Good afternoon everyone.

Welcome to another episode in the 2020 webinar series hosted by the RTOERO Foundation.

I'm Mike Prentice, I'm the executive director of the RTOERO Foundation.

I'm very excited to be hosting another webinar.

Today, the webinar is entitled Aging in Isolation: What do we know and where do we go from here? With Michael Nicin.

The mission of the RTOERO Foundation, I think a lot of you are probably members and donors and hopefully we have a lot of folks who aren't.

A good mix of folks, but The RTOERO Foundation, our mission is to foster respect, self-determination, better healthcare and social connection for older adults in Canada.

We're one of actually a very small number of foundations to invest exclusively in initiatives related to healthy and active aging.

This is now our third year of planning and hosting webinars.

We're happy to continue bringing interesting and relevant topics, and presenters to you through this through this format.

Thanks to everyone who's joined today.

We of course want to say that we hope everyone is staying safe and healthy.

I mean, it's something that's repeated, I think every time we get together, but we do need to remind each other of staying safe and healthy, especially now as numbers are climbing, unfortunately.

These are very challenging times, to say the very least.

As all of us undoubtedly know with so many of our regular activities now unavailable, it's important, it's more important than ever to stay connected in ways that of course are safe.

And to use the tools we have to keep ourselves mentally and socially active.

If there's a silver lining in all this, and maybe there are a few, it's that the pandemic has forced many of us to learn how to use technology or get more comfortable with technology that we weren't comfortable with before.

Michael and I were just chatting about this, getting started, how most folks are now used to using this platform with using Zoom, and that's a good thing.

These tools are challenging for many of us, but they become an even more important element, I think in keeping us informed and engaged and connected to each other.

And I think that'll connect a bit to some of the things Michael will talk about today.

Let me do a couple of very quick housekeeping points and then I'll get back to introducing Michael and getting started.

For everyone who's logged in, if you're having trouble hearing, if it's low, please check your speakers or headphones and make sure, you know, that your headphones and speakers are turned up.

I want to also note to everyone that your microphones have been muted and your cameras are off, so we cannot hear or see you, but you should be seeing and hearing both Michael and myself.

If you look at the bottom middle of your screen, like down there there are a couple of buttons along the bottom there and you should see a chat button and a Q&A button.

We're going to use them slightly differently.

Some folks are already using the chat.

That's great.

If you have issues with the webinar, some tech issues, use the chat box.

Click the chat button and type your question, and then we'll do our best to help resolve issues.

If you want to, you know, give us give your chat just a quick test, you could let us know where you're joining from.

Michael and I are both in Toronto at different locations, obviously, but hit your chat button, make sure it's working.

Let us know where you are right now.

So the presentation will take probably 30-40 minutes, I think, max.

And then we should have some time for Q&A at the end.

When we get to that discussion Q&A section, again, you'll see down below near the chat button, there's a Q&A button.

When you hit that Q&A button, when we're at that portion near the end, then you can enter your questions there and we'll do our best to get to as many as we can.

I also want to mention before we get started, we are recording this webinar and we will make sure the recording is available on the RTOERO Foundation website next week.

So, that's it for housekeeping.

Let me introduce our presenter and get started.

I'm really pleased to be joined today by Michael Nicin.

Michael is the executive director of the National Institute on Aging, or the NIA.

The NIA is a think tank at Ryerson University dedicated to policy solutions for Canada's aging population.

Prior to joining the NIA, Michael served as chief of staff and senior policy advisor to the Ontario Minister of Seniors Affairs, leading the design and launch of a $155 million provincial seniors strategy back in 2017, which was the first government-funded senior strategy in Canada.

Did I get that right, Michael? -Absolutely.

-Awesome.

Thank you for joining us today, Michael, really appreciate it.

I'm going to turn the presentation over to you.

Okay.

Well, thank you very much, Mike.

I'm very happy to be here.

Of course, I can't see anyone.

That's one of the downsides of this type of technology.

On the other hand, we have, I see, about 376 people joining us this afternoon.

Which is a great size and really sort of, I think, speaks to this issue and how much attention it's increasingly getting.

And so before I get into there, I just want to also thank the RTOERO Foundation, of course, partners on this and funders for the work that we are doing together with NICE, the National Initiative for the Care of the Elderly at U of T.

This is going to be a broad project that is going to carry on past today.

Our report of course is forthcoming.

So what I'm going to do today is just a short précis of what we're seeing, what we're going through as we look at the research and evidence about what's happening there.

And then with any luck, I'll leave as much time as possible for discussion because I imagine there's certainly questions or comments that people might want to make about this.

So if you find yourself wanting to know more after this presentation, the good news is that our full report will be out shortly.

I'm sure RTOERO will share that widely as well.

And over the coming months as more work unfolds in this area, I'm sure that we'll all collectively learn more about isolation and really start putting together some of these large pieces.

And quite frankly, isolation is a relatively new subject.

We've been hearing about it for about a decade or so, but I think when it comes to research, public policy, what we could do to address issues, there's always a sort of long trajectory in which we have to sort of really pull together and figure out what the specifics are of how we could tackle an issue.

So we're kind of in that meaty middle of this issue collectively, not just the NIA, and so there's going to be a lot more work I think in the future years, but I'm really encouraged by the amount of attention it's getting at this early stage.

So what I'm going to do is I'll just share my screen right now and then I'll jump right in.

So of course titled Ageing and Isolation: What do we know and where do we go from here? So social isolation is one of the larger under-addressed challenges facing older adults in Canada today.

