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Social Isolation of Older Adults in Canada:
A Research Synthesis

2022

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How to cite this document

McIntosh, T., McLeod, E., Jeffery, B., Novik, N. and AGE-WELL National Innovation Hub. Social Isolation of Older Adults in Canada: A Research Synthesis. 2022. Fredericton, NB: AGE-WELL National Innovation Hub, APPTA.

EVIDENCE BRIEF

SOCIAL ISOLATION OF OLDER ADULTS IN CANADA: A RESEARCH SYNTHESIS

Introduction

Social isolation of older adults is an important issue that has a significant impact on older adults themselves, as well as the communities in which they live. Social isolation can be defined as the objective lack of relationships, social support, and social networks (Menec et al., 2019; Syed et al., 2017). The Government of Canada's (2017) Report on the Social Isolation of Seniors states that negative impacts of social isolation include worsening physical and mental health issues, further marginalizing health issues, decreasing social skills, increasing the risk for elder abuse, and affecting communities by decreasing social cohesion and increasing social costs. It is important to understand this issue in order to generate interventions and policy responses that will alleviate isolation and improve the lives of older adults in our society.

This report synthesizes the current literature regarding the barriers that contribute to the social isolation of older adults in Canada. The review is focused primarily on peer-reviewed scientific literature published in English in or about Canada with a focus on older adults living independently in the community as opposed to those in long-term care or other institutional settings.¹ A literature search was completed on five databases: Social Services Abstracts/Proquest, Medline OCLC, CINAHL, Web of Sciences, and Google/Google Scholar. The searches were limited to studies located in Canada and research articles that

¹ The review, with a couple of exceptions, did not include the so-called 'grey literature' from governments, think-tanks or NGOs as much of that literature simply summarizes or reviews existing scientific literature rather than contributing new knowledge or identifying new barriers to social inclusion.

were dated from 2010². Search criteria utilized the following terms: barriers to social inclusion, participation or engagement; cause of social isolation or exclusion; and older adults. The end result of these database searches was twenty-five articles that specifically identified and discussed barriers that create social isolation for older adults in Canada.

Older adults are more likely to experience social isolation than other populations due to a number of compounding barriers which can be categorized into three broad categories:

1. Those that exist within the individual older adult themselves such as their health status, their caregiving responsibilities or other demographic factors
2. Those that relate to specific social factors such as their level of income security or their minority/immigration status
3. Those that directly limit access to the means of social inclusion such as the built environment or the proximity of services/supports/opportunities to socially engage.

Within these broad categories are thirteen specific types of barriers and factors identified as contributing to the social isolation (or limiting the social inclusion) of older adults in an important way. Health status (individual level) and transportation (access) were identified more than any of the other barriers, followed closely by the availability or proximity of services (also categorized as access). The breakdown of the three categories and the specific barriers is illustrated in Figures 1, 2 and 3. The following sections will break down the three primary categories and the specific barriers identified within each of them.

It should be noted that this grouping into three categories is not entirely undisputable and arguments can be made for different factors to perhaps be grouped into other

² For some databases searched the end date was simply “to present” and for others it was set at 2021.

categories or for the categories themselves to be reconfigured in different ways. The purpose of this approach is not to present these categories as somehow a definitive typology of factors, but rather to simply aid their discussion and analysis in order to think more systematically about the policy implications raised by the body of literature when it comes to reducing the social isolation of older adults. What becomes immediately apparent in the discussion is the cross-over and mutually reinforcing effects of many of these different factors where the presence of one factor can reinforce and amplify the salience of other factors relative to effects on social isolation.

Individual Level Barriers

Individual or personal level barriers can be defined as aspects of an individual's life situation that, whatever their cause, either contribute to their social isolation or in some way limit their ability to feel socially included. Within this category the literature identified five specific barriers: health status, mobility/ability, caregiving, independence/interest and demographics. These are illustrated in Figure 1 below.

