Transcript for Practical ways to address the growing epidemic of loneliness and isolation in older adults

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Mike Prentice:

Okay.

I think we'll get going.

So good afternoon, everyone.

And welcome to today's Webinar brought to you by the RTOERO Foundation.

This is the fourth webinar in our invests in programs, research and training to support healthy, active aging for all Canadians.

Our activities aim to improve seniors healthcare and social isolation and combat ageism.

My name is Mike Prentice.

I am the executive director of the foundation.

I am, I would say, exceptionally excited for today's Webinar.

And our speaker today, Dr. Samir Sinha, who I will introduce momentarily, and then turn the presentation over to him.

Before we get started I would like to ask Joanne Murphy, the chair of the RTO Bureau Foundation Board of Directors, to deliver our land acknowledgement statement.

If you would please, Joanne.

Joanne Murphy:

We acknowledge, recognize and honour the Ancestral Traditional Territories on which we live and work and the contributions of all Indigenous peoples to our communities and our nation.

[Content repeated in French]

Mike Prentice:

Thank you, Joanne.

Today's presentation will take roughly for questions. And we'll ask you to type your questions into the Q and A when we get to that section of the presentation.

And we'll get to as many of them as we can, as always.

So let's get to why we are all here today.

We are so very fortunate to be joined today by Dr. Samir Sina, who will be delivering a presentation today entitled Practical Ways to Address the Growing Epidemic of Loneliness and Isolation in Older Adults.

We are now in October unbelievably, but October is the RTOERO Foundation's Social Isolation Awareness Month campaign.

We were so hoping we could kick off our campaign this year with a webinar from Dr. Sinha, and he very graciously agreed.

Dr. Sinha's work in this area is very much in line with the RTOERO Foundation's focus on raising awareness and taking action to address the issue of social isolation.

I'm sure many of us are familiar with Dr. Sinha and his work.

But just a bit of quick background and then we'll get started.

Dr. Samir Sinha is the director of Geriatrics at Sinai Health System and the University Health Network in Toronto, and a professor of medicine at the University of Toronto.

He is also Director of Health Policy Research at Ryerson University's National Institute on Aging.

These are our friends at NIA, who I think many of us are familiar with.

Dr. Sinha is a highly regarded clinician, an international expert in the care of older adults.

He was recently appointed to serve as a member of the Government of Canada's National Seniors Council and is also leading the development of new national longterm care standards for Canada.

He is the perfect person to speak with us today.

And again, we are so honored, so thankful to have you join us today, Dr. Sinha and I will turn the presentation over to you.

Dr Sinha:

Thank you very much, Mike, and thank you, Joanna, for earlier giving the land acknowledgement.

So I'm thrilled to be here today.

And what I'm going to do is I'm going to share my screen.

Thank you again for having me.

What we're going to do is we're just going to really use this as an opportunity to kind of dig deep into the issue of loneliness and social isolation and understanding it better as we try and tackle these issues.

And a lot of this work today is actually a sneak peek at a forthcoming policy paper that was sponsored by the RTO Foundation.

So some of you may recall, if you've been following the Foundation's work, that about just over a year and a bit ago, the Foundation put out a competition that had a really terrific response, providing funding and support for research initiatives looking at these issues.

And so my team at the National Instant Aging put in an application specifically saying that, look, nobody's actually done a full on policy paper looking at these issues, understanding both the issues of loneliness and social isolation, but really kind of working towards what are clear policy recommendations that are applicable for older Canadians.

That's the work that we embarked on, starting right before the pandemic and right through the pandemic.

And we're now just literally putting out the final touches for a report that we hope to release soon within the next few months.

So this gives you a bit of a sneak peek at what we've been working on, how we're looking at where we are in Canada, what do we know about the issues?

How do we compare against other countries in the world?

And what are going to be some of our forthcoming policy recommendations to address these issues?

And then we'll have plenty of time to chat about some of some other practical tips that can support people who want to combat these issues, as well.

So when we first of all, think about social isolation or loneliness,nsome people say, Is it the same?

Is it different?

Well, there are actually two different distinct concepts.

So social isolation really is defined as an objective measurable lack of contacts, family or friends.

So really people who definitely just may not be interacting with other people as they would like to, if you will, in that way.

And loneliness really is something very distinct, where it's basically an undesirable subjective experience related to unfulfilled, intimate and social needs.

So, again, you can imagine how social isolation can contribute to loneliness, but you could also be lonely and not necessarily be socially isolated.

So it's really important because both have been consistently identified as being detrimental to an individual's overall health and wellbeing.

And it's really important to think about these two, though, as distinct but related concepts.

When we look at these interrelated but distinct concepts, again, we think about how you can actually be lonely or socially isolated, or you can experience both, for example.

And it's really important to understand that how both of them can be related, but they both can be distinct concepts.

So really, what is the prevalence of loneliness and social isolation in Canada?

Well, we know that through some recent surveys, one that was done recently by the Angus Reid Institute in 2019, shows that about 62% of Canadians say they would like their friends and families to spend more time with them, and only 14% of Canadians would describe the state of their social lives as being very good.

So, again, there are many different ways in which people have asked these sorts of questions to get at these issues.

And as you'll hear shortly, we don't even have a standardized, acceptable definition of social isolation and loneliness.

So we look to a number of different sources to try and help unpack the issue.

