COMBATING LONELINESS, SOCIAL ISOLATION AND RISKS TO HEALTH FOR ELDERLY CITIZENS.

A collaboration between Lemvig Municipality and The Hague University of Applied Sciences

Funded by Erasmus+ Adult Education

4. November 2026

Lemvig Kommune

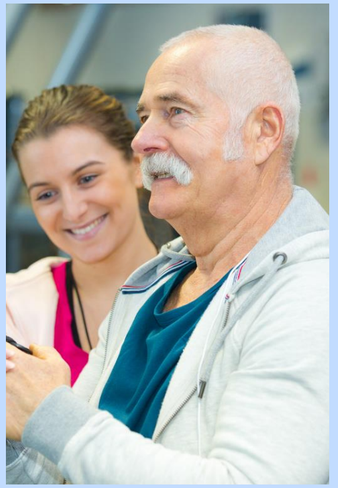
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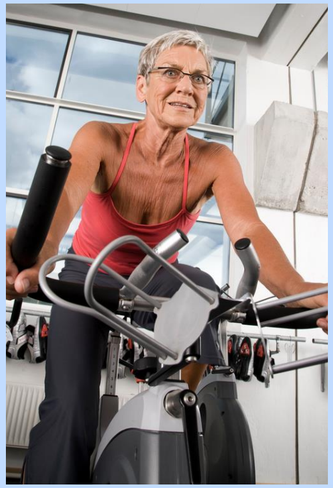
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PROGRAM

- Introduction to the project - Lemvig
- Loneliness and Positive Health Methodology - The Hague
- Age-friendly cities - The Hague
- The recommendations - Lemvig
- Next steps
- Questions and answers







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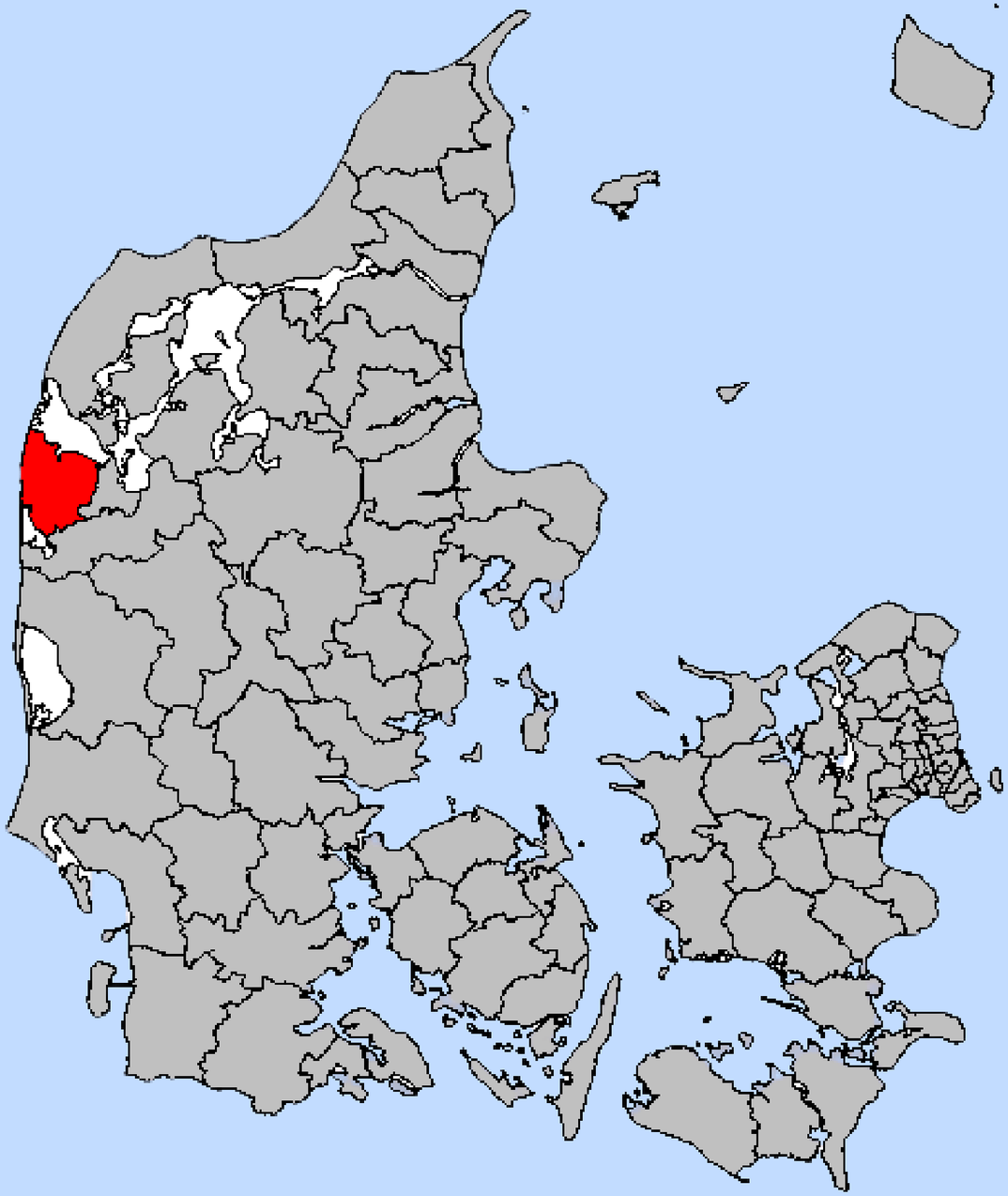
ABOUT LEMVIG

POPULATION & DEMOGRAPHICS

- Population: ~18,500 (2026)
- Density: ~36 people/km²
- 30 % of the population in Lemvig are 65+ and increasing
- Nearest hospital: Gødstrup (100 km from Thyborøn)
- Local health centers in Lemvig and Bøvlingbjerg
- Active communities and civil society

LONELINESS & SOCIAL ISOLATION

- In Lemvig 9 % showed signs of loneliness and social isolation in 2025
- No systematic and evidence-based approach exists to address loneliness in the public nor third sector in Denmark
- Persistent loneliness increases the risk of several health problems, such as high blood pressure, cardiovascular disease, sleep disturbance and depression
- A meta-analysis of mortality studies show that loneliness increases the risk of early death