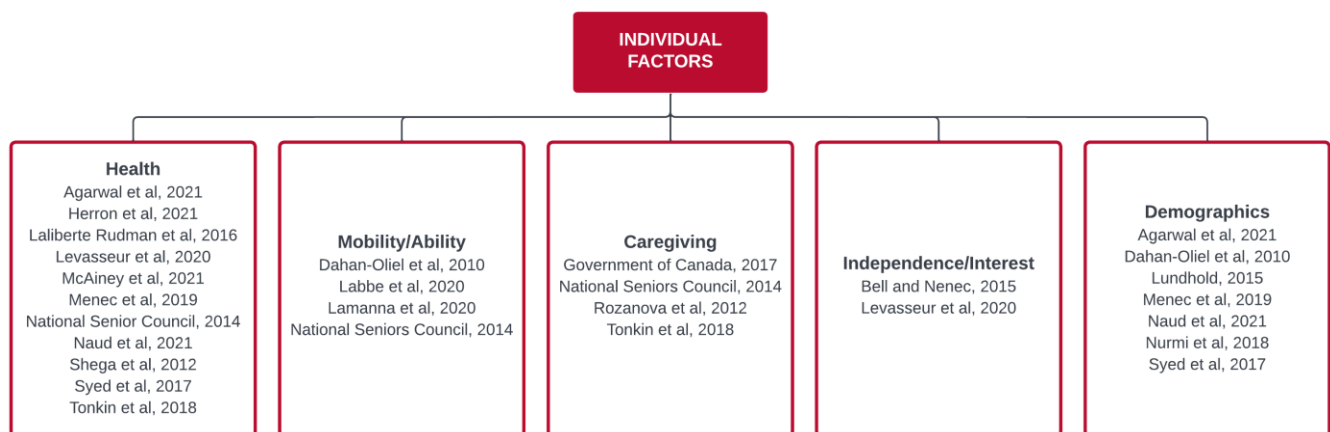


Figure 1- Individual level barriers contribution to social isolation

Health Status

Eleven of the twenty-five articles (44 per cent) identified an individual's health or health status as contributing to social isolation. Health challenges are a significant barrier preventing older adults from meaningful social participation and in some cases can further perpetuate other barriers to social participation (National Seniors Council, 2014; Syed et al., 2017; Tonkin et al., 2018). In fact, Naud et al. (2021) noted that in their participant population, health condition limitation was the most prevalent barrier to participating in community social activities. These health conditions can include pain and cognitive impairment (Shega et al., 2012) as well as functional impairment and chronic conditions (Menec et al., 2019). A more current health related issue is the current COVID-19 pandemic. Participants identified a loss of autonomy and loss of activities and social spaces such as going to churches and restaurants (Herron et al., 2021; McAiney et al., 2021). Indeed, it seems fair to speculate that going forward COVID-19 will likely be identified as a significant factor in increasing the social isolation of older adults both for those living independently in the community and for those living in some form of institutional care, whether in assisted living facilities or long-term care.

In terms of health status perpetuating other barriers, age related vision loss is a relevant example. Older adults experiencing vision loss did not want to engage in social participation for a number of reasons connected to other barriers discussed in this paper such as decreased mobility, difficulty with accessing opportunities, and challenges with social support including risk of social embarrassment or feeling like a burden (Laliberte

Rudman et al., 2016). And vision loss or impairment can make once minor inconveniences in the physical environment into a more significant barrier to social engagement.

Levasseur et al. (2020) also point out that social isolation occurs from lack of activities adapted to the health conditions of older adults. Further supporting the importance of health, one recent study found that physical activity was a protective factor for social isolation (Agarwal et al., 2021). It is clear that an individual's health status is an important factor to address when considering how to reduce social isolation of older adults. Interventions need to account for the range of health statuses they will encounter in their target populations of older adults.

Mobility/Ability

When we consider the impact of mobility on social isolation of older adults, we are considering both how older adults get to activities as well as their personal physical ability in terms of maneuvering, walking, climbing stairs and so forth. Lamanna et al. (2020) stress the importance of older adults preparing for driving cessation and mobility challenges. They do note that in some cases social connections may increase when older adults quit driving as they then often rely on family members and others for transportation. In contrast some may not request assistance in transportation so as to not 'be a burden' on family or friends.

Physical mobility issues, including disabilities, also limit transportation options for older adults. Lamanna et al. (2020) share the example that older adults might not be able to physically board public transit or walk to transit stops and stations. These observations are supported by Dahan-Oliel et al. (2010) whose study noted that *"individuals with poor overall functioning were less likely to use spontaneous transportation categories (driving, public*

transport, walking) compared to healthier individuals, resulting in an increased dependence on others with respect to transportation (passenger, adapted transport/taxi)" (p. 491).

