

Health Inequalities and Active Aging: What Can Social Workers Do?

JONG WON MIN

San Diego State University (EEUU)

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Resumen: La crisis de la eurozona en curso trajo España duras medidas de austeridad de los impuestos más altos y los recortes en la asistencia médica y los servicios sociales. La creciente dificultad económica puede conducir a una mayor desigualdad económica. La desigualdad de ingresos, a su vez, podría provocar diferencias de salud injustas en la población, llamadas "las desigualdades en salud." Todos los acontecimientos plantean grandes retos y riesgos a los adultos mayores, y pone en peligro los esfuerzos para lograr un envejecimiento saludable y activo en España. Este artículo ofrece una visión general de las desigualdades en salud en España y el envejecimiento activo, y discute el papel potencial de los trabajadores sociales en la reducción de las desigualdades en salud, mientras que la promoción del envejecimiento activo para los adultos mayores en España. Los esfuerzos continuos para un envejecimiento activo podrían evitar las desigualdades en salud de afectar negativamente a los adultos mayores durante los tiempos económicos difíciles. Los trabajadores sociales están perfectamente posicionados para ayudar a los adultos mayores para lograr el envejecimiento activo. Se concluye con una descripción de un programa de intervención de los Estados Unidos que demuestra el papel de los trabajadores sociales para garantizar un envejecimiento exitoso y activo para adultos mayores vulnerables.

Palabras clave: Crisis, desigualdades en salud, envejecimiento activo, Trabajo social.

Título: Desigualdades en salud y Envejecimiento Activo: ¿Qué pueden hacer los trabajadores sociales?

Abstract: The ongoing Eurozone crisis brought Spain harsh austerity measures of higher tax and cuts in medical care and social services. The growing economic hardship may lead to greater economic inequality. Income inequality, in turn, could cause inequitable health differences in population, called "health inequalities." All of the events pose great challenges and risk to older adults, and threatens their efforts toward achieving healthy and active aging in Spain. This paper provides an overview of health inequalities in Spain and active aging, and discusses the potential roles of social workers in reducing health inequalities while promoting active aging for older adults in Spain. Continued efforts for active aging could prevent health inequalities from adversely affecting older adults during the difficult economic times. Social workers are perfectly positioned to help older adults to achieve the active aging. It concludes with a description of an intervention program in the United States that demonstrates the role of social workers in ensuring successful and active aging for vulnerable old adults.

Keywords: Active aging, crisis, health inequalities, Social Work.

INTRODUCTION

Eurozone crisis that started in October 2009 takes a great toll on Spain. Harsh austerity measures introduced higher tax and spending cuts in medical care and social services in the midst of exceedingly high long-term unemployment rate of 41.6% in 2011 (OECD, 2013) and 53 percent for youth under the age of 25. As a consequence, the recent Eurostat figures indicated that inequality in Spain went from 31.3 in 2008 to 34 in 2011, as measured by

the Gini coefficient, representing one of the highest levels among the 16 countries with available data. This engendered social crisis, increasing vulnerabilities among the socially disadvantaged people. In particular, older workers now face long-term unemployment, delayed retirement ages, and pension cutbacks (Daley, 2012), leading to the breakdown of the middle-class due to the recession and government austerity measures. In light of the growing economic hardship and the resulting inequality, income inequality is often considered as a potential determinant of health differences

in population or health inequalities. The increasing income inequalities may lead to health inequality or a generally higher level of health problems (Kennedy et al., 1998; Krokstad et al., 2002; Stiglitz, 2013; Weich, Lewis, & Jenkins, 2002). Kondo et al., (2009) argued that adverse impacts on health emerge beyond a certain threshold of income inequality, calling it the threshold effect hypothesis. Sometimes, the effects of income inequalities on health differences may not be immediate, but time-lagged (Krokstad et al., 2002).

This current economic situation is a greater cause for concern for older adults in Spain which experiences rapid population aging. The population aged 64 and older is about 17.3% (Instituto Nacional de Estadística-INE, 2013) and is projected to be more than 30% of the population by 2050 (Fundación General CSIC, 2010). According to the projection by the United Nations, Spain will be the world's oldest country in 2050, with 40% of its population aged over 60. (United Nations, 2010).

