# The Community As An Alternative To Loneliness

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**World Health Organization**

European Region

# Social Isolation and Loneliness

## Across the Life-Course

People of all ages, worldwide are affected

**25%**

of older people are socially isolated

**5-15%**

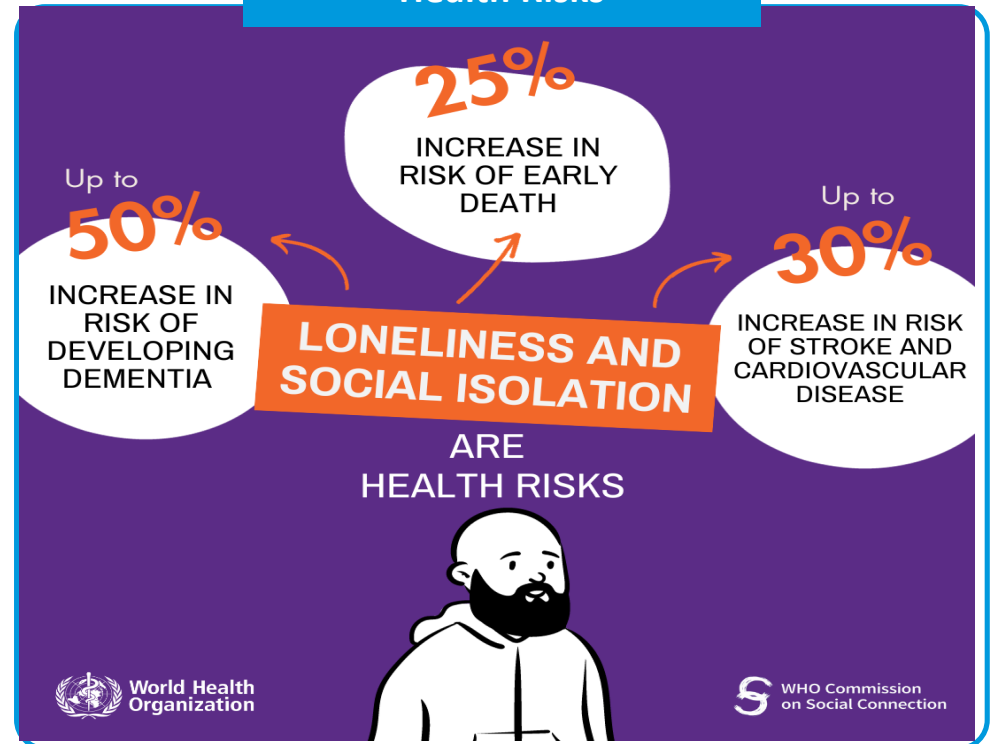of adolescents experience loneliness

**35%**

of older people living in residential or nursing care homes are very lonely

**11.2%**

of 15-29 olds are not in Employment, Education, or Training (EU)

## Health Risks

**25%**
INCREASE IN RISK OF EARLY DEATH

Up to **50%**
INCREASE IN RISK OF DEVELOPING DEMENTIA

Up to **30%**
INCREASE IN RISK OF STROKE AND CARDIOVASCULAR DISEASE

**LONELINESS AND SOCIAL ISOLATION** ARE HEALTH RISKS

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**WHO Commission on Social Connection**

