CCSMH
Canadian Coalition for Seniors' Mental Health

Strengthening Canada's Health Care & Social Service Response to Social Isolation and Loneliness in Older Adults:

Advancing Policy, Practice, and System Change

Current state, desired future, and the road ahead

Citation

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Foreword

Social isolation and loneliness (SIL) have become defining challenges for aging societies, with far-reaching implications for the health, well-being, and quality of life of older adults. While these experiences are deeply personal, they are shaped by the policies, systems, and everyday practices that influence how people live, age, and receive care. For the Canadian Coalition for Seniors' Mental Health (CCSMH), addressing SIL is central to our mission to advance the mental health and well-being of older adults through evidence, education, and system-level change.

The COVID-19 pandemic underscored, with unprecedented clarity, how quickly social disconnection can affect health and well-being, particularly for older adults. Across Canada and internationally, the pandemic exposed gaps in system preparedness, amplified existing inequities, and revealed how fragile social connections can be when supportive structures are disrupted. At the same time, it acted as a catalyst, accelerating innovation, elevating SIL on public and policy agendas, and prompting renewed attention to how health and social systems can better support connection and belonging in later life.

In 2024, the CCSMH released the world's first clinical guidelines focused on SIL in older adults. Both early implementation experience and the knowledge mobilization evidence base underscores that moving recommendations into routine practice for health care and social service professionals (HCSSPs) will depend on coordinated policy across systems, organizational, and frontline infrastructure.

HCSSPs work across health, social, and community settings to support health, well-being, and quality of life through clinical care, service coordination, and social and practical supports. However, many operate without the training, organizational supports, referral pathways, data systems, or enabling policies needed to translate evidence into routine practice. As a result, even strong guidelines can have uneven uptake and limited impact. Addressing SIL therefore requires aligned policy, workforce, operational, and knowledge-mobilization infrastructure to support sustained action on the ground.

This work aligns with growing global momentum. In 2025, the World Health Organization called for social connection to be recognized as a core determinant of health and a public-health priority, emphasizing the need for coordinated policy, scalable programs, and systems to track progress across levels. The CCSMH Clinical Guidelines align closely with this call—supporting everyday practice while also reinforcing the need to strengthen the policy-to-practice infrastructure required for sustained system change.

Within this context, CCSMH undertook the current report to examine Canada's policy landscape related to SIL in older adults, with a focus on the conditions that support the work of HCSSPs. Drawing on international and Canadian experience, the report identifies what is in place, where gaps remain, and which approaches could be adapted within Canada's health and social systems. Intended for policymakers, educators, system leaders, and HCSSPs, the report highlights strategic opportunities to mobilize policy-enabled changes that strengthen the support of HCSSPs to respond to SIL in older adults. Thereby making social connection a routine and sustainable part of care for older adults.

Contents

Part I

Summary & Background

Executive Summary

Social isolation and loneliness (SIL) among older adults present a growing public-health challenge in Canada, with significant consequences for the health, well-being, and quality of life of older adults. Population aging, increasing chronic health conditions, and later-life transitions are reshaping social networks and placing many older adults at heightened risk.

In 2024, the Canadian Coalition for Seniors' Mental Health (CCSMH) released the world's first clinical guidelines focused on SIL in older adults. At the same time, international momentum is accelerating. In 2025, the World Health Organization called for social connection to be recognized as a core determinant of health and a public-health priority, reinforcing the need for coordinated policy, scalable programs, and system-wide accountability.

To inform these efforts, the CCSMH conducted a policy scan of Canadian and international literature and organizational sources, focusing on system-level supports that can help support HCSSPs to respond to older adults living with and at risk of SIL. The analysis examined macro, meso, and micro policy levels and highlighted seven interconnected policy areas: *vision, governance, training and education, workforce renewal, practice interventions, knowledge mobilization, and operational infrastructure*. The scan also included an analysis of Canada's efforts compared to initiatives and strategies present in leading countries, with the aim of identifying actionable strategies that could be adapted to the Canadian context.

Across leading jurisdictions, progress is occurring simultaneously across the seven areas through shared national visions, cross-sector governance, investment in new workforce roles such as social prescribers and community navigators, scaling of evidence-based interventions, and integration of SIL into data systems and care pathways. In Canada, meaningful progress is underway across all areas, with growing recognition of SIL within healthy aging and mental health strategies and a wide range of innovative initiatives emerging at provincial/territorial, regional, and community levels. These efforts provide a strong foundation on which to build. Education and training initiatives are expanding, new workforce roles are being tested, practice interventions are gaining traction, and regions are beginning to adapt digital systems and referral processes to support routine SIL care. However, Canada continues to face challenges in translating the vision into coordinated action.

Together, these findings point to an encouraging conclusion: Canada has substantial innovation and leadership to draw upon. Strengthening the connective policy infrastructure that links existing efforts across sectors, levels, and regions represents a powerful opportunity to translate this momentum into a more coherent, sustainable, and system-wide response for older adults. To support action, the report presents a Roadmap organized around eight complementary knowledge-to-action pathways, including

1. Advancing curriculum development
2. Elevating health promotion
3. Enhancing electronic health record platforms
4. Expanding digital learning and micro-credentials
5. Extending knowledge sharing and integration,
6. Optimizing interprofessional learning and practice
7. Scaling up tools and practice resources
8. Strengthening care navigation and linkages

The pathways provide multiple entry points for governments, organizations, educators, community partners, and frontline care providers, recognizing that change can begin at any level and grow through collaboration.

In closing, organizations, teams, and individuals are invited to review the strategic opportunities outlined in this report and identify those that align with their priorities and resources. Where alignment exists, collaboration can accelerate progress; where barriers persist, engaging strategic partners at local, provincial/territorial, or national levels may open new pathways forward. The Roadmap included in this report illustrates how change can advance within the Canadian context, demonstrating that even without sweeping reform, partners working together to make social connection a routine part of care can generate momentum and drive tangible policy-to-practice improvements.

Policy is Powerful

Policy, at any level, is a powerful lever for making strategic, systematic, and sustainable change.

Aligned Action

Meaningful progress on SIL will require aligned action across macro, meso, and micro policy levels.

Start

Real movement happens when we start where we are, reach beyond our immediate sphere, and find others (at any level) to work collaboratively with.

Social Isolation and Loneliness

Population and demographic trends

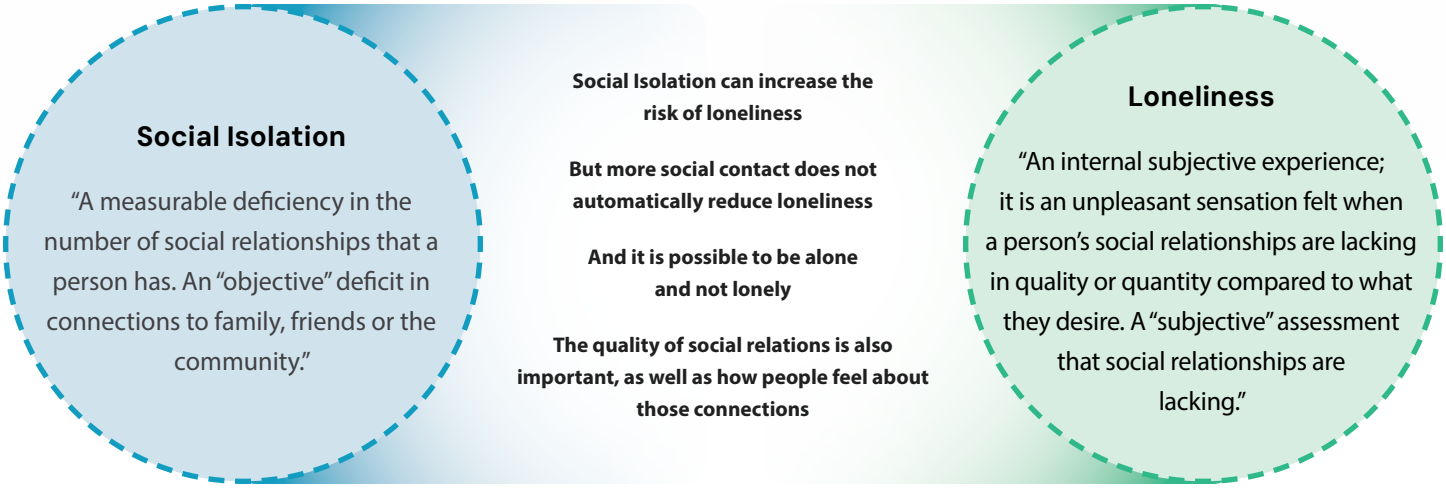
Canada's population is aging rapidly, with a growing proportion of older adults living longer and remaining in the community rather than in institutional settings. As life expectancy increases, so too does the number of older adults living with one or more chronic health conditions. These demographic and health trends have important implications for social connection. Not surprisingly, levels of Social Isolation and Loneliness (SIL) in older adults in Canada are rising, with a substantial share of adults aged 50 and older at risk of social isolation and many reporting experiences of loneliness to varying degrees. Together, these trends underscore the increasing relevance of SIL as a population-level issue affecting older adults across diverse living situations and health profiles.

Health, social and community systems pressures

As Canada's population ages, pressures on health care and social service systems are intensifying. SIL has been shown to both initiate and exacerbate existing physical and mental health challenges, acting as a catalyst that can worsen health outcomes and increase care needs among older adults. When left unaddressed, SIL can contribute to higher service use, more complex care trajectories, and greater demand on already strained systems. From a system perspective, efforts to prevent or mitigate SIL in older adults represent a strategic opportunity for improving the health and wellbeing of older adults.

What is social isolation and loneliness (SIL)?

Social isolation and loneliness are related but distinct experiences. Social isolation refers to having few measurable social contacts or limited opportunities to interact with others. Loneliness, on the other hand, is the felt experience of being alone or disconnected, regardless of how many people someone actually sees. A person can be socially isolated without feeling lonely, or feel lonely even when surrounded by others. In practice, these experiences often overlap and can influence one another. For HCSSPs, this overlap can make it challenging to tease apart what is impacting a person's social health. Is it a lack of social contact, a subjective sense of loneliness, or a combination of both? Yet understanding this distinction is crucial for identifying the right supports and interventions. As these experiences frequently overlap and are often observed together in practice, this report refers to them collectively as SIL.



Why addressing SIL in older adults matters

Efforts to reduce SIL are important because these experiences can have a powerful impact on overall health, well-being, and quality of life. When people feel they have a lack of meaningful social connection, they are more likely to encounter physical health challenges, mental-health concerns, and require help with daily activities. Although SIL can affect people at any age, older adults (i.e., people over the age of 65) are at disproportionate risk due to the common later-life transitions (e.g., retirement, declining health, loss of loved ones) that can disrupt social networks and make it more difficult to stay connected. When older adults experience SIL, it can undermine their ability to manage chronic conditions, remain active, and connect with the services and supports essential for healthy aging. Few events exposed the disproportionate risk older adults face in relation to SIL, and the resulting strain on health systems, as clearly as COVID-19. The pandemic elevated SIL as a global public-health priority, particularly for older adults, prompting greater policy attention and practice action aimed at improving quality of life, supporting healthier aging, strengthening community connections, and easing pressure on health and social service systems.

SIL in older adults

Older adults in Canada are experiencing rising levels of SIL, with as many as 41% of Canadians aged 50 and older found to be at risk of social isolation and up to 58% experiencing some degree of loneliness. SIL impacts both the mental and physical health of older adults. Increased rates of SIL have been linked with depression, anxiety, as well as cognitive decline, but its effects extend beyond diagnosable conditions to include a range of subclinical mental health impacts. Many older adults report diminished quality of life, persistent sadness, loss of motivation, and a reduced sense of purpose and belonging. Feelings of being unnoticed or undervalued can erode self-esteem and resilience, contributing to emotional distress that may not meet clinical thresholds yet still shapes daily well-being and engagement in meaningful activities. At the same time, SIL may also have physical effects such as increased risk of cardiovascular disease, falls, and overall functional decline.

These challenges are often intensified among equity-deserving groups, for whom systemic inequities and historical or ongoing discrimination contribute to deeper risks and fewer opportunities for connection. For instance, older adult newcomers may face limited social networks, language barriers, and challenges navigating unfamiliar systems; Indigenous older adults may experience isolation shaped by colonial legacies, rural or remote living, and limited culturally grounded supports; and 2SLGBTQ+ older adults may confront stigma, smaller or disrupted family networks, and a lack of services that are welcoming, inclusive, and supportive of their sexual and gender identities. Canadian survey data also show that SIL is seldom brought up by older adults with their HCSSPs, despite strong evidence of its health consequences. CCSMH's clinical guidelines highlight key risk factors, including living alone, mobility limitations, chronic conditions, bereavement and other life transitions, low income, transportation barriers, and cultural or language barriers. Together, this evidence demonstrates that SIL in later life is a pressing public-health issue shaped by intersecting personal, social, and structural factors.

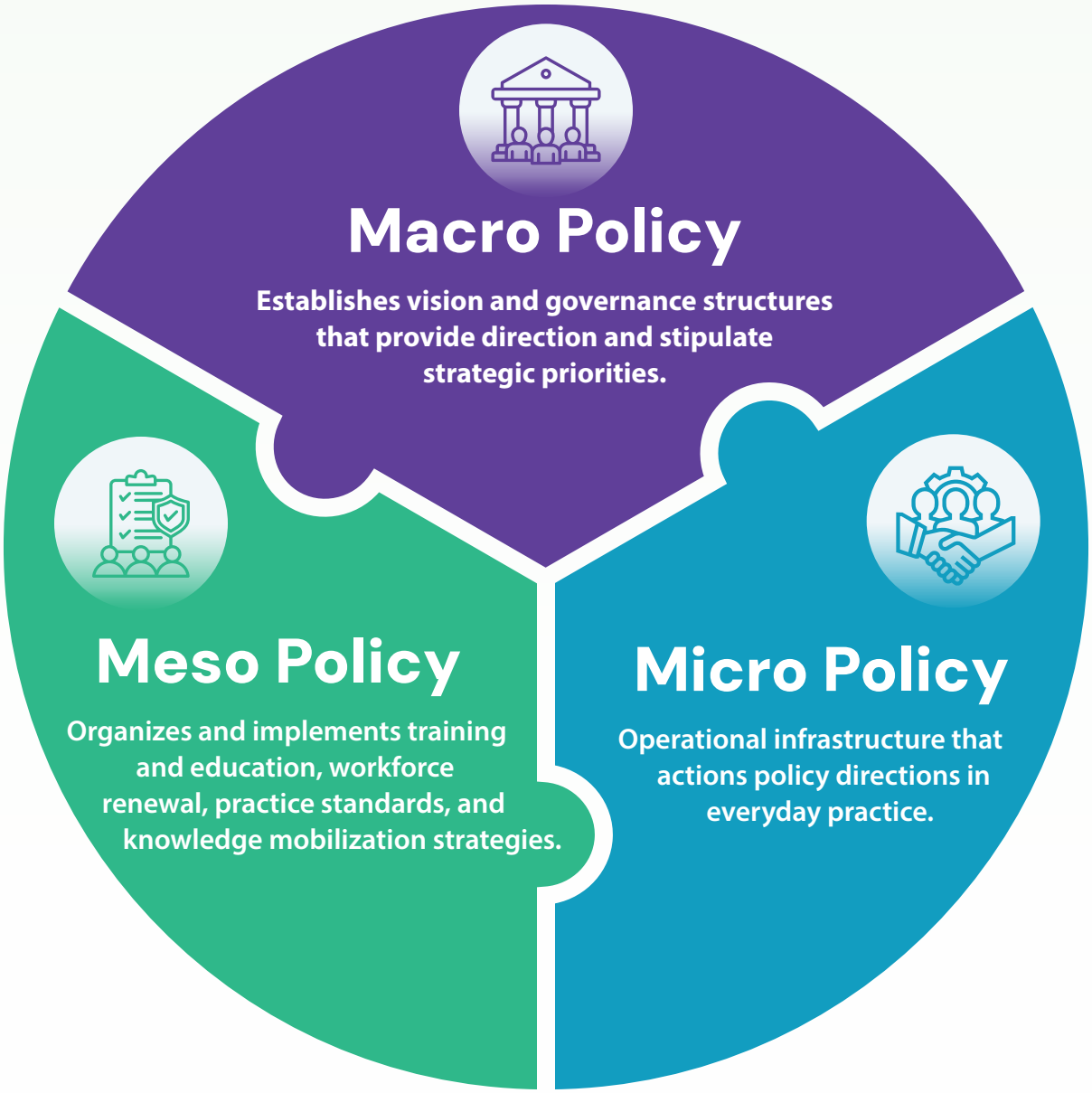
Policy as a Lever for Change

What is Policy?

Policy refers to the multi-layered, inter-coordinated system that sets expectations, defines roles, and enables (or constrains) what happens on the frontlines to respond to SIL in older adults.

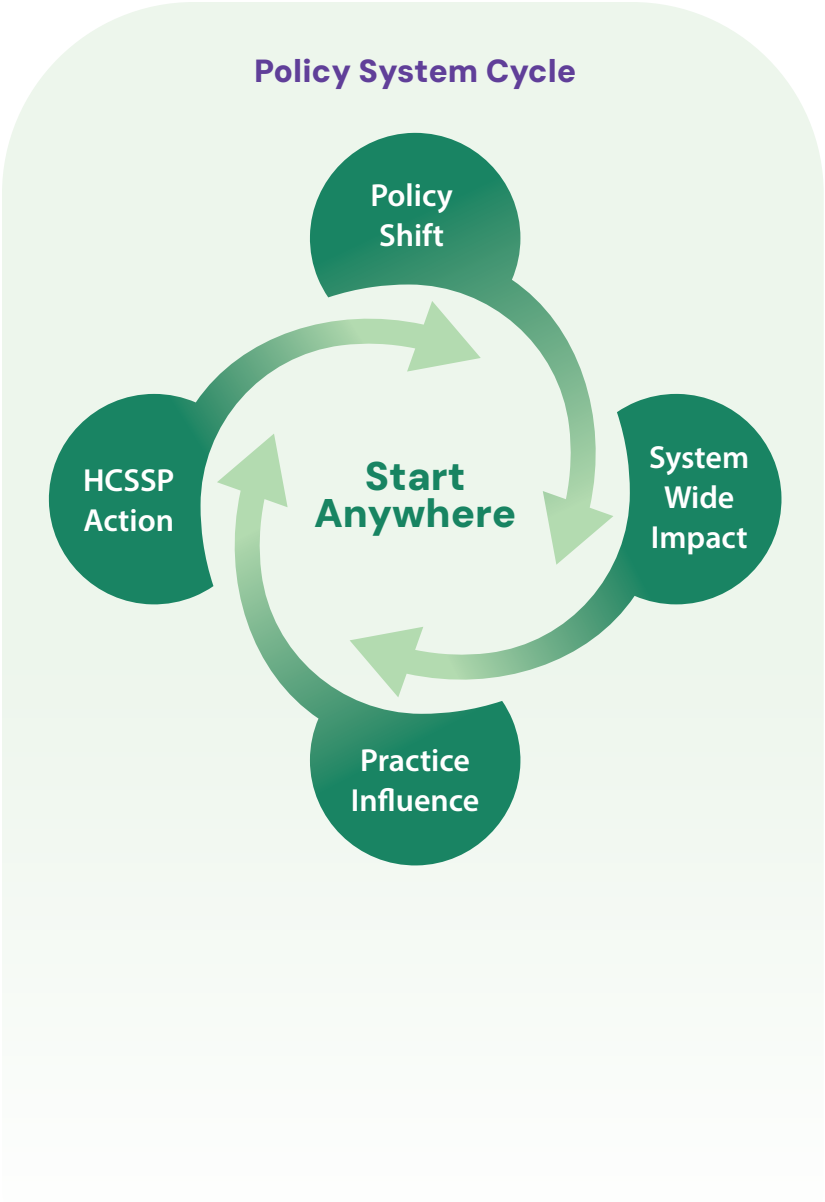
It is far more than a singular government directive sitting quietly in a policy binder. Policies exist at multiple interconnected levels, macro, meso, and micro (as described below) that together form an interdependent policy ecosystem. When policy shifts at any one level, it triggers changes across the ecosystem.