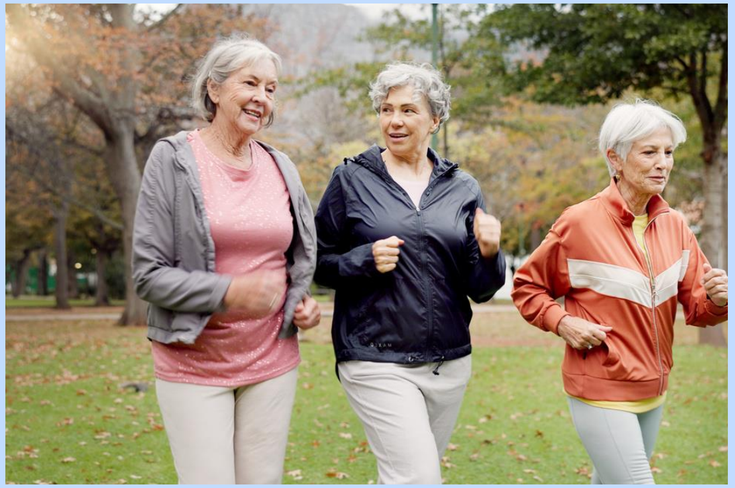


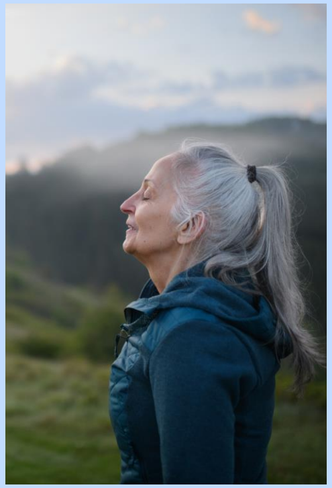
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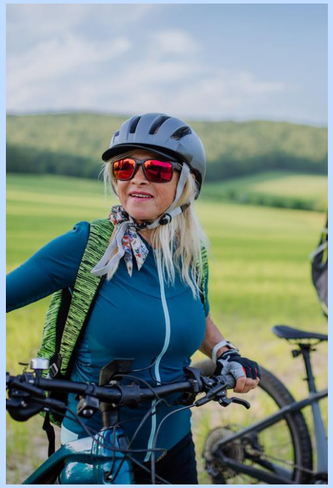
ABOUT THE PROJECT

TARGET
Strengthen togetherness, combat loneliness and social isolation
Knowledgesharing and exchange of experince
Develop a local action plan and recommendations for similar small municipalities

WHY
Prevent negative health effects - for elderly citizens 65+







The project period was August 2025 – October 2026.

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ABOUT THE PARTNERSHIP

PARTNER

- The Hague University of Applied Sciences
- The Positive Health Methodology
- The Netherlands is known for age-friendly initiatives

THE COLLABORATION

- Informal and warm
- Monthly online meetings
- Study trips

WHAT DID WE GAIN

- Theoretical perspective on our work
- Introduction to new research that sparked fresh ideas, and offered inspiration from a community with similar characteristics and challenges.

WHAT WAS DIFFICULT

- The language :)



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THE HAGUE



LEMVIG



LEMVIG

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Using Positive Health in Combatting Loneliness

Yvonne van Zaalen

Professor of Relational Care

Infarction of our care system

Time for change is now: goal setting & priority



Disease

- Care professional
- Medication or intervention



Societal problem

- Welfare professional
- Building networks



Loneliness

- Art professionals & volunteers
- Sense of Belonging



Financial problem

- City counsil
- Budget training

HEALTH

defined

- WHO 1948 definition: **a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity**

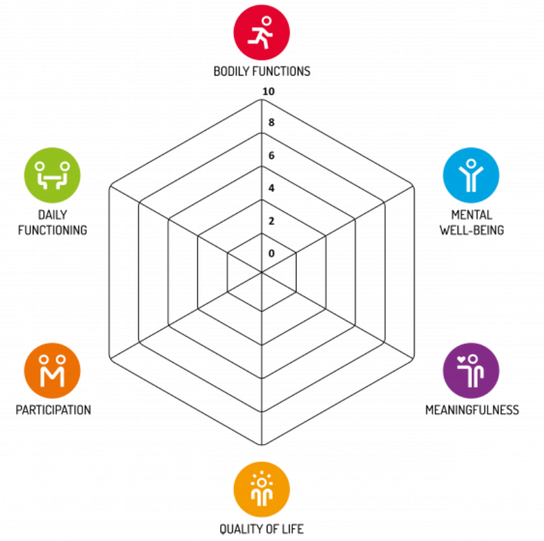


Positive Health: A 'new', dynamic, definition of health

Health is broader than the absence of disease or symptoms. An increasingly central role is played by other aspects, such as resilience, sense of purpose, meaningfulness and self-management.

Machteld Huber

- 6 core dimensions, each with multiple indicators
- Questionnaire 44 items (6-8 for each dimension)
  - Aimed to have ‘the good conversation’



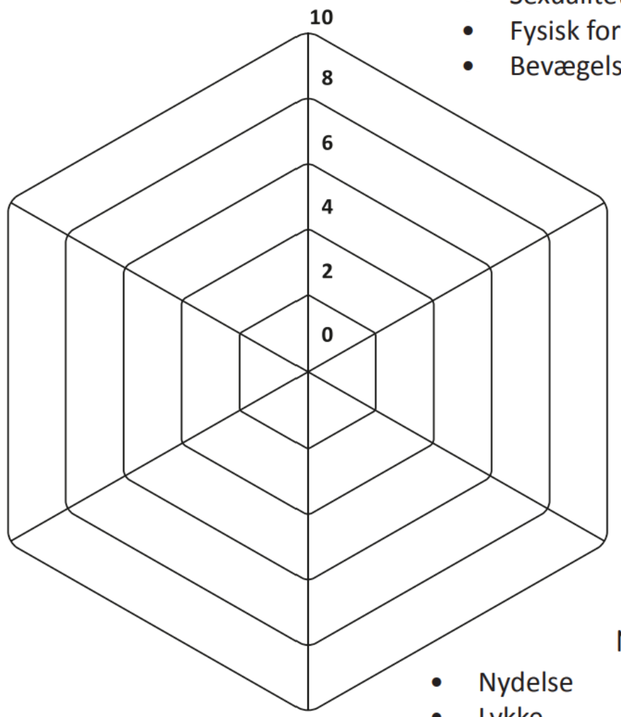
MIN POSITIVE SUNDHED

KROPSLIGE FUNKTIONER

- Helbred
- Rask
- Ingen fysiske klager eller smerter
- Søvn
- Kost
- Sexualitet
- Fysisk form
- Bevægelse

DAGLIGE FUNKTIONER

- Klarer mig selv
- Kender mine begrænsninger
- Kendskab til egen sundhed
- Styr på egen tid
- Styr på budget
- Kan arbejde
- Kan bede om hjælp



