Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program
Newfoundland & Labrador Centre for Applied Health Research

Strategies to Prevent Social Isolation Among Older Adults in Rural Communities: An Evidence Scan

Search focus: For this *Rapid Decision Support* report, CHRSP researchers searched for and identified research evidence that examines social isolation in older adult populations with a focus on: (a) people living in rural areas in Canada, and (b) community housing as an intervention. Our search included a broad range of articles that describe interventions designed to have an impact on social isolation as well as articles that identify barriers and facilitators to reducing social isolation amongst older adults.

What we found: This report summarizes articles published between 2019 and 2024 and includes 18 documents: 8 systematic reviews, 2 scoping reviews, and 7 primary studies. References are separated by category and listed alphabetically within each category. Quotations in bold text highlight key findings, specific references to community housing, social isolation, Canadian setting, and rurality. We have also excerpted information related to key methods and gaps in the literature.

Content summary: This report comprises two sections:

- articles about social isolation in older adults with a focus on rural areas, and
- articles about social isolation in older adults with a focus on rural areas that also explore community housing as an intervention.

In the literature, social isolation is explored as an individual outcome as well as being described in terms of social exclusion, social connectedness, loneliness, social networks, and social participation.

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While there is a focus on rural areas in Canada, where we located articles that referred to other locations with similar features in terms of rurality/ geography, we included those as well (e.g., the Republic of Ireland and Northern Ireland).

Key concepts such as "older adulthood," "rurality," "social isolation," and "community housing" were not always strictly defined in the articles. Wherever possible, the authors' definitions of those concepts have been highlighted for readers.

The definitions included in this report are listed below:

- **Older adults:** CHRSP researchers included studies that looked at people from a broad range of ages and that we would define as "older adults." This included studies that used terms such as: mid-life, older adults, seniors, and elderly populations.
- **Rurality:** We included articles whose rural populations aligned with the Government of Newfoundland and Labrador definition of rurality as "…communities outside the Census Metropolitan Area (St. John's), the four Census Agglomerations (Bay Roberts, Corner Brook, Gander and Grand Falls-Windsor), or a community with a population of 5,000 or more not already a part of the CMA or the CAs (Clarenville, Deer Lake, Happy Valley-Goose Bay, Labrador City, Marystown and Stephenville)."
- **Social isolation:** In the articles, social isolation has generally been defined as an objective measure of the quality and/or quantity of a given participant's social connections. Social isolation is often distinguished from the term "loneliness," which is more typically described as being a subjective experience.
- **Community housing:** Multiple forms of community housing were described in the literature, but all had similar overarching concepts: shared ownership, common space, close proximity to other residents, and/or shared living responsibilities.

Section 1: Articles About Social Isolation in Older Adults with a Focus on Rural Areas

Reviews

Ejiri, M et al. **Predictors of older adults' objectively measured social isolation: A systematic review of observational studies**. Archives of Gerontology and Geriatrics. May-June 2021. (**LINK**)

- **Study type:** Systematic review and qualitative synthesis (10 studies, 2 in Canada)
  - "Most studies were cross-sectional and published in the past 20 years. The risk of bias score ranged from 3 to 6 for the individual studies, indicating a moderate to high risk."
- **Aim:** "to 1) systematically review and synthesize the predictors of objectively measured social isolation from observational studies that have treated isolation as an outcome in community-dwelling older adults, and 2) overview previous studies in this area and reveal an agenda to develop future research."

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- **Methods**: "A total of 1,536 articles were identified through the databases, and the titles and abstracts of 1,161 articles were screened after duplicates were removed. After this, the full text of 32 articles was screened, and finally 10 articles were included in the qualitative synthesis."
- **Results**:
  - "The assessment measures for social isolation and proportion of isolated subjects varied greatly across studies. Findings on the predictors of social isolation from each study were clustered into four categories: socio-demographic factors, physical health factors, psychological and cognitive factors, and social and cultural factors"
  - "**Older adults who lived in urban areas were likely to be isolated when compared to people who lived in rural areas**"
  - "Participation in community events or group activities was the only factor that related to a decrease in social isolation, both cross-sectionally and longitudinally. Such participation is called "social participation," and enables interactions with others in society or in the community"
- **Gaps:**
  - "After synthesizing the articles, some issues became clear: there were few longitudinal studies and the assessment tools to measure social isolation were not unified; socio-demographic factors were mainly examined as predictors, while variable factors were rarely examined; and predictors were affected by regionality and ethnicity of the studied population and the type of isolation. This study provides some suggestions for future research directions."
  - "Only one was a longitudinal study, while nearly all others were cross-sectional. This is the first cause for an increased risk of bias for each study. This also indicates that research on the predictors of social isolation is still ongoing. The lack of a longitudinal study represents a huge limitation to this body of research."
- **Conclusions:**
  - "It was difficult to confirm these predictors conclusively because of the cross-sectional study design and a huge variety of assessment tools for social isolation. This result suggests the need to build consensus on the appropriate scales and standard cut-off points for assessing social isolation. Furthermore, longitudinal studies are urgently required…When considering predictors of social isolation, it is also essential to consider the regional and ethnic background of the samples studied."

Hoang, P et al. **Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults: A Systematic Review and Meta-analysis**. JAMA Netw Open. 2022. (**[LINK](#)**)

- **Study type:** Systematic review and meta-analysis (70 studies)
- **Aim:** "To evaluate interventions, targeting older adults, associated with a reduction in loneliness and social isolation"
- **Methods:**
  - "Seventy studies were included in the systematic review (8259 participants); 44 studies were included in the loneliness meta-analysis (33 in the community with 3535 participants; 11 in long-term care with 1057 participants), with participants' ages

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ranging from 55 to 100 years. Study sizes ranged from 8 to 741 participants. Interventions included animal therapy, psychotherapy or cognitive behavioral therapy, multicomponent, counseling, exercise, music therapy, occupational therapy, reminiscence therapy, social interventions, and technological interventions."

- **Gaps:**
  - o "Future RCTs should aim for more equitable representation of sex/gender and culture, and incorporate measures of loneliness and social isolation.133 Social isolation and social support require further study in Long Term Care (LTC). Future studies should consider identifying important contextual components in LTC associated with a reduction in loneliness. Methodological quality can be improved by adherence outcomes and its analyses, reporting adverse events, and implementing active controls."