The importance of personal physical mobility was further emphasized in a study by Labbe et al., 2020. Findings indicated that powered wheelchairs are a form of mobility that not only enable older adults to take part in activities, but also impact their sense of identity by preserving personal autonomy. In addition to the environmental and personal mobility barriers, older adults also cope with intrinsic barriers, such as fear of falling (National Senior Council, 2014). This feeling of security in mobility is an important concept and again may provide guidance in thinking about both policy and the design of specific interventions. Improving mobility encourages social participation and reduces the associated stresses of mobility challenges when participating in social activities.

Caregiving

Many older adults act as caregivers to family and peers. This sometimes results in them abandoning other kinds of social engagement (Rozanova et al., 2012). Beyond just caregiving, some older adults feel a deep moral obligation to help peers and community members with transportation and other supports, often feeling like no one else will if they do not (Rozanova et al., 2012). In Tonkin et al.'s (2018) study looking at social participation within a specific community of First Nation Elders they found that almost two thirds of Elders identified as a caregiver for a grandchild or family member. This unanticipated finding was identified as contributing to reducing other forms of social participation for the older adult within the community. Overall, older adults that are caregivers are at increased risk for

social isolation as well as additional stresses and reduced time and energy for activities (Government of Canada, 2017; National Seniors Council, 2014).

Independence/Interest

Autonomy and self-determination is no less important to older adults than it is to others. Research has identified that having access to some activities is not always enough; older adults want to be able to participate in activities that suit their interest. Levasseur et al., (2020) call these 'adapted activities' and ranked it as one of the top three priorities identified as a need by older adults in their study focused on social participation. This echoes previous work from the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) on how older adults want to receive information from and about government services. There was high resistance to being pushed to access information in ways with which they were uncomfortable or which felt designed to serve the convenience of the information provider rather than the recipient (McIntosh et al., 2019).

As well, older adults often very deeply value their independence, including social participation opportunities. Bell and Menec (2015) state that older adults' fear of dependence and being perceived as "old" can lead to self-exclusion and social isolation; therefore, it is important that resources and supports help older adults to feel independent when engaging in activities.

Demographics

The demographic factors identified as contributing to or influencing social isolation relate to the age, gender, and education of individual older adults. Education impacts social isolation both extrinsically and intrinsically. Extrinsically, Agarwal et al. (2021) make the

point that a key cause of social isolation is the lack of opportunities older adults have to connect with others through education and employment. Intrinsically, and perhaps counter-intuitively, Menec et al.'s (2019) study found that older adults who had a higher level of education were at an increased higher risk of social isolation. Menec et al., (2019) refer to a Swedish study (Lundholm, 2015) that explains the relationship between higher education and increased social isolation as related to less dense family networks due to migration factors associated with higher education, such as moving for specialized employment or to retirement communities.

Looking at gender and age, there was consistency in the research. In terms of age, the risk of social isolation increased with age in both genders (Menec et al., 2019; Syed et al., 2017). Overall, however, men tend to be more at risk for social isolation than women (Menec et al., 2019; Naud et al., 2021; Syed et al., 2017). One study found that men are more likely to be drivers, while women were found to use other forms of transportation such as being passengers, walking, public transportation, and adapted transport/taxi (Dahan-Oliel et al., 2010). Therefore, driving cessation is likely to impact social isolation of men to a greater degree than women.

Nurmi et al.'s (2018) study looked at the benefit of social programs aimed specifically at men. They found that participants expressed that women are more likely than men to actively form friendships and social connections. As well, men identified retirement and the loss of an established group of colleagues contributing to their social isolation. Men stated that they tend to strongly identify with their employment, leading them to focus less on establishing relationships outside their work environments. As well, participants noted that

men are less likely to establish friendships outside those that are facilitated by their female partners (Nurmi et al., 2018).

Social Barriers

The second major category of factors contributing to social isolation among older adults were those created by socio-economic or socio-political forces often outside of the control of the individual but which may be associated with the individual. The literature examined these including: an individual's status as a visible minority or as an immigrant, gentrification/technological advances, and the presence or absence of social supports. These are outlined below in more detail and summarized in Figure 2.

