



Developing a Social Isolation Program of Research Using the CLSA

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Defining Social Isolation

- Low quantity and quality of contact with others
- Quantity & Quality - number of contacts, feeling of belonging, fulfilling relationships, engagement with others, and quality of network members to determine social isolation (Nicholas and Nicholson, 2008)
- Overlaps with other concepts – loneliness is perception/feeling states of disengagement
- Social engagement model – Resilience model
- Prevalence ? – 24% desire more contact; 10% are affected by loneliness

Risk Factors of Social Isolation

- living alone;
- being age 80 or older;
- living with low income;
- changing family structures (widowhood);
- having no children or contact with family;
- having compromised health status (mental and/or physical) including having multiple chronic health problems;
- lifelong health problems (disability) or late onset or age-related condition such as incontinence.



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Risk Factors of Social Isolation

- lacking access to transportation (no license or public bus system);
- lack of awareness of or access to community services and programs;
- fear, stigma or ageist attitudes;
- lack of affordable housing and care options;
- loss of sense of community;
- challenges relating to technology (costs, literacy, comfort) including telephone systems, computers, social media.

Specific Target Groups

- Older adults with physical and mental health issues (including seniors with Alzheimer's disease or other related dementia, or multiple chronic illnesses).
- Ethnic older adults - Aboriginal elders or immigrant groups (language proficiency issues, separation from family, financial dependence, discrimination);
- LGBT seniors;
- low income older adults;
- caregivers.

Potential Research Questions – Cross-sectional

- a) What are the risk factors/correlates of social isolation among older adults (e.g., mental/physical health, care giving, and isolation)?
- b) What are the primary risk/protective factors for the most isolated seniors (i.e., most vulnerable groups)?
- c) What are the most mutable risk/protective factors to social isolation?
- d) What is the structure of a social isolation-loneliness (latent factor) model?

Table 1: Social Participation and Loneliness Items by Age & Gender

Variable	Total % (age 45-85)	Age 65+ %	Males Age 65+ %	Females Age 65+ %
Desire to participate in more activities (Yes)	41.7	31.7	29.7	33.5
How often participant feels lonely (Sometimes or more)	21.8	23.7	18.0	27.3

Table 2: Community-related Activity Items by Age & Gender

Frequency of any community-related activity participation	Total % (age 45-85)	Age 65+ %	Males Age 65+ %	Females Age 65+ %
At least once per day (daily)	15.5	16.1	16.3	16.0
At least once per week (weekly)	66.6	67.8	65.6	69.7
At least once per month or less (monthly or less)	17.9	16.3	18.2	14.3

Table 3: Social Participation Types by Age & Gender

Frequency of participation in past 12 months	Total % (age 45-85)	Age 65+ %	Males Age 65+ %	Females Age 65+ %
Sports or physical activities with others	50.3	47.9	47.3	48.5
Family/friends activities outside household	50.2	46.2	47.0	52.9
Religious activities	22.4	32.3	28.2	35.9
Volunteer or charity work	16.9	22.1	18.1	25.7
Educational or cultural activities	10.3	11.6	10.1	12.9
Neighbourhood, community or social association activities	8.3	10.9	8.5	12.7
Service clubs or fraternal organization activities	5.2	7.2	7.5	6.8



Table 4: Perceived Barriers to Social Participation, by Age & Gender

Reason(s) preventing more participation	Total % (age 45-85)	Age 65+ %	Males Age 65+ %	Females Age 65+ %
Too busy	51.7	31.4	33.3	28.3
Health condition/limitation	15.9	23.2	20.4	25.3
Personal responsibilities	15.8	14.1	10.8	16.7
Going alone	10.2	12.2	12.0	12.5
Cost	8.7	7.4	7.9	7.0
Lack of activities in area	7.8	9.0	8.5	9.5
Transportation problems	3.5	5.3	2.3	7.5
Location accessibility	1.4	1.8	1.2	2.4
Language reasons	0.4	0.6	0.7	0.5

Potential Research Questions – Future CLSA Panel Analyses

- a) What are the pathways into and out of a socially isolated state?
- b) Examination of the reciprocal (cyclical) associations between mental/physical health, other roles/transitions (i.e., care giving, widowhood) and social isolation/loneliness?
- c) How does resilience protect against social isolation?
- d) What are the most important mutable factors in reducing the likelihood of social isolation/loneliness and maintaining social engagement?



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