- **Results:**
  - o "Most interventions had a small effect size. Animal therapy in long-term care, when accounting for studies with no active controls, had the largest effect size on loneliness reduction followed by technological interventions (videoconferencing) in long-term care"

- **Conclusions:**
  - o "In this SR and meta-analysis, exercise and technological interventions in the community had the highest precision with small effect size (ES), whereas animal therapy in LTC had the largest ES when accounting for one study comparing group to individual therapy. When exercise is combined with other interventions (e.g, CBT- Cognitive Behavioural Therapy), the benefit may be strengthened. These results require cautious interpretation due to high heterogeneity and a small number of studies, particularly with respect to the effect size magnitude."

Hussain, B et al. **Loneliness and social networks of older adults in rural communities: a narrative synthesis systematic review**. Frontiers Public Health. May 2023. (**LINK**)

- **Study type:** Narrative synthesis systematic review (50 studies)
- **Aim: "**To synthesize the literature related to loneliness and social networks of older adults in rural settings."
  - o "It is reported that social networks play a pivotal role in health and wellbeing and perceptions of social isolation and loneliness. However, despite the importance of social networks to loneliness, limited research has examined these dynamics specifically in rural communities. Given the unique context of rural areas, both in terms of fostering social relationships and maintaining health and wellbeing, this mixed-method systematic review explored evidence of the impact of social networks on the loneliness of rural older adults."
- **Methods:** "A mixed-methods systematic review was conducted through searching six bibliographic databases to retrieve peer-reviewed literature with no time limits. We performed a methodological assessment of each study using a mixed method quality assessment tool. Findings are synthesized thematically."
- **Results:**

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- o "A **social network** is a social structure depicting the connections that individuals and organizations form with one another."
- o "**Social connection** is defined by structural (size of social network) and functional (intensity of social support) aspects of social life, and the quality of social relationships (satisfaction)"
- o "The United Nations defines **older adults as persons over 60 years of age**. In the **UK, anyone over the age of 65 years** is considered an older person. By convention, the stage of elderliness is defined according to chronological age. For example, people at age of 65 and above are referred as older adults; 65–74 years old as early older adult and those over 75 years as late older adult."
- o "...it can be concluded that **rural area** has a population fewer than 5,000 and is less dense, has sparse population, low built in and is located at a distance from urban area."
- o "**Rural communities** are small settlements which have a low population density with relative homogeneity and agriculture-related primary activities"
- o "Findings revealed that social networks of older adults consist of family, friends and neighbors and continue to be developed through participation in various physical and social activities such as walking groups and participation in religious events. Social networks offer informational, functional, psychological and social support to older adults. Successful interventions to improve social networks and address loneliness were those developed in groups or one-on-one with the older adults. The key ingredient to the positive impact of these interventions on reducing social isolation and loneliness was the **formation of a social connection and regular engagement with the older adults**. However, the review did not find any explicitly reported theory or model on which these interventions are based."
- o Includes themes on:
  - Development of social networks for older adults in rural areas
  - Social networks and their impacts on loneliness of older adults in rural areas
  - Interventions to address loneliness among older adults in rural areas
- **Gaps**: "Methodologically, we observed that there is gap in the use of social network specific methods and techniques in healthcare research. If we intend to understand the concept of social networks in healthcare, Social network specific methods and techniques must be used in undertaking studies."
- **Conclusions:** "The prevalence of loneliness among older adults in rural areas needs urgent attention. Social network theory and methods can help in developing interventions to address social isolation and loneliness among older adults in rural communities."

Paquet et al. **Social Prescription Interventions Addressing Social Isolation and Loneliness in Older Adults: Meta-Review Integrating On-the-Ground Resources.** Journal of medical Internet research. May 2023**. ([LINK](#))**

- **Note:** Article does not explore rurality
- **Study type:** Meta-review

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- **Aim:** "to integrate scientific evidence with on-the-ground knowledge to build a comprehensive list of intervention terms and keywords related to reducing social isolation and loneliness in older adults."
- **Results:**
  - "The meta-review identified 11 intervention types addressing social isolation and loneliness in older adults by either increasing social interactions, providing instrumental support, promoting mental and physical well-being, or providing home and community care. Group-based social activities, support groups with educational elements, recreational activities, and training or use of information and communication technologies were the most effective in improving outcomes. Examples of most intervention types were found in community data sources. Terms derived from the literature that were the most commonly congruent with those describing existing community services were related to telehealth, recreational activities, and psychological therapy. However, several discrepancies were observed between review-based terms and those addressing the available services."
  - "Collectively, interventions under the themes of increasing social interactions and promoting mental and physical well-being were the most effective at improving social outcomes, with a higher proportion of interventions demonstrating clear effectiveness. "
- **Conclusions:**
  - "A range of interventions found to be effective at addressing social isolation and loneliness or their impact on mental health were identified from the literature, and many of these interventions were represented in services available to older residents in Montréal, Canada. However, different terms were occasionally used to describe or categorize similar services across data sources. Establishing an efficient means of identifying and structuring such sources is important to facilitate referrals and help-seeking behaviors of older adults and for strategic planning of resources."

Suragarn, U et al. **Approaches to enhance social connection in older adults: an integrative review of literature**. Aging and Health Research. September 2021. (**LINK**)

- **Study type:** Systematic integrative review (16 studies)
- **Aim:** "[to examine] the approaches that enhance social connection related to health and well-being in older adults"
- **Methodology:**
  - "Integrative reviews provide a holistic understanding of the topic, and thus, have the potential to play a role in evidence-based practice while contributing to science and theory development. An integrative review has the potential benefit of contributing to a comprehensive understanding of older adults' perspectives on social connection approaches while identifying the psychometric properties of measures used to assess the outcomes."
- **Results:**
  - "Social connection is broadly defined as a subjective sense of having close and positive relationships with others"

