

Intersectoral Collaboration to Address Loneliness: A Canadian Initiative

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Abstract

Addressing loneliness is a global public health priority; however, its complexity necessitates collaboration across multiple sectors. Intersectoral collaborations (ISCs) connect diverse stakeholders to take collective action on social issues. In 2022, Women's Age Lab formed an ISC to address loneliness in older adults in Canada, comprising national, provincial and local organizations. The ISC identified stigma, system fragmentation and ineffective solutions as challenges to addressing loneliness. Mapping existing initiatives, advocating for a national strategy and prioritizing research were discussed as opportunities for collective action. These findings can help support other communities wishing to unite organizations to address loneliness.

Introduction

The World Health Organization recently declared loneliness, or the subjective state of feeling alone, a global public health priority (WHO 2023). Loneliness is common, especially among older adults (CIHI 2022; Savage et al. 2021), and has been associated with serious harms, including cardiovascular disease, mood disorders, dementia and premature death (Holt-Lunstad et al. 2015; Salinas et al. 2022; Santini et al. 2020; Valtorta et al. 2016). Similar to other complex public health issues, the determinants of loneliness occur at multiple levels – individual (e.g., age, gender, health status),

relational (e.g., social support, marital status), community (e.g., urban design, transportation, housing) and societal (e.g., discrimination, inequity) – all of which can interact to influence one's risk of becoming lonely (Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults 2020). Because of this, an effective response to this growing public health issue requires action at multiple levels and across sectors. In this paper, we provide an overview of loneliness – its causes, assessment and supports and prevention strategies to address root causes – as well as describe a Women's Age Lab initiative to facilitate joint action across sectors through an intersectoral collaboration (ISC).

Loneliness and its causes

Loneliness occurs when there is a disconnect between the number or quality of social relationships one has and what they desire (Peplau and Perlman 1982). Feelings of loneliness are subjective and distinct from being socially isolated, which is objectively having few social relationships or contacts (Peplau and Perlman 1982). Individuals can feel lonely even if they are not isolated, and vice versa. Loneliness is common in Canada, with more than one-third of older Canadians reporting feeling isolated at least some of the time (CIHI 2022), and the number of individuals experiencing loneliness is projected to grow as the population gets older

(Statistics Canada 2022). The negative effects of loneliness go beyond mental and psychological health, affecting physical health as well (Holt-Lunstad et al. 2015).

While anyone can feel lonely, some groups are at greater risk, including women, people with disabilities, financial insecurity, poor physical or mental health, those who live alone, younger (<25 years) and older (≥65 years) populations, immigrants, ethnic minority groups and lesbian, gay, bisexual, transgender, queer, Two-Spirit, intersex and asexual and other sexual and gender minority individuals (Cohen-Mansfield et al. 2016; de Jong Gierveld et al. 2015a, 2015b; Lasgaard et al. 2016; Macdonald et al. 2018; Marziali et al. 2020; National Academies of Sciences, Engineering, and Medicine et al. 2020; Niedzwiedz et al. 2016; Rönkä et al. 2018; Savage et al. 2021; U.S. Department of Health and Human Services 2023; Victor et al. 2012; Victor and Yang 2012). The patterning of loneliness across marginalized populations makes evident that discrimination is an important cause of loneliness. Across population groups, causes of loneliness can vary by life stage, individual trajectories and geography. For older adults, the lack of a confidant, retirement, loss of a spouse or development of chronic conditions/declining health are common contributors (National Academies of Sciences, Engineering, and Medicine et al. 2020; Victor 2012). Older women have a higher prevalence of loneliness than older men, which may relate to a higher likelihood of experiencing widowhood and living alone given their longer life span, as well as having greater caregiving responsibilities and lower income (Bott et al. 2017; Meyer and Parker 2011; O’Rand and Shuey 2007; Pinquart and Sorensen 2001; Savage et al. 2021). Where a person lives also matters; living in communities with low social cohesion, inaccessible transit, poor walkability, limited access to amenities, parks and green spaces and greater crime have all been shown to increase the risk of loneliness (Marquez et al. 2023; Pyle and Evans 2018).

Assessing loneliness

Healthcare settings are one place where feelings of loneliness can be identified, but structural barriers and not viewing loneliness as a medical issue can mean that loneliness remains under-screened and under-addressed (Conn et al. 2024; Holt-Lunstad and Perissinotto 2023; Perissinotto et al. 2019). Loneliness can be assessed using the validated Three-Item Loneliness Scale, which asks how often an individual feels left out or isolated and lacks companionship (Hughes et al. 2004). This and other recommended tools are summarized in Canada’s first Clinical Guidelines on Social Isolation and Loneliness in Older Adults, developed by the Canadian Coalition for Seniors’ Mental Health for healthcare and social service professionals (Conn et al. 2024).

