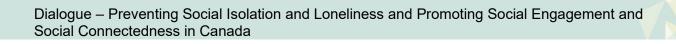
Conseil national des aînés

Dialogue – Preventing Social Isolation and Loneliness and Promoting Social Engagement and Social Connectedness in Canada

The National Seniors Council sparking conversation, informing policies

Volume 1

September 2025



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List of Abbreviations

AFC

Age-Friendly Communities

CASCH

Canadian Alliance for Social Connection and Health

CISP

Canadian Institute for Social Prescribing

JRC

Joint Research Centre

NIA

National Institute on Ageing

NHSP

New Horizons for Seniors Program

SDG

Sustainable Development Goals

UN

United Nations

WHO

World Health Organization

In 2021, the World Health Organization (WHO) declared loneliness a global public health concern.

In 2023, the National Institute on Aging called social isolation and loneliness among older Canadians an epidemic.

What Do We Know? The Evidence

Prevalence

43% of Canadians aged 50 years and older are at risk of social isolation, and up to 59% have experienced loneliness. (The National Institute on Ageing (NIA) 2024 Survey)

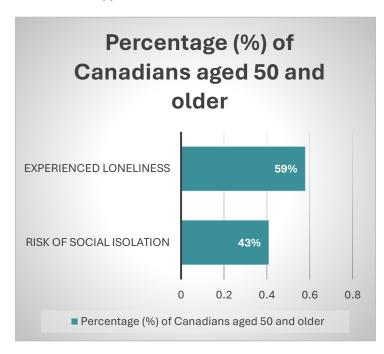


Figure 1: Loneliness and social isolation as a percentage of Canadians aged 50 years and older.

Definitions

Loneliness: A personal internal experience related to unmet intimate and social needs.

Social Isolation: A lack of contacts, family or friends; an objective measure including number of contacts.

Social Engagement or social participation and involvement:

Forms the basis of relationships or participation in a community and provides a sense of belonging, social identity and fulfillment.

Social Connectedness: Means the opposite of loneliness and is a personal evaluation of an individual's meaningful, close and constructive relationships with others (individuals, groups and community).

Lonely Older Adults

Older adults living in Canadian cities with 1 million or more people were more likely to have weak social networks (37%) than those living in rural areas (32%). Older adult immigrants were slightly less likely to have weak social. networks (32%) than Canadian-born older persons (35%). (NIA, 2024 Survey)

Approximately 1.1 million older Canadians are facing loneliness. (Islam & Gilmour, 2023)

Drivers and Risk Factors

Factors contributing to social isolation and loneliness among older Canadians include lack of or poor family ties, low socio-economic status, living alone, mobility and transportation issues, health concerns, health care costs, and language and cultural factors. Caregivers who are older adults also experience social isolation. (NIA, 2023)



Figure 3: Consequences of social isolation and loneliness



Figure 2: Social isolation and loneliness risk factors among older Canadians

Consequences

Social isolation and loneliness impact physical and mental health, quality of life, and life span. Negative health outcomes could result in a 29% increase in stress, mood disorders (for example, depression and anxiety), dementia, functional decline, addiction, diabetes, cardiovascular disease (increased risk of stroke and heart disease), increased risk of dying of cancer, and early death – resulting in a higher risk of morbidity, disability, and frailty. (World Health organization (WHO) and United Nations (UN), 2021)

There is also an impact on financial, social, and spiritual well-being, including brain health. (WHO, 2021)

In addition, social isolation increases the risks of mistreatment in older persons. (Marzbbani & all, 2023)

Experts say the health consequences of social isolation and loneliness are equivalent to smoking 15 cigarettes a day.

The impact on communities includes, for example, a lack of social harmony, higher social and health costs, and the loss of priceless lived experience that older adults bring to families, neighbourhoods, and communities.

Research on specific costs is limited in Canada. According to a United States report, social isolation among older adults alone accounts for \$6.7 billion in Medicare overspending every year, mostly due to increased spending on hospitals and nursing facilities. (Welbi, 2023)

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year ..." (Welbi, 2023)

Call to Action

Women's Age Lab at Women's College Hospital, which collaborates with dozens of national, provincial and regional institutions across Canada, asked the federal government to take a leadership role to reduce loneliness, as follows (<u>Women's Age Lab & Women's College Hospital, 2024</u>):

Build a national strategy to combat loneliness and promote social connections.
Promote the importance of connection through awareness campaigns.
Measure loneliness and increase knowledge through research.
Expand strategies and programs to increase investment in useful interventions.

What Are Countries and Organizations Doing? Best and New Practices and Programs

Countries and organizations are taking major steps by combining promotion and prevention to reduce social isolation and loneliness via social engagement and social connectedness.



World Health Organization (WHO)

Since 1 in 4 older adults experience social isolation and loneliness, the WHO created the <u>Commission on Social Connection</u> (2024-2026) to make social isolation a global public health priority. The Commission will propose a global plan on social connection, work with high-level Commissioners to take action, gather support to improve proven solutions, and measure progress.



United Kingdom – Minister of Loneliness appointed in 2018, and a <u>national strategy</u> to end

loneliness was launched with 30 million pounds invested across several government departments.

