve ethnic neighbourhoods
  - intergenerational living arrangements
- Utilize technology
  - social networking (active vs. passive use)
  - voice-controlled devices
  - robots
  - technology for caregivers
- Work with business community



## Public Education



- Help public become more literate about isolation and loneliness
  - importance of social networks, risk factors, warning signs, impact on health
  - importance of early prevention
  - 4 people you can turn to in times of need
  - address key myths (e.g., only "seniors' issues")
- Facilitate easy location of relevant resources and research material
  - website

## Research, Measurement, and Evaluation



- Good data crucial, but in short supply
- Improve prevalence data
- Aim for more rigorous evaluation of programs, including cost-benefit analyses
- Encourage basic research on risk factors, trajectories, and outcomes
- Share data and research with other service providers, academics, and the general public

## Ongoing Monitoring



- Assign oversight to CoV Seniors' Advisory Committee to regularly monitor progress on implementation of findings
- Work with CoV Social Policy & Projects Division
  - to implement recommendations
  - to ensure they address WHO Global Age-Friendly City requirements
- Work with other civic advisory committees
  - to get input about programs for specific groups of seniors (e.g., LGBT)

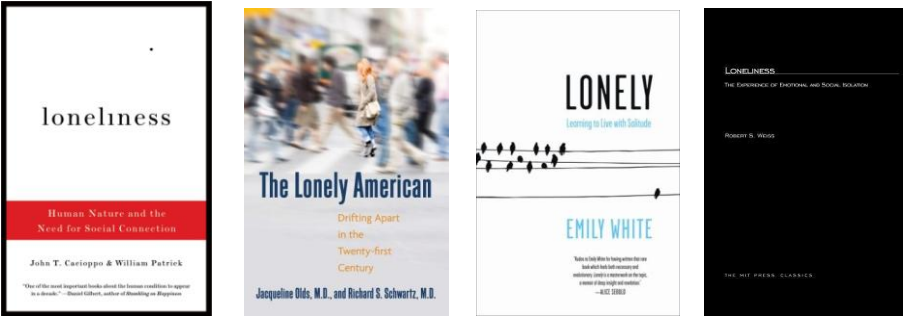
## Some Cautionary Notes



- Cannot completely eliminate isolation/loneliness
- Private matter
- Stigma
- Often due to long-standing problems
- Difficult to change when chronic
- Must have realistic goals
- Beware easy-sounding solutions
- No one-size-fits-all solution; must be tailored
- Limitation of government action



# Suggested Reading



*Loneliness*, by John Cacioppo & William Patrick (2008). *The Lonely American*, by Jacqueline Olds & Richard S. Schwartz (2009). *Lonely*, by Emily White (2010). *Loneliness: The Experience of Emotional & Social Isolation*, by Robert S. Weiss (1973).

# Contact Info

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[www.seiorsloneliness.ca](http://www.seiorsloneliness.ca)

## Seniors' Isolation Forum

- Hosted by Quadra-Granville Seniors Group and South Granville Seniors' Centre
- Saturday, May 26, 1:30-3:30pm
- Holy Trinity Church  
2nd floor Auditorium  
1440 W 12th Ave, Vancouver
- Free, but please register:  
<http://quadragranvilleseniors.ca/register/>