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- o "Four classifications of approaches were **(1) intergenerational, (2) aging-friendly communities, (3) community-based group physical activities, and (4) technology**"
- **Discussion:**
  - o "Existing research indicated that the implementation of technology helped improve some dimensions of social connection for older adults who lived at home by providing virtual social support and networks…Technology is a complement, alternative, and substitute for in-person communication and it is particularly useful for staying close with friends and families who live in rural areas."
  - o "Early intervention approaches to promote social connection are essential since the social network size of older adults declines after a death of a spouse, illness, disability, retirement, and low income which can heighten social isolation and the sense of loneliness…Our review suggested that developing social connection involved structural aspects of social relationship by providing opportunities for older adults to socially engage with other in a large social network."
  - o "The key findings for developing a community-based social connection program include the types of activities in which older adults first would like to participate and stay joyfully engaged longer than 6 months. Physical activities that particularly promoted fun rather than health, were shown to foster social interaction that led to older adults' enjoyment of physical activity programs. A culture-specific program was a motivating factor for ethnic older adults to socialize with others"
  - o "This integrative review found that social connection promotion targeted community-dwelling adults who were in good health and able to participate in social events or physical exercise programs. Meanwhile, older adults with chronic diseases and physical or cognitive impairments may be restricted to participate in these social activities which potentially leads to a lack of social connection."
- **Gaps:** "…there is a lack of instruments for community healthcare professions to assess the needs for culturally appropriated social connection programs at the individual level and the community level. Developing a needs assessment and an instrument that measures outcomes is essential to further evaluate the effectiveness of future interventions aimed at enhancing social connections in our expanding older populations"
- **Conclusion: "**Evidence clearly indicates the importance of preventing social isolation and feelings of loneliness in community-residing older adults. Enhancing social connection through evidence-based approaches is essential prevention of social isolation and loneliness. This integrative review provided evidence of the need for more research regarding the best approaches for community-dwelling older adults to inform policy and practice."

Townsend, BG et al. **Barriers and Facilitators to Social Participation in Older Adults: A Systematic Literature Review**. Clinical Gerontologist. 2021**. (LINK)**

- **Study type:** Systematic review (76 studies)
- **Aim:** "to examine barriers of social participation more broadly, as well as potential facilitators."
- **Methods:** "Studies were included if they: (a) included a distinct sample of subjects aged 60 and over; (b) included a measure of Social Participation (frequency or quality); (c) included a

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measure of at least one other influencing variable; and (d) were published in English in peer-reviewed journals"

- **Results:**
  - ○ "Four main themes of barriers and facilitators to social participation associated with aging emerged: **Demographic factors** (such as age and socioeconomic status), **Individual/Internal factors** (such as motivations and health), **Environmental/Infrastructure** (such as accessibility, transport, and neighborhood cohesion), and **Social Networks** (particularly preexisting network size) "
  - ○ "**Environmental factors**; **Living situation.** Some studies concluded that living in a rural area was associated with decreased social participation, often related to unique patterns of reductions in social. He et al. found that while participation was low, it was not significantly more so than in an urban control…The dispersed nature of these communities also meant that access to and presence of appropriate social groups was also negatively impacted. Time spent living in the community was found to increase one's social network size, an impact that was also found in urban communities, though to a lesser extent."
  - ○ "…supportive environments where the neighborhood is perceived as accessible and cohesive can mitigate other common barriers. More research is needed to understand exactly what underpins a cohesive neighborhood and to develop neighborhood-based interventions to facilitate social participation."
- **Conclusions:**
  - ○ "These findings extended previous reviews to show that personal motivations, preexisting social networks, and neighborhood cohesion play vital roles in improving and maintaining quality social participation. The ability to facilitate this can occur at the individual therapeutic level and at the community level."

Wen, Z et al. **Factors Associated With Social Isolation in Older Adults: A Systematic Review and Meta-Analysis**. Journal of the American Medical Directors Association. March 2023. (**LINK**)

- **Study type:** Systematic analysis and meta-analysis (22 studies, 24 records)
- **Aim:** "to identify the factors associated with social isolation in older adults."
- **Methods:**
  - ○ "We searched for observational studies without language restrictions in 11 databases from inception to August 2022. Pooled odds ratio (OR) and 95% CI were calculated using the R software (version 4.2.1). The modified Newcastle-Ottawa Scale was used to evaluate the risk of bias."
  - ○ "Inclusion criteria: (1) participants were adults aged 60 and older; (2) provided odds ratios (ORs) and 95% CIs for factors associated with social isolation; and (3) study design was observational research, including cross-sectional, case-control, and cohort studies."
- **Discussion:**
  - ○ "This systematic review and meta-analysis comprised 22 studies from 3 continents, totaling 44,116 older adults. We summarized the associated factors of social isolation and divided them into 5 themes [(demographics, environment, role, physical health and

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mental health)]. **Demographics, physical health, and mental health themes were all statistically significant** in the meta-analysis. In particular, factors included in the physical and mental health themes had roughly 2 times increased association with social isolation. Furthermore, there were 2 statistically significant associated factors of environment and role themes; 2 factors in the role theme were 3 times more likely to report social isolation. Thus, social isolation in older adults is related to many factors."

- **Gaps:**
  - "(1) most of the included studies are cross-sectional, and the causal relationship cannot be determined; (2) there is high heterogeneity in some associated factors; however, it is impossible to discuss the source of heterogeneity because of the small number of included studies; (3) low income and the number of family members may be critical factors of social isolation, but meta-analyses could not be conducted due to different definitions in various studies; and (4) because of the limitations of the original studies, the associated factors we analyzed are merely individual factors at the micro level. Macro-level factors such as social policy, cultural background, social economics, and social change also affect social isolation."
  - "…follow-up studies should adopt the longitudinal design to investigate the factors that induce social isolation over time, including macro factors."
- **Conclusions:**
  - "This systematic review and meta-analysis shows that social isolation among older adults is associated with 5 thematic factors. Because several factors have high heterogeneity and publication bias, we should be cautious when applying the results. Nevertheless, the findings of this study provide an evidence-based foundation for a future epidemiological investigation of social isolation in older adults and the development of preventive strategies."

