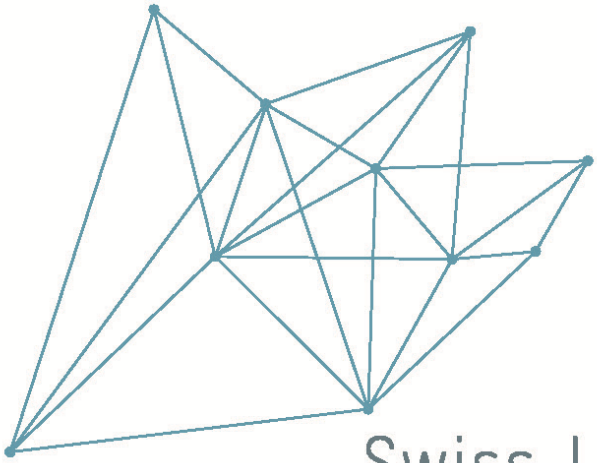


Swiss Learning Health System

Summary of the Stakeholder Dialogue on:

"How do we identify socially isolated and lonely older people in Switzerland?"

Yanmei Liu

Keywords

Social isolation, loneliness, older people, identification, community heat maps, stigma

Author

Yanmei Liu, MSc, PhD candidate –Department of Health Sciences and Medicine, University of Lucerne, Switzerland

Address for correspondence

Yanmei Liu
Department of Health Sciences and Medicine
University of Lucerne
Frohburgstrasse 3
6002 Lucerne
E-Mail: yanmei.liu@unilu.ch

Liu, Y. (2021). Summary of the Stakeholder Dialogue on: How do we identify socially isolated and lonely older people in Switzerland?. Swiss Learning Health System. https://www.slhs.ch/images/learning-cycles/topics/2021-Liu/SD_summary_final_social_isolation2.pdf

Table of contents

Policy Briefs and Stakeholder Dialogues of the Swiss Learning Health System 4

Definitions of key concepts and organisations 5

Brief summary of the virtual stakeholder dialogue 6

Key points of the dialogue 7

Recommendation 1: Enlist personnel in the community in the process to identify at-risk older adults 7

Recommendation 2: Build strong databases and use existing data to create “heat maps” 7

Recommendation 3: Use campaigns to raise awareness and reduce stigma 7

Summary of group and plenary discussions 9

Discussion of recommendation 1: Enlist personnel in the community in the process to identify at-risk older adults 9

Results of working group discussion on recommendation 1 9

Summary of the plenary session about recommendation 1 11

Discussion of recommendation 2: Build strong databases and use existing data to create “heat maps” 12

Results of working group discussion on recommendation 2 12

Summary of the plenary session about recommendation 2 14

Discussion of recommendation 3: Use campaigns to raise awareness and reduce stigma 16

Results of working group discussion on recommendation 3 16

Summary of the plenary session 17

Final remarks of the stakeholder dialogue 17

Comments on the policy brief 17

Policy Briefs and Stakeholder Dialogues of the Swiss Learning Health System

The Swiss Learning Health System (SLHS) was established as a nationwide project in 2017. One of its most important objectives is to bridge research, policy, and practice. For this, an infrastructure supporting learning cycles will be provided. Learning cycles enable the ongoing integration of evidence into policy and practice by:

- continuously identifying issues and questions that are relevant to the health system,
- summarizing and providing relevant evidence from research, and
- presenting potential suggested solutions and courses of action.

Key features of learning cycles in the SLHS include the development of policy briefs that serve as a basis for stakeholder dialogues. Issues or questions that are identified to be further pursued are monitored for potential implementation and eventually evaluated to inform new learning cycles as well as to support continuous learning within the system.

A policy brief describes the respective issue or respective question by explaining the relevant contextual factors and describing a number of (evidence-based) suggested solutions or recommendations. For every suggested solution or recommendation, the policy brief explains relevant aspects and potential barriers and facilitators to their implementation.

During a stakeholder dialogue, a group of stakeholders discusses the issue or the question, the proposed recommendations, and possible barriers and facilitators presented in the policy brief. The aim is for all stakeholders to develop a common understanding of the issue and collaboratively discuss and compile potential courses of action for the solution of the issue.