Source: WHO Commission on Social Connection, 2023

# Social isolation increases with age and is high in Central and Southern Europe
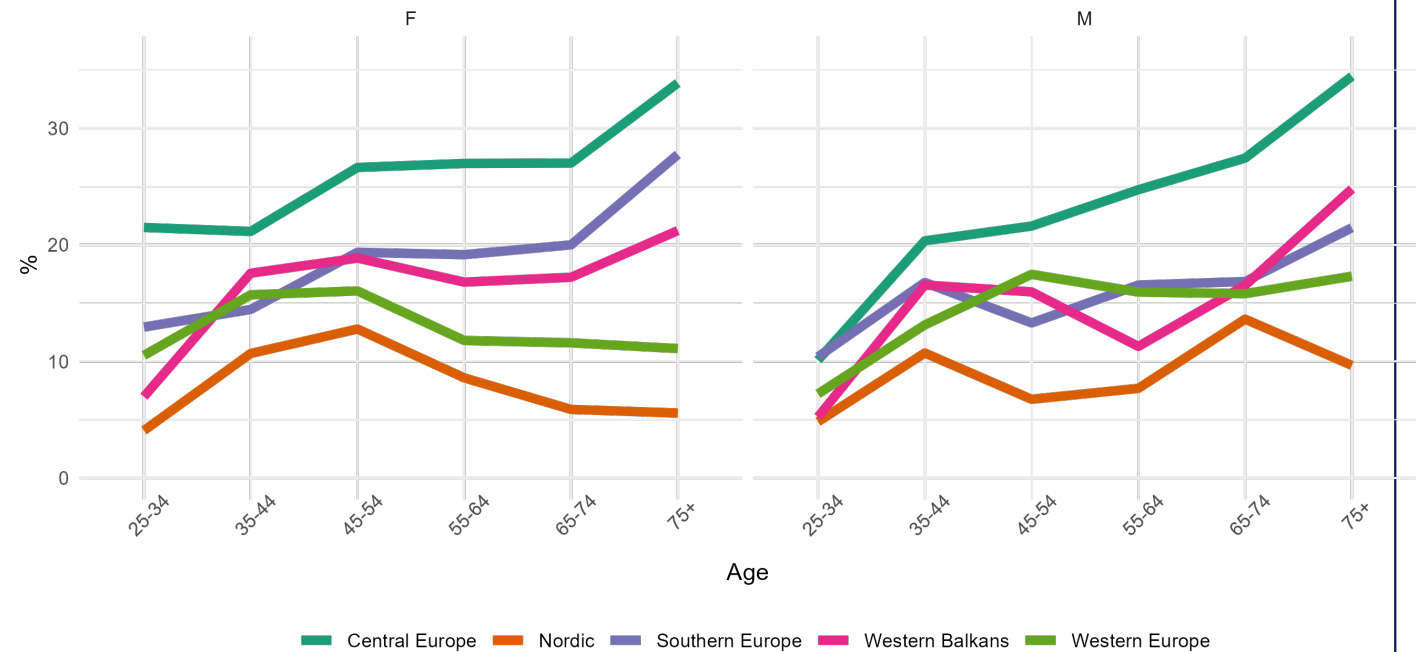
**Across the life course (aged 25-100)**

*Meeting family / friends less than once across life course*

- Social isolation increases across the life course

- Loneliness is a major factor a Southern and Europe and Central Europe not as pronounced in Nordic countries and Western Europe, particularly in women

% meet friends/family less than once a month, poorest quintile across the life course, by country cluster



*Source: ESS*
*Number countries: 31*

# Inequities in Social isolation have grown in the last 15 years

**Low income (Q1)**　　**High income (Q5)**

*Meeting family / friends less than once per month by income group*

- **Twice as many women and men living on low incomes feel isolated compared** to those who are financially better off.

- **The gaps have widened since 2019** particularly amongst women and men 65+

- **Highest levels of social isolation are among lower income men over 75– 1 in 4 are socially isolated**

% meet friends/family less than once a month: 25-100 years olds, by Income groups



