

SOCIAL ISOLATION AMONG OLDER ADULTS WITH VISION LOSS, HEARING LOSS, AND DUAL SENSORY LOSS

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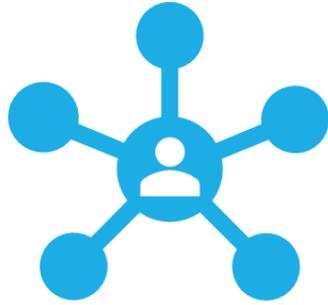
THE NATIONAL SENIORS COUNCIL OF CANADA DEFINES SOCIAL ISOLATION AS A LOW QUANTITY AND QUALITY OF CONTACT WITH OTHERS

Indicators:

A state in which an individual lacks

- 1. Engagement with others or social participation,**
- 2. Sense of social belonging,**
- 3. Fulfilling relationships**
- 4. Social connections**

(National Seniors Council of Canada, 2019)



Social isolation: an objective measure of the number of social interactions a person has with other people.



Loneliness: unpleasant subjective feeling resulting from the perceived mismatch between the (quantity or quality) of social relationships and contacts person wants compared to what he/she has.

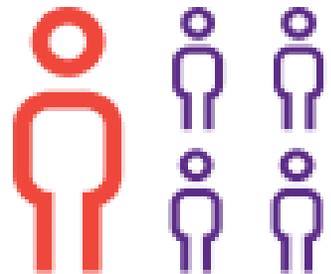
OVERLAP BETWEEN SOCIAL ISOLATION AND LONELINESS

SOCIAL ISOLATION IN OLDER ADULTS

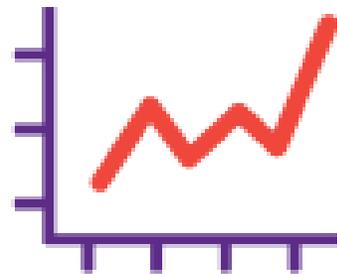
Social isolation is a growing public health concern and has been found related to: **depression, cognitive decline, heart disease, stroke and mortality.**

Social isolation interact with other individual and societal factors as part of a reinforcing process, resulting in a **decline in psychosocial and physical well-being of older adults.**

SOCIAL ISOLATION IS A BIGGER PROBLEM THAN YOU MAY KNOW



Nearly **1 in 5** adults over age 50 is at risk of social isolation



Subjective feelings of loneliness can increase risk of death from **26% to 45%**



The health risks of prolonged isolation are equivalent to smoking **15** cigarettes a day

(AARP Foundation, 2019)

CONTRIBUTING FACTORS (RISK FACTORS) FOR SOCIAL ISOLATION AMONG CANADIAN SENIORS



(Keefe et al, 2006)

SENSORY LOSS AND SOCIAL ISOLATION



A 2015 report on the Global Burden of Disease estimated that hearing and vision loss, respectively, **ranked second and third of all impairments** contributing to the number of years lived with disability.

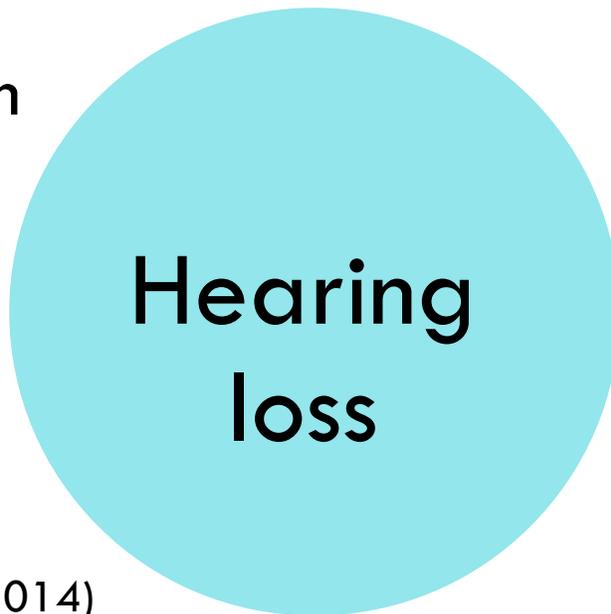
In 2016, approximately 2.7 million Canadians aged 45-85 years had hearing loss, 4.0 million had vision loss, and 1.1 million had both.