Box 1: Brief presentation of the policy brief "How do we identify socially isolated and lonely older people in Switzerland?"

> The policy brief focuses on identifying socially isolated and lonely older people over the age of 65 within the Swiss setting. Although there are numerous studies about how to prevent and reduce social isolation and loneliness at old age, little is known on how to identify individuals who are at risk of or affected by isolation and loneliness. This information is key to improve the efficacy and effectiveness of isolation and loneliness projects initiated at local, regional or national levels.
>
> The policy brief presents the background and context of social isolation and loneliness, including their risk factors and impact on health, as well as some facts and figures from Switzerland. The policy brief outlines common methods suggested by scientific and grey literature, as well as obstacles to identification. Three recommendations are provided to address the issue of identifying the socially isolated and lonely older adults in Switzerland. Following this section there is a review of possible facilitators and barriers to implementing the recommended approaches in practice.

Both the policy brief and the summary of stakeholder dialogue on "How do we identify socially isolated and lonely older people in Switzerland?" will be available in May, 2021 on the SLHS website: https://www.slhs.ch/en/learning-cycles.

Definitions of key concepts and organisations

Social isolation

It is an objective state that refers to the quantity of social relationships a person has with family, friends, groups, the community and society (de Jong Gierveld et al., 2006 and Jopling, 2015).

Loneliness

It is a subjective and negative experience that addresses difference between the quantity and quality of relationships and contacts we wish for and those we actually have (de Jong Gierveld et al., 2006 and Jopling, 2015).

Older people, old age, elderly, later life

Individuals aged 65 and over. In consistence with the previous policy brief (Dawson-Townsend et al., 2017) of the Swiss Learning Health System (SLHS), we focus on older adults aged 65+.

Spitex Schweiz

The non-profit home care in Switzerland. It provides services that can be to a large part reimbursed by health insurance.

Pro Senectute Schweiz

The biggest service provider for the elderly Swiss. It gives advice and assistance and organises leisure activities.

Gesundheitsföderung Schweiz

Health Promotion Switzerland

Netzwerk Psychische Gesundheit Schweiz

Mental Health Network Switzerland

Brief summary of the virtual stakeholder dialogue

On the 10th of February, 2021 the SLHS hosted a stakeholder dialogue on the topic “How do we identify socially isolated and lonely older people in Switzerland?” over Zoom. The dialogue brought together 11 stakeholders from the French- and German-speaking parts of Switzerland. The stakeholders were either directly or indirectly involved in projects in relation to loneliness, social participation and integration or social isolation among older people. They represented local and regional authorities, senior organisations, NGOs, as well as educational institutions.

During the dialogue, participants were divided into three working groups to facilitate in-depth discussions about the pros and cons of the three recommendations presented in the policy brief, and to give suggestions for implementations. In the parallel session, every group discussed during 15 to 20 minutes what they favoured, opposed, and made possible suggestions for improvement. Then in the plenary session (30-40 minutes), after each group presented the results of the group discussion, other participants could ask questions and give their comments. The participants discussed who should be and how to be involved in the identification process, available loneliness/isolation data and resources in Switzerland, possibility to use heat maps and how campaigns could be used to raise awareness and reduce stigma.

Key points of the dialogue

Recommendation 1: Enlist personnel in the community in the process to identify at-risk older adults

Stakeholders agreed that it is possible to enlist personnel working and living in the community in identifying lonely or socially isolated older people:

- Engage not only the professionals such as GPs (general practitioners), psychologists, nurses and social workers, but also personnel who come into daily contact with older people. These personnel include but are not limited to Spitex employees, staff working in communities and local stores (e.g., butchers), hairdressers and neighbours;
- It is important to train personnel working and living in the community so that they can gain skills or ability to identify older people at risk of or affected by loneliness or social isolation;

Points that need to be clarified:

- Preferences of the older people: respect those who wish to live alone and those who do not want to be contacted; do not force them to have more social contacts or social interactions;
- Empower older people and let them decide if they should join social activities;
- Coordination between different personnel, organisations or associations is important;
- Find or create places where older people can easily join in social events;
- How to empower trained personnel.