MENTALT VELVÆRE

- Hukommelse
- Koncentration
- Kommunikation
- Glæde
- Accepterer mig selv
- Håndtering af forandringer
- Følelse af Kontrol

FÆLLESSKAB

- Sociale kontakter
- Bliver taget seriøst
- Laver sjove ting sammen
- Støtte fra andre
- At hører til
- Laver meningsfulde ting sammen
- Interesse i samfundet

MENINGSFULDHED

- Meningsfuldt liv
- Livsglæde
- Opfyldelse af drømme
- At have tillid
- Accept
- Taknemmelighed
- Livslang læring

LIVSKVALITET

- Nydelse
- Lykke
- Velbefindende
- Balance
- Tryghed
- Intimitet
- Boligsituation
- Fornuftig økonomi

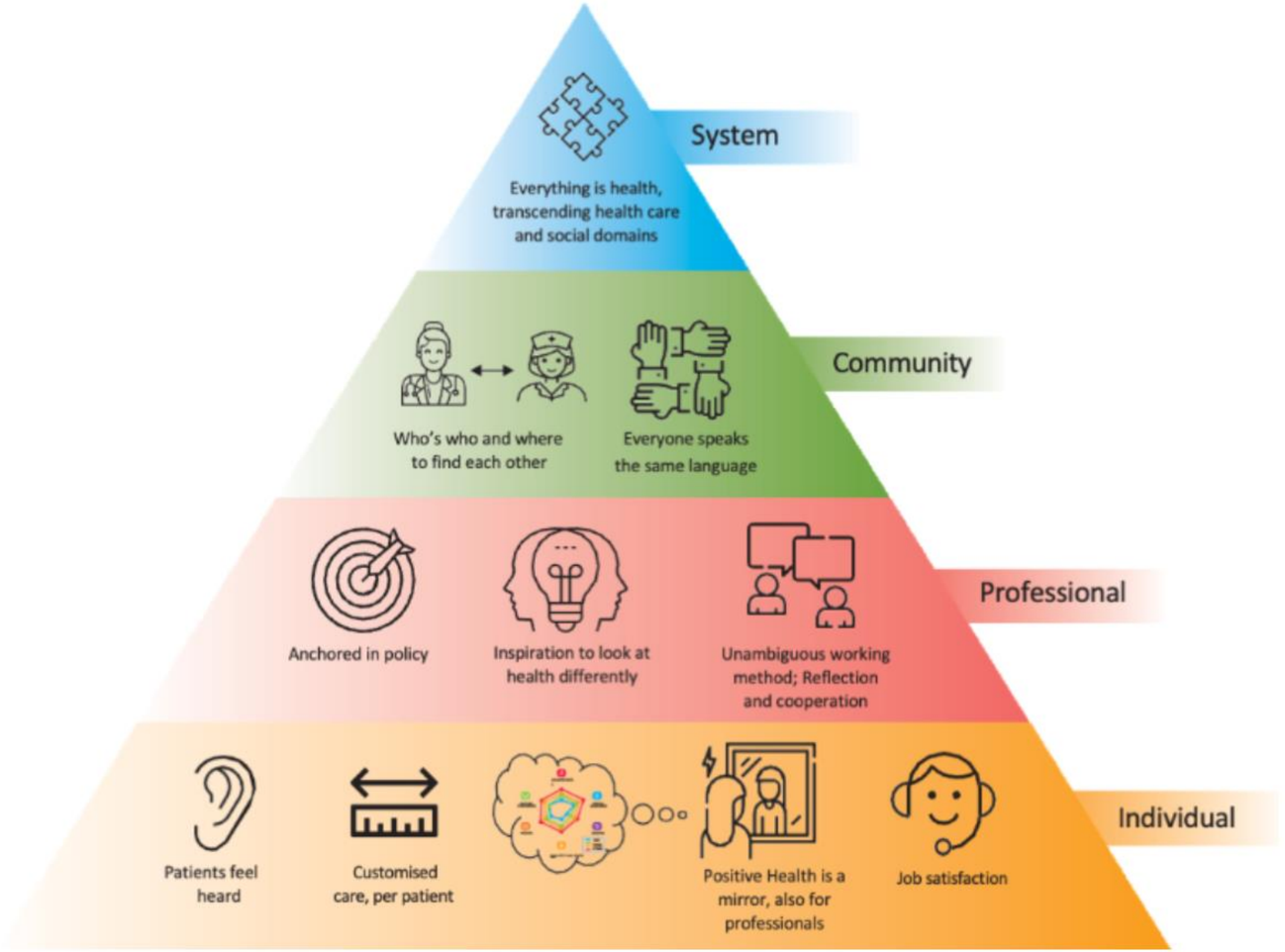
Benefits on multiple levels

Speaking the same language

WHAT ARE THE BENEFITS?

With Positive Health you can discover untouched potential on different levels. On:

- Individual level - self as (health) professional and your patients
- Professional level - as well as in your organisation
- Community level - optimise collaboration
- System level - regional or (inter)national



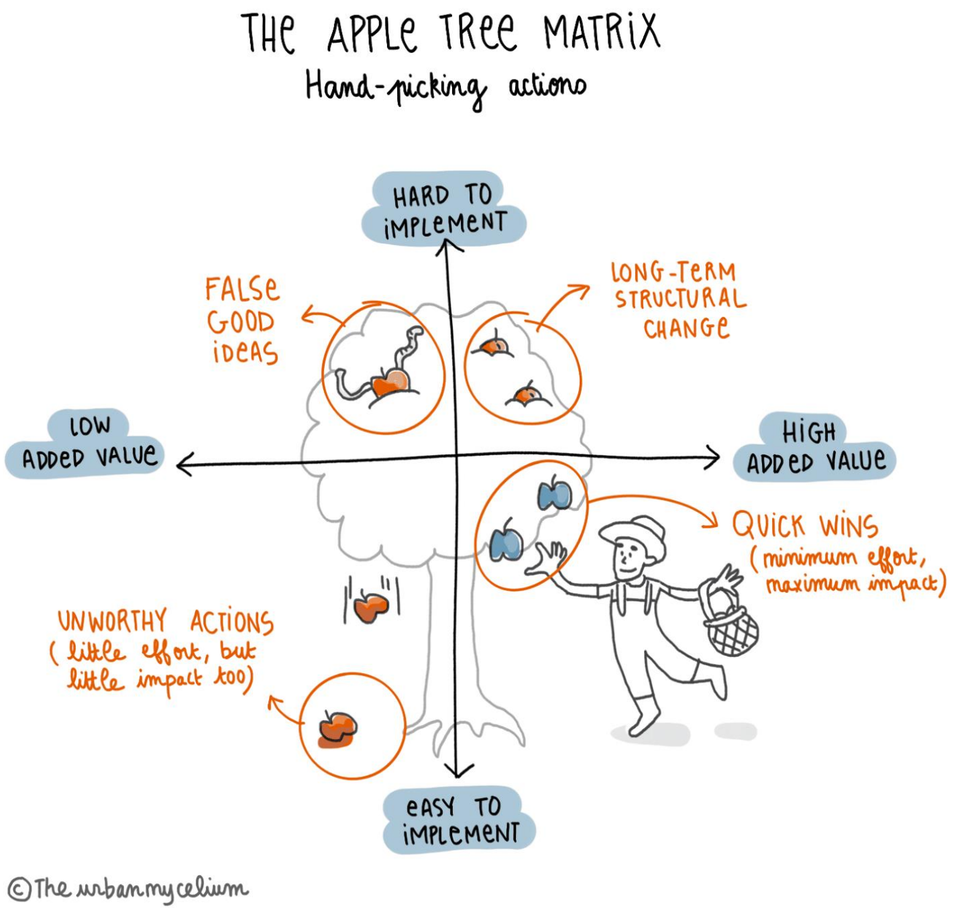
Doing what you always have done or change??



