PROGRAMME

➢ Welcome and Introductions
➢ Overview of the Healthy Loneliness Project
➢ Loneliness – Definition, Causes, and Impact
➢ Regional Approaches of addressing loneliness on older adults
➢ Launch of the Manifesto
➢ Q&A
➢ Close

HEALTHY LONELINESS PROJECT

Healthy Loneliness has sought to provide tools to combat the effects of unwanted loneliness
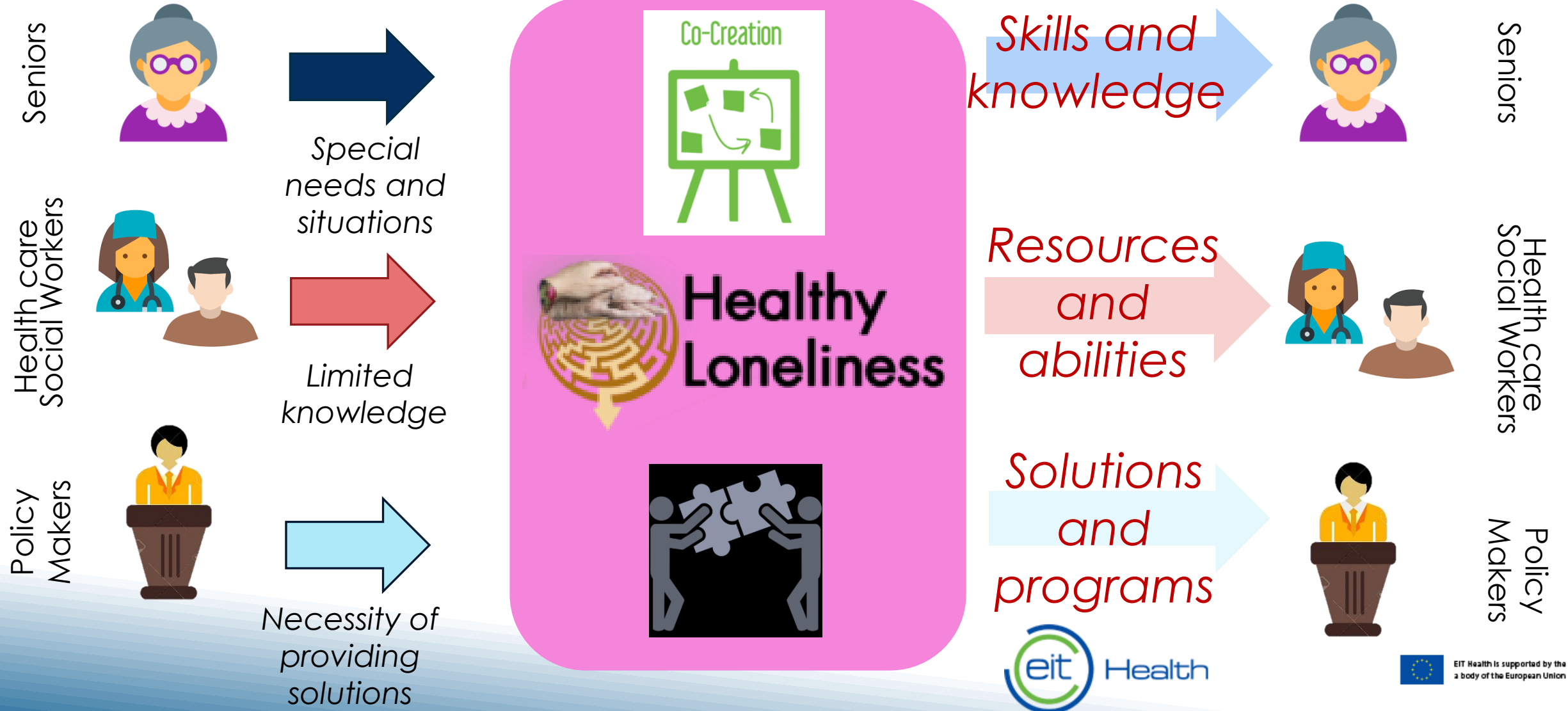
Outcome:	• To empower seniors living in loneliness
How:	• Educational and informative activities
What for:	• help them to better deal with loneliness and the problems that derive from it

Seniors as co-actors of their training defining subjects and tools

Resulting proposed activities are better aligned with the needs and expectations of the seniors

Tools for public administration and policy makers to

- Identify citizens in isolation
- Benchmark and dissemination of good practices
- Offer isolation alternatives to citizens

Iterative and scalable methodology

HEALTHY LONELINESS PROJECT: METHODOLOGY

Courses

Educational activities tailored at a specific and reduced audience of learners to gain and put in practice skills

Strengthen the basis of **Health Management** and minimization of the **Digital Breach**

Events

To organize focused **events** at different levels: professional networks, municipalities and citizens.

Outreach Healthy Loneliness approach, methodology and materials

EMPOWER CITIZENS TO FACE LONELINESS BEING ACTIVE AND HEALTHY

IMPACT

3000 **CITIZENS OUTREACHED**
KIC KPI (Activity outcome)

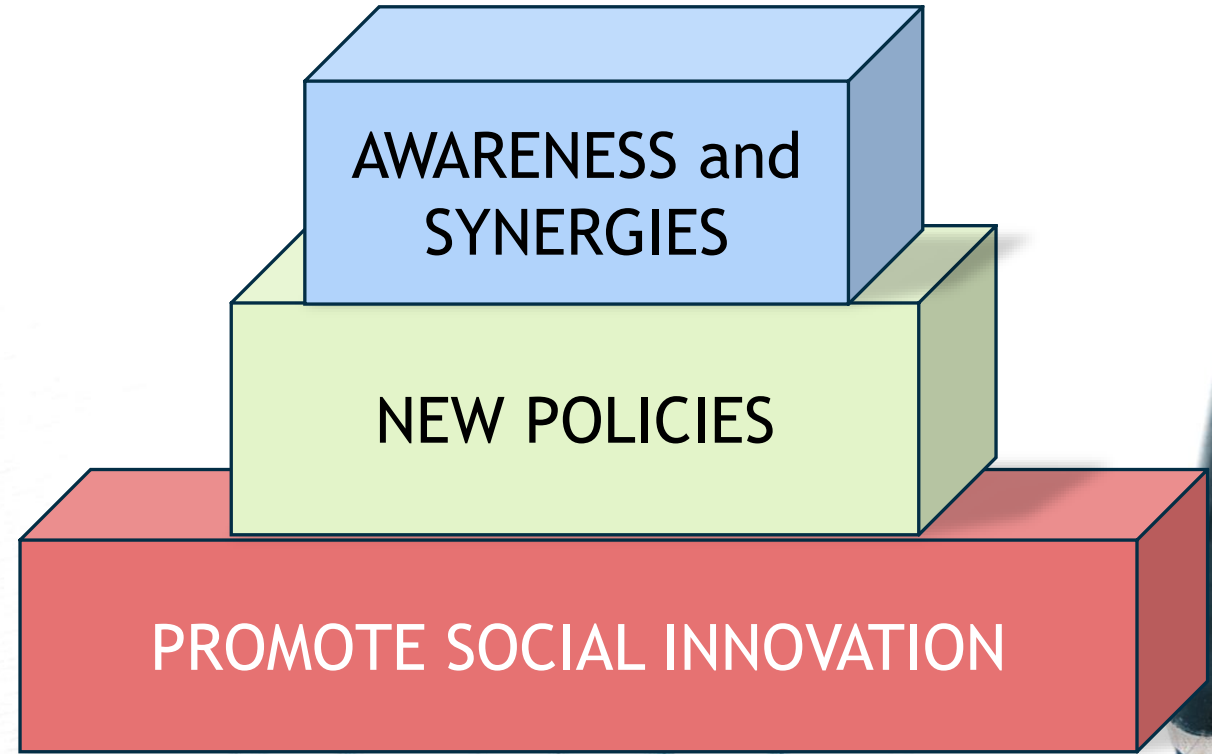**1500** **CITIZENS ENGAGED**
KIC KPI (Activity outcome)