As I mentioned, it could lead to poor physical and mental health, as I'll break down as we go a little bit further, into lower life expectancy and general overall well-being declines.

But before we begin, I think as you see in the slide before you, it's important to define what we're talking about and as academic as that might sound, I think that sort of also speaks to the issue that it's still at that stage where we're really getting to grips by what we mean when we mean social isolation.

Of course, you could mean that in a casual sense or you can mean it in the technical academic sense, the way the research refers to it.

So social isolation is broadly defined as low quantity and quality of contact with others.

It's a situation of social isolation that involves few social contacts and few social roles, as well as the absence of mutually rewarding relationships.

You may be wondering how social isolation and loneliness are related.

Well, the two concepts are of course related, but they're not exactly the same thing.

Loneliness compared to social isolation is defined as the personally perceived lack of interaction or contact with others.

So in that sense, we can see that individuals can feel lonely even in the company of others.

I think that's not new to anyone here.

Whereas social isolation is the notable lack of contact and the ability to make and sustain contact with others.

Theoretically, of course, you can be isolated and not feel lonely.

We all know those sort of apocryphal stories about hermits in the woods, but typically as a social species, most of us require social contact, contact with loved ones, in order for our well-being to be optimized.

Social isolation is an objective measurable lack of contacts, family or friends, while loneliness is an undesirable subjective experience related to unfulfilled intimate and social needs.

Social isolation and loneliness represent different states which could occur throughout our lifespan.

So it's not necessarily something we experience chronically.

We could see this in the literature.

Sometimes it comes depending on where we are in our lives and what age we're at and various other circumstances.

So there is increasing concern however, and awareness, that these issues amongst older Canadians are on the rise.

In older adults, both social isolation and loneliness have been associated with mood disorders, cardiovascular disease and increased risk of mortality.

And I'll get into some of the more specifics as we go along.

But what we're all experiencing today, and as Mike opened up, certainly, with regard to sessions like this and the fact that we're living during a pandemic, is that we're really seeing social isolation and it's attending problems on the rise, as social distancing measures, recommendations for older people to self-isolate, along with the implementation of strict visitor restrictions in hospitals and in long-term care settings, and of course, you know, the sort of self-directed isolation, we all have to make sure that we're keeping our family members and others safe, is notably increasing feelings of social isolation as well as a slew of other mental effects that we're experiencing collectively.

I just read, actually while I was waiting for the session to start, that the Globe and Mail is reporting through CAMH and other mental health organizations that up to 70% of Canadians are reporting some form of mental health challenge due to COVID.

So despite efforts made to stem this through greater utilization of technology - of course Zoom is another example to keep people connected - we're still seeing this happen.

So as you can imagine, I think, I won't get too deep into it, of course, Zoom calls are great for communicating, phone calls, other video conferencing systems, but it's not quite a replacement for the human contact that people need in order to feel meaningfully connected with one another.

So at a time of great fear and anxiety and mandated isolation of course, we're seeing the rise of some of these issues.

So let's start quantifying the issue, just to give you a sense of where we see some of this happening in Canada.

What the magnitude is of the challenge.

So let's start actually with COVID-19 as I mentioned.

We're currently experiencing that, so what are we seeing on the ground right now? Well, this past summer the NIA teamed up with Telus Health and surveyed over 1,500 Canadians on their perspectives on social isolation during COVID-19, among other issues, such as long-term care and technology.

On the social isolation aspect of this survey, perhaps surprisingly to some of you who are listening, it was actually younger Canadians, those under the age of 55, who report struggling with social isolation more than Canadians over the age of 55.

Indeed, this reporting of isolation by age comports to a study that the NIA was a part of in 2008 2018, called the Social Capital Study of Toronto.

Social capital, similar to this concept of isolation and loneliness, in some sense, the flip side.

Social capital refers to those connections we have with each other, trust we have in institutions, our sort of freedom and willingness to go outside of the home and engage with the world.

So, in that study of social isolation of social capital in 2018, we actually found also that younger people typically in Toronto for example, have higher rates of loneliness, isolation, less social capital than older people.

So to that extent it might be compounding, but the Important thing to remember here and this might come out throughout the rest of the discussion is that social isolation doesn't manifest uniformly in all of us.

There are age-related differences, circumstance-related differences.

You could imagine of course if you're a young person and you move to a new city for school, well almost by de facto, you will be sort of isolated until you make connections and friend groups.

On the other hand, if you age into isolation, if you're say in your 60s or 70s, it could be a lot harder to imagine what an exit out of isolation looks like without some form of intervention.

So in that sense while we're seeing isolation as a big risk factor for younger people, it's still significant for older people.

I'll get to that.

But the way it manifests is different for different people.

So the NIA tele-survey also found that two-thirds of Canadians surveyed believe that a lack of companionship and social connections with other people negatively impacts their overall health and well-being.

So that shouldn't be surprising, most people kind of feel it internally, even if they haven't read the literature and done the research, half of Canadians younger than age 55 report that they have been experiencing a lack of companionship and regular social connections with other people, especially during the COVID pandemic.

I know here anecdotally in Toronto, for example, if you're a single younger person living in a city, it's been hard to go out and meet people.

If you don't have a spouse or a family, there are a number of people who have quite literally been alone, especially if we look back to the months of March, April and May.

So that compares to just over 40% of Canadians over 55 who report feeling socially isolated.

On the other hand, 70% of Canadians younger than 55 years of age reported the lack of companionship and social connections negatively impact their well-being, compared to 54%.

So here again, we see that certainly in terms of the self-reporting of the effects of social isolation, it seems to be more dire for younger Canadians than for older Canadians.