INNOVATIONS

Municipalities & providing care

Our advice: go for the quick wins



Quick wins

- Stop unnecessary actions.
- Stop providing what citizens can do.
- Think differently about care: stop doing things that you just do, because you always did it like this.
- Be more effective by doing less.
- Loneliness: something that needs to be treated or avoided?

Loneliness



Emotional Loneliness: Stemming from the absence of an intense, intimate relationship, such as a romantic partner or close friend, leading to feelings of emptiness.



Social Loneliness: A deficit in social connection, feeling left out, or lacking a network of friends/community.



Existential Loneliness: The feeling that one is inherently separate from others and the world, often viewed as an unavoidable part of the human condition.

Situational Loneliness: Triggered by specific life changes like moving, bereavement, or job loss.



Chronic Loneliness: A persistent, long-term state combining various types, which often requires active intervention.



let’s change

YOU. US. THE WORLD.



AGE-FRIENDLY ENVIRONMENTS AND URBAN DESIGN FOR HEALTHY AGEING

DE HAAGSE HOGESCHOOL

Joost van Hoof DSc PhD

Professor of Urban Ageing & Chairperson of the Knowledge Platform Age-Friendly The Hague

4 November 2026, Lemvig, Denmark


Gelateria
CARTE D'OR
VIENNA
SALE
VIENNA

Global Age-friendly Cities: A Guide



World Health Organization

World Health Organization

Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

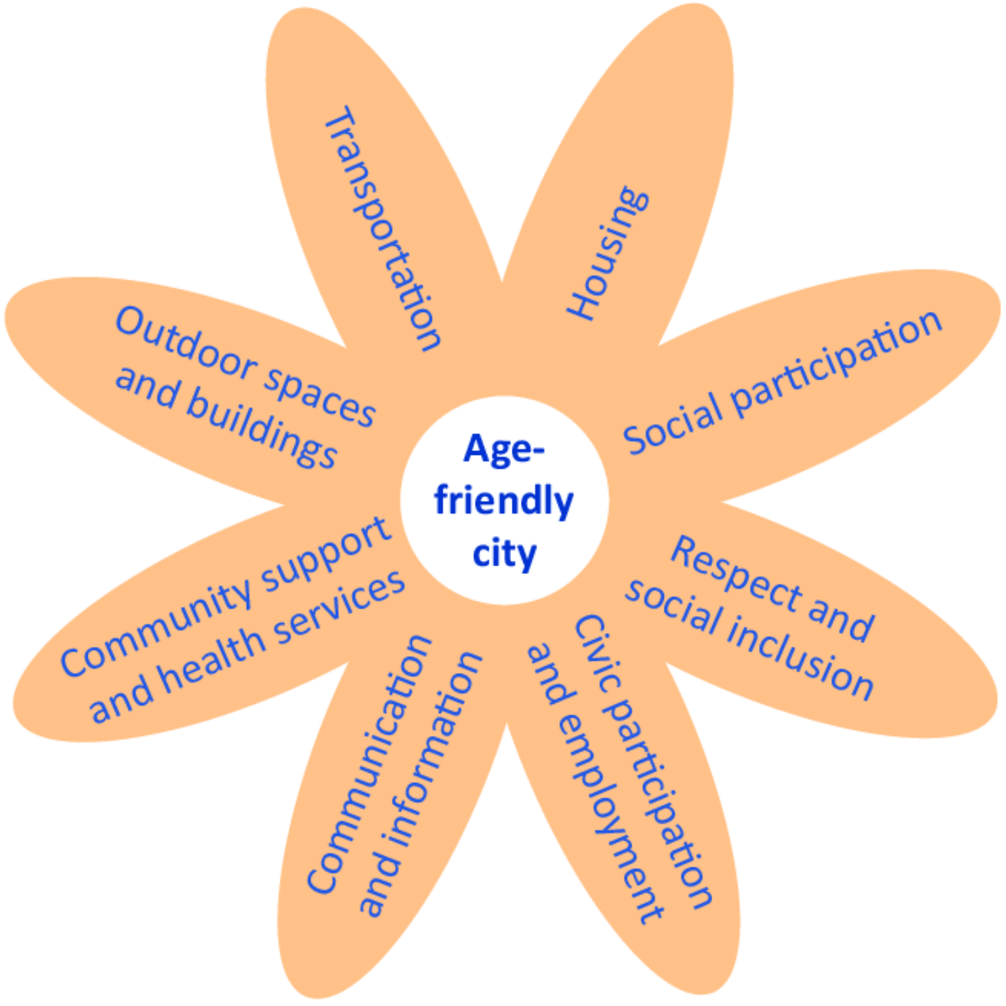
This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