Willliams, T et al**. Interventions to reduce loneliness and social isolation in rural settings: A mixed-methods review**. Journal of Rural studies. Feb 2022**. (LINK)**

- **Study type:** Mixed-methods systematic review (18 studies)
- **Aim:** "to synthesize the evidence to establish the effectiveness of loneliness and/or social isolation interventions in rural adult populations worldwide, published in English before September 2020."
- **Methods:** "This mixed-methods review summarized primary studies that met the inclusion criteria. A segregated convergent design was used, which involved conducting separate quantitative synthesis and qualitative synthesis, followed by the integration of evidence derived from both syntheses in the interpretation of results"
- **Results:**
  - "four analytical themes emerged through thematic analysis: connecting to the *cyber world, social connections, companionship*, and volunteering… The limited research suggests interventions that focus on shared interests and common experiences can decrease feelings of loneliness, but there is limited evidence of the effect on reducing social isolation."

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- **Discussion:**
  - ○ "While the included studies' quality varied, the majority reported small to moderate success in reducing loneliness in rural populations. Little evidence was found to support the effectiveness of interventions in reducing or preventing social isolation."
  - ○ "The majority of quantitative papers focused on loneliness, in contrast to most of the qualitative papers that focused on social isolation. Only one paper, a mixed-methods study, included a validated instrument to measure social isolation"
  - ○ "Considerable variability was found in how the term rural was defined and operationalized. Internationally researchers have struggled to reach an agreed definition of rural, and there are challenges in comparing findings from this review across different rural settings due to the wide variation in how the term 'rural' is defined and operationalized."

- **Gaps:**
  - ○ "There is a need for more well-conducted studies of the effectiveness of interventions for preventing and reducing loneliness and social isolation interventions in rural populations."
  - ○ "Future research in rural populations should seek to differentiate between the constructs of loneliness and social isolation and the different dimensions of loneliness. Providing a clear rationale for using one instrument to measure loneliness or social isolation over another will assist researchers to better design and evaluate interventional studies in rural populations."
  - ○ "The diversity of definitions and descriptions of rural contexts make it difficult to compare, interpret, and generalise from rural-based studies. Including sufficient detail and explanation about the term rural in the context of rural research will help translate the evidence on loneliness and social isolation interventions in different rural populations."

- **Conclusions:**
  - ○ "Firstly, interventions designed to reduce loneliness appear to have a positive effect in rural populations, with most interventions reporting benefits to participants, but there is limited evidence of the impact on reducing social isolation.
  - ○ ...Secondly, interventional studies conducted in rural settings or with rural populations should consider how the term 'rural' is defined and operationalized within the research design.
  - ○ ...Finally, quantitative measures of social isolation were virtually absent, and validated instruments used to measure loneliness were further restricted in their ability to measure social and emotional loneliness."

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Primary Studies

Frank, F et al. "**I Didn't Think I Needed It. But I Find I Look Forward to It Very Much": Social Connectedness and Physical Health through the Eyes of Older Adults. Activities, Adaptation & Aging**. 2022. (**LINK**)

- **Study type:** Qualitative photovoice study (13 participants); British Columbia, Canada
- **Aim:** "to contribute to the formative evaluation by providing information that will shed light on the perceptions of older adults living in a rural context and what they believe "it means to be active."
- **Methods:** "This article presents qualitative themes that shed light on the perceptions of thirteen older adults living in a rural context who participated in a community-driven health promotion program. The photovoice data reflect physical and social activity preferences and what facilitates/hinders participation."
- **Results:**
  - "Social connectedness and its sub-themes intersect with themes: **the natural environment, transportation, and physical and mental health**. Findings offer insight for future physical activity and social connectedness programming and evaluation."
  - "Of importance for these rural dwelling, participants were a connection with nature which speaks to the need for future programming to also take into consideration the needs and preferences that are contextually situated. Remote and rural community-based programs should aim to bring participants to or have brought to them elements of nature or the outdoors. This achieves the purpose of engaging in an activity in an environment that is valued and enjoyed. With the well-documented benefits of physical activity to older adults, finding ways to encourage both physical and social activity in environments participants enjoy could enhance the physical, social, and mental well-being of participants. Further, consideration of how the natural environment influences activity participation is important to consider in rural and remote settings."
- **Conclusions**: "Our results indicate that social connectedness via meaningful engagement with others, so that older adults feel cared for and supported, and have a sense of belonging, is necessary to build relationships and sustain engagement and enthusiasm in physical activity. The components and activities of interventions designed to target social connectedness/loneliness may differ in important ways from those designed to increase social contact/reduce isolation. These findings will be used to address calls to develop social connectedness interventions and conceptualize the components of the intervention"

Grenier, A et al. **Social Isolation in Later Life: The Importance of Place, Disadvantage and Diversity.** Journal of Aging & Social Policy. Mar 2021. (**LINK**)

- **Study type:** Mixed methods (65 participants); Hamilton, Ontario, Canada
- **Aim:** "This study investigated social isolation under the auspices of the Hamilton Senior Isolation Impact Plan, a government funded program in Canada. It situates the study of social isolation in a unique region of Ontario and involved 7 focus groups and 32 interviews with older people and stakeholders."

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- **Methods:**
  - "A total of 65 people participated in the focus groups and interviews (37 stakeholders and 28 older people) with an additional number of service staff having been trained through their project involvement at each respective partner organization."
  - "Older people ranged from age 60 to 96 and lived in neighborhoods across Hamilton"
  - "in addition to comprising urban, sub-urban and rural areas, the region is physically separated by the Niagara escarpment, with the suburban "Mountain neighborhoods" divided from the downtown core. A drive through Hamilton reveals this separation, where one must drive up or down, and around the escarpment to get to access different parts of the city/region. Services are most concentrated in the downtown core, and this is the area where poverty (and subsidized housing) is highest. "
- **Results:**
  - **Includes sections on:**
    - The impact and challenge of place and spatial relations (find discussions on spatiality, rurality here)
    - Social isolation is interconnected with poverty and inequality
    - Social isolation in a region with diverse population needs
  - "Viewed together, the results of the study suggest that stakeholders and older people alike viewed social isolation as driven by a combination of personal and place-based issues, which can compound disadvantage for particular groups of older people, and where lived experiences of social isolation in the region blur the typical boundaries of rural or urban classifications. Three insights emerge from the study.
    - First, that place and spatial relations can create and/or reinforce structural barriers which add to the challenge of social isolation in later life, and which can be obscured by interpretations of social isolation as either rural or urban.
    - Second, that a comprehensive solution to social isolation requires addressing the relationship between poverty, inequality and social isolation – relationships of disadvantage and complex needs that are overlooked in current funding agendas, but that can accumulate over time.
    - Third, experiences of social isolation among older people in regions such as Hamilton may differ substantially from what is known or assumed, where diversity and the needs of particular sub-populations of older people are concerned."
- **Gaps:** "Future studies would benefit from sustained efforts to reach older people in sub-urban and rural locations in order to complete a more comprehensive analysis on social isolation and better understand the influence of place, disadvantage and diversity on the experience of social isolation in later life."
- **Conclusion:**
  - "Results from our research of one unique region in Canada suggests the need to broaden the policy agenda on social isolation to consider the "macro" (structural/systemic), "meso" (community), and "micro" (individual/personal) level strata in order to address isolation among older people…the need for structural changes