Younger Canadians under 55 years of age compared to those older than 55 are significantly more likely to report some of these deficiencies in social isolation, especially during the pandemic.

They also report that they believe that a lack of companionship and social connections with other people negatively impacts their health and well-being.

Certainly more than older people.

A part of this can be explained by the pandemic itself.

I think we're quite clearly in a unique circumstance, in terms of the pandemic, and the research suggests that people who become as people age, they actually become more resilient to some degree.

So if we look at the pandemic, separate and apart from the broader ongoing challenge of isolation, one thing that we're sort of wondering might be happening and that the literature supports in other areas, is that at this stage and this time-limited period of pandemic-driven social isolation, it's entirely possible that older people have more coping skills, perhaps even family members, other sort of life experiences that lend themselves to being able to sort of weather this storm in a way that younger people aren't, but that's not necessarily true outside of the context of the pandemic.

So let's turn to some long-standing understanding of social isolation.

So what do we know about the prevalence of social isolation in general and before COVID? Well, as you'll see, there's going to be a range of factors and a range of reports on how big a problem social isolation is.

So results from the 2016 General Social Survey.

This is a survey that the Canadian government ran.

And it's of course self-reported information from the Canadian public.

Through that survey in 2016, the last time it was run, over 30% of Canadians over the age of 65 expressed being at risk of social isolation.

Twenty-seven percent of Canadians reported that they were not socially connected with others, that's of all age groups.

Twenty percent reported that they lack any kind of support to carry out chores, and 17% reported feeling truly isolated.

However, when we look at the Canadian longitudinal study, yet another way of approaching this - and I think this also speaks to why I framed the opening of the discussion with the definitions - is that when you look at the surveys and the research and literature out there, they're all using slightly different parameters for how to frame social isolation which produces different levels of numbers and percentages of the Canadian population who are suffering with isolation.

So if we look at the longitudinal study, for example, which categorizes the middle and older Canadians as being lonely or socially isolated, that reports rates between 10% on the low end and as high as 50%.

So this is where we've looked at it, 30% might be closer to what we're looking at, if we sort of average out these two studies.

They're not the only two studies and of course, we don't have time to go through all of them.

It gives you a sense of two things: one that we're, you know, even if we're sort of going with the average of 30%, that's about a third of Canadians who are at risk or do truly feel isolated.

If we're looking at the high end, of course, that's about half of older Canadians.

So in effect, then there's a considerable variance between these rates, which makes it really hard to understand who it's affecting, how it's affecting them where they are and what we could do to potentially intervene and stop isolation in its tracks.

So we go to this slide here.

So a part of this can be explained by the novelty of the concept of the research in isolation itself.

As I mentioned at the top, it's really a relatively new one.

I'm sure scientists, psychologists, have been studying isolation in and of itself, but the concept of social isolation has really only come to the surface across the public in the past 10 years or so.

So loneliness and social isolation are often operationally defined the way researchers or other experts might take it to do something with it, or assess the way we sort of grammartize what it means to be socially isolated along different measures.

So this is one of those challenges.

Certainly when I talk to my colleague, Dr.

Samir Sinha, who's the lead author of this report, one of the inconsistencies that we find that's really going to be a hurdle, but an important one to cross, is coming to a consensus about what we mean when we talk about social isolation, how we measure it, so that we could truly derive a sense of the magnitude of the problem.

So for example, living alone is commonly used as an indicator of social isolation.

And when that factor is used, we get a rate of about 17.

5% of Canadians over 65 being isolated.

But as a lot of people who live alone know, that doesn't necessarily mean you're isolated.

You could live alone and of course have a rich social life.

So that's, you know, a short example about how we still collectively as a research community are struggling to really come to terms with what the definition is and how to capture the problem of social isolation in Canada.

So to that extent, isolation in Canada hasn't been clearly defined.

It's leading to multiple estimates on its prevalence, and you know, quite frankly, we need to do more work to pin down what a true range or percentage of the Canadian population affected is.

And depending on some of the studies that I didn't cite, the range goes from 10% of the population to as high as 80%.

So you could obviously see that there would be problems at either end of that spectrum.

The truth is probably somewhere in the middle, but the range is pretty severe.

So understanding what can cause social isolation and who's at risk, so we talked a little bit about the prevalence.

I think if you take away anything from here until you read the report or other research comes out, I think it's fair to say that about a third of the population of older Canadians is struggling with isolation or at risk, but who are they and what are some of the factors that define at-risk populations? In the broadest terms, these are some of the driving factors you can see on the slide there in front of you.

Living alone, of course, it's not necessarily determinant, but it is a factor.

Being aged 80 or older is a factor, having compromised health status, including multiple chronic health problems, having no children or contact with family, lacking access to transportation, living with low income and changing family structures.

And on that last point for example, changing family structures, you can imagine as I mentioned, younger people might move to the city, not have friends for a while, and that might cause social isolation.

But we're also seeing this at the family scale.

So increasingly over past decades, Canadian families have dispersed geographically, not only across Canada, but internationally.

That means we have older people living alone without their adult offspring around.

Which likely wasn't the case a couple of generations ago.

We're seeing lower fertility rates, of course over the past couple decades.

So people in general have fewer children that age with them, and then of course other factors like late-life divorces, which have been on the rise in recent years, means that people oftentimes lose the spouse.

And right at that stage as they're getting older when their kids are leaving, their spouse, maybe they're divorced.

In other cases, it's widowhood, but you can see how when you start unpacking some of these factors that each of these factors themselves is multifaceted.

