

# ISSUE BRIEF

## OLDER ADULTS AND UNMET SOCIAL NEEDS PREVALENCE AND HEALTH IMPLICATIONS

### IN THIS BRIEF

Social determinants of health (SDOH) are environmental, societal, and economic conditions that contribute to older adults' ability to live healthy and full lives. Having multiple unmet social needs increases the risk of poor health outcomes for older adults. Using data from a nationally-representative survey of adults aged 50 and older, this Issue Brief informs policy makers, practitioners, and advocates about the prevalence of SDOH-related needs and the threat they pose to older adults' health.

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### OVERVIEW

Social determinants of health (SDOH) are widely recognized as external social and economic conditions influencing morbidity, mortality, and quality of life. SDOH cover a wide range of social needs, such as social connectedness, food security, transportation, and financial resources. Older adults who fare well with regard to SDOH are more likely to be in better health and better able to maintain their health in the long-term. Alternatively, unfulfilled social needs can have detrimental effects on the health of older adults, and those with multiple social needs may experience even greater risk of poor health.<sup>1</sup>

As the U.S. population continues to age, policymakers and advocates have a vested interest in supporting programs and policies to help older adults live in and engage in their communities. This, in turn, can reduce health care costs and reliance on costly (and often undesired) nursing home stays. Efforts are underway to address social needs for all Americans. The Centers for Disease Control and Prevention (CDC) sponsors a number of programs that address SDOH, from community-based diabetes prevention interventions addressing social, cultural, economic and environmental issues, to funding culturally-appropriate programs that address SDOH and health disparities at the local level.<sup>2</sup> The Root Cause Coalition seeks to address “social determinants to reverse the nationwide epidemic of preventable chronic health conditions” by engaging multi-disciplinary collaborative partners in research and advocacy.<sup>3</sup> The Centers for Medicare & Medicaid Services (CMS) created the Accountable Health Communities (AHCs) models in 2016,<sup>4</sup> awarding grants to 32 organizations to identify and address SDOH for Medicaid beneficiaries by screening, referring, and helping patients access community services.

To contribute to our understanding of the social determinants of health among older adults, IMPAQ collaborated with AARP Foundation to conduct a survey of 1,590 adults age 50 and older. GFK administered the survey using the web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the U.S. population. Survey questions allowed us to assess whether respondents experienced food insecurity,<sup>5</sup> having to choose between food and other necessities, transportation issues, or trouble getting around their home in the past 12 months, and whether they currently live alone, have difficulty paying their bills, or are lonely.<sup>6</sup> All estimates are weighted to be representative of U.S. adults aged 50 and older.

## PREVALENCE OF UNMET SOCIAL NEEDS

While nearly half of adults aged 50 and older reported that their SDOH-related needs are being met, 51% reported experiencing at least one unmet social need, including:

**Experiencing Loneliness** - 22% of older adults were frequently or often lonely at the time of the survey.

**Facing Food Insecurity** - 16% of older adults lacked the financial resources to obtain adequate amounts of food at some point in the past year.

**Having Inadequate Transportation** - 12% of older adults were sometimes or often unable to get to appointments or events in the past year due to transportation challenges.

**Experiencing Mobility Challenges** - 11% of older adults experienced trouble getting around their home without assistance in the past 12 months.

**Having Strained Financial Resources** - 23% of older adults had difficulty paying bills at the time of the survey and 11% were forced to choose between food and other necessities at some point in the previous 12 months.

**Living Alone** - 22% of older adults were living alone at the time of the survey.

**51% of older adults have at least one unmet social need**

## MULTIPLE UNMET SOCIAL NEEDS

SDOH can negatively impact older adults' health, and these effects are amplified when more than one social need is present.<sup>7</sup> More than one-quarter (28%) of older adults reported two or more unmet social needs, but this rate varied significantly across a number of demographic characteristics:

**Age** - The percentage of older adults with multiple social needs was higher among younger cohorts: 34% of 50- to 59-year-olds compared to 24% of those aged 65 and older.

**Gender** - A higher percentage of females (32%) experienced multiple unmet social needs compared to males (24%).

**Urban/Rural Residence** - Older adults living in more rural areas<sup>8</sup> were more likely to report multiple social needs (36%) than those in urban areas (27%).

**Race/Ethnicity** - Multiple social needs were more likely to be reported by non-Hispanic Black older adults (38%) compared to non-Hispanic White (26%) and Hispanic older adults (30%).