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to policy decisions concerning safe and affordable housing options, improved transportation in rural areas, improved accessibility of programs (particularly for ethnic minority and im/migrant older people who may experience income insecurity and language barriers), and public or in-house/building spaces for meaningful engagement."

- o **"…**there is also a need to develop stronger outreach strategies and coordinate support to diverse groups of at-risk seniors. This could include investment in culturally diverse support staff to overcome cultural barriers, retrofitting of city centers (age-friendly initiatives) to allow those with mobility devices to navigate community spaces, as well as enhancing mobile delivery services to improve access to meals, prescriptions and other needs…the agenda that we are suggesting is not only about expanding the definition of social isolation beyond typified personal factors experienced in rural or urban places, but extending support to groups of older people who are most in need of support by means of place-situated experiences, disadvantage, and diversity."

Jones, CA et al. **Social participation of older people in urban and rural areas: Canadian Longitudinal Study on Aging.** BMC Geriatrics. July 2023. (**LINK**)

- **Study type:** Cross-sectional study of data from the Canadian Longitudinal Study on Aging (CLSA)
- **Aim:** "Although the positive influence of social activity on health is now well-established, a complex relationship exists among social participation, personal, social and the environment. Social participation of older adults was examined in rural and urban settings to identify features of the built-environment and perception of neighborhood specific to the locale."
- **Methods:** "Using cross-sectional data from the [CLSA], we examined social participation and health of older people (65 + yrs) in relation to the built environment and sociocultural contexts for urban and rural areas."
- **Results:**
    - o "Different neighborhood features were statistically significant factors in explaining social participation in rural than in urban locales, although transportation was a significant factor regardless of locale. Trustworthiness, belonging and safety were perceived factors of the neighborhood associated with higher social participation for rural participants"
    - o "Social participation is not only an individual choice but one that is influenced by the built environment. Our findings based on a national study indicated that urban and rural specific features, housing and perception of the neighborhood play key roles in social participation of older people in Canada."
    - o "Regardless of locale, our findings found that transportation was an independent factor that explained social participation. Others have also identified transportation as an integral component of social activity for older people. This is a key factor to social participation, in particular for rural communities that do not have infrastructure for public transportation. For rural and remote communities, lower population density, lengthy travel, isolation and limited public transportation are features distinct to these locales that impact social activity."
- **Gaps:** "Evaluating social and physical features of built environment are key aspects that need to be considered when determining whether older adults will remain socially active in their

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communities. These features, however, are different for urban and rural locales which have implications on social and environmental planning for older adults residing in these distinct regions. Further investigation of longitudinal data is warranted to identify determinants of other built environment features on social participation over time."

- **Conclusions:** "The relationship between home and health becomes stronger as one ages. Social and physical features of built environment specific to urban and rural settings need to be considered when implementing appropriate social activities for older people."

Levasseur, M et al. **Social participation needs of older adults living in a rural regional county municipality: toward reducing situations of isolation and vulnerability.** BMC Geriatrics. Nov 2020. (LINK)

- **Study type:** Participatory action research study (139 participants); Quebec, Canada
- **Aim:** "to identify and prioritize the social participation needs of older adults living in a rural regional county municipality."
- **Methods:** "A participatory action research was conducted in a rural regional county municipality (RCM) in Quebec, Canada, with a convenience sample of 139 stakeholders, including older adults, caregivers, healthcare and community organization managers, healthcare and community organization workers, community partners and key informants."
- **Results:**
  - "Facilitators and barriers to social participation are related to personal factors (e.g., health, interests, motivation), the social environment (e.g., availability of assistance or volunteers) and the physical environment (e.g., distance to resources, recreational facilities and social partners). Nine older adults' needs emerged and were prioritized as follows: 1) having access to and being informed about transportation options, 2) being informed about available activities and services, 3) having access to activities, including volunteering opportunities, suited to their interests, schedule, cost, language and health condition, 4) being accompanied to activities, 5) having access to meeting places near home and adapted to their health condition, and 6-9 (no preferred order) being reached when isolated, being personally invited and welcomed to activities, having a social support network, and being valued and recognized. Differences emerged when prioritizing needs of older adults with disabilities (greater need for assistance, accessibility and adapted activities) and older adults living in a rural area (greater need for transportation)."
  - "When considering overall results, transportation and information needs of older adults living in a rural RCM were strongly prioritized by the participants. These results are in line with previous studies which observed that transportation and communication were vital to enhance the social participation of people living in rural areas. Although one cross-sectional quantitative study found that social participation was similar across different types of residential areas in Quebec (Canada), associated area-specific environmental variables were identified. Specifically, in rural areas, greater social participation was associated with greater accessibility to key resources, having a driver's license, children living in the neighborhood, and more years spent living in the current

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dwelling. In fact, social participation needs may vary from one community to the next in the same area since rural communities are not all homogeneous. Such diversity requires a multisite approach that considers not only proximity to cities as a means of differentiating between rural places but also the emergence of distinct combinations of demographic, socioeconomic and policy challenges across rural spaces."

- **Conclusions**: "To promote active participation in the community, the social participation needs of older women and men living in rural areas must be addressed, especially in regard to transportation, information, adapted activities, assistance and accessibility. The first part of this action research will be followed by community selection and implementation of initiatives designed to ultimately foster their social participation."

