



ROLE OF A SOCIAL WORKER IN HEALTH OF AGED PEOPLE

Mr. Unmeshkumar H. Patel

Asstiant Professor Anand Institute of Social Work, Anand affiliated to Sardar Patel University, V.V. Nagar

KEYWORDS : Assess, Quality of Life, Elderly, Old Age Homes.

During the 20th century, Medical Social Workers increasingly became members of multidisciplinary public health teams and developed skills in promoting competent teams in health care institutions (Marshall & Altpeter, 2005). These collaborative teams drew on models of health promotion and disease prevention. In the field of gerontology, health promotion was applied to chronic illnesses, including, but not limited to, cancer and Alzheimer's. In the 21st century, multidisciplinary teams strive to implement a broad range of health promotion programs in response to the growing older population and the inevitable increase in the health care needs of this population (Cooper, 2003; Fulmer, 2005).

Because the social work profession is fundamentally committed to individual- and community-level evidence-based interventions, such as individual and family development, community organizing, and advocacy, its interventions incorporate the skills and values necessary to implement effective health promoting practices at multiple systemic levels. For example, using education and counselling, Medical Social Workers, on an individual basis, can help to address diseases, such as obesity, that are so prevalent in American society.

The Medical Social Worker's Role with Older Adults

- Medical Social Workers can help older persons remain mobile and independent, thus increasing the quality of life not only of the individuals but of their families as well.

In addition, Medical Social Workers are uniquely positioned to promote health, good nutrition, and wellness among individuals and families on the programmatic, organizational, and community-advocacy levels. Alone or with other members of interdisciplinary teams, they can advocate for implementation of practices and programs within institutional and residential settings that promote health.

Marshall and Altpeter (2005) recommended eight ways that Medical Social Workers can take the lead in creating communities engaged in promoting health among older adults.

- Provide assessment, counselling, and referral services regarding health promotion in clinical and multidisciplinary settings. Medical Social Workers can help members of multidisciplinary teams engage older adults in conversations related to healthy living.
- Enhance information sharing and research alliances. Medical Social Workers and other health professionals (i.e., nurses and public health workers) can implement and test interventions intended to improve health and quality of life among older adults.
- Improve the competence of communities to develop strategies for helping older adults define and reach their goals. Medical Social Workers can provide mentoring to seniors to help them improve their health literacy.
- Participate in community management. Medical Social Workers can actively involved in social planning by working to reduce potential barriers to the promotion of health and healthy aging in the community's institutions, programs,

and neighbourhoods.

- Advocate regarding development and maintenance of community infrastructures. Medical Social Workers can promote communities that accommodate older adults safely by working to adapt the environment to their needs, mobilizing them to be more socially engaged, and eliminating social and environmental barriers.
- Encourage better use of available resources. Medical Social Workers can increase their older individuals' physical activity by posting signs that encourage walking and climbing the stairs and by providing exercise facilities.
- Develop partnerships among stakeholders in the community. Medical Social Workers can engage and bring together agencies, such as housing, recreation, and disability services.
- Promote economic developments that will lead to better health practices among the general population. Medical Social Workers can help to promote health by advocating for the development of employment opportunities that will improve the socio-economic status and thus their access to health.

Social Work Models for Promoting Health

- Medical Social Workers play an important role in encouraging older individuals to adopt healthy behaviours and to integrate health promotion into their lives.

Educational programs have proven to be helpful in providing older adults with skills and knowledge about how to make healthier life-style choices. Person-centered programs that work one-on-one with individuals to set goals and make decisions. However, the information individuals receive must not only stress the importance of adopting healthy behaviours but also include information that will motivate them to change their behaviour. According to the Center for the Advancement of Health (2006), physicians who counsel their older patients about health, include the patients in developing a personalized health plan, and follow-up regarding their progress have reported better outcomes. According to the centre's report, motivational techniques, including self-monitoring, personal communication with health care providers are necessary to encourage healthy habits and achieve long-term results. Medical Social Workers' knowledge and skills in intervening at the individual, environmental, and community levels, and their capacity to identify and build on an individual's strengths makes them ideal professionals to design and implement health-promoting strategies that incorporate these two critical factors.

Nutrition Model

The nutritional health of older people is important (Johnson, 2004; Wellman, 2004). Consequently, when completing a nutritional assessment, the Medical Social Worker needs to examine the individual's food consumption, medical history, medications, financial circumstances, mobility, and accessibility to community institutions (Centre for the Advancement of Health, 2006). Evidence-based support groups and educational programs provide older people with hands-on experience with how to adjust their eating habits and delivery of nutritious meals to individuals who are disabled.

The Medical Social Worker must take into account their readiness to

change their nutritional behaviour. In addition, an individual's cultural identity, cultural tradition & ethnicity affects the eating habit. Thus, the Medical Social Worker must seek out culturally appropriate options encouraging an individual to change dietary behaviour (Centre for the Advancement of Health, 2006; Johnson & Smith, 2002).

Dr. Wellman proposed the following ways that Medical Social Workers can help older adults improve their nutritional intake and overall health.