10 **TWINNING RELATIONSHIPS WITH POLICY MAKERS THROUGH RSCN**
KIC KPI (Int)

AWARENESS and SYNERGIES

NEW POLICIES

PROMOTE SOCIAL INNOVATION

LOCA

L INTERNATIONAL

EIP on AHA
RSCN

Healthy Loneliness

Changes and needs of older people during confinement:

- **New loneliness cases:** loss of interactions, digital divide as barrier for social interactions
- **Decreased mood**: isolation, obligation to change habits
- Loss or **lac...**
- **New food**

Effects on p...

- Physical **deterioration**

Effects on mental health:

- **Psychological** problems: Uncertainty has created **anxiety**. News-> Increased **mistrust** and **fear. Emotional instability. Mourning time**
- **Psychiatric** diseases**: Aggravation** of chronics, Risks of **depression and dementia** increased
- **Cognitive impairment** (due to lack of routines or further cognitive stimulation)

CALL TO ACTION NOW!

Healthy
Loneliness

eit Health

EIT Health is supported by the EIT,
a body of the European Union

Healthy Loneliness Project
And
Launch of Manifesto to Minimise
Impact of Loneliness of Older Adults
November 25th 2020

Definition, causes and consequences
of Loneliness

Prof. Donatella Tramontano
Scuola di Medicina i Chirurgia
Università degli Studi di Napoli Federico II di Napoli
(Italy)

Prof. María Trinidad Herrero
Facultad de Medicina
Universidad de Murcia
(Spain)

EIP on AHA
RSCN

"Man is by nature a social animal"
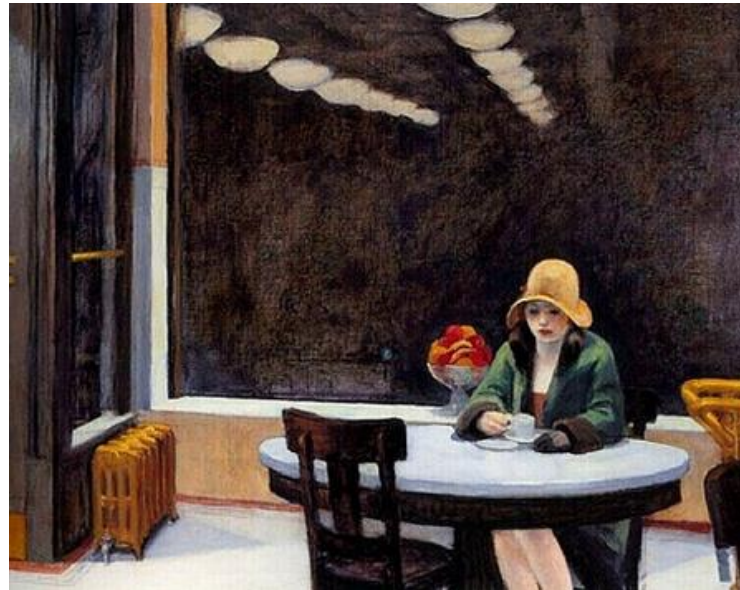
Aristotle, 350 BC

Politics (line 1253a book I, cap 2)

"Nevertheless, everyone feels
the pangs of loneliness at certain times"

Cacioppo J, 2008

Loneliness is a feeling

A negative and distressing emotional state
that arises from a discrepancy between
one's desired and achieved levels of social connectedness

Edward Hopper, 1927

1 Report of the Second World Assembly on Ageing, Madrid, April 8–12, 2002. A/CONF.197/9. 2002. New York,United Nations. http://c-fam.org/docLib/20080625_Madrid_Ageing_Conference.pdf
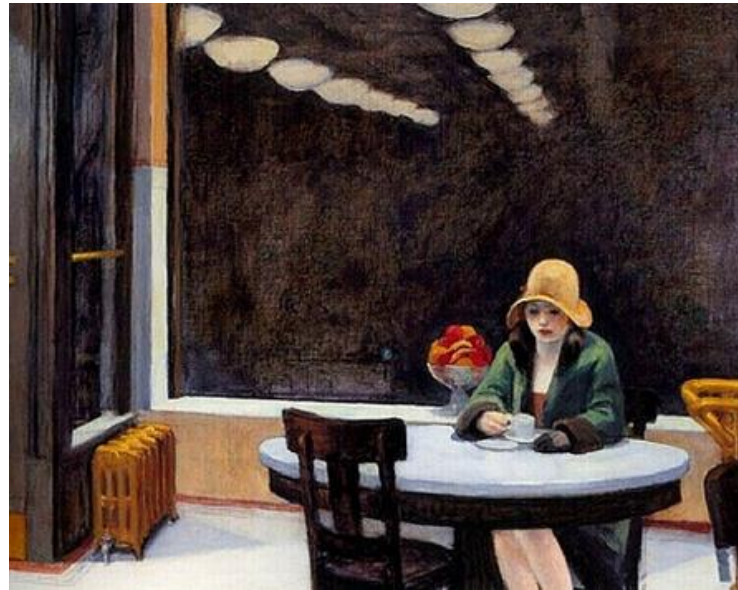
2 Standard & Poor's. Global Aging 2010: An Irreversible Truth. 2010. Standard & Poor's Financial Services LLC (S&P), a subsidiary of The McGraw-Hill Companies, Inc. All rights reserved. Global Credit Portal. Rating Direct. http://csis.org/files/attachments/110923_gai_presentation.pdf

https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

Loneliness is a feeling

Although loneliness is an emotion
common to human beings, it is and
<u>remains a very complex and unique experience</u>
<u>to each individual</u>

1 Report of the Second World Assembly on Ageing, Madrid, April 8–12, 2002. A/CONF.197/9. 2002. New York,United Nations. http://c-fam.org/docLib/20080625_Madrid_Ageing_Conference.pdf

2 Standard & Poor's. Global Aging 2010: An Irreversible Truth. 2010. Standard & Poor's Financial Services LLC (S&P), a subsidiary of The McGraw-Hill Companies, Inc. All rights reserved. Global Credit Portal. Rating Direct. http://csis.org/files/attachments/110923_gai_presentation.pdf

https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

Edward Hopper, 1927

Loneliness is a feeling

Frank Stella, 1962

and, as such,
It is very different from
being alone or in solitude, which is
an objective state,
and **can be a free choice.**

Being alone or in solitude is not a prerequisite for experiencing loneliness because not everyone feels lonely when they are a
Loneliness can also be experienced in the presence of other people.