Supports and prevention strategies to address loneliness

Due to the complexity of loneliness, a “one-size-fits-all” approach to addressing it is simplistic and ineffective (*The Lancet* 2023). To address feelings of loneliness that individuals may have, the Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults recommend an individualized approach that centres shared decision making and is attuned to the patient’s context (including their culture and lived experiences) (Conn et al. 2024). Among promising interventions highlighted in the guidelines is social prescribing. Social prescribing links individuals who have health-related social needs, such as loneliness, with non-clinical supports in their community (Muhl et al. 2023). This connection is facilitated by a link worker or a connector who is often situated within a healthcare setting such as primary care; this connector works closely with the individual to understand their needs and interests so that the referred supports (e.g., bereavement programs, group fitness classes, group trips to a museum) are tailored to their needs (Muhl et al. 2023). For individuals with mental health issues such as depression or social anxiety, which are both a cause and a consequence of loneliness, referrals to psychological supports such as cognitive behavioural therapy should also be considered (Conn et al. 2024; Jopling 2020). Finally, leveraging social infrastructure can effectively and efficiently address loneliness at the community level. For example, supportive service programs delivered in naturally occurring retirement communities (geographic areas where older adults are naturally clustered, such as high-rise buildings) are gaining attention in Canada for their potential to strengthen social connections among residents (Brydges et al. 2022; Meschino et al. 2024; Mills et al. 2022; Savage et al. 2024b).

Extending the reach of loneliness interventions through ISC

At a broader scale, the complexity of loneliness is being tackled through ISC. ISCs are partnerships between multiple sectors (private, voluntary and non-profit) across various fields (e.g., health, social services, urban planning) that take joint action to address social issues, such as population health (Public Health Agency of Canada 2016). ISCs have been identified as a useful mechanism to bridge diverse perspectives, expertise and resources to address complex social problems that are recognized as beyond the capacity or realm of any one sector alone (Danaher 2011), and research shows these partnerships promote community and system changes (Roussos and Fawcett 2000). The UK’s Connection Coalition is one example – this coalition brought together hundreds of organizations to promote social connection during its four-year tenure (Connection Coalition n.d.). Despite the need, no similar collaborations existed in Canada.

Approach

To address this gap, Women's Age Lab, a research centre that aims to support the healthy aging of women, and partners initiated an ISC focused on addressing loneliness in older adults in Canada. The following describes how the ISC worked in practice, important member-identified themes in addressing loneliness, areas for future work and early benefits of this initiative.

How the ISC worked in practice

The ISC was hosted by Women's Age Lab at Women's College Hospital in Toronto, ON, Canada, with research funding from the Canadian Institutes of Health Research (CIHR) (grant no. 162221). The collaboration comprised 14 representatives from local, provincial and national organizations and included researchers, advocates, service providers, policy makers and persons with lived experience. The ISC met virtually via Zoom three times between June 2022 and February 2023. Meetings were led by trained facilitators who guided members through a process of "consensus uncovering" to identify what members had in common, as well as their shared and sustainable interests, and to connect on scope for concrete deliverables. The aims and content of each meeting are summarized in Figure 1. Meetings began with short presentations to provide context and the opportunity to profile the work of each representative before moving into World Café exercises, a method of large group dialogue (The World Café Community Foundation 2025) to discuss focused questions in smaller breakout groups. Members then regrouped for communal reflection. After each meeting, an overview of the key insights and a summary of the discussion were distributed among members.

Stigma was identified as an important barrier to addressing loneliness, preventing lonely individuals from acknowledging their feelings and seeking support and limiting practitioners' ability to identify and reach those in need.

Findings and Interpretation

Themes from the ISC: current gaps and challenges to addressing loneliness

ISC members called attention to key challenges they faced in efforts to address loneliness within their respective organizations.

1. *Social stigma*: Stigma was identified as an important barrier to addressing loneliness, preventing lonely individuals from acknowledging their feelings and seeking support and limiting practitioners' ability to identify and reach those in need. Members discussed the importance of elevating stories and experiences of lonely older adults and of public awareness campaigns to normalize loneliness.
2. *Fragmented efforts to address loneliness*: ISC members identified a lack of connection points among organizations working to address loneliness, a challenge also emphasized by others (Palmarini and Fraser 2020). Members expressed that this disjointedness made it challenging to coalesce around issues and collaborate efficiently. The fragmented nature of supports was also recognized as a change, as it made it difficult for older adults to effectively navigate opportunities for connection. Members not only viewed the ISC as an opportunity to resolve system-level fragmentation but also recognized that a national loneliness strategy was needed to support coordination across sectors.