Menec, VH et al. **Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging (CLSA) data**. PLoS One. Feb 2019. (**LINK**)

- **Study type:** Cross-sectional study of data from the Canadian Longitudinal Study of Aging (CLSA)
- **Aim:**
  - "to address this issue by focusing on both personal and geographic risk factors in a national sample of middle-aged and older Canadians. In doing so, this study can help to identify individuals who might benefit from clinical interventions designed to reduce social isolation or loneliness. It may also help policy makers identify geographic areas most in need of resources to support at risk individuals."
- **Methods:**
  - "The study involved cross-sectional analyses of baseline data from the [CLSA] that were linked to 2016 census data at the Forward Sortation Area (FSA) level."
  - "Social isolation has been defined in different ways in previous literature. Conceptually, our definition was guided by the Convoy Model of Social Relationships, according to which individuals are surrounded by a series of social network ties that range from closest to less close"
  - "Rural" is defined as areas within [census metropolitan areas] CMA or [census agglomerations] CA not classified as core or fringe, or areas not defined as population centres"
  - "some FSAs contain both rural and urban areas, as defined by Statistics Canada. In the analyses, rural/urban was treated as an individual-level variable."
  - "…based on a national sample of Canadians aged 45 to 85."
- **Results:**
  - "Being older, male, having a low income, functional impairment and more chronic conditions were all associated with increased odds of being socially isolated, as was, somewhat counter-intuitively, a higher education level… compared to those with less education had less dense local family networks, which may be due to migration patterns…may be more likely to move for job opportunities or, conversely, more highly educated older individuals may be more likely to move to retirement communities. Both scenarios would result in individuals having less direct contact with family members."

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- o "For loneliness, being younger, being male, living alone, and having a low education level, low income, functional impairment and more chronic conditions increased the odds of being lonely, consistent with previous research. In addition, marital status emerged as a major factor related to loneliness. While all non-partnered states emerged as a risk factor for loneliness, this was particularly the case for widowed men, for whom the odds of being lonely were more than four times higher than their married/common-law counterparts."
- o "whereas younger women aged 45–54 were less likely to be socially isolated than their older counterparts (those 75–85 years old), they were more likely to be lonely. For men, social isolation did not differ across age groups, yet younger men were more likely to be lonely than older men."
  - ▪ "On the one hand, these findings highlight that **social isolation is not synonymous with loneliness,** consistent with what has been argued in the literature, and that one can be lonely regardless of the frequency of contact with social network members. In this respect, a recent study with young adults (aged 21–30) and middle-aged adults (aged 50–70) shows that social network size, frequency of contact with network members, and social participation was not consistently related to loneliness. On the other hand, our finding that older adults were less likely to be lonely than younger individuals may suggest that older adults may adapt to a shrinking social network, perhaps by adjusting their expectations of how frequent contact with social network members should be. Alternatively, as predicted by **Socio-emotional Selectivity Theory**, older adults may intentionally "prune" peripheral social network members in order to focus on close, emotionally meaningful relationships, as opposed to maintaining contacts that are less emotionally satisfying"
- o "In the present study, living in a large urban center, relative to rural area, was associated with an increased likelihood of social isolation for the total sample and for women…it may be that living in a city was related to social isolation because cities are more likely than rural areas to have socioeconomically deprived neighborhoods."
- • **Conclusion:**
  - o "The findings indicate that socially isolated individuals are, to some extent, clustered into areas with a high proportion of low-income older adults, suggesting that support and resources could be targeted at these areas. For loneliness, the focus may be less on where people live, but rather on personal characteristics that place individuals at risk."

Naud, D et al**. Social participation in older women and men: differences in community activities and barriers according to region and population size in Canada**. BMC Public Health. August 2019. **(LINK)**

- • **Study type:** Cross sectional study of data from the Canadian Community Health Survey (16,274 participants)
- • **Aim:** "This study compared social participation, desire to participate more, and perceived barriers of aging women and men by Canadian region and population size."

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- **Methods:** "A secondary analysis of the 2008–2009 cross-sectional Canadian Community Health Survey - Healthy Aging was done with 16,274 respondents aged 65+. Respondents were grouped into five regions [Atlantic, Quebec, Ontario, Prairies and British Columbia] and five population size groups [rural (< 1000 inhabitants); small urban (1000-29,999); medium urban (30,000-99,999); large urban (100,000-499,999); and metropolitan (≥500,000) areas]. Social participation was estimated by monthly frequencies of engagement in community activities. If they desired to participate more, respondents were asked to identify barriers to their participation from a list of 13 reasons."

- **Results:**
    - "Men were more likely than women to report being "too busy", especially in rural areas (27.1 vs 6.5%; $p < 0.001$). Rural women were more likely than rural men to be constrained by transportation problems (15.1 vs 1.2%, $p < 0.001$). Unavailability of activities was more of a constraint in rural areas than metropolises (13.6 vs 6.0%, $p < 0.001$)."
    - "In other words, it may be that living in a city was related to social isolation because cities are more likely than rural areas to have socioeconomically deprived neighborhoods."
    - "…the findings suggest that in order to reduce social isolation, support and resources could, to some extent, be targeted at certain areas, particularly city neighborhoods with a high proportion of older adults who live on low income. The concept of 'age-friendly' communities, which has been gaining increasing attention in the last decade on the part of policy makers is relevant in this respect. An age-friendly community or city (or neighborhood) provides supports in the physical and social environment, such as aspects of the housing environment (e.g. availability of affordable housing), public spaces (e.g., accessible buildings, walkability), and opportunities for social participation (e.g., availability of social programs for older adults). Making communities more age-friendly may enhance social connectivity, and may provide one approach to reducing social isolation."
    - "The finding that geographic variables were not associated with loneliness again supports the view that loneliness is conceptually different from social isolation, reflective of the perception of whether one's contact with other people is sufficient. The present findings suggest that these perceptions are dependent on personal characteristics, but not where people live. Loneliness may also result from social isolation, and may function as a mediator or moderator between social isolation and health outcomes. Examining these relationships was beyond the scope of the present paper, but should be examined in future research."