United States (US)

"Loneliness and isolation represent profound threats to our health and wellbeing. But we have the power to respond. By taking small steps every day to strengthen our relationships and by supporting community efforts to rebuild social connections, we can rise to meet this moment together. We can build lives and communities that are healthier and happier. And we can ensure our country, and the world are better poised than ever to take on the challenges that lay ahead. Our future depends on what we do today." (Murthy, former US Surgeon General, 2020)

The US Senate – Special Committee on Aging introduced the <u>Social Isolation and Loneliness in Older Adults Act – SILO Act</u> of 2023.

See also the <u>Foundation for Social</u> <u>Connection Action Network</u>.

Australia

More than 6 million Australians feel lonely – that's 1 in 3 people. The Ending Loneliness Together initiative has identified loneliness as a growing issue in Australia. A national network of organizations has come together to address this problem in Australia. "There are 4 key ways we can make a difference – Evidence, Inform, Influence, and Awareness." Australia also introduced Loneliness Awareness Week Australia in 2023.

New Zealand

The <u>Let's End Loneliness</u> website was developed by the <u>New Zealand</u>

Coalition to End Loneliness. The Coalition was set up in 2018 by 7 founding organizations who all work in different ways to unite, reach and support people who are feeling lonely and isolated. "We formed the Coalition because we know that solving a social problem like loneliness cannot be done by 1 organization alone. We are committed to working together to tackle loneliness and create communities in which New Zealanders have the relationships they need to thrive."

European Union (EU)

The Joint Research Centre (JRC), with the European Parliament and the European Commission Directorate-General for Employment, Social Affairs & Inclusion, studies Ioneliness in the EU based on the pilot project "Monitoring Loneliness in Europe.



Canadian examples - Government and non-governmental

- Community organizing and collaborations, for example, <u>Canadian Alliance for Social</u> <u>Connection and Health</u> (CASCH) and <u>Canadian Institute for Social Prescribing</u>
 (CISP)
- Through the New Horizons for Seniors Program (NHSP), the Government of Canada invests \$70 million each year in initiatives to increase the social inclusion of seniors. The NHSP funds community-based projects led by and for seniors that promote community engagement and reduce isolation. Most community-based projects include social participation as their objective (95% of projects funded through the 2023 call for proposals). Since 2004, Canada has invested over \$850 million in about 40,000 local projects and larger collective impact projects in hundreds of communities across Canada
- Established in 2008, the Pan-Canadian Age-Friendly Communities Reference
 Group has led the development and promotion of the <u>Age-Friendly Communities</u>
 (AFC) model in Canada. The AFC model supports more engagement of older adults
 and initiatives to address social isolation in communities
- Canada's Positive Mental Health Surveillance Indicator Framework
- Canada's Quality of Life Framework
- Canada's commitment to <u>Sustainable Development Goals</u> (SDG), including SDG 3, Good Health and Well-being
- Canada's support of the <u>United Nations (UN) Decade of Healthy Ageing</u> which focuses on age-friendly communities

Opportunities for Governments

To maximize collective impact and improve the quality of life and well-being of people in Canada as they age, governments (federal, provincial, territorial, municipal, Indigenous) can support initiatives that increase social connections, engagement, and inclusion and decrease social isolation, loneliness, and related negative health consequences. For example:

To reduce social isolation and loneliness and enhance social connectedness:	Develop a comprehensive national policy framework (pan-Canadian initiative) with provinces and territories to promote social connections and social engagement and reduce social isolation and loneliness
To support the policy framework, refocus, use or redistribute existing funds:	 Grant funding by all levels of government for services and programs. For example, support adding friendly visits (in-person and virtual) to existing health and social service supports to isolated older adults Expand social prescribing programs across the country Improve other proven community-based initiatives to promote social engagement and connectedness
To support data consistency and make evaluation of the effects of different initiatives easier:	 Engage on standard measures and tools for identifying risks, situations and responses to social isolation and loneliness Support evaluation of existing and new initiatives and their impacts
To improve knowledge exchange and benefit from lessons learned:	Promote leading practices and foster innovation by documenting and sharing promising and new practices in Canada and other jurisdictions
To improve understanding and promote effective programs and services:	Support training and education and dialogue efforts across the country
To improve awareness of the issues and how to solve them:	Carry out a pan-Canadian communication strategy combining culturally sensitive promotion and prevention
To support in-person social connections and inclusion:	Promote the use of technology, where needed
To lead and enhance implementation:	 Recognize the importance of social isolation and loneliness as serious health and social issues Identify a role at each government level

Closing Thoughts

Social isolation and loneliness are causing serious health, social and financial issues.

Canada has a chance to show good leadership in finding solutions to social isolation and loneliness, paving the way for more inclusive and connected communities.

Dealing with the epidemic of social isolation and loneliness through promotion and prevention will have a positive domino effect. It could, among other things, combat ageism, increase physical activity, improve mental and physical health and diet, make the adoption of a healthy lifestyle easier, and address the main components of the Quality of Life Framework for Canada.



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National Seniors Council

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Conseil national des aînés

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The National Seniors Council provides advice to the federal government on issues that matter to seniors. For information about the Council members, please refer to their biographies.

National Seniors Council Vision

The National Seniors Council envisions a Canada:

- · where everyone can achieve and maintain quality of life as they age
- where one's quality of life does not depend on where you live or how much money you have
- where everyone has access to public funds and supports to help offset the cost of aging at home
- where publicly funded programs, benefits, and services are adjusted to the cost of living
- where people living alone, independently (or with support) can achieve or maintain quality of life
- where governments at all levels work together to ensure older persons have access to the programs and services they need to achieve and maintain their quality of life