It's the same sort of thing with lacking access to transportation.

If you're wondering about something like that.

Well, if you have trouble getting out of the house and going to where you need to go, if your housebound for that reason, or housebound for chronic health reasons, well that's going to lead to potential social isolation.

Looking a little bit deeper, specific groups of seniors have been identified as being at greater risk of social isolation.

These include seniors with physical and mental health issues, including adults with Alzheimer's or other forms of dementia, and of course multiple chronic illnesses, you can imagine anyone who hasn't felt well or has had chronic problems.

It really does take a toll on your social life and your ability to remain engaged.

The same could be said with low-income seniors.

Money, of course, finances being a social determinant of health, if you don't have a lot of finances at your disposal, especially when you're older, your options could diminish, it also includes seniors who are caregivers.

Caregiving being a very serious responsibility and often a job that's done alone.

And it takes a toll on caregivers.

We've written a separate report on working caregivers that's worth a read.

If you want to dig into that issue more in particular.

And then running through some of the other populations that are at risk, First Nations seniors, newcomer and immigrant seniors, factors here includes language barriers, separation from family or general society, financial dependence on adult children, low levels of inter-ethnic contact and of course discrimination and finally, but certainly not least, lesbian, gay, bisexual and transgender seniors can often feel isolated.

We're actually working on a very separate paper on that issue looking at the experiences of aging in the LGBTQ community.

So I mentioned earlier also that that social isolation has a serious impact on health and well-being.

So let's take a look at some of that.

So why does social isolation matter besides the personal suffering it causes? Well, it's associated with social challenges as well.

A lack of social cohesion, for example, the more atomized we are as a society, the less social cohesion we have and I think if anyone watches the nightly news, you can see evidence of that to some degree or another.

Higher social program costs.

So I'll break this down as we go forward, but social isolation is not an individual problem.

It really does have global effects across society.

Also the loss of unquantifiable wealth and experience that older adults bring to families, to neighborhoods and communities.

We used to be of course, this is anecdotal, but you could look at the evidence.

There's been great books written by Robert Putnam, another showing that a connected society is a more resilient and healthy society.

So not only are we individually affected by social isolation, but there certainly are social aspects to the isolation of individuals.

Social isolation can result in reduced and atrophied skills, social skills further compounding the problem as of course, you can imagine if you're isolated, you lose confidence.

You're not out there a lot, it becomes something of a self-fulfilling prophecy where it becomes harder and harder to cross that divide.

It could also be a risk factor for elder abuse, including financial and physical elder abuse.

If you don't have a big network of people around you, trustworthy advocates, family members, you become a target for scams and other forms of elder abuse.

Social isolation is also connected with excessive alcohol consumption, smoking, and being sedentary and not eating well.

And of course, a big one, I think, that's underappreciated, is that it leads to a higher likelihood of falling within your own home or the spaces you live in, which itself is a premature cause of hospitalization and nursing home placements.

I'll advance to the next one, here.

So socially isolated seniors, for example, have four to five times greater risk of hospitalization than the general population that isn't isolated.

Research also shows that isolation is a predictor of mortality from coronary heart disease and stroke.

Likewise, disabilities are considered risk factors for further isolation.

For example, just over a third of Canadians age 65 and older are living with a disability, which makes them slightly more exposed to the challenges of isolation.

Many older adults have to cope with two or more chronic illnesses.

That's just on average, and approximately 30% of adults 65 to 80 years old, and 40% of adults over the age of 80, report having two or more chronic conditions.

So this is where you can see how isolation comes in some respects with the challenges of aging themselves.

So poor health, dispersal of family, isolation tends to fill some of those cracks that we suffer through by the way.

And I'll just read this slide here.

So you can see by way of example, this work hasn't yet been done in Canada to quantify the similar.

We know of course as I just mentioned the four to five times greater likelihood of an event ending up in a hospital if you're socially isolated.

Well, a UK study looking at social isolation and increased hospitalization showed that socially isolated seniors spend 2.

6 more days in hospital when they're admitted than if they weren't socially isolated.

And patients who need referral to a public funded rehabilitation unit, they'll end up spending 4.

9 extra days in the hospital, and the cost associated with this isolation-based hospitalization in the UK range up to about 9,000 pounds or in Canadian dollars, just shy of $15,000 per patient.

So to underline that point that social isolation isn't just an individual problem, it's really a challenge that society faces when any one of us suffers on any level.

In a now most prominent study, I'm sure some of you would have heard this, it's been out there for a couple of years, has equated social isolation to the physical effects of smoking about 15 cigarettes a day.

And based on this data, the original authors of that study concluded that individuals lacking social connections were at risk for premature mortality on a comparable level to other well-established risk factors.

So they basically said that being socially isolated has similar risk factors to obesity, substance abuse, injury and violence, and a fundamental lack of access to healthcare.

So again, this isn't just feeling lonely.

This isn't just the self-perception of isolation.

There really are social ripples and individual health ripples that go beyond the individuals' feelings.

So for example, isolated and lonely seniors are much more likely to call and require emergency medical services, which the next slide shows here.

So almost 50% of seniors who called EMS more than five times per year reported being isolated.

So of course, there's a relationship there between isolation and EMS services - of those, of the 50%, 40% described themselves as intensely lonely.

So we see that association underlined theirs as well.

The effects of course again, go beyond the individual.

Social isolation also impacts the psychological and cognitive health effects of seniors.

I know from the work that Dr. Sinha was doing this summer on COVID and long-term care, there was a report that came to us that showed that within 15 days of long-term care centres being shut off from family visitors and essential caregivers, that the effects of socialization isolation really took hold within about 15 days.

