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# IS MITIGATING SOCIAL ISOLATION A PLANNING PRIORITY FOR BRITISH COLUMBIA (CANADA) MUNICIPALITIES?

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## Introduction

Social isolation is defined as “disengagement from social ties, institutional connections, or community participation” [1]. Though it is often used interchangeably with loneliness, social isolation is distinct, as those who are socially isolated may be physically separated from society but not lonely [2]. Social isolation is also used interchangeably with the term social exclusion, which is defined as “the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas”[3]. Both social isolation and social exclusion are associated with poor health outcomes and compound the already worse than average health outcomes of the most marginalized citizens [4]. In Canada, social isolation appears to be increasing [5, 6].

Municipalities can foster connections that decrease social isolation and contribute to both the physical and mental health of community members. While jurisdiction over health is primarily a provincial (and territorial) and federal government responsibility, municipalities can have significant impacts on social interactions that promote and protect health through community planning. Municipalities can design their built environments (buildings, parks, thoroughfares, and public spaces) in ways that decrease social isolation and increase community connectedness. These designs are further aided by programs that reach out to and include a wide range of community members. Creating communities where people have the opportunity to meet, be included, and feel safe can be important for developing social connections that enhance the psychological and physical responses of individuals to stress [7]. Even passive socializing, such as eye contact and nodding, and listening to others may foster social connection, and lessen social isolation [8]. Neighbourhood social interactions can also be a much needed source of local information for jobs and housing, but just as importantly, informal social ties provide a feeling of home, security, and belonging, which are key determinants of human health and well-being [9].

### RATIONALE FOR THE MUNICIPAL SURVEY

Mental illness, including depression and anxiety, is the leading cause of disability in Canada [10]. In Ontario, the disease burden of mental illness (lost productivity, sickness, and early death, in particular) has been estimated to be 1.5 times higher than that of all cancers put together [11]; mental illness is estimated to cost Canadians \$51 billion per year, including health care costs, lost productivity, and reduction in health-related quality of life [12]. A growing body of literature from around the world demonstrates that mental health initiatives that focus on early interventions show positive returns on investment per dollar spent [13].

Lack of social support has been linked to poor mental health, as well as poor physical health outcomes, including cancer and infectious diseases [14]. Social support is also linked to the promotion of healthy behaviours, provision of emotional support, and/ or sharing of resources, which help with dealing with emotionally stressful times [15]. Social isolation, as well as loneliness, which is

often used in surveys as a surrogate for social isolation, is difficult to quantify and suffers from the use of various measures by different researchers. Comparing survey results may be further complicated by social and cultural differences with respect to how people feel about communicating their own experiences, as some groups may be more or less open to reporting feeling socially isolated. This variability is reflected by studies conducted in Europe, the United States, Canada, and China, where the prevalence of loneliness and/or social isolation and/or loneliness in senior citizens, the demographic group which appears to be the most widely studied, has been estimated to range from 5 to 80% [16-19].

In Canada, there is growing interest in how the built environment affects health. The 2017 Chief Medical Health Officer of Canada report focused on the important ways that built environments can influence the health of communities [5]. A 2009 United Nations report concluded that cities can play an important role in social inclusion through planning for accessible, empowering, and safe neighbourhoods with ample gathering space and housing for all members of society, potentially by focusing on the most excluded people(s)[20].

Given our focus on understanding how the environment, natural and human-made, affects both mental and physical health, the British Columbia Centre for Disease Control (BCCDC)'s Environmental Health Services unit has investigated how municipal governments and health professionals can combat social isolation and accompanying mental health issues by building more socially cohesive communities. Through literature review, the BCCDC identified land-use, neighbourhood maintenance (including accessibility of public spaces), and transportation (manuscript under review) as key areas where municipal planning can reduce social isolation. In addition, housing is another area where municipalities can potentially intervene. These issues informed the basis of a survey designed to assess the state of social isolation planning in BC. Three regions in BC (Metro Vancouver, Interior, and Northern BC) were included. These three regions face significantly different challenges due to differences in demographics, geographies, and resources. In order to effectively support BC municipalities in combatting social isolation, this study provided an assessment of the current level of awareness of social isolation in municipal built environment planning, and the degree to which knowledge in this area is incorporated into municipal planning.

## HEALTH EFFECTS OF SOCIAL ISOLATION

According to research from Williams et al. (2000), social isolation/exclusion endanger four principle components of human needs for life satisfaction, based on Maslow's hierarchy of needs: to belong, to have healthy self-esteem, to have agency over one's life situation, and to have a meaningful life [21]. Social isolation has been shown in multiple reviews to influence both physical and mental health [22]. Biological pathways have been implicated in the health effects of social isolation. Social isolation reduce levels of protective hormones which have negative effects on heart rate, blood pressure, and the maintenance of blood vessels [23]. Low levels of social support can also cause stress which can negatively precondition the neuroendocrine system; genetic difference may

determine the extent to which individuals are affected [15]. Lack of social networks causes those affected to feel stress more acutely due to a lack of social connections that buffer stress; further, lack of social supports causes stress which interferes with quality and quantity of sleep [24, 25].

Social isolation has often been investigated in the context of physical health, and though there are weak associations with Lower back pain and chronic obstructive pulmonary disease, the physical malady with the strongest evidence of association is cardiovascular disease [22, 26, 27]. Social isolation is also associated with risk of, and mortality due to, myocardial infarction, while individuals with strong social networks are 50% more likely to survive such incidents [26]. A systematic review of social isolation on cancer outcomes found that people with strong social support had lower likelihood of mortality[28].

Social isolation has a strong to moderate association with mental illness, including depression, anxiety, social stigma, and cognitive decline among those with dementia [22, 29, 30]. These conditions reinforce the problem of social isolation by triggering low self-esteem, internalizing blame, feelings of powerlessness, and avoidance of community engagement [31]. At the community level, low social connectedness has been linked to wider societal issues such as crime, alcohol abuse, and suicide [32]. By contrast, social cohesion and inclusion have positive effects on people's mental and physical health [33, 34]. Large and diverse social networks with high quality relationships are associated with protecting against depression [35, 36].