- **Gaps:** "The CCHS-HA is a cross-sectional survey and, as with other correlational studies, this precludes any appraisal of the directionality of associations. A longitudinal study could provide insight into changes in the frequency of social participation and barriers after a demographic changes or move to a different environment. Finally, aggregating respondents within a five-region classification rather than by province meant that some provincial differences could not be taken into consideration, such as inequities in healthcare. To avoid breaching confidentiality

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when there were small numbers of observations, the provinces were still aggregated even if small but significant differences in barriers were observed between the aggregated provinces, especially in the Prairies"

- **Conclusions:** "Overall, there were no practical differences between women's and men's social participation. However, **unavailability of activities and transportation problems** suggest that local initiatives and further research on **environmental characteristics** are required to foster aging Canadians' participation."

Walsh, K et al. **Rural old-age social exclusion: a conceptual framework on mediators of exclusion across the lifecourse.** Ageing & Society. July 2019. (**LINK**)

- **Note:** Ireland and UK (Northern Ireland) based study
- **Study type:** Qualitative case-study (10 case studies); Ireland and Northern Ireland (UK)
- **Aim:** "advancing conceptual understanding on rural old-age social exclusion, this article explores how exclusion is manifest in the lifecourse experiences of rural-dwelling older adults and the role of mediating factors in the construction of exclusion in different kinds of rural places."
- **Methods:** "The analysis draws on ten rural case-study sites across Ireland and Northern Ireland, encompassing five kinds of rural communities: dispersed rural; remote rural; island rural; village rural; and near-urban rural. Data come from 106 interviews with older people ranging in age from 59 to 93 years."
- **Results:** "Rural old-age social exclusion is confirmed as a multi-dimensional construct, involving: **social relations; service infrastructure; transport and mobility; safety, security and crime; and financial and material resources.**"
  - "A sense of home was integral to notions of belonging for participants...For those who were native to these sites, the focus was often on being born and reared in their community, and the local cultural values that were inherited through this connection"
  - "While domains of exclusion are easier to measure, it is the mediating influences that can be considered to shape: (a) the extent to which domain-specific exclusion is experienced; (b) an individual's ability to cope with/be resilient towards that exclusion; (c) the internal choices of an individual, based on their life history and place links, to focus on and prioritise other areas of life; or (d) all three."
- **Gaps:** "However, further work is required to refine these understandings and explore their relevance for other jurisdictions. A longitudinal qualitative design, incorporating more traditional ethnographic methods, would allow for more in-depth analyses of exclusion and participation, as would more refined quantitative exclusion indicators. The complexity of the interdependencies between rurality, ageing and exclusion also give rise to a multitude of relationships that require more detailed study. Future research could, therefore, usefully unpack the links between exclusion domains, and, perhaps more critically, the interrelationship between different mediating factors and their intertwined impact on exclusion in later life."
- **Conclusions:** "The conceptual framework [see below] presented in this article suggests that the role of mediating factors is central in the construction of rural old-age social exclusion. **Individual capacities, lifecourse trajectories, place and macro-economic forces singularly and in**

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combination determine experiences of exclusion for rural-dwelling older people across a range of domains of exclusion"
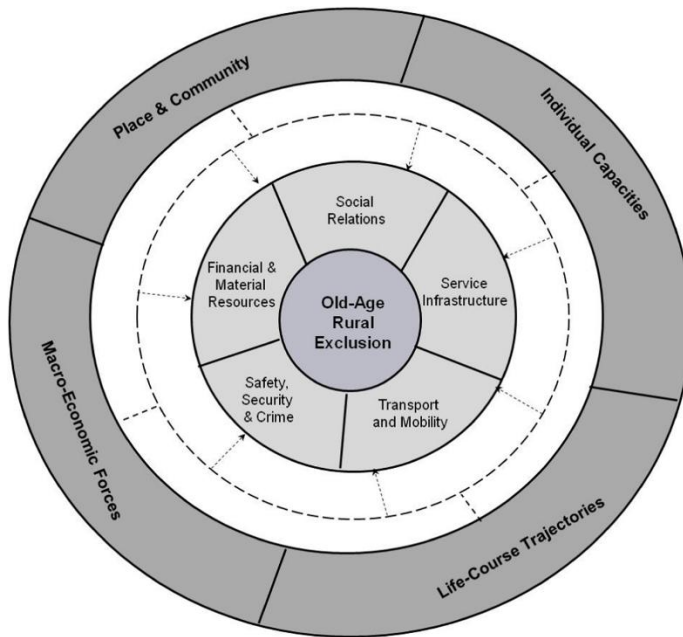
Section 2: Articles About Social Isolation in Older Adults with a Focus on Rural Areas that Explore Community Housing

Reviews

Chum, K et al. **Examining Community-Based Housing Models to Support Aging in Place: A Scoping Review**. The Gerontologist. May 2020. (**LINK**)

- **Note:** Article does not explore rurality
- **Study type:** Scoping review (46 studies)
- **Aim:** "This scoping review addressed the following research question: How do community-based housing models relate to aging in place among older adults?"
- **Results:**
    - "Our analysis revealed 4 themes relating to aging in place in the housing models: **Social Relations, Health and Wellbeing, Sense of Self and Autonomy, and Activity Participation**."
    - Includes findings on 5 types of housing models:
        - **NORC** – naturally occurring retirement community/ies; "Communities with an unintentional significant proportion of older adults, who are active participants in maintaining the community's well-being, within a specific geographical area;"
        - **Congregate and cohousing model** – "Built to resemble a home-like environment, they promote privacy, access to shared spaces, and

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interdependence between residents to reduce individual burden; formal and informal supports are offered to increase resident safety and independence;"

- **Villages** – "Older adult-specific neighborhood providing residents with access to services, activities, and amenities to foster independent living and community socialization"
- **CCRC** - continuing care retirement community; "Offer care, residential, and leisure services and amenities to facilitate residents' ability to age in place by matching their care needs as they age and require increased support'
- **Sheltered housing model** – "Leased living arrangements with access to services that foster independent living with a secondary focus on providing affordable accommodations."