So the effects of isolation can happen quickly and issues like depression, cognitive health, are a major risk factor.

So let's turn, just being aware of time here.

What are some of the international cases before we turn to Canada? International work on social isolation.

I've highlighted two leading examples.

The first one being the UK which I think really has taken on the most comprehensive and centralized infrastructure to combat loneliness and isolation, with the Joe Cox Commission on Loneliness, which was launched in 2017, the organization involved members of Parliament and charitable organizations and the commission released its report in 2018.

Some of the outcomes of that commission were that the UK established a standalone Minister for Loneliness, since in place, I believe, I'd have to verify, but I think it's the only jurisdiction that has a standalone Minister for Loneliness.

The report from the Joe Cox Commission also found, also suggested and recommended that the government start mapping and tracing where isolation is happening, so that they can identify it and intervene.

That's something we have to get much better at in Canada.

Another big outcome from the Joe Cox Commission in the UK was the establishment of AgeUK.

It is currently I believe one of the largest charities in the UK, dedicated to the aging population and policy solutions for the aging population.

And one of its core mandates, of course, is to do some of this heat mapping on isolation and to create social programs and community-based programs.

So they have for example, a door-knock program where they literally have volunteers after they've identified socially-isolated seniors who will go to those homes and attempt to work with the seniors to reduce the levels and the effects of isolation.

Japan is another notable one.

As many of you probably know, Japan of course is one of the oldest countries by age in the world and it's been dealing with this for quite a while and I think the best example of how Japan has captured social isolation among seniors, as they often do, they've come up with a term called kodokushi, which roughly translates to lonely deaths.

So what they found is that per year, roughly, there are 30,000 individuals who died, older individuals who died, who aren't found for a matter of weeks or months, indicating of course that they were radically isolated before before they passed.

What is Japan doing for this? Well, they're really making a similar approach to the UK.

They've created local community-based programs that drive seniors out, keep them active and participated.

They have programs where they're making sure that government public health employees are connecting seniors to social programs.

It's a little early.

We don't know exactly how well they are achieving some of these goals, but we know that they've taken on a centralized and concerted effort to move on social isolation.

So what I'll do next, as I move to the Canadian highlights, is when we look at Canadian programs for social isolation, they basically break down into three broad categories.

As you see here on the screen in front of you.

The first one is physical and virtual contact programs.

So programs where people call seniors.

Services that connect seniors to services' information.

So this is of course conduit services where they could reach out to seniors using the physical or virtual contact program and connect them to services.

And the final one being programs that aim to build long-standing connections between seniors and the communities.

And I'll get to some of these examples as we move along.

And what I've done here is laid out some of the solutions that we've been working on in Canada, some of the better examples from the government-led to community-based programs.

The first one there being federal government's New Horizon program.

How many of you have heard about it? It's a funding program for community-based organizations to address seniors' issues.

A core plank of the New Horizons fund is addressing social isolation.

In the recent 2019 budget, the federal government announced an additional $100 million over five years to support programs at the community level that'll include any number of programs that fit the sort of three broad categories I described in the previous slide.

In British Columbia, the government is providing about $1.

23 million to regional health authorities.

In their case, they're focusing on transportation and making sure that seniors can get around.

In Nova Scotia, a big plan well-received a couple of years ago, the Shift Action Plan for Seniors, outlines the government's commitment to the social and economic value of older adults, with plans to support aging in place and to address ageism and isolation in Ontario where many of us I believe live.

The Seniors Community Grant Program encourages community involvement by seniors by supporting hundreds of projects focused on volunteerism, learning financial awareness, social inclusion, elder abuse prevention, mental well-being and physical acuity.

A total of investment of $3 million was provided in the past year to allow not-for-profit community organizations and municipalities to receive funding ranging up to $25,000 for local projects.

So you can see how in various jurisdictions we're doing parts of what they're doing in the UK and Japan, but of course at a much smaller jurisdictional level.

And Ontario also has 300 seniors' active living centres which encourage older people to get out of the home and stay fit and engaged.

In a comprehensive plan that extends beyond the interventions mentioned earlier, Quebec has a five-year action plan.

They're investing about $12.

3 billion, not just on social isolation in the way we've thought about in here.

It will be an infrastructure program, but a core program spending from that will be enhancing age-friendly cities, which as I'll talk a little bit about is a key component to addressing social isolation.

Beyond formal programs, there's a number of grassroots.

The Alliance for Healthier Communities in Ontario started a social prescribing project.

It's essentially like the way doctors might prescribe medications or drugs, except that they prescribe social solutions.

So exercise classes, nutrition classes, community connection classes.

That is of course in a pilot project, but it is promising to address some of the social aspects of aging in isolation.

We also know of course of the Home Share program, Home Share Canada, I believe that RTO members might be familiar with that one.

Essentially that's where we match older Canadians, older seniors who maybe are over-housed with younger people who don't have enough money to rent their own home.

They agree on a mutually agreeable price.

And then of course the younger people help the older people.

They form something of a household and it becomes a win-win situation.

And I'd be remiss if I didn't include in this discussion the important contributions of the RTOERO Foundation.

I haven't looked into comparators, but I do believe that RTO is one of the few large foundations that seriously addresses social isolation.

And of course, they are funders of the work that the NIA is doing with NICE at U of T.

So as I wind up here, what are some of the gaps and opportunities? As you can see on your screen right there, I'll go through them quite quickly.

Well, we need to improve societal awareness on isolation and its causes.