Recommendation 2: Build strong databases and use existing data to create “heat maps”

The stakeholders suggested that no matter in the data collection process or in analysis of existing data, there are issues around the legal basis for data collection and data usage. For example, such issues may include respecting people's privacy when collecting and generating new data, as well as avoiding sharing of data across different organisations or agencies.

With respect to heat maps, there was disagreement about whether the mapping approach should be adopted in Switzerland, what regions or areas would be appropriate for mapping and what data could be used for mapping. Some reckoned that heat maps might be useful for big cities where data might be available, while others argued that large datasets were not exact enough to create a heat map and mapping might be better for smaller regional areas. Some stakeholders stated that heat maps could serve as an identification tool when both levels of needs and resources are included in the map, so that one could learn from the well-resourced and low-risk areas. However, no consensus emerged from the stakeholder dialogue on whether heat maps should be developed for Switzerland.

Recommendation 3: Use campaigns to raise awareness and reduce stigma

All stakeholders acknowledged and agreed that it would be possible to launch awareness campaigns in Switzerland. However, campaigns should not stigmatize older people who want to be alone/isolated and should avoid reinforcing negative images of old age. It was recommended that campaigns should not just target at older people, but also include other age groups, as loneliness and social isolation could occur to individuals at different stages of life.

In addition, the stakeholders agreed that it would be important to have long-lasting campaigns that run for several years and engage in various organisations/institutions. Given the high costs of large-scaled and long-lasting campaigns, it would be necessary to perform impact evaluations. Furthermore, they suggested that integrating the topic of loneliness and social isolation into regular school education would be a good way to promote sustainability.

Summary of group and plenary discussions

A summary of the discussions during the stakeholder dialogue is presented below. Direct quotes from stakeholders are indicated in *"italic"*.

Discussion of recommendation 1: Enlist personnel in the community in the process to identify at-risk older adults

The first recommendation presented in the policy brief is to enlist trained personnel in the community in the process of identification. Overall, the main arguments shared by all three working groups are in line with recommendation one from the policy brief. Some stakeholders shared good practice examples based on their work experience and expertise.

All three groups acknowledged and agreed that trained personnel, medical professionals and staff of senior organisations in particular, could play an important part in identifying lonely/isolated older people. The major points are described below:

- Healthcare providers (e.g., GPs), employees of senior organisations such as Pro Senectute, social workers, home care providers (e.g., Spitex) are considered as well-trained professionals who have professional competence to identify lonely and isolated older adults. Physicians, for example, can give social prescriptions to elderly patients who might be lonely or isolated to encourage them to participate in social activities;
- Train individuals who are not professionals but who may come into contact with or can reach older people on a daily basis. These people could be neighbours, postal service workers, hair dressers, bakers, butchers, sales staff in shops, bus drivers.

Results of working group discussion on recommendation 1

The following are detailed results generated by the group discussions in relation to recommendation one:

Group one suggested that physicians are the first access to lonely/isolated people, because they can directly obtain information regarding patients' biological, psychological and social conditions in clinical practice. Physicians can recognize elderly patients who are lonely/isolated, thus they play a very important role in the identification process. In addition to physicians, they argued that senior organisations are also important. Based on the stakeholders' work experience, they found that although there are many senior associations which have done lots of work for the older people, there is insufficient coordination among those associations. They should improve coordination in order to reach more isolated people. Furthermore, it is hard for senior associations to attain some older people, and they need support from people who may come into daily contact with the elderly. These people could be housekeepers, butchers, bakers, staff in shops, who meet and talk to older people during their work. These people can also be trained to identify and recognise the lonely older people by talking with them. The city of Geneva, for example, offers special trainings on social work to housekeepers. Group one also suggested that it is important to create places for older people to meet each other. They explained it with an example. In canton of Vaud, the senior organisation Pro Senectute initially phoned older people before Christmas, but then they noticed that some of the elderly did not like telephone calls. The cantonal government then selected some meeting points for older people. Social workers and Pro Senectute organised various meetings and activities for older people who were willing to meet more people or build social networks. Moreover, group one

suggested that crises could provide good opportunities to detect the lonely/isolated. For instance, during the Covid-19 pandemic, when older people come for vaccination, it is possible to see who is alone and ask them if they would need more contact with other people. When there is extreme heat in summer time, social workers could call older people and ask if they would want to be visited. As some older people are susceptible to phone (or letters) scams and fraud, social service or health service providers could visit them at home. However, for some isolated people who have lost mobility, *it is really hard to keep in touch with them*. The final remark of group one is not to force people to have social interactions. *If they want to stay alone, we have to respect what they really want*. However, we should also be aware that some individuals need to be encouraged to build social connections.