- Excerpts on social isolation:
    - "The communal programming offered within village, NORC, sheltered housing, and CCRC models also appeared to facilitate social satisfaction and socialization among residents and reduced social isolation"
    - "In village and CCRC models, the physical environment combined with the declining health status of residents was identified as a barrier to social inclusion and social. Residents with poorer physical health found it more challenging to participate in activities, which contributed to their social isolation. Additionally, stigmatizing attitudes and intentional exclusion from activities by healthier peers furthered their social disconnectedness"
    - "Moreover, due to the lack of transportation, residents of certain sheltered housing models experienced high levels of social isolation from the greater community. Moon et al. (2013) suggest that relocation to CCRCs may negatively affect the establishment and maintenance of social relations as it was associated with high levels of emotional and social loneliness, more depressive symptoms, feelings of hopelessness, and a sense of worry. Moreover, Glass (2016) and Glass and Vander Plaats (2013) noted that relocating to a congregate and cohousing model contributed to a lack of family and friends and therefore increased social isolation and loneliness. Thus, while many housing models support social relations, relocation may disrupt the connection to friends and family and residents may feel that they are more isolated, are unable to participate, or that they are not a member of the greater community."

- **Gaps:**
    - "Existing literature predominantly focused on village, cohousing or congregate living, and NORC models, with limited attention paid to how CCRCs or sheltered housing may relate to aging in place. Across studies, as most participants were female, the potentially different experiences of men were underexplored. Similarly, other axes of diversity, such as marital status, education level, ethnicity, and income, that may shape older adults' experiences in the different housing models have received little attention. In addition, basic demographic information was often not reported, such as health and housing tenure, making it difficult to understand the applicability of the findings across various

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settings. In addition, approximately 87% of the studies included in this review did not utilize a longitudinal design and therefore could not definitively attribute any benefits to the housing model."

- o "Future research could include a greater variety of housing models and diverse older adult populations to gain a more complete understanding of how housing models relate to aging in place. Longitudinal designs can help to better understand the impacts of housing characteristics on aging in place, and additional in-depth qualitative research could allow for better comprehension of the processes through which housing characteristics relate to aging in place"

- **Conclusions**
  - o "To best support aging in place, the findings of the review suggest multiple characteristics worth considering when developing or relocating to a community-based housing model. Further research is required to understand how facilitating characteristics can promote aging in place for community-dwelling older adults."

Nguyen, THT et al. **How Does Community-Based Housing Foster Social Participation in Older Adults: Importance of Well-Designed Common Space, Proximity to Resources, Flexible Rules and Policies, and Benevolent Communities.** Journal of Gerontological Social Work. January 2023. (**[LINK](#)**)

- **Note:** Article does not explore rurality
- **Study type:** Scoping review (46 studies)
- **Aim:** "to systematically identify relevant studies according to 32 keywords in 8 electronic databases. Published during 2000-2021, the 46 studies were carried out in North America, Europe, Oceania, and Asia, documenting older adults' social participation in six community-based housing models."
- **Methods:**
  - o "The present study aimed to answer the question: How does *community-based housing* (intervention) foster *social participation* (outcome) in *older adults* (population)?"
  - o "The themes were discussed and chosen based on their salience across housing models and their fit in: (1) research interest, i.e., community-based housing environment and older adults' social participation; and (2) the Human Development Model – Disability Creation Process."
  - o "Firstly, the charted data were analyzed on quantitative grounds to obtain an overview of the current state of knowledge: how many studies have been carried out on older adults' social participation; in what community-based housing models; with which groups of participants/residents; by what methods; and in what countries/regions.
  - o "Secondly, to identify the factors influencing older adults' social participation in housing initiatives, a thematic content analysis was based on the Human Development Model – Disability Creation Process, a theoretical model that explains social participation as a product of interaction between the person and his/her environment"

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- **Results:**
  - ○ "Targeting different clienteles, these models mainly promote older adults' social participation by providing: 1) accessible common space in a design favorable to social interactions; 2) proximity to resources; 3) flexible rules and policies that facilitate residents' interactions with not only co-residents but community neighbors; and 4) benevolent communities. These results highlight the interactions between the physical and social environments; they suggest the importance of building benevolent communities as well as of sharing resources among residences and local communities to create a supportive living and neighborhood environment for active and healthy aging."
  - ○ "This study's findings on the role of four environmental features and their interactions in fostering older adults' social participation support the importance of developing social infrastructure, i.e., networks of spaces and facilities that "allow social life to happen." Concretely, the findings on well-designed common space, proximity to resources, flexible rules or policies, and benevolent communities suggest two viable options to better promote older residents' social integration by sharing resources: 1) among residences; 2) between residences and local communities. Co-locating services is found to be beneficial to older residents' health, and may help create diverse, functional common spaces that stimulate residents' social interactions"

- **Gaps:**
  - ○ "Many of the retrieved studies (29; 60.4%) point out the positive effects of benevolent communities on older adults' social participation, and suggest the potential role of co-residents, staff, and housing providers in creating a positive atmosphere for residents' social integration. How much these stakeholders influence a place's social atmosphere is, however, not clear. Likewise, little is known about the role of resident committees and shared decision-making processes in shaping a respectful culture. More studies are needed to better understand their contribution. Although older residents yearn for contact with the outside world and feel trapped when this need is unmet, no study in this scoping review addressed community neighbors' involvement in building benevolent communities. In short, more research is needed to better understand what fosters a positive social atmosphere and the role of different stakeholders in the process. Considering the dynamics between the person and his/her physical and social environment, future studies on this subject should provide more concrete recommendations on housing policy and practice that help create a supportive and respectful living and neighborhood environment for active and healthy aging."

- **Conclusions:**
  - ○ "This study provides an integrative view on how community-based housing could foster older residents' social participation. Its results suggest that housing initiatives must work on both physical and social dimensions of the living environment to encourage older adults to participate in social activities and develop a sense of community. A good social infrastructure that facilitates residents' social life through a network of amenities and services should enable residences for older adults to share resources among themselves and with local communities. Such a plan necessitates the openness of housing providers,

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the active involvement of social workers or other professionals as advocates for older adults' well-being, and more thoughtful policies from funding entities. Finally, more research is needed to ultimately identify better strategies to improve housing initiatives where older adults feel a sense of belonging and are motivated to participate in community life. A better understanding of what constitutes a benevolent community and the role of different stakeholders in its creation is necessary. Considering the dynamics between the person and his/her physical and social environment, these studies should provide a comprehensive view of how to create a good place to grow old."

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