In an older population, social integration and belonging lowered risk of suicidal ideation and suicide attempts [37, 38]. Further, low social participation and loneliness is associated with increased risk of dementia, as well as the incidence of Alzheimer's disease and dementia [39, 40].

## CLIMATE CHANGE AS A SPECIAL CONSIDERATION

In addition to individual health characteristics, the growing attention to climate change has spurred research which has highlighted that socially isolated citizens are more vulnerable to the health impacts of climate change. For example, during extreme heat events, which are projected to increase in Canada and around the world, socially isolated people are more likely to become ill or die [41, 42]. In the 2003 Paris heat-waves, of the 919 people who died due to heat exacerbation of existing health conditions, approximately 92% lived alone, and approximately 25% had no strong social ties to people who could check in on them [43]. In extreme heat events, most people who lose their lives have compounding factors, such as living in poverty, old-age, and/or poor mental or physical health. However, in the 1995 Chicago heat waves, it was shown that risk of death was reduced with any type of social contact; therefore, increasing awareness and creating better formal and informal networks could save lives [44, 45].

Being socially isolated also makes it more difficult for people to respond to flood-related events, which like heat events, are projected to increase across Canada [46]. In these situations, it is difficult to get to shelters without friend or family support; local social networks are also linked to better

emergency preparedness and response [47, 48]. There is some evidence that negative experiences of extreme weather events may encourage the development of community networks for building resilience [49].

## Social Isolation in Canada

Social isolation appears to be on the rise in Canada; in 2017, 44% of Canadians saw friends at least a few times a week, a decrease from 56% in 2003; Canadians also saw family less frequently, with 26% seeing family a few times a week, compared to 38% in 2003[5]. Additionally, chronic health conditions are increasing in Canada, including mood disorders, which have increased at a population level from 5% in 2013 to 8% in 2014 [5].

In Canada, people of low income, indigenous peoples, those with mental and physical health problems, newcomers to Canada, and lesbian, gay, bisexual, transsexual, queer and two-spirited (LGBTQ2S) people are at greater risk of social isolation/social exclusion [30, 50]. Moreover, the populations currently thought to be most at risk of social isolation, including seniors and indigenous people, are the fastest growing segments of the population [51, 52]. Seniors are a primary population of concern; the Canadian Community Health Survey found that 19% of adults over 65 felt either a lack of companionship and/or isolation from others [53]. Approximately 24% of seniors in Canada (over 65), would like to participate in more social activities, while 19% feel a lack of companionship [54]. The loss of seniors in the community has high societal costs due to the wealth of experience and volunteer power that older adults bring to their communities; older adults also benefit from volunteering [55]. Just over a third of seniors over 65 are living with disabilities in Canada, rising to 42.5% after age 75, which further marginalizes these citizens [56]. It is not surprising that those already experiencing high levels of stress or mental illness are more prone to social isolation and loneliness [32].

Social exclusion, the effects of societal processes which create barriers to meaningful and equitable participation in the workforce, political processes, and social contexts, is somewhat interconnected with social isolation, but is more systemic than individual-focused [57]. Migrant and visible minority populations in Canada experience more social exclusion, approximately 30% more compared to white Canadian-born citizens, as measured by an index of individual wages, family earning, household income transfer income (government transfers), home ownership, job security, employment adequacy, multiple job holdings, and minimum wage benefits [57]. Hidden homelessness is increasing for immigrants, as few newcomers live on the streets or shelters but may rely on shared housing (i.e., when there is more than one family living in a single family dwelling); however, those that do use shelters are primarily single parents, single mothers with children, young people, and women fleeing violence [58]. Toronto, Montreal, and Vancouver, and the associated suburban municipalities, currently receive the greatest influx of immigrants and refugees compared to other municipalities and affordability of shelters has been dropping most rapidly for newcomers. Despite the availability of service agencies in these cities, most immigrants get housing

information from other immigrant networks [58, 59]. Older immigrants, particularly those who come from countries whose languages and customs are quite different from Canada, are significantly lonelier than Canadian-born seniors [60]. Surprisingly, loneliness in older newcomers is associated with having social connections who primarily speak the language of their country of origin; this may be due to feelings of being isolated from the rest of society [60].

When examining perceptions of social inclusion, a recent study of immigrants to Canada reported that 40% of post-war immigrants (who came between 1946 and 1976 and were mainly of European decent) felt like they knew most of their neighbours, which was similar to Canadian-born citizens, compared to 21.6% of recent immigrants (1995-2003) or 31.1% of New Origin immigrants (who came between 1980 and 1994), who, due to changes in immigration policies, came from places like Asia, Africa, the Caribbean, and South America[9]. Overall, 67% of all groups reported a strong sense of belonging, though those who live in high density and high-rise buildings were less likely to report acts of neighbourliness. Though the reason has not been examined, New Origin Canadians trust their neighbours significantly less than other groups; a possible reason may be experiences of discrimination. In all groups, people who were in the workforce and experiencing precarious housing were least likely to know their neighbours and feel a sense of belonging in their neighbourhood, likely because of working long hours away from their neighbourhoods and/ or did not take the time to invest in their community because they were uncertain whether they would remain there for long[9].

## The BC Context

In Metro Vancouver, social isolation appears to be increasing;; a social connectedness survey found 64% of Metro Vancouver residents reported feeling welcome and experiencing a sense of belonging in 2017, compared to 68% in 2017 [6]. A recent study from Vancouver stated that young people in that municipality are among those least likely to feel a sense of social connection (46% of 18-24 year olds, 50% of 25-34 year olds), as are people with low incomes [6]. Furthermore, overall participation in almost every community-related activity has dropped since 2012 [6]. This same study showed that people 18-34 often expected to move within the next few years, mainly for reasons of housing affordability. Some research supports the idea that housing tenure can have an impact on social cohesion in an area, as people are more likely to invest socially in areas where they see themselves long-term [61]. In two Metro Vancouver municipalities, recent immigrants had problems gaining meaningful and adequate employment, as well as adequate and long-term housing[59].