Group two first discussed about the importance of professionals that work together with older people. The stakeholders considered home care providers (Spitex) and GPs are the most important personnel that can participate in identifying the lonely or isolated elderly. They argued that GPs could provide social prescriptions to elderly patients who might be lonely/isolated and direct them to activities that offer social support. Group two suggested that social counsellors of Pro Senectute who can comprehensively assess an older person's overall situation, and old age representatives in communities may also play an important part in approaching older people. For example, Pro Senectute offers visiting services to older people and makes telephone calls on their birthdays. Furthermore, group two reckoned that death is an important topic that is associated with and is *often a trigger for loneliness*. The group suggested that morticians, churches and municipalities could organise activities such as mourning coffees for seniors who have lost life partners or other family members. Palliative care was considered to be another option as it is specialised medical care that does not only focus on patients who will die but also on their families. Moreover, the stakeholders suggested that besides the health/home care professionals or senior organisations, it would be important to include relatives, neighbours, hair dressers, bus drivers, and podiatrists in identifying the lonely/isolated elderly. These people may often come into contact with older people, and they may act differently from medical doctors who might not feel it is their profession to talk about social issues (loneliness/isolation) other than mental health problem caused by loneliness/isolation. Group two considered loneliness and social isolation to be a social problem rather than a medical problem.

Group three had similar discussions as the other two groups, but in part they focused not only on the engagement of healthcare and social professionals, but also on specific advantages and disadvantages. They suggested *one advantage of bringing in trained professionals is certainly in part because they already have the access. To the target groups, the professionals have the expertise, which can form a linked point to include other people and to develop specific interventions*. Similar to the first two groups, group three also agreed that not only *the specifically trained health personnel or psychologically trained personnel*, but also individuals who often come into contact with older people play an important role. For instance, staff providing *services of daily needs* and those working *in stores* may meet older clients on a daily basis. Group three suggested a *two-stage approach*. At the first stage, individuals who are in contact with older people should *know how to deal with it if they find a problematic situation somewhere*. At the second stage, *indirect access is the keyword*, i.e., *neighbourhood work and especially in relation to people who regularly come into contact* with older people and how *can* low-threshold contact points be formed where these people can turn to. These people do not only refer to the vulnerable people, *who are generally difficult to reach, but also those who have identified a possible deficit somewhere*. Group three suggested although there is no definite answer to this approach, it would be important to consider this question. The group also discussed a few critical points. With regard to the term *identification,* the group argued that it is vital to be clear if the policy

brief is *really about identifying, or about empowering people or strengthening*, or *just about identifying resources or strengthening those resources*. They also mentioned that *the problem associated with identification is to some extent already documented in reports and (scientific) papers*, *i.e., the protection of personality and the circumstance also about people that are disposed, when we identify people we identify against their will*. Moreover, the group brought up the topic of *deficit orientation*, which *is a keyword not just in relation to the identification of lonely/isolated individuals but* also *about the whole issue* (of loneliness/isolation). It is important to be certain that *who is lonely, who has a problem and who does not want to be identified*. Besides, group three stated that *older people who are well-supported and identified are usually better in mental health than young and middle-aged people*. They stressed it would be necessary to define the target group so as to stay on track. They also mentioned that *this perspective could be complemented with a salutogenetic approach or simply by orienting resources*. Furthermore, group three addressed that *accessibility could possibly be better enhanced through neighbourhoods*. They stated that *it is somewhat connected to the indirect access through personnel whose work is related to older people's daily needs*. And they deemed that older adults who receive services still have a certain level of social contacts. For individuals who are really socially isolated, group three recommended accessibility through neighbourhoods as an optional identification method.

