

RECOMMENDATIONS FOR ACTION TO TACKLE THE

Loneliness epidemic among older adults in Canada

Stronger action is needed to address loneliness in Canada

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WOMEN'S AGE LAB | WOMEN'S COLLEGE HOSPITAL

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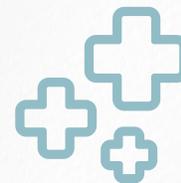
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EXECUTIVE SUMMARY

The epidemic of loneliness is rapidly spreading across Canada, with more than a third of older Canadians reporting they feel lonely at least some of the time. This has important consequences for our country and its people, as loneliness increases the risk for many serious chronic conditions and premature death and creates significant strain on health and social systems. While other regions of the world have started to take action to address loneliness in meaningful ways, in Canada, we are falling behind. Ranking the loneliest of 11 comparator developed nations, Canada currently has no comprehensive national policy framework to strengthen social connection among older adults and other vulnerable populations including immigrants and Indigenous communities.

This brief outlines four actionable recommendations that can change this. These recommendations are based on expert opinion from representatives of more than a dozen institutions at the national, provincial, and regional levels working to address loneliness in Canada in a variety of sectors. For Canada to take a leadership role on addressing loneliness, we recommend the federal government: 1) builds a national strategy to combat loneliness and promote social connections, 2) champions the importance of social connections to the public, 3) measures loneliness and improves evidence on what works to address loneliness across population subgroups, and 4) expands existing strategies and programs to increase investment in effective interventions.

Together we have the potential to address this growing public health issue and help build a more connected Canada.



Loneliness negatively impacts health and strains health and social systems



Canada ranks **loneliest** among 11 developed countries



4 Recommendations for action to address this issue

ABOUT WOMEN'S AGE LAB

Women's Age Lab is a space for exploration and collaboration on science-driven health and social change, with a mission to improve the lives of older women by transforming care and practice. To our knowledge, it's the first and only research centre of its kind, and was built upon conversation, learning and engagement with healthcare leaders, researchers, community partners, and most importantly, women. Despite their unique health needs, older women are primarily missing from the picture, and Women's Age Lab continues to leverage partnerships and collaboration to build an inclusive and equitable community that will improve the lives of older adults everywhere.

ABOUT INTERSECTORAL COLLABORATION ON LONELINESS

In 2022/3, Women's Age Lab assembled an Intersectoral Collaboration for Loneliness (ISC), led by Dr. Rachel Savage. The ISC is a national collaboration of 14 local, provincial, and national organizations to address loneliness in Canada. Leading experts, including researchers, clinicians, advocates, and health and social service providers provided their specialized opinions in the space of loneliness. This group also included policy-makers and persons with lived experience in order to understand the landscape as well as the lived experience of the population addressed. The recommendations provided in this brief were born out of facilitated discussions with the ISC on the most pressing issues to address loneliness in Canada, and current gaps and challenges.



DR. RACHEL SAVAGE



Rachel Savage, PhD is a Scientist at Women's Age Lab and Women's College Research Institute, Women's College Hospital, an Adjunct Scientist at ICES, and an Assistant Professor at the Institute of Health Policy, Management and Evaluation, University of Toronto. Dr. Savage leads research focused on promoting social connectedness in older adults and supporting aging in place. She is the principal investigator of a national program of research, funded by the Canadian Institutes of Health Research (CIHR), that seeks to understand whether and how loneliness impacts how older adults use health care services and to explore the role of sex and gender in this relationship. She also leads CIHR-funded research that explores how supports and services delivered in naturally occurring retirement communities (NORCs) can support aging in place and strengthen social connection.

ISSUE

The epidemic of loneliness is spreading at an alarming pace in Canada, impacting older adults and other vulnerable and marginalized populations. A national action plan is needed for Canada to address the harmful impacts of loneliness and prevent its spread.

BACKGROUND

- Loneliness and social isolation are more than just about feeling or being alone. Considered as harmful as smoking 15 cigarettes a day, loneliness and social isolation are detrimental to our health and well-being.
- “Social connection is a fundamental human need, as essential to survival as food, water, and shelter,” Dr. Vivek Murthy, U.S. Surgeon General.
- Loneliness and social isolation are not quite the same. People can be lonely even with social connections.
- Loneliness is defined as a distressing experience that results from feeling alone, or having a mismatch in a person's actual and desired social connections. Social isolation refers to having few social relationships, social roles, group memberships and infrequent social interaction.