I think when, you know, the NIA team visited the UK last year, they are quite leaps and bounds ahead of us in terms of their social awareness.

We need to do much more to drive awareness.

I think events like this are important to work with the NIA and others are doing.

But as I mentioned with the new subject, we really need this to seep through the general population.

We also still have a lack of research, right? We're in the early days and this is a multidisciplinary problem.

It's multifaceted.

So it's not the kind of thing that one researcher or one organization can jump into.

We really will need the research community to come in.

There are psychological components, there are built environment components, policy, health components.

It really is a challenging problem that will require ongoing research to be understood.

And then you know, insofar as we are starting to see new and better information coming out, well, we need to connect seniors to that information, their families, caregivers, anyone who's interested in social isolation.

It's related to awareness building, but it's different in the sense that we really need to start pushing out some of these factors: What's social isolation? How do you address it? Focus on public education, and then where we do have information, making sure the Canadians have access to it and the supports that do exist in the community.

I think one of the things having worked in Canadian public policy for a while that I noted about our country is that we're very good at grassroots programs, but we're not always good at touting them and broadcasting them and sharing them.

So I think there's a rich field out there where work is being done, but perhaps not enough Canadians know about it in order to be able to access the services.

Number four as I mentioned, age-friendly cities.

This is one component of it, but I don't think it could be underestimated.

If we're talking about transportation issues, comorbidity challenges, the way we design our cities and the communities we live in is an important factor in social isolation.

So it's not surprising perhaps, it used to be ironic I think, that you tend to see more feelings of isolation in major urban cities, counter to the fact that we live closer together, but for anyone who's put themselves in the shoes of an older person living in a city like Toronto we could oftentimes be daunting.

Again, especially if you're challenged with health problems and other issues.

And then I think the other gap and opportunity that I mentioned with regard to the UK in particular is that while we have a lot of great programs at the grassroots level, maybe even at the provincial level in Canada, we haven't quite gotten to the level that the UK has, which is focusing on coordinating these services' responses.

You know, the federal government is doing the New Horizons program.

We have provinces focusing on various responses, a lot of charities.

But oftentimes, these are disconnected, they don't map to one another, so we have duplication of services.

We're seeing that a little bit with COVID.

This is of course not a naming and blaming game.

It's just a matter of how we sort of approach these problems, better coordinate amongst ourselves, whether it's government's talking to other governments, or charities talking to other charities.

So when COVID hit up, when COVID hit, and I started getting phone calls from a lot of organizations saying, you know, we'd like to reach seniors with this technology platform or, you know, this program will reach out to seniors, it became very evident that there was a lot of overlapping.

So if we're talking about, you know, volunteers experience coordination of services, I think oftentimes in Canada we suffer from a silo problem.

Oftentimes, organizations, a group, do their own thing without realizing that a scale and magnitude could be achieved by centralizing and coordinating better.

And I think, you know, we're starting to see that with major organizations, major charities, that have the ability to do that, the Red Cross, United Way, and other organizations.

But to that extent, if we look at some of these issues, these five factors here that I've identified, we are still lagging behind the UK, Japan, and a number of other countries.

So going forward we collectively need to establish consistent definitions, measurements that will facilitate the consistent evaluation of programs.

It's not just good enough, I think, as we go along, to throw things at a wall and see what sticks.

We really do need to understand what works, where it works, why it works, and how we can scale those programs to better reach the population.

We are at the very early stages in Canada of doing that.

We need to work within and across Canada, and you know, as we were fortunate enough to go to countries that are doing this well and learn from them, and quite frankly, steal good ideas and bring them back to Canada.

So in conclusion, I'll stop there, and I know we're sort of running out of time.

Isolation is increasingly on our radar, I think.

For all of us, it probably today's probably not the first day that we've heard about it.

It's increasing on the radar for politicians, researchers, health practitioners and Canadians themselves.

And while there are a lot of programs, interventions, while we're sort of at a new stage, I think we have a lot of growing pains to go through before we could, you know, quite competently say that we're addressing this as a country or as provinces.

So hopefully that gives you a little bit of a sense of what isolation is, where we are today in terms of some of the challenges of even capturing how large a problem it is, what some of the populations are that are suffering disproportionately to others, and then that we're sort of moving along the way of creating better interventions.

But we're not yet doing it in a systematized and coordinated way.

So again, I hope no one takes from this that I'm pointing fingers as I think, you know, we're a part of this community at the NIA, and we look forward to working with organizations like RTO, researchers, universities, governments, to really come together and figure out what to do next, as we learn more about this problem.

So I'll stop there and turn it over back to Mike.

Excellent.

Thanks, Michael.

It goes without saying at least from our perspective, that the work that you and your team are doing at the NIA is not only incredibly interesting, but incredibly important.

It was important before the pandemic and I think even more important now as we can see from some of the work you've just highlighted and presented.

So, we'll spend some time going through some questions, a couple have come through already and we'll see to hit those first.

There was a question from Ian and he asked, Is there any hard data that demonstrates that social media forums like Facebook can reduce the impact of social isolation? That's interesting.

So, you know, we haven't looked at it to that extent because there haven't been studies, as far as I know, and Dr.

Sinha and our team might know, this might come out in the report in a way that I'm not aware of, but we haven't been looking at seniors, right? Social media tends to be something that's targeted towards younger people.

To that extent.

I do know that ironically, social media might if anything lead to feelings of isolation.

So they're separate and apart from the work that I do.

I know there's work coming out of New York University, for example, that shows that They're correlational studies, so it's not conclusive.