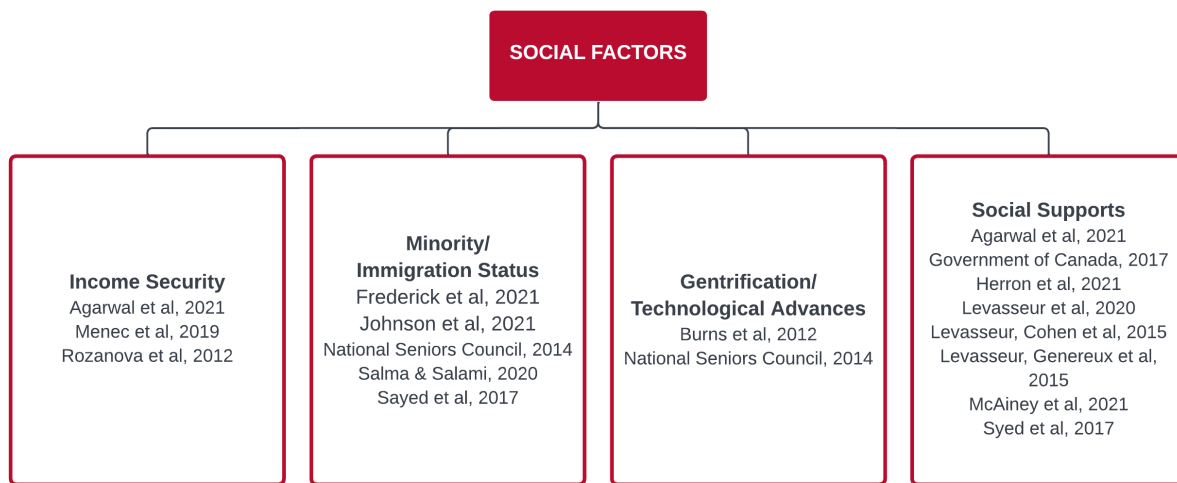


Figure 2 - Social barriers contributing to social isolation

INCOME SECURITY

Finances contribute to the social isolation of older adults with low income and in particular can prevent individuals from engaging in social activities. Menec et al.'s (2019)

study found that socially isolated individuals were, to some extent, clustered into areas with a higher proportion of low-income older adults. Agarwal et al. (2021) found that the monetary cost to participate in activities and the costs of public transportation are significant reasons for non-participation in social activities. Thus, low-income older adults living in social housing have higher rates of social isolation than the general population and are therefore at heightened risk for the associated negative consequences. Certain subgroups, such as those reporting income insecurity, are particularly vulnerable (Agarwal et al., 2021). This confirms an earlier study that argued: *“Unless income security and other such policies continue to address economic constraints to social engagement, economically disadvantaged older adults will have difficulty engaging in activities that for them have personal meaning”* (Razanova et al., 2012, p. 33).

MINORITY / IMMIGRANT STATUS

Older adults that are newcomers to Canada or are members of a minority ethnic group are at a higher risk of social isolation. A primary reason for this is a language barrier and lack of linguistically diverse services and professionals (Fredrica et al., 2021; Johnson et al., 2021; Syed et al., 2017). Another reason that newcomers to Canada experience higher levels of social isolation is because of their lack of supports due to the presumption that they will integrate themselves into society. This can be, however, harder for those that arrived in Canada later in life or as already an older adult (Johnson et al., 2021). As well, both newcomers and domestic minorities face discrimination, racism, and separation from family supports which increases their risk of social isolation (Johnson et al., 2021; National Seniors Council, 2014; Salma & Salami, 2020). A further study concluded that: *“Older people's social exclusion should be understood from the perspective of diversity and this diversity shapes*

who is socially excluded and in which ways" (Fredrica, et al., 2021, p. 302). Again, this has very real implications for both overall policy design and also for the specific way in which interventions may be constructed and delivered.

GENTRIFICATION & TECHNOLOGICAL ADVANCEMENTS

Societal change and advancement can contribute to social isolation of older adults. One study found that gentrification *"triggered processes of social exclusion among older adults: loss of social spaces dedicated to older people led to social disconnectedness, invisibility, and loss of political influence on neighbourhood planning. Conversely, certain changes in a disadvantaged neighbourhood fostered their social inclusion"* (Burns et al., 2012, p.1). Changes to the built environment, like neighbourhood redevelopment or gentrification should be considered when exploring the concept of older adults aging in place and the impact of that change on social participation.