In BC, there are some programs that municipalities have endorsed which can be used to combat social isolation, particularly for seniors. Resolutions from the Union of BC Municipalities have called for funding of age-friendly community planning and implementation programs as well as enhanced seniors' outreach [62]. In Northern BC, public health authorities have expressed concerns about social isolation given its associated health impacts[63].



## PUBLIC HEALTH AND MUNICIPAL COLLABORATION

Over a decade ago, public health departments in BC were relocated from municipalities to health authorities. Yet, public health officials often retain strong relationships with municipalities. These manifest through consultations on municipal plans/policies regarding transportation and planning, monitoring of and reporting on community health, and engagement with health-related municipal services [64]. Medical Health Officers also have a legislated responsibility under the Public Health Act to advise local governments on the public health aspects of municipal policies and practices [65].

Municipalities can aim to address social isolation by planning for inclusive communities, which includes considering those who are marginalized or who may be affected by development and making sure that development occurs with equity in mind [66]. Public health officials, particularly those involved in the built environment (environmental health officers and medical health officers), can look to deepen their relationships with municipalities, including planners and elected officials, to help them to adopt a social isolation lens when designing their official community plans, as well as when conducting health impact assessments for new developments and redevelopment of older neighbourhoods [67]. Though it is a relatively new field, in British Columbia health authorities are trying to educate and position their built environment teams to understand how they can influence a variety of issues including density, accessibility, transportation, housing, and mixed-use planning.

## MUNICIPAL CONSULTATIONS

### METHODS

An online survey was developed for community planners using the tool Checkbox, to characterize the level of municipal built environment planning in regards to social isolation, inclusion, and vulnerability among their populations. We also explored methods used to measure the effectiveness of interventions. As people who are socially isolated are often most vulnerable to extreme weather, we investigated municipal climate change preparedness. Finally, we asked for examples of interventions aimed at social isolation/inclusion that planners deemed successful, either in their own jurisdictions or elsewhere.

Privacy review internal to the BCCDC was conducted; however, it was ascertained that consultations posed very low risk. Instructions for the online survey stated that participation indicated consent. Survey questions are provided in Appendix A.

### PARTICIPANTS

Participants were recruited through an email invitation from a Metro Vancouver planners' group and follow up phone calls to planners in municipalities of various sizes and composition (ethnicity, geography, affluence). Our study was expanded from the Metro Vancouver Region to the Interior

and Northern BC regions using cold calling methods to different areas, including regional districts, of various sizes and compositions. For further analysis, we connected with the North Health Authority to assist with convenience sampling of municipalities and districts.

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## QUESTIONS

Structured expert consultations were conducted by online survey, utilizing a standard set of questions specific to municipal planner participants. Fifteen questions (some with conditional sub-questions and open ended questions) were divided into four categories: participant information, general questions on social isolation and planning, populations vulnerable to social isolation (including those most vulnerable to climate change), and final questions. Consultation notes were collated and analyzed using qualitative content analysis, whereby themes were extracted and compared. Upon analysis, results were divided into emerging themes: general background, land use, consultation with community partners/stakeholders, vulnerable populations, metrics and examples, barriers, and requested resources. Questions can be found in Appendix A.

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## RESULTS AND DISCUSSION

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### CURRENT STATE OF SOCIAL ISOLATION RESPONSE PLANNING

#### METRO VANCOUVER

Municipal participants were planners representing 7 of 21 municipalities in the Metro Vancouver region, ranging in population size from less than 60,000 to just under 500,000.

#### GENERAL BACKGROUND

Each of the seven planners we interviewed in Metro Vancouver municipalities stated that social isolation is considered in planning; most planners (5/7) stated that this issue was a consideration when planning for parks and recreation, while the same proportion stated that it is brought up in discussion when developers are proposing new large or high density complexes or mixed-use developments. Most of these activities are the shared responsibility of the planning departments and parks and recreation departments.

#### LAND USE

In our examination of social isolation, accessibility and neighbourhood maintenance, as well as walkability, were described as key community features that helped build social cohesion. In our survey, five out of seven planners said their municipalities included walkability in their development plans. Those that did not tended to have large amounts of rural areas, which could be a barrier to walkability. In order to design accessible neighbourhoods for all residents, five of seven planners stated that their municipalities had civic committees dedicated to people with disabilities,

accessibility and/or advisory design panels. One municipality also had a plan to access the 'wheelability' or wheelchair accessibility of their community.

Access to housing can lessen social exclusion, while planning for certain types of housing can foster social cohesion. Therefore, we asked municipalities if they incentivized the building of housing for specific populations (seniors, low income, families, or other). Most did not specify; however, one planner stated that their municipality does incentivize the building of housing for low-income residents, as well as family-sized developments.

Studies of mixed use communities have shown an association between the number of land uses, such as mixed housing types, for various life stages, with amenities, services and third spaces (such as coffee shops and pubs, which are considered half private, part public) and social cohesion [68]. We therefore inquired as to whether high density zones require or encourage mixed-use development. Approximately 71% of municipalities do, and an additional municipality is considering doing so in their upcoming bylaw amendments. Another planner outlined that their land use plan strives for mixed-use buildings, particularly in towns or neighbourhood centres, and focuses on transit oriented communities in new developments.

## COMMUNITY PARTNERS/ STAKEHOLDER ENGAGEMENT

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Community planning, particularly as it relates to alleviating social isolation, requires input and consultation with diverse stakeholders and an understanding of which groups are most at risk in a municipality. From an equity standpoint, it is important that all voices in the community are heard and included in decisions that affect them.

Generally, all of the municipal planners we interviewed were aware of opportunities to engage with public health officials regarding social isolation; six out of seven have worked with their local health authority in the past. Some of the most common health professionals and community partners with which they have collaborated included medical health officers (MHOs), community health specialists, and volunteer associations. The majority of municipalities also worked with public health nurses, while only two worked with friendship centres; dietitians and neighbourhood houses were partnered with only one city each. One city planner described an advisory committee on community and social issues and seniors that focused on social isolation, while two cities described working with cultural or immigrant focused organizations.