Multiple Levels of Policy Integration



The role of policy in shaping practice

Policy can play an important role in shaping the conditions that create more consistent implementation, broader scaling, and longer-term sustainability of improvements in knowledge, skills, and resources related to SIL. The *Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults (SILOA)* provide evidence-informed recommendations to support HCSSPs in responding to SIL in older adults. Although their release represents a significant milestone, early efforts to disseminate and implement the guidelines have demonstrated policy-to-practice gaps that need to be addressed for them to truly take hold. In other words, although SILOA Practice Guidelines lay important groundwork, on their own they cannot fully enable HCSSPs to routinely address SIL in older adults. To effectively respond to SIL, HCSSPs also require clearer practice competencies, applied training opportunities, ready access to validated screening and assessment tools, well-defined referral and care pathways, and dedicated compensation structures. Progress in any of these areas depends on coordinated policy shifts across system, organizational, and practice levels. Thus, making real progress in supporting HCSSPs to respond to SIL in older adults will require wide-spread and aligned changes across the policy ecosystem.



Policy as a Lever For Change

Policy—at any level—can act as a powerful lever for creating strategic, systematic, and sustainable change.

Meaningful progress on SIL requires aligned action across macro, meso, and micro levels.

Global call to action

In June 2025, the World Health Organization (WHO) released its landmark report From Loneliness to Social Connection, highlighting a global decline in social connectedness and rising rates of SIL. This report prompts countries to recognize social connection and social health, as a key public health priority as important as physical and mental health. The WHO call to action serves as a catalyst for change, encouraging countries to take a closer look at how SIL is being addressed within their borders. Countries around the world are encouraged to focus on creating the right policies, grow programs that help people stay connected, and track progress across all levels, from individual experience to community and health system outcomes.

WHO Call to Action

- Recognize social connection as a key public health and equity priority
- Build social connection to help people live healthier lives, strengthen communities, promote equity, and reduce pressure on health systems
- Invest in social health by creating supportive policies, expanding programs, and tracking progress from individual to system level
- Tailor efforts to vulnerable groups, including older adults, who face greatest barriers and may benefit most

A Health Care and Social Services–Focused Strategy to Address SIL in Older Adults

While efforts are underway to address SIL through community-based initiatives, such as age-friendly strategies and broader equity and inclusion efforts, far less progress has been made to embed formal and consistent responses to SIL as a part of formal health care and social services. Given that SIL is associated with both poorer health outcomes for older adults and increased pressure on health system resources, a closer examination of the policy landscape across health care and social services is warranted. Strengthening the policy infrastructure that shapes the work of HCSSPs in their response to SIL in older adults presents an important opportunity to build more coordinated, consistent, and sustainable action as part of routine care.

Health care and social service professionals can play an important role in combating SIL, particularly as Canada's population ages. In older adults, SIL experiences often show up alongside other health complexities that bring individuals to the attention of HCSSPs, placing them in a prime position to respond. By making SIL a routine part of everyday practice, HCSSPs can help identify, screen, intervene and create linkages to supports for older adults experiencing or at risk of SIL.

Learning from international examples

The WHO report highlights examples from countries that are demonstrating progress in advancing policy responses to SIL. These policy change initiatives reflect new priority directions (e.g., embedding social connection within health and well-being strategies, strengthening cross-sector coordination, and investing in implementation supports) that are relevant beyond their original settings. Together, these examples offer practical insights into how policy shifts can help create more enabling conditions for sustained, coordinated, systems-level responses to SIL.

Translating insights to the Canadian context

There are important differences between Canada and the countries referenced as leaders in addressing SIL, particularly with respect to national-level governance and health system organization. Many leading countries operate within more centralized governance structures, which can enable clearer national direction, dedicated mandates, and coordinated implementation across sectors. In contrast, Canada's decentralized governance model delegates most responsibility for health care and social services to provinces and territories. This results in greater variation in priorities, structures, and approaches. Despite these differences, many of the policy strategies observed in leading countries remain highly relevant to the Canadian context. Examining strategies operating in other jurisdictions helps clarify what is possible and how comparable approaches can be adapted to Canada's distinct policy and governance context.

Taking collective action

Making real progress in supporting HCSSPs to respond to SIL in older adults will require wide-spread and aligned changes across the policy ecosystem. This will take many partners working together to make policy-related shifts across all levels of the system. Policy change does not depend on actions at a single level of the system. Meaningful change can start anywhere.

Federal and provincial/territorial ministries, national non-government organizations (NGOs), regional health authorities, health and social care teams, community organizations, HCSSPs, people with lived experience, and many other actors can all play a part in mobilizing policy-enabled practice change. Although no single change is sufficient on its own, small shifts can move the policy ecosystem when different groups take action, both independently and together, using shared strengths and resources. Together, we can make aligned efforts that advance policy on SIL and translate it into meaningful, consistent, and equitable improvements in practice that have real impact in the lives of older adults.

About This Report

Report Purpose

The CCSMH undertook this report to examine Canada's policy landscape, with particular attention to the conditions that guide and shape the work of HCSSPs. We conducted a scan of international and Canadian policy contexts related to SIL in older adults to examine what is in place, where gaps remain, and which approaches can be adapted within Canada's health care and social service systems. This report is written for policymakers, leaders, educators, workforce planners, and HCSSPs. The aim is to identify opportunities to strengthen Canada's policy ecosystem (e.g., governance, training, practice) so that the response to SIL can be incorporated more seamlessly into day-to-day care.

Evidence base: policy scan

Approach

Building on previous work, CCSMH sought to identify opportunities for action in the policy realm that could serve to further support HCSSPs in their work to prevent, mitigate, and address SIL.

A policy scan was conducted. The scan aimed to summarize peer-reviewed and grey literature and organizational websites from Canadian sources (national, provincial/territorial, regional) as well as selected international settings, guided by the following research question:

> ***What can help support HCSSPs in Canada to respond to older adults living with and at risk of SIL?***

The scan focused on system-level supports that would enable HCSSPs to routinely address SIL in practice, with an emphasis on capacity, policy, and infrastructure that make SIL identification and response feasible, consistent, and sustainable. Additionally, the scan sought to identify what insights could be drawn from international experience and what actionable strategies could be adopted by CCSMH and similar organizations.

Scope and sources

The peer-reviewed literature was limited to 2020-2025, while the grey literature was limited to 2015-2025. Sources included databases (e.g., PubMed, CINAHL, Scopus), grey literature portals, and organizational websites.

While the initial scope of the search focused specifically on SIL, older adults, HCSSPs and policy, it was found that the literature in this specific area was limited. In response, the search strategy was broadened to include literature addressing other populations and a wider range of health, social, and community sectors which enabled the capture of mechanisms and strategies with strong potential for transferability to older adult contexts. This necessary expansion of scope required a process of analytical narrowing to ensure relevance to the research question.

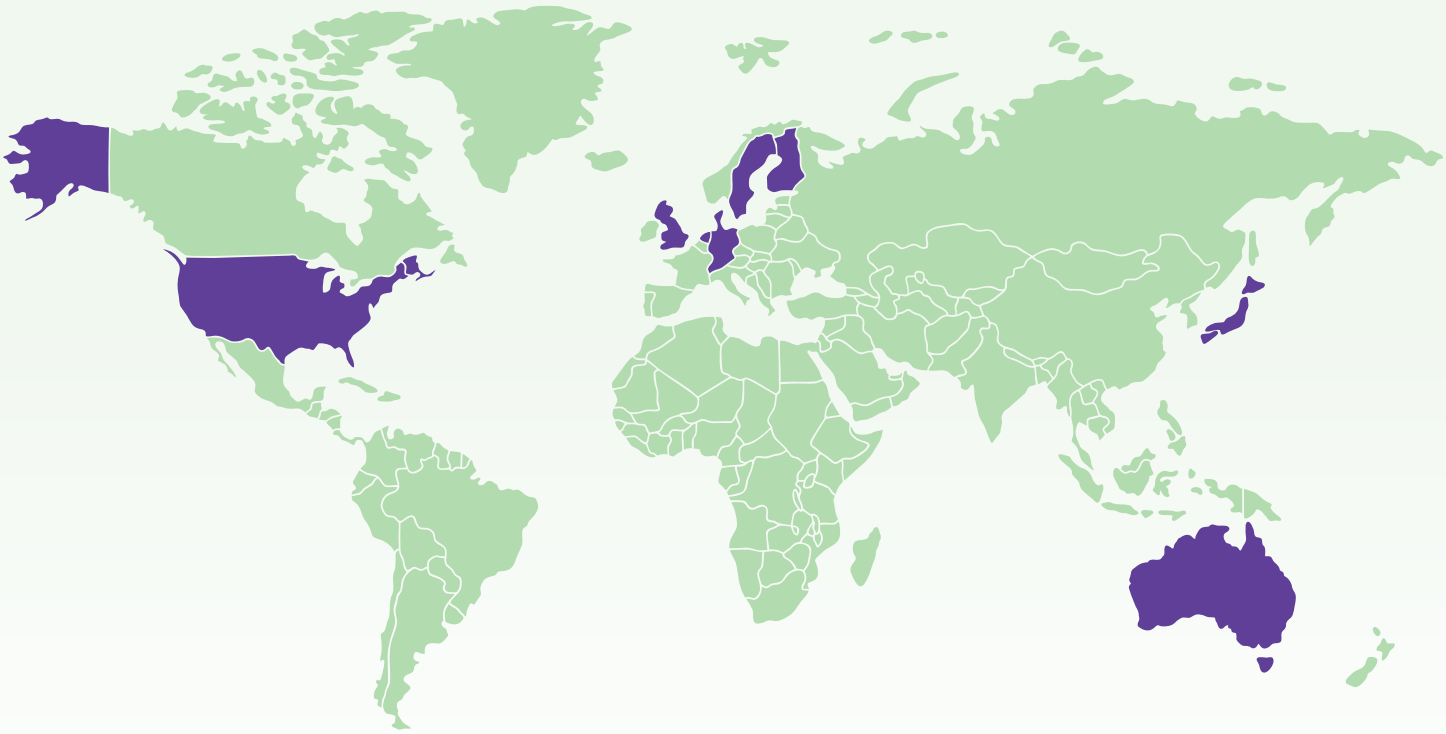
Retrieved documents were screened for inclusion. Documents were included if they:

- focused on policies, frameworks, or system-level initiatives;
- were research studies with policy or system relevance/policy reviews;
- focused on the health, social service, or community sectors.

Materials without policy or system relevance were excluded.

As stated, the scan also sought to identify applicable strategies from leading countries.

Leading Countries



Leading Countries

- Australia
- Denmark
- Finland
- Germany
- Japan
- Netherlands
- Sweden
- UK
- USA

What makes a leading country?

- Social isolation and loneliness identified as clear priority
- Strategies link to broader national plan
- Dedicated, funded strategies
- Structured tracking of progress
- Commitment to long-term sustainable change

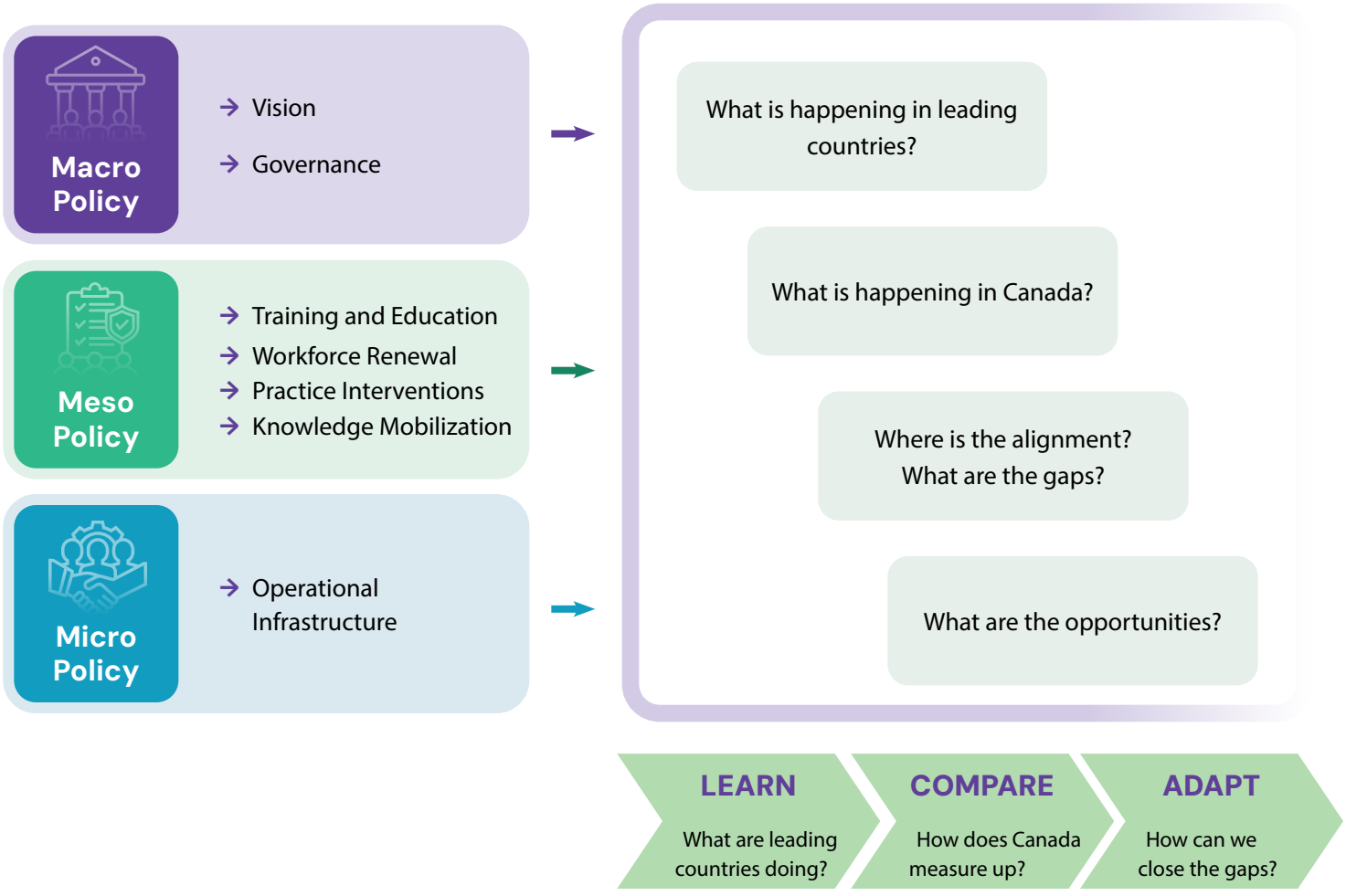
Evidence base: policy scan (cont.)

Analysis and synthesis

Data from included documents were charted using a standardized template. The analysis followed a thematic approach, paying particular attention to patterns and trends as well as findings across the macro, meso, and micro levels. The analysis also identified transferable principles and adaptable strategies for the Canadian context. Evidence was prioritized where it informed key functions of identification, assessment, intervention, and linkages to supports, with a key focus on policy levers, workforce supports, organizational infrastructure, and practice-enabling tools and systems. This report was limited in that it did not include an analysis of the effectiveness of identified interventions and strategies, as this was beyond the project scope. However, this data was extracted where available and can be accessed here.

Report structure and organization

The remainder of this report is organized into three main sections: Key Insights, Key Takeaways, and Roadmap. The **Key Insights** section brings together findings from the policy scan across seven key policy areas at the macro, meso, and micro levels. For each area, international approaches and emerging trends are examined and used to examine where Canadian policy and practice align, where gaps remain, and where there are opportunities to build or adapt. The **Key Takeaways** section highlights what we learned from the policy scan and what those findings mean more broadly. The **Roadmap** then lays out a practical, action-oriented framework, organized around eight complementary knowledge-to-action pathways, to help turn evidence into policy, practice, and system change.



Part II

Key Insights

The scan identified seven interconnected policy areas that span macro, meso, and micro policy levels. In leading countries, progress across these areas and levels is occurring simultaneously, helping create the conditions for coordinated system change. Taken together, these seven areas provide a blueprint for strengthening Canada's policy ecosystem and shaping an environment that can strengthen the response to SIL in older adults.

Key Insight

Vision

What is Vision?

A shared and clearly articulated vision provides a common point of reference across policy, practice, and system levels, helping diverse actors move in a coherent direction even as they work within different roles and contexts. When a vision is explicit, it can be used to assess whether policies, funding decisions, and implementation strategies reinforce the same underlying goals or or work at cross purposes. Over time, an aligned vision can support greater consistency in how priorities are translated into action, reduce fragmentation, and help ensure that frontline practices reflect key values. A formal vision can function not only as a conceptual frame, but also as a practical anchor for coordinated decision-making and sustained system change.

A Barometer: **Key Trends in SIL Vision Across Leading Countries**

→ **Social connection as a core determinant of health** that is treated not as a "nice-to-have" but as *essential to health and longevity.*

→ **Older adults as contributors,** viewed as active citizens with experience, skills, and social capital that strengthen communities.

→ **Collective responsibility across sectors and systems** to tackle SIL through whole-of-society approaches, including governments, community organizations, health systems, local businesses, and citizens.

→ **Equity, inclusion, and accessibility as guiding lenses** to ensure everyone has opportunities to stay connected, regardless of income, mobility, culture, or digital literacy.

What is happening in leading countries?

The findings of the policy scan show that across leading countries, social connection is seen as fundamental to healthy aging and collective well-being. These countries share the belief that preventing SIL is not just a social goal but a core public health priority, one that requires action across all sectors. This shared vision frames older adults as valued contributors, not passive recipients of care, and calls for whole-of-society responsibility, where health, social, and community systems work together to foster inclusion. Underpinning all of this is a strong commitment to equity and accessibility to ensure that every older adult, regardless of background or circumstance, has the opportunity to stay connected, engaged, and supported throughout later life. By embedding connection and inclusion into the very foundation of health and social policy, leading countries can create environments where promoting social well-being becomes everyone's responsibility—from government to community organizations to HCSSPs.

