

# The Intersection of Aging and Social Determinants of Health (SDoH)

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As a geriatrician, I have the privilege of caring for older individuals, whose health has been impacted by a combination of genetic influences, environmental factors, and social determinants. While broad conditions, such as social determinants, are out of the control of myself or my patients, I have a responsibility to assess, intervene and improve function whenever possible – including on people’s social needs. Preserved function and resilience are critical to overcoming the increasing burden of disease and mortality with age. As individuals age, they are less able to respond to the stress of the social determinants. The combination of the aging process and social determinants can result in negative outcomes such as premature mortality, additional comorbidity, social isolation, and suffering.

## Social frailty

The intent of the compilation in this issue of the *Rhode Island Medical Journal* is to further define the concepts that will empower additional research by examining the intersection of social determinants and aging. One example of this is social frailty, presented in **“The Intersection of Physical and Social Frailty in Older Adults,”** by Quach, et al. In its most basic definition, frailty is a decreased resilience to stressors. The past two decades have built a literature and the supporting science around physical frailty – the decreased ability to return to physical function after stress such as acute illness, cognitive decline, or death of a caregiver. Our clinical experience is that physical frailty is exacerbated by social frailty. For instance, the location of hospital discharge is often dictated by the availability of social supports.

## Dementia/homelessness

Dementia is an example of a medical condition where social need is heightened, as examined in **“Incidence of Homelessness among Veterans Newly Diagnosed with Alzheimer’s Disease and Related Dementias,”** by Jutkowitz, et al. Cognitive decline limits the ability to complete tasks that are essential to self-care and navigating daily life. Caregivers of individuals experiencing dementia are likely to report more depression, anxiety, poor health maintenance, reduced quality of life, and burnout. When a caregiver becomes overwhelmed by the needs of the individual, the outcome is often placement in a facility. However, in cases of

limited social support (social frailty), the disease can further disintegrate and disenfranchise tenuous bonds resulting in outcomes such as housing instability and homelessness for the person who is cognitively impaired.

## Food insecurity

Food insecurity, or the inability to obtain adequate food, is particularly dangerous for older adults who may be taking medications or have health conditions that require specific nutritional intake. For older adults with physical or cognitive impairments, particularly those lacking social support, it can be an insurmountable challenge to overcome the transportation, planning, and preparation required to meet nutritional needs. This inability often results in a worsening of health outcomes. While community programs such as Meals on Wheels exist, accessibility is location dependent, coverage in rural areas is sparse, providers must possess awareness of these resources, and the referral process must be completed. **“An Exploratory Framework to Interpret County-Level Indicators of Food Insecurity,”** by Tucher, et al combines multiple data sources to index food insecurity.

## Home-based primary care

Similar to the food insecurity framework, the area deprivation index (ADI) provides important insights into who is being served through home-based services within the VA. The ADI is a relatively new tool to identify neighborhood income, which can then be used to examine components of healthcare within that region. By comparing service delivery, health systems can examine how the biases of income may influence access to care. For example, in the presented analysis, **“Association of Home-Based Primary Care Enrollment with Social Determinants of Health for Older Veterans,”** by Montano, et al shows that individuals experiencing homelessness were less likely to get home-based primary care, but the program does not enroll individuals without a home. However, those with housing instability were five times more likely to receive home-based services. This finding suggests that housing is a logistical challenge, but the system is adapting to the needs of those with marginal stability.

Measures such as the area deprivation index provide important information when providing care for older adults, but additional factors also need to be considered. The impact

of social frailty on health outcomes for older adults in relation to race and ethnicity is beyond the scope of this paper and is a critical area for future research.

The complexities of social determinants are unique to each individual. One measurement system, one social need, or one survey will not present a comprehensive picture of all social determinants. As clinicians our responsibility is to mitigate disease, improve function, and reduce suffering while trying to understand the factors that influence the well-being of our patients beyond the walls of the clinic.

#### Guest editor

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