*Source: ESS*
*Number countries: 31 years **2010 to 2023***
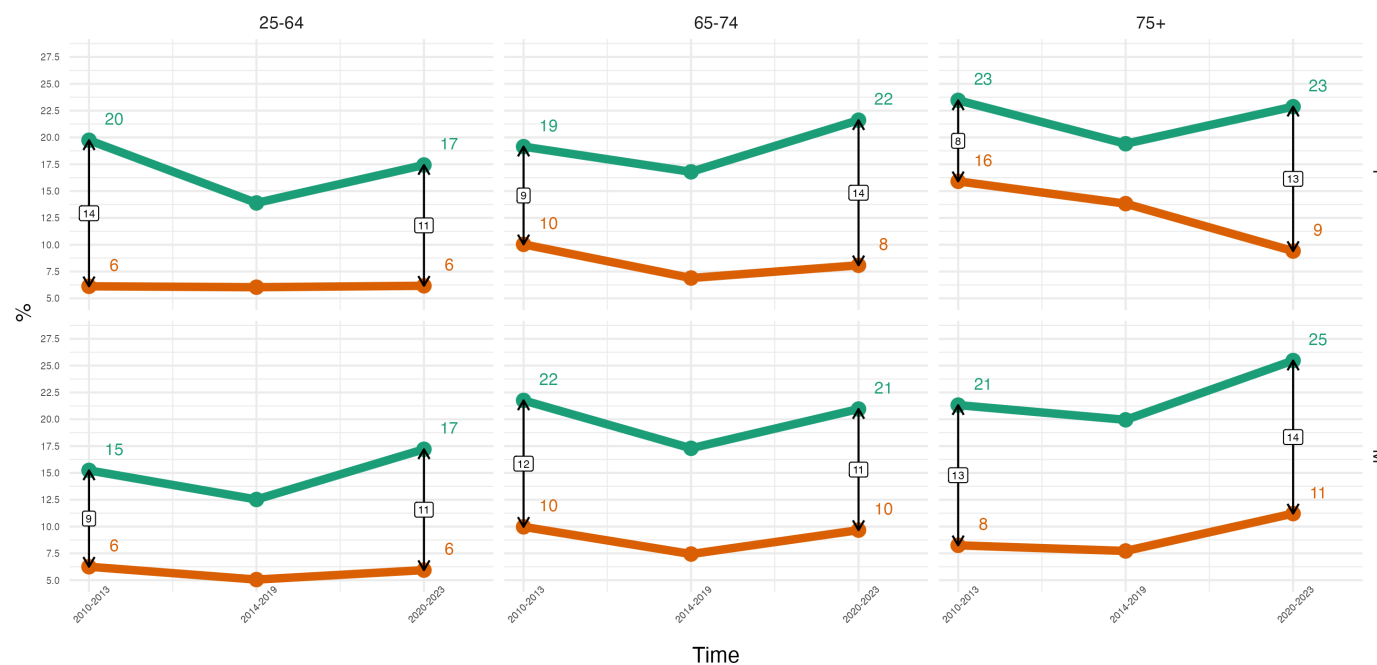
# key drivers

**Digital Transition**

- Digital communities can **replace in-person interaction**
- **Gaps in access to new technologies** can leave behind older adults, lower-income people, and rural communities

**Economic Migration**

- Young people and families move from their communities in search of employment leaving older relatives behind and disrupting social networks and cultural connections
- Precarious work conditions **reduce sense of belonging** in host communities

