SOCIAL ISOLATION & LONELINESS

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17% of seniors have less then weekly social connection

(Regional Geriatric Programs of Toronto [RGP], 2019) (Demographic Change and Healthy Aging, 2021)

WHAT IS THE PROBLEM



Social Isolation: having few people to interact with; increases risk for loneliness (RGP, 2019) Loneliness: emotional response of feeling alone but may not be representative of a person's "desired or actual social relationships" (RGP, 2019, p.79)

HOW IT IMPACTS HEALTH

potentially impact a person's physical and/or mental health and functional status (RGP, 2019

often associated with adverse health outcomes (NIA, 2022)

increases use of health care services(NIA, 2022)

Comparable mortality rate to smoking, obesity & alcohol misuse









WHAT CAN BE DONE?

The health belief model assists in understanding why or why not people utilized public health services evolving to address concerns regarding prevention and detection (Simpson, 2015). The key beliefs are 1) Perceived susceptibility, 2) Perceived severity, 3) Perceived benefits, 4) Perceived Barriers (Simpson, 2015).

Modifying Factors

- Age
- Ethnicity
- Socioeconomic status
- Living arrangementsor physical environment
- Sensory impairments
- Comorbidities



Individual Belief

- Perceived Susceptibility
- Social isolation or loneliness is a posiblilty
- Perceived Severity
- Adverse outcomes: Stroke or Cardiacconditions (~30%), Developing Dementia (50%), functional decline (59%), Premature death (45%)" (NIA 2022)
- Perceived Benefits
- Increased quality of life
- Improved self care
- Improved mental and physical wellbeing
- Perceived barriers
- Ageism
- Public policy (pandemic restrictions
- (Wu, 2020))
- Infrastructure

Cues to Action

- Individual
- Participation in hobbies
- Maintain relationships
- Community
 - Create age friednly supportive environments
- Improve infrastructure (transportation, digital divide)
- Healthcare Sector
- Utilize standard screenign tools with interactions to identify risk and provide referrals



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