Technological advancement can be problematic for older adults. The National Seniors Council (2014) highlighted the following challenges with technology: access and costs, literacy and comfort with technologies including telephone systems (press "1" for service, etc.), computers, social media, as well as others (e.g. parking meters). While technology may open doors for new opportunities for social activities and communication, the challenges for older adults must be considered. Some older adults, like the recently retired, may be reasonably comfortable with technology as means of social participation while others may not be as comfortable depending on their particular level of education and the nature of their past employment. And some forms of technology, such as application-based tablets may be easier to engage with than, for example, a traditional computer.

SOCIAL SUPPORTS

Social supports refer to a network of people that older adults are able to access for support. A lack of meaningful connection at home influences older adults' sense of isolation (Herron et al., 2021; McAiney et al., 2021). A study by Syed et al. (2017) found that the most significant factor perpetuating social isolation in the Chinese older adult population in Canada was the lack of positive social support, social networks, or companionship. This can include living alone (Agarwal et al., 2021), or living with strained family relationships (Syed et al., 2017). Other studies have also found that the quality of social networks can be a strong protective factor against social isolation (Levasseur, Cohen et al., 2015; Levasseur, Genereux et al., 2015; Government of Canada, 2017). Good quality networks include being personally invited and welcomed to activities, having social support, and being valued and recognized (Levasseur et al., 2020). Social participation is not a solo undertaking for older adults, rather, participation is fostered by a strong network of social supports.

Accessibility Factors

The third broad category of barriers identified was barriers to accessing opportunities for social participation. *“Older adults will not benefit from opportunities to engage with their community and maintain social networks if they are unable to access them”* (Lamanna et al., 2020, p. 393). The barriers were categorized into the following subthemes: structural barriers and the built environment, availability/proximity, transportation, and geographical barriers. These subthemes are reviewed further below.

STRUCTURAL BARRIERS AND THE BUILT ENVIRONMENT

Structural factors, including the built environment, contribute to the increased rate of social isolation of older adults. For example, in Agarwal et al.'s (2021) study of the Ontario Non- Profit Housing Association, tenants of social housing high-rise buildings often felt isolated and confined to their units, in particular if they had mobility issues, as the lack of proximity to amenities could be a significant challenge. These conditions may then exacerbate social isolation, as individuals with health concerns may struggle to visit friends and family or to engage in community activities (Agarwal et al., 2021)

The built environment can itself be a barrier to social participation. Older adults can be reluctant to go for walks, partake in community activities or even complete routine tasks outside the home because of their physical environment (Levasseur, Genereux et al., 2015). An example is limited access to public washroom facilities that can restrict or inhibit some older adults who prefer the security of having easy access to those facilities (National

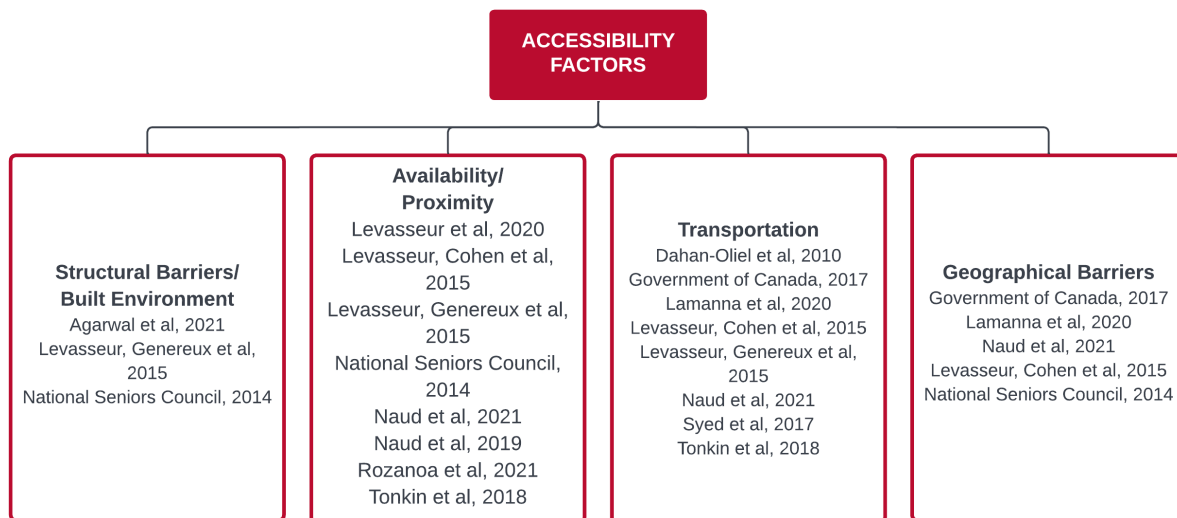


Figure 3 - Accessibility barriers contributing to social isolation

Seniors Council, 2014). Built environments, indoor and outdoor, require thorough consideration in terms of impact on social isolation of older adults.

