

## ISSUE BRIEF: Supporting Your Older Adult Patients' Needs through Enabling Services

This issue brief provides information for health care providers on how to recognize and access support and enabling services for their older adult patients.

Nationwide, the Health Resources and Services Administration (HRSA) Health Center Program constitutes nearly 1,400 grantees operating more than 12,000 clinic sites, which deliver culturally competent, high-quality, and patient-centered primary health care services. In 2018, health centers provided enabling services at 6,510,435 health center visits. In 2018, these health centers saw 2,601,572 patients age 65 and over who are geographically isolated and economically or medically vulnerable.<sup>1,2</sup> For this vulnerable population, social factors play a critical role in their mental health, physical health, and overall quality of life, as they rely on family, friends, or organizations to assist them with daily activities, provide companionship, and care for their well-being.<sup>3</sup>



The World Health Organization (WHO) has defined social determinants of health (SDOH) as “the conditions in which people are born, grow, live, work and age.”<sup>4</sup> SDOH cover a wide range of social needs such as food security, transportation, financial resources, education, access to health care and oral care, housing, social support and community inclusivity, neighborhood conditions and physical environment, access to safe drinking water, clean air, and a toxin-free environment. There is a body of evidence that identifies social factors or determinants at the root of health inequalities; social determinants can account for up to 40% of individual health outcomes.<sup>5,6</sup>

It is important that policymakers, advocates, primary care providers, and caregivers have a stake in supporting and implementing programs and policies that can help older adults live in and engage with their communities. HRSA Health Centers (HCs) or Federally Qualified Health Centers (FQHCs), in addition to the available care delivery and preventive health care services, also make use of other mechanisms to support their older adult patients' needs, such as enabling services (transportation and/or case management, for example). These services mitigate the barriers to care, increasing health care utilization, and are a unique way to ensure more comprehensive care within a medical home.<sup>7</sup>

### Recognizing Patients' Unmet Social Needs

In an AARP Foundation-IMPAQ International nationally representative survey of adults aged 50 and older, 51% of respondents reported having at least one unmet SDOH need.<sup>8</sup> Strained financial resources, food insecurity, loneliness, inadequate transportation, and mobility were among the top issues. Another 28% reported having two or more unmet needs.

The role of the health care professional in recognizing and identifying these unmet needs is crucial, as it is likely that one out of two older adults they encounter will have at least one unmet need. Health center providers, especially physicians, generally lack the training to fully assess patients' unmet social needs and to identify and work with community-based organizations. In order to provide comprehensive care, physicians should use a patient-centered, team-based approach to identify and address social needs.

## Assessing Patients' Unmet Social Needs

Health center providers can learn more about a patient's lived experience and social environment by taking a detailed social history, which may include questions about the patient's developmental, family, and medical history, as well as information about life events, social class, race, religion, education, and occupation. Many health centers have existing assessment tools or develop their own to best capture their patients' social needs, barriers to care, and the unique characteristics of their community.

- Validated tools such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences ([PRAPARE](#)) can help health care providers collect vital social needs data. PRAPARE, developed by the National Association of Community Health Centers (NACHC), in collaboration with the Association of Asian Pacific Community Health Organizations (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF), can help health centers and their providers collect the data needed to better understand and act on their patients' SDOH. Some of its core measures are race, ethnicity, language, neighborhood, employment, housing, material security, social integration, and transportation.<sup>9</sup>

## Connecting Patients to Support and Enabling Services

Connecting patients to appropriate SDOH agencies, such as the Administration for Community Living (ACL), to address unmet needs requires health center providers to participate in community engagement and partnerships, or have health center co-located services.

- Health care providers may refer patients to services that address SDOH, such as legal aid, food banks, nutritionists, social workers, community health workers, therapists, and counselors.<sup>10</sup> For example, a health care provider may refer a patient to a food pantry for healthy food, to a community walking program, or to diabetes management group counseling.<sup>11</sup>
- Social services can also be easier to access through co-location, which places multiple services (e.g. food pan-try, public health, social services, legal services, dental services, and mental/behavioral health services) in the same physical space.<sup>10</sup>

Important areas that health center providers can screen for and connect their older adult patients with include nutrition, transportation services, and housing.

## Food Insecurity – Ensuring Adequate Nutrition

The United States Department of Agriculture (USDA) characterizes food security as “access at all times to enough food for an active, healthy life.” The recent National Health and Nutrition Examination Survey (NHANES) covering years 2001–2012 shows that approximately 17% of adults over age 40 report food insecurity; 10% report low and very low food insecurity.

- Affordability is the primary cause of food insecurity; however, for older adults it can be compounded by the inability to use food due to functional impairments or health issues.
- Ability to use food is the ability to prepare, gain access to, and eat food that is available in the household.<sup>12</sup> This is particularly important for older adults who live alone.
- For older adults with diabetes, proper diet and nutrition is crucial for disease management and overall well-being.

**ASSESS:** Health care providers should screen their older adult patients for food insecurity using resources such as the [Hunger Vital Sign](#), a two-item screening tool:

- 🕒 “Within the past 12 months we worried if our food would run out before we got money to buy more.”
- 🕒 “Within the past 12 months the food we bought didn’t last and we didn’t have money to get more.”

**RESOURCES:** Health care providers should refer patients to food resources such as food banks and programs (e.g., [Meals on Wheels](#)). Older adults (over age 60) may be eligible for a senior food program in their community.<sup>13</sup> Health care providers can also engage with local nutritionists and social workers to create strong links between patients and food resources.