Loneliness is a feeling

Frank Stella, 1962

> **Solitude expresses
> the glory of being alone,
> whereas
> Loneliness expresses
> the pain of feeling alone.**
> (Tillich, 1959)

Being alone or in solitude is not a prerequisite for experiencing loneliness because not everyone feels lonely when they are a
Loneliness can also be experienced in the presence of other people.

Loneliness is a feeling

Being alone or in solitude
is not a prerequisite
for experiencing loneliness
because not everyone feels lonely
when they are alone.

**Loneliness can also be
experienced
in the presence of other people**

Alone in a crowd

Loneliness is a feeling

Qualitative or subjective appraisals of social relations are more important
predictors of loneliness
than the quantitative aspects of social relations

Theories of Loneliness
Major theoretical approaches to loneliness include

The social needs perspective	The cognitive discrepancy model
posits a direct relationship between objective social deficits and the subjective experience of loneliness *	focuses on people's subjective evaluation of their relationships rather than the needs fulfilled by these relationships **

*Weiss R (1973) Loneliness: the experience of emotional and social isolation. MIT Press, Cambridge
**Peplau LA, Perlman D (1982) Loneliness: a sourcebook of current theory, research and therapy. Wiley-Interscience, New Yor
Cacioppo S, Grippo AJ, London S, Goossens L, CacioppoJT (2015) Loneliness: clinical import and interventions. Perspect Psychol Sci 10(2):238–24
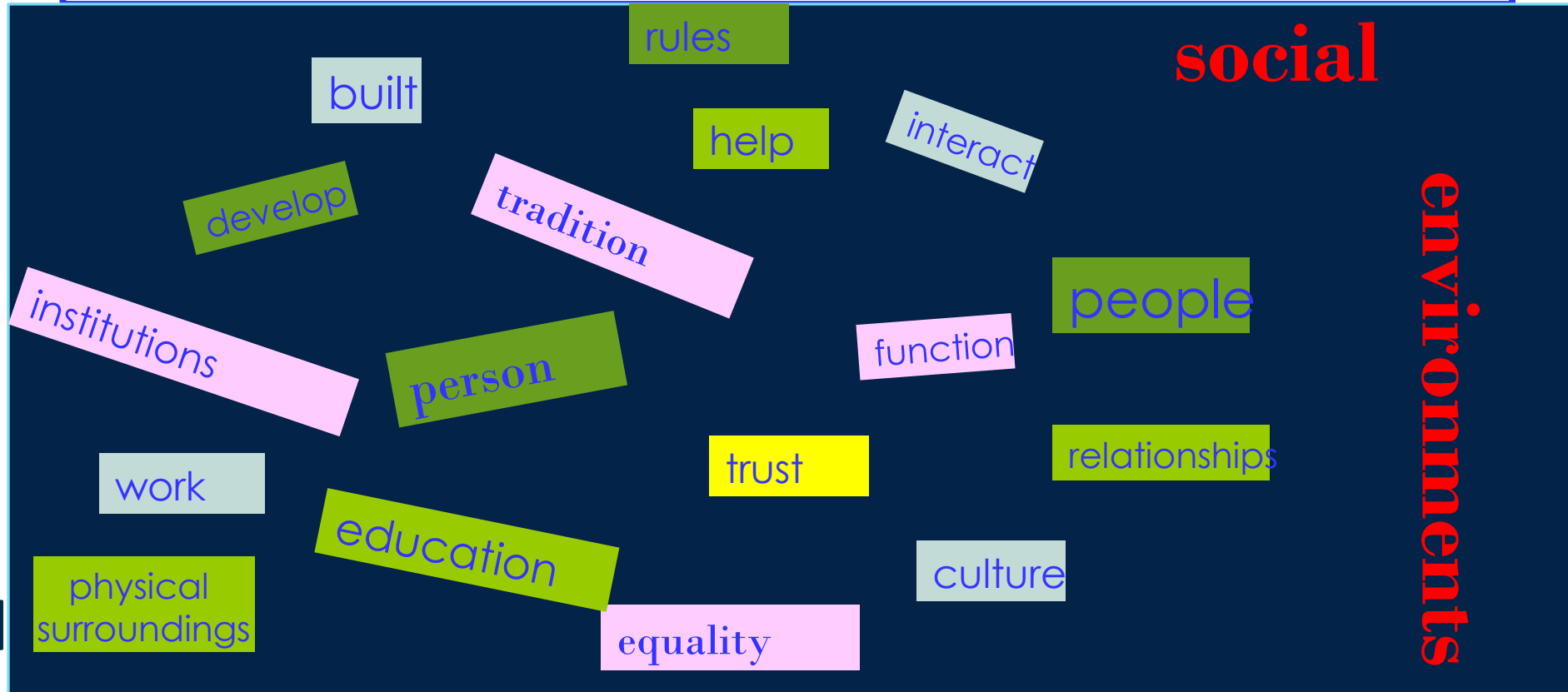
EIP ON AHA
RSCN

Healthy Loneliness

eit Health

EIT Health is supported by the EIT, a body of the European Union

In the experience of loneliness both the social needs perspective and cognitive discrepancy model emphasize the role of

social environments

rules
built
help
interact
develop
tradition
people
institutions
person
function
work
trust
relationships
education
culture
physical surroundings
equality

*Weiss R (1973) Loneliness: the experience of emotional and social isolation. MIT Press, Cambridge
**Peplau LA, Perlman D (1982) Loneliness: a sourcebook of current theory, research and therapy. Wiley-Interscience, New Yor
Cacioppo S, Grippo AJ, London S, Goossens L, CacioppoJT (2015) Loneliness: clinical import and interventions. Perspect
Psychol Sci 10(2):238–24
cultural milieus

LONELINESS IS SPREADING GLOBALLY

More than
75 million
European adults meet
with family or friends at
most once a month and
around **30 million
European adults**
frequently
feel lonely.

The United
Kingdom appointed a
Minister for Loneliness
to address the finding that
nine million British
people
**often or always
feel lonely**.