Outdoor spaces and buildings

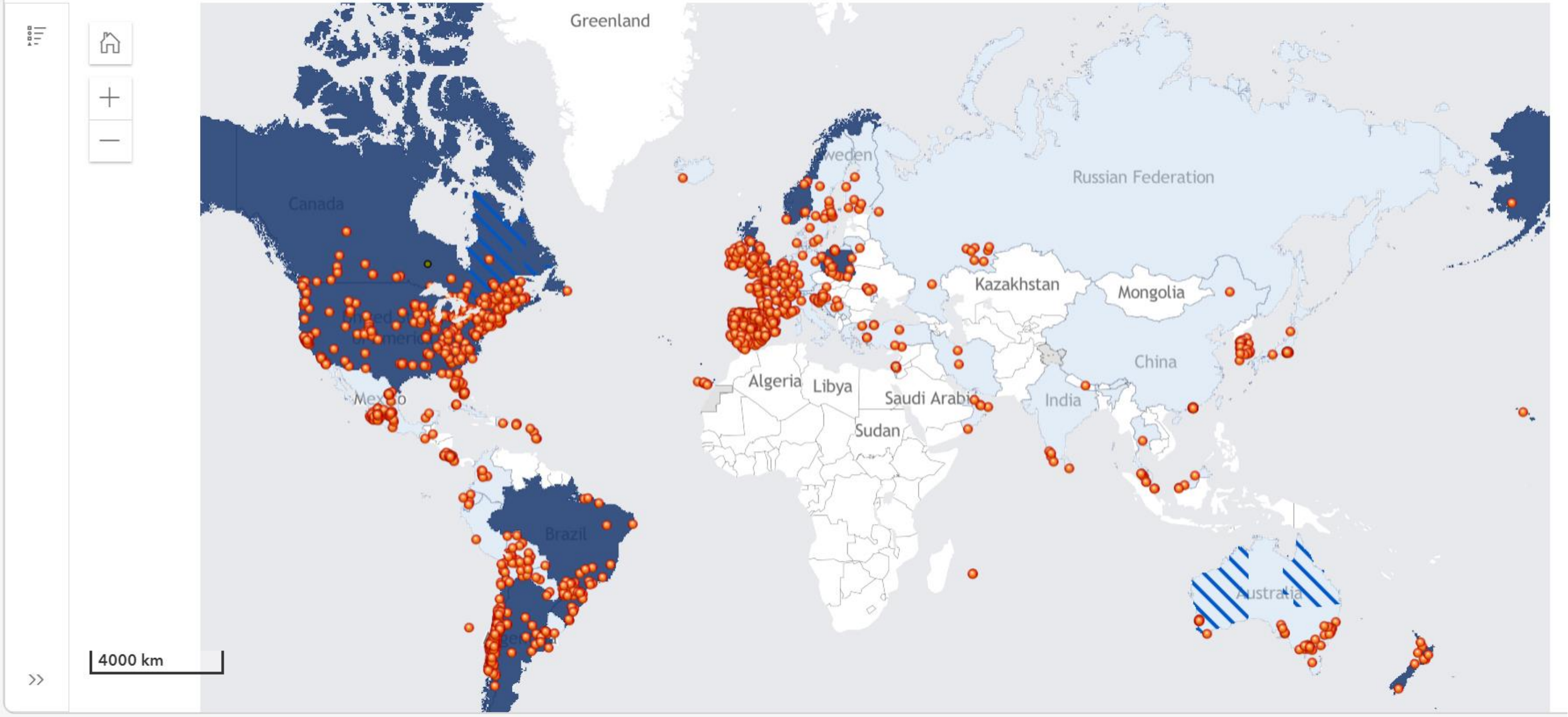
- ☐ Public areas are clean and pleasant.
- ☐ Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- ☐ Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- ☐ Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- ☐ Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- ☐ Drivers give way to pedestrians at intersections and pedestrian crossings.
- ☐ Cycle paths are separate from pavements and other pedestrian walkways.
- ☐ Outdoor safety is promoted by good street lighting, police patrols and community education.
- ☐ Services are situated together and are accessible.
- ☐ Special customer service arrangements are provided, such as separate queues or service counters for older people.
- ☐ Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- ☐ Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation

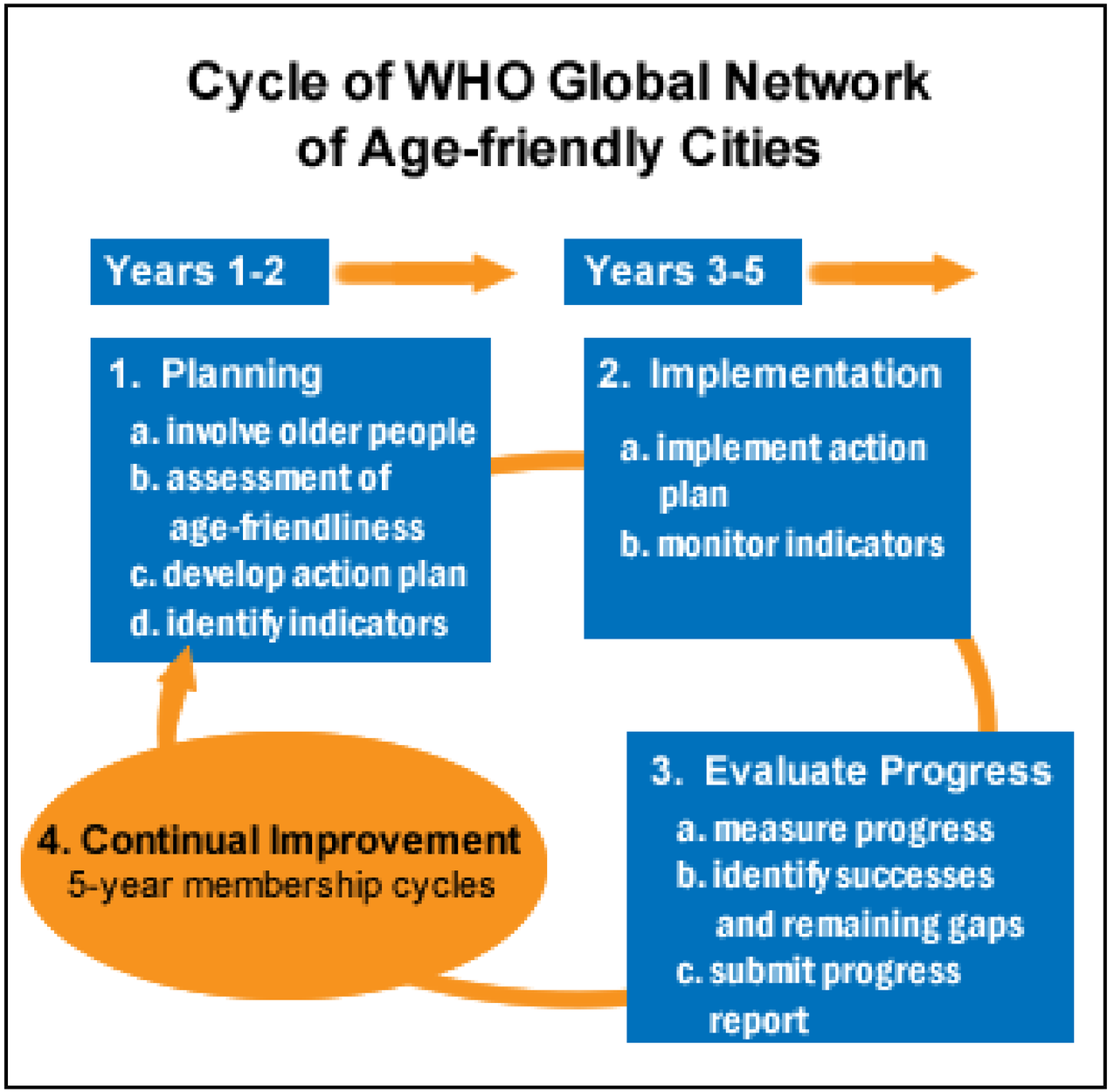
- ☐ Public transportation costs are consistent, clearly displayed and affordable.
- ☐ Public transportation is reliable and frequent, including at night and on weekends and holidays.
- ☐ All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.



