



## **SENIORS FOR SOCIAL ACTION ONTARIO**

### **Loneliness, Isolation, and Elder Care**

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Prior to the pandemic, there was already deep concern with the number of people in North America who were experiencing loneliness and social isolation. Studies have consistently shown that about a third of Canadians identify a weak sense of belonging, and as many as 25 per cent report feeling lonely frequently.<sup>1</sup> The pandemic has exacerbated this issue, with people of all ages reporting increased loneliness and social isolation.<sup>2</sup>

It is now well-established that loneliness has significant health consequences. Numerous studies have demonstrated a strong link between loneliness and suicide.<sup>3</sup> Recent research also shows that extensive loneliness and social isolation has a negative impact on brain structure and functioning.<sup>4</sup> This explains why older adults who are lonely are more prone to experience cognitive decline and to develop dementia.

Loneliness also impacts physical health and well-being. In a comprehensive study with 3.4 million people, researchers found that loneliness increased the rate of early death by 26 per cent.<sup>5</sup> We can think of loneliness and social isolation as a type of stress that amplifies the effects of other stressors. It is a biological warning that can prompt cardiovascular disease and increase the risk of clinical depression.

*The evidence is clear – people with strong relationships and social networks of family, friends, and neighbours are healthier and happier.*

The impacts of loneliness and social isolation are heightened in the elderly. Although loneliness tends to increase with age, it appears that the change is typically due to increased disability or chronic illness, as well as decreased social integration and participation.<sup>6</sup> The impacts of loneliness and social isolation are more severe with people who are vulnerable.

Sadly, our current systems of elder care in Ontario often contribute to loneliness and social isolation. The institutionalization of elders in long-term care is a case in point. We have known for more than thirty years that people's health and social connections deteriorate when they are placed in a long-term care institution. As feminist Betty Frieden pointed out in her classic book, *The Fountain of Age*, when people are forced to disengage from family, friends, and community, they are much more likely to suffer from isolation and mental health issues.<sup>7</sup> Not surprisingly, people in nursing homes typically experience boredom, loneliness, and helplessness.<sup>8</sup>

The pandemic can be a wake-up call to pay more attention to relationships and human connection. There are four things that governments and elder care planners could do to reduce loneliness and make a difference in people's quality of life.

First, elder care could be guided by an *aging in place philosophy*, helping to ensure that people would not be isolated or lonely. Relationships and social connections would be honoured and nurtured in all aspects of planning and assessment. The importance of inclusion and belonging would guide elder care service development.<sup>9</sup>

Second, *home care with direct funding* would be greatly expanded and enhanced. When home care provides direct funding to individuals and families, it allows people to have control over their supports. Typically, with direct funding,

people hire people they know as well as neighbours and friends, enabling them to feel less isolated and to have more consistent support. Another benefit of direct funding is that it helps address the worker shortage in elder care.

An effective direct funding program would also provide supportive assistance to help people maintain existing relationships as well as develop new connections. Supportive assistance also helps people to plan other areas of their lives that will enhance quality of life. This could happen with the use of community facilitators or enhanced case management. This approach is already happening in some areas of disability.<sup>10</sup>

Third, community organizations would have the *resources to help reduce people's isolation and loneliness* before they had serious health issues. Community supports such as support circles, bring family, friends, and volunteers around a person, often allowing them to stay in their own home. There are examples of excellent community supports across Canada that could be replicated with proper funding.

Fourth, for the frailest adults, *small community homes* could be developed in local neighbourhoods, where family, friends, and neighbours could continue to visit. As research shows, smaller homes for people with dementia get much better outcomes than people in large institutional settings.<sup>11</sup> Municipalities have already been shown to be effective when they have the power to deliver social services.

For critics who say that we cannot afford such alternatives, consider that the Ontario government will be spending up to \$10 billion a year on long-term care institutions within a few years.<sup>12</sup> And the federal government has earmarked a large amount of money for long-term care. We need to spend this money wisely by re-allocating much of it to enhanced home care and meaningful community

alternatives. How a society spends its tax dollars say a lot about its values and priorities.

Helping vulnerable people live full lives in community requires imagination and creativity – it is far more than just keeping people safe. We now know that social support is an important buffer for health and well-being. Imagine if all supports for elders were based on relationships, the importance of social connections, and the power of community. Elder care deserves such a change.

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