But we know that many Canadians basically say they would like to spend more time with others, and only a minority actually described their social lives or the state of their social lives as being very good.

We know that 33% of Canadians overall are not certain that they have friends or family members they could count on in a financial emergency.

So you can imagine that people may have loved ones or relatives who may be living close by in their communities, but theymight also be living far, far away.

And that's why it's important to say that 18% of Canadians aren't certain they have someone that they could count on for emotional support during times of personal crisis or even count on them in a financial emergency.

It even shows that some people might not say that they have a family member or friend close at hand to help them with the basic task.

These sorts of questions help to really peel the onion a bit further, showing how folks are even more isolated from each other in terms of being able to rely on distant connections to help in financial or emotional crises, as well.

We know that when we think about estimates of loneliness in the population, they can range significantly.

Some reports, depending on how they measure it, say it's as low as 20% to as high as 80%.

But overall estimates suggest that about are both lonely and isolated as well.

So again, we see a lot of varying numbers, but I think it's important to kind of understand where we're seeing kind of that intersection of both loneliness and isolation, even though each of these concepts could be higher in prevalence as well.

So what do we know about social isolation and loneliness in older Canadians?

Well, there's a lot that's been written all around the world about these concepts, but we want to try and bring them all together.

We know that in general, older adults are at increased risk of social isolation and loneliness due to circumstances such as aging, such as transitional life events, that could be a retirement, for example, functional decline and medical morbidity as well.

We know the literature also confirms that there are various risk factors that can increase the possibility of older adults becoming socially isolated or lonely.

And the more risk factors older people face, the more likely they are to be experiencing social isolation or loneliness.

So some of the factors that have been identified by the National Seniors Council when they explore this issue back in 2014 can be the ideas of living alone; being older than 80; could be having compromised health status, including having multiple chronic health issues; could be having no children or contact with family; could be having a lack of access to transportation; could be living with low income, because the low income constrains one's abilities to access transportation or other supports, or being able to sometimes get together with others.

Also changing family structures.

We know that younger people are migrating for work and leaving older people behind, and it might also be a person's location of residence.

People who are living in more rural and remote communities, by nature, might be more prone to becoming lonely and isolated when there might be less or fewer people around with whom they can connect.

So you can imagine then, that Statistics Canada estimates that one in four older Canadians currently live alone.

They also note the 24% of older Canadians report having three or more chronic conditions, and more than 350,000 older Canadians live below the low income cut off.

So again, these are three distinct areas that are actually risk factors, and this is where you can start seeing why we start landing at that number of around one in four older Canadians who might be both experiencing loneliness and social isolation as well.

We also know that when we ask Canadians how they're feeling and what they would like, about 25% of adults who are older than 65 reported they would like to have participated in more social activities.

Similarly, about one in five have felt that a lack of companionship, they felt left out or they felt isolated from others.

And about 30% of Canadians have been found to be at risk of social isolation, given just some of the risk factors we talked about already.

Another Canadian literature review found that one in six older people are socially isolated.

And again, rates of social isolation for older adults living in long-term care and retirement homes has been reported to be as high as 43%.

And I dwell on this last point because it reminds people that people feel that sometimes, well, if I just simply move into a retirement home that will cure my loneliness.

But you certainly can be in situations where you can be surrounded by other people and still be feeling isolated or lonely.

And that can happen in people's own homes where they might be even living with other family members.

So again, these are complex issues, and they're often what we call multifactorial.

So often there can be many issues at play that we need to be considering as well.

So last year, during the Pandemic, one of the pieces of research we did was looking at how Canadians of all ages were experiencing loneliness and social isolation during the pandemic.

And one of the interesting findings we found was that we found higher rates of people experiencing a lack of companionship and social connections amongst those who are under the age of 55, the people who are older than 55.

So while 51% of people under 55 reported these concerns, only 40% of Canadians older than 55 reported feeling the same way.

And that was quite interesting to us because we always think about older people being the most vulnerable to feeling socially isolated and lonely.

But we know that often younger people during the pandemic and younger people in general are more likely to experience some of these symptoms than, say, older people.

And there's a number of different theories behind that.

We also know that overall, believe that a lack of social connections negatively impacts their overall health and well-being.

So it's interesting because this wasn't the first time we've actually seen this phenomenon, where we're seeing higher rates of loneliness and social isolation being experienced by younger people.

And some of the theories behind this are that younger people may not have as long, well developed friendships that are deep and meaningful.

They might actually have lots and lots of friends, but they don't really actually have deep and meaningful friendships in as great as to the extent that older people do.

And while older people might have smaller social networks, for example, their networks tend to be more consistent of people with whom they have deep and meaningful social connections.

Also, older adults are more likely to have experienced loss or other aspects and have lived through a lot more things than, say, younger people.

And so maybe better able to cope with some of these feelings of loneliness and social isolation compared to younger people who are still developing their networks and experiencing some of these issues for the first time.

So it's helpful because then we start realizing this isn't just an issue for older people.

It's also an issue for younger people.

And then it starts getting you thinking about these opportunities for inter-generational opportunities to combat loneliness and social isolation.

So we know that the pandemic itself exacerbated social isolation and loneliness for older persons, but also younger people as well.

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And there are a number of things that contributed to this, such as social distancing or physical distancing measures, recommendations to self-isolate, along with visitor restrictions in hospitals, congregate living settings, and also all of this limited the ability to stay well connected with families and others, especially for those, for example, who may not have been as savvy or have readily had access to technologies that might find a way to keep people connected.