But they're showing that with the advent of Facebook and Twitter, in about 2007-08, with young people in particular, we're seeing an increase in bullying, feelings of social isolation, mental health problems.

So I think social media is a great question.

I think it is a powerful tool.

But right now, what I'm hearing about social media is that it's just as much a problem in how we relate to each other as it is a potential solution.

Yep.

That sounds about right.

Okay.

Here's a question from Rich.

Rich has asked about credibility levels.

He said, Is the credibility level of CanAge at the same stage as NIA and the ILC, the International Longevity Center? He's asking is there a partnership and even a connection between CanAge and NIA.

CanAge, the organization? Yeah, CanAge.

Are they partnered with NIA? No, no.

We're not partnered formally, but of course we know CanAge.

I think, you know, in this space, the more the merrier, quite frankly.

Canada is, you know We're relatively unique as a research centre in Canada, in that we're the only one that looks at aging from all perspectives.

So there are great research centres that look at health, clinical health aspects, institutes like the CD Howe Institute do a lot of economic analysis.

You know, it's actually quite surprising to me that it took until 2016 when the NIA was created to have a single depository of research on health, social policy and financial policy, but organizations like CanAge do excellent advocacy for seniors and I think quite frankly the more people who are talking about these issues, the more discussion there is on aging and seniors' issues, the better.

Okay.

There's a lot of questions coming through, so we'll do our best to get to these.

Here's a question from Madelaine, she said, The world is becoming smaller and children are accepting jobs overseas.

This is a factor for parents only being able to touch base with videoconferencing.

Would you agree? Yeah.

Yeah, absolutely, you know, we did a different study, Bonnie Jean McDonald's, she's an actuary who works for us and she does a lot of population-based projections.

And to put it in perspective, it's again, you know, I think it is to some extent related to social isolation, you know to some extent, but what she found out is that if you take the oldest baby boomers, they're turning about 75 now, they had on average three kids.

Their generation ahead of them had on average five kids.

And the youngest baby boomers had on average two kids.

So we're seeing fewer and fewer kids as Canadians get older.

I don't know what the stats are going to be for the millennial generation or Gen-Xers.

I don't think it'll be above two, and so, families are dispersing geographically.

That's the other factor.

And in the work that she did it was actually focused on long-term care and caregiving, so as we get older, we typically and traditionally have relied on family to support us.

Well, in Canada, that's actually becoming rarer and rarer, so she projects that by 2050, these dynamics of population aging, fertility rates, geographic dispersal, will actually mean that there will be 30% fewer caregivers within our families to support us or that each caregiver will have to do that much more work to support their family members.

So that's just I think a raw fact of demographics at this stage.

Yeah, it's undoubtedly a factor that where folks live and where their kids live and whether they live separate or, you know, there's so many folks that we know, whether their members or other folks, that we're connected with have been saying, they've been staying connected with their kids either through video conference or Facebook or whatever.

And if they live close by, you know, at least within an hour or an hour and a half's drive, they're popping in once a month or every other weekend or whatever, right? But obviously, if your kids are further away, you're just not gonna be able to have that even once a week, once a month.

Yeah, and there's I think, even more to her point, there's evidence coming out that shows that this is great, but it's not nearly a replacement for human contact, right? So it's a substitute, but you know, the human brain is really designed to be in close proximity with other people, reading body cues, expressing yourselves, knowing how to sort of keep a regular pace of talk.

I know my mom and I sometimes get frustrated because it's, you know, we'll talk over each other because it's just not the same, or maybe there's a lag and it gets frozen.

So, I mean it's better than nothing, but it's not a replacement for human contact.

Yeah.

Absolutely.

Um, here's a good question.

This is from Rich again.

Is social isolation higher if an individual is in a private institution or residing in their own home? An interesting question about isolation within long-term care facilities or other institutions versus being at home.

Yeah, I mean, ironically, the other way to phrase that answer is that oftentimes, as I mentioned, especially with falls, if you're isolated and living at home, so you fall, that often precipitates you needing to go into a nursing home, for example, or for a number of factors.

And of course, there's always a sort of chicken and the egg, right? You could have comorbidities that lead to isolation or you could have isolation that leads to comorbidities.

But either way, that often tips people into nursing home care.

So when we're talking about the social costs and effects of isolation, what we're seeing is that nursing homes oftentimes become a place where we could address isolation, right? So you still will be isolated to an extent.

We're seeing that with COVID, but if you're considering that you're at least in a facility with other residents, with care staff and such, to some extent, that's certainly better than being home alone and not being able to take care of yourself.

But to put it in perspective, in other research we did on long-term care, we know that there are about 40,000 Canadians who are currently living at home, older Canadians, with unmet home care needs.

What we haven't been able to do yet is map whether there's isolation factors there.

But we do know that if you're living at home alone or with others with unmet care needs, eventually, you'll get tipped into a nursing home.

So there's a separate whole discussion about how we help people age optimally at home, but I think a key component of that has to be social integration and participation.

Yeah.

Okay.

Here's a question from Jerry who says, How do we overcome ageist attitudes in Canadian society to help younger people be more sensitive to age issues and to understand that someday soon, they will be in the shoes of an older person? Yeah, that's I mean, if Jerry has the answer, I'll give him a million dollars and then sell it for a billion, but it's a tough question to answer.

It's one of those things, you know, you hear people often say that ageism really is one of the few if not only acceptable forms of social bigotry still, you know, only the worst people would be racist, only the worst people would be misogynistic, or anything else, but you notice people very casually being ageist.

You know, regardless of what we think about the American political landscape for now, there's a lot of people saying that we can't have old people being presidents.