(Olusanya, Neumann, & Saunders, 2014; Mick et al, 2019).

Older adults with hearing loss

Signs of hearing loss can include difficulty following conversations, increased exhaustion following social interactions, trouble maintaining balance, feeling as if there is a buildup of wax or fluid in the ears, or continually increasing volume on television and radio programs.

- For people with hearing loss, interpersonal communication might be restricted by **loss of verbal/auditory sensory information**.
- Having moderate or more hearing impairment is associated with decline in ADL & IADL functioning.



Hearing
loss

Social isolation in older adults with hearing loss

Social isolation is one of the major consequences of hearing loss

The strongest impact of moderate or more hearing loss appears to be on the outcomes that **involve interacting (difficulty paying attention, not feeling close to others, and feeling left out even in a group)**.

Hearing loss has been found associated with social isolation in older adults **aged 60 to 69 year and above**

Individuals reporting moderate or more hearing impairment are twice as likely to be **depressed** as persons reporting no hearing impairment.

Individuals with hearing loss might struggle to listen for missing words and meaning during conversations, leading to fatigue, frustration, stress, anger, or resentment in relationships, and thus to social isolation.

Older adults with vision loss

- Signs of sight loss may include **hesitance with stairs, blurry or discolored vision, difficulty identifying familiar faces or objects, and loss of interest in reading mail, newspapers or books.**
- For people with vision loss, interpersonal communication might be restricted by **loss of nonverbal cues** including facial expressions, body language, and lip movement.
- Older adults experience vision loss, depression and functional limitations as a **single syndrome** – with each element exacerbating the other.



Vision
loss

Social isolation in older adults with vision loss

Difficulties in everyday communication and social interaction

- not recognising people in social situations
- not being able to pick up on non-verbal cues
- having to negotiate assistance
- experience of communication breakdown

- ↓ Mobility and physical activity
 - ↓ social activities & interaction
 - negatively affect psychosocial well-being
 - Further ↓ in mobility and physical well-being
 - further ↓ in social interaction