In our survey, three planners stated that the majority of the input during public consultations came primarily from higher income retired property owners via traditional public hearings; other municipalities did not specify. Two city planners described efforts to reach families and individuals with low incomes, new immigrants and refugees, seniors, and those with lived experience by planning meetings in areas where those citizens were comfortable and had established relationships with community-based groups. Four municipalities had extensive outreach strategies to reach newcomers, impoverished people, urban indigenous peoples, and groups that they deemed more

affected by some developments, such as those living nearby. One larger municipality used pop-up consultations, surveys, and social media. One municipal planner stated that they would like to learn better practices for reaching socially isolated and marginalized groups.

Neighbourhood associations function to advocate or organize within a neighbourhood to influence local decision-making; 57% of municipalities identified active neighbourhood associations in their areas. We also asked the general income of those taking part in those groups, as we wanted to know which voices were being heard most consistently by councils. Two of seven municipalities identified those associations as high or middle income, while the others did not specify.

## VULNERABLE POPULATIONS

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The majority of municipalities (six of seven) had neighbourhoods or groups of people that they specifically focused on due to the risk of social isolation. Four cities specifically included seniors in their populations of concern, with one specifically reporting about a dementia-friendly city plan. Four cities mentioned children specifically; one city focused on youth aging out of care. Of the cities that identified children as focal groups, programs for inclusion included creating child-friendly spaces in public space designs, while one city provided subsidies for recreation programs for children, including summer and professional development day passes to recreation facilities. The majority of municipalities also had a special interest in supporting low income families. One city planner specifically mentioned those with accessibility challenges as a population of interest, which does not discount that others considered this population in planning.

Five cities identified refugees as populations of concern for the promotion of connectedness and sense of safety and belonging. One city identified urban indigenous people as a group of particular interest. Almost all of the cities had programs to support newcomers, some to a greater extent than others. Some did not at the time have services but were working on their developing. Some municipalities coordinate through multi-organizational councils, while other cities mainly facilitate connections to services. Three of seven municipal planners reported having multiculturalism planning, and one reported having a newcomers' guide.

## CLIMATE CHANGE

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Climate change is a growing threat to public health in Canada, and those who are impoverished or socially isolated are often more vulnerable to the health impacts of climate change, such as the physiological stresses of extreme heat [43-45].

We investigated how many municipalities have climate change plans for their communities and what they entailed. We found that only two of the seven municipalities had climate change plans; none mapped where those most vulnerable to climate change related health impacts were located in the municipalities. However, four planners reported that their municipality did have ways to contact socially isolated citizens in the event of an extreme weather emergency; how this would be accomplished was beyond the scope of our survey.

Newcomers to Canada are often at risk of social isolation, particularly if their first language is not English [30, 50]. People who are socially isolated tend to be more at risk for extreme weather-related events and their health impacts. Municipalities are often concerned with newcomers in their midst, particularly refugees. We asked the municipalities of Metro Vancouver if they knew how many newcomers were living in their city, and over 50% stated that they did know; however, only one city kept track of where in the city those residents were located.

People who are homeless represent the clearest example of socially isolated and excluded residents and can be at greater risk of climate change related health impacts [69]. Six out of seven municipalities kept track of how many homeless people live in their communities, but only three kept track of where these people are located. Most municipal planners reported their city providing services for homeless citizens, and being part of regional or local task-forces on homelessness. Three of the planners we interviewed reported either having or being in the process of developing an affordable housing strategy; these three municipalities have donated land for social and/or transitional housing projects.

## EVALUATION

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When investigating how municipalities evaluate the effectiveness of programs to promote social inclusion and reduce social isolation, it seemed that evaluation was quite challenging. Three cities reported holding held public meetings or focus groups, while two cities used post-event or pre and post intervention surveys; frequency was not reported. Another noted receiving comments to a regular feedback email address.

## INTERIOR MUNICIPALITIES

Four of six planners from Interior municipalities randomly invited to participate completed our survey. They represented municipalities with populations ranging from less than 41,000 to just fewer than 125,000 people.

## GENERAL BACKGROUND

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### Interior

Despite each municipality interviewed having rural zones, which are often identified as more remote and prone to social isolation, within city limits, all municipalities interviewed indicated that social isolation came up regularly in planning. Most of the municipalities stated that discussion around social isolation was a part of planning neighbourhoods, parks and public spaces, as well as official community plans or healthy community strategies. Most social isolation planning was done by planning, parks, and/or development services departments.

## LAND USE

Walkability, which can facilitate social interaction, was included in strategic planning for all interviewed Interior municipalities. However, only half of the municipal planners stated that they had a civic committee dedicated to healthy built environment principles, or a multi-sectoral committee on community strategies.

Housing is a key component of fighting social exclusion. All municipalities interviewed prioritized low-income housing in new developments and redevelopments, while few municipalities prioritized housing for seniors or others.

All planners stated that their municipality used zoning to enable, require, or encourage mixed-use neighbourhoods, or those that had both commercial and residential areas included in developments. One planner declared that their municipality provided criteria for mixed-use developments, where another municipality was in the process of changing their zoning to allow more commercial zoning (or availability) in multi-family areas and more residential dwellings in commercial areas, as well as a more flexible mix of affordable market housing. One planner also stated the importance of communities where citizens can live, work, and get around by foot.

## COMMUNITY PARTNERS/ STAKEHOLDER ENGAGEMENT

In order to build inclusive municipalities, voices from all walks of life, including, and perhaps particularly, those of the most marginalized, must be taken into account.

Half of the municipal planners we interviewed stated that seniors, and generally seniors from the upper middle class, are most likely to take part in consultations, though the majority of planners noted that efforts are made to reach diverse demographics. One municipality made specific efforts to reach out to schools and youth organizations to make sure planning is youth-friendly. For outreach strategies, all of the municipalities focused on stakeholder presentations and open houses, with one municipality pilot testing all-day open houses to make sure all segments of the population had a chance to participate. The majority of municipalities used public notices, and half of the municipalities conducted online surveys and public audits.