## Transportation – Getting to Appointments

Transportation has become one of the top three unmet needs among older adults. Older adults will often “age in place” within their neighborhoods; 80% live in car-dependent communities. There is no universally accepted age at which people are no longer safe drivers, even though chronic conditions and disability, which occur more frequently in old age, certainly affect driving skills.<sup>14</sup>

- 🕒 Older adults with conditions such as diabetes, visual impairments, hearing loss, nervous system disorders, and cardiovascular system disorders need to be assessed for driver safety.<sup>14</sup>
- 🕒 Older adults who drive should be encouraged to use programs like the [AARP Driver Safety program](#).
- 🕒 Older adults need alternative transportation options to get around to appointments and events.
- 🕒 Limited access to transportation can lead to social isolation, reduced access to medical services, negative health outcomes, and poor psychological health.

**ASSESS:** Health care providers should assess patients’ transportation needs with tools such as [PRAPARE](#).

**RESOURCES:** Health care providers should be able to recommend services such as travel options counselling, patient-centered mobility management, and be able to connect their patients to other community and religious-based organizations offering transportation services for older adults. Resources can be found at the [National Aging and Disability Transportation Center](#) and [National Center for Mobility Management](#).

## Housing - Connecting to Stable Housing

Affordable and accessible housing is central to quality of life for people of all ages, but especially for older adults. As the single largest item in most household budgets, housing costs directly affect day-to-day financial security as well as the ability to accrue wealth to draw upon later in life.<sup>15</sup> Most of the 50-and-over population lives independently—that is, within the community rather than within institutional care. Access to safe and affordable housing is essential to their health and safety as physical and cognitive limitations increase.

- 🕒 Safe neighborhoods and housing in proximity to stores, services, and transportation enable older adults to remain active and productive members of their communities, meet their own basic needs, and maintain social connections.
- 🕒 For those older adults with chronic conditions and disabilities, the availability of housing with support and services determines the quality and cost of long-term care—particularly the portion paid with public funds.

**ASSESS:** Health care providers can utilize a screening tool like [PRAPARE](#) to assess housing stability. They can also work with community health workers or social workers who make home visits to assess the living conditions of the older adult residents through tools such as the [Home Safety Checklist](#).

**RESOURCES:** Guides such as [Eldercare Locator’s Housing Options for Older Adults](#) can provide basic information to assist older adult patients on housing decisions. Health care providers and social workers can make recommendations to older adult patients, especially those with limited mobility, on how to make their homes safer and functional using resources like [Home Safety Tips for Older Adults](#).

## Conclusion

In order for older adult patients to thrive, it is key to provide not only for their complex health needs, but their social needs as well. Three top issues of concern within older adults’ social determinants include access to nutrition, transportation services, and housing. Addressing these determinants through health center assessment and referrals to support services in the community is important for improving older adults’ quality of life. Strategic partnerships with organizations (national, state, or local; public or private) provide many resources that enable older adult patients to access basic social needs and maintain healthy and active lives.

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## References

1. Health Resources and Services Administration (HRSA). Fact Sheet. 2017; Retrieved from <https://data.hrsa.gov/data/fact-sheets>
2. Health Resources and Services Administration (HRSA). (2018). Program Grantee Data: Table 3A - Patients by age and by sex assigned at birth. Retrieved from <https://bphc.hrsa.gov/uds/datacenter.aspx>
3. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report. (2005). Social support and health-related quality of life among older adults -- Missouri, 2000. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5417a4.htm>
4. World Health Organization (WHO).(n.d.). Social determinants of health: About social determinants of health. n.d; Retrieved from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)
5. Magnan S.(2017). Social determinants of health 101 for health care. National Academy of Medicine. 2017.
6. Booske, B. C., Athens, J. K., Kindig, D. A., Park, H., & Remington, P. L. (2010). Different perspectives for assigning weights to determinants of health. County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>
7. Association of Asian Pacific Community Health Organizations, National Association of Community Health Centers. (2010). Highlighting the role of enabling services at community health centers: Collecting data to support service expansion & enhanced funding. Retrieved from <http://www.nachc.org/wp-content/uploads/2015/06/EnablingServicesReport.pdf>
8. Pooler, J., Liu,S., & Roberts, A. (2017). Older adults and unmet social needs prevalence and health implications. AARP Foundation.
9. National Association of Community Health Centers. (2018). What is PRAPARE? Retrieved from <http://www.nachc.org/research-and-data/prapare/>
10. Advisory Committee on Training in Primary Care Medicine and Dentistry. (2016). Addressing the social determinants of health: The role of health professions education. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/reports/report-2016.pdf>
11. Behforouz, H. L., Drain, P. K., Rhatigan, J. J. (2014).The New England Journal of Medicine, 371(14),1277–1279. 371(14):1277-1279.
12. Lee, J. S., Frongillo Jr., E. A. (2001). Factors associated with food insecurity among U.S. elderly persons: Importance of functional impairments. The Journals of Gerontology: Series B, 56(2): S94–S99.
13. Hunger Care Coalition. (n.d.). Provider resources. Retrieved from <http://www.hungercare.org/provider-resources>
14. *National Aging and Disability Transportation Center. (n.d.). Unique issues related to older adults and transportation.* Retrieved from <https://www.nadtc.org/about/transportation-aging-disability/unique-issues-related-to-older-adults-and-transportation/>
15. The maturing of America: Communities moving forward for an aging population. (2011). Retrieved from <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/civic/the-maturing-of-america-communities-moving-forward-for-an-aging-population-2011-aarp.pdf>