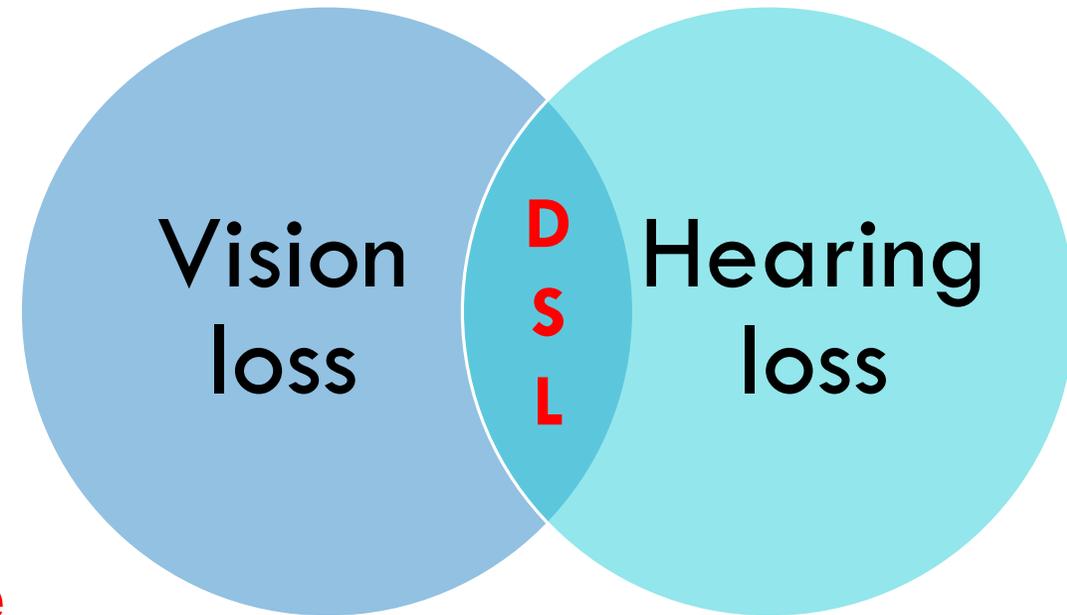
Feeling socially marginalised



Increase in feelings of social isolation

DUAL SENSORY LOSS (DSL)

- 95% of what we learn is through our eyes and ears.
- **“DUAL SENSORY LOSS”** combines varying degrees of both hearing and visual impairment.
- The varying combination of hearing and vision impairment results in **a unique condition** that is **more disabling than the sum of its impairments.**



(Dammeyer, 2014; Moller, 2003)

OLDER ADULTS WITH DUAL SENSORY LOSS (DSL)

Population of older adults with dual sensory loss can be classified into three categories:

Group 1 - older adults with congenital deafblindness

Group 2 - older adults with acquired deafblindness

Group 3 - older adults with age-related dual sensory loss

Older adults with age-related dual sensory loss (Group 3) are the **largest group among these three categories** and their experiences are distinct from those who developed it by birth or acquired it earlier in life.

Presbycusis, age-related macular degeneration, cataract, and glaucoma are the major causes of hearing and vision loss in older adults.

SOCIAL ISOLATION AMONG OLDER ADULTS WITH DSL

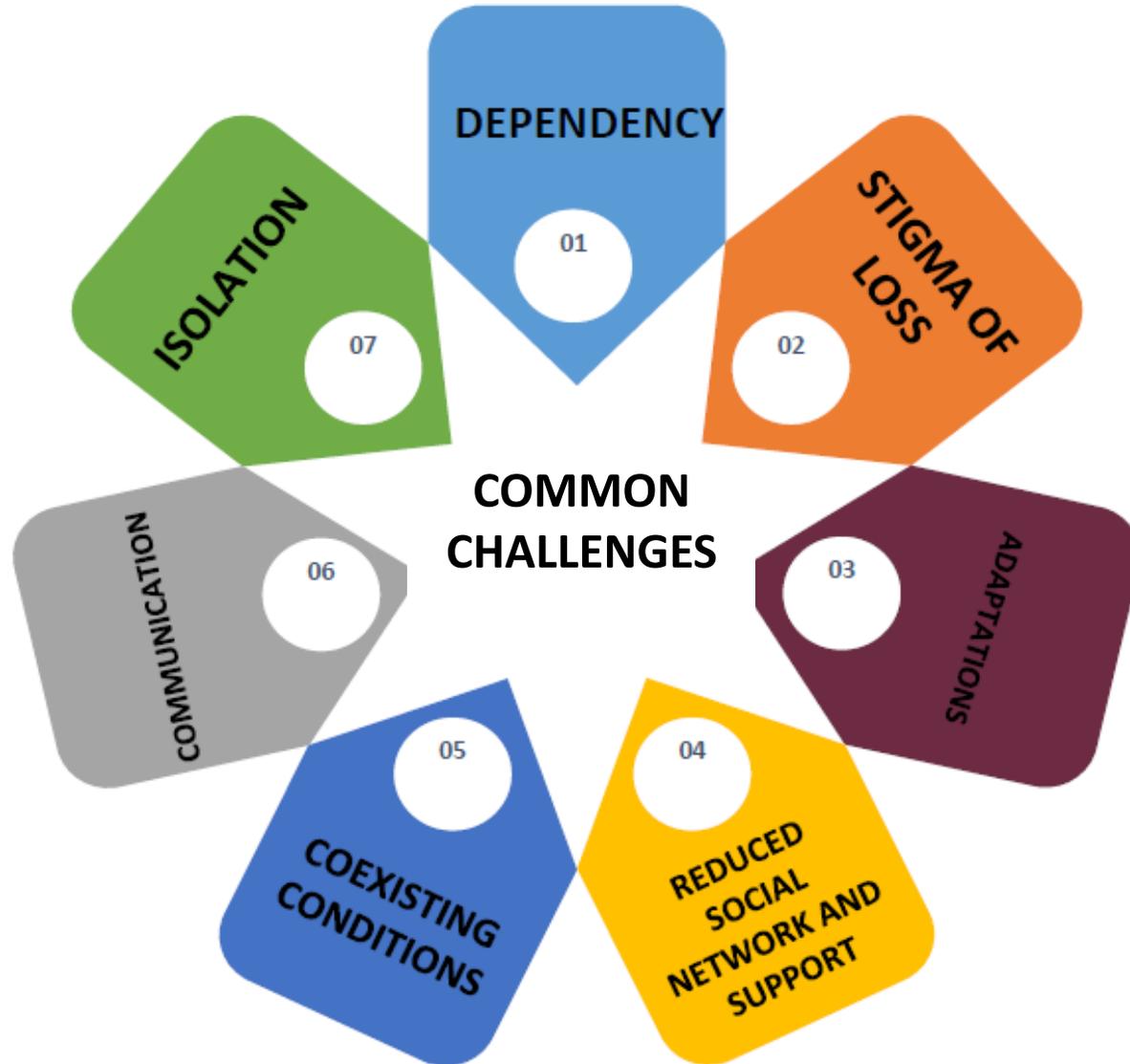
Social isolation, a risk factor for mental health and well-being, were reported by researchers as a significant challenge common in all three groups.