The majority of municipalities had neighbourhood associations, and the majority of those that do stated that they had representation from low, middle, and high-income neighbourhoods.

Generally, municipal planners were aware of opportunities to liaise with their local health authority on issues related to social isolation and the majority had done so in the past. All of the municipalities worked with external partners to combat social isolation, with a primary focus on volunteer associations, followed by public health nurses and community health specialists. The majority of municipalities worked with stakeholders to focus on issues related to seniors and those with special needs. One planner mentioned specifically that their municipality worked with a coalition supporting women escaping domestic violence.

## VULNERABLE POPULATIONS

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The majority of municipalities stated that they had particular groups and neighbourhoods that they focused on for social inclusion. The Interior is facing a rapid increase in their senior population, and all of the municipalities with special groups of interest mentioned that seniors were a priority, whether for affordable housing or recreational programming. The majority of these municipalities also sought to make sure people of diverse abilities were included in their communities and that planning included accessibility. One municipality ensured that people with disabilities sat on civic committees to apply an accessibility lens to as many programs as possible. Half of the municipalities included youth as a population of focus, including one municipality incorporating youth input in planning and two others that were developing Children's Charters for <sup>1</sup> their communities.

Half of the municipalities surveyed described refugees and immigrants as people of interest in social inclusion, and one municipality was in the process of developing a strategy with community partners to attract and retain immigrants and refugees to their community. One municipality also mentioned people with mental health and addictions as a population of concern.

## CLIMATE CHANGE

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None of the municipalities that answered our survey had climate change adaptation and mitigation strategies. However, half of the municipalities stated that they did have the means to contact socially isolated individuals during extreme weather events.

New Canadians, refugees, and people who are homeless are often the most at risk for climate change related health impacts, as well as social isolation. The majority of municipalities do not keep track of how many immigrants or refugees live in their community, nor do any keep track of where they are located. However, the majority of the municipalities had immigrant settlement services, and those same municipalities had committees dedicated to refugees or at least to including newcomers in their diversity strategies.

The majority of municipalities did keep track of how many homeless people lived in their communities, as well as where they were located. All of the municipalities reported working on affordable housing or housing first strategies in partnership with other organizations, as well as working with service providers to ensure that homeless people were supported even when housing was not available. One municipality explained that they had a committee dedicated to understanding the needs of people living on the street.

## EVALUATION

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<sup>1</sup> [http://bchealthycommunities.ca/news\\_item/846/view](http://bchealthycommunities.ca/news_item/846/view)  
<http://makechildrenfirst.ca/about/kamloops-childrens-charter-rights/summary-process/>



Half of the municipalities surveyed either did not have or were in the early stages of developing metrics for the effectiveness of their social inclusion strategies. Half of the municipalities monitored their recreation programs to see how many low-income community members took advantage of discounted programs and community surveys.

## NORTHERN MUNICIPALITIES

Planners from five municipalities/districts from Northern BC of seven were randomly invited to take part in completing the survey. These communities ranged in population from less than 6,000 to over 60,000 people in Northern BC.

### GENERAL BACKGROUND

Slightly over half of the municipal planners interviewed stated that social isolation/exclusion came up in their planning for buildings, public spaces, and parks. All of the municipalities included rural zones. Two planners described how social isolation had been considered as part of their official community plans, while one stated that it was brought up by residents. Most of these planning discussions happened with development, planning and public works, or integrated services.

### LAND USE

Of the Northern municipalities that completed our survey, all but one included walkability in their development plans, although two of five had committees dedicated to accessibility or community design advisory panels, which provide feedback on different development or civic government projects in regards to how they may impact the community in a variety of ways, from accessibility to environmental impact. One city specified that they were endeavouring to provide public pathways that connected areas safely and encouraged all non-vehicular traffic.

In new developments and redevelopments, less than half of the municipalities stated that they incentivized housing for seniors and low-income residents.

The majority of municipalities used zoning to encourage mixed-use of land, with three municipalities explaining that they encouraged a mix of residential and commercial land uses, particularly in more walkable downtown cores. One municipal planner added that mixed-use/density could not be accomplished in their historic core, as the soil of the area would not bear it. One municipality explicitly stated that they were working to ensure that public spaces, buildings and services were welcoming and accessible to all citizens.

### COMMUNITY PARTNERS/ STAKEHOLDER ENGAGEMENT

Less than half of municipalities stated that they were aware of opportunities to engage or had engaged with their health authorities regarding social isolation. The only health professionals



specifically named as collaborators were community health specialists. Two municipalities acknowledged that they worked with volunteer organizations to combat social isolation; one municipality reported that it worked with friendship centres and one municipality engaged with service providers through Partnership for Healthier Communities to improve coordination.

In order to engage with the public in community and new development planning, most Northern municipalities stated that they used open houses and public hearings, as well as mail outs. One municipality reported that they used online surveys. One municipality stated that they were in the process of developing a public engagement strategy, and employees had recently undertaken training with the International Association for Public Participation<sup>2</sup>.

The majority of municipalities did report having neighbourhood associations; however, only one municipality stated that the participants were generally middle and low income residents – the remaining municipalities did not specify.

## VULNERABLE POPULATIONS

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The majority of municipalities (four of five) had neighbourhoods or groups of people that they specifically focused on due to the risk of social isolation. Of those that specified, three of five municipalities focused on First Nations residents due largely to a legacy of colonization, First Nations citizens are more likely than other segments of the population to be low-income, homeless, and/or suffer from mental illness and substance abuse issues. One municipal planner reported that they also worked to make sure that newcomers were welcomed through recreation programs. One planner specifically mentioned those living with accessibility challenges (physical and/or societal) and that they had provided staff and coaches with special training to accommodate these individuals.