So again, as I mentioned before, the age of 55 say that a lack of social connections and companionship can negatively impact their health and well-being.

But only 54% of Canadians age 75 and older expressed the same concern.

So again, it really shows a difference in the ability of different populations to cope with these issues.

But still, these are issues that are of importance for older people, but not just for older people, but people of all ages as well.

So we also know that by 2031, so in one decade, 25% of our population, or 9 million people in Canada will be older than 65.

And so with the growth in our aging population, the individual societal consequences of loneliness and social isolation may concurrently rise and affect as many as a half to almost a million older Canadians.

So these are things that we need to understand when we start putting numbers behind this to say that this could be the extent of the issue.

And so how are we going to try and practically address these things?

So again, what are some of the consequences of social isolation and loneliness.

We've talked a lot about the prevalence, so understanding, what are these concepts?

What do they represent?

How often are they occurring?

What could actually cause these things?

And then why should we really care?

I mean, so what if people are socially isolated or lonely?

So what if they think it could negatively impact their health?

Does it really? Well, this is what this next section is about, really speaks to the negative health consequences.

So the idea that social isolation and loneliness have been linked to a range of negative health outcomes, with both predicting poor outcomes in physical and mental health domains.

So we know that it can negatively impact people's health behaviours.

It can actually create adverse health outcomes, increase mortality, poor mental health, and frailty as well.

So lots of these concepts that we obviously want to try and prevent.

And we know that there's often been an association that has been found between social isolation and loneliness and these negative consequences.

So again, as I just mentioned, a number of these factors, including things like cardiovascular disease, psychiatric disorders, and the increased use of psychoactive medications, can all be the consequences of these issues as well.

And most concerning is the increased risk of overall mortality.

And in one study that had been done, it said that social isolation is a predictor for early mortality, and its actual effects have been compared with regards to our health as the equivalent to smoking 15 cigarettes a day or excessively consuming alcohol.

So we know that social inclusion, as a result, is a significant productive factor against death but also can be productive against dementia.

So how do we actually start promoting these issues as well?

We also know that this can be associated with mental health problems, such as dementia, clinical anxiety, psychological stress, low life satisfaction, suicidal ideation.

And it's also a major risk factor associated with suicide amongst older adults who already have a higher suicide rate than younger age groups.

So again, how do we think about the ways in which we can better address this?

And then we also know that a lack of social support networks has been linked to a 60% increase in the risk of dementia and cognitive decline.

So again, another reason why we should be thinking about these issues to prevent other health concerns.

And we know that this can often lead to excess health care use, for example, and more frequent engagements with the healthcare system, because we know that people may seek medical assistance as a means of social interaction.

But the multi morbidity that is associated with social isolation can also increase the frequency and duration of hospitalizations.

So we know that loneliness has been found to be associated with increased physician visits, the use of outpatient services and primary care services, and social isolation has been associated with increased hospitalization Emergency Department utilization, prolonged hospitalizations and re-admissions.

In Canada, one study showed that 49% of older persons who called emergency medical services more than five times per year self-identified as also being lonely, and 37% rated themselves as being intensely lonely.

In one UK study that was also looking at older adults who are hospitalized with hip fractures, they identified that loneliness or being isolated or was associated with delayed discharges and higher costs, such as increased hospital length of stay.

Also the increased need for rehabilitation, and also the additional costs that are associated with it.

So there are real numbers that you can start putting around these concepts, and I think it's important that we do so.

We also think about the issues of elder abuse, because we know that older adults who are socially isolated have a higher chance of experiencing abuse, and we know that these individuals are socially isolated are consistently more at risk.

So social isolation is both a risk factor for and a result can be both a risk factor for, but also a result of elder abuse.

And older adults experiencing elder abuse often become more socially isolated as well.

So we know that elder abuse can take several forms, including physical abuse, psychological or emotional abuse, financial abuse, sexual abuse, and neglect.

And while up to 10% of older adults experience a form of abuse, it's estimated that only one in five incidents of actual elder abuse are ever reported.

So that was pretty depressing, wasn't it?

I'm sure people are like, my gosh, why did I decide to sign up for this webinar?

Because now I just feel even worried and more worried and more concerned about this.

But I think it's important that we kind of reflect on understanding these issues as much as we can, because if we don't understand them, it's hard to actually practically address it.

And so what I want to really kind of now spend the rest of my talk speaking to is just some examples of how other countries are actually tackling this.

And what this could lay as a framework for moving forward.

Because I think the challenge is that a lot of people have been interested in this issue.

And certainly when RTOERO when the Foundation put out a call for research proposals on these issues, for example, a lot of ideas and good things are out there, but we have a lot of the information already.

The question is, how do you actually move the ball forward?

How do we actually practically address these issues?

And that's what the work of the NIA is all about.

It's actually looking at issues that actually can prevent healthy aging but also support people to age better in Canada.

And this is the goal of what we want to do, is understand all the evidence that actually is out there.

Look at everything, put it all together, look at what other countries are doing, and how can this actually inform a clear policy regimen, and an area of action that groups like RTOERO and others can actually pursue?

And so we're really proud that a lot of different experts from across Canada, the Who's Who of those who've written about this all came forward and we're more than happy to actually look through our report, give us lots of really good feedback, so that we could actually make a really impactful report that already the federal government is very excited to receive, amongst other jurisdictions as well.