Summary of the plenary session about recommendation 1

In the plenary session, in response to group three's comment on the term identification vs. empowerment, one stakeholder pointed out that identifying older people who are lonely/isolated would be the first step, which should be followed by empowerment. Furthermore, two stakeholders stressed that we should address the loneliness problem while respecting individuals' voluntary decisions, as addressed in the group discussions. If people want to live alone, we should not intervene as long as their health is not negatively affected by their lonely lifestyle. We should accept that for some individuals, "to be lone" is a personal decision. Some older adults have lived their whole life alone and they have no problem with it, while others suffer a lot from being alone. Among people who feel lonely, there are also people who are able to find their own way to solve the loneliness problem by strengthening their social ties. Therefore, it is very important to render the information that we do not want to find every lonely/isolated person and we do not want to intervene the life that they have chosen. Following this discussion, one stakeholder pointed out that social prescription is in fact a way to empower elderly patients, who can make their own decisions if they want to use the prescriptions or not. The most important thing is that they are not pushed or forced to participate in social activities.

Furthermore, one point raised was how to reach immigrants who do not speak any of the Swiss official languages. One suggestion was to enlist community workers to get hold of them. One stakeholder also addressed the importance of getting volunteers engaged in the identification process. In senior organisations, some volunteers organise a lunch break in activity centers in new districts or communities. The volunteers are able to afterwards implement through long-term work on site. People who join such activities do not have anywhere else to go, so they can come to meet other people for lunch or conversations in coffee groups. In addition to the activities described above, new creative approaches should be developed to encourage people to come to those places and communicate with others.

Discussion of recommendation 2: Build strong databases and use existing data to create “heat maps”

The second recommendation presented in the policy brief is to build a strong database or surveillance data using assessment tools and to use existing data to create heat maps. However, during the working group discussions, participants mainly highlighted the importance of data protection in data collection and data analysis, and discussed whether it would be possible to apply the approach of heat maps in Switzerland. Several stakeholders argued that heat maps could be used in big cities, whereas the majority claimed that it was not necessary to implement them in the Swiss setting.

Results of working group discussion on recommendation 2

Suggestions and comments made by participants include (see Table 1):

Table 1: Key results generated in group discussions about recommendation 2

Groups	Suggestions	Comments
Group 1	• In big cities, mapping is a good method because data is available and there is a chance to implement it; • An example from Geneva: The city of Geneva is divided into different parts with the cartography technology. The number of roads, parks and schools can be identified to define the structure of each municipality. Depending on the structures, it is possible to identify places such as cafés or places without dangerous roads, where older people can meet. Mapping makes it possible to detect people (who are lonely/socially isolated) as well as to take actions.	• Mapping is not possible for small towns or rural areas. Other tools are needed to reach people 65+. As suggested for recommendation one, talking to people who come into contact with older people every day, e.g., butchers, bakers, staff in supermarkets, postal service workers and neighbours; • Big data problem: Managing personal data in large quantities is problematic because people are concerned about privacy and data protection, which we must respect. Thus, it is not possible to share data across different organisations or associations.
Group 2	• In Switzerland, there is already good data about in population health, including loneliness, such as the Swiss Health Survey data and the Swiss data for the Survey of Health, Ageing and Retirement in Europe (SHARE); • People know that there are lonely individuals but they are not aware of the negative impact of loneliness; • Heat maps may be an additional tool but are not extremely necessary.	• There is already enough statistical data, but the implementation of the data is lacking; • Inventory analysis of offers (of programs) in regions is rather important to check what is already available, where, when, and what is covered; • Although there are many events and offers, they are carried out sporadically and there is a lack of continuity; • Offers from different organisations should be coordinated; • It is important to sensitize the population with awareness campaigns. Maybe it would be possible to create awareness through the form of heat map; • Loneliness is a hidden taboo, so some people may feel inhibited/embarrassed when filling out loneliness forms.
Group 3	• Requirement for creating a heat map: It would be good to use heat maps when the level of need and level of resources are both included in the map. For example, find out where there are loneliness and social isolation, what programs, what clubs and groups are there and include them in heat maps; • Best case – identify geographical areas with both lower levels of problem as well as better resources, and learn from both situations.	• Data should not contain personally identifying information, hence it needs to be anonymised; • Open Question: where does the data come from. For instance, Swiss Household Panel does not contain enough data on people over 65, so it is not exact enough to create a heat map. Representative communities and lots of data are needed to create an effective heat map; • Heat maps may be better for small regional areas, e.g., some of the cities suggested by group one.