**Insecurity**

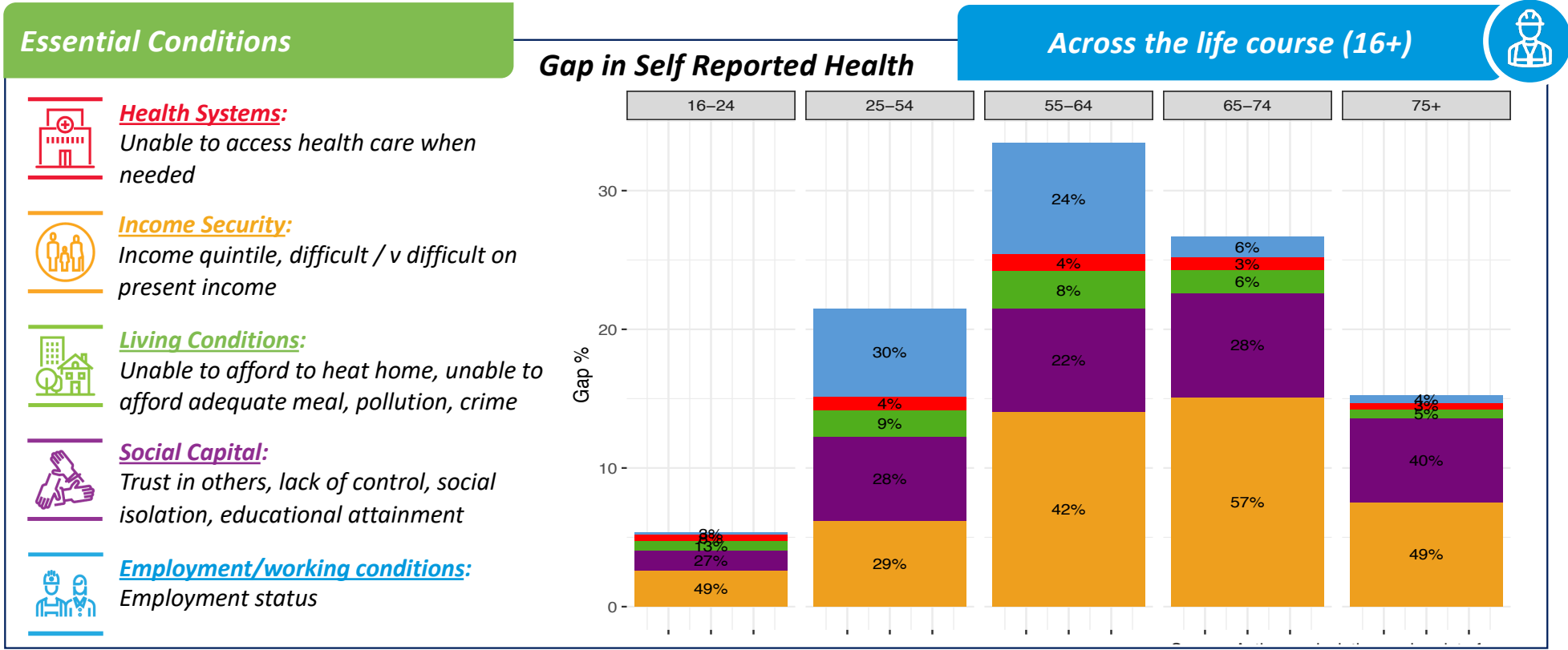- **Violence and discrimination in the home and in the community** undermines trust in and across communities and increases poor mental health and loneliness.
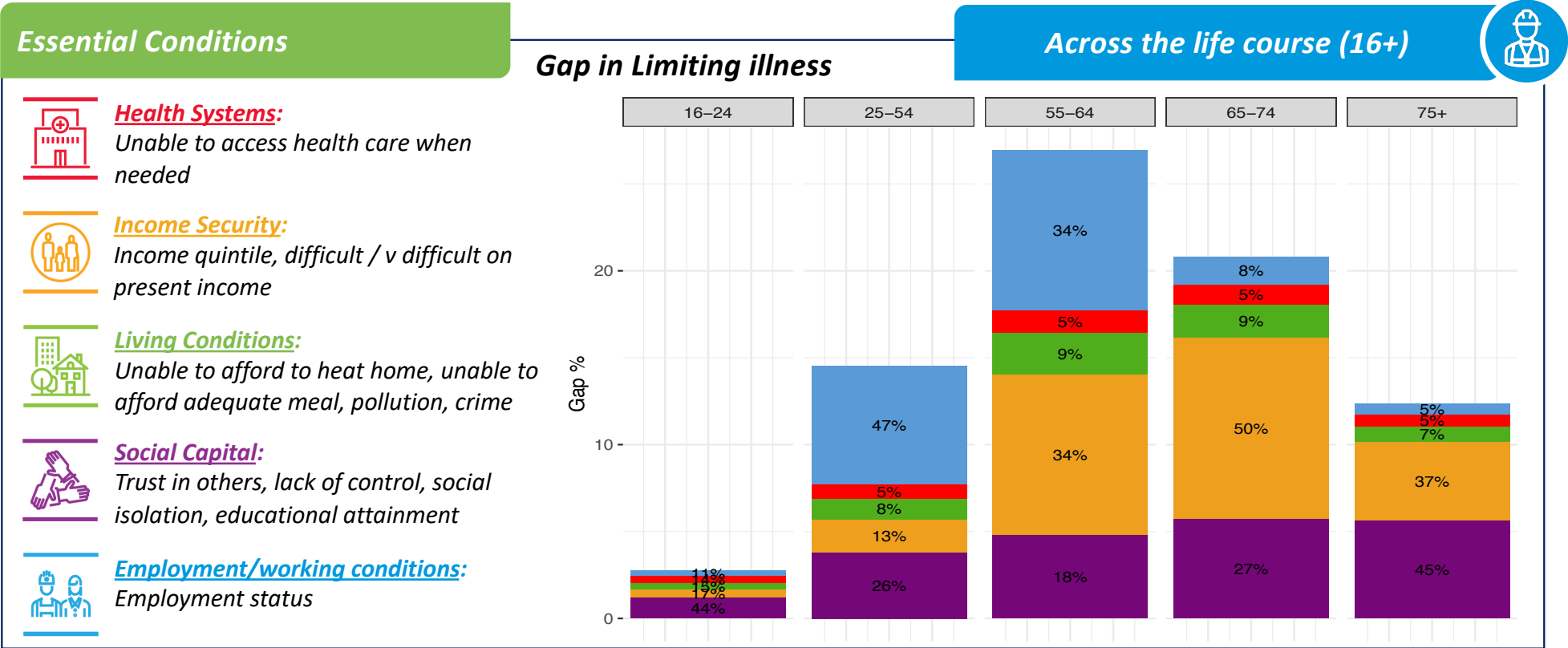- **Poverty is a major driver of isolation** and exclusion