Examples from Leading Countries

- Australia – **Measuring What Matters: Australia's Wellbeing Framework (2023)**
- Netherlands – **Eén tegen eenzaamheid (One Against Loneliness): National Approach**
- UK – **A Connected Society: A Strategy for Tackling Loneliness**
- US – **U.S. Surgeon General's Advisory on Loneliness and Social Isolation**

What is happening in Canada?

While Canada demonstrates strong conceptual alignment with international leaders (e.g., framing social connection as central to healthy aging, positioning older adults as active contributors, and emphasizing cross-sector collaboration, equity, inclusion, and accessibility), progress is constrained by the absence of an explicit, shared vision for SIL that can guide coordinated decision-making. A clearly articulated vision, supported by defined goals, shared metrics, and cross-sector accountability, would help to better support the necessary structure required to align efforts across provinces and sectors and move from fragmented initiatives toward sustained system change.

Examples from Canada

- **Nationally:**
  Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults (clinical "vision" for routine practice)
- Federal/Provincial/Territorial Ministers Responsible for Seniors Forum — **Social Isolation of Seniors Toolkits**
- Newfoundland and Labrador – **Seniors' Health and Well-Being Plan**
- Saskatchewan – **Alone or Lonely?**
- Yukon – **Aging in Place Action Plan**

Alignment with leading Countries & Gap Analysis

Social connection as a determinant of population health

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Health and social sectors are beginning to integrate social connection indicators into wellness frameworks and community programming. Some regions are testing social prescribing or community navigator roles within primary care and aging-at-home programs.	**Leading countries** recognize social connection as a formal health determinant, integrated into prevention frameworks, funding models, and workforce standards. **Canada's** recognition is growing through age-friendly, mental health, and public health strategies, but it is not yet formally embedded in system planning or accountability structures.

Older adults as contributors, not just recipients

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
There is movement toward co-design approaches, older adults are helping to shape programs (e.g., Age-Friendly committees, community wellness hubs, peer visitor programs). Recognition is growing that lived experience enhances program design and sustainability.	**Leading countries** embed co-design and participation across policy, planning, and service delivery. **Canada** encourages volunteering, peer programs, and advisory roles, showing strong alignment in intent but not yet consistent integration into national governance or workforce models.

Collective, cross-sector responsibility

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Emerging examples of cross-sector collaboration, like social prescribing pilots, community health teams, and integrated care networks, are beginning to connect health and community supports.	**Leading countries** have national coordination mechanisms linking health, housing, transport, and social systems under a shared SIL framework. **Canada** relies on provincial/territorial and local initiatives without a national strategy or unified accountability, resulting in uneven cross-sector action.

Equity, inclusion, and accessibility

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Some targeted approaches are emerging, such as Indigenous-led aging programs, rural outreach initiatives, and digital literacy training for older adults. The emphasis on person-centered design is increasing in local pilots.	Equity and inclusion are central in **leading countries** and supported by dedicated funding and performance measures. While **Canada** reflects these values strongly in policy and discourse, gaps remain in data availability, funding mechanisms, and evaluation standards to track equity outcomes.

Strengthening the vision of SIL in older adults in Canada

Canada can strengthen the vision for addressing SIL in older adults in key national, provincial/territorial, regional and program-level policy documents. By defining social connection as a core part of health, creating a shared national vision, and including the voices of older adults directly in policy development, Canada could set a stronger, more unified vision to guide progress. Aligning policies across sectors and embedding equity and inclusion as measurable commitments would help ensure that the vision guiding efforts to reduce SIL is consistent and inclusive. The following chart lists potential opportunities for strengthening Canada's vision of SIL in older adults.

Vision: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Social connection as a core part of health		
Make social connection and belonging a clear part of Canada's health and aging vision, not just a social issue.	National and provincial/territorial policy documents could explicitly recognize social connection as a determinant of health, linking it to prevention, mental health, and healthy aging frameworks.	Federal and provincial/territorial ministries of health, public health agencies, and policy advisory bodies could embed the vision into core strategies and guidance documents.
Older adults as contributors, not just recipients		
Emphasize the role of older adults as active participants who bring skills, experience, and leadership to their communities.	Vision statements could highlight co-design, peer leadership, and volunteering as central to healthy aging, shifting from "service delivery" to "shared participation."	Governments, community networks, and research or advocacy coalitions could work together to include older adults' voices in shaping policy and guidance.
Whole-of-society and cross-sector responsibility		
Strengthen how vision documents reflect the need for collaboration across health, social, housing, and community systems.	A national vision could frame SIL as a shared responsibility, supported by clear goals, cross-ministerial coordination, and funding that encourages joint action.	Federal leadership, supported by provincial/territorial ministries and intersectoral working groups, could champion a shared national framework on connection and inclusion.
Equity, inclusion, and accessibility		
Move from commitment-in-principle to measurable actions that make inclusion real and visible across Canada.	Vision statements could include specific equity targets (e.g., rural-dwelling, Indigenous, and culturally diverse older adults) to promote accessibility across programs and initiatives.	Vision statements could include specific equity targets (e.g., rural-dwelling, Indigenous, and culturally diverse older adults) to promote accessibility across programs and initiatives.

Key Insight

Governance

What is Governance?

In this context, governance refers to the formal structures and decision-making systems that shape how SIL is understood, prioritized, funded, and measured across government and society. It includes the roles of ministers and ministries, the departments and agencies that design and deliver programs, the funding envelopes and policy frameworks that direct resources, and the accountability mechanisms that ensure progress is tracked and sustained. Effective governance provides the backbone for coordinated action across sectors, helping to turn a broad vision for social connection into concrete policies, programs, and measurable outcomes.

A Barometer:
Key Trends in SIL Governance Across Leading Countries

- → **Ministerial ownership and cross-department accountability** ensures coordination of goals, budgets, and metrics across departments, creating shared accountability for outcomes related SIL.
- → **Policy frameworks with clear mandates and measurement** set out a vision, objectives, and measurable indicators; often backed by legislation or ministerial policy directives.
- → **Dedicated funding envelopes and program lines** that create stability and allow scaling of what works, moving beyond short-term pilot funding.
- → **Built-in accountability loops** where progress is tracked through reporting mechanisms to ministerial departments, often tied to broader health and well-being indicators that are used to refine policy direction and funding priorities.

What is happening in leading countries?

In many leading countries, governance structures are evolving to recognize SIL not only as a social and emotional issue, but as a core determinant of population health and well-being and a national policy priority. This shift is seen in cross-ministerial governance around SIL, where departments of health, social services, housing, transport, and digital affairs share responsibility for fostering social connection. National policy strategies are being designed with clear mandates that cut across sectors, to ensure that policy decisions, funding allocations, and accountability systems are linked to common outcomes such as inclusion, participation, and mental well-being. Funding and evaluation mechanisms are also evolving to reflect this integrated approach. Several countries are establishing dedicated funding streams, performance indicators, and evaluation structures that tie social connection to measurable public health outcomes. These governance shifts signal that social connection is understood as a foundational element of healthy aging, embedding it within national policy and institutional priorities.

Examples from Leading Countries

- Australia, Denmark, Japan, Netherlands, Sweden and UK have created **ring-fenced budgets or multi-year funding envelopes to support ongoing strategies to tackle SIL.**
- Denmark, Japan and UK have national reporting systems and shared data **platforms track loneliness and socia l connection indicators.**

What is happening in Canada?

Policy frameworks increasingly emphasize healthy aging, mental well-being, and community inclusion as part of health system goals. However, Canada's governance structures still lack the cohesion and authority needed to drive a fully coordinated response to SIL in older adults. Leadership remains dispersed across multiple departments and levels of government, with limited mechanisms to ensure shared accountability or sustained funding for long-term initiatives. Policy frameworks often reference social connection but are not consistently backed by clear mandates, reporting structures, or performance indicators. As a result, efforts tend to be fragmented, with variation in priorities and capacity across provinces and sectors, making it difficult to translate national intent into consistent, system-wide action.

Examples from Canada

- Canada has a **National Seniors Council** that advises the federal government on aging issues and produces reports on healthy aging.
- **New Horizons for Seniors Program**, provides **funding** for social inclusion initiatives for older adults, but is **not part of an integrated national strategy.**

Alignment with leading Countries & Gap Analysis

Ministerial Ownership & Cross-Department Accountability

Leading Countries

✓ Fully Aligned

Canada

◐ Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Responsibility for older adults is shared across Health, Seniors, and Social Development ministries at both federal and provincial/territorial levels. Some provinces have inter-ministerial committees focused on aging and community well-being.	**Leading countries** have designated ministers or departments responsible for loneliness and structured cross-ministerial task forces. **Canada** has shared responsibility, but coordination is informal and not mandated.

Policy Frameworks with Clear Mandates & Integrated Data Measurement

Leading Countries

✓ Fully Aligned

Canada

◐ Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Elements of SI&L are embedded within Healthy Aging, Mental Health, and Seniors strategies	National strategies in **leading countries** set explicit SIL targets and indicators with nationally coordinated data systems. **Canada** references SIL within broader frameworks, but there are no dedicated national or provincial/territorial mandates tied to measurable outcomes. Canada has emerging indicators but no integrated or standardized national data framework.

Dedicated Funding & Accountability Instruments

Leading Countries

✓ Fully Aligned

Canada

⊘ Misaligned

Where It's Starting to Align	Where Gaps Remain
Federal programs like New Horizons for Seniors and provincial/territorial grants fund community-based projects that promote inclusion and participation.	**Leading countries** have long-term, dedicated funding or billing/reimbursement models tied to SIL outcomes. **Canada** relies mainly on short-term grants and project funding, with no sustained or system-integrated funding mechanisms.

Whole-of-Government Coordination & Long-Term Accountability

Leading Countries

✓ Fully Aligned

Canada

⊘ Misaligned

Where It's Starting to Align	Where Gaps Remain
Growing recognition that SIL must be addressed across community and care sectors, with early efforts to encourage cross-ministry (e.g., whole-of-government) dialogue and shared priorities—particularly in relation to healthy aging, mental health, and well-being.	**Leading countries** embed SIL in whole-of-government strategies with formal oversight and long-term reporting. **Canada** lacks a whole-of-government coordination structure with a clear mandate, authority, and accountability for SIL. There is no single body responsible for setting long-term goals, tracking progress, or reporting on outcomes.

Strengthening the governance of SIL in older adults in Canada

A coordinated approach to SIL in Canada requires cross-sector leadership across national, provincial/territorial, and regional levels. This includes assigning dedicated leadership roles in place, clearly communicating strategic priorities, and setting measurable goals and benchmarks. Collectively, these governance mechanisms can create a stable and coherent structure to support sustained action on SIL.

Governance: Strategic Opportunities		
What Could Be Strengthened	**What it Could Look Like**	**Who Could Collaborate**
Cross-ministerial leadership and accountability		
Create a clearer national lead for SIL and build stronger links across ministries (Health, Seniors, Social Development, Housing, etc.).	A federal coordinating body or task force that brings ministries together under a shared mandate for social connection in aging.	Federal ministries (Health, Seniors, Social Development) working jointly with provincial/territorial governments and national partners.
Policy frameworks and measurable goals and data/learning systems		
Move from broad references to SIL toward explicit targets and performance indicators that can be tracked over time.	A national SIL framework or action plan that sets clear goals, indicators, and reporting expectations tied to health and well-being outcomes.	National data bodies, provincial/territorial ministries, and research networks specific to SIL.
Dedicated, long-term funding mechanisms		
Shift from short-term, project-based grants to sustained funding streams that support innovation and scaling of effective models.	Multi-year funding programs that embed SIL supports (e.g., social prescribing, community navigation) into health and community systems.	Federal and provincial/territorial governments, with delivery through regional health authorities and community organizations.
Whole-of-government coordination and accountability		
Develop a sustained, system-wide governance structure that makes social connection part of the national well-being agenda.	A long-term national strategy with regular public reporting, inter-ministerial oversight, and clear accountability for outcomes.	Federal government, working with provinces and territories, and supported by national councils and pan-Canadian agencies.

Key Insight

Training and Education

What is Training and Education?

Education refers to the pre-licensure curricula provided in university and college programs that ground pre-licensure health care and social service students in healthy aging, the role of social connection, and core clinical concepts related to SIL. Training refers to the collective of onboarding, workforce training programs and professional development activities that help post-licensure HCSSPs build and refresh practical knowledge and skills to identify, assess, and respond to SIL. Together, pre-licensure education and workplace training help build a core *understanding* of the foundational concepts and day-to-day skills needed to effectively identify SIL, engage in supportive conversations, navigate community resources, and make use of appropriate tools and referral pathways.

A Barometer:
Key Trends in SIL Training & Education Across Leading Countries

- → **Competency-based training** utilizing assessments and milestones to guide learning and track progress.
- → **Interprofessional & team-based learning** through shared placements, courses, and simulations.
- → **A people-first, community-centred and integrated curriculum** focused on aging, dementia, and supporting care partners.
- → **Building collaboration skills** that strengthen connections between health and social care.

What is happening in leading countries?

The policy scan revealed that many countries view SIL education and training as a central tool for raising awareness and building knowledge and skills among people working in health, social care, the community sector, and the general public. In these countries workforce training and education strategies are designed to ensure everyone (from HCSSPs to community staff and volunteers) has the awareness, confidence, and skills to recognize, prevent, and respond to SIL. The education for future HCSSPs and training for those already in the field often reflects a life-course perspective that views SIL in older adults as part of a broader, population-wide issue. Many leading countries have embedded coordinated, system-wide approaches to prepare their health and social service workforce. The focus goes beyond clinical skills to also target skills that can help HCSSPs help older adults to stay connected and feel included in their communities.

Examples from Leading Countries

- Australia – **Aged Care Learning Hub, micro-credentials in community engagement, social inclusion**
- Netherlands – **national competency frameworks for working with older adults,**
- UK – **Skills for Care Learning Platform**
- UK – **competency frameworks for Social Prescribing Link Workers**

What is happening in Canada?

There are signs that Canada is starting to move forward with training and education around SIL in older adults. Education and training are typically organized by profession, sector, and province, resulting in siloed approaches with limited cross-disciplinary or regional alignment. Moreover, much of the learning focuses on clinical responses to conditions associated with SIL (e.g., depression, complex health conditions), with comparatively less emphasis on prevention. There are, however, promising efforts underway. Interprofessional education programs are helping HCSSPs recognise how to collaborate with others and work across sectors to foster social connections for older adults and contribute to healthy aging. Despite this, SIL has not yet been incorporated into national competency frameworks for HCSSPs, and as a result, it is seldom included in professional education curricula.

Examples from Canada

- Nationally – **Canadian Clinical Guidelines on Social Isolation and Loneliness in Older adults.**
- Nationally – **Geriatrics Curriculum Enhancements**
- Nunavut – **Community Wellness & Elder Support Training**
- Prince Edward Island – **Seniors' Mental Health & Social Well-Being Training**

Canada's Training and Education of SIL
Alignment with leading Countries & Gap Analysis

Competency-Based Training

Leading Countries

✓ **Fully Aligned**

Canada

◐ **Partially Aligned**

Where It's Starting to Align	Where Gaps Remain
Some progress toward shared learning goals and workplace-based assessments.	**Leading countries** have national competency frameworks linking health and social care training to SIL prevention. **Canada** has emerging initiatives, but no national framework or tracking system.

Interprofessional & Team Learning

Leading Countries

✓ **Fully Aligned**

Canada

◐ **Partially Aligned**

Where It's Starting to Align	Where Gaps Remain
Team-based learning is becoming more common and reflects interprofessional education models seen in leading countries where teams train across sectors.	In **leading countries,** interprofessional education is built into workforce planning and policy. **Canada** shows progress through pilot initiatives, but efforts remain localized and project-based.

People- & Community-Centred Learning

Leading Countries

✓ **Fully Aligned**

Canada

◐ **Partially Aligned**

Where It's Starting to Align	Where Gaps Remain
Growing emphasis on person-centred care, experience, and community engagement, mirroring internationally recognized approaches.	**Leading countries** co-design curriculum with older adults and care partners, embedding inclusion and belonging into professional education. In **Canada** SIL education and training are often optional and short-term.

Collaboration Across Health & Social Care

Leading Countries

✓ **Fully Aligned**

Canada

◐ **Partially Aligned**

Where It's Starting to Align	Where Gaps Remain
Initiatives are emerging that mirror collaborative 'link worker' models and social prescribing approaches used internationally to connect health care and community supports.	In **leading countries** collaboration across sectors is built into training standards (e.g., UK "link worker" model, Netherlands community networks). In **Canada**, there are pilot initiatives that support collaborative action, but training in how to action collaboration as part of standard care is still not yet part of formal education.

Strengthening training and education of SIL in older adults in Canada

Canada already has many strengths to build on including dedicated professionals, innovative initiatives, and a growing recognition that social connection is central to healthy aging, particularly for older adults living with chronic health conditions. What's missing is a way to bring these efforts together. Since SIL has rarely been included in traditional curricula or workplace training, intentional efforts can be made to fill these gaps by scaling curricula and promoting competency expectations. Aligning education across sectors, and embedding social connection into everyday learning for all HCSSPs and other parts of the workforce, can help develop a health care and social service workforce that is better prepared to work with partners to support older adults to live connected, healthy lives.

Training and Education: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Competency-Based Training		
Develop a national competency framework that links health and social care training and includes SIL-related skills.	Expand SILOA Guidelines into a national competency framework. Embed SIL competencies into post-secondary, regulatory, and accreditation standards. Introduce workplace-based assessments to track learning outcomes.	Federal and provincial/territorial ministries, national accrediting bodies, professional associations, and post-secondary institutions
Interprofessional & Team Learning		
Expand cross-sector, team-based learning that brings HCSSPs and community providers together.	Introduce cross-sector placements in primary care and community settings. Create joint training modules on SIL in older adults.	Universities and colleges, academic health centres, regional health authorities, and community-based organizations
People- & Community-Centred Learning		
Embed person- and community-centred education that includes lived experiences of older adults and care partners.	Co-design curriculum content with older adults and care partners. Integrate modules on the lived experience of belonging and social participation.	Educational institutions, community organizations, older adult and care partner networks, and research or innovation centres
Collaboration Across Health & Social Care		
Formalize cross-sector collaboration within professional standards and career pathways.	Recognize collaboration skills in professional accreditation requirements. Expand training in system navigation and social prescribing. Build partnerships between post-secondary schools, health systems, and community organizations.	Accrediting and licensing bodies, professional colleges, sector councils, government ministries

Key Insight

Workforce Renewal

What is Workforce Renewal?

Workforce renewal refers to reshaping the health, social service, and community workforce, including paid professionals and volunteers, to build a workforce that is better equipped to address SIL in older adults. Workforce renewal matters because preventing and reducing SIL requires a workforce that is properly resourced and structured to foster connection, not just respond to medical or practical needs. Renewal focuses on building the right mix of roles, responsibilities, skills, and interconnections to support social health alongside physical and mental health. This can include introducing new HCSSP roles (e.g., social prescribers, community navigators, link workers, and culturally and linguistically responsive professional and peer supports) that help older adults connect with meaningful social opportunities and access relevant services and supports to mitigate SIL. It can also involve establishing clear and supported response pathways that integrate screening, identification, referral, and follow-up into everyday workflows to ensure timely and sustained connection to appropriate supports.