AGE Platform Europe (2012) reports that the pensioners living on moderate or low income have been victimized by the current economic crisis, experiencing widening poverty gap and more inequalities. The current crisis leaves older people vulnerable and at great risk of being 'penalized' due to the weakening role of the state, decreasing public resources, and deteriorating social safety network. According to the AGE Platform Europe (2012), many older people in Spain became caregivers of their children, in part due to lack of employment opportunities for the children. Therefore, older family bears the financial burden for their child support, also threatening their own physical and psychological well-beings.

Taken all together, all of these changes brought about by the economic crisis and subsequent health inequalities may pose great challenges and risk to older adults in Spain, jeopardizing their efforts for healthy and active aging. Active aging as adopted by the World Health Organization (WHO) provides a critical framework of policy and practice for many countries in fostering positive aging experiences and long life, along with continuing opportunities for health, participation and security.

Therefore, this paper provides an overview of health inequalities in Spain and active aging, and discusses the potential roles of social workers in reducing health inequalities while promoting active aging for older adults in Spain. It concludes with a description of an intervention program in the United States that demonstrates the role of social workers in ensuring successful and active aging for vulnerable old adults.

HEALTH INEQUALITIES

Definition of health inequality

Health inequalities can be defined as the systematic and avoidable

differences in health outcomes between socioeconomic groups as defined by income, education, or occupation (Judge, Platt, Costongs, & Jurczak, 2006; Mackenbach, Bakker et al., 2006). Typically, the lowest socioeconomic group or the poorest people may report the highest level of illnesses and disabilities and the shortest life expectancy than those who are at the highest socioeconomic group or the richest people (Mackenbach et al., 2003; Mackenbach, 2006). Many health indicators have been studied such as mortality, morbidity, cause-specific mortality, self-assessed health, health access, and etc. For example, in terms of life expectancy, it is said that there is typically 5 years or more gap between the richest and poorest social groups. As such, reducing the gap (i.e., health inequalities) has been an important policy goal for many countries around the world.

Efforts to address health inequality in Spain

According to Judge, Platt, Costongs, & Jurczak (2006), Spain was recognized as one of the countries that coordinated national action on health inequalities, but was less extensive or formalized than that found in other countries. The Ministry of Employment and Social Affairs is known to be responsible for the national plan for social inclusion, addressing health inequalities policy in the country. In terms of the efforts for monitoring health inequalities in Spain, data on healthy status by social class, education, and geographical area are collected in the national health survey. And yet, the information is limited to a comparison of Spain with other countries rather than within-social group differences in Spain. Even with such efforts, in a study that examined the relationship between income inequalities and health inequalities in Spain in 1985 and 2000, based on the population estimates from National Statistics Institute and the two national disability surveys, Regidor, Ronda, Pascual, et al. (2006) found that there was a substantial increase in health inequalities between 1985 and 2000, despite the fact that income inequality in Spain decreased during the same period.

In response to the above situation and international efforts, as motivated by the 2005 WHO Commission on Social Determinants of Health, the Commission on the Reduction of Social Inequalities on Health in Spain released a proposal entitled "Moving Forward Equity; A proposal of policies and interventions to reduce social inequities in health in Spain" in 2010 (Commission on the Reduction of Social Inequalities in Health in Spain, 2010). It was commissioned by the Ministry of Health, Social Policy and Equality, Spain. The proposal presented the current state of knowledge and research on available data on health inequalities and set forth important recommendations in addressing health inequalities in Spain. The proposal was a significant step toward addressing the lack of political priority with health inequalities up until the early 2000's. There were some reports on the exist-

tence of health inequalities and their trend over the years have been reported, except that the Autonomous Communities like the Basque Country and Andalusia have produced comprehensive reports on the subject.

The proposal reported that socioeconomic position, gender, territory and immigration in Spain were significant factors to inequality in population health and that socioeconomic inequalities in health persist in Spain. For instances, the gap in life expectancy is 3 years between the richest (Navarre and Madrid) and the poorest Autonomous Communities (Andalusia). Socioeconomic inequalities exist between men and women and between more and less advantaged classes in mortality and health status; for example, 55% of women from social class V (unskilled occupations) report good health status compared to 85% of men from social class I (managers and professionals). Results on self rated health and mental health also point to an inequality that could deepen in the future due to their unfavorable living and working conditions.

The proposal (Ministry of Health, Social Policy and Equality Spain, 2010) concluded that while some of the Autonomous Communities like the Basque, Catalonia, and Andalusia have set forth some plans or strategies for addressing health inequalities, the level of awareness appears to be symbolic (indicating that only principles and values governing the strategy and analysis of the health status exist). Still lacking is the substantial level of awareness called "operational awareness" that lays out specific proposals or policy initiatives toward reducing the health inequalities.

