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Master of Public Health

MPH 615

IPE Individual Paper – Senior Citizens

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## ABSTRACT

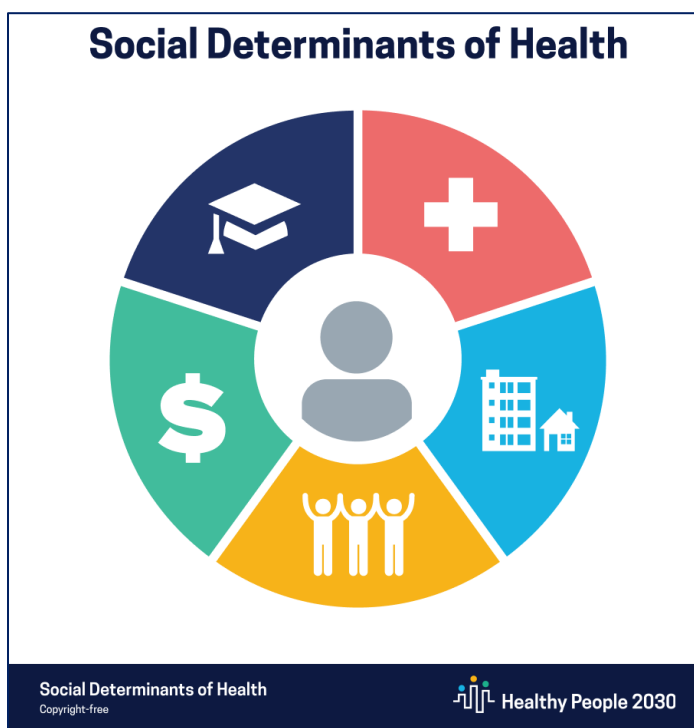
Senior citizens make up a large portion of the United States' population, and their social determinants of health must be evaluated to determine ways to improve their lives. With a growing population, it is necessary to look at and understand the social determinants of health for this group of people before the problems grows too large for public health officials to handle. Social interactions and connectiveness, housing economics, and food security are three major social determinants of health that were looked at and discussed, pulling statistics and information from recent literature. A proposed intervention method was discussed as an option to improve the health of senior citizens by focusing on the social connectiveness.

## KEY WORDS

Senior citizens, connectiveness, housing, food security.

There are numerous subpopulations and groups of people in the United States, with senior citizens being one of the largest ones. Senior citizens are folks who are ages 65 and older, and their population size is increasing in the United States at an unprecedented rate. The Centers for Disease Control and Prevention (CDC) states that in 2016, senior citizens accounted for 15% of the American population, but this percentage is expected to grow to equal 25% by 2060 (“Promoting Health for Older”). With a large group of people expected to become larger in the near future, it is necessary to analyze the group from a health systems perspective to provide them with the access and quality of healthcare they need and deserve.

When looking at a subpopulation from a health systems perspective, it is important to look into the group’s social determinates of health. Social determinates of health are the conditions, social and economic, that influence a person or group’s health (see fig. 1).



*Fig. 1. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved April 27, 2021 from <https://health.gov/healthy-people/objectives-and-data/social-determinants-health>.*

The United States Department of Health and Human Services showcases social determinates of health in the above graphic. The icons represent the following: economic stability, education access, and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Social determinants of health spread beyond particular subgroups, reaching all people within any community, including senior citizens. In 2018, the AARP Foundation partnered with IMPAQ International and issued a briefing on the social determinants of health for the aging population, specifically those 65 and older. The brief included determinants ranging from income and finances to social connectedness, and they concluded how these social determinants of health will affect the aging American population. Better understanding the social determinants of health for senior citizens will allow for public health professionals to better evaluate program strategies and interventions to help this population.

The first social determinant of health that must be looked at is the social interaction and connectedness among senior citizens. This includes looking at loneliness and social isolation, which the CDC has clear-cut definitions for both,

Loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated. (“Loneliness and Social Isolation”).

In the AARP Foundation’s survey, one in five older adults were either frequently or often lonely (Pooler and Srinivasan 4). To further support those findings, the CDC cites the National Academics of Sciences, Engineering, and Medicine (NASEM) in their report that found that one-fourth of senior citizens are socially isolated (National Academics of Sciences). Unfortunately,

loneliness and social isolation can have serious negative health consequences. A relationship between loneliness and mental and physical health has been found and discussed among the elderly population, including increases in the risk of premature death, an increased risk of dementia, increased risk of heart disease, and higher rates of depression, anxiety, and suicide (Tomás et al. 1225-1226; National Academics of Sciences). In particular, depression in elderly populations has raised a lot of concern, as depression is not a normal part or outcome of aging (“Depression Is Not a.”). Older folks have an increased risk of developing depression due to loneliness, as depression is more common in people with other chronic illnesses and 80% of older adults have at least one chronic health condition (“Depression Is Not a”). While only a few senior citizens are clinically diagnosed with depression, estimates show between one and five percent, elderly folks are often misdiagnosed or undertreated for depression by healthcare providers (“Depression Is Not a”). Even though depression is not part of the aging process, as mentioned above, many healthcare providers view depression as being related to other chronic illnesses, thus not needing to be treated separately (“Depression Is Not a”). Loneliness and social isolation are also affected by socioeconomic status, as the percentage of low-income senior citizens who reported relationship dissatisfaction was 29.4% compared to 15.6% of higher-income senior citizens (Pooler and Srinivasan 4). Depression is a severe mental illness, and senior citizens are at higher rates of developing the illness.