- 1) Dine and interact with older members of the community, engage them in conversations related to their life experiences, feelings about their needs and pleasures, and their opinions about events.
- 2) Deliver easy-to make or ready-to-eat meals to their homes; help them to organize weekly meals by applying a label to each container that identifies the contents as breakfast, lunch, or dinner.
- 3) Provide them with a microwave oven to simplify preparation and with help in arranging dental appointments.
- 4) Advocate for those admitted to acute care facilities regarding provision of effective services, checking of body mass, helping at meal times, and preparing for discharge.

Physical Activity Model

The current literature provides evidence that regular moderate exercise fosters strength, energy, and coordination; reduces the risk of falls and fractures; heightens mood; and relieves symptoms of depression. Despite the evidence regarding the virtues of physical activity, however, the percentage of older people who lead physically active lives is low (CDC, 2007).

An example of a community-level program is the Building Healthy Communities for Active Aging (Environmental Protection Agency [EPA], 2007), which organized a steering committee assigned the job of creating a document outlining 10 strategies designed to help communities successfully adapt community techniques of encouraging older adults to become more physically active. Therefore, communities need to facilitate the availability of structured programs and devise ways to encourage self-directed activities, such as walking and using fitness trails.

- 1) Create a community goal statement designed to improve levels of physical activity among seniors (EPA, 2007).
- 2) Form a community coalition or advisory unit composed of representatives from different community organizations to develop programs focused on increasing older adults' opportunities for physical activity (EPA, 2007).
- 3) Assess the community's needs regarding physical activity programs for older adults and the opportunities available to establish a program that meets those needs (EPA, 2007).
- 4) Evaluate the accessibility and availability of the community's physical activity programs for older adults.
- 5) Establish a community plan for dealing with barriers to seniors' participation in physical activities and improvements needed to boost the participation of older adults in physical activities.
- 6) Publish a resource tool that lists all physical activity programs in the community. This list should include both outdoor and indoor programs and detailed information about each one.
- 7) Design a community campaign to inform older members about how to achieve the suggested amounts of physical activity.
- 8) Offer older members of the community a variety of physical activity programs. The offerings should include both formal programs and more informal opportunities for self-directed physical activities.
- 9) Initiate physical activity programs and other opportunities that are appropriate, both culturally and in terms of physical location, for the entire community.
- 10) Remain committed to ongoing development of programs and policies and to the involvement of people who represent different segments of the community.

Effects of Health Disparities and Cultural Diversity

- The Medical Social Worker's ability to promote individual and community level health promotion is limited by the reality that older members of minority groups experience poorer health, are less likely to be adequately insured, and often receive disparate access to health care compared with older members of the majority group (Johnson & Smith, 2002).

The failure to meet the health care needs of all members of society is challenged further by poorly understood and inadequately defined health care outcomes among older members of minority groups. As Johnson and Smith pointed out, minority groups members are under-represented among health care professionals in the American health care system. To begin to address these disparities, Johnson and Smith suggested that interventions designed to reduce currently existing disparities must address multiple interrelated systemic issues, which are as following;

- What knowledge and attitudes prompt individuals' requests for services?
 - What preconceptions of both individuals and providers affect communication and influence the provision of services?
 - e health insurance, health care, provision of adequate training, salaries and working conditions for formal caregivers, and support for informal caregivers, who are mainly women caring for their older parents.
- 4) Provide training for the workforce that will deliver service structure and financing of the health care system would improve their access?

What is the impact of social and community factors on the delivery of health care services?

Other approaches to promoting health in older adults from culturally diverse populations include the following.

- To tackle the lack of diversity among health care professionals, Johnson and Smith (2002) suggest beginning with the educational system. Parents and community leaders can encourage cultural diversity by becoming more involved in advocating for it in the educational and health care systems. Academic Medical Centres should include outreach and community service as part of their role (IOM 2008).
- Medical professionals recognize that increasing the cultural competency of practitioners is important because one's culture affects not only the practitioner's diagnosis and treatment but his or her responsiveness to the patient as well.
- Building partnerships between health care centers and communities enhances health outcomes and standards of care (Johnson & Smith, 2002). Some studies on health disparities suggest the need for totally new research models to test dynamic multidimensional interventions that use continuous feedback from patients, providers, and communities. (Rust & Cooper, 2007).

Implications for Health Policy

The World Health Organization (WHO) has developed a policy framework for active aging that is generalizable to aging populations in all. The key proposals in the health arena include developing and implementing policies and programs that:

- 1) Prevent and reduce the prevalence of chronic illnesses and disabilities. Areas of policy focus include, but are not limited to, policies that address the economic influences on health, such as poverty; the development and implementation of effective prevention programs; the barriers to active aging that communities present; as well as the mental health, quality of life, and social supports necessary for successful active aging among older adults.
- 2) Increase protective factors for health and reduce risk factors for

disease. Areas of policy focus include, but are not limited to, policies that address tobacco, alcohol, and substance use; access to health care for oral health as well as vision and hearing loss; nutrition; access to medication; and prescribed medical treatment.