LONELINESS IS SPREADING GLOBALLY

One-third of Americans over the **age of 45** <u>report feeling lonely,</u> with prevalence especially high among **those under 25 and over 65 years old.**

U.S. Surgeon General Vivek H. Murthy: "We live in the most technologically connected age in the history of civilization, yet **rates of loneliness have doubled** since the 1980s."

LONELINESS IS SPREADING GLOBALLY

Eastern and Southern Europeans **are lonelier and more socially isolated** than Western and Northern Europeans.
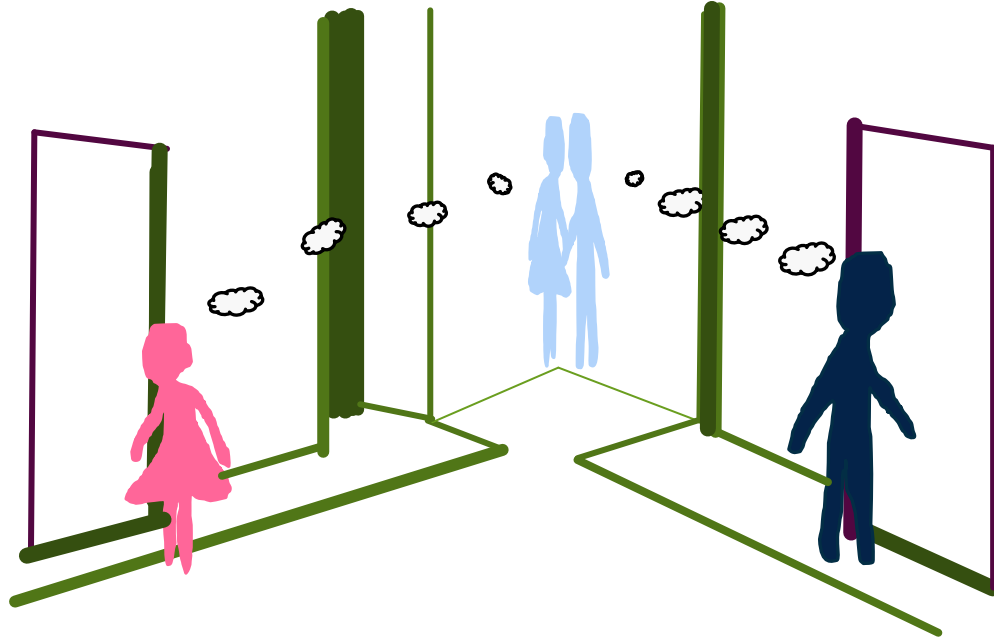
.

In 2015, across the EU, **6% of the adults** did not have someone to discuss personal matters with the percentage of **men (6.7 %)** slightly higher compared to **women (5.4 %).**
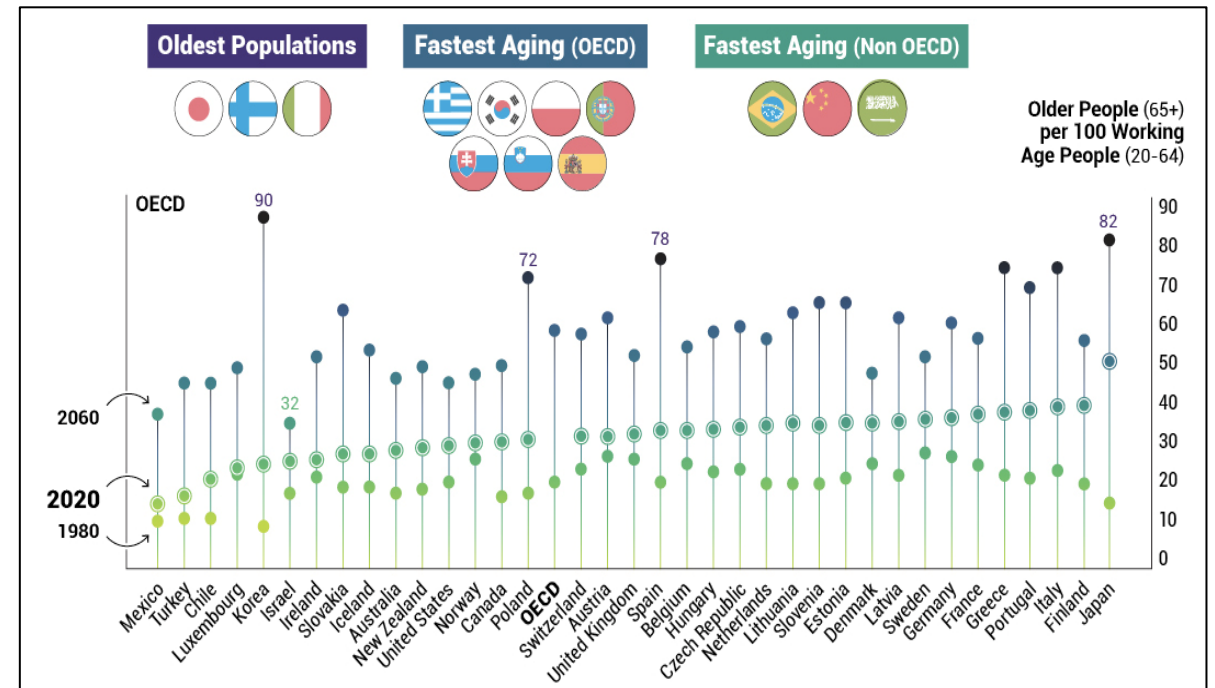
Older Adults and Loneliness

Around the world populations are ageing.

In more than two-thirds of OECD countries, at least one-quarter of the population will be over 65 years of age by 2050.

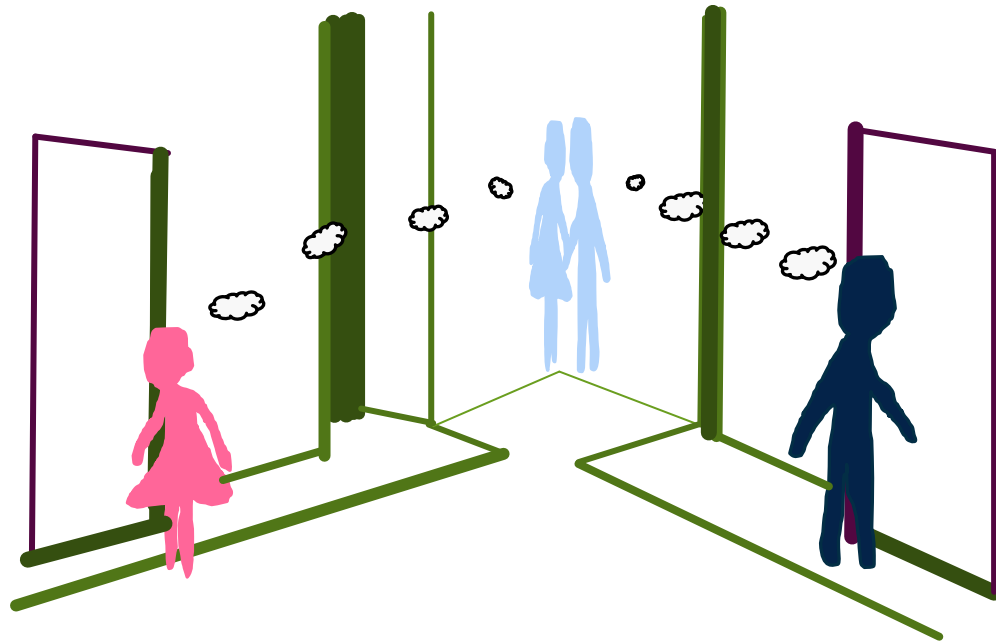**Population ageing is one of the most important challenges for our societies.**

