# Social Vulnerability in Seniors

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## SOCIAL VULNERABILITY IN SENIORS

Social factors such as low socio-economic status and lack of social support and networks can have a significant impact on the health of older adults. Social factors can impact on survival, cognition, mental health, functional decline, mobility and falls, as well as institutionalization and frailty [1-7]. Some authors use the term **social vulnerability** to describe the constellation of conditions such as isolated living, lack of supports, low socioeconomic status and a sense of lack of control. As people age, they tend to move from family to non-family situations. This transition can be accompanied by a loss of income, social isolation and a growing need for a variety of supports to help them to maintain their independence. A secondary analysis of the Canadian Study of Health and Ageing looked at a social vulnerability index and found social vulnerability is associated with very poor outcomes such as increased mortality and cognitive impairment even after controlling for intrinsic factors such as age, gender and frailty [6].

## RISK FACTORS FOR SOCIAL VULNERABILITY IN SENIORS

- Frailty (a global measure of comorbidity, cognitive impairment and disability)
- Multiple chronic health problems
- Poor mobility and falls
- Living alone
- Reduced social networks and social supports
- Cognitive decline and dementia
- Mental health problems
- Low-income seniors
- Seniors who are caregivers
- Aboriginal seniors
- Women (with ageing, more women are more likely to live alone than men and income is significantly lower)
- Seniors who are newcomers to Canada or immigrant seniors (language proficiency issues, separation from family, financial dependence on children, low levels of inter-ethnic contacts, discrimination)
- LGBTQ seniors
- Advanced age (>80)
- Lack of access to transportation
- Living in urban areas (21% of Toronto seniors were living with before-tax income below Statistics Canada Low Income Cut-Off (LICO) in 2006). Low-income rates for

central Toronto seniors were nearly double that of seniors in the rest of the GTA and Ontario
- Poverty
- Low neighborhood SES (neighborhood deprivation in urban areas is associated with frailty, independent of personal wealth) (10)
- Low self-esteem
- Having no children or contact with family, younger family members living far from seniors due to work
- Critical life transitions such as retirement, death of a spouse, or losing a driver's license, move to a new city

THE MORE RISK FACTORS SENIORS FACE, THE MORE LIKELY THEY ARE TO BE ISOLATED.

## DELETERIOUS HEATH EFFECTS OF SOCIAL ISOLATION AND VULNERABILITY

More at risk of negative health behaviors including

- •Alcohol use
- •Smoking
- •Substance abuse
- •Lack of physical activity
- •Malnutrition
- •Higher likelihood of falls
- •Increased risk of hospitalization (4-5X)
- •Increased mortality
- •More prone to elder abuse- physical, emotional and financial
- •Increases the risk of developing mental health issues, higher levels of depression and suicide
- •Increase risk of developing dementia

## CHALLENGES IN PROVIDING PREVENTIVE AND CURATIVE SERVICES TO ISOLATED SENIORS LIVING IN POVERTY

- Lack of caregiver or family member to provide care, implement a treatment plan, give medications or arrange medical appointments
- Often lack a substitute decision maker or power of attorney for personal care due to long-standing social isolation
- Transportation challenges–due to economic factors or lack caregiver to accompany them
- Housing may be inadequate (i.e., homeless, living in shelter) or unsafe (not maintained, in a dangerous building)
- Low literacy levels and low health literacy levels: limited ability to understand health related information access health resources
- English as a second language for newcomers
- Addiction issues with few incentives to change
- Addictions sometimes preclude treatment or placement options (i.e., a smoker or senior with alcohol use disorder who needs LTC placement)
- Delayed presentation of illness; often pathology has progressed from neglect
- Poor nutrition and limited access to food
- Poor dentition and limited access to publicly funded dental programs
- Cannot afford basic devices important to function and quality of life such as glasses, hearing aids, dentures
- Sometimes lack trust in institutions due to previous negative experiences seeking care (especially true for LGBTQ patients, mental health patients, patients with addictions)
- May be struggling with meeting basic needs which makes seeking out medical care is a lower priority
- Communication and technology–including access (sometimes even lacking a telephone), costs, literacy and comfort with technologies including telephone systems (press “1” for service, etc.), computers. This makes basic communication with health care providers and arranging services (i.e., Wheel Trans, having medications delivered) very challenging.
- Cannot pay for medications not covered by provincial drug plan (e.g., vitamin D)
- Social isolation has an impact on the person’s self-esteem and confidence, which decreases their connection with the community and inhibits them from accessing health care services, thus perpetuating isolation.

## POTENTIAL SOLUTIONS [1, 3, 5,9]

- Screen everyone for poverty (Do you ever have trouble making ends meet at the end of the month?) [11]
- Ask all patients if they have filled out and sent in tax forms. Connect seniors living in poverty with free community tax clinics to be sure they are accessing income security benefits. Individuals over 65 in poverty should receive at least $1200/month in income through OAS, GIS and grants from filing a tax return. [11]
- Income and living supports
    - Basic income for all
    - Access to meal programs that are nutritious and affordable
    - Housing that is age and income appropriate. More supportive housing where rent is geared to income.
- Providing transportation that meets the mobility needs of seniors which is reliable, accessible and affordable
- Increasing awareness of publically funded services for seniors (i.e., LHIN, Senior's Day programs, Alzheimer's society, Public Health dental programs, exercise programs)
- Advocate for more publically funded senior's programs
- Supporting the development of volunteer-based outreach programs
- Increasing the service delivery capacity of small community agencies
- Encouraging community involvement in local neighborhoods i.e., religious institutions, youth, community centers etc.
- Using digital communication to reduce isolation
- Supporting informal caregivers
- Addressing ageism and other biases affecting marginalized seniors
- Training health professionals in the care of socially vulnerable seniors

SOCIAL FACTORS CAN IMPACT ON SURVIVAL, COGNITION, MENTAL HEALTH, FUNCTIONAL DECLINE, MOBILITY AND FALLS, AS WELL AS INSTITUTIONALIZATION AND FRAILTY.

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