- 3) Develop age-friendly health care and social services that are designed to meet the unique needs of older adults. Areas of policy focus include, but are not limited to, access to affordables to older adults. Areas of policy focus include, but are not limited to, providing basic training as well as opportunities for lifelong learning skills, development of volunteer opportunities for work with aging individuals, and policies to improve the economic situation of formal caregivers.

Conclusion

Health promotion has become a topic of great importance in the United States and globally. In this chapter;

- 1) An overview of the epidemiology of aging and the need for health promotion to ensure that older adults maintain the highest level of health and quality of life possible. Identified myths of aging that make the development and implementation of health promotion initiatives and programs difficult and dispelled these myths.
- 2) A framework for health promotion in aging that includes a summary of the history of health promotion models as well as the models that are currently being used to implementation of health promotion initiatives in the United States. The frameworks include the Successful Aging Model, the Health Aging Model, the Active Ageing Model, and the Alberta Rose Model.
- 3) Roles for Medical Social Workers in promotion health. Medical Social Workers can play critical roles as members of public health teams in promoting community-wide health promotion programs. Furthermore, they can engage older to clients to promote the adoption of healthy behaviours and lifestyle changes in order to prevent and/or diminish the impact of chronic diseases on older adults' quality of life and health status. Identified policy issues that Medical Social Workers can highlight in order to promote health among older adults.

References

- 1) There are no sources in the American Society on Aging. (2002). Blueprint for Health Promotion. Retrieved December, 18, 2008, from <http://www.asaging.org/cdc/module1/home.cfm> current document
- 2) There are no sources Center for the Advancement of Health. (2006). A new vision of aging: Helping older adults make healthier choices. Issue briefing No. 2. Washington, DC: Author. Retrieved March 20, 2008, from <http://www.cfah.org/pdfs/agingreport.pdf> in the current document
- 3) Centers for Disease Control and Prevention (CDC). (2007). The national blueprint: Increasing physical activity among adults age 50 and older. Atlanta, GA: Author. Retrieved March 2, 2008, from <http://www.rwjf.org/files/publications/other/Age50BlueprintSinglepages.pdf>
- 4) CDC. (2008). Healthy aging: Preserving function & improving quality of life among older adults. Atlanta, GA: Author. Retrieved on December 17, 2008, from http://www.cdc.gov/nccdphp/publications/aag/pdf/healthy_aging.pdf
- 5) Cooper, B. S., & Fishman, E. (2003). The interdisciplinary team in the management of chronic conditions: Has its time come? Baltimore, MD: Partnership for Solutions.
- 6) Environmental Protection Agency. (2007). Building Healthy Communities for Active Aging National Recognition Program. Retrieved on December 17, 2008, from <http://depts.washington.edu/harn/tools/10strategies.pdf>
- 7) Fulmer, T., Hyer, K., Flaherty, E., Mezey, M., Whitehall, N., Jacobs, M., et al. (2005). Geriatric interdisciplinary team training program. *Journal of Aging & Health*, 17(4), 413-470.
- 8) Hall, P., & Weaver, L. (2001). Interdisciplinary education and teamwork: A long and winding road. *Medical Education*, 35(9), 867-875.
- 9) Institute of Medicine. (2008). Retooling for an aging America. Washington, DC: The National Academies Press. Johnson, M. A. (2004). Hype and hope about foods and supplements for healthy aging. *Generations*, 28(3), 45-53.
- 10) Johnson, J. C., & Smith, N. H. (2002). Health and social issues associated with racial, ethnic, and cultural disparities. *Generations*, 26(3), 25-32.
- 11) Loughrey, K. (2004). You can! Steps to healthier aging: AoA nationwide campaign. *Generations*, 28(3), 95-96. the current document.
- 12) Marshall, V. W., & Altpeter, M. (2005). Cultivating social work leadership in health promotion and aging: Strategies for active aging interventions. *Health & Social Work*, 30(2), 135-144.
- 13) National Council on Aging. (2004). Center for Healthy Aging: Model health programs for communities. Best practices in physical activity. Washington, DC: Author. Retrieved March 18, 2008, from <http://www.healthyyagingprograms.org>
- 14) Office of Disease Preventions & Health Promotion, United States Department of Health and Human Services (USDHHS). (2001). Healthy people in healthy communities planning guide. Rockville, MD: Author.
- 15) Public Health Foundation. (2002). Healthy People 2010 toolkit: A field guide to planning. Waldorf, MD: Author. Retrieved January 5, 2009, from

- 16) <http://www.healthypeople.gov/state/toolkit/default.htm>
 - 16) Remington, E. L., Foulk, M. A., & Williams, B. C. (2006). Evaluation of evidence for interprofessional education. *American Journal of Pharmaceutical Education*, 70(3), 1-7.
 - 17) Rowe, J.W., & Kahn, R.L. (1998). *Successful aging*. New York: Pantheon Books.
 - 18) Wellman, N. S. (2004). Nutrition and older adults—Why you should care: Talking to families and caregivers. *Generations*, 28(3), 97-99.
- World Health organization (WHO). (2002). *Active ageing: A policy framework*. Geneva, Switzerland: Author. Retrieved February 5, 2008, from http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8