RIGHT TO FOOD

BACKGROUNDER:
SOCIAL ISOLATION AND THE VALUE OF COMMUNITY CONNECTION

Social isolation is a complex issue linked to physical, emotional, and psychological well-being, and influenced by personal, community, and societal factors. It can be defined as a state in which an individual lacks engagement with others, has few social contacts, lacks quality and fulfillment in their relationships, and lacks a sense of belonging.[1]

Research has shown that social isolation has damaging impacts on health, well-being, and overall quality of life. Low-income people and seniors are among the most vulnerable to social isolation.

Conversely, being more socially connected has a positive influence on physical and mental health and wellbeing.[23] At a societal level, higher levels of social capital are associated with better economic performance, lower levels of crime, improved public health, and more effective government institutions.[4]

Poverty and low income

Poverty and low income have both been found to increase the risk of loneliness and social isolation. A Dutch study found that people living on low incomes were twice as likely to be lonely, and six times more likely to be social isolated.[5] An Australian study reached similar conclusions, finding that people who earned less than $600 per week were significantly lonelier than those earning more than $1,000 per week.[6] The latter study also found unemployment to be one of the strongest predictors of loneliness.[7]

Low-income seniors in Canada face an increased risk of becoming socially isolated.[8] A Canadian study showed that lower income Canadians across age groups feel a lower sense of community belonging and experience more social isolation and exclusion than higher-income people.[9] Subjects in the study who were above the Low-Income Cut-Off (LICO) were 2.31 times more likely than those below to report a sense of belonging in their neighbourhood. According to a large American study (involving 16,044 individuals), people living in high-poverty neighbourhoods are less socially integrated.[10]

A number of compounding factors appear to influence the relationship between low income and social isolation. For instance, having an inadequate income restricts people's ability to create and maintain social support and prevents participation in social activities.[11] Additionally, poverty has been reported to inhibit access to transportation, increase feelings of being stigmatized, and increase the risk of disability and illness[12], all of which have been found to increase vulnerability to social isolation.[1314] Other social isolation risk factors that may affect low-income Canadians include lack of access to affordable and sufficient housing[15] and low levels of education[16].

Health and well-being

Research has shown that social isolation can lead to a range of damaging health impacts, particularly in older adults.[1718]

Socially isolated people face an increased risk for numerous physical health issues, including impaired mobility, lung disease, arthritis, infectious illness, heart disease, and death.[1920] Social isolation has also been demonstrated to impact mental health and well-being, and has been linked to depression, anxiety, social stigma, dementia, and increased risk of cognitive decline.[2122] Relatedly, experiences of social exclusion can lead to low self-esteem, internalization of blame, feelings of powerlessness, and avoidance of community engagement.[23]

A review of 148 studies found that people with strong social relationships (i.e. higher participation in social networks and greater social support) were 50 per cent less likely to die early than those without. Their results revealed that the mortality risk associated with social disconnection was on par with smoking up to 15 cigarettes a day or excessive drinking, more harmful than not exercising, and twice as harmful as obesity.[24]

Social isolation has also been linked to a range of behaviours that increase the risk of disease. Studies have indicated that less socially connected people are more likely to smoke, consume fewer fruits and vegetables, be less physically active, and drink more heavily.[252627] Social isolation in older adults has also been linked to a negative impact on food intake[28] and poor nutrition[29].