A Barometer:
Key Trends in SIL Workforce Renewal Across Leading Countries

- → **Workforce renewal as a core strategy to reduce SIL through** redesigning how health, social service, and community sectors collaborate to strengthen social connection.
- → **New and evolving roles such as link workers, social prescribers, and navigators** bridge health care and community life, bridging access to meaningful opportunities for engagement.
- → **Strengthening community capacity** to expand and equip the **community workforce** to reach marginalized or underserved groups.
- → **Aligning workforce design with system goals** tied to **national strategies and accountability frameworks**, ensuring social connection is built into health and social system goals.

What is happening in leading countries?

Leading countries are working to reshape who makes up the health, social service, and community workforce, and how these sectors work together to strengthen social connection. This shift brings a broader mix of roles, backgrounds, and experiences. New roles such as link workers and social prescribers are helping to bridge clinical care with community life. These countries also invest in local navigation hubs that proactively reach out to older adults and coordinate supports across health and community systems. Leading countries are also forming volunteer networks, and providing training, coordination, and recognition so that volunteerism becomes a valued, sustainable part of the health and social system.

Examples from Leading Countries

- Australia – **Primary Health Networks – Social Prescribing & Community Connector Roles**
- Japan – **Community-based coordinators and outreach workers**
- Sweden – **Municipal Elder Care Workforce Development**
- UK – **NHS England Social Prescribing Link Workers**

What is happening in Canada?

In Canada, health and social service sectors are beginning to broaden their concept of workforce roles beyond traditional professions to include community navigators, social prescribers, peer facilitators, and outreach coordinators who link older adults to meaningful social opportunities. There is also new investment in mobilizing volunteers and peer supporters to identify and support older adults at risk of isolation. Efforts to build a more inclusive and culturally responsive workforce are also gaining momentum. At the same time, more attention is being given to how older adults and care partners can contribute through peer mentoring, co-facilitation, and volunteer roles. However, these initiatives remain largely local or project-based. To achieve broader and more equitable impact, they will need to be supported by coordinated policy direction, sustainable funding pathways, and structures that enable these roles to be embedded, recognized, and scaled across settings.

Examples from Canada

- Alberta – **Seniors Community Connector / Navigator Programs**
- British Columbia – **Primary Care Networks – Social & Community Integration Roles**
- Manitoba – **Seniors Wellness & Community Health Worker Models**
- Ontario – **Social Prescribing Link Worker Models**

Alignment with leading Countries & Gap Analysis

Workforce renewal as a core strategy

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Growing recognition that workforce planning should include roles that address social and emotional health, not just clinical care, similar to how other countries position SIL as a public health priority.	**Leading countries** embed SIL prevention into national workforce and aging strategies with dedicated funding and governance. **Canada** recognizes the value of workforce renewal around SIL but lacks a coordinated national plan or shared accountability framework.

New & evolving roles that bridge care and community

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Reflects the same direction seen in countries such as the UK and Netherlands, where link workers and social prescribers are standard in care teams supporting older adults.	**Leading countries** have standardized link workers, navigators, and social prescribers as funded, permanent roles. **Canada** has local pilots and emerging connector roles but no consistent role definitions or scale-up pathways.

Strengthening community capacity (volunteers & peer supporters)

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Aligns with leading countries where volunteers and peers are seen as essential parts of the workforce supporting social health.	**Leading countries** invest in structured volunteer programs with national training and coordination. **Canada** has strong community initiatives but no unified or funded national framework for volunteer and peer support initiatives to address SIL.

Aligning workforce design with system goals

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Reflects the approach of leading countries that integrate workforce strategies with national goals for aging, inclusion, and public health.	In **leading countries**, workforce planning, policy, and funding are linked through national aging or health-equity strategies. **Canada's** workforce renewal initiatives remain provincial, regional, project-based, and are often time-limited, without consistent measurement or long-term investment.

Strengthening Workforce Renewal of SIL in older adults in Canada

Although Canada has made progress toward building a more diverse and connected workforce to address SIL in older adults, it has yet to establish a coherent, system-wide workforce renewal strategy that spans the health, social, and community sectors. Many promising initiatives remain pilot-based or voluntary and lack the infrastructure needed to sustain or scale their impact. Advancing workforce renewal will require clearly defining the skills, functions, and responsibilities needed to prevent and respond to SIL, alongside coordinated investment in new and expanded roles (such as navigators, link workers, and peer supporters) and mechanisms that support interprofessional, intersectoral practice.

Workforce Renewal: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Workforce as a Core Strategy		
Develop a national framework that embeds SIL prevention in workforce planning, funding, and performance goals across sectors. Create shared accountability between federal, provincial, and community partners.	Develop a national workforce framework linking SIL prevention with workforce planning and healthy aging strategies. Embed social connection outcomes into performance and funding agreements. Create a shared accountability structure across levels of government.	Federal and provincial/territorial ministries, national advocacy organizations, accreditation councils, professional associations, and workforce planning agencies
New & Evolving Roles Bridging Health and Community		
Establish standardized roles such as link workers, navigators, or social prescribers within primary care, home care, and community programs. Provide clear training, supervision, and funding pathways.	Create standardized role descriptions and competencies for link workers, navigators, and social prescribers. Provide funding for permanent positions within team-based care. Pilot joint training programs that connect HCSSPs across sectors.	Provincial/territorial health authorities, regional health networks, colleges and training institutes, and community-based health and social service organizations
Strengthening Community Capacity (Volunteers & Peer Supporters)		
Develop a national volunteer coordination system that offers training, recognition, and ongoing support for volunteers helping older adults stay connected. Link volunteer programs with local health and social systems.	Expand recruitment and training pathways for culturally and linguistically diverse staff and volunteers. Integrate cultural safety and lived experience into all workforce education programs. Support mentorship networks for underrepresented groups.	National volunteer networks, charitable foundations, community service organizations, and regional funders
Aligning Workforce Design with System Goals		
Integrate SIL objectives into provincial/territorial workforce strategies, with shared indicators and evaluation metrics. Fund initiatives through long-term, braided funding models that support both paid and unpaid roles.	Embed SIL-related workforce metrics into national and provincial/territorial performance frameworks. Support long-term, braided funding models that sustain both paid and volunteer roles. Produce annual workforce impact reports that track progress on social connection outcomes.	Federal and provincial/territorial ministries, arms-length evaluation agencies, and cross-sector alliances focused on aging and inclusion

Key Insight

Practice Interventions

What are Practice Interventions?

Practice interventions are formalized models or programs of care with defined components, processes, and implementation requirements that are specifically designed to address SIL by actively supporting social connection and engagement. Practice interventions related to SIL can take many forms including: social prescribing, befriending, peer check-in, volunteer connector, technology-enabled social connection programs. Other important interventions include learning coping skills, grief therapy, and cognitive behaviour therapy. Through these interventions, HCSSPs can identify and reach older adults experiencing social isolation, help rebuild meaningful relationships, and connect clients with community resources and activities that foster belonging.

A Barometer:
Key Trends in SIL Practice Interventions Across Leading Countries

- → **Social connection practice interventions** integrated into health promotion, chronic health condition management, and healthy aging strategies.
- → **Technology as an enabler,** such as **virtual group programs, tele-social care, VR experiences, and companion robots in long-term care,** to enhance connection.
- → **Inclusive, person-centred design** that is increasingly **co-designed with older adults and care partners, tailored to diverse needs, focused on maintaining purpose**, autonomy, belonging.
- → **Evidence and sustainability** through piloting and evaluating models through national frameworks or local innovation funds, with focus on scaling what works and embedding in mainstream services.

What is happening in leading countries?

Across leading countries, there is a recognition that addressing SIL requires practical, relationship-based approaches woven into the everyday delivery of health and social care. These countries are moving beyond isolated interventions toward integrated models of care that prioritize connection, continuity, and follow-up. By embedding social connection and relationship-based approaches (e.g., social prescribing, befriending, peer outreach) within routine care structures, social connection becomes normalized as a core component of health care rather than an optional or add-on service. These practice interventions become supported by clearly defined referral pathways, shared roles and responsibilities across health and community partners, and outcomes become embedded into operational systems.

Examples from Leading Countries

- Australia - **Wellbeing Connectors**
- Japan – Community-**based social participation hubs**
- Netherlands - **Wijkteams (neighbourhood teams)**
- US - **Friendly Visiting & Community Health Worker Models**

What is happening in Canada?

In Canada, awareness of SIL in older adults has grown significantly, but progress with respect to practice-level interventions shown to benefit SIL outcomes, remain uneven. While SIL practice guidelines for older adults are now widely available, consistent implementation and scale-up of evidence-based SIL interventions (e.g., befriending programs, social prescribing programs, link worker programs, robotic companion animals) across the continuum of care has yet to be achieved. Furthermore, there is limited training for HCSSPs on how to deliver SIL interventions, as well as very little dedicated investment in research or evaluation to build a robust, evidence-base to identify which interventions are most effective in different settings and contexts.

Examples from Canada

- British Columbia - **Better at Home**
- Nova Scotia - **Seniors Navigators / Community Connectors**
- Ontario - **Rx: Community Social Prescribing – Alliance for Healthier Communities**

Alignment with leading Countries & Gap Analysis

Social Connection Interventions as a Component of Health System Performance

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Beginning to align with leading countries' recognition of connection as part of health system performance. Some Primary Care Teams and public health units are including loneliness screening in wellness checks and chronic health condition programs.	**Leading countries** embed social connection practice interventions as a core determinant of health. **Canada** focuses on screening but less so on the implementation of specific social connection interventions.

Technology as an Enabler

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Early signs of alignment with digital inclusion strategies seen in other countries. Some public libraries, municipalities, and non-profits providing digital literacy training and access support.	**Leading countries** use VR social platforms, robotic pets, telepresence programs, and digital-literacy initiatives supported by national digital-health strategies. **Canada** has national innovation hubs that support digital social connection practice interventions by funding research to pilot and scale-up technology-enabled models. Yet, implementation on the frontline remains uneven, especially in rural or low-income regions.

Inclusive, Person-Centred Design – Co, designed and Tailored to Diverse Groups

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Emerging inclusive and culturally safe models aligned with international emphasis on co-design and personalization. Recognition that equity, culture, and lived experience are critical to effective SIL solutions.	**Leading countries** embed co-design and equity principles in all aging and health policies. **Canada** demonstrates emerging inclusive practice and Indigenous-led initiatives, but efforts remain localized and not yet embedded system-wide.

Evidence and Sustainability

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Starting to mirror leading countries' focus on evidence-informed and scalable models. Some networks are building evaluation capacity and sharing best practices nationally.	**Leading countries** invest in evaluation infrastructure, "what works" centres, and national learning collaboratives that track outcomes and support scale-up. **Canada's** initiatives are largely pilot-driven, with short-term funding, limited data collection, and minimal research investment.

Strengthening the implementation and scale-up of practice interventions to respond to SIL in older adults in Canada

The implementation and scale-up of SIL practice interventions for older adults can be advanced by integrating interventions into routine care across primary care, home care, and long-term care settings. When SIL interventions are embedded within standard care, they are more likely to be delivered consistently rather than as time-limited initiatives. Sustained funding can provide the stability organizations require to plan, deliver, refine, and report on SIL practice interventions over time. Such integration can help ensure that older adults are able to access best-evidence relationship-based interventions at multiple points along the care continuum.

Practice Interventions: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Social Connection as a Health Priority		
Make social connection a standard part of health and social care.	Include questions about loneliness and social supports in routine health checks. Build social connection goals into care plans and wellness visits for older adults.	Federal and provincial/territorial health ministries, national data bodies, primary care teams, professional colleges.
Technology as an Enabler		
Ensure digital tools are accessible and supported, especially for rural or low-income older adults.	Expand virtual social programs, online peer groups, and digital literacy training. Use assistive tech (like robotic pets or smart tablets) to help older adults stay connected at home or in long-term care.	NGO's, libraries, and provincial/territorial digital health agencies.
Inclusive, Person–Centred Design		
Design programs with older adults, not just for them, and tailor supports for diverse communities.	Use co-design workshops and lived-experience advisory groups to shape new programs. Build supports that reflect cultural identity, language, and mobility needs.	NGOs, Indigenous-led health organizations, municipal inclusion offices, and community-based organizations.
Evidence and Sustainability		
Move from short-term pilots to sustained, evidence-based programs that can be scaled.	Create a national "What Works in Social Connection" hub to collect and share results. Fund practice intervention programs (e.g., befriending and social prescribing initiatives) long enough to measure impact and adjust over time.	NGOs, provincial/territorial research institutes, and academic–community partnerships.

Key Insight

Knowledge Mobilization

What is Knowledge Mobilization?

Knowledge mobilization is the process of translating evidence-based policy and research into real-world practice through the dissemination, adaptation, and use of practical tools, resources, and learning supports. It involves sharing, translating, and adapting knowledge through tools like guidelines, training modules, practice toolkits, and learning networks. These intermediary knowledge mobilization products are shown to be effective for translating research-informed policy directions into everyday practice. Knowledge mobilization tools can help promote consistent implementation and scale-up of evidence-based SILOA practice interventions and approaches. In their absence, efforts to translate policy into practice may progress more slowly and unevenly.

A Barometer: **Key Trends in SIL Knowledge Mobilization Across Leading Countries**

- → Development of **national guidelines and implementation frameworks** that translate research into clear, actionable steps for identifying, preventing, and responding to SIL.
- → Investment in **broad-based public awareness and education campaigns** to raise awareness about the health impacts of loneliness, reduce stigma, and promote help-seeking and social participation.
- → Increasing numbers of universally accessible **toolkits, checklists, and resources** designed for use by agencies, care professionals, and community groups.
- → **National knowledge hubs, learning networks and communities of practice** that bring together researchers, policymakers, and HCSSPs to share data, innovations, and lessons learned.

What is happening in leading countries?

Across leading countries, there is movement toward the creation of coordinated knowledge-to-action ecosystems. Jurisdictions are investing in aligned sets of resources that work together across system levels, reinforcing consistent messages while supporting different audiences and roles. At the macro level, this includes national health promotion campaigns and public awareness initiatives that normalize social connection as a population health priority. These efforts are complemented at the meso and micro levels by practical toolkits, practice guides, checklists, and decision supports that enable HCSSPs and community organizations to apply evidence in day-to-day settings. This multi-level alignment helps ensure that evidence on SIL is not only disseminated, but actively translated into sustained, real-world practice change.

Examples from Leading Countries

- Australia – **End Loneliness Together practitioner packs**
- Denmark – **Age-Friendly checklists**
- Netherlands – **Municipal action packs**
- UK – **Campaign to end Loneliness tools**
- US – **AARP Connect2Affect tools**

What is happening in Canada?

In Canada, there's a growing focus on knowledge mobilization as a critical driver of practice change. It is now more common to see investments in knowledge mobilization tools and products that make research findings easier to access, understand, and apply across different health and social care settings. Yet, these efforts still primarily occur as part of siloed organizational and local level initiatives or research-led projects, rather than through more encompassing national, provincial/territorial, and regional-level strategies. As a result, Canada's progress remains fragmented, with strong innovation at local levels but fewer mechanisms to standardize, scale, and sustain an evidence-informed knowledge mobilization ecosystem.

Examples from Canada

- Nationally – **Community Connections Hub and Wellness Together Canada – Online resources and assessment tools**
- Nationally – **SILOA Clinical Practice Guidelines**
- Nationally – **Social Prescribing in Canada Toolkit**
- Nationally – **Social Prescribing Implementation Toolkit**
- Nationally – **Public Health Guidelines for Social Connection**

Alignment with leading Countries & Gap Analysis

Endorsed Practice Guidelines & Frameworks

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Alignment is emerging with leading countries that use national guidance to drive consistent action.	**Leading countries** have nationally endorsed practice frameworks and guidelines. **Canada** has practice guidelines, but no coordinated national structure to ensure consistent dissemination and adoption.

Public Awareness Campaigns

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Canada mirrors global trends by promoting loneliness as a public health issue and using storytelling and digital outreach to change social norms.	**Leading countries** have long-standing, nationally funded health promotion campaigns to address social connection. **Canada** has time-limited, or population-specific campaigns and initiatives that address SIL indirectly .

Universal Practical Toolkits & Resources

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Consistent with leading countries where action-oriented tools translate evidence into practice.	**Leading countries** offer centralized, curated implementation toolkits linked to nationally endorsed frameworks. **Canada** has partial, and sector-specific toolkits. However, they are not anchored to a single national framework with formal endorsement and accountability.

Knowledge Hubs & Learning Networks

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Canada is aligning with countries that use learning collaboratives and digital hubs to spread innovation and share data.	**Leading countries** maintain centralized digital hubs and learning collaboratives for data sharing and knowledge exchange. **Canada** has multiple active networks but no single coordinated hub.

Strengthening Knowledge Mobilization to respond to SIL in older adults in Canada

Canada has made meaningful progress in certain types of knowledge mobilization related to SIL, even though broader system-level mechanisms remain underdeveloped. Canada can advance its knowledge mobilization infrastructure by continuing to cultivate a strong network-based approach, that fosters collaboration across research, health, and community sectors. The use of co-production and participatory methods—engaging older adults, caregivers, and community organizations in the design and adaptation of knowledge mobilization strategies—is an important element of this work and a distinct component of research and practice initiatives. As is the scaling of knowledge mobilization strategies and products through national and provincial/territorial and regional-level platforms.

Knowledge Mobilization: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Practical Guidelines & Frameworks		
Develop a coordinated national framework that embeds SIL within broader healthy aging and mental health strategies.	Establish a co-designed pan-Canadian action plan that defines values and principles, practice standards, roles and desired outcomes.	Federal and provincial/territorial ministries (health, seniors, social services), public health agencies, research institutions, health and social policy coalitions.
Public Awareness Campaigns		
Strengthen public awareness and engagement campaigns through sustained national investment.	Implement a multi-year communication strategy to raise awareness about loneliness as a health and social issue, key supports, and referral options.	Public health and communication agencies, academic and professional associations, media, advocacy organizations, older adult councils
Practical Toolkits & Resources		
Develop and promote toolkits, templates, and implementation guides that make knowledge mobilization easy to use in daily practice. Support local adaptation and feedback loops for continuous improvement.	Design a communications toolkit for HCSSPs in health, social, and community sectors. Co-design tailored resources for use in different practice settings.	Health and social service organizations, community networks, research partners.
Knowledge Hubs & Learning Networks		
Create a national knowledge hub to centralize evidence, data, and tools on SIL.	Launch a digital platform where researchers, HCSSPs, and policymakers can access data dashboards, toolkits, and promising practices, and contribute to shared learning across provinces.	Research and innovation networks, health and social service agencies, provincial/territorial health authorities, regional planning tables, digital health and knowledge translation organizations.

Key Insight

Operational Infrastructure

What is Operational Infrastructure?