Summary of the plenary session about recommendation 2

In the plenary session, with regard to group three's results, one stakeholder argued that the level of the loneliness problem is not very relevant, as this problem is universal in Switzerland. He stressed that loneliness can occur to both rich and poor people, in rural areas and cities. Nevertheless, he agreed that it is important to identify the level of resources in small regional areas, e.g., what programs are there and where can people go for help. He stated that people need to be motivated to participate in social activities or join groups. Another stakeholder had a similar opinion. The stakeholder further added that finding municipalities, communities or regions with particularly well-established programs is important because others can learn from them. This would be a type of resource orientation rather than identification of deficit. One stakeholder, however, argued that heat maps that are often used in England may not be suitable for Switzerland. She claimed since the degree of social inequality in Switzerland is not as great as that in the UK, richer and poorer areas are often mixed. Besides, there are few large cities in Switzerland. It would be hard to compare the number of lonely people in large and small areas. Two other stakeholders confirmed this claim based on their own work experience. They argued that the severity of the loneliness problem is very similar between richer and poorer areas in Zurich city, and this is particularly true for people living alone. They stated that the reason could be that there is no extreme social stratification and no big difference in people's living conditions.

At the end of this session, the participants had extensive discussions about whether the heat maps should be implemented in Switzerland. The majority believed that it is not necessary to adopt heat maps. Arguments in favor of the mapping approach and opposing arguments are described in Table 2:

Table 2: Arguments about the heath maps approach in plenary session

Arguments for	**Arguments against**
This approach is important in large cities, like Zurich, Basel, Geneva, Lausanne, maybe Lugano. It can be useful, but may not be suitable for the entire Switzerland	The heat maps are a scientific approach that is not necessary to be used in Switzerland. There is enough loneliness data. The most important thing is campaign of sensibilization to raise people's awareness about the loneliness issue and its health consequences.
Although there are a few indictors for loneliness in Switzerland, it is unknown if they are reliable enough. The expense of collecting reliable data that covers many regions of Switzerland can be very high. Therefore, it makes sense to apply the mapping approach for some parts of Switzerland. The heat maps should be used to identify existing projects for older people and their impact. Some well-established initiatives such as Netzwerk Caring Communities[1], may not be directly associated with loneliness and social isolation, but there is possibility to integrate loneliness and social isolation programs.	There is no need to have heat maps. Heat maps might be helpful for finding areas without any loneliness program or meeting points as well as communities of good practice, to see why some programs are successful while others have failed. However, the following methods will probably be very useful: • Spread knowledge of loneliness and its negative effects on health, perhaps via campaigns; • Enlist people to help their lonely elderly neighbours or relatives to avoid premature death; • Spend time with the lonely elderly by either talking with them or having a coffee together, etc.
	Caregivers who work in nursing homes or Spitex come into direct contact with older people regularly. They could in theory play an important part in tackling elderly loneliness. However, there is a limitation in the payment system. Caregivers are only paid for providing medicine or healthcare related services, but not for chatting with the elderly. This is a health policy issue that needs to be solved.
	Voluntary initiatives at the community and cantonal levels are also good measures in combating loneliness and social isolation. For instance, in canton Zug, individuals can collect social credits by spending time with or helping elderly people. When the volunteers are in old age, they can use these credits to get similar support as they have provided to other people. Similar voluntary projects exist in other cantons as well, such as Vicino Luzern. The concept of these voluntary initiatives could be disseminated to the public via social media, which may increase people's awareness about loneliness/isolation.

[1] Further information is available at: https://caringcommunities.ch/.

Discussion of recommendation 3: Use campaigns to raise awareness and reduce stigma

The third recommendation described in the policy brief is to launch campaigns to raise awareness and reduce stigma around loneliness and social isolation. All participants acknowledged that awareness campaigns are a useful tool that could be implemented in Switzerland. They proposed approaches on how to launch an effective campaign and discussed what actions could be included in a loneliness/isolation campaign and what problems might arise in a campaign.