Group 1: Face social isolation due to difficulties in social interactions and limited engagement with others in society.

Group 2: Experience constant social isolation due to ongoing loss of independence and frequent worries (due to uncertainty about the process of the progressive loss and how to cope with it).

Group 3: As compared to the past, both the type and frequency of social interactions with family and friends changed - Participate less in social activities and have limited their social circle by avoiding social contact.

COMMON CHALLENGES FACED BY OLDER ADULTS WITH SENSORY LOSS



WHERE WE MIGHT BE MISSING?

1. Difficulties in assessing sensory functioning; missed identification & diagnosis;
2. Underuse of hearing aids because of cost, stigma, or delayed diagnosis of hearing problems.
3. Underuse of auditory & vision rehabilitation programs because of lack of availability, awareness, and funding.
4. Insufficient implementation of universal design features that help people adapt to their sensory impairments in public spaces, buildings, technologies, or transportation systems.
5. Limited training of healthcare and rehabilitation professionals on sensory loss, and
6. Methodological challenges in conducting research.

WHERE WE MIGHT BE MISSING?

Medical model of disability DOMINATES the current approach towards treating sensory loss – “**focus on augmenting the sensory abilities**”

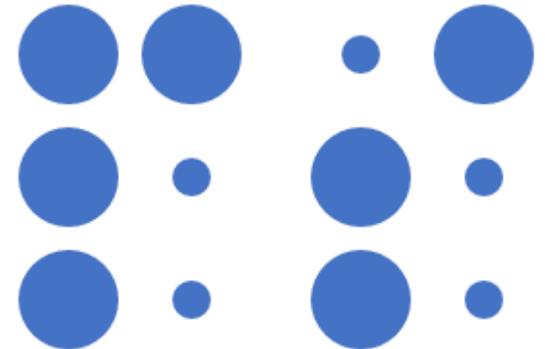


Hearing or vision aid is all that is needed to “treat” hearing or vision loss.



Clinic-based audiologic/vision evaluation and subsequent follow-up appointments.