Operational infrastructure refers to the mechanisms that activate routine workflows on the frontline. This includes things like electronic health record (EHR) screening prompts and fields for documenting outcomes, as well as billing codes that support practitioner time and activity. In short, operational infrastructure shapes what is prioritized, measured, and sustained on the frontline as routine practice.

A Barometer:
Key Trends in SIL Operational Infrastructure Across Leading Countries

- → **Screening and documentation of SIL, prompts embedded into EHR systems.**
- → **Funding and compensation for SIL-related services and roles** that connect health and community supports.
- → **SIL activity tracked through referral codes** within centrally coordinated EHR systems, data is reported nationally.
- → **Embedded SIL care pathways** with **consistent tracking** of screening results, referrals, and follow-up outcomes within EHR systems.
- → **Integrated community-clinical interface and reporting mechanisms** - strengthening coordination and accountability for SIL across health and community sectors.

What is happening in leading countries?

Across leading countries, operational infrastructure for addressing SIL is still taking shape. While there has been clear progress—such as integrating screening into social-determinant assessments, funding link-worker roles, and adapting electronic health records (EHR) to record social connection data—these systems remain uneven and incomplete. Even among leaders, this remains one of the least developed but fastest-evolving areas of system reform.

Examples from Leading Countries

- Denmark, Sweden, UK – **developing national EHR systems to capture screening results, referrals, and follow-up outcomes.**
- Japan – **integrating SIL fields in shared digital systems.**
- US – **specific codes to record social isolation within patient records.**

What is happening in Canada?

In Canada, the operational infrastructure required to promote a standard response to SIL in older adults is still taking shape and varies widely across regions. There are growing efforts to strengthen funding mechanisms, and digital platforms to better support SIL screening, documentation, and coordinated follow-up across care settings. Yet, these efforts often operate in isolation from one another, without shared interconnectivity across professions, sectors, and geographies. In the absence of a strong and inter-coordinated operational infrastructure, SIL-related practices are often implemented as time-limited initiatives as opposed to embedded features of routine care. As a result, responsibility for identifying and responding to SIL often falls to individual champions or short-term projects, leading to wide variation in who is screened, how needs are documented, and what follow-up occurs.

Examples from Canada

- British Columbia, Nova Scotia, Saskatchewan – **embed questions on social connection into intake forms, navigator programs, and seniors' assessments.**
- Yukon – **Healthy Aging resource teams formally document social engagement during home assessments.**

Alignment with leading Countries & Gap Analysis

Screening & Documentation of SIL

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Efforts are beginning to integrate SIL screening into regular health and social assessments. Provinces such as Ontario and BC are embedding questions on social connection in primary-care intake forms and community-based screening tools.	**Leading countries** embed SIL screening within social-determinant assessments and document in EHRs. **Canada** is moving in this direction through local pilot programs but progress remains uneven and has yet to be standardized or embedded across regions.

Funding & Compensation for SIL-related Services

Leading Countries

Fully Aligned

Canada

Misaligned

Where It's Starting to Align	Where Gaps Remain
Growing recognition that funding must support collaboration between health and community sectors. Some provinces are starting to embed small-scale funding for community connectors and local inclusion initiatives.	Many **leading countries** have dedicated funding or reimbursement models for HCSSPs to bill for SIL-related services. **Canada** lacks stable reimbursement and billing mechanisms.

Embedding SIL into Care Pathways & EHRs

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Early efforts to capture social needs data within EHRs mirror approaches seen internationally. A few provinces are exploring digital referral platforms that connect health and community services.	**Leading countries** use national EHRs that track screening, referrals, and outcomes. In **Canada**, though some regions are adding SIL fields, provincial/territorial systems and regional EHR systems are fragmented, with limited interoperability.

Integrated Care and Community–Clinical Interface and Reporting

Leading Countries

Fully Aligned

Canada

Partially Aligned

Where It's Starting to Align	Where Gaps Remain
Increasing policy interest in formalizing the link between health and community care. Social prescribing and connector roles are gaining traction in primary-care reform and age-friendly community initiatives.	**Leading countries** have formalized link-worker roles and referral pathways connecting health and community supports. **Canada** is testing similar models through pilots and partnerships but has yet to integrate them system-wide.

Strengthening Operational Infrastructure to respond to SIL in older adults in Canada

Investment in building a robust operational infrastructure is needed to ensure that an evidence-based response to SIL in older adults becomes reliably embedded within routine care pathways. This will require efforts to develop shared workflows, common data elements, and dedicated funding models. With an aligned operational infrastructure in place, continuity of practice, measurement, and long-term impact can be achieved at scale.

Operational Infrastructure: Strategic Opportunities

What Could Be Strengthened	What it Could Look Like	Who Could Collaborate
Screening & Documentation of SIL		
Develop consistent national tools and guidelines for screening and documenting SIL across health and social care settings.	Introduce standard screening questions within social-determinant or wellness assessments used in primary care, home care, and community programs. Create EHR templates that prompt HCSSPs to record results and referrals.	Federal and provincial/territorial health ministries, professional colleges, and organizations focused on quality improvement and health data standards.
Funding & Compensation for SIL-related Services		
Create sustainable, long-term funding models that support prevention and connection-building, rather than relying on short-term grants.	Establish billing codes or funded roles for SIL screening, referral, and follow-up. Support multi-year funding for programs that link health and community supports.	Health ministries, regional health authorities, and community funders working together to align priorities and investments.
Embedding SIL into Care Pathways & EHRs		
Strengthen integration of social connection measures into care planning and data systems across provinces. Improve interoperability between health and community systems.	Add SIL indicators and referral tracking to EHRs, and link these with community service databases. Ensure social connection goals are included in care plans for older adults with complex health conditions.	Provincial/territorial digital health agencies, EHR vendors, and regional health networks in collaboration with community partners.
Role of Social Prescribing, Link Workers & the Community–Clinical Interface		
Expand and formalize social prescribing pathways that connect health care and community supports.	Scale up community connector or navigator roles across provinces, supported by shared referral platforms that track outcomes and follow-up. Embed social prescribing as part of routine primary care.	Primary care teams, community organizations, local governments, and policy leaders coordinating through integrated care or age-friendly initiatives.

Part III

Key Takeaways

Overall, the policy scan suggests that while there is meaningful work underway on SIL across Canada, progress is being held back by gaps and weak alignment across the policy landscape. Activities often occur in pockets rather than as part of a coordinated approach, with far less connection across the seven priority areas than is seen in countries taking a more strategic path.

For HCSSPs, this points to the need for practical, day-to-day supports—such as training, digital tools, clear referral pathways, and shared expectations—that make it easier to address SIL within routine care. For administrators, the findings highlight opportunities to strengthen workforce capacity, standards, tools, and team-based practice environments to support more consistent implementation. For regional and provincial/territorial policy leaders, the findings underscore the importance of better aligning frameworks, sectors, and systems to enable coordinated and lasting change. Together, these insights call for clear, actionable pathways to drive progress across priority areas at multiple levels. The next section introduces a Roadmap designed to help jump-start action in both practical and strategic ways.

Implications of the Findings Across Policy Levels and Priority Areas

	Key Finding from the Policy Scan	Implications for Action	Examples of Relevant Knowledge-to-Action Pathways
Vision	Growing recognition of SIL as a health and equity issue, but no consistently shared vision across systems.	A clearer, shared vision is needed to position SIL as a routine responsibility across health and social care.	Elevating Health Promotion; Extending Knowledge Sharing and Integrations
Governance	Governance and accountability for SIL are fragmented across jurisdictions and sectors.	Stronger alignment is needed between frameworks, guidance, and leadership to support coordinated, routine action.	Extending Knowledge Sharing and Integration; Strengthening Care Navigation and Linkages
Training & Education	SIL training is uneven, often optional, and inconsistently embedded in formal education.	Foundational, core curriculum is needed to build baseline competency across professions, sectors, and systems.	Advancing Curriculum Development; Expanding Digital Learning and Micro-Credentials
Workforce Renewal	Few roles, incentives, or career pathways explicitly support SIL-related work.	Workforce development strategies that recognize and support SIL-related social connection, prevention, and navigation practices and roles. resources.	Expanding Digital Learning and Micro-Credentials; Optimizing Interprofessional Learning and Practice
Practice Interventions	Effective SIL interventions exist, but uptake is limited and inconsistent.	Greater emphasis is needed to embed evidence-based interventions into routine workflows and team-based practices.	Scaling Up Tools and Practice Resources; Optimizing Interprofessional Learning and Practice
Knowledge Mobilization	Evidence and tools are dispersed, with limited mechanisms for adaptation and spread.	Knowledge-mobilization tools and mechanisms are needed to support on-the-ground implementation across diverse contexts.	Extending Knowledge Sharing and Integration
Operational Infrastructure	Digital systems, documentation fields, funding models, and referral supports rarely enable SIL work.	Practical infrastructure—such as EHR functionality, referral pathways, and billing mechanisms—is needed to support routine care workflows.	Enhancing EHR Platforms; Strengthening Care Navigation and Linkages

Part IV

Roadmap: Knowledge-To-Action Pathways

The Value of a Roadmap

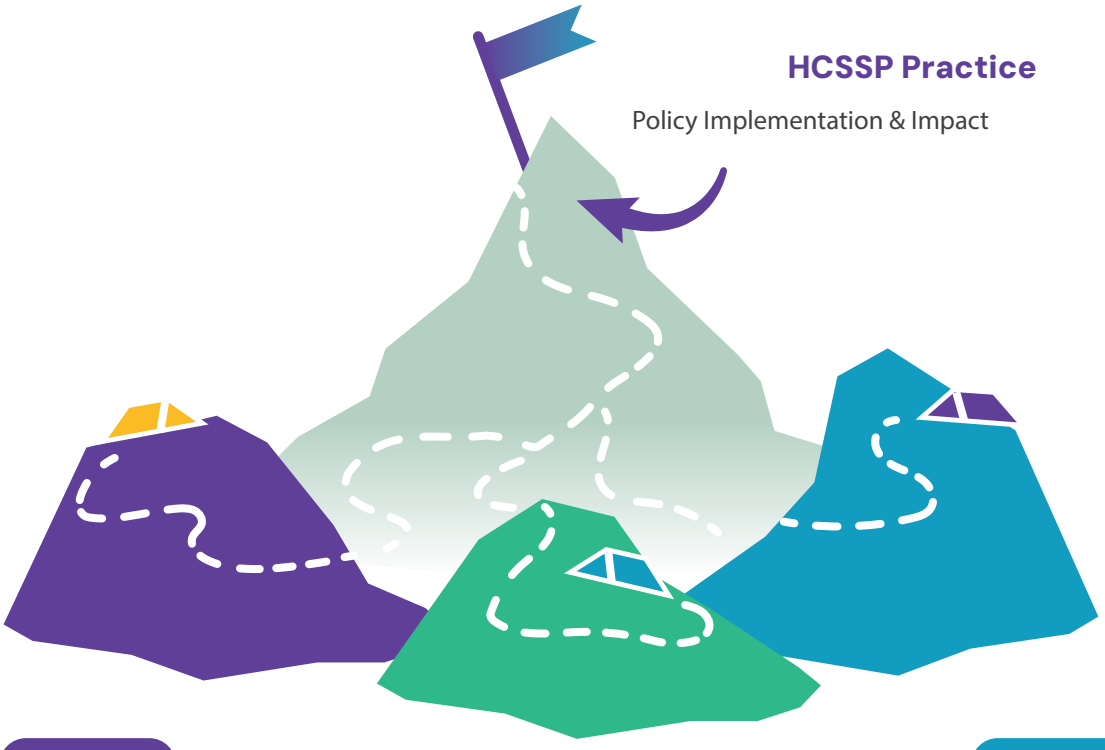
Lasting and equitable practice change does not happen all at once or through a single policy or program. It grows out of many efforts made by people and organizations working at different levels of the system. A roadmap shows where different actors are starting from, how local and system-level efforts fit together, and how both major "highways" and smaller "country roads" intersect as they move toward the same destination. A roadmap can be especially helpful in the Canadian context, where no single national strategy or dedicated funding stream currently exists.

Purpose & Aim

The Roadmap is intended to function as a pragmatic, action-oriented framework organized around eight complementary knowledge-to-action pathways that support the translation of evidence into policy, practice, and/or system change. It is designed to help align efforts across sectors and guide practical, scalable actions that strengthen the policy environment and support HCSSPs to respond to SIL in older adults in more consistent and equitable ways.

The Roadmap aims to:

- Make policy-to-practice infrastructure visible to better illustrate how change can happen across levels
- Show how different actions and initiatives connect and reinforce one another
- Identify early, achievable actions that together can move us toward comprehensive system reform
- Demonstrate how actions along each pathway can support stronger consistency and sustainability in practice
- Encourage shared and complementary action across a variety of actors, including policy-makers, organizations, educators, and HCSSPs.



Actors, levels, and levers: Who can act, when, and where?

Where and how different actors engage will depend on their roles, capacities, readiness, and partnerships. Change doesn't happen in one place or through one group alone. This Roadmap recognizes that many different actors, working at different levels of the system, have important roles to play in advancing policy change related to SIL in older adults. The knowledge-to-action pathways represent different levers that can be activated by actors at any level to strengthen the policy environment. Importantly, action at a specific policy level is not limited to actors who are traditionally situated at that level. How and where people engage will vary based on their roles, capacities, readiness, and the partnerships they have in place.

How different actors can influence change within and across levels

	Actors at this Level	What can be influenced at this level	What can be influenced at other levels
Macro (system-level)	Pan-Canadian NGOs, provincial/territorial governments, professional bodies	System priorities, policy direction, funding structures, accountability mechanisms	Enable meso and micro change by setting shared goals and providing guidance, tools, training, and enabling policies that support practice on the ground
Meso (organizational / regional)	Health authorities, health and social care organizations, academic institutions	Organizational policies, workflows, coordination across services, workforce supports	Support micro change by translating policy into practice and scaling effective approaches; inform macro change by identifying system gaps and implementation needs
Micro (frontline practice)	HCSSPs	Day-to-day practices, care processes, relationships with older adults and families	Influence meso and macro change by testing new approaches, sharing what works, and advocating for improvements based on real-world experience

Eight knowledge-to-action pathways

The Roadmap is meant to be used as a flexible guide. It is made up of several knowledge-to-action pathways. Each pathway highlights a different area in which we can all take practical steps to drive change.

How to Read the Roadmap

The Roadmap is made up of eight interconnected pathways for change. Each pathway focuses on a specific area where policy and practice can move forward. The pathways offer multiple entry points, allowing different actors across the system to take action (either independently or in collaboration) based on their role, capacity, and context. Taken together, these pathways form an overarching roadmap that provides aligned and strategic direction for strengthening a policy environment that can support HCSSPs to deliver more consistent, routine, and equitable responses to SIL in older adults.

How the pathways are organized

Each pathway is designed to show how change can start small and grow over time. Sections begin with a brief overview of the pathway, then outline practical first steps that can be taken on the ground. An example of a broader system-level initiative is offered to help illustrate how this type of initiative can help connect, scale, and sustain localized actions.

First-step actions on the ground

First-step actions focus on practical changes that HCSSPs, teams, programs, and organizations can begin right away to help strengthen the policy-to-practice environment surrounding SIL. These early efforts don't require a full, system-wide initiative to be in place; they can move ahead on their own or in partnership with others, depending on local needs, capacity, and readiness. The jump-start opportunities highlighted across the pathways in this section are intentionally flexible, making them easier to adapt to different settings. Over time, these on-the-ground first steps can also link into and strengthen broader system-wide initiatives as they develop. At their core, these actions are grassroots in nature, with people and organizations using the assets they already have to respond to real needs in ways that make sense locally.

Whole-system initiatives to support scale and spread

Building whole-system initiatives to support scale and spread recognizes that lasting change also depends on broader, coordinated efforts that extend beyond individual programs or local actions. Because of their wider reach, these initiatives can connect smaller, stand-alone efforts by providing a shared direction and a common thread across levels, sectors, geographies, and the seven policy areas outlined in this report. Regional, provincial/territorial, and national initiatives are particularly important, as they can accelerate momentum, reduce fragmentation, and help turn promising local efforts into more consistent and sustainable practice. By aligning policies, resources, and expectations across the system, whole-system initiatives play a critical role in supporting scale, spread, and long-term impact.

Part V

Knowledge-to-Action Pathways

The eight knowledge-to-action Pathways are described in-depth below. While numbered for clarity, the pathways are not ranked. Each represents an equally important and complementary route for advancing policy-to-practice change.

Pathway #1

Advancing Curriculum Development

This pathway recognizes curriculum development as a foundational lever for sustained practice change. The focus is on embedding SIL within education and training across the health care and social service workforce.

What is curriculum development?

Curriculum development involves creating evidence-informed education & training curricula that build the knowledge, skills, and competencies needed to address SIL in older adults. This includes defining core competencies, designing practical and role-relevant content, and tailoring learning to different professions, care settings, and career stages. A foundational curriculum—standardized in its core competencies and adaptable in its delivery—can help ensure that HCSSPs receive consistent, high-quality training that equips them to recognize, respond to, and help prevent SIL as part of everyday practice.

Why it matters

Curriculum development shapes shared expectations, competencies, and practice norms across professions and settings. When SIL is embedded in training and education, it helps integrate social connection, awareness, and response considerations into routine care.