## CLIMATE CHANGE

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The majority of the municipalities had climate change adaptation plans or were in the process of developing them, though the majority did not identify where vulnerable populations in the community were located. However, the majority of planners stated that they had ways to communicate with socially isolated individuals in the event of an extreme weather emergency.

No municipality kept track of how many newcomers lived in their area or where large groups were usually located; however, two municipalities reported funding or working with community service organizations which offered programs to families in need of support for issues including language barriers, life skills, and job readiness, as well as housing and medical support. Two out of the five municipalities surveyed kept track of how many homeless people were in their community and where

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<sup>2</sup> <http://iap2canada.ca/>

they were located. Most did not report having services to directly assist these citizens, but two municipalities reported having shelters, with one specifying that they had one specifically for women fleeing abuse and another for men and families who were homeless. One community provided support for those in need of food and shelter as well as job skills and training, counseling, childcare, and legal assistance.

## EVALUATION

When investigating how municipalities evaluated the effectiveness of programs to promote social inclusion and reduce social isolation, evaluation appeared to be a challenge as more than half could not identify their own evaluation strategies. One municipality reported a homeless count while another reported that they took pre and post intervention surveys.

### DEGREE OF SOCIAL ISOLATION PLANNING (TABLE 1)

Topic	Metro Vancouver	Interior	Northern BC
<b>General</b>			
<b>Number of municipalities intervened</b>	7	4	5
<b>Social isolation is considered in planning</b>	√	√	60%
<b>Land use</b>			
<b>Walkability is a priority</b>	71%	√	80%
<b>Specific populations prioritized for housing</b>	Most N/A or 29% low-income	Low income	Most N/A, 40% seniors or low income
<b>Have an affordable housing strategy</b>	43%	√	N/A

<b>Mixed-use is prioritized</b>	√	√	√
Community Partners/ Stakeholder Engagement			
<b>Populations most often heard in community meetings</b>	Retired homeowners	Seniors and upper middle income	None specified
<b>Populations of specific outreach</b>	57% newcomers, low income	Seniors, children	Indigenous
<b>Neighborhood Associations and income level</b>	57%: mainly high income or N/A	All with majority having low, middle, and high income representation	60%
<b>Municipality worked with health authority on social isolation?</b>	√	√	40%
<b>Health professionals and community partners collaborated with</b>	MHO, community health specialists, volunteer associations	Volunteer organizations, public health nurses, community health specialists	None specified
Vulnerable Populations			
<b>Populations of interest</b>	57% Seniors 57% Children 17% Refugees	100% Seniors, people with disabilities 50% Refugees and newcomers	60% Indigenous, homeless, mentally ill
<b>Climate change plan</b>	28%	none	80%
<b>Plan for communications with socially isolated people in extreme weather events</b>	57%	50%	80%
<b>Location known of</b>	14%: 43%	0%: 100%	0%

<b>newcomers:</b> <b>homeless</b>	<b>of</b>		
<b>Extent of evaluations</b>		In development/ surveys	In development/ surveys
			In development

### PERCEIVED BARRIERS TO PLANNING TO REDUCE SOCIAL ISOLATION (TABLE 2)

In order to best address social isolation, it is necessary to understand what obstacles municipalities confront in pursuing social inclusion in planning. Municipal planners were asked what they considered to be barriers for planning for social isolation.

<b>Metro Vancouver</b>	<b>Interior</b>	<b>Northern BC</b>
<ul style="list-style-type: none"> <li>• Departments in silos</li> <li>• Lack of political will or legislation</li> <li>• Lack of funding</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of human and financial resources</li> <li>• Lack of political will</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of education and resources</li> <li>• Lack of human and financial resources</li> <li>• Low priority</li> </ul>

### EXAMPLES (TABLE 3)

In order to provide guidance on what works to promote social inclusion and combat social isolation, municipalities were asked to provide examples, in their own communities or elsewhere, that had worked to promote social inclusion.

<b>Metro Vancouver</b>	<b>Interior</b>	<b>Northern BC</b>
<ul style="list-style-type: none"> <li>• Providing city-owned non-profit office spaces that provide social service and interaction of residents. This allows for socially isolated workers, for example people who work from home or</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a Strong Neighbourhoods strategy<sup>3</sup>, which gives communities tips on getting to know their neighbours, including offering neighbourhood grants for all ages and especially youth to</li> </ul>	<ul style="list-style-type: none"> <li>• Empowering, Save our Northern Seniors, an advocacy groups looking at the challenges faced by seniors and what can be done.</li> <li>• Initiating the BC</li> </ul>

<sup>3</sup> <https://www.kelowna.ca/our-community/strong-neighbourhoods>

<p>independent contractors, to be around others [70].</p> <ul style="list-style-type: none"> <li>• Providing public squares and weather protected gathering spaces with seating and recreational opportunities (e.g. Olympic Village Sparrow Sculpture, Vancouver).</li> <li>• Incorporating non-market housing into new development projects and developing inclusionary housing policy. Some included 3 bedroom policies into zoning bylaws and installing play boxes in low income neighbourhoods.</li> <li>• Providing mixed purpose areas with sports, libraries and gathering spaces.</li> </ul> <p>*In a recent report, Metro Vancouver residents who felt they were disconnected from their neighbours requested built environment solutions, such as more space to socialize in their neighbourhoods, e.g. community parks, shared yards, or community gardens</p>	<p>start community enhancement projects</p> <ul style="list-style-type: none"> <li>• Developing an initiative to audit bus stops in order to make sure that they are all accessible for wheelchairs.</li> <li>• Developing an accessibility and inclusion strategy to make sure the built environment is designed for everyone to live an active lifestyle.</li> <li>• Providing a mixed used community hub with a transit, parks, benches and playgrounds.</li> <li>• Creating a Welcome Centre was used as an example that allows locals and tourists to gather and take part in a variety of events, hosting a weekly visit from the library, weekly open mics and concerts, art and yoga classes.</li> </ul>	<p>transit shuttle on the Highway 16 to safely transport residents (funding was reported as a concern).</p>
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[6].

## RESOURCE NEEDS (TABLE 4)

We also asked municipal planners what tools and resources would help them include social isolation in their built environment planning.