LONELINESS AND ITS IMPACT

- In 2023, 39% of Canadians 65 years of age and older reported feeling lonely at least some of the time based on the Canadian Social Survey. In addition, as many as 41% of Canadians aged 50 years and older are socially isolated, according to the National Institute of Ageing's inaugural 2022 Ageing in Canada Survey.
- Canada ranks the loneliest of 11 comparator developed nations, including the United States (U.S.) and the United Kingdom (U.K.), in the Commonwealth Fund Survey of Older Adults, and within this population, feelings of isolation are highest in women and those living alone.
- Through the COVID-19 pandemic, reports in older adults feeling isolated have more than doubled in Canada, making loneliness a relentless epidemic that needs to be addressed now.
- Loneliness puts individuals at a greater risk of heart disease, stroke, hypertension, dementia, diabetes, depression, anxiety and premature death.
- In the U.S, Medicare spends \$6.7 billion per year caring for socially isolated older adults, and in Australia, the costs of loneliness are estimated to be about \$2.7 billion. Costs to the Canadian health and social care system have not been measured.

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Canadian Social Survey, 2023

OLDER ADULTS ARE AN IMPORTANT GROUP

- Loneliness can be felt across the life course; however, its burden is greater in certain demographics.
 - In Canada, more than half of older adults over the age of 80 reported feeling lonely and one in four Canadians over the age of 65 lives alone. Major life events such as retirement, death of a spouse and illness can often contribute to loneliness in older adults.
 - Older women report higher rates of loneliness than men.
 - Older adults with lower socioeconomic status and those who live in disadvantaged areas are more likely to be lonely.
 - Individuals who are single or widowed report higher rates of loneliness than those who are married or living common-law.
 - Immigrants report higher levels of loneliness than those born in Canada.
 - Indigenous communities are at greater risk for loneliness due to factors such as poverty, trauma, and oppression.
 - In a recent report, Toronto was named as one of the places in Canada where residents are more likely to feel lonely.
- Rather than a one-size fits all approach, there is a need for targeted interventions to reduce loneliness and social isolation which are tailored to high-risk populations such as older adults and women.

CURRENT INTERNATIONAL GOVERNMENT INITIATIVES ADDRESSING LONELINESS

- Reducing and preventing loneliness and social isolation among older adults are a cornerstone of international and national strategies to support healthy aging around the world. The World Health Organization (WHO) recently announced a commission to address loneliness and promote social connections globally.
- Many governments, notably, the U.K. and Japan, have taken steps to address loneliness in their communities, such as establishing a Minister of Loneliness to tackle loneliness in their jurisdictions.
- The U.S. Surgeon General has raised alarm about the epidemic of loneliness. As part of his action plan, Dr. Murthy released the Surgeon General's Advisory to combat loneliness in May 2023.



THE FEDERAL GOVERNMENT NEEDS TO TAKE A LEADERSHIP ROLE ON LONELINESS IN CANADA:

- The Canadian government does not have a comprehensive national policy framework on supporting older adults and addressing loneliness.
- Lack of a clear path to address loneliness at a national level will cause the loneliness epidemic to spread at an unchecked rate across Canada.
- We need a public health solution to loneliness including mechanisms for prevention, early identification, and targeted interventions.

RECOMMENDATIONS FOR ACTION

These recommendations are specifically for the federal government to put to action in collaboration with relevant ministries, agencies as well as provincial/territorial and local governments:

01 Build a national strategy to combat loneliness and promote social connections.



- Prioritize tackling loneliness on the national policy agenda.
- Design a comprehensive response, such as through a “Connection-in-All-Policies” approach that recognizes the important role of social, cultural and policy institutions, with specific considerations for different contexts and demographics such as older adults and women.
- Work with all levels of governments to coordinate efforts across healthcare, social services and community organizations, to connect individuals to community-based organizations that can provide resources to reduce loneliness.

02 Federal government should champion the importance of social connections to the public.



- The launch of a governmental public campaign to raise awareness about loneliness will help the public understand the importance of social connections and how and where to seek help.
- Work with leaders, older adults and subject matter experts to destigmatize loneliness.
- Empower individuals by providing the public and care providers with the needed resources to alleviate loneliness.

RECOMMENDATIONS (CONTINUED)

03 Measure loneliness across the lifespan, improve evidence and knowledge to inform and evaluate public health responses to loneliness.



- The federal government should work with regional governments to monitor the prevalence of loneliness in Canada by leveraging measures of loneliness in existing national surveys and determining trends over time, by region and by population subgroups (gender, age, etc.).
- Create a research agenda to deepen our knowledge about loneliness as well as commission research and create funding opportunities to build the evidence on how to effectively address loneliness.

04 The federal government, in collaboration with provincial/territorial and local governments, should expand existing frameworks, such as the mental health strategy, social programs and increase investment in effective interventions that promote social connection.



- Strengthen social infrastructure to directly combat loneliness by enhancing living environments such as Naturally Occurring Retirement Communities.
- Identify interventions that work best for Canadians by leveraging the work of global organizations such as the World Health Organization. Scale and invest in interventions such as digital literacy and social programs that have already been proven to be effective such as community centers, social clubs, volunteer organizations, sports groups, religious groups and member associations.
- Ensure and promote equitable access for all groups, including those who are at greater risk for loneliness and social isolation such as older adults and women.



This policy brief was prepared by members of Women's Age Lab's Intersectoral Collaboration (ISC) on Loneliness.

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