Examples of first-step actions

The opportunities on the right are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

Examples of first-step actions

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Create a pan-Canadian SIL curriculum
- Develop shared competencies for HCSSPs across professions, sectors, settings
- Produce national training modules and knowledge-mobilization tools
- Recommend common tools for screening, documentation, referral

Collaboration Partners

- Federal and provincial/territorial ministries (health, seniors, social services)
- Professional colleges & regulatory bodies
- National NGOs
- Academic partners & continuing-education providers

Early Actions (Tactical)

- → Establish a national working group
- → Review international exemplars
- → Draft shared competencies and curriculum outline
- → Begin consultation with regulators and associations

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Encourage SIL training across hospitals, primary care, home care, and community agencies
- Distribute regional toolkits

Collaboration Partners

- Local health authorities
- Regional training departments
- Community support organizations
- Primary care networks & home care providers

Early Actions (Tactical)

- → Assemble regional toolkit working group
- → Establish core documents (screens, scripts, referral pathways)
- → Roll out initial training pilots in 1–2 regions

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Develop & distribute quick SIL screeners for everyday practice
- Develop & distribute conversation guides and documentation tips
- Lead short on-the-job training sessions or booster sessions
- Create simple referral sheets for local community programs

Collaboration Partners

- Immediate team members
- Local community program staff
- Social prescribing or community navigation programs
- Supervisors/clinical educators

Early Actions (Tactical)

- → Choose one quick screening tool to trial
- → Print or bookmark referral sheets
- → Test a conversation guide with 2–3 clients
- → Share learnings at team huddle or staff meeting

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Consider weaving brief SIL questions into everyday interactions
- Explore using conversation prompts to better understand social-connection needs
- Look for opportunities to document social-connection concerns in charts/EHRs
- When appropriate, help link older adults to local social-connection programs or supports

Collaboration Partners

- Immediate team members who may also support social-connection needs
- Community support agencies and seniors' centres
- Social prescribing or community navigation programs
- Supervisors or clinical educators who can offer guidance

Early Actions (Tactical)

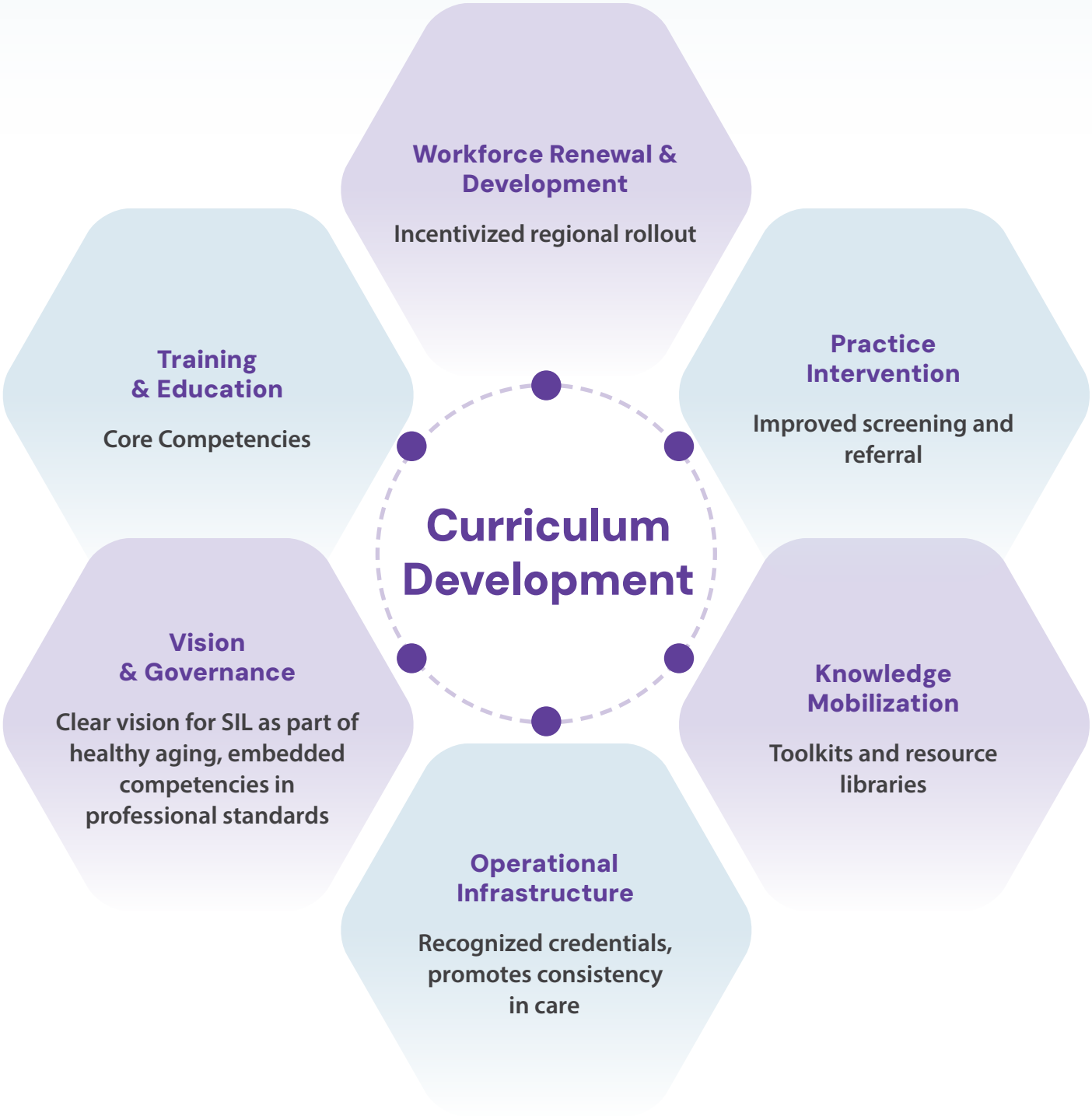
- → Try out one brief screening question with a few clients
- → Experiment with using a conversation guide during routine visits
- → Keep local referral options easily accessible (e.g., bookmarked list or one-pager)
- → Invite feedback from a supervisor or colleague on documentation approaches

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as a pan-Canadian curriculum on SIL in older adults —can draw on the strengths and synergies of multiple actors at different levels to accelerate policy-to-practice change within this pathway.

A pan-Canadian SIL curriculum can act as a catalyst for policy change across the system. National and provincial/territorial leadership bodies can use the curriculum's shared competencies to strengthen **governance** and articulate a clear vision that positions social health as essential to healthy aging. Professional colleges and regulators can embed these competencies into program standards, shaping **training and education** across universities, colleges, and continuing-education programs. Health authorities may incentivize regional rollout, supporting **workforce renewal.** Lastly, frontline teams can apply learning modules and conversation guides to improve screening, documentation, referral, and other **practice interventions**. As shared materials spread, they can spark the creation of toolkits, resource libraries, and case examples that advance **knowledge mobilization.** Organizations may also begin recognizing SIL-related credentials and integrate these competencies into professional development planning, strengthening **operational infrastructure** and reinforcing consistent, evidence-informed care.

Curriculum Development as Policy Driver



Pathway #2

Elevating Health Promotion

What is health promotion?

Health promotion involves policies, programs, and actions that help people improve their health by strengthening the social, environmental, and structural foundations of well-being. Health promotion initiatives can increase public awareness of older adults' susceptibility to SIL and the health risks it poses. They can also reinforce that SIL is an issue HCSSPs and communities can actively prevent and address. Campaigns that expand supportive environments and accessible resources, both within and beyond health and social care, can shift the focus from treating the consequences of SIL, to proactively creating the conditions that keep older adults socially connected and well.

Why it matters

Elevating health promotion, often through coordinated campaigns, can boost understanding, knowledge, and skills by shifting mindsets, improving literacy, and helping older adults, HCSSPs, and community members recognize an issue and know how to respond. When implemented nation-wide, campaigns can have the reach and influence to improve population health through consistent messaging, aligned education, integrated strategies, and supportive policies. They can strengthen the role of HCSSPs by providing shared language, practical tools, and clear expectations for practice—making it easier to screen for SIL, start conversations about social health, and connect older adults to meaningful supports.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Develop a unified national message on social health and SIL
- Create adaptable campaign materials for provinces/territories
- Establish national micro-credentials to reinforce campaign competencies

Collaboration Partners

- Federal, provincial/territorial ministries (health, seniors, social services)
- Professional colleges and associations
- Public-health partners
- Regional health authorities

Early Actions (Tactical)

- → Form a national steering group
- → Map existing campaign assets and gaps
- → Draft shared goals and key messages
- → Begin co-design of micro-credential(s) linked to campaign priorities

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Adapt national campaign materials to local cultures and population needs
- Integrate campaign goals into regional planning and service pathways
- Promote uptake of micro-credentials across the regional workforce

Collaboration Partners

- Municipal public-health units
- Community and seniors' organizations
- Primary, acute care, and specialty care networks
- Indigenous partners and local cultural organizations

Early Actions (Tactical)

- → Identify priority communities and settings
- → Host regional coordination meetings
- → Pilot campaign implementation in selected areas
- → Support frontline teams to complete campaign-related micro-credentials

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Embed campaign messages into assessments, client education, and program materials
- Encourage staff participation in campaign-aligned micro-credentials
- Tailor outreach strategies for older adults and care partners

Collaboration Partners

- Regional authorities
- Local community groups and seniors' centres
- Public health, libraries, recreation and municipal programs
- People with lived/living experience

Early Actions (Tactical)

- → Select 1–2 services/program areas for early adoption
- → Display campaign materials in public-facing spaces
- → Offer brief training sessions on campaign content
- → Build campaign actions into team plans and huddles

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Integrate campaign messaging into conversations with older adults and families
- Complete micro-credentials linked to social health or SIL
- Share resources and encourage client engagement in community opportunities

Collaboration Partners

- Immediate teams and supervisors
- Community partners (e.g., seniors' programs, libraries)
- Professional associations and learning networks
- Regional campaign coordinators

Early Actions (Tactical)

- → Enroll in one campaign-aligned micro-credential
- → Introduce campaign messaging in daily practice
- → Share campaign materials with clients and colleagues
- → Provide feedback on what is working on the ground

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as a national health-promotion campaign on SIL in older adults —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

A national health-promotion campaign on SIL in older adults can spark meaningful, system-wide change in strategic priorities by communicating a clear **vision** and setting a shared path forward. Co-creating the campaign with older adults, HCSSPs, community groups, and other partners strengthens alignment and supports broader system transformation. A campaign website, with embedded materials, linked resources, and media features, can serve as a central platform for sharing knowledge, information, and tools with a wide and diverse audience across Health care and social service' professions, organizations, sectors, settings, and the broader public, including older adults. This broad reach creates the conditions for equitable access and engagement. A campaign website can accelerate **knowledge mobilization** by offering streamlined access to videos, digital materials, online courses, and micro-credentials, thereby strengthening **training and education** and supporting **workforce renewal.** The site could house ready-to-use tools to support and strengthen **practice interventions** in a range of settings. A national dashboard that tracks SIL trends and progress can add an important layer to the campaign, tying its impact back to **governance** and **operational infrastructures** at provincial/territorial and regional levels.

Health Promotion as Policy Driver

Pathway #3

Enhancing Electronic Health Record Platforms

What are EHR platforms?

Electronic Health Records (EHR) are digital systems that allow HCSSPs to document, track, and share key information about an older adult's health, social needs, and supports. In the context of addressing SIL, EHR can help HCSSPs capture indicators of social connection, note risks or changes over time, and coordinate follow-up across teams. EHR can make it easier for HCSSPs to document and track SIL in older adults.

Why it matters

Enhanced EHR platforms can strengthen the role of HCSSPs in responding to SIL by making social health more visible, actionable, and integrated into everyday practice. Structured forms for social-connection assessments, prompts for screening, and embedded referral pathways can help HCSSPs identify risks early and respond consistently. While shared care plans, real-time communication tools, and links to community resource directories can also be embedded into EHRs, making it easier for HCSSPs to work proactively and collaboratively to address SIL as part of routine care.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Explore options for shared standards for documenting social-connection needs
- Identify SIL screening elements that could be aligned nationally
- Encourage EHR vendors to incorporate social-health features

Collaboration Partners

- Provincial/territorial ministries (health, seniors, social services)
- National NGOs & coalitions
- Academic institutions & research centres
- Health IT vendors
- People with lived/living experience

Early Actions (Tactical)

- → Convene partners to clarify goals and scope
- → Co-design core social-health data fields
- → Support early pilots to test feasibility across settings

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Integrate SIL screening tools and social-health indicators into regional EHRs
- Encourage the integration of shared-care planning and communication features in EHR platforms
- Align workflows across local care settings

Collaboration Partners

- Primary care teams
- Home and community care providers
- Community and social-service organizations
- Regional IT/EHR vendor teams
- Older adults & caregivers

Early Actions (Tactical)

- → Embed standardized SIL fields and prompts
- → Map and test digital referral pathways
- → Provide training and hands-on testing for frontline teams

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Use EHR tools to identify and track SIL risks
- Document referrals, follow-up, and social-connection goals
- Provide feedback to refine workflow usability

Collaboration Partners

- Regional health authorities
- Peer provider teams
- Community and social-service partners
- EHR/IT support teams
- People with lived/living experience

Early Actions (Tactical)

- → Test new EHR prompts and templates
- → Adjust internal workflows to routinely capture social-health information
- → Share insights on practical barriers and enablers

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Capture social-connection needs in routine documentation
- Use prompts to support consistent SIL screening
- Help refine data fields and care-plan templates

Collaboration Partners

- Interdisciplinary colleagues
- Community partners
- Regional IT/EHR teams
- Researchers and QI groups
- Older adults & caregivers

Early Actions (Tactical)

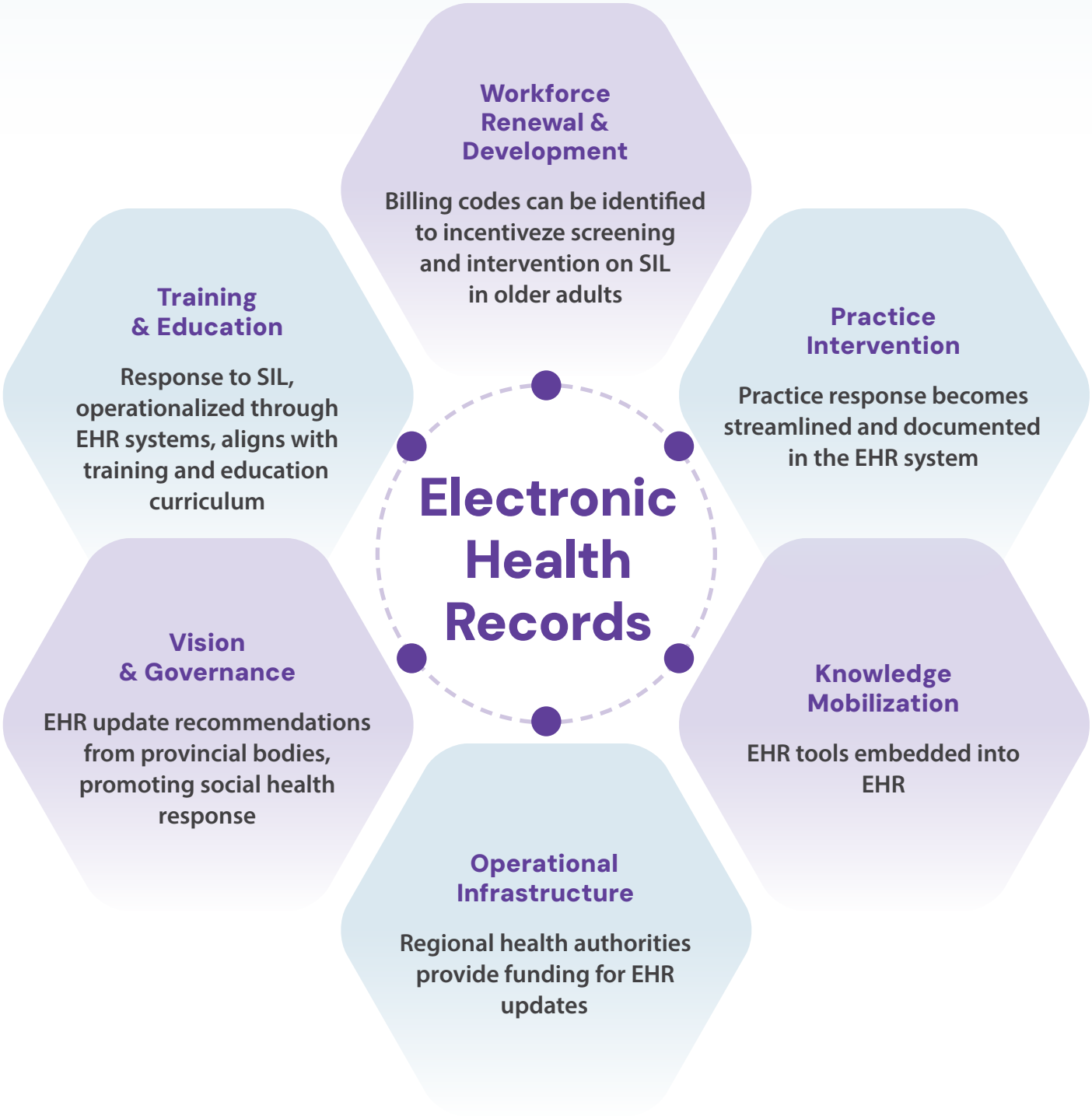
- → Document SIL concerns and follow-up actions
- → Note workflow challenges
- → Participate in user-testing or feedback sessions

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as a nation-wide advocacy effort to embed SIL-related tools into EHRs —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

A nation-wide advocacy effort to embed SIL-related tools into EHRs can create a chain reaction that builds momentum across the health-policy environment. Recommendations from provincial/territorial bodies can guide **governance**, while regional health authorities can offer funding and support for health care and social service teams to update their EHR platforms, strengthening **operational infrastructure**. These updates could help bring the broader **vision** to life by integrating the knowledge, tools and approaches shared through **training and education** programs. As teams begin using enhanced EHR systems, they may form new partnerships or adjust staffing, contributing to **workforce renewal.** The inclusion of knowledge mobilization tools (e.g., prompts, resources, and practical guidance) within the EHR can improve **knowledge mobilization** and streamline practice interventions. The resulting data on screening, interventions, and follow-up can feed into a national dashboard that supports continuous improvement.

Electronic Health Records as Policy Driver



Pathway #4

Expanding Digital Learning and Micro-Credentials

What is digital learning?

Digital learning includes training and educational activities delivered through online platforms, such as webinars, self-paced courses, simulations, and micro-credentials. By reducing barriers related to time, travel, cost, and technologies digital learning can make education more accessible for a wider range of people. In the context of SIL, digital learning can help older adults, care partners, volunteers, and HCSSPs build digital literacy, access online learning and information resources, and engage in flexible training that supports social health.

What are micro-credentials?

Micro-credentials are short, focused learning modules that can be used to equip HCSSPs with specific competencies in SIL identification, supportive communication, effective use of digital tools, and navigation of community resources. Delivered online and self-paced, micro-credentials can be stackable and grounded in existing SIL practice guidelines. They can also be designed for broad recognition and explicitly tied to key practice competencies.