Older Adults and Loneliness

A longer life brings with it new opportunities,

the chance to pursue new activities

or a long neglected passion.

Moreover,

older people contribute in many ways

to their families, to their communities,

to society more broadly.

However,

older adults everywhere feel lonely

Causes of Loneliness
It is multicausal – It is multifactorial

Lonelinees is
a personal and unique
experience
to each individual.

Causes of Loneliness
It is multicausal – It is multifactorial

Loneliness
can be triggered
by the interaction
among several variables or factors,
both endogenous and exogenous.

Causes of Loneliness
It is multicausal – It is multifactorial

Feeling degraded

Level of resilience

Lack of self-esteem

Loss of a spouse or family member

Education

No hobbies or pastimes

Personality traits

Retirement

Feelings of exclusion from Digital World

Poverty

Low Digital Literacy

Cultural factors

No community or social settings in urban or rural areas

Causes of Loneliness
It is multicausal – It is multifactorial

The causes of Loneliness
could be classified and
analysed based on **risk factors**

Physical and Mental Health

- **Advanced age**
- **Age-related diseaseS**
- Anxiety
- **Chronic diseases**
- Deficits in communication or comprehension
- **Depression**
- Intellectual disability
- **Neurodegenerative disorders**
- **Physical and Mental impairments**
- Stress

alamy stock photo

Psychological and cognitive
- Level of resilience
- Life events
- Personality traits

Socio-cultural

- **Ageism**
- Computer illiteracy
- Gender issues
- Individualisation of society
- **Lack of family support**
- **Level of education**
- **Lifestyles**
- Loss of independence
- Loss of social network
- **Poverty**
- Racial or ethnic minorities
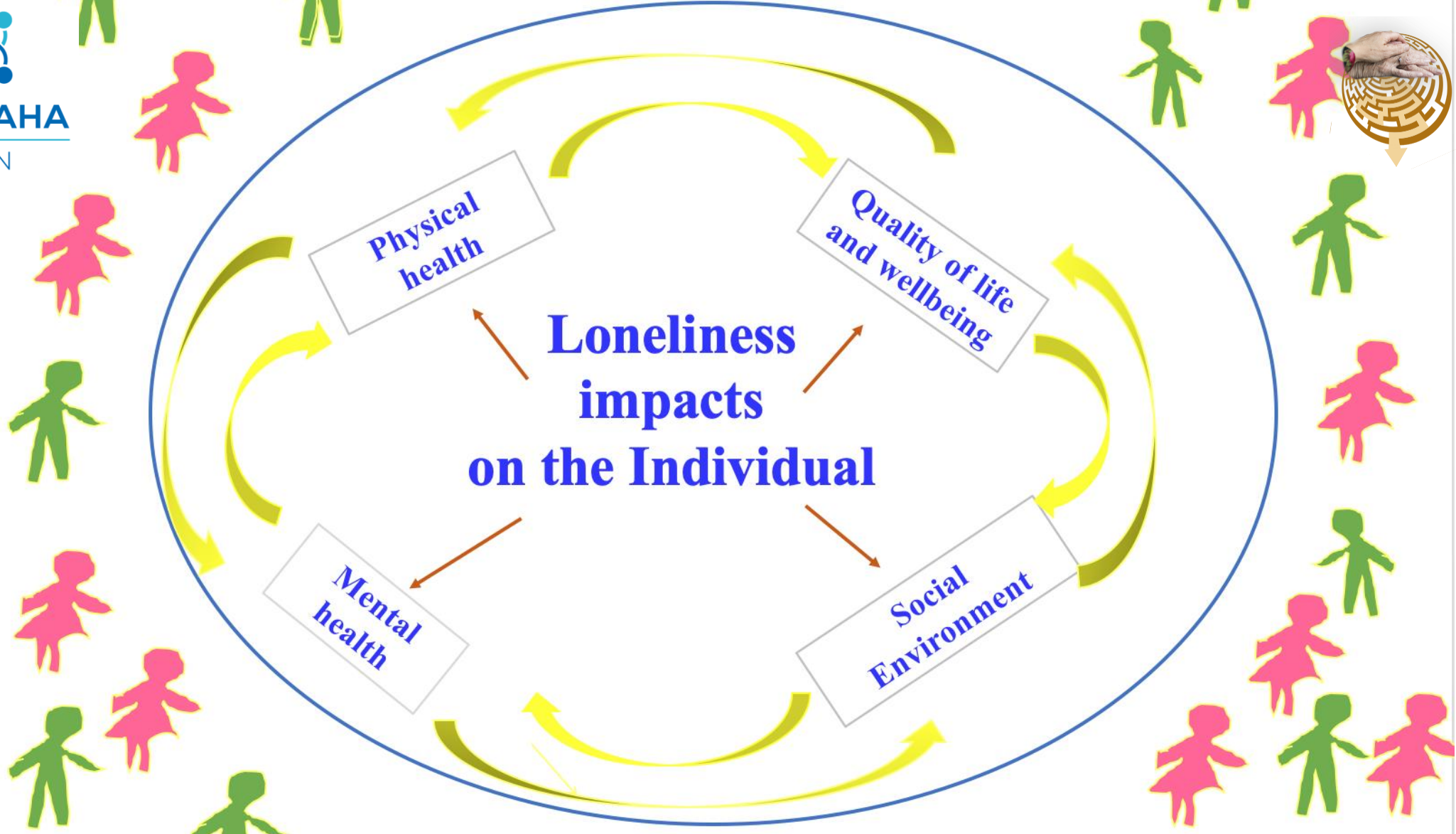- **Retirement**

Social Environment

- Having caring responsabilities
- Housing status
- Lack of healthcare services and community facilities.
- Living alone
- Poor participation in society
- Transportation