So what did we learn when we actually looked at other countries and see how they're addressing this?

What was interesting to see is how many other countries actually have been developing some quite substantial approaches.

So there was in the United Kingdom, something called the Jo Cox Commission on Loneliness.

And this was launched in 2017.

And basically what actually came out of the work in the UK was actually, some of you may have heard that they actually established a Minister of Loneliness or a Minister Responsible for Loneliness because they realized it's such a significant societal issue.

It has significant costs, both personal, emotional and financial associated with it, that really this needs to not just be something that say the Minister of Health or a Minister of Junior Social services, but you need to have almost what we call a whole of government approach.

And so with this, with these results, they actually help to establish an organization called AgeUK.

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And this is a new charitable organization that provides nationwide community based support for and mapping isolation as well.

And so they've also been done a number of really cool initiatives across the UK.

One initiative that they did in the county or the area of Wirral was actually they did a great door knock.

They actually used data to actually map out what communities in the UK could be at high risk of experiencing social isolation.

And they literally did an initiative where they actually had people go to every single door, knock on people's doors, identify people who might self-identify as being lonely and isolated, and then give them information on how they could link in to local social services and other support so that they could be become better connected.

And so they've been now doing these as initiatives across the country, but also some other unique and interesting opportunities as well.

In Japan, they actually created a basic active measures for the aging society, and this created a comprehensive program of outreach that has worked to help seniors participate socially through community programs and also connects isolated seniors to social services and care at home.

And one of the neat initiatives, for example, that we've read about, is one that's actually carried out by the Postal Service in Japan, so Japan Post.

Where again, relatives or individuals can actually fund the support of the local postal officers who will not only deliver your mail, but also check in, see how you're doing, and also send notes to loved ones if you want to let them know that you're doing okay.

And so some really interesting initiatives as they've tried to look at these issues on a more comprehensive basis in Japan.

Australia and New Zealand have actually made some really strong efforts.

Australia actually created the Australian Coalition to End Loneliness, and this really has specific targeted government and community support programs.

It also has an initiative to integrate universities, nonprofit organizations, community groups and volunteers and it's created some various themes, like the National Community Visit Scheme as well as again ways in which they can get people better connected and supported so that they're feeling less isolated and lonely in their communities.

New Zealand in 2019 also launched their Better Later Life strategy and really focuses on supporting financial security, health, housing, social connections, and accessibility.

And they also established an organization called Loneliness New Zealand as a charitable organization to foster connectedness and to serve as an educational resource as well.

So again, opportunities to kind of look at this.

And even, believe it or not, in the United States, there are actually some really cool initiatives that they've actually launched.

They even have a program, for example, that's been funded for years in the United States that actually gives older adults really a number of opportunities to get connected and contribute to their communities.

So one of the programs that we talk about is a program that my colleagues started up at Johns Hopkins and that's called, I've just forgotten the name now, but I think it's called the Senior Corps.

Kind of like the Peace Corps.

But it's a really cool program where they started in Baltimore, where they got groups of older volunteers together who wants to make a contribution to a local school of their time and their efforts.

And this is where, especially for retired teachers, it's a cool opportunity where older adults could be linked in with the school and provide support for students who might need support with reading, arithmetic and just some mentorship and support.

And by doing that, they actually found they actually researched this and found that it actually helped support the better health and, well-being, not only of the older volunteers themselves, but also supported educational attainments.

And it's not called Seniors Corps, I just had my seniors moment there that you witness, it's called the Experience Corps, which I thought was a really cool name.

They also have other initiatives where they actually fund or they fund older adults or folks with a very modest stipend, only a few dollars an hour.

But it's really not geared to giving people paid employment, but really helping people work with others in befriending schemes or other ways to help combat social isolation.

And it's been a wildly successful program.

It's not massively, well funded, but it's running in a number of US states and has been a really good mechanism where people find it's a way to contribute to their local communities, to provide mentorship and support, and a way to provide and stay connected and have a sense of purpose.

So some really cool programs that exist and what we did was, in our policy paper, we documented what was going on across these five countries in particular, to give us a little bit of inspiration, because we don't have any national themes like this.

We have some initiatives and I'll refer to those just shortly.

So how can social isolation and loneliness be addressed in Canada?

Well, there are some government led initiatives in Canada.

For example, the federal government has something called the New Horizons Fund that many folks here might be familiar, familiar with.

And that's the funds, basically, that puts out grants upwards of $25,000, usually time limited for about a year, to help groups organize and do events that can help them stay socially engaged, and other things.

The challenge with some of these programs is it's limited one time funding, for example.

So depending on if the scheme is launched year after year here, you always have to constantly apply.

So it doesn't allow for a lot of sustainability.

British Columbia has created a new initiative, their Transportation Services for Seniors, and other governments have created various kind of mechanisms where they're supporting community transportation options to really help people organize and do better that way.

Ontario has a Seniors Community Grant Program similar to kind of the federal government's New Horizon Fund.

And again, these are one time kind of gifts or grants that can go out over the course of a year.

And then you look at Nova Scotia and Quebec and they've come up with some plans and programs, for example, to try and better address some of these issues through action plans and other initiatives as well.

So community based programs that have been developed really at a grassroots level, one is called the Social Prescribing Pilot Project, and it's an example of where physicians, for example, are being encouraged to socially prescribe opportunities for others to help combat social isolation and loneliness.