**Cuts to Public Services**

- **Underfunded and inaccessible services** affect the most vulnerable
- **Lower trust in institutions** and health systems

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# Loneliness contributes to inequities in wellbeing at all ages and in all countries

## Essential Conditions

**Health Systems:**
Unable to access health care when needed

**Income Security:**
Income quintile, difficult / v difficult on present income

**Living Conditions:**
Unable to afford to heat home, unable to afford adequate meal, pollution, crime

**Social Capital:**
Trust in others, lack of control, social isolation, educational attainment

**Employment/working conditions:**
Employment status

### Gap in Self Reported Health

### Across the life course (16+)



| 16–24 | 25–54 | 55–64 | 65–74 | 75+ |

**16–24:** Income 49%, Human and social capital 27%, Living Conditions 13%, Employment 3%, Health Services 8%

**25–54:** Income 29%, Human and social capital 28%, Living Conditions 9%, Health Services 4%, Employment 30%

**55–64:** Income 42%, Human and social capital 22%, Living Conditions 8%, Health Services 4%, Employment 24%

**65–74:** Income 57%, Human and social capital 28%, Living Conditions 6%, Health Services 3%, Employment 6%

**75+:** Income 49%, Human and social capital 40%, Living Conditions 5%, Employment 4%

Gap %

% of the gap attributable to: ■ Health Services ■ Employment ■ Living Conditions ■ Human and social capital ■ Income

# Loneliness contributes to inequities in illness at all ages and in all countries

**Essential Conditions**

**Across the life course (16+)**

*Gap in Limiting illness*

**Health Systems:**
Unable to access health care when needed

**Income Security:**
Income quintile, difficult / v difficult on present income

**Living Conditions:**
Unable to afford to heat home, unable to afford adequate meal, pollution, crime

**Social Capital:**
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Gap %

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Evidence shows that social connection is a force for health, well-being, and economic good.

- WHO Commission on Social Connection

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**The Benefits of Social Connectedness for people and societies.**

Eradicating loneliness would save costs the U.S. economy about $460 billion each year

Reducing Loneliness among lower income groups would drive down inequities in mental wellbeing

Social Participations linked to higher trust societies and greater resilience to overcome shocks

*Economic & Social Inclusion*

*Mental Health & Wellbeing*

*Higher Trust Societies*

*Physical Health*

# Building Political Commitment across 193 Nations
## First-ever global resolution on social participation for primary health care May 2024.