Why it matters

Digital learning and micro-credentials can strengthen HCSSPs' capacity to address SIL because they offer flexible, accessible, and standardized training that fits into busy clinical environments. Micro-credentials create a formal way to recognize skills, reinforce consistent practice across sectors and regions, and embed SIL knowledge into professional development. Because digital learning can be updated quickly and shared widely, it supports a coordinated, scalable approach, ensuring HCSSPs across settings and sectors have the practical guidance they need to identify SIL early and respond effectively.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Develop shared, system-wide digital learning standards and micro-credential frameworks
- Invest in scalable provincial/national e-learning platforms
- Identify core SIL-related competencies for digital training and micro-credentials

Collaboration Partners

- Federal, provincial/territorial ministries (health, seniors, social services)
- Regulatory bodies & professional associations
- Academic institutions & continuing-education providers
- National NGOs

Early Actions (Tactical)

- → Form a provincial/national advisory group
- → Map existing e-learning resources and gaps
- → Draft a shared competency framework
- → Begin co-design of micro-credential modules with education partners

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Coordinate regional digital learning hub
- Standardize access to micro-credentials across hospital, primary care, home care, and community networks
- Provide regional guidance on core SIL-related digital competencies

Collaboration Partners

- Local training departments
- Regional clinical/education leads
- Community and seniors' support organizations
- Technology partners (platform vendors)

Early Actions (Tactical)

- → Identify priority workforce groups
- → Select or develop regional digital modules
- → Pilot micro-credentials in 1–2 service areas
- → Create a shared digital learning repository

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Integrate digital modules and micro-credentials into onboarding and annual training
- Encourage staff to complete SIL-related e-learning
- Identify key digital literacy and SIL-competency gaps

Collaboration Partners

- Community agencies & seniors' centres
- Regional authorities
- Professional networks & education providers
- Tech support or IT departments

Early Actions (Tactical)

- → Identify internal champions
- → Select 1–2 micro-credentials to trial
- → Offer protected time for staff to complete modules
- → Build digital learning expectations into policies & supervision

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Identify personal digital literacy or SIL-related learning needs
- Access short online modules, work toward micro-credentials
- Apply new skills in daily practice, share resources with colleagues

Collaboration Partners

- Immediate team members
- Supervisors/clinical educators
- Community partners offering digital or SIL-related training
- Professional associations

Early Actions (Tactical)

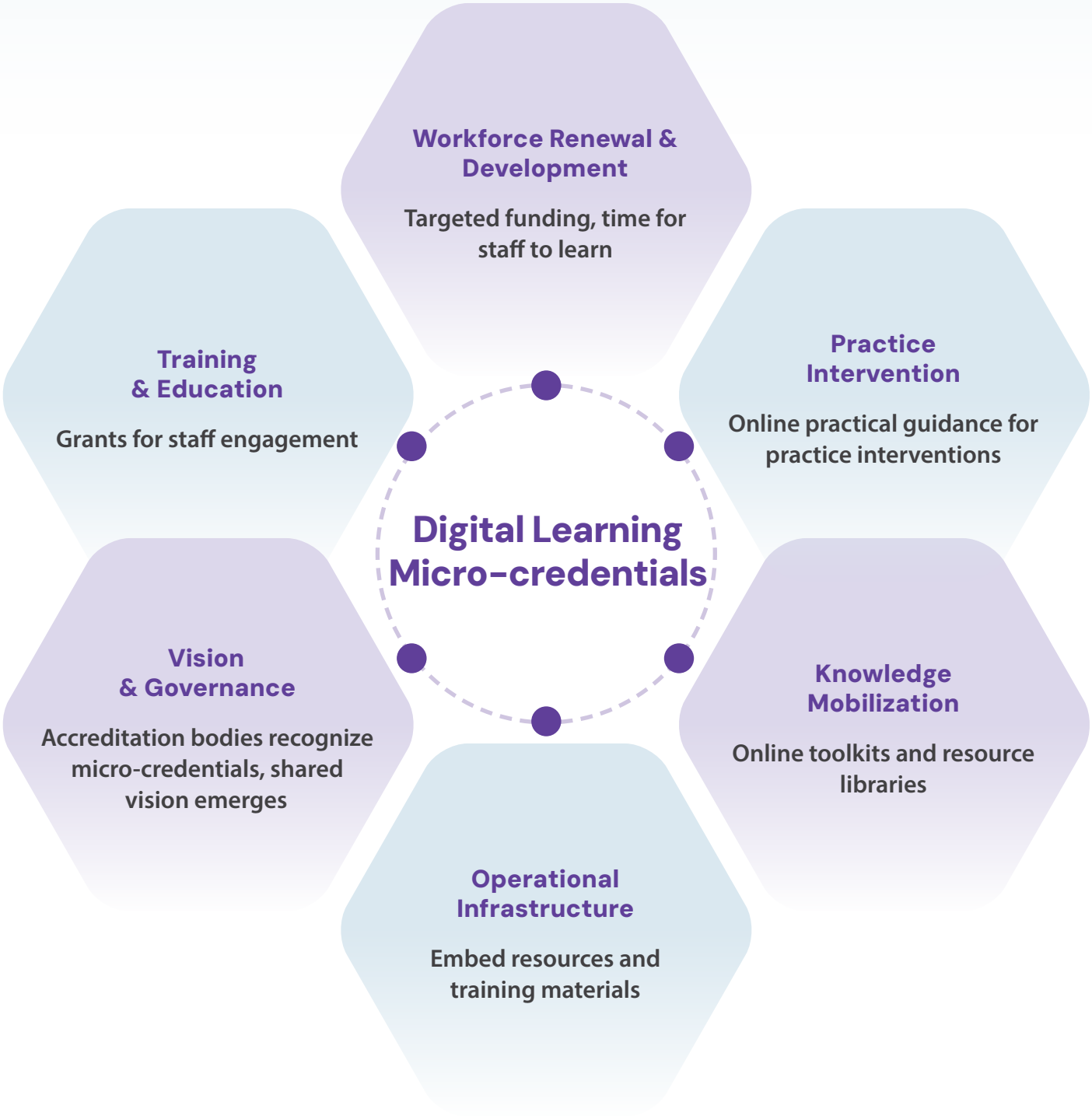
- → Enroll in one relevant micro-credential
- → Integrate a new digital tool or SIL skill into practice
- → Share a helpful resource at a team huddle
- → Provide feedback to supervisors on learning needs

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as a national suite of digital learning modules and a micro-credential on SIL in older adults —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

A national suite of digital learning modules and a micro-credential on SIL for HCSSPs can drive change across the policy system. Within **governance** structures, accreditation bodies might opt to recognize micro-credentials within continuing education frameworks, which could, in turn, encourage colleges and universities to incorporate the modules into pre-licensure curricula and align them with emerging national competencies. Regional health authorities may also consider offering small grants or protected time for staff to engage with the online learning modules and pursue micro-credentials, helping to advance **workforce renewal.** The digital modules themselves can act as a powerful **knowledge mobilization** mechanism, spreading consistent messaging, practical supports, and **practice interventions** across diverse care settings. Their flexible format makes it easy to embed videos, case examples, and testimonials, enriching experiential **training and education** and deepening understanding of what effective SIL practice can look like. This flexibility also enables organizations to integrate the modules into existing **operational infrastructure,** such as onboarding and workforce training programs. As more HCSSPs access the modules and pursue micro-credentials, a stronger, more shared **vision** for addressing SIL can emerge across community, health, and social service sectors.

Digital Learning & Micro-credentials as Policy Driver



Pathway #5

Extending Knowledge Sharing and Integration

What is extended knowledge sharing and integration?

Extended knowledge sharing and integration refers to the ongoing exchange, alignment, and co-development of practical knowledge across teams, organizations, and sectors to help HCSSPs better address SIL in older adults. It involves bringing together evidence, tools, lived experience, and day-to-day practice insights so HCSSPs are drawing from a shared, evolving base of knowledge rather than working in isolation. This includes participating in communities of practice, engaging in collaborative problem-solving, sharing local innovations, and learning from one another's experiences. By creating more connected and consistent ways of learning and working, extended knowledge sharing and integration can help HCSSPs engage in a knowledge community focused on strengthening skills, coordinating supports, and responding more effectively to the social-connection needs of older adults.

Why it matters

Extending knowledge sharing and integration strengthens HCSSPs' ability to address SIL by linking them into a broader knowledge community. Integrated knowledge hubs can give HCSSPs access to a shared, continually evolving collection of evidence-informed tools, practical resources, real-world examples, and opportunities for collective, cross-sector learning. By engaging in a knowledge hub, HCSSPs and organizations can stay current, exchange insights, while learning from and with one another.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Explore opportunities for a shared national vision for knowledge hubs
- Identify existing evidence repositories that could be expanded or linked
- Consider common templates, standards, and training modules that support hub development

Collaboration Partners

- Provincial/territorial ministries (health, seniors, social services)
- National NGOs & coalitions
- Academic institutions & research networks
- Technology partners
- People with lived experience

Early Actions (Tactical)

- → Convene partners to discuss scope and purpose
- → Begin curating evidence, tools, and promising practices
- → Explore digital infrastructure options and governance models

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Explore how provincial/territorial resources could be tailored to local needs
- Identify gaps in local service directories and referral pathways
- Consider how hubs can fit into existing digital platforms or regional workflows

Collaboration Partners

- Primary care, community agencies, and municipalities
- Regional digital health teams
- Local researchers
- Older adults and care partners

Early Actions (Tactical)

- → Map local programs and services for inclusion in the hub
- → Start small pilots to test hub functions
- → Facilitate cross-sector learning and information sharing

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Identify where knowledge hub resources could support daily practice
- Consider ways to integrate screening tools, referral guidance, and training into team workflows

Collaboration Partners

- Community agencies, social prescribers, peer programs
- Regional networks & specialists
- People with lived/living experience of SIL

Early Actions (Tactical)

- → Encourage team members to explore hub resources
- → Share local insights and innovations back to the hub
- → Test tools in practice and provide feedback

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Explore how quick reference materials or screening prompts from the hub could support everyday interactions
- Consider using hub resources to guide conversations about social connection
- Look for opportunities to document social-connection needs more consistently
- When feasible, draw on hub directories to help older adults navigate local or virtual supports

Collaboration Partners

- Immediate team members
- Community support agencies and seniors' centres
- Social prescribing or navigation programs
- Supervisors, mentors, or clinical educators

Early Actions (Tactical)

- → Browse hub resources to see what feels most useful for current practice
- → Try out one conversation prompt or screening question with a few clients
- → Keep a small list of local connection-oriented programs on hand for easy reference
- → Share observations or suggestions with team members or hub stewards

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as an integrated knowledge hub on SIL in older adults —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

An integrated knowledge hub on SIL in older adults, co-designed with older adults, HCSSPs, health and social care organizations, and community partners, can act as both a reliable resource and an active space for real-time collaboration. As a central access point, it can bring together evidence-based tools, practice guidelines, education modules, and other supports that boost **knowledge mobilization** and strengthen **practice interventions** across settings. By offering communities of practice, webinars, and shared learning sessions, a hub can also encourage peer exchange and skill-building, contributing to **workforce renewal.** It can further provide collaborative spaces where partners from different sectors and system levels can come together to discuss challenges, test new ideas, and align around a shared vision. This space and these conversations can act as a catalyst for surfacing new ideas and action initiatives that can help strengthen **governance** and **operational infrastructure** and move system-level change forward.

Knowledge Sharing and Integration as Policy Driver

Pathway #6

Optimizing Interprofessional Learning and Practice

What is interprofessional learning and practice?

Interprofessional learning and practice refers to how HCSSPs learn *with, from*, and *about* one another across professions, settings, and sectors to better address the complex health and social needs of older adults, including SIL. It goes beyond the boundaries of any single organization's client base, encouraging teams and HCSSPs to build shared skills, coordinate approaches, and collaborate with partners across health care, social services, and community environments. Because SIL experiences are shaped by medical, social, and environmental factors, meaningful solutions will depend on collaborative problem-solving where diverse knowledge, resources, and perspectives are combined to deliver more connected, person-centred care.

Why it matters

When HCSSPs learn and problem-solve together, whether through joint training on screening tools, case discussions with social service partners, or cross-sector workshops on community engagement, they build a more connected response to SIL. By fostering a culture of shared learning, shared responsibility, and shared problem-solving, interprofessional learning and practice can help HCSSPs collectively anticipate risks, coordinate prevention strategies, and ensure older adults receive timely, holistic support that no single profession or sector could provide on its own.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Explore ways to embed interprofessional learning on SIL into standards, guidance, and accreditation requirements
- Consider developing shared modules, competencies, and case scenarios focused on SIL and social health
- Support cross-sector learning networks that bring together health, social care, and community partners

Collaboration Partners

- Provincial/territorial ministries
- Colleges and professional associations
- National NGOs
- Educators and curriculum developers
- Researchers and persons with lived experience

Early Actions (Tactical)

- → Convene partners to align on core SIL competencies
- → Pilot shared learning modules across professions
- → Identify opportunities to integrate SIL-focused IPE into accreditation and CPD frameworks

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Create regional training opportunities that bring together HCSSPs, social services, and community programs
- Map local partners to identify shared learning needs and practice gaps
- Integrate interprofessional SIL content into onboarding and team development initiatives

Collaboration Partners

- Community organizations • Primary care networks
- Mental health and social service agencies
- Municipal recreation and senior-serving programs
- Older adults and caregivers

Early Actions (Tactical)

- → Facilitate cross-team case reviews related to SIL
- → Host interprofessional workshops on screening, referral, and social prescribing
- → Test shared care pathways with frontline teams and community partners

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Build shared knowledge and coordinated workflows for SIL screening, documentation, and referral
- Strengthen team-based problem-solving for complex or high-risk older adults
- Explore micro-learning, shadowing, or joint visits to deepen understanding of each other's roles

Collaboration Partners

- Other frontline teams
- Community navigators
- Social workers and care coordinators
- Recreation and senior-centre staff
- Local volunteer networks

Early Actions (Tactical)

- → Hold quick interprofessional huddles to coordinate SIL-related care
- → Try small joint-practice activities (e.g., shared checklists, warm handoffs)
- → Identify a few local programs to co-develop simple referral pathways

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Explore brief SIL prompts or conversation starters that could fit naturally into daily interactions
- Consider how documentation of social-connection needs might be incorporated into existing charting routines
- Look for opportunities to collaborate with colleagues when a client may benefit from social-connection supports
- When appropriate, draw on local or virtual resources to help older adults connect with programs or social supports

Collaboration Partners

- Immediate team members
- Community support organizations and navigators
- Social prescribing programs
- Supervisors, mentors, or clinical educators

Early Actions (Tactical)

- → Try out one simple SIL question or prompt with a few clients
- → Keep a short, easy-to-access list of local connection-focused programs
- → Experiment with noting SIL concerns in a small number of charts
- → Share emerging observations with colleagues to strengthen shared understanding and next steps

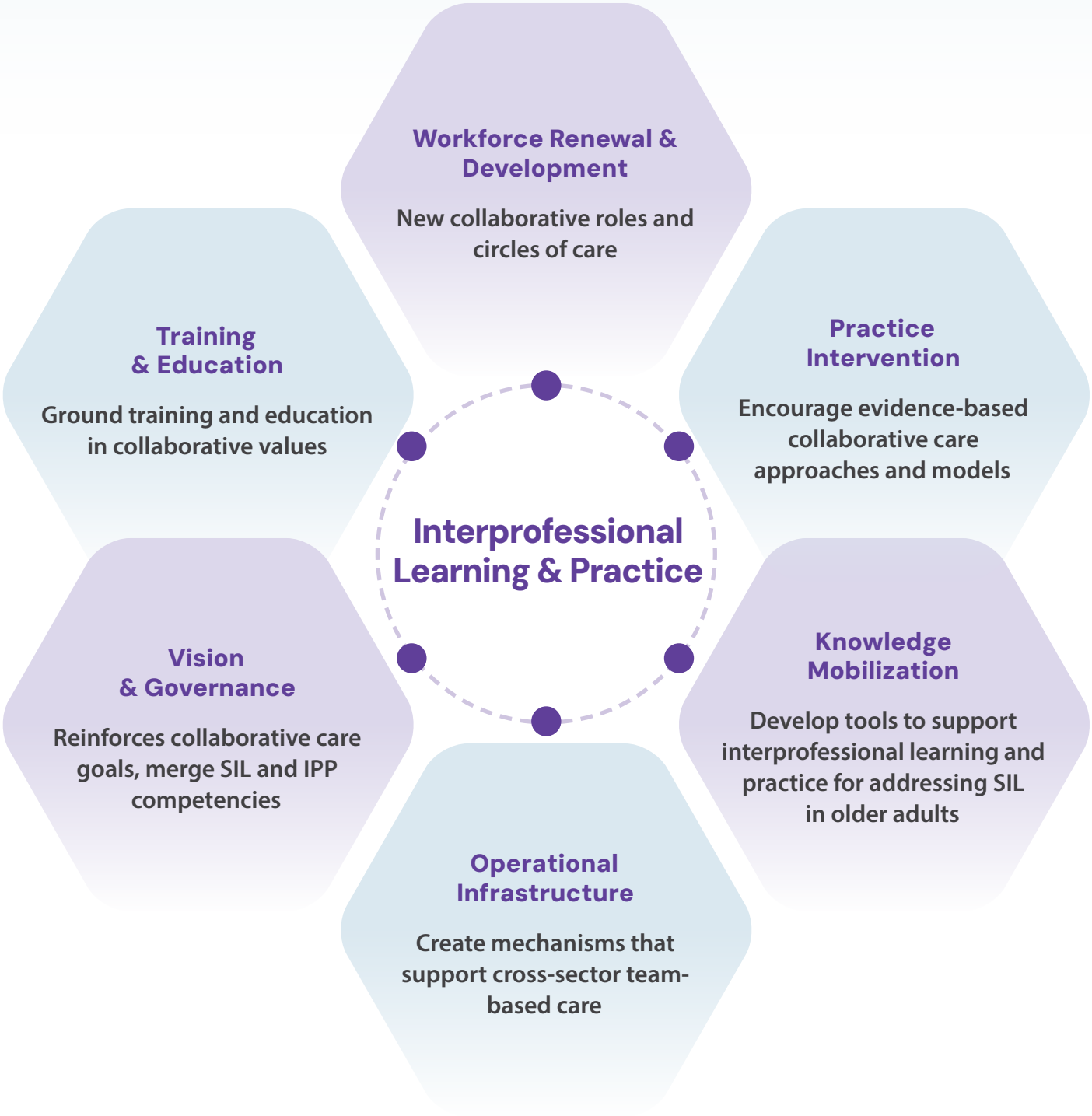
An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative — such as promoting interprofessional learning and practice as a core practice approach for addressing SIL in older adults — can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

Promoting interprofessional learning and practice as a core practice approach for addressing SIL in older adults can create meaningful transitions across the policy landscape. When training and education on SIL is grounded in interprofessional values and rolled out to mixed professional audiences, it reinforces a shared vision for collaborative care. Knowledge translation tools can further support **knowledge mobilization** by showing HCSSPs how to partner, share resources, and coordinate evidence- informed **practice interventions** across organizations and sectors.

Because SIL often requires interconnected responses, this work naturally supports **workforce renewal**, encouraging interprofessional circles of care and new collaborative roles. It also highlights the need to adjust how training programs are designed and delivered, strengthening the **operational infrastructure.** Embedding interprofessional competencies into SIL practices provides a pathway for stronger **governance** and more consistent, team-based approaches across the system.

Interprofessional Learning and Practice as Policy Driver



Pathway #7

Scaling Up Tools and Practice Resources

What are scalable tools and practice resources?

Scalable tools and practice resources refer to practical, easy-to-adopt supports that help HCSSPs recognize, assess, and respond to SIL in older adults in a consistent way across different settings. These include standardized screening questions, referral algorithms, conversation guides, brief intervention protocols, EHR prompts, checklists, and resource maps that can be applied in primary care, home care, long-term care, and community programs. As they are designed to be simple, adaptable, and low-burden, these tools can be spread and used widely—allowing organizations of all sizes to strengthen social-health practices, improve coordination, and ensure older adults receive timely, connected support no matter where they enter the system.