AVAILABILITY / PROXIMITY

A primary barrier to social participation for older adults is the availability, including proximity, of social activities. Social participation increased when older adults had greater access to, and closer proximity to, social activities (Levasseur et al., 2020; Levasseur, Cohen et al., 2015; Levasseur, Genereux et al., 2015; Naud et al., 2019; Naud et al., 2021). Issues identified by participants in various studies included centralized social hubs in large apartment complexes (National Seniors Council, 2014), having access to meeting places near home and adapted to their health condition (Levasseur et al., 2020), and accessible activities that appeal to, or are meaningful for, the older adults in the community (Rozanova et al., 2012). Closely tied to this is the need for information about activities and services to be made available to older adults (Levasseur et al., 2020; Tonkin et al., 2018). It is equally important that older adults have access to information about activities, as well as to the activities themselves.

TRANSPORTATION

The issue of transportation was prominent in the literature. Having a driver's license has been shown to be associated with increased social participation (Dahan-Oliel et al., 2010; Lavesseur, Cohen et al., 2015; Levasseur, Genereux et al., 2015). Lamanna et al. (2020) stated that driving cessation should be viewed as a life transition that decreases social participation. Without a driver's license, there is often a lack of options, or of affordable and efficient transportation options, for older adults (Government of Canada, 2017; Lamanna et

al., 2020; Naud et al., 2021; Syed et al., 2017; Tonkin et al., 2018) and therefore they are unable to attend social activities that may be available. Transportation issues are even more challenging in remote areas, which may also have fewer and less varied programs and opportunities for seniors (Government of Canada, 2017). Addressing issues with transportation would allow older adults to remain socially engaged.

GEOGRAPHY BARRIERS

There are differences in social isolation experienced by older adults between rural and urban communities. Unavailability of activities was more of a constraint in rural areas than metropolises, especially as reported by rural women (Naud et al., 2021). A large factor contributing to lack of social participation in rural areas is the lack of transportation options (Lamanna et al., 2020; Naud et al., 2021). Again, this was especially true for rural women in particular (Naud et al., 2021). In cities, older adults are likely to have more programs and transportation options available to them (Government of Canada, 2017). In rural areas, higher social participation was associated with having a driver's license, children living nearby, and more years lived in the current dwelling (Levasseur, Cohen et al., 2015).

There are also risk factors for social isolation for urban older adults. The National Seniors Council (2014) cites the example of Aboriginal seniors who reside in remote areas with specific health issues who are at a high risk of social isolation when they have to relocate to receive health treatments. On the other hand, social isolation for urban seniors may be related to housing issues or community environments.

Lessons from the Literature

As noted at the outset and as evident from the above discussion, the barriers identified in the literature as contributing to the social isolation of adults are diverse, multi-faceted and overlapping. And the categorization provided is only one way of potentially organizing the analysis. Similarly, some of those barriers identified are not in any way surprising. It stands to reason that health status and mobility are going to play significant roles in the extent to which older adults are, or feel, socially included.

Others, such as transportation, are more surprising, not because they are identified but because they are identified so regularly in the literature as being a barrier to social inclusion. It is worth noting that most of the references appear to be related to local transportation (either public or private) rather than inter-city or regional transportation. And, yet, we know that west of Toronto there is no longer any inter-city bus service available with the closure of, first, the Saskatchewan Transportation Company in that province and, second, the collapse of Greyhound bus service in western and northern Ontario, Manitoba, Alberta and British Columbia. In the same way that reliable, accessible, and affordable intra-city transportation is important to reducing social isolation, so too is inter-city transportation. This can be especially important in providing small town and rural residents the opportunity to remain in their communities (where they have strong social connections) while also allowing them to travel for medical appointments, to see family or to access other necessary services.

Individual level barriers are identified most frequently in the literature (at 27) with social barriers close behind (at 24), whereas accessibility barriers are identified in 17 articles.