And that might be by getting people involved or linking them to a community based social worker that can connect them with other activities happening in their community or free exercise and fall prevention classes, or other initiatives to get people together.

Home Share is kind of an interesting initiative because it really kind of tries to tackle both loneliness and social isolation, but also enabling older people to stay, feel secure and more safe on living in their communities, but also creates an opportunity for what we call inter-generational solidarity.

And so an initiative called Home Sharing that was started in the Halton Region of Ontario and also then expanded to the Oshawa Durham region, was then pilot tested.

I helped the city of Toronto receive a grant to try this model.

They piloted a program in partnership with the National Initiative for the Care of the Elderly based out of U of T.

And then this actually led to a successful pilot, got a lot of media attention where, again, they were matching older adults who might be over housed, they might have a spare bedroom in their house, with a younger person, a student who is looking to get cheaper rent.

But also, in this relationship, make a commitment to an older person by maybe helping out with some tasks around the house and providing some companionship and support.

And the program was so successful that now it's being continued in Toronto.

It was expanded to Barrie, and now this home sharing initiative has received a grant to try and expand it to cities across the country as well.

The Retired Teachers of Ontario and ERO, as I mentioned, has also been conducting his own campaign on social isolation and has also put some funding towards initiatives that are really trying to address these opportunities.

So they're government led initiatives, and there are also community based programs.

But again, lots of different things,but not necessarily an overarching or key overall comprehensive approach being led by either provincial or federal government at the moment, if you will.

One initiative that was funded by the New Horizons for Seniors program, and this was a few years ago where the New Horizons program made some larger, more substantial grants to combat social isolation and loneliness.

And perhaps the most successful example was a program based out of Hamilton called the HSIIP Program, or the Hamilton Seniors Isolation Impact Plan.

Basically, these were big initiatives that basically brought together 200 organizations, businesses and community groups, and basically over a three year period through which they had funding, they were able to serve over 1500 isolated seniors and 390 additional family members or friends with the supports that they were actually putting together.

And basically they were able to reach lived within the Hamilton area.

And of those isolated seniors, they felt that 8.8% of them were now participating in more activities, were feeling more valued by others, and 9.5% of them were feeling that they are more connected to the programs there.

So again, it was an initiative that was really kind of comprehensive and was able to bring people together, raise awareness and then make some incremental benefits in the lives of people.

But again, this is an example of a federally funded program that was around for a few years and then once the funding stopped, for example, it became hard for this and many other initiatives across the country to continue going.

So, the question is, are we evaluating these programs well enough and are we seeing what works, for example, to inform what could be our overall strategy in Canada.

So overall, there are gaps and opportunities that we've identified.

One is that there's societal awareness of isolation and consequences, and that of loneliness as well, is something that we need to have more awareness around because I don't think everybody is aware of how much of an issue this can be.

I think certainly the pandemic helps us start raising these issues, but certainly there needs to be more side awareness.

We also need to do more focused research and evidence gathering and mapping of isolation as well.

Some countries have shown how they've done it and how it can be done.

But again, this is the sort of information that can be helpful to help to create more focused initiatives.

There needs to be better access to information and public education as well, to really support people to get access to the information they need to be connected and know how to combat these issues if they spot them.

The concept of age friendly communities, or age friendly cities, is another great initiative that really tries to think about creating opportunities for people staying connected within their communities and being better supported.

And finally, how do you coordinate responses and interventions?

These are some of the gaps and opportunities that clearly exist and our opportunities.

So, like other countries, our final policy recommendations that we've landed on in our work and in consultation with other experts, is really focused around the federal government and thinking that the federal government should create a national strategy

to comprehensively address the growing issues of social explanation and loneliness in older persons.

So we take this approach as the five other major countries that I identified have also done to a certain extent.

And we said to advance this national strategy, number one, we should actually adopt consistent national definitions and focus on clearly identifying scope of social isolation and loneliness.

Right now, because we don't have an accepted national definition of loneliness or isolation, it makes it really hard for us to say, are we speaking about the same thing?

Because often there's so many different definitions floating about.

For example, it can be hard sometimes for people to understand, are we all talking about the same thingand are we looking at it the same way?

It's also important to raise awareness, destigmatize and promote best practices to support older Canadians to combat loneliness and social isolation.

We also think it's important to raise public and provider awareness on the risks and negative health consequences as well.

It's really important because, again, if providers are not aware about these issues, they may be less likely to screen for these issues as well.

We also know that we need to have research efforts to further understand the impact in Canada of loneliness and social isolation and evaluate the effectiveness of interventions.

So how do we know that if we have a limited amount of funds, where are we going to get the most bang for our buck?

Is it refunding kind of the agency program in Hamilton, or is if we were to do things differently, would we get even a greater impact, overall.

We think that we then need to then support the building of collective capacity of organizations to address these issues and improve their service delivery models.

And finally, prioritize equity, accessibility and inclusion, including digital literacy and access to technology as well?

So these are the core recommendations, and obviously we have lots of text that accompanies each of these to help present a blueprint of what we could potentially do to move this issue forward at a national level.

So with that, I'm going to stop.

And I think we have plenty of time.

We have about 20 minutes for questions, and I'm happy to take them on anything related to what we talked about today.

So I'm just going to stop sharing my screen and then bring it back to Mike and the team so that we can have some good questions and answers.

Mike Prentice:

Thank you, Dr. Sinha, glad we have time.