Community-based interventions and timely vision/auditory rehabilitation programs are needed to ensure that older adults integrate and apply aids/technologies and engage in their community

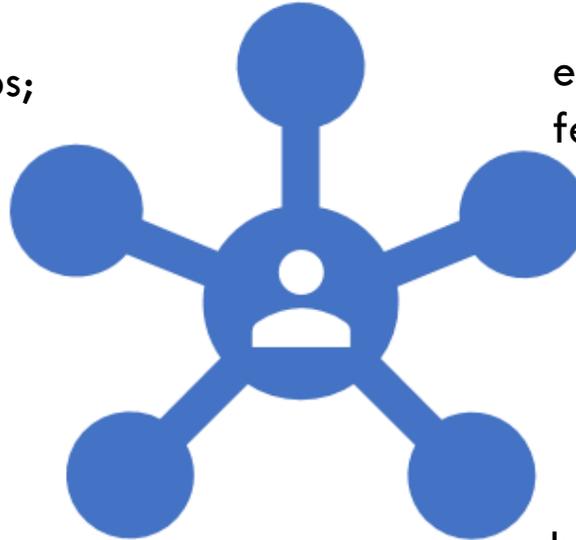


PREVENTION OF SOCIAL ISOLATION

engaging social activity;
being in good health

satisfying personal relationships;
nurturing relationships

experiencing meaningful roles in society;
feeling connected to and valued by others



having access to healthcare, safe and secure housing, transportation and adequate income support

having higher levels of social support, education, communication skills and resources to find and obtain needed services

Personal

- age = 80+
- childless
- member of a minority group
- lower levels of education
- departed spouse
- poor English skills

Health

- disability or chronic illness
- depression or other mental health issues
- loss of vision, hearing
- dementia
- mobility problems
- substance abuse such as alcoholism

Social

- living alone
- low or unstable income
- acting as a caregiver
- no friends or family nearby
- no contact with neighbours
- minimal participation in social activities, volunteering or groups (church, club)

Changes in...

- physical health (bruising, weight loss, weakness)
- mental or emotional health (fear, confusion)
- personal hygiene or appearance
- behaviour or personality
- living conditions

Barriers

- lack of affordable, accessible transportation
- loss of driver's licence
- lack of access to community services
- challenges with technology
- limited assistance with daily activities

LEVEL OF RISK



TAKE ACTION:

- Call regularly to check in
- Contact their family
- Set up a visit schedule with friends and family
- Offer to take them shopping
- Offer lifts to appointments
- Invite them for coffee or other outing (library, church)
- Offer assistance with technology
- Offer to research volunteer programs
- Drop off food or offer to cook together
- Provide a list of contacts for assistance (211 is available in all provinces except Man., P.E.I and N.L.)
- Contact local health or social services for evaluation or immediate assistance.

FOR MORE INFORMATION:

- Call 211, a helpline of information on government and community health and social services.
- Contact your participating RISE organization.





Assistive Information and
communication
technology



Volunteering, social skills
training and civic
participation



Access to information,
learning alternative
forms of communication



Addressing individual
psychosocial and
functional support needs



Establishing peer support
and social network

INTERVENTIONS

IDEAS TO BE EXPLORED



ICT may not be right for everyone.



What motivates older adults for meaningful civic engagement such as volunteering?



Do we have enough evidence to understand the social phenomena of social isolation considering the diverse older adult population?

CONCLUSION

The interaction between social isolation and sensory loss is complex. Limited evidence is available in the Canadian context to understand this complex phenomena and propose solutions. **In-depth longitudinal research** is warranted to explore the solutions and inform the policies and services.

Strengthening social networks, encouraging social participation, increasing social support, and reducing social isolation in older adults are important public health goals, and might be achieved by **treating modifiable risk factors or through interventions that strengthen social connections**.

A **trans-disciplinary approach** is needed where gerontologists work with healthcare/rehabilitation professionals to engage in research and practice to reduce social isolation in the lives of this unique population.

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THANKS

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