Consequences of health inequalities on elderly

These persistent socioeconomic inequalities of health may deprive older adults of health resources and opportunities, undermining their potentials to achieve active aging in their later life. Compounded with the current economic crisis, it is anticipated that the quality of life and well-being of older adults in Spain are at risk. The aging process itself already presents many changes and challenges to older individuals in physical, psychological, and social dimensions. When they cope with such changes and challenges, economic security is important to their adjustment to their older adulthood. But the expected socioeconomic inequalities of health and the current economic crisis do not bode well for older adults whose goal is to achieve active aging.

ACTIVE AGING

Active Aging was a new campaign launched by the World Health Organization (WHO) in 1999 during the International Year of Older Persons. Following the campaign, the WHO published a document entitled 'Active Aging; A Policy Framework' for the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002 (WHO, 2002). In the document, a vision for

active aging has been laid out, and the definition of active ageing was proposed as the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people grow older. By "active," it means:

"continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations." (WHO, 2002, p.12)

The goal of active ageing is to extend healthy life expectancy and improve quality of life for all people as they grow older, no matter how frail, disabled and in need of care they may be. Participation, health, and security comprise three pillars of active aging. First, full participation in socioeconomic, cultural and spiritual activities should be made possible for all seniors, according to their basic human rights, capacities, needs, and preferences. This is an important component of active aging where older adults can make a productive contribution to society, as they grow older. Second, for the health component, it is essential that older adults be protected from the risk factors for chronic diseases and functional decline. At the same time, the protective factors should be facilitated for both a longer quantity and quality of life. When older adults need care, they should have full access to a wide range of health and social services. Finally, the third pillar of security is to address the social, financial and physical security needs of older adults and protect their rights, dignity, and care in any vulnerable situations. Also, the needs of families and communities should be taken into account in caring for their older members.

Since the adoption of active aging by the WHO, active aging has served as a primary and significant framework guiding policy, program development, and research for older populations around the world. For example, the European Commission has identified active and healthy ageing as a major area of considerable potential and intervention for all European countries and attempted to provide innovative responses to this challenge (European Innovation Partnership on Active and Healthy Ageing, 2012). More specifically, active and healthy ageing is seen as a practical way of improving the quality of life of older adults and help them contribute to and participate in the society, as they grow older. For that, the European Commission has launched the European Innovation Partnerships within the Innovation Union, called "*the European Innovation Partnership on Active and Healthy Ageing*". The partnership made a concrete target goal of extending the healthy lifespan of EU citizens by 2 years by 2020, aiming at improving health and quality of life of older people.

PUTTING ALL TOGETHER: ARRIVING AT SOCIAL WORK

Two questions should be asked:

- 1) *"How can we help older adults achieve active aging under the current socioeconomic conditions with potential short-term and long-term health inequalities looming in Spain?"*
- 2) *"Who should play a role in bridging the gap between the current socioeconomic conditions with potential short-term and long-term health inequalities and the active aging?"*

In response to the first question on "how," we can find an answer from the recent efforts and initiatives being made. They include the proposal by the Commission on the Reduction of Social Inequalities in Health in Spain (2010) and the EuroHealthNet report by Stegeman, Otte-Trojel, Costongs and Considine (2012). Both of the documents proposed healthy and active aging as a viable strategy of addressing health inequalities in later life. In particular, the EuroHealthNet report mentioned tackling health inequalities for older adults and improving socioeconomic determinants as the core principle of healthy and active aging. The Commission on the Reduction of Social Inequalities in Health in Spain by the Ministry of Health, Social Policy and Equality (2010) have put forth recommendations on how to reduce health inequalities for older populations in Spain.