The Seventy-seventh World Health Assembly, [...] REQUESTS the Director-General:

(1) **to advocate for the regular and sustained implementation of meaningful social participation,** both within the health sector as well as across other sectors and multilateral organizations that affect health equity and well-being [...]

(2) **to develop technical guidance and operational tools for strengthening and sustaining social participation,** including monitoring and evaluating implementation within countries, and provide training and technical support [...];

(3) **to document, publish and disseminate Member States' experiences in implementing meaningful social participation** through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;

(4) **to facilitate regular sharing and exchange of Member States' experiences of social participation**;

(5) **to harmonize technical support on social participation** across WHO divisions and the three levels of the Organization; and

(6) **to report on progress in the implementation of this resolution** to the Health Assembly in 2026, 2028 and 2030.

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# Providing countries with metrics and data to design, implement and measure progress  The WHO European Health Equity Status Initiative

**Trends in health and well-being**

*The report is a comprehensive review of the status and trends in health inequalities*

**Five Essential Conditions**

*The report identifies **five essential conditions** needed to create and sustain a health life for all*

**Analyzing coverage impact and uptake of policies**

**Healthy, prosperous lives for all:**
the European Health Equity Status Report

**Building healthy places** with mayors, health authorities, citizens, civil society and business

**WHO Global Networks of Age-friendly Cities and Communities**
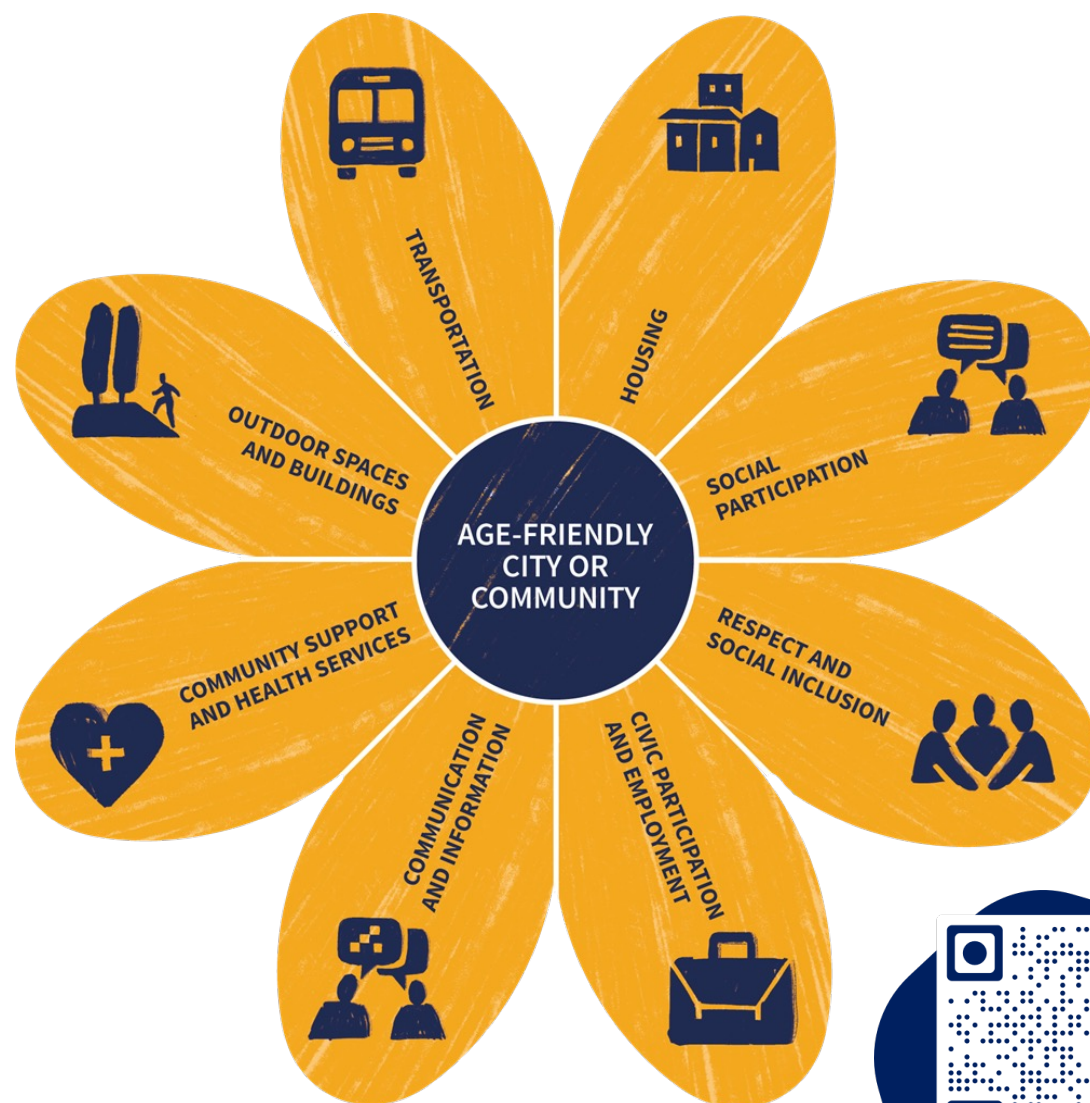
**Global:** 52 countries