We have a lot of questions as we knew we would so much valuable information and so many important insights that were just shared.

And there's already a number of questions in the queue.

So I think, as Diana mentioned in the chat, if you have, if anyone has another question, any questions, please use the Q and A button to submit, and we'll get to as many as we can.

I'm just going to pick some out here that are a lot of interesting questions.

Maybe I'll start with this one because you just near the end of the presentation, Dr. Sinha, mentioned the responsibility of the federal government.

And there's a question in here about the responsibility of the provincial government as well.

And so the question is, what evidence is there that the present government is taking significant steps to improve elder care with concrete policy initiatives and funding?

Can we be confident that things will happen in the next in the coming years?

Dr. Sinha:

It's a great question, because I think part of it is, we talk about the issue of loneliness and social isolation, but we can't think of it in isolation as to other things that need that are really important for older Canadians.

So, one thing that we've been advocating for, as an Institute for years now, is the need for a national senior strategy, right?

Because, again, being an older person is not a story of loneliness and social isolation.

It's one of those things that can threaten healthy aging, for example.

But there's so many other things that can contribute.

Again, we talked about late life poverty, for example.

So how do we address that?

Because if we do a better job on that aspect, for example, if we can help people stay healthier and well, if we can help people be better connected, whether that be through transportation or other supports, for example, all these things are interrelated concepts.

And I think I want to make sure that people appreciate that.

One thing we've been advocating for years is for a national senior strategy.

Because right now the federal government will say, We've taken great action on addressing this.

It's called the New Horizons for Seniors Funds.

But again, it's about doling out grants every year for time limited initiatives that don't really help organizations with a national or more of a local focus actually say, this is what we're going to do.

It's often project based, run some seminars, do this, do that, do some bus trips together.

But again, how do you sustain things in a more meaningful way?

And I think that's what other countries have been doing.

So we've really talked about, first of all, we need a national senior strategy.

And when you look at if you go to our website, www.national seniors strategy.ca, you'll then find how we actually talk about these concepts of how do we support older teams to lead independent, productive, and engaged lives?

How do we think about leading

healthy and active lives?

How do we support more

care closer to home.

And how do we recognize caregivers?

Right?

And we haven't even talked about caregivers who are at high risk for loneliness and social isolation with the work that they do as well.

So thinking about that framework, then if you actually click on all the tiles that we have, we talk about 14 specific areas, including one that really focuses on this issue of loneliness and social isolation.

Because so much of this is interconnected.

So while the federal government says we have launched this and we've written some papers about this.

Right?

Great that you've written some papers, but your papers just summarize the issues.

They don't actually say what you're going to do about it.

And while there's funding through this New Horizons for Seniors program, it doesn't really take any of the more substantial, long lasting or systemic actions that other federal governments have actually done in that way.

So we point to other countries to look at some of the initiatives that they've done.

We also look at some of the local initiatives that some provincial and territorial governments have taken on individually to look at these issues.

But are governments comprehensively address the way they should in Canada?

Not really, in my view.

Do we need to be doing more?

Absolutely.

And I think this is why we really want to dig deep into this issue and really kind of start painting, what are other countries doing?

What could we do?

And as people know, I like to do a lot of

R and D people think that's just research and development.

Yes, of course we do that.

You've got a sneak peek about what we're writing right now, but also it's called rob and duplicate.

If another country has developed the program, if we like that, if we say, yeah, we could do that as well, then great.

Let's just do it and get it done.

And so I think this is kind of what I think the state of the situation is right now.

But I think by raising awareness around these issues by working with other foundations, including RTOERO to kind of understand the issues and where we can actually make some progress.

I think that's how we can all find that sweet spot about how we address this as a country to make Canada a better place.

Mike Prentice:

Interesting.

I love the focus on, and this is really so much so important to this NIA report on what other countries are doing, I love your spin on R&D.

If you don't mind, I'm going to R&D that myself.

Dr Sinha:

Perfect.

Mike Prentice:

It's an approach we take at the foundation as well as we're trying to solve problems.

Somebody must have either cracked this or gotten closer to it.

And what can we learn from others?

So that aspect of the NIA project and report is, I think, really drew us as a foundation to it to support it.

Thank you.

Here's a question.

I love this question.

How do you include seniors from all levels, to participate in the problem solving process.

Dr Sinha:

It's a great question, right?

I mean, I think there's this line that's called, Nothing about us without us, right?

Because that's one thing that you can say, hey, I think this would be great to get people together.

But if you don't actually have older adults included in kind of the ideation, understanding the issues, what actually matters most and what would work, then most of these projects are going to fail.

And we point that out in more of the detailed description.

This report is 30,000 words, believe it or not.

It actually ended up practically being a master's thesis to the student that I supervised, who actually worked on this whole thing over the last year and a bit.

And so we really go into this.

But I'm glad someone asked that point because it's about making sure that whenever you're going to do an initiative, you have to bring the older person or the target audience in on this to say,

What do you think about this?

How would it work?

And there's some really good frameworks out there that really speak to how you really need to have older people a part of this to think about what would work, for example.

And the more that you can actually include different generations, for example, younger people and older people together, in some of these initiatives, it can actually be even better.

Because, again, remember that loneliness and social isolation, while a lot of people like to pin this as an issue of old age, it really is actually more of a severe problem in millennials, for example, and people who are in their

They have some of the highest rates of loneliness and social isolation, even though people wouldn't naturally go there.