The recommendations in an area of aging were made in the following four areas; social support and participation, economic security, social services and dependent care, and prevention of dependency and restoration of lost function. First, since social support and participation are known to have the positive effect on health and well being, the recommendation with great priorities included the development of physical and social environments enabling active and healthy ageing and the development of social support networks that promote the participation of older persons, such as detection and neighborhood support networks for older persons living alone. Second, for the economic security, older persons need economic resources for safe housing, transportation, and participation in social activities, ensuring the satisfaction of the unmet needs and independence in decision making. Third, due to the adverse effect of dependency during the later life on quality of life among older adults, the recommendations on social services and dependent care call for the reduction in the inequalities by social class and gender on dependency incidence and prevalence, along with socioeconomic inequalities in access to private care resources and gender inequalities in the distribution of care responsibilities in the household by successful and full implementation of the Spanish Personal Autonomy and Dependent

Care Law. Finally, in the area of prevention of dependency and restoration of lost function, the recommendation is to develop policies and interventions to tackle health inequalities in health by reducing dependency among older adults. It is done by decreasing the incidence, prevalence, and severity of the disease/disability for the population, along with improvement of coordination among the different healthcare professionals that assist older persons. Essentially, the recommendations made by the Commission on the Reduction of Social Inequalities in Health in Spain (2010) in the nation's efforts toward the reduction of health inequalities for older adults are built upon the principles and concept of active aging as reviewed above. Therefore, active aging is a practical and concrete framework in fighting against health inequalities that are expected to increase in the middle of the economic crisis.

Next, for the second question, in light of what has been discussed thus far, it becomes evident that in working with older population in Spain who were negatively affected by the economic crisis and potentially widening health inequities, the active aging as practice and policy framework could prove to be a useful and viable approach. At the same time, the active aging as an ultimate goal of all the services and programs for older adults cannot be achieved with some individuals' efforts alone. It requires coordinated efforts and integrated system of support, commitment, policy, and more importantly, professionals. The professionals from the interdisciplinary fields should be teamed up to identify and assess multi-faceted needs of older adults, and make care plans for them according to their needs. The needs of older adults are very diverse and cover many different areas; physical health, mental health, family relationship, economic needs, social services, housing, etc. Therefore, no single profession can address and meet such diverse needs of older adults. All of the needs must be addressed in order for them to be able to achieve active aging. Especially, social workers can play an important role in assisting older adults with achieving active aging, thereby reducing the adverse impact of economic crisis and health inequalities. Social workers have been trained to serve multiple roles such as brokers, advocates, case managers, educators, counselors, and facilitators. Under the current circumstances, social workers are increasingly called upon to proactively link older adults to appropriate community resources, engage themselves with older adults who are vulnerable or marginalized due to challenging socioeconomic conditions, inform and teach them of the necessary resources, and coach them to develop important skills.

I would like to conclude this paper by introducing one intervention under way in San Diego that demonstrates some of the roles that social workers can play in helping vulnerable older adults to move toward active aging. An interdisciplinary service-oriented senior wellness center in San Diego provides clinical,

nutritional, educational, and social services to people aged 60 and older who are economically disadvantaged. The center developed and implemented a program focusing on social engagement and participation. It is called "Civic Engagement Program (CEP)." The goal of the CEP is to enhance quality of life of vulnerable older adults by providing them with an opportunity to build social capital based on their strengths. Two primary conceptual frameworks have guided the development and implementation of the CEP; the successful aging model (Rowe and Kahn, 1998) and the consensus organizing (CO) approach (Eichler, 2007; Ohmer and DeMasi, 2009). The CEP has 25-30 low-income seniors with diverse racial, cultural and professional backgrounds and the meeting takes place twice a week. The meeting is facilitated by an MSW-level Program Manager. The CEP participants themselves identify, plan, discuss and take action to address these needs. Some examples are: attending public hearings and board meetings; planning and implementing an annual Senior Resource Fair; development and distribution of quarterly newsletters; participation in community events; participation in a free pet-food transfer program; and senior voter registration drives. The program ensures that the strengths and capacities of the members are utilized and fostered through ongoing commitment, empowerment, and advocacy of its members. The evaluation study (Stevens, Min & Warning, under review) found that the CEP had a significantly positive impact on the quality of life of the CEP participants, specifically their mental health, social network, and social supports.

Social workers equipped with many abilities and resources can provide older adults at risk with the opportunities for participation and activities. This way, older adults can be protected from any ill-consequences of the economic crisis and health inequalities. Therefore, social workers with necessary training and abilities are perfectly positioned to make a difference for older adults at risk. It is a great time that social workers in Spain step up and lead their efforts to become a critical link for the vulnerable seniors. As many say, the word "crisis" in Chinese consists of two words; danger and opportunity. It is a time of crisis for the older adults in many ways, and the way to active aging for many seniors are threatened by the current economic conditions. However, it could present a new potential, possibility, or opportunity for the field of social work and for social workers in Spain.

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