Loneliness
Impacts

1. On the individual
2. On the society

Impact of Loneliness on the individual

Mental health
Psychological and emotional
- Anxiety and stress
- Decreased self esteem
- Depression
- Increased cognitive and mental deterioration and mental disorders
- Negative feelings towards others
- Lack of intimacy with others
- Suicidal ideation and behaviour

Physical health
- Coronary and vascular diseases
- Increased risk of cognitive decline
- Pneumonia
- Sleeping disorders
- Thromboembolism

Quality of life and lifestyles
- Eating disorders
- Increased risk of addictions
- Increased risk of inactivity
- Increased risk of suffering from domestic accidents

Social issues
- Deficit in social interactions
- Depersonalisation
- Increased social isolation
- Loss of family support
- Loss of role in society

Loneliness impacts on the Society

Increasing Health Care System Costs

Economic Costs

Loss of Experience and Skills

Why loneliness is of political interest?
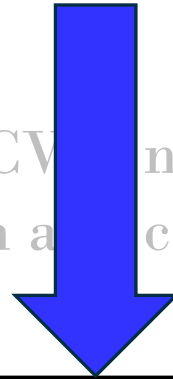
Why loneliness is of political interest?

Loneliness affects health and well-being

- ❑ increases risk for mortality, CVD, neurodegenerative diseases, depression…
- ❑ increases the burden on health and care systems.

Requires a coordinated government response

- ❑ to raise awareness of loneliness.
- ❑ to address the causes of loneliness.
- ❑ to develop policies and interventions **to reduce loneliness.**

French NGO, Paris,
End-user representative

E-Seniors in a nutshell	Role in the project
Fighting seniors' **e-exclusion and the digital divide**	Development of the **training content with seniors' involvement**
Encouraging seniors' **social & physical participation**	**Implementation of training courses** (ICT, physical activity, mobility, social participation)
Boosting seniors' **autonomy active and healthy ageing**	**Dissemination** of Healthy Loneliness activities

EIT Health is supported by the EIT,
a body of the European Union

Activities for improving physical health and mobility

- **Why?** Many seniors are staying at home and loose the motivation to go out

- **Consequences?** Physical impairments and declining health

- **What?** Training program in Paris region:
  - hiking in parks
  - exploring nature
  - treasure hunts using mobile apps and digital devices for improving their mobility

- **When?** 4 activities between Sept-October 2019

In total, E-Seniors reached <u>124 seniors</u> during all activities !

Results & feedback

Playful and encouraging activities to go out and walk

Interesting way to fight **sedentary lifestyle and loneliness**

Meeting and talking with new people for **sharing and exchanging experiences**

Learning new things with digital tools and apps dedicated to promote healthy lifestyle

Extending activities over the long-term!

Medical University of Lodz (MUL)

5 Faculties
8500 students
900 English language students

3 Clinical Hospitals
80 clinical departments
8600 patients per annum
1600 clinicians

CoreLab
BioBank
DynamoLab
OncoLab
Healthy Ageing Research Centre

Dr Magdalena Wieczorkowska -the Head of Sociology Department at MUL- is the co-author of innovative studies on "Integrated senior care" and the co – author of the Regional Senior Policy in Lodz.

MULs role in the project:
- Organising two co creations sessions with experts and seniors
- Designing interventions in Lodz
- Wide portfolio of projects enabled us to disseminate project activities widely and engage NGOS and policymakers

In the period 09-11.2019 we have organised **7 interventions** for seniors in the city which gathered more than **200 seniors. Interventions: how to become a volunteer as a senior, psychological workshops and lectures: on improving the quality of life, active development and ways of combating loneliness, dietery workshops –how to stay healthy, intergenerational workshops: writing a fairy tale, playing games.**

Writing a fairytale

2 workshops:

* intergenerational (seniors and children age 9)organized in the Municipal Library in Łodz . Mixed groups.
* only for seniors (organized in social welfare home in Lodz)

Aim: to boost the creativity among seniors, stimulate their imagination; enhance their communication and collaboration skills, sharpen their self-esteem.

During the workshops seniors created fairytales based on a strictly defined game scenario:

1 step – creating a hero and its features. There was a list of heros and each group drew one by a dice.

2 step – creating the beginning of a fairytale based on the illustration of chosen Dixit Cards

3 step- creating the development of the fairytale based on the selected words drawn from the game Codenames

4 step- the ending- was created by the roll of the dice (StoryCubes)

Lessons learned

1.Conduct pre-workshops/co-creation sessions for the target group
This is crutial for understanding the motivation and unmet needs of each target group in combating certain social problems

In Healthy Lonelinnes project we have organised two co creation sessions:
One - for caregivers working with senior and medical staff
Second –for seniors.
This enabled us firstly to ask them how they understand loneliness, what is lonelinnes for them and afterwardss to design a tailored cut interventions.
For instance: During the co-creation sessions seniors defined the problem of lack of social competences necessary to maintain and acquire satisfying social relations as a main cause of loneliness. Due to this fact, we decided to create a series of workshops with psychologists working at the Medical University of Lodz.

2. Embed health activities in other local activities
The linkage of health promotion activities to other community activities will expose participants to freely available health promotion, within any barriers. For instance:information on health festivals most often does not reach the population (i.e. they o not search for it, they do not have internet etc.), thus, the link of health activities with other community activies will greatly increase the impact of interventions. In Healthy Loneliness we organized events in places frequently visited by seniors such as libraries, health care centers and local centers for seniors what enabled reaching the target group and encouraging them to furtjer discussiion with no problems.

3. Creative, not passive health events/health workshops/health interventions are very needed.
Seniors in Lodz are used to passive way of attending health events – usually this are seminars, lectures. It is very important to encourage them to activities which will boost their creativity and communication skills, thus enhance their self-esteem for example: through intergenertional workshops.

Las Naves in a nutshell	Role in the project
Municipal Foundation to promote **social and urban innovation**	**Analysis of needs and development of the training content** with seniors' and stakeholders' involvement
Urban lab to test innovative solutions on real environments and users with **4 helix**	**Implementation of training courses for seniors**(ICT, nutrition, domestic economy in 2019) and stakeholders (2020)
Generating **evidence** and assessing results for quality decision –making and **scaling-up** to **public policies**	**Dissemination** of Healthy Loneliness activities, generation of **awareness** and **evidence** for **policy-makers**