Why it matters

Scalable tools and practice resources help HCSSPs address SIL by giving them clear, practical supports they can use in everyday practice—no matter their role, setting, or level of experience. Because these tools are simple to use and adaptable across primary care, home care, hospital, and community environments, they support evidence-informed and standardized decision-making, increase efficiency, and streamline workflows.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Explore opportunities to create shared tools (e.g., screening prompts, referral algorithms, conversation guides) that can be used across sectors
- Identify evidence-informed standards for practice resources
- Consider producing adaptable toolkits that jurisdictions can tailor to their context

Collaboration Partners

- Regional health authorities
- Professional colleges and training bodies
- Community and seniors' organizations
- Researchers and people with lived experience

Early Actions (Tactical)

- → Convene partners to discuss needs and priorities
- → Begin drafting common elements for tools and templates
- → Pilot early versions in a few regions to gather feedback

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Look for ways to adapt national tools to local programs, demographics, and service landscapes
- Explore embedding tools into EHRs, workflows, and staff training
- Identify gaps in local resources that tools could help streamline

Collaboration Partners

- Macro-level bodies for shared resources
- Community organizations, municipalities, and libraries
- Interprofessional teams and primary care groups
- People with lived and living experience

Early Actions (Tactical)

- → Form a regional working group
- → Test tools with a few teams and refine based on experience
- → Map local assets to align with referral algorithms and resource lists

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Explore integrating tools into daily practice (e.g., screening questions, team huddles, documentation templates)
- Identify workflow points where tools can streamline practice
- Consider shared team approaches for consistent use

Collaboration Partners

- Other teams in the region
- Community support services
- Patient and family/caregiver advisors
- Regional authorities for implementation supports

Early Actions (Tactical)

- → Try using a few tools in low-stakes situations
- → Gather team feedback on what is helpful and what needs adjusting
- → Share observations to inform refinement and spread

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Begin incorporating simple tools (e.g., brief screens, checklists, conversation starters) into routine interactions
- Identify situations where tools could support clarity, consistency, or follow-up
- Reflect on what helps or hinders use

Collaboration Partners

- Team members
- Community partners
- People with lived experience
- Educators and practice leaders

Early Actions (Tactical)

- → Test one or two tools in practice
- → Note what works and what feels burdensome
- → Share insights to improve tool design and support broader adoption

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as creating a package of knowledge mobilization tools on SIL in older adults —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

Creating a package of **knowledge mobilization** tools on SIL in older adults, especially when co-designed with older adults, HCSSPs, and community organizations, can influence many parts of the policy and practice ecosystem. These tools take the evidence and turn it into practical, easy-to-use guidance that helps create a shared **vision** for how SIL can be understood and addressed in older adults. At the same time, tools and resources can be tailored to the different roles and responsibilities of various professions, organizations and settings. When tools are built into **training and education** programs, they can help spread consistent approaches to **practice interventions** and contribute to **workforce renewal.** Tools can also be developed to guide regional and provincial/territorial **governance** on how referral processes, practice pathways, and other elements of the **operational infrastructure** should be designed, aligned, and improved to support coordinated and consistent action across the system.

Tools and Practices Resources as Policy Driver

Pathway #8

Strengthening Referral Pathways

What are referral pathways?

Referral pathways are the structured routes that guide how individuals are connected to the right services at the right time. They clarify who refers to whom, when, and with what information, helping HCSSPs navigate options and reducing gaps or delays. By standardizing communication and outlining the steps between services—from clinical care to community programs—clear referral pathways can support a more coordinated, predictable, and person-centred experience.

Why it matters

Strengthening referral pathways gives HCSSPs a clear process for recognizing social-connection needs and guiding older adults experiencing SIL to appropriate supports. Referral algorithms (clear steps for screening and documentation, guidance on when to refer to community (social prescribing) or specialized clinical services) are useful tools for helping to streamline referrals, allowing HCSSPs act quickly and consistently.

Examples of first-step actions

The opportunities below are intended to spark early, practical action. They highlight small, first-step actions that can be taken up by different actors across the system and adapted to a variety of contexts. These examples are not exhaustive, but are meant to offer concrete starting points that encourage momentum and fresh thinking about what is doable and possible anywhere.

National & provincial/territorial leadership bodies (e.g., NGOs, ministries, national coalitions)

Opportunity Areas (Strategic)

- Explore shared guidance on screening and referral for SIL
- Consider developing common templates for documentation and referral
- Map national and provincial social-connection resources

Collaboration Partners

- Provincial/territorial ministries
- National NGOs
- Professional associations
- Researchers and persons with lived experience

Early Actions (Tactical)

- → Convene partners to discuss a common approach
- → Pilot simple referral algorithms with early adopters
- → Identify opportunities to align referral standards across sectors

Regional health authorities (e.g., provincial/territorial or regional health authority)

Opportunity Areas (Strategic)

- Review regional workflows and identify gaps in referral pathways
- Create a shared inventory of local and virtual SIL resources
- Explore opportunities to integrate SIL steps into regional digital systems

Collaboration Partners

- Community organizations
- Primary care networks
- Municipalities
- Social service agencies
- Older adults and caregivers

Early Actions (Tactical)

- → Bring local partners together to map referral pathways
- → Test referral processes across teams and sectors
- → Clarify who follows up and how information flows

Health care & social service organizations (e.g., primary care teams)

Opportunity Areas (Strategic)

- Try out brief screening prompts
- Use simple tools for documenting SIL concerns
- Keep updated resource lists
- Explore warm referral options

Collaboration Partners

- Community connectors
- Social prescribers
- Navigators
- Volunteer programs
- Peer supporters

Early Actions (Tactical)

- → Embed SIL prompts into routine visits
- → Start with one small referral workflow
- → Identify a point person to coordinate follow-up

HCSSPs (e.g., physicians, nurses, social workers, first responders)

Opportunity Areas (Strategic)

- Consider incorporating brief SIL questions into everyday interactions
- Explore using simple conversation prompts to understand connection needs
- Look for places in the chart/EHR where SIL concerns could be noted
- When appropriate, draw on local resource lists to guide clients toward supports
- Look for places in the chart/EHR where

Collaboration Partners

- Immediate team members
- Community support organizations and navigators
- Social prescribing or community-connection programs
- Supervisors, mentors, or clinical educators

Early Actions (Tactical)

- → Try out one brief screening prompt with a few clients
- → Keep a short list of local SIL resources handy for easy reference
- → Experiment with adding a note about SIL concerns during documentation
- → Share observations or challenges with colleagues to inform pathway improvements

An example of a whole-system initiative to support scale and spread

The following example illustrates how a whole-system initiative—such as a streamlined referral pathway for SIL in older adults —can draw on the strengths of multiple actors taking action at multiple levels to accelerate policy-to-practice change within this pathway.

A streamlined referral pathway for SIL in older adults, co-designed with older adults, HCSSPs, home and community support services, and community organizations, can drive meaningful change across the policy and practice ecosystem. Clear referral pathways define roles, responsibilities, and decision points, and can be shared through locally tailored referral algorithms that act as practical **knowledge-mobilization** tools. They strengthen **practice interventions** by offering a consistent process for identifying SIL, determining appropriate supports, and initiating follow-up steps. When integrated into training and onboarding, pathways reinforce **training and education** and support **workforce renewal** by promoting a common approach to care. Referral pathways also help operationalize the system's **vision** by translating practice goals and care transitions into clear, repeatable actions. Regional health authorities can adapt pathways to local resources, service gaps, and population needs, reshaping **operational infrastructure** at the regional level. Provinces can further solidify these efforts by embedding regional models into policy and accountability systems, thereby strengthening **governance**.

Referral Pathways as Policy Driver

Part VI

In Closing

Change Can Start Anywhere

Strengthening the role of HCSSPs to address SIL in older adults will require coordinated action across all levels of the system—from national leadership bodies to regional health authorities, organizations, teams, and individual HCSSPs. This work will depend on meaningful partnerships with older adults, educators, community organizations, and experts in areas such as digital technology and media, alongside many other priority groups. Progress will come from many small, medium, and larger contributions that, together, build the momentum needed for real and lasting change. The challenge is real, but progress becomes possible when we begin by acting on the opportunities already within our reach.

How change (at any level) can be initiated by Micro-level Actors

At the Micro-Level

- HCSSPs routinely assess SIL in everyday care, document concerns, and make referrals using local knowledge, adapting practice through ongoing interactions with older adults and care partners.

At the Meso-Level

- Leads identify variation, time pressures, and referral gaps, prompting organizations to formalize SIL work through standardized tools, EHR integration, clearer pathways, training, and workflow changes.

At the Macro-Level

- Aggregated insights shared with regional authorities and funders show impacts on workload and outcomes, informing quality indicators, funding and billing refinements, investment in connector roles, and inclusion of SIL in aging and primary care priorities.

How change (at any level) can be initiated by Meso-level Actors

At the Meso-Level

- HCSSPs integrate consistent SIL screening into everyday care, document findings uniformly, and use clearer referral pathways. Aggregated data begin to show patterns in risk, prevalence, and follow-up needs

At the Micro-Level

- A primary care team implements a policy for routine SIL screening during annual and complex-care visits, embedding a standardized tool in the EHR and training staff on assessment, documentation, and referral.

At the Macro-Level

- Practice-level insights are shared with regional health authorities, revealing gaps in community connector capacity and billing alignment. This evidence informs quality improvement indicators, billing refinements, and investment in new funded roles.

How change (at any level) can be initiated by Macro-level Actors

At the Macro-Level

- HCSSPs routinely assess and document SIL and connect older adults to community supports through clear referral pathways. Older adults benefit from earlier identification, timelier support, and improved follow-up, reducing escalation into more complex needs.

At the Meso-Level

- Primary care organizations adopt recommended SIL screening tools, embed them in EHRs, align workflows with reporting expectations, update internal policies, and allocate funded time or roles, supported by training and implementation guidance.

At the Micro-Level

- A provincial ministry identifies SIL in older adults as a priority within healthy aging and primary care strategies. Policy direction supports routine attention to SIL through quality indicators, guidance, and targeted funding.

Selected References & Further Reading

The following annotated reading list contains key resources that were utilized in the preparation of this report.

Canadian Sources (Grey Literature)

Citation	Description	Relevance
Alliance for Healthier Communities. (2023). *Culturally focused social prescribing for older adults*. Alliance for Healthier Communities.	Profiles a social-prescribing model co-designed with cultural and faith-based groups to enhance belonging and participation.	Demonstrates how culturally responsive referral and engagement strategies reduce isolation among diverse older adults.
Canadian Red Cross. (n.d.). *Friendly Calls Program*. Canadian Red Cross.	Describes a volunteer-based telephone-befriending program providing emotional support and basic navigation to older adults.	Offers a scalable model that fills the gap between clinical care and community support, addressing chronic loneliness.
Government of Manitoba. (2021). *Implementing age-friendly primary care: A practical guide for health care providers*. Government of Manitoba.	A practical provider guide offering SIL screening tools, interdisciplinary care-planning guidance, and social-prescribing pathways.	Supports HCSSPs in routinely identifying social-connection needs and integrating SIL interventions into everyday care.
Government of Nunavut. (2023). *Progress on Katujjiluta mandate priorities* (culturally grounded elder-care training). Government of Nunavut.	Documents the development of Inuit-led training modules that integrate Indigenous language, storytelling, and cultural practices into continuing care.	Shows how culturally rooted care strengthens identity and relational connection, reducing loneliness among Elders.
Government of Prince Edward Island. (2018). *Promoting wellness, preserving health: A provincial action plan for seniors, near seniors, and caregivers*. Government of Prince Edward Island.	A comprehensive seniors' strategy integrating Age-Friendly community development, expanded home supports, and public education campaigns.	Highlights loneliness as a priority and demonstrates how population-level strategies embed SIL screening and social-connection supports across care settings.
Manitoba Health, Mental Health and Addictions Branch. (2020). *Collaborative care for older adults: Integrating mental health into primary care*. Government of Manitoba.	Describes multidisciplinary mental-health integration within primary care, including care conferences, warm handoffs, and embedded specialists.	Provides a practical model for early identification of loneliness and coordinated referral pathways that connect older adults to appropriate social and emotional supports.
Ontario Ministry of Health. (n.d.). *Home and Community Care Support Services*. Ontario Ministry of Health.	Outlines Ontario's system of coordinated home and community care, including assessment, referral pathways, and case management processes.	Integrates social-connection indicators within care planning, demonstrating system-level coordination to support social health.
Seniors Yukon. (2020). *Reducing social isolation in the Yukon: A community-based outreach approach*. Seniors Yukon.	Explores outreach programs, digital literacy supports, and volunteer activities tailored for rural, remote, and culturally diverse communities.	Demonstrates low-barrier, community-driven approaches well suited to addressing SIL in geographically dispersed regions.
The Eden Alternative. (2020). *The Eden Alternative model for long-term care*. The Eden Alternative.	A culture-change framework transforming long-term care into relationship-centred, engaging environments that reduce loneliness, helplessness, and boredom.	Provides an organizational philosophy and set of practices that directly target SIL within residential care.

International Sources (Grey Literature)

Citation	Description	Relevance
Australian Government Department of Health. (2022). *Evaluation of the Improving Social Connectedness of Older Australians Project Pilot: Informing future policy considerations*. Australian Government Department of Health.	Evaluates a multi-component pilot integrating provider training, redesigned referral pathways, and community-linked interventions for older adults.	Offers a scalable model for embedding SIL interventions across health and community care sectors.
Ending Loneliness Together. (2020). *Ending loneliness together in Australia*. Ending Loneliness Together.	A national white paper outlining evidence, risk factors, and policy actions to embed social connection across health, social care, education, planning, and community sectors.	Provides system-level insights for jurisdictions seeking to develop national or provincial/territorial SIL strategies.
Footprints Community. (2024). *1-year evaluation of the Social Prescribing Trial in Brisbane North: Ways to Wellness*. Footprints Community.	Describes outcomes from a link-worker social prescribing model, showing increased social engagement and improved well-being among older adults.	Demonstrates how structured referral pathways and community-based supports can reduce SIL.
Ministry of Health, Welfare and Sport. (2018). *Eén tegen eenzaamheid: Nationale aanpak tegen eenzaamheid onder ouderen* [One Against Loneliness: National approach to combat loneliness among older adults]. Ministry of Health, Welfare and Sport.	A national strategy mobilizing municipalities, civil society, and business partners to reduce loneliness among older adults.	Demonstrates how coordinated, multisector strategies embed SIL prevention, detection, and response across a whole-system.
Royal College of General Practitioners. (2018). *Loneliness: A call to action*. Royal College of General Practitioners.	A practice toolkit for primary care containing screening prompts, intervention guidance, and referral pathways for loneliness.	Highly actionable for HCSSPs who support older adults with unmet social-connection needs.
World Health Organization. (2023). *WHO Commission on Social Connection: Promoting social connection as a global public health priority*. World Health Organization.	In 2023, the WHO launched the Global Commission on Social Connection to elevate loneliness and social isolation to the level of other major public health risks.	Older adults are explicitly identified as a high-risk population. Frames loneliness as a determinant of health.
World Health Organization. (2007). *Global age-friendly cities: A guide*. World Health Organization.	This guide sets out the original WHO Age-Friendly Cities and Communities (AFCC) framework, developed through consultations with older adults.	Outlines eight interconnected domains—outdoor spaces, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

Peer Reviewed Literature		
Citation	**Description**	**Relevance**
Conn, D. K., Billard, T., Dupuis-Blanchard, S., et al. (2024). Canadian clinical guidelines on social isolation and loneliness in older adults. *Canadian Geriatrics Journal, 27*(4), 531.	The first national Canadian clinical guidelines providing standardized assessment, screening, and intervention recommendations.	Foundational national guidelines for clinicians and HCSSPs; offers standardized screening and intervention recommendations for SIL.
Chapman, H., Bethell, J., Dewan, N., et al. (2024). Social connection in long-term care homes: A qualitative study of barriers and facilitators. *BMC Geriatrics, 24*(1), 857.	Identifies systemic, environmental, and organizational barriers to social connection in LTC.	Identifies organizational, environmental, and interpersonal barriers affecting LTC residents' social connection—highly relevant for administrators.
Hand, C., Schouten, K., Dellamora, M., Letts, L., & Drenth, T. (2022). Exploring neighbourhood-based programming for older adults: A seniors' satellite. *Activities, Adaptation & Aging*, *46*(3), 190-217.	Demonstrates a low-cost, hyper-local model that reduces isolation and improves accessibility.	Demonstrates an accessible, community-embedded model proven to reduce SIL—ideal for community program planning.
Johnson, S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. (2021). Competing challenges for immigrant seniors: Social isolation and the pandemic. In *Healthcare Management Forum* (Vol. 24, No. 5, pp. 266-271). SAGE CA Los Angeles, CA: SAGE Publications.	Highlights SIL risks among immigrant and refugee seniors and gaps in culturally responsive services.	Examines SIL in immigrant and refugee seniors in Canada; emphasizes the need for culturally responsive policies and services.
Levasseur, M., Dubois, M.-F., Généreux, M., et al. (2023). Key age-friendly components of municipalities that foster social participation of aging Canadians. Results from the Canadian Longitudinal Study on Aging. *Journal of Urban Health*, *100*(5), 1032-1042.	Uses Canadian Longitudinal Study on Aging data to identify environmental/social determinants of participation.	Uses CLSA data to show how built environment, social resources, and inequities shape social participation—a core upstream determinant of SIL.
Chu, C. H., Wang, J., Fukui, C., Staudacher, S., Wachholz, P., & Wu, B. (2021). The impact of COVID-19 on social isolation in long-term care homes: Perspectives of policies and strategies from six countries. *Journal of Aging & Social Policy, 33*(4-5), 459-473.	Provides an international comparative analysis of LTC policies and their effects on SIL.	Provides global comparative evidence on how LTC policies affect SIL; offers five policy strategies for balancing infection control with social well-being.
Agotnes, G., Charlesworth, S., & MacDonald, M. (2022). Ageing in space: Remaking community for older adults. *Anthropology & Aging*, *43*(2), 40-57.	Shows that "aging in place" policies often ignore social connection needs and undervalue informal community spaces.	Critiques "aging in place" and argues for "aging in community," emphasizing the importance of informal spaces for social connection.

Peer Reviewed Literature		
Citation	**Description**	**Relevance**
Barsan, K., Swindle, J., Boscart, V. M., et al. (2024). Remote visits to address loneliness for people living with dementia in care homes: A descriptive qualitative study of visitors' perceptions. *Journal of Advanced Nursing, 80*(11),4676-4688.	Evaluates remote-visit strategies and highlights requirements such as staff facilitation and tech access.	Explores how tele-visiting reduces SIL for LTC residents and identifies conditions needed for successful implementation (tech access, staff facilitation).
MacLeod, A., Levesque, J., & Ward-Griffin, C. (2024). Social isolation of older adults, family, and formal caregivers during the COVID-19 pandemic: Stories and solutions through participatory action research. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 43(2), 230-243.	Provides real-world accounts from older adults, caregivers, and HCSSPs about health impacts and system gaps.	Offers system-level insights and practical solutions for improving communication, digital access, and caregiver support during crises.
Dzerounian, J., Mahal, G., Alshenaiber, L., et al. (2024). Older adults in social housing: A systemically vulnerable population that needs to be prioritized. *Health Affairs Scholar,* 2(12), 154	Summarizes vulnerabilities of seniors in social housing, where SIL is highly prevalent and services are limited.	Highlights SIL as a major issue in social housing and argues for targeted, equity-focused policy interventions across health, housing, and social sectors.

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