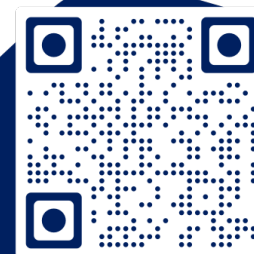**National:** 12 countries

**Subnational:** 5 countries

**Local:** >1,600 cities (urban & rural)

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TRANSPORTATION

HOUSING

OUTDOOR SPACES AND BUILDINGS

SOCIAL PARTICIPATION

AGE-FRIENDLY CITY OR COMMUNITY

COMMUNITY SUPPORT AND HEALTH SERVICES

RESPECT AND SOCIAL INCLUSION

COMMUNICATION AND INFORMATION

CIVIC PARTICIPATION AND EMPLOYMENT

8 Domains of Age-friendly environments

SCAN ME

# Evidence Best Practices and Knowledge Exchange

## Men's Sheds

**Social Literacy** 77% improved communication, 90% social skills, 88% organization skills

**Health Literacy** 88% reported access to male health info, 97% felt better about themselves, 91% improved well-being

**Personal, Educational, and Employment** 75% learned leisure skills and hobbies, 67% learned digital skill

## Health Justice Partnerships
### Europe & International

- tackle social and economic circumstances that are harmful to health
- primary & acute health care services working with welfare services and civil society
- supporting people with issues such as welfare benefits, debt, housing, and employment related health and security needs

*Citizens Advice on Prescription.*

- **lower use of antidepressants and improved mental wellbeing**
- **Reduced poverty and debt risk**

## Caring Neighborhoods

**Belgium:**

- 133 caring neighborhoods
- Create intergenerational bonds, trust and social inclusion
- Integrated health services, engaging formal and informal care
- Participatory decision-making on neighborhood issues such as housing, green spaces, cultural activities, increases senseof belonging and *'mattering'*

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# The Social Connection Series: lived experiences of people around the world through film


15 January 2024
The Social Connection Series: Imad's Story


15 January 2024
The Social Connection Series: Maria's Story


15 January 2024
The Social Connection Series: Roz's Story


15 January 2024
The Social Connection Series: Amy's Story


15 January 2024
The Social Connection Series: Toney and Brandy's Story


15 January 2024
The Social Connection Series: Julio's Story


15 January 2024
The Social Connection Series: Trailer

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https://www.youtube.com/watch?v=l0kPwGmTpQ0