WHO Global Network for Age-friendly Cities and Communities



WHO Global Network for Age-friendly Cities and Communities



WHO Global Network for Age-friendly Cities and Communities



Municipality of The Hague (2019):

"How age-friendly is our city?"

The Age-Friendly Cities and Communities Questionnaire AFCCQ (English)

Item	Domain	Totally disagree	Disagree	Neutral	Agree	Totally agree
	HOUSING					
Q1	My house is accessible to me					
Q2	My house is accessible to the people who come to visit me					
	SOCIAL PARTICIPATION					
Q3	There are enough opportunities to meet people in my neighbourhood					
Q4	Activities and events are organised in places that are accessible to me					
Q5	The information about activities and events is enough for me and also suitable for me					
Q6	I find the range of events and activities sufficiently varied					
	RESPECT AND SOCIAL INCLUSION					
Q7*	I sometimes get annoying or negative remarks because of my age					
Q8*	I sometimes face discrimination because of my age					
	CIVIC PARTICIPATION AND EMPLOYMENT					
Q9	I have enough opportunities to interact with younger generations					
Q10	I feel like a valued member of society					
	COMMUNICATION AND INFORMATION					
Q11	Printed and digital information from the municipality and other social institutions is easy to read in terms of font and size					
Q12	Printed and digital information from the municipality and other social institutions is written in understandable language					
	COMMUNITY SUPPORT AND HEALTH SERVICES					
Q13	The supply of care and welfare in my city is enough for me					
Q14	When I am ill, I receive the care and help I need					
Q15	If necessary, I can easily reach care and welfare services by telephone and in person					
Q16	I have enough information about care and welfare services in my neighbourhood					
Q17	Care and welfare workers in my neighbourhood are sufficiently respectful					
	OUTDOOR SPACES AND BUILDINGS					
Q18	My neighbourhood is sufficiently accessible for a wheeled walker or wheelchair					
Q19	The shops in my neighbourhood are sufficiently accessible with a wheeled walker or wheelchair					
	TRANSPORTATION					
Q20	I can easily get on the bus or tram in my neighbourhood					
Q21	The bus and tram stops in my neighbourhood are easy to reach and use					
	FINANCIAL SITUATION					
Q22	My income is sufficient to cover my basic needs without any problems					
Q23	I live well on my income					

Age-Friendly Cities and Communities Questionnaire (AFCCQ) (Dikken et al., 2020)


The Age-Friendly Cities and Communities Questionnaire AFCCQ (English)

INTERPRETATION AFCCQ TOTAL SCORE AND SEPARATE DOMAINS

	----	---	--	-	+	++	+++	++++
AFCCQ Total score	t -261	t221 - t260	t181 - t220	t134.4 - t180	t 0.1 - t134.4	t110.4 - t210	t211 - t236.2	t 236.3
Housing	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Social participation	t -41	t-41 - t-31	t-21 - t-40	t-20.0 - t0.0	t0.1 - t2.0	t2.1 - t4.0	t4.1 - t6.0	t 6.01
Respect and social inclusion	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Civic participation and employment	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Communication and information	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Community support and health services	t -76	t-51 - t-71	t-26 - t-50	t-25 - t0.0	t0.1 - t2.5	t2.6 - t5.0	t5.1 - t7.5	t 7.56
Outdoor spaces and buildings	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Transportation	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01
Financial situation	t -21	t-21 - t-16	t-11 - t-20	t-0.0 - t0.0	t0.1 - t1.0	t1.1 - t2.0	t2.1 - t3.0	t 3.01

Scoring system

All questions of the AFCCQ are answered on a 5-point scale, ranging from totally disagree to totally agree.
Scores: -2 = totally disagree; -1 = disagree; 0 = neutral; 1 = agree; 2 = totally agree.
Items marked with an asterisk (*) should be recoded in the opposite direction (-2=2, -1=1, 0=0, 1=-1, 2=-2)
Sum all scores of the AFCCQ for the total score.
Sum all scores of separate domains for the domain specific score.

Reference

Dikken, J., van den Hoven, R.F.M., van Staalduinen, W.H., Hulsebosch-Janssen, L.M.T., van Hoof, J. (2020) How older people experience the age-friendliness of their city: Development of the Age-Friendly Cities and Communities Questionnaire. International Journal of Environmental Research and Public Health. 2020;17(19):6987 doi: 10.3390/ijerph17196987

Colophon

This questionnaire is made by J. Dikken (The Hague University of Applied Sciences), R.F.M. van den Hoven (The Hague University of Applied Sciences), W.H. van Staalduinen (AFSdemy), L.M.T. Hulsebosch-Janssen (Hulsebosch-Advies) and J. van Hoof (The Hague University of Applied Sciences) with support from the Municipality of The Hague (grant number OCW/2020125).

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The Hague · AFEdemy · THE HAGUE UNIVERSITY OF APPLIED SCIENCES

Psychometric enquiry into measuring age-friendliness. AFCCQ developed through extensive and rigorous factor analyses (COSMIN Protocol). Tool for bi-annual representative survey.