Results of working group discussion on recommendation 3

The major points brought up by participants are presented below (see Table 3):

Table 3: Key ideas emerged from group discussion of recommendation 3

Groups	Suggestions	Further comments
Group 1	• Apply fictional motion pictures about elderly people; • Adopt the idea of photo exhibition of elderly people; • Encourage volunteering in big housing buildings; • Launch sensibilization campaigns in schools; e.g., an elderly person reads books to school children or encourage older people to look after and spend time with children; • Promote cohesion between generations by organising intergeneration sessions, such as neighbourhood support.	• Images of older people in campaigns should be positive and targeting elderly people as consumers • Campaigns should not be deficit oriented; • Covid-19 pandemic is worsening the image of elderly people; • Campaigns should not stigmatize people who wish to be alone.
Group 2	• Raise awareness of the harmfulness of loneliness and isolation; • Communicate in digital channels, e.g., to young people; • Involve national or local media (not just sporadically); • Awareness raising is not a one-time-only action, but should be strengthened over several years via different channels and best practice; • Partner with influential national organisations such as Health Promotion Switzerland; • Learn from campaigns on other issues: “sicher stehen - sicher gehen”[2] to increase engagement against fall accidents and "Wie geht’s dir?"[3] to promote mental health; • Increase lasting effects of campaigns by introducing “loneliness and isolation in old age” in the general education system.	• Use positive language: e.g., focus more on lack of knowledge about the impact of loneliness rather than “stigmatization”; • Successful campaigns require large financial investments and administra-tive efforts

[2] Further information is available at: https://www.sichergehen.ch/.
[3] Further information is available at: https://www.wie-gehts-dir.ch/.

Group 3	• Ensure sustainability of loneliness/isolation projects; • Examples of how to reach the target audience: provide preventive counselling, write directly (letters) besides using posters; • Focus also on other age groups, do not reinforce negative images of old age (loneliness is also a problem of young people); • Promote cooperation and coordination among different organisations/institutions.	• Use positive language: focus on social integration and participation instead of isolation; • Estimate the cost/benefit ratio; • Assess the effectiveness of the campaigns and conduct impact evaluation; • Define the target audience: specific groups or the general public.

Summary of the plenary session

In the plenary session, participants stressed the feasibility of using campaigns to educate the public about the loneliness and social isolation issue and their effect on health, to explain what efforts can be done to improve the current situation and how to become engaged in actions tackling this issue.

Final remarks of the stakeholder dialogue

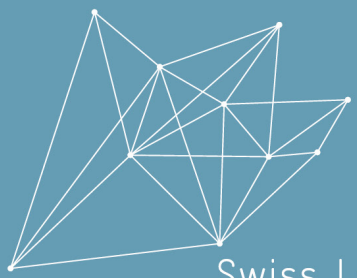
At the end of the stakeholder dialogue, participants discussed what still needs to be done to fight loneliness and social isolation. Key ideas generated in this session are as follows:

- Behavioural and socioeconomic situation is much more important than physical problems, thus primary care providers (physicians and nurses) should have rapid and paid access to social counselling. Social counselling services should be invoiced according to the tariff system for outpatient medical services TARMED;
- The decade of "healthy aging" has begun: health is not merely the absence of disease, but it also implies being able to do whatever one wishes to;
- During the Covid-19 pandemic, cancellation of social activities and lockdowns may lead to social withdrawal and forced social isolation;

Furthermore, participants were asked who or which organisation should take the lead and how to work together to address the matters discussed during the stakeholder dialogue. No consensus emerged on further engagement and collaborations. However, some participants recommended important stakeholders that should play a part in tackling loneliness and social isolation as well: Vicino Luzern, Gesundheitsförderung Schweiz (Health Promotion Switzerland) and Netzwerk Psychische Gesundheit Schweiz (Mental Health Network Switzerland).

Comments on the policy brief

After the stakeholder dialogue, the author has revised the three recommendations presented in the policy based on some key ideas emerged from the stakeholder dialogue. The author would like to sincerely thank all the stakeholders for their time and valuable contributions to both the stakeholder dialogue and the policy brief.



Swiss Learning
Health System