And so you can now start seeing why these opportunities where the Experience Corps that pairs older and younger people together, why home sharing, which brings older people and younger people together.

It's not just about combating loneliness and isolation, but it's also a way of intergenerationaltransfers of knowledge and skills in a variety of ways, which I'm sure many of you would have fully appreciate and understand.

Mike Prentice:

Thank you.

Here's an interesting question.

Not sure if you will see what insights there are around this.

The question is,

To what extent has the problem of loneliness in Canada been exacerbated by the fact that we have moved from a primarily rural population to an urban one?

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Insight around isolation and loneliness depending on where you live and what kind of community you live is an interesting question.

Dr Sinha:

No, it's an excellent question, right.

And I don't think people have necessarily studied that.

Right.

I think what we do know is, for example, that people who are living in more rural and remote communities are higher risk of experiencing loneliness in isolation.

Just generally because there's less people around, and it's harder to stay connected.

Especially if you don't necessarily have access to transportation, access to family members, for example.

And there's higher rates of poverty in rural locations compared to urban locations.

So there are just some of those factors that make it more likely for people living in rural and remote communities to experience more loneliness and isolation.

So while people would say, okay, well, it must be going down in urban settings, that's not necessarily the panacea, either.

Because again, if you're still experiencing those issues where affordability, housing affordability, ability to transport oneself around, we realized that there are equal challenges at work in urban communities.

It's not kind of one works better than the other, because people would sometimes argue that in rural communities where everybody knows everybody, there might be a better approach and effort for people to look out for each other and support each other well, where it's more easy to become more anonymous in an urban setting.

But this is that fascinating piece is that reminding ourselves that people might not be socially isolated, but they could be really lonely, like they could be living with other people in a house and feel desperately lonely or feeling very isolated.

And therefore these are really complex issues.

And I think that's why it's important to kind of understand them both as unique concepts, but ones that can often be experienced in combination and appreciating all the different factors realizes so many other things that we do can actually help influence kind of people's experience of loneliness and isolation.

Mike Prentice:

It makes a complex situation much more complex with the fact that there's not a one size fits all solution.

And depending on the community you're in, the type of loneliness and or isolation you're experiencing, the solution may be slightly different.

Dr Sinha:

Yeah.

And I think the other aspect is that because there's no one standard accepted definition for what loneliness or isolation is, we spend a lot of time saying, Well, what should the definition be?

And what definition do you accept?

And how, if the federal government is funding lots and lots of money for all these programs to combat it, shouldn't we all be using the same definition?

And shouldn't we all be using the same measures?

So we actually talk about the tools that can measure this in the same way.

Because otherwise you'd have, I'm sure it was a bit confusing at the beginning saying, Wait a minute.

Is the 23% or is it 27%?

And that all depends on how you measure.

That's why we have some reports saying 80% of people are lonely and others saying that only 20% are lonely.

It makes it really hard to do apples to apples comparisons.

And then also from a research standpoint as a foundation, for example, that funds research, we want to basically have maybe develop a consensus in saying, this is how we're all measuring loneliness and social isolation.

That way, if you're funding a program, two different programs, and you say, wow, okay, well, when we look at this measure this program is much more effective than that.

Then it can actually help people understand what to fund and what to support, moving forward when we think about effectiveness of interventions.

Mike Prentice:

Right.

Excellent.

Time flies.

We're closing in on 02:00, and maybe we'll try to get through to maybe two more questions, if we can.

Here's an interesting question because I think it's important you, Dr. Sinha, have been very present in the conversation around long-term care and a lot of the issues that have come to light during the pandemic.

So here's a question:

Since long-term care has such a high percentage of residents experiencing social isolation, are there priority strategies being implemented?

And if so, using what approach?

Dr.Sinha:

It's a great question.

And I think one of the things is that often when you think about long-term care regulations or guidance, it's often talking about providing people care, meeting their basic care needs, for example.

But we often think about, we don't often think enough about quality of life and how we're supporting that, and supporting people's social and mental well-being, as well.

So I can tell you that certainly our Long-term Care Standards Technical Committee that's currently working on what should these standards focus on and what should they look at?

We really focus that, wow, a lot of the stuff out there focuses on avoiding pressure ulcers or preventing falls, for example.

But there's not a huge emphasis on thinking about what our standards that focus on quality of life and people's emotional and social well-being, and how do you foster that?

And often we've heard a lot of that, and this is actually quite top of mind recently, because over the last few weeks we've really been talking about these issues and how we need to actually have more of a focus to say these are things that should be addressed.

So there are some initiatives that are happening, and certainly some homes that put more emphasis on these issues, for example, are doing creative things to really try and tackle these issues and making sure that people feel included and supported.

But certainly when it's not really a clear focus of what long-term care homes do, it can be very easy for us to forget about how this is just as important an issue when we think

about how easy it is to become lonely and isolated, especially during a pandemic in a long-term care retirement home as well.

Mike Prentice:

Thank you.

Thank you for that response.

I think we have time for one more and then close out the presentation.

This is an interesting question.

I'll maybe give you this one last, but it's something that we sometimes ask ourselves at the Foundation, and we sort of mulled over this a little bit, is the issue of with social isolation and loneliness, as we know, with a lot of ailments or situations that sort of negatively affect our lives as they creep.

Right.

And there's not always a specific moment that you know, that it's happened.