For the first time, the 8 domains of the WHO were validated (Suvarna & Al-Khalifa, 2023)

23 questions (5-point Likert scale)

8 WHO domains + additional financial domain (partly based on Hong Kong SAR's Chief Secretary for Administration's Office, 2017 and WHO, 2007)

One's financial situation is **THE STRONGEST** predictor for experiencing age-friendliness

Domain	Cluster 1 n=113	Cluster 2 n=126	Cluster 3 n=343	Cluster 4 n=133	Sign.
	mean	mean	mean	mean	cluster differences
Total AFCCQ	.22 (5.06)	.39 (8.97)	.82 (18.86)	1.37 (31.51)	<.001
Housing	.93 (1.86)	1.15 (2.3)	1.25 (2.5)	1.83 (3.66)	<.001
Social participation	.06 (0.24)	.19 (0.76)	.70 (2.8)	1.24 (4.96)	<.001
Respect and social inclusion	.58 (1.16)	.70 (1.4)	1.03 (2.06)	1.85 (3.7)	<.001
Civic participation and employment	.23 (0.46)	.31 (0.62)	.77 (1.54)	1.46 (2.92)	<.001
Communication and information	.27 (0.54)	.32 (0.64)	.80 (1.60)	1.37 (2.74)	<.001
Community support and health services	.02 (0.1)	.29 (1.45)	.62 (3.1)	1.09 (5.45)	<.001
Outdoor spaces and buildings	.11 (0.22)	-.17 (-0.34)	.66 (1.32)	.87 (1.74)	<.001
Transportation	.63 (1.26)	-.04 (-0.08)	1.01 (2.02)	1.55 (3.1)	<.001
Financial Situation	-.40 (-0.8)	1.09 (2.18)	.94 (1.88)	1.6 (3.2)	<.001

This table presents normalised data, meaning all AFCCQ (sub-domain) scales range from -2 - +2, between parentheses a back transformation towards true scores of AFCCQ and corresponding colour.

Who are the people behind the numbers?

Cluster analysis (HCA + *k*-means)

<u>4 Clusters or typologies:</u>

1. The precariat
2. Mobility and disease
3. Average, satisfied Dutch citizen
4. Higher echelon

People in Cluster 3 can end up in Cluster 1 or 2…

Large differences because of socio-economic factors and health



Cluster 1: Preciariat



- **Likely female** (59%)
- 1 out of **4 born outside of NL**
- Likely **living alone** (62%)
- Lower education (85%)
- Rental home (62%)
- **Social housing** 47%
- **Chronic disease** (63%)
- Use of mobility aids (18%)

QoL: 7.0

Cluster 2: Mobility and disease



- **Likely female** (57%)
- **Born in N**L (88%)
- Lower education (84%)
- Home owners (70%)
- Social rent 16%
- **Chronic disease** (55%)
- **Use of mobility aids** (34%)

QoL: 7.4

Cluster 3: The average, satisfied citizen



- Equal ratio males/females 50/50
- Highly likely born in NL (86%)
- Lower education (85%)
- **Home owners** (58%)
- Social rent 29%
- Chronic disease (37%)
- Use of mobility aids (14%)

QoL: 7.9

Cluster 4: Higher echelon



- Equal ratio males/females 50/50
- Highly likely born in NL (83%)
- Lower education (68%)
- **Higher education** 26%
- Home owner (65%)
- Social rent 18%
- Chronic disease (33%)
- Use of mobility aids (11%)

QoL: 8.4

Den Haag

Actielijn **Seniorvriendelijk Den Haag**
2025 - 2030



Mei 2025

RECOMMENDATIONS

Based on

- Learnings from the project
  - See things from a fresh perspective
- Workshop with civil society and the Hague University of Applied Sciences
- Review process



RECOMMENDATION 1

Create knowledge & shared language on loneliness and social isolation

- The way we talk about loneliness shapes our actions - positive narratives
- Shared language and capacity building
- Knowledge of the types of loneliness and the effects
- Positive Health as a methodology in Lemvig Kommune
- Sharing language and knowledge in the broader community

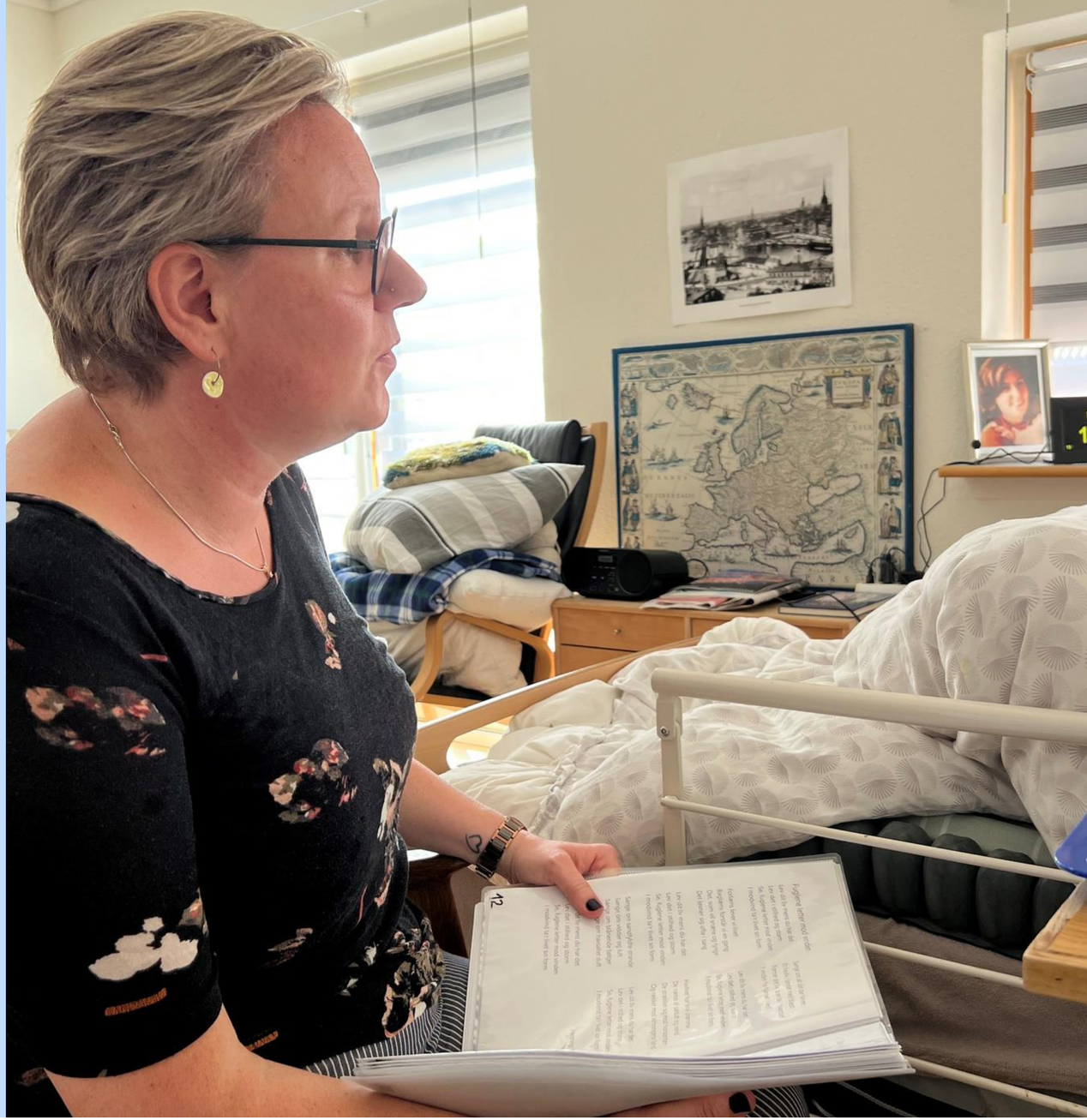


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RECOMMENDATION 2

Prevent loneliness and social isolation through active communitites, movement and social gatherings