FIGURE 1.
The aims and content of each meeting

1 COLLABORATION LAUNCH	2 IDENTIFYING CONNECTION POINTS	3 CONTINUING CONNECTIONS
Aims: To uncover shared interests, set initial intentions for a collaboration, explore the most important issues to collaborate on and envision the desired impact of their work. Discussion questions: What are the most important issues and ideas this collaborative could work on together? What are your greatest hopes for change in this sphere over the next five to 10 years? What could the different perspectives/resources in this group do together to move in this direction?	Aims: to highlight the work and missions of each member's organization to discuss potential connection points, raise visibility of resources and identify opportunities for collaboration. Discussion questions: What can our collaboration include?	Aims: To explore how to build on the connections created, guided through reflection on key topics including advocacy, digital literacy, stigma and intersectionality. Discussion questions: Why is this topic meaningful? What is already happening around this topic? What would you like to be true in Ontario around this topic one year from now? 10 years from now? Craft as high-level goals. What can you do as a community around these goals? What are the next steps? Identify a point person who will support the first connection after today.

3. *Prioritizing loneliness as an intersectional and lifespan experience:* Members emphasized the importance of addressing loneliness with an intersectional lens, recognizing the diversity of older adults and the evidence of inequities that place certain groups at greater risk for loneliness. They also discussed the need to frame loneliness as a lifespan experience, given that loneliness is not unique to older adults and can occur at many points in life. Implementing strategies earlier in the life course was viewed as critical to equip people with the tools to respond to feelings of loneliness throughout their lifespan while also changing societal views on what it means to feel lonely. Fostering and leveraging intergenerational connections in programming was recognized as one opportunity to address loneliness across the life course.

Opportunities for shared action

Members of the ISC were hopeful and enthusiastic about the opportunities that emerged through this collaboration and identified three areas for ongoing collaboration.

1. *Advancing advocacy:* Members identified a variety of opportunities to coalesce around specific activities to address stigma and bring forth the issue of loneliness to policy makers at the federal level. The ISC developed and published a policy brief outlining four actionable recommendations for the federal government to strengthen social connections in Canada, including a call for a national strategy with measurable impacts and coordinated efforts from all levels of government (Savage et al. 2023). This brief was presented to policy makers and shared with the public through national media outlets (CTV Your Morning 2024; Welsh 2024).
2. *Creating synergy:* Members identified an opportunity to create an inventory of ongoing initiatives and programs designed to address loneliness – both for older adults who are seeking supports and for organizations working in the area. Mapping ongoing initiatives and the political opportunities for advocacy could facilitate partnerships, create opportunities to amplify messages and improve efficiencies by unifying goals and integrating resources. One member organization has started this work by conducting an environmental scan of leading Canadian organizations focused on fostering social connection to understand the current climate. This scan was presented to ISC members and can be leveraged for future work.
3. *Prioritizing research:* The ISC agreed on the need to prioritize research and evaluation to spread and scale promising interventions to address loneliness and to demonstrate their effectiveness and sustainability, a particularly important task when attempting to influence policy. Aligning with the identified challenge of responding to loneliness with an

intersectional lens, ISC members also recognized the need for research that can guide the development of tailored solutions that are equity-oriented and more likely to succeed. In response, ISC members collaborated on a successful new research proposal, funded by CIHR, to examine loneliness in Canada across intersections of age, sex and gender, immigration, income, disability and sexual orientation (Savage 2024a). This funding will provide backbone support to transition the ISC to an ongoing initiative, expand its membership and implement a framework to measure its success.

Early benefits of the ISC

Members were asked what it meant to them to come together as a broader community in this way. Their feedback was positive, reporting that the ISC was an energizing and uplifting experience that provided an opportunity to network and identify synergies, connections and resources. They acknowledged the power of togetherness to tackle this complex issue but also the need for strategy and organization to achieve collective goals.

Conclusion

Addressing loneliness is of growing importance in Canada and globally. As loneliness is a complex public health issue, action and collaboration are needed across sectors and at multiple levels. We share the experience of a Canadian Intersectoral Collaboration on Loneliness that brought together diverse organizations and uncovered shared interests that could be leveraged and mobilized for ongoing action. Our early experiences show that an ISC is a feasible approach to unite organizations around a common goal of addressing loneliness. **HQ**

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Conflicts of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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