Metro Vancouver	Interior	Northern BC
<ul style="list-style-type: none"> <li>• Internal support for cross departmental cooperation.</li> <li>• Funding for housing projects.</li> <li>• Education about Social isolation, information about best practices, awareness of other community's programs, who to contact.</li> <li>• Identification of Methods of consultation that are most effective in engaging diverse groups, particularly marginalized communities, in conventional planning processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Toolkits for what municipalities can do about social isolation.</li> <li>• Opportunities to learn from other communities and professionals about social isolation and what can be done.</li> <li>• Grants and funding for projects to promote inclusion and accessibility. More consistent funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Education about social isolation, information about best practices, and how to incorporate them into the official community plan. Presentations at conferences were requested.</li> <li>• Opportunities for networking with healthcare and local organizations.</li> <li>• Increased transportation options for residents to participate safely in community events.</li> <li>• Increased funding for programs and buildings, such as community service centres and community centres and gathering places; most municipalities wanted more unstructured gathering spaces.</li> </ul>

## SUMMARY

The differing regional needs were exemplified in the survey results in that Metro Vancouver municipalities focused on the need for housing for inclusion, whereas, municipalities in the Interior and the North were more concerned with transportation needs. Further, Metro Vancouver and Interior municipalities were more likely to mention mixed-use spaces as social inclusion strategies. Only Metro Vancouver municipalities highlighted the need for more inclusive community consultations. That some issues were presented more in certain regions does not indicate that these issues are not important to municipalities in other regions, simply that some issues are more top of mind regionally. Though Metro Vancouver, Interior and Northern municipalities differ quite a bit in their demographics and landscapes, the barriers they face and resource needs that were suggested were very similar. All stated that lack of financial and staff resources, as well as lack of political will were barriers to taking on interventions regarding social isolation. Additionally, most municipalities stated the need for education and sharing of best practices, as well as funding, to integrate alleviation of social isolation/ increasing social connections into community planning.

## Conclusion

### LIMITATIONS

There were several limitations to the jurisdictional scan and associated consultation process. Although we attempted to recruit a diverse sample of participants from large and small municipalities throughout BC, our sample was not representative of all municipalities in BC. Also, not all of the municipalities invited to take part responded to our invitations. Nevertheless, we did interview planners from a wide variety of municipalities, an array of population sizes, climates, and geographies. The semi-structured interview process was also electronic. This removed the opportunity to expand on questions we would have posed during in-person interviews. As examples of programs and partner organizations were self-reported, some municipalities may have failed to mention programs or built environment examples that impact social isolation due to feeling that they were beyond the scope of the project or for the sake of time. Our data might also have been strengthened through more rigorous data collection methodologies, such as phone consultation, which provide more in depth answers. Finally, Municipalities varied widely in the depth of answers provided, therefore, certain municipalities may have influenced our findings more than others. Further, those with social isolation strategies may have been more likely to take part in the survey than those without, suggesting a certain degree of selection bias.

### CURRENT GAPS

Through this jurisdictional scan it became evident that the degree of social isolation response planning is limited in the surveyed BC municipalities; however, only two municipal planners reported that the topics of social isolation/exclusion and/or the promotion of social inclusion/cohesion do not

come up in environmental planning (including buildings, parks, or public spaces) or programs in their municipality. This may indicate interest but limited action. Size of community did not appear to be linked to the extent of interest in social isolation. Many municipalities included mixed-use neighbourhoods, features of which included mixed housing types interspersed with shops, services, greenspaces, and gathering places. This was present to some extent in planning, though many communities, particularly Northern communities, stated that a lack of unstructured gathering spaces was a problem that may be associated with social isolation. Most municipalities reported focusing on particular populations at risk of social isolation, primarily seniors and low-income people in both the Metro Vancouver municipalities and the interior; Indigenous peoples were the focus of Northern municipalities. Interestingly, a recent report based in Metro Vancouver found that people aged 18 to 34 felt more socially isolated than other groups; no municipality in our survey named this group as a priority [6].

Climate change can more severely impact the most vulnerable populations, including the socially isolated, homeless people, and newcomers. Few Metro Vancouver municipalities that answered our survey had a climate change adaptation strategy; no municipalities in the Interior region had one; 80% of those interviewed in Northern BC did have a climate change adaptation strategy. Approximately half of Interior municipalities and Metro Vancouver municipalities had the ability to reach socially isolated people in climate related emergencies, compared to 80% in Northern BC; however, other than the Interior communities, most municipalities did not keep a record of general areas where the majority of homeless people and newcomers were located.

Some municipalities considered affordable housing in their plans for social inclusion, as 43% of municipalities in Metro Vancouver stated that they were in the process of developing affordable housing strategies, where all of those in the Interior mentioned that they had or were developing strategies. No Northern municipalities mentioned affordable housing, which does not necessarily imply that it is not a concern, as it was not directly asked. Municipalities in the Lower Mainland stated the need for sources of funding for more affordable housing.

Consultations demonstrated that although there is interest in social isolation planning, it is not a political priority and planners feel that there is a lack of funding needed to more fully incorporate it in practice. They asked for more resources on best practices and opportunities to liaise with other municipalities and health authorities on the topic. Furthermore, some municipalities requested best practices for how to reach out to socially isolated populations for their input on municipal planning; it would appear that those who have provided input on development in most of the BC municipalities surveyed, at least within the Metro Vancouver and Interior Health Authority regions, were older home owners, and not those necessarily most affected by decisions impacting social isolation. Some researchers have argued that if social inclusion is to provide an innovative focus for tackling persistent social problems, then decision makers will have to examine the nature and circumstances of marginalized groups, as well as changes in demographics and relative positions of power, in order



to provide arenas for idea sharing where power dynamics are minimized and all voices feel heard [57].

Participants also alluded to a lack of clarity as to how to evaluate projects that target social isolation.