I mean, imagine saying that about some other category of people.

I know, that's a bad example, because there's mixed feelings about everything regarding there, but ageism is one of those things that happens sooner than we expect it to.

My anecdote which I freely share because it surprised me when it happened: I was looking for a job nearly 10 years ago and it was a phone call conversation and someone asked me how old I was and I said I was 29.

He said, Okay, not too old yet.

And I was thinking to myself: I'm 29, right.

Like, in his head, he was probably thinking: Well, I'd rather have you at 22 and exploit you for longer.

You know, that sort of thing, but it's hard to solve because of those factors, and it's also hard to prove.

So we see people losing jobs earlier than they want to, getting denied promotions.

How do you prove that? It's very, very difficult.

But if I refer back to the social capital study that I mentioned earlier, if we know that young people are suffering with isolation, older people are too, but the older people are probably better equipped to some extent to handle it psychologically and mentally, I really think we need to focus more on intergenerational connections where Canada is much more like the U.S.

and the UK compared to continental Europe, in that we don't have as much intergenerational programming, intergenerational housing, you know, it's typical in a lot of places in the world, if not most, that parents and grandparents and children age together, that doesn't happen here.

So, of course, we can't force that sort of thing on people, but I think it's important to really focus on programs and opportunities to get the generations mixing.

That's where empathy comes from.

That's a great answer to a tough question.

This is an interesting question from Barbara.

And we got a couple minutes left.

So we'll try to do a couple more and see what we can get through.

There's still lots of questions coming in.

Barbara says, many seniors cannot leave home because there are no public lavatories.

Is anyone addressing this universal problem? This connects to the age-friendly cities that you were talking about in communities.

And is anybody working on that? Yeah, well, I mean, we're not the kind of organization that could build washrooms, but I cannot appreciate that question more.

We're actually working on a separate paper on the challenges of incontinence.

So we have a sub-series of reports where we focus on issues that usually aren't top of mind.

We did one on frailty for example earlier, and I think incontinence is one of those issues and it speaks to your comfort and ability to leave the house, huge problem.

So we're looking at that from a different perspective, different issue.

But to your point, Mike, yeah, I think that's where age-friendly cities and communities come into place.

Years ago, I was involved with a project surveying Torontonians on some of the major factors on why they don't leave the house and they're not often huge ones.

It's not that they need a new subway line.

It's that the bus stop is too far away from home, such that if I need a break, I have nowhere to rest and wait, right, or you know, the street between my doctor's office and my home is poorly lit.

So I'm afraid of going now.

And I think washrooms and public facilities kind of fit that mould.

I think the best way to think about the way we've certainly built cities in North America and I think Toronto and other major Canadian cities are no exceptions.

They were built for able-bodied 30-year-old men, right? That's the way I think cities are designed.

We still have subways here in the city where.

you know, you could have to take 20, 30 steps.

There's no escalator.

No elevator.

What do we do for disabled people, older people, who can't climb up and down those stairs? Well, we're essentially resigning them to isolation.

And I think that's a major problem.

Let's see if we can do maybe one more, so we've got five minutes.

Michael, you talked near the end about the duplication of efforts and how there's not a lot of integration between, you know, levels of government and organizations, so there's a question from Sharon, she said, Do you have suggestions for eliminating duplication of services? Within a community, at a community level, let's say, where you recognize there are multiple organizations who are sort of duplicating or replicating each of these efforts.

What can you do? What would be your first steps to figuring that out? Well, I mean, I think if you're involved in that, right, if you're one of those organizations, if you're a lead at an organization, and

oftentimes, these are really small grassroots-led organizations with a few individuals, and let's just say you are again in a smaller community in Ontario, B.C., wherever it happens to be, I think, try to find out what else is happening in your community.

There might be another organization that's calling seniors on Wednesdays.

Maybe your organization is going out on Mondays.

Maybe the duplication is that you're both trying to reach the same set of seniors with the same intervention, I think.

This is where we can't always and certainly in the short term expect government to fix all the problems for us.

I think governments are willing, but they're always going to start with the biggest picture possible.

So where it's incumbent upon us and our own communities if we want to take the initiative is connect with these other organizations and say, Look this is what we're doing.

That's what you're doing.

There's a little bit at duplication there.

You know, we're using twice as many volunteers to accomplish the same thing.

Can we actually divert some of their work and time in another area? But I think that it happens organically as a lot of these programs really have been started by volunteers.

I think that's where the energy is coming from and I would encourage Canadians who are living in small communities and want to get active, first find out what's already happening, right? You don't want to sort of spend your time and money and energy setting up a new program when you could potentially magnify an existing one or merge and form a bigger organization.

I think that's the key takeaway from the UK.

Of course in that case, the government gave AgeUK, I think it was something like 60 million pounds to centralize a lot of this work, but until our government does something like that, it's up to us to chip away at it.

I think we're near the end.

It's two minutes.

My clock is saying two different things, but I think we're at about three o'clock.

So, thanks for your questions everyone.

We didn't get to all of them.

There were a lot of questions there and I think the engagement was great.

Thank you for everyone who joined today and stuck around for the full hour and for asking some great questions of Michael.

A huge thank you again, Michael, for joining us and presenting today.

It was excellent.

And again, as mentioned at the beginning, we have recorded this so we'll be putting it up on the RTOERO Foundation website within a couple days, probably by early next week.

So, everyone again, thank you for joining.

Michael, thank you again.

Please stay safe.

And please stay healthy and do your best as we kind of work through all of this together.

-Thanks everybody.

-Thank you.

It was a pleasure.