PROCESS IN VALÈNCIA 2019
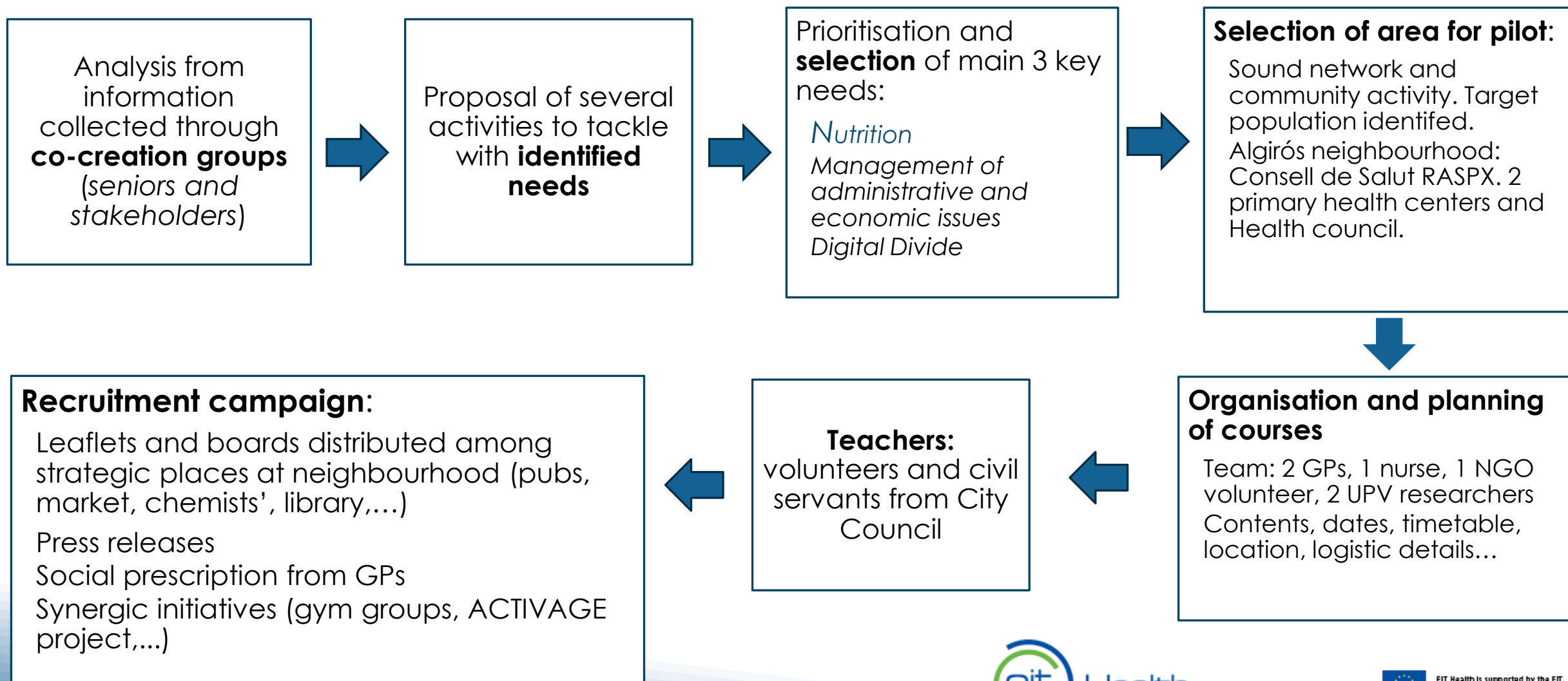
Analysis from information collected through **co-creation groups** (*seniors and stakeholders*)

→

Proposal of several activities to tackle with **identified needs**

→

Prioritisation and **selection** of main 3 key needs:

Nutrition
Management of administrative and economic issues
Digital Divide

→

Selection of area for pilot:
Sound network and community activity. Target population identifed. Algirós neighbourhood: Consell de Salut RASPX. 2 primary health centers and Health council.

↓

Recruitment campaign:
Leaflets and boards distributed among strategic places at neighbourhood (pubs, market, chemists', library,…)
Press releases
Social prescription from GPs
Synergic initiatives (gym groups, ACTIVAGE project,...)

←

Teachers:
volunteers and civil servants from City Council

←

Organisation and planning of courses
Team: 2 GPs, 1 nurse, 1 NGO volunteer, 2 UPV researchers
Contents, dates, timetable, location, logistic details…

RECRUITMENT CAMPAIGN 2019

From 18/9/2019 to 6/11/2019

Monday and Wednesday 2 groups:
9.30-10.30 a.m. and 10.30-11.30 a.m.

2 Primary Healthcare Centers at Algirós district

• **Why?** Many older adults eat in loneliness, they give up cooking and cannot take a balanced diet.

• **Consequences?** Physical impairments and deterioration of health (eating disorders, loss of muscle mass, for instance)

• **What?** Training program in València (6 h x 3 editions):
  • 2 sessions on healthy nutrition habits adapted to older people (Primary Healthcare Center)
  • 1 guided visit to municipal market
  • 1 practical class on healthy cooking at cooking club
  • 2 GPs + specialist in healthy shopping+ professional chef + 31 senior participants

In total, <u>70 seniors</u> during all activities
70% women
77 average age (60-90)

• **When?** Sept-November 2019

LESSONS LEARNED

- **TO FACILITATE SOCIAL INTERACTIONS.**
  - **Group activities** were effective to promote **social interactions** and thus tackle with loneliness feeling.
  - **Activities generated friendships and social interactions among participants.**
  - **Location of the activities at the district** so that elderly do not have to go far from their environment of reference and generate sustainable interactions within the community.

- **CREATE ALLIANCES.**
  - **Prescription by GPs and nurses**. Key for both recruitment and especially, for detection of cases.
  - **Involvement of community leaders**, such as other older people.
  - **Work with community stakeholders and link with other community initiatives for synergies + volunteers**
  - Public Administration- **municipal resources**

LESSONS LEARNED

- **CONTENTS and ADAPTATION:**
  - **Not stigmatisation at messages** for recruitment and **focus on empowerment and skills.**
  - **Information empowers**. Participants felt empowered after the sessions.
  - **Contents** were **useful** for them.
  - **Timetables, spaces and contents adapted to target public specificities and needs.**