But this hides some important clustering that emerges when specific barriers are identified. Health status is clearly and not surprisingly the barrier to social inclusion that gets identified most within the literature. Indeed, of the 27 times individual level barriers are identified, 11 of those are specifically related to health status. One could argue that health status should be a category in and of itself given its prevalence. Similar things happen when one breaks down the broad categories into their constituent specific barriers.

There is also a cluster of barriers that stand out for the frequency of their identification. Demographic factors, the presence of social supports, the accessibility or proximity of opportunities for social engagement and transportation are all identified as barriers either seven or eight times in the literature (See Figure 4). Following these is another grouping – mobility issues, minority or immigration status and geographic barriers – that are each identified five times. The remaining barriers are identified only two or three times.

INDIVIDUAL LEVEL BARRIERS					SOCIAL BARRIERS				ACCESSIBILITY BARRIERS			
Health	Mobility	Caregiving	Independence	Demographics	Income	Minority Status	Gentrification / Tech	Social Supports	Built Environment	Accessibility / Proximity	Transportation	Geographic
11	5	4	2	7	3	5	2	7	3	8	8	5

Figure 4 - Barriers identified by category and by individual barrier

If one puts aside the broad categories of barriers identified at the outset and looks only at the specific nature of the barriers themselves, their prevalence shows some revealing clustering (See Figure 5). Health status stands alone as likely the single most important determinant to an individual being able to feel socially included which, again, is not surprising. But with those barriers that were identified frequently (but less often than health status) we see barriers that go across all three of the broad categories used to classify the barriers to social inclusion. And the same is true for those barriers identified the least frequently. So the categories remain useful as a taxonomy, but within those categories some barriers are clearly more prevalent than others.

Identified <5 Times	Identified 5-10 Times	Identified >10 Times
Caregiving	Mobility	Health Status
Independence	Demographics	
Income	Minority Status	
Gentrification / Tech	Social Supports	
Built Environment	Availability / Proximity	
	Transportation	
	Geographic	

Figure 5 - Barriers by prevalence of identification

It is also worth noting that when looked at individually, the articles themselves tend to focus on or identify a small number of the barriers that are prevalent in the literature as a whole (see Figure 6). Fully 11 of the 26 pieces examined identify only a single barrier to social inclusion for older adults. At the same, 12 of the articles identify between three and five such barriers. The one piece that identified eight barriers was a report of the National

Seniors Council (2014) on social isolation of older adults that included a detailed literature review itself.

Number of Barriers Identified	One	Two	Three	Four	Five	Six	Seven	Eight
Number of Articles	11	2	4	6	2	0	0	1

Figure 6 Number of Barriers Identified in Each Article

The most obvious lesson that comes out of the literature is the sheer complexity of the issue itself. While it may be relatively easy to identify someone as socially isolated, the causes or factors that could be causing that isolation are remarkably diverse and complex. The range of barriers identified in the literature clearly confirms this. And we know little about how they interact together to reinforce each other. If one looks only at those barriers identified most frequently outside of health status (i.e. the middle column of Figure 5) there is an incredibly wide range of possible explanations that, as noted, run across the broad categories of barriers. For researchers, this points to a very clear mandate to begin to explore those interconnections and to focus on how some of these barriers interact, magnify and multiply the impact of social isolation of older adults.

But certainly the barriers posed by demographics, the presence of social supports, transportation and proximity to opportunities for social engagement stand out as areas in need of attention by policy makers. And here, again, one can see how these barriers may well be interacting. A focus on improving local public transportation could well reduce the impact of a lack of accessibility opportunities for social engagement in close proximity for older adults. And thinking about the myriad of reasons we as a country may need reliable

and accessible inter-city transportation networks could reduce the impact that a lack of social supports (in the form of familial and friendship connections) and geography has in terms of socially isolating older adults.

Furthermore, it is highly likely that how these different barriers interact and the extent of their relative importance is very context specific. That is to say, that how these barriers present themselves may well vary considerably between rural and urban settings, northern and southern settings and across other social and economic divides. And indeed the prevalence with which demographic factors like gender, age and education and minority or immigrant status were identified speaks directly to the way in which these barriers play out in different contexts. From the experience of an organization like SPHERU, then, that speaks to a particular approach toward the design of both specific community-level interventions and the more general development of policy directions aimed at reducing the social isolation of older adults.

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