The Social Isolation and Loneliness Among Seniors (SILAS) Project

Summary of Findings and Recommendations
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Eddy M. Elmer, MA
City of Vancouver Seniors’ Advisory Committee
PhD Student, Social Gerontology, Vrije Universiteit

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 (SPARC BC)
- Project funded and supported by
  - City of Vancouver, Social Policy & Projects Division
  - Vancouver Coastal Health
- Report and brochure available online
  - 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
Social isolation
- absence of social network or small social network
- limited communication with social network
- measured objectively

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

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### Why is This Important?

- 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

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

- Alzheimer’s
- Heart Disease
- High Blood Pressure
- Obesity
- Neurodegenerative Diseases
- Even Cancer

### 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

Four broad levels of risk factors:
- individual
- relational
- community
- societal

Usually a combination of factors
Can be cumulative
Can be synergistic

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
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
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

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
“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 CofV 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


Contact Info

Eddy Elmer
eddy.elmer@vancouverseniorsadvisory.ca
www.seniorsloneliness.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/