- **Generation of awareness at community**: Communication campaign and selection of strategic distribution points suggested by community leaders.
- **Need for human resources devoted to organisation and coordination**, assistance to seniors, surveillance and control of the quality of activities.
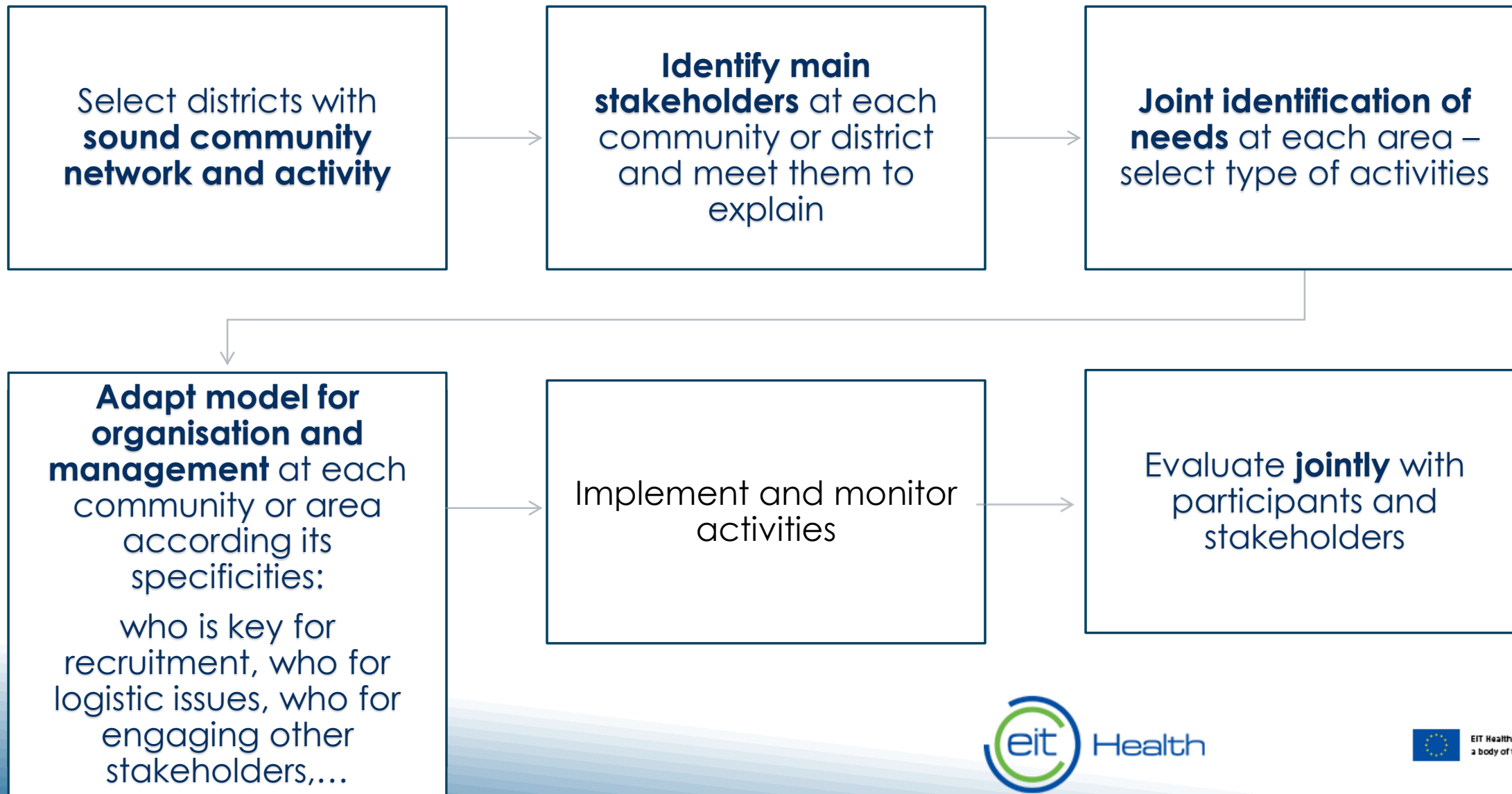
KEY TO TRANSFER AND SCALE-UP

Select districts with sound community network and activity → **Identify main stakeholders** at each community or district and meet them to explain → **Joint identification of needs** at each area – select type of activities

Adapt model for organisation and management at each community or area according its specificities:

who is key for recruitment, who for logistic issues, who for engaging other stakeholders,… → Implement and monitor activities → Evaluate **jointly** with participants and stakeholders

INTRODUCTION

- As Europe's population ages, and societal changes lead to greater isolation for older citizens, loneliness is responsible for a **decrease in the quality of life** for a large part of European society.

- Loneliness is a **major social and public health problem**:
  - impact on the health and mental or psychological well-being of older citizens,
  - Growing due to increased social isolation during emergencies and pandemics.

- But learning from those who are experiencing loneliness, or at risk, enriching from their knowledge and experience, we can design and implement:
  - **tools** to **empower** them to tackle with it
  - services and intervention programmes more **proactive** and **responsive**.

PROMOTE UNDERSTANDING

- **Listen and learn** from older adults to achieve a better understanding of the causes and impacts from loneliness.

- **Increase awareness** of loneliness and the impact it has for older citizens amongst all stakeholders and in particular policy makers and service providers.

- **Remove the stigma of ageism** as one of the contributions to loneliness and other mental health issues.

- **Share knowledge and learning** with other countries and regions so that collectively everyone works to reduce the negative effects of loneliness on older adults.

FOSTER PARTICIPATION AND CO-CREATION

- Adopt a **person-centred approach** in designing **tailor-made interventions** that will meet the specific needs of individuals and groups.

- **Include** older adults **in the design and development** of policies and services.

TAKE ACTION

- Work for the **detection and prevention of loneliness** from a coordinated and holistic perspective.
- Implement **multi-disciplinary interventions**, to create an enabling environment to minimise the negative efects of loneliness in the older adults.
- **Empower older adults** and their communities to become more resilient.
- **Reinforce** the positive points of living alone.

TAKE ACTION

- **Develop policies** on active and healthy ageing that start in the **transition points of a person's life span**:
  - **Motivate permanent behaviour change** towards active and healthy ageing.
  - Improve the **quality of life and self-esteem** of older adults.
- **Promote Smart Ageing** as a new paradigm of active and healthy ageing:
  - Empowering older adults' **digital identities**.
  - **Investing in eHealth and eCare**.
  - Creating **intergenerational entrepreneurship** programs.

EVALUATE

- Evaluate interventions to **measure the impact** on older adults' health and well-being.
- **Include older adults** in the evaluation of services and interventions. Evaluate

SUMMARY

WHAT CAN YOU DO?

- **Download** the Manifesto **https://www.healthy-loneliness.eu**
- **Sign and Support** the Principles set out in the Manifesto
- Indicate your interest in **Twinning** opportunities
- Help us **Promote the Manifesto in your Region**

DISCUSSION

Speakers (in order of appearance)

John Farrell: johnfarrell@lanuaihc.eu

Vincente Traver: vtraver@itaca.upv.es

Donatella Tramontano: dtramont@unina.it

María Trinidad Herrero: mtherrer@um.es

Anaïs Fernandez: afernandez@eseniors.eu

Agata Wiśniewska: agata.wisniewska@umed.lodz.pl

Elena Rocher: elena.rocher@lasnaves.com

Links of interest

Project website: https://www.healthy-loneliness.eu

HL Manifesto (please share and endorse !):
https://forms.office.com/Pages/ResponsePage.aspx?id=31VGvnOsH0CnrhmMO3LQxj3nDfIVMsJFjOelis6v3Y9UQkMxSV
AyTllRSzRYVk5QN00xVDRITURZTC4u

MUL video:
https://media.upv.es/player/?id=25976160-30af-11eb-93bd-c5c04478a200

Webinar recording:
https://www.healthy-loneliness.eu
(or ask RSCN Secretariat: info@rscn.eu)