And when that moment does come, you're often sort of too far down the path, and it becomes hard to reverse course.

So there's a question here that is interesting.

Are there characteristics, or any way of knowing or assessing with someone who's younger, 40, 50 years old or, I guess even 60, I guess the question applies to any age...

But are there characteristics or signs in someone that will predict a situation of loneliness or isolation as they get older?

How can we know? How can we prevent ahead of time? What can we do, if anything? Yeah.

Dr. Sinha:

I think it's notion that when you look at those risk factors that I was pointing at earlier, for example, right.

So some of those risk factors think about one's health and well-being.

They also think about, again, if you're aging alone or if you're aging with a small social network, for example.

These are things that potentially can be modifiable down the road.

So it's always looking at what are the risk factors?

And then what are those what we call modifiable risk factors?

So, again, if one can manage to stay healthy and well, for example, is more able to be physically independent, can navigate their community, do those sorts of things by remaining in good health, that's a good way to focus on that.

It's a motivation to stay healthy, or work to being healthy, because that could actually help combat that issue.

At a more granular level, right, we know that people who are living alone, for example, when they're older and maybe because they don't have anybody in their life or other people, they've lost people over time, they've outlived family members and friends, those are all risk factors to becoming more lonely.

So my colleague Lyndsay Green, who's a sociologist and she's written some great novels on aging in Canada, I remember in one of her books she talks about this notion of, after the age of 50 she talks about I think it's called an emotional retirement plan.

And she says you talk about your RRSPs but she talks about the other concept called your ERCP.

I forget the exact term she used, but it was really cool because it says after the age of 50, deliberately go out and make a new friend every year.

Right.

Because again, you're going to lose friends over time.

You're going to out live some family members and friends over time.

But if you're constantly kind of being social and finding new ways to connect with people of different ages and different stages, you're always growing that network.

Because she says it's almost a buffer that you can have later on.

Because again, why do older people suffer less loneliness, isolation compared to younger people?

It's again, it's about having those strong, deeper connections with other people.

And we know that those who actually have more meaningful social connections.

So it's not about how many friends you have on Facebook, it's about how many people that you actually on a regular basis are connected to, staying in touch with, really are involved.

That actually predicts living a few years longer by being engaged.

So getting involved with organizations like RTOERO local chapters, making new friends, volunteering.

My mom and dad just retired right before the pandemic.

And I was really thrilled that my mom, they're both working full-time as doctors, dad's now golfing more than ever.

He likes to see his buddies do that.

He likes to attend set webinars like this.

I'm sure they're watching.

And then my mom, she actually decides to go become a master gardener.

So she did all her coursework.

She passed her exams, but she has all these practicums that she had to do.

And through that, she met new people and she made new connections with others.

And so it's always lovely for me to hear about the new things they're getting involved in.

They're making new friends.

They're getting involved in politics, like the politics of new friendships.

And I like that because they're living.

They're making new connections, they're staying engaged.

And I think it's again a way that you can never be too old to do this.

So you're never down and out.

There's always some ways you can get engaged.

And I think it's always looking around your communities, find out what am I interested in, and then trying to get involved.

And it's not about doing it one thing in one way.

It's about thinking about this in incremental ways in which one can stay better connected with others and better supported as well.

Mike Prentice:

Fantastic advice.

Thank you.

Joanne Murphy:

Yes.

I noticed, Dr. Samir, that there are a couple of questions that really need to be answered, maybe privately.

Do you see the questions?

Dr Sinha:

I can see all the questions.

Joanne Murphy:

Okay.

I don't want to bring them up on screen.

But perhaps when you look at all the questions, you might notice which ones I'm speaking of.

Mike Prentice:

Yeah, we're tracking them all so we can share.

Joanne Murphy:

I think there are two that need some attention.

Mike Prentice:

Yes.

Agreed.

Okay.

Joanne Murphy:

Thank you very much.

Mike Prentice:

Thank you.

Thanks, Joanne.

So, as mentioned, just at the top of this presentation, we are wrapping it up now.

Just give me 1 minute to wrap it up.

This is the RTOERO Foundation's

Awareness Month Campaign.

Along with bringing you great content, like today's Webinar, we are also raising funds for our grant programs so we can continue to support academic research and community-based projects to address exactly the issues that were discussed today by Dr. Sinha.

So if you'd like to support the foundation, you can reach us by phone or mail, the information is up on your screen right now, or visit us online.

Thank you in advance for your support. I want to also mention to everyone who's with us, as soon as this closes, which will be in about 1 minute, there will be a link sent to you.

A very, very short survey, takes about 1 minute.

It's important for us to get feedback from participants so we can continue to improve on our Webinar program and bring more like these two.

So again, from everyone at the foundation, from all those in attendance, a huge, huge thank you to Dr. Samir Sinha for taking the time to join us today and deliver such an important presentation.

Dr. Sinha, is there anything you'd like to add before we finish?

Dr. Sinha

No, just thanks again for everyone's attention.

And certainly I'm hoping that this is helpful for many and we look forward to continue to partner with RTOERO.

Mike Prentice:

Thank you so much.

And to everyone for joining us today, thank you.

The foundation has two more webinars planned this year, so keep an eye out for those registration emails.

And this concludes today's webinar from the RTOERO Foundation and our guest, Dr. Samir Sinha.

Please, everyone, stay safe, stay healthy.

Until next time, thank you.