- Make use of the cultural traditions
  - we do it ourselves
  - open curtains
- Food gathers people
  - The Hague share meals
- Cater to the different needs, but engage with the targetgroup to identify needs and interests



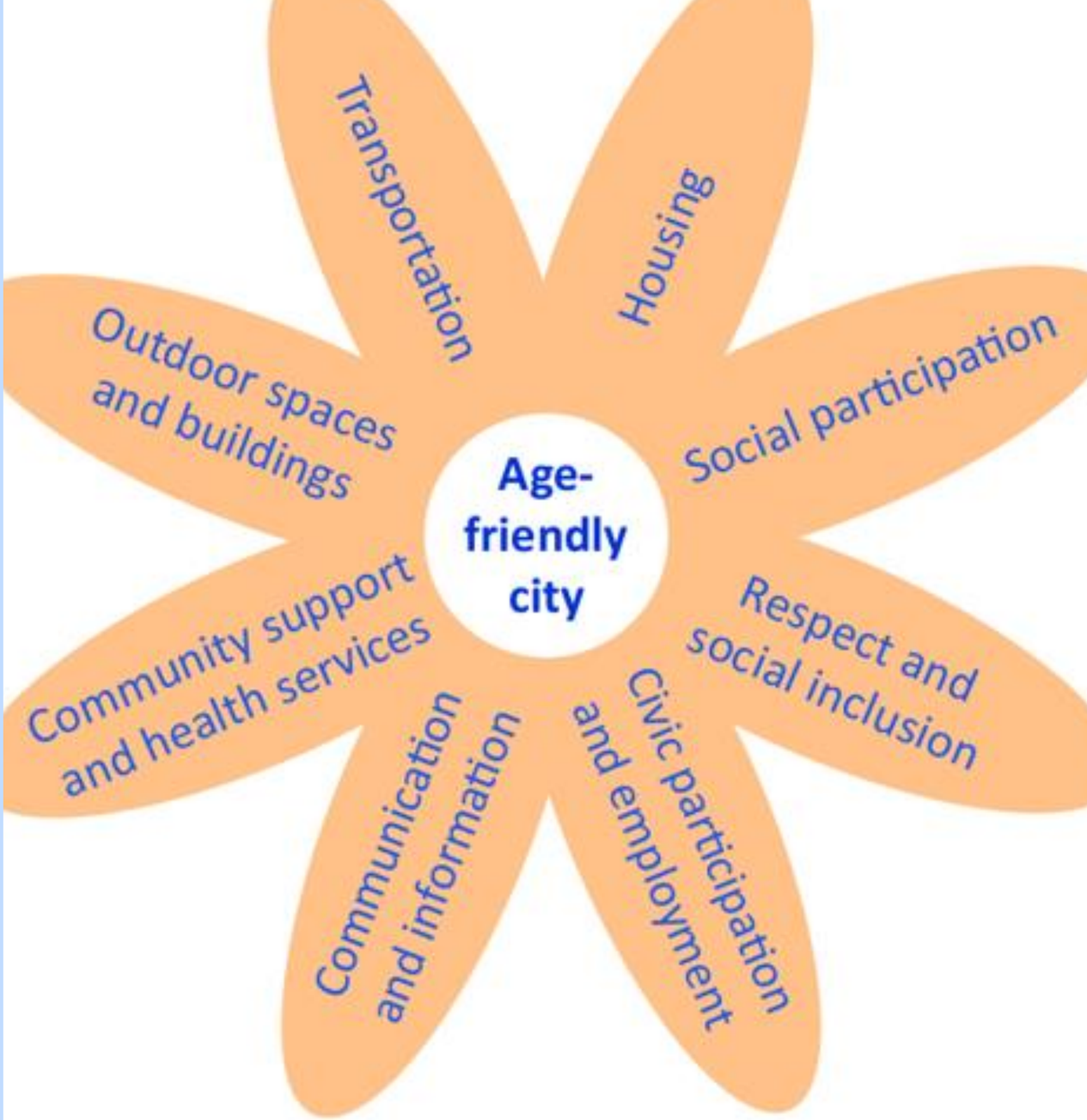
music strengthens togetherness

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RECOMMENDATION 3

Build promotion of social connections and prevention of lonelines into strategies

- Strategic and coordinated response
- Long-term focus and allocation of ressources
- Collaboration between municipal and civil efforts à complementarity
- Shared goals and clear roles



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RECOMMENDATION 4

Make it easy to volunteer

- Volunteering contributes to a strong sense of purpose and belonging
- Contributes to prevention of loneliness for volunteers themselves
- Interaction with volunteers can often feel more informal, personal, and supportive than contact with professional services.
- Concrete, and manageable tasks that are clearly defined and easy to take on or hand over.
- Flexibility is essential, allowing volunteers to contribute in ways that fit their time, interests, and capacities.
- Actively use the skills and experience people have built throughout their careers, as this can increase both the quality of contributions and the sense of purpose and motivation among volunteers
- “Hygge”—a sense of coziness, comfort, and social enjoyment - sense of community
- Influence and recognition



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RECOMMENDATION 5

Sustainability & local partnerships

- To ensure long-term impact, prevention projects should be designed with sustainability at their core
- Living Lab methodology
  - co-creation w. citizens, organisations, businesses
- Collaboration with local companies and businesses
  - strengthening their local engagement and visibility
- Cross-sectoral partnerships
  - educational institutions and other public services
  - incorporating volunteering as part of school curricula
  - organising visits to home care services
  - including meal preparation for communal dining in nutrition or dietetics education



Café for informal caregivers and relatives

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NEXT STEPS

Focus on implementing the recommendations through:

- Follow on actions e.g. communal dining in Lemvig

- Focused projects
  - Screening and referring citizens in elderly care
  - Screening and referring citizens in local communities

Lemvig Kommune
THE HAGUE UNIVERSITY OF APPLIED SCIENCES
Finansieret af Den Europæiske Union

THANK YOU FOR LISTENING

FIND THE RECOMMENDATIONS

Forebyggelse af ensomhed og social isolation - Lemvig Kommune

Dansk version
English version

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