



IMPACT OF LONELINESS & ISOLATION

NEIGHBOURS ENVISIONS ALL PEOPLE LIVING LIFE TO THE FULLEST IN VIBRANT AND HEALTHY COMMUNITIES

LONELINESS & ISOLATION

are related concepts, but they do not mean the same thing

Older adults (65+ years)

40%

Experience loneliness ¹

7-17%

Are socially isolated ¹

LONELINESS is a subjective feeling. It is the perceived quality of a person's relationships. It is possible to be surrounded by people, but still 'feel lonely' because you may not connect with anyone.

ISOLATION is objective and can be measured (i.e., the number of interactions people have with others). People can be isolated and alone, but not feel lonely.

WHO IS AT RISK?

People are most likely to be at risk or experiencing loneliness and/or isolation if they ...

- Are older (80 years+)
- Live alone
- Have limited financial resources
- Do not see family and friends as often as they would like
- Are caregivers
- Lost a spouse/partner
- Have long-standing health, cognitive or disability challenges

LONELINESS IS WORSE FOR HEALTH THAN SMOKING 15 CIGARETTES A DAY OR BEING OBESE²



People who are lonely and/or isolated are more likely to...

Die prematurely. People who are isolated have a 50% greater risk of dying earlier than those who are connected.³



Have higher rates of **stress, anxiety, depression and cognitive decline.** Isolation increases the risk of dementia by 64 times.⁴



Engage in **risky health behaviours** such as eating poorly, being sedentary, and smoking.⁵

Loneliness and isolation are linked to

32%

Heightened risk of having a stroke ⁶



29%

Increased risk of a heart attack ⁶

Sources:

1. [Tackling a silent beast : Strategies for reducing loneliness and social isolation.](#) McMaster Optimal Aging Portal, Feb 6, 2019.
2. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci.* 2015;10(2):227-237.
3. ["Connected Communities Report", 2017 Annual Report.](#) Chief Medical Officer of Ontario, released March 2019.
4. Holwerda, T. J., Deeg, D. J., Beekman, A. T., van Tilburg, T. G., Stek, M. L., Jonker, C., & Schoevers, R. A. (2014).

5. [National Seniors Council. Report on the Social Isolation of Seniors, 2013-2014.](#)
6. Valtorta NK, Kanaan M, Gilbody S, et al. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart* 2016;102:1009-1016.

LONELINESS & ISOLATION COSTS OUR HEALTH SYSTEM



Isolation is associated with increased emergency department admissions, longer lengths of stay and delayed discharges.⁷



Socially isolated older people are more likely to experience falls; and, have a four-to-five times greater risk of hospitalization.⁸

\$960M⁹

The government of Ontario spends upwards of \$960M extra per year caring for older people who are isolated, compared to those with similar needs who are better connected.

Top 5% of users

People who are isolated and disconnected are more likely to be in the top 5% of health service users, a population that will cost Ontario's health system a projected \$16.5 billion in 2018-19.¹⁰

People who are connected to their peers and community are happier, enjoy better health, use fewer health services and recover faster when they are sick.¹¹

HOW CAN WE ADDRESS LONELINESS AND ISOLATION?



Invest in community programs, like Neighbours, to nurture connections and improve health and well-being. We need to pro-actively identify and support those who are experiencing loneliness and isolation.



The Neighbours initiative works with whole communities and government to strengthen community networks and support people to live happier, healthier and connected lives, as defined by them.

To learn more about Neighbours and see how you can get involved, visit us at healthcommons.ca/neighbours



NEIGHBOURS INITIATIVE

Neighbours improves people's quality of life by reducing loneliness, isolation and unmet health and social needs. Neighbours works with communities to:



Empower participants to define, communicate and direct their health and social needs.



Activate neighbourhoods, informal resources and networks, including peer-to-peer support, to help participants access the supports they want and need. For example, Neighbours encourages people to share their time and talents with each other through social events.



Collect and use comprehensive health and social data to inform planning and service delivery.



Create pathways between formal and informal supports so participants always feel supported and no one falls through the cracks.

Sources:

7. Hastings SN, George LK, Fillenbaum GG, et al. Does lack of social support lead to more ED visits for older adults? *Am J Emerg Med* 2008;26:454-61. doi:10.1016/j.ajem.2007.07.005

Landeiro F, Leal J, Gray AM. [The impact of social isolation on delayed hospital discharges of older hip fracture patients and associated costs.](#) *Osteoporos Int* 2016;27:737-45. doi:10.1007/s00198-015-3293-9

8. Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3), 137-152

9. Ontario estimate extrapolated from US data. Flowers, L. et al., (2017). "[Medicare spends](#)

[more on socially isolated older adults.](#)" Each year, Medicare spends \$1,600 MORE for each socially isolated older adult than if the person were connected. 2.4M seniors reside in Ontario. 1 in 4 seniors are socially isolated or persistently lonely. This represents \$960M in potentially avoidable expenditures in Ontario.

10. *Connected Communities Report*™, 2017 Annual Report – Chief Medical Officer of Ontario, released March 2019.

11. *Connected Communities Report*™, 2017 Annual Report – Chief Medical Officer of Ontario, released March 2019.



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Updated June 2019