Risk factors

Certain characteristics place people, particularly older adults, at greater risk of becoming socially isolated including: having a low income; living alone; poor health; no children or contact with family; and lack of access to transportation.[30] Additional risk factors reported by seniors include: lack of awareness of or access to community services; and loss of sense of community.[31]

Specific groups have been identified as being at greater risk of social isolation, including: seniors; people living on low incomes; Aboriginal people; newcomers to Canada; LGBT people; and those with poor physical and mental health.[3233] Studies have also founds that people with poor body image and those living in unsafe neighbourhoods are more likely to become socially isolated.[34]

Seniors are the most vulnerable

According to Statistics Canada, seniors (ages 65 and up) are the fastest growing demographic in the country.[35] By 2036, seniors could make up an estimated 23 to 25 per cent of the population.[36] Seniors in Canada are at greater risk of becoming lonely and socially isolated,[37] largely due to factors that conspire to limit social contact, such as declining income, mobility issues, and death of friends and family.[38]

A Canadian literature review found that one in six older people are socially isolated.[39] Rates of social isolation for older adults living in collective dwellings (such as retirement homes or long term care facilities) have been reported to be as high as 43 per cent.[40]

Results of Statistics Canada's 2008/09 Canadian Community Health Survey, found that 19 per cent of adults aged 65 and older felt a lack of companionship, left out, or isolated from others.[41] Social isolation has also been identified as a risk factor for elder abuse.[42]

Eating alone

Despite widely accepted social benefits of eating with others, more and more people are eating alone. An American study found that nearly half (47 per cent) of all meals and snacks are eaten in solitude.[43]

Eating alone has been linked to negative health and well-being impacts. Studies in China and Japan have shown that lack of companionship during mealtime is associated with depression in older adults.[444546] Eating alone was found to be a stronger predictor of symptoms of depression than living alone.[47]

Eating alone may also have detrimental impacts for children and youth. A Canadian study followed 14,280 grade nine students over four years and found that teens who ate alone had poorer heart health measures, including higher cholesterol and blood pressure, and higher BMI (an indicator for obesity).[48] Conversely, the study found that teens who ate dinner with family more frequently were more likely to have better heart health. Another study, which looked at fifth and sixth grade students in Korea, found that children who ate breakfast or dinner alone were more likely to report lower physical and mental health.[49]

Reducing social isolation

Programs and policies that reduce income inequality by tackling root causes of poverty may reduce social isolation and increase sense of belonging for vulnerable populations.[50] Other avenues to promote social inclusion are: providing free or subsidized access to programs; reducing judgment and paternalistic attitudes and interactions; and employing multi-dimensional and multi-sector approaches.[51]

When it comes to older adults, if social isolation is detected early on, associated poor health and mortality can be prevented.[52] Group social activities that target specific populations and

interventions that include some form of educational component have both been found to effectively prevent and address social isolation and loneliness.[53]

For both low-income and older populations, involving participants in program planning and delivery, and giving them a greater sense of control in the process, have been found to more effectively reduce social isolation and exclusion.[5455]

It is also worth noting that social isolation is not routinely assessed and often goes undetected as a result.[56] If health care professionals were to assess and identify social isolation more regularly, they could prevent or reverse negative health outcomes, and potentially save and extend lives.[575859]

Community Food Centres Canada's theory of change

Community Food Centres (CFCs) and other community agencies have a critical role to play in reducing social isolation, particularly for low-income populations. People living on low incomes often derive their sense of community from social and community agencies, as well as from people in similar situations to their own.[60]

Community Food Centres Canada understands that social support is a key determinant of health and believes that food is a powerful tool to bring people together. According to surveys conducted at CFCs across Canada, community cooking groups, community gardens, and affordable produce markets have all been associated with increased social capital. CFCs offer these and other programs to give people the opportunity to come together around food in a warm, welcoming, and relaxed setting where they can make friends and share experiences. 82% of CFC participants who were surveyed in 2015 had made new friends with other participants and 92% felt that they belonged to a community at the CFC.

At the heart of the Community Food Centre approach is a recognition that meeting people 'where they are at' often requires going beyond food issues and connecting community members with responsive wrap-around supports that address a variety of needs. People who arrive at a CFC often have many pressing needs that are not directly related to food. CFCs train peer advocates with lived experience of poverty and marginalization to help community members access necessary material supports in the wider community and provide them with important social supports. CFC peer advocates also place an important emphasis on reducing stigma by working to provide a welcoming atmosphere and respectful and dignified service.

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