Further, one unmet need can contribute to the occurrence of another unmet need: a reduction or cessation of driving due to disability or mobility challenges, for instance, may cause older adults to experience monetary, social, psychological, and emotional costs.<sup>7,9</sup> Multiple unmet social needs were frequently reported by survey respondents. Among those experiencing any unmet social needs, 55% reported at least one additional unmet need:

- **64%** of older adults with **transportation problems** were also **food insecure** (Exhibit 1)
- **66%** of **food insecure** older adults and **59%** of older adults with **transportation problems** had **difficulty paying bills**
- Of older adults with **mobility challenges**, **50%** experienced **transportation problems** and **68%** **lived alone**.

### Exhibit 1. Food Insecurity among Adults Aged 50 and Older by Challenges with Transportation

Transportation sometimes or often a challenge

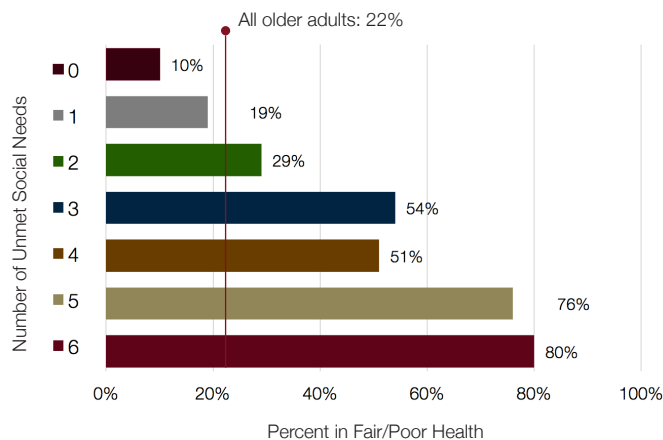


Transportation never a challenge



Having multiple unmet social needs was associated with older adults' self-reported health status. The proportion of older adults reporting fair or poor health increased dramatically with the number of unmet social needs reported. Only 10% of older adults with no social needs were in fair or poor health at the time of the survey, compared to 80% of those experiencing 6 or more social needs (Exhibit 2).

### Exhibit 2. Fair/Poor Health Status among Older Adults by Number of Unmet Social Needs (n=1,590)



Note: Fair/poor health for each number of unmet needs differed significantly from 0 unmet needs at  $p < 0.001$ .

## IMPLICATIONS

Unmet social needs are a growing concern for the aging population, as they can contribute to poorer health outcomes and subsequently higher health care costs. Food insecurity among seniors, for instance,

is associated with increased likelihood of activity limitations, lower nutrient intake, and fair or poor health status.<sup>10</sup> Addressing social needs, on the other hand, has the potential to improve health outcomes: strong social relationships are associated with a decreased risk of mortality comparable to quitting smoking.<sup>11</sup>

### Every additional unmet social need increases the likelihood of fair or poor health for older adults

As a result, it is now widely accepted that efforts to address social needs are critical to advancing population health and addressing rising health care costs.<sup>12</sup> It is particularly important, then, to understand the scope of these issues, the complexity of unmet social needs, and how they may impact overall health and well-being. Our findings aim to help define and draw attention to this issue by quantifying the prevalence of multiple unmet social needs among older adults.

Programs that address multiple social needs have the potential to make a great impact on health and health outcomes. This has been demonstrated by the Administration for Community Living's Nutrition Services Program, which funds home-delivered meals and congregate meals programs for older adults. The programs have been found to reduce food insecurity, isolation, loneliness and depression and improve diet quality.<sup>13,14</sup> Existing programs to address singular gaps in social needs, such as food security, transportation, mobility, or finances, should similarly explore opportunities to improve the overall health and wellbeing of the most complex older adults.

The health care system can also play a role in ensuring that social needs are considered a key component of overall health and wellbeing. Screening all patients for unmet social needs and referring those at risk to community services and public assistance has the potential to result in improved health outcomes and reduced health care costs. CMS' Accountable Health Communities is one effort that aims to engage the health care system and screen patients for multiple social needs, but there are many more examples across the country.