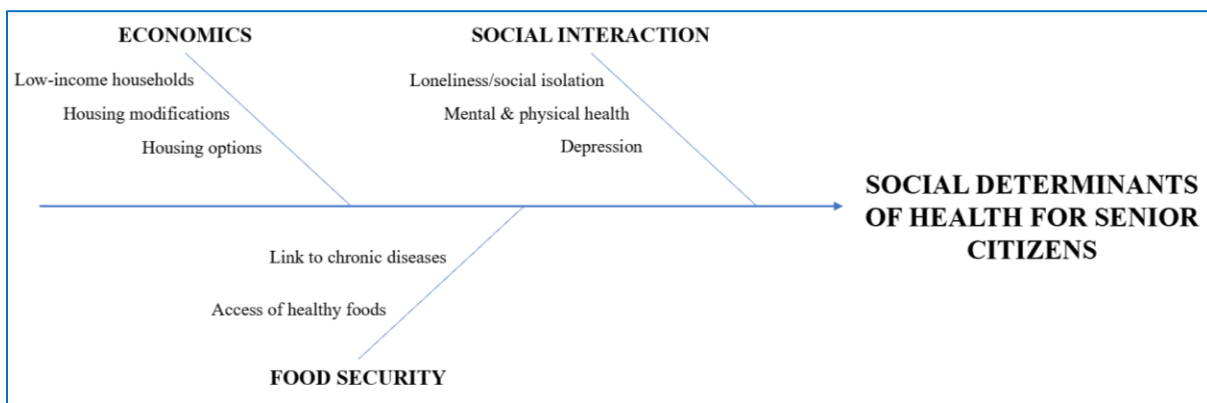
Another social determinate of health for senior citizens is economics, specifically housing options. 34.4% of older adults are living in low-income households, and 22.8% find it difficult to pay monthly living expenses (Pooler and Srinivasan 2). Economics and financial stability affect multiple areas of senior citizen’s lives, including their housing options. A person’s housing situation changes over time, and senior citizens may be at a disadvantage when it comes to

housing changes. At the time of the AARP survey referenced earlier, “56% of low-income adults were concerned about being able to afford to stay in their homes as they age,” (Pooler and Srinivasan 3). Outside of being able to afford to keep one’s home, another major housing issue for senior citizens is the lack of accessible homes for them. As a person ages, they have an increased need for housing modifications to allow them to cope with health changes and to continue to live independently (Kim 2). However, seniors living in low-income households and with little financial freedom will be stuck living in homes unsuitable for their living needs, as affluence has a positive effect on the likelihood that seniors make their homes more accessible (Kim 134). And unfortunately, this problem is worse for some than others; Blacks and Hispanics are less likely to be living in housing with accessibility features (Kim 127). If a senior is unable to improve their living conditions to better meet their needs, it can result in reduced happiness, thus impacting both their physical and mental health.

A third social determinate of health for senior citizens is food security. It is known that access to healthy foods is important for a healthy lifestyle, but not all senior citizens are able to access healthy foods. One third of low-income adults are food insecure, and unhealthy foods and a poor diet has a direct connection to chronic diseases (Pooler and Srinivasan 2). Chronic diseases have become the leading cause of death and disability in the world, and senior citizens are continuing to face these hardships (Chiaranai et al. 513). There are multiple chronic diseases that are brought upon by age, such as arthritis, heart disease, and cancer (“Promoting Health for Older Adults.”). Additionally, chronic illnesses are tremendous economic impact – in 2019, Alzheimer’s and other dementias costs were \$290 billion (“Promoting Health for Older”). By improving access to healthy foods for senior citizens, not only would it be saving the American

economy billions of dollars each year, it would also be improving the health and lives of countless individuals.

All social determinants of health for senior citizens, and countless others not discussed in this paper, interact with each other daily (see fig. 2). For example, when a senior citizen is living in a low-income household, not only will they have limited housing options, but they will also have limited access to healthy foods due to their higher price. Less access to healthy foods increases the consumption of unhealthy foods, which have been linked to chronic diseases. And, as mentioned previously, the more chronic illnesses a person has, the higher chance they are of developing depression. All of these elements interact and affect each other, which is why public health officials must be looking at and addressing all aspects to improve the health and wellbeing of senior citizens in their communities.



*Fig. 2. Fishbone diagram of social determinants of health for senior citizens discussed. Diagram designed using Microsoft PowerPoint.*

Combating social determinants of health for senior citizens can be challenging but not impossible. Applying intervention strategies can reduce the health effects of social isolation and loneliness. Many senior citizens find themselves alone and away from family, so it is important to find a way to bring that family connection to them. The key to intervention success is how it is

implemented – if it within a complex program, the intervention has a greater chance of success (Poscia et al. 138). Care facilities offer a unique set of circumstances that allow public health officials to target senior citizens in a controlled environment. Technology has grown and changed to be exceedingly mobile, and it is very feasible to bring that technology to senior citizens. One intervention that brought video calls to senior citizens living within care environments found that older folks were keen and happy to be using the technology (Zamir et al. 10). Using iPads with telephone headsets allowed senior citizens to call and connect with family members they may not speak face-to-face with regularly. While this intervention focused solely on senior citizens within structured care facilities, it can be adjusted and applied to reach greater numbers. Private organizations and local health departments can work together to benefit their local communities. Both groups can apply for funding to provide senior citizens with mobile, video call-capable technology and help to organize volunteers to teach the seniors how to use the technology. Once this technology is within communities, not only will it help connect senior citizens to their families and loved ones, it can help them feel more connected to the world as a whole.

Senior citizens make up a large percentage of the American population, and that percentage is continuing to. Analyzing the social determinants of health for this subgroup and focusing on how public health officials can improve their lives will benefit thousands upon thousands of lives both now and later. Just because a person is categorized or labeled as a senior citizen, it does not mean they do not deserve to be connected with their community and continue to live a fulfilling, healthy life. Public health officials have a responsibility to all in their communities, including senior citizens.



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