## NEXT STEPS

### For consideration for governmental associations and/or researchers:

- Highlight best practices that prioritize social isolation and how built environments can be implemented in official community plans through cooperation between health authorities and municipalities.
- Develop a webinar for a target audience of MHOs and municipal planners on how the built environment impacts social isolation in municipalities and the means to alleviate it.
- Compile a resource guide on best practices for outreach to socially isolated populations.
- Compile a set of resources on grants available to help with assessments of walkability, accessibility, dementia friendliness, and other barriers to inclusion, as well as grants that may support infrastructure projects to build social inclusion.
- Compile a set of resources and toolkits related to the built environment, social isolation, and inclusion.
- Create an inventory of case studies of built environment interventions from BC municipalities aiming to minimize social isolation.
- Partner with First Nations Health Authority to study culturally sensitive ways to promote meaningful social inclusion for First Nations communities in Northern BC.

## ADDITIONAL RESOURCES

- [Project for Public Spaces](#)  
Project for Public Spaces is a non-profit organization dedicated to helping people create and sustain public spaces that build strong communities.
- [Plan H \(BC Healthy Communities\)](#)  
PlanH facilitates local government learning, partnership development and planning for healthier communities where we live, learn, work and play.
- [Fact sheet: Supporting Health Equity Through the Built Environment](#) (BCCDC, 2017),  
This Fact Sheet offers evidence-informed principles to support health equity through interventions in the built environment.
- [Working with local governments to support health equity through the built environment: A scoping review](#) (BCCDC, 2016)  
This report examines peer-reviewed empirical research on health equity and the built environment published since 2010. The aim of the report is to identify opportunities for public health staff and local governments to apply a health equity lens in support of healthy communities.

- [Toolkit for Planning Healthy Communities](#) (California Environmental Justice Alliance, 2017)  
Prepared collaboratively by CEJA and PlaceWorks Inc., is a guidance document intended for local governments, planners, community-based organizations, and other stakeholders who will be working to develop an Environmental Justice Element or a set of environmental justice policies for their General Plans
- [Report on Mental Health in Health Impact Assessment](#) (Habitat, 2015)  
This report provides a descriptive overview of how mental health is currently included in the field of HIA, which is summarized in this section.
- [Creating an Inclusive Society: Practical Strategies to Promote Social Integration](#) (United Nations, 2009)
- [Tamarack Institute: Vibrant Communities](#)  
The Tamarack Institute provides examples of communities developing plans to grow citizen engagement, civic leaderships, and a sense of belonging.
- [Happy City Institute](#)  
The Happy City Institute uses design, city, planning, policy, and education to help governments, city dwellers, and builders create places that are inclusive for everyone. They provide workshops and services, as well as online resources.

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## Appendix A. Survey Questions

### Participant Information

- 1) Which municipality do you work for?
- 2) What size municipality do you work for (small, medium, large)?
- 3) Are there portions of your municipality that would qualify as rural or agricultural?

### General question on social isolation and planning:

- 4) Do the topics of social isolation/ exclusion and/or the promotion of social inclusion/ cohesion come up in space planning developments (including buildings, parks, or public spaces) or programs in your municipality? Y/N
  - a. If so, in what context?
  - b. One or 2 examples of programs, specific to built environment and/ or transit, is your municipality working on in order to promote social inclusion/ alleviate social isolation?
  - c. Which departments would be involved in these activities?
  - d. Are there external partners your municipality works with to combat social isolation?  
Please tick all that apply  
 EHOs  
 MHOs  
 public health nurses  
 dietitians  
 community health specialists  
 community developers
  - e. Are there particular neighbourhoods or groups that your municipality focus on for social inclusion? Y/N  
*If so, please describe who and why*
  - f. Are there citizens' neighbourhood associations in your municipality? Y/N  
**If yes, are the members of that collective low, middle, or high income?**
  - g. Can you provide one or examples of metrics you use to evaluate effectiveness of programs to promote social inclusion/ reduce social isolation?
- 5) Are you aware of opportunities to engage with public health officials in your jurisdiction to contribute to efforts to reduce risks of social isolation? Y/N
  - a. **If yes: Have you or others in the municipality engaged with public health officials? Y/N**
  - b. **If yes: Public health officials from which organization(s)?**

### Questions on social isolation and the built environment regarding vulnerable populations

- 6) Does your municipality include walkability in development plans? Y/N
- 7) Does your municipality have [a] civic committee[s] on disabilities, accessibility and/ or advisory design panels to make sure developments are accessible to all residents? Y/N
- 8) In new developments and redevelopments, does your municipality incentivize housing for particular groups? Y/N – please check



\_\_\_ Seniors  
\_\_\_ Low income  
\_\_\_ Family-sized  
\_\_\_ other \_\_\_\_\_

- 9) Do your high-density zones enable/require/encourage mixed use development? Y/N
- 10) How much input from the community does your municipality seek out in community planning and new development:
- What types of outreach methods are used?
  - Which groups (socioeconomic level, ethnic diversity, life-stage, occupation, or other factors) primarily contribute to public input?

#### **Questions on climate change and populations vulnerable to social isolation**

- 11) Does your municipality have a climate change adaptation and mitigation plan? Y/N
- If so, does it outline where vulnerable people live in your city?
  - Does your municipality have a way to contact socially isolated citizens in the event of an extreme weather emergency? Y/N
- 12) Does your municipality keep track of how many new Canadians and/or refugees live in your municipality? Y/N
- If yes, do they have a record of where they are located?
  - Do you know of any current programs in your municipality focusing on supporting these groups, and if so please describe?
- 13) Does your municipality keep track of how many homeless or precariously housed people live in your municipality? Y/N
- If yes, do they have a record of where they are located?  
Are there currently programs in your municipality focusing on supporting these groups, and if so please describe?

#### **Final questions on social isolation**

- 14) Please provide one or two examples of programs you have seen work in the past in your or other municipalities which promote social inclusion or diminish social isolation.
- 15) What barriers you do see interfering with prioritizing efforts to reduce social isolation at the municipal level?
- 16) What tools and/or resources would your municipality find helpful in addressing social isolation?