Acknowledging the link between unmet social needs and poor health outcomes, a number of recent studies have quantified the impact of the Supplemental Nutrition Assistance Program (SNAP) on health care costs and utilization. Participation in SNAP – intended to reduce food insecurity among low-income individuals – is associated with lower health care costs,<sup>15</sup> decreased emergency department visits and hospitalizations,<sup>16</sup> and reductions in cost-related medication nonadherence.<sup>17</sup> These findings are promising and call for additional research to understand the extent to which social service programs (or combinations of programs) addressing multiple social needs can result in greater cost savings and reductions in health care utilization.

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## REFERENCES

- Borg, C., Hallberg, I. R., & Blomqvist, K. (2006). Life satisfaction among older people (65+) with reduced self-care capacity: the relationship to social, health and financial aspects. *Journal of Clinical Nursing*, 15(5), 607–618. JOUR. <http://doi.org/10.1111/j.1365-2702.2006.01375.x>
- Centers for Disease Control and Prevention. (2016). CDC Programs Addressing Social Determinants of Health. Retrieved from <https://www.cdc.gov/socialdeterminants/cdcprograms/index.htm>
- The Root Cause Coalition. (n.d.). Retrieved October 10, 2017, from <http://www.rootcausecoalition.org/>
- Accountable Health Communities Model. (n.d.). Retrieved October 10, 2017, from <https://innovation.cms.gov/initiatives/ahcm/>
- Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., ... Frank, D. A. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26–e32. <http://doi.org/10.1542/peds.2009-3146>
- Waite, L. J., Cagney, K. A., Cornwell, B., Dale, W., Huang, E., Laumann, E. O., ... Schumm, L. P. (2011). National Social Life, Health, and Aging Project (NSHAP) Wave 2 In-Person and Leave-Behind Questionnaires. Chicago, IL: NORC at the University of Chicago.
- Lee, J. S., & Frongillo, E. A. (2001). Factors associated with food insecurity among U.S. elderly persons: importance of functional impairments. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 56(2), S94–S99. <http://doi.org/10.1093/geronb/56.2.S94>
- Based on metropolitan statistical area (MSA) designation. Office of Management and Budget, 2010 Standard for Delineating Metropolitan and Micropolitan Statistical Areas. Retrieved from: [https://obamawhitehouse.archives.gov/sites/default/files/omb/assets/fedreg\\_2010/06282010\\_metro\\_standards.pdf](https://obamawhitehouse.archives.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards.pdf)
- Burkhardt, J. (1999). Mobility Changes: Their Nature, Effects, and Meaning for Elders Who Reduce or Cease Driving. *Transportation Research Record: Journal of the Transportation Research Board*, 1671, 11–18. <http://doi.org/10.3141/1671-03>
- Gundersen, C., & Ziliak, J. P. (2015). Food Insecurity and Health Outcomes. *Health Affairs*, 34(11), 1830–1839.
- Smith, T. B., Holt-Lunstad, J., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-Analytic Review. *PLOS Medicine*, 7(7). <http://doi.org/10.1371/journal.pmed.1000316>
- Butler, S. (2017). Building Blocks for Addressing Social Determinants of Health. Retrieved October 10, 2017, from <https://newsatjama.jama.com/2017/10/05/jama-forum-building-blocks-for-addressing-social-determinants-of-health/>
- Mathematica Policy Research. (2017). The Nutrition Services Program Outcomes Evaluation: Fact Sheet. Retrieved from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/the-nutrition-services-program-outcomes-evaluation-fact-sheet>
- Thomas, K. S., Akobundu, U., & Dosa, D. (2016). More Than A Meal? A Randomized Control Trial Comparing the Effects of Home-Delivered Meals Programs on Participants' Feelings of Loneliness. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 71(6), 1049–1058. <http://doi.org/10.1093/geronb/gbv111>
- Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. *JAMA Internal Medicine*, 217(1), 1–8. <http://doi.org/10.1001/jamainternmed.2017.4841>
- Samuel, L. J., Szanton, S. L., Cahill, R., Wolff, J. L., Ong, P., & Zielinskie, G. (2017). Does the Supplemental Nutrition Assistance Program affect hospital utilization among older adults? The case of Maryland. *Population Health Management*, 0(0), 1–8. <http://doi.org/10.1089/pop.2017.0055>
- Srinivasan, M., & Pooler, J. A. (2017). Cost-Related Medication Nonadherence for Older Adults participating in SNAP, 2013-2015. *American Journal of Public Health. Forthcoming in the American Journal of Public Health*. Accepted October 10, 2017.