



Early Intervention with Elderly Diabetics by Social Workers

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Abstract

Diabetes mellitus is becoming an alarming public health concern among the elderly in both developed and developing countries. Social work is a highly skilled profession that focuses on providing holistic treatment. The profession's important contribution and key role in psychosocial assessments is evidenced by social workers' demonstrated ability in navigating complex health and social care systems as well as their distinct psychosocial perspective. Social workers can also provide support during times of change, such as locating community resources and advocating if necessary. Among the activities that social workers are responsible for include assisting the elderly in acclimating to life in their new homes, advocating for their needs and rights, providing supportive counselling and performing psychosocial evaluations.

Keywords: *Social Worker, Diabetes Mellitus, Geriatrics.*

Introduction

Diabetes mellitus (DM), generally known as diabetes, is a set of metabolic illnesses characterised by persistently high blood sugar levels. The signs of elevated blood sugar include frequent urination, increased thirst, and increased hunger. With 69.1 million individuals living with diabetes, India is predicted to have the world's second highest number of cases behind China in 2015. Ageing populations, increased urbanisation, dietary changes, decreased physical activity, and poor behaviour are all contributing to the rise of DM. Previously thought to be a disease of the wealthy, epidemiological evidence suggests that diabetes is becoming more common in urban India's middle and working classes. Indians are also thought to have more insulin resistance and a higher genetic risk of diabetes. The number of people diagnosed with diabetes is increasing. Diabetes is no longer only a disease of the wealthy; its prevalence is rapidly rising everywhere, particularly in the world's middle-income countries. Unfortunately, the lack of effective policies to establish supportive environments for healthy lifestyles, as well as access to quality health care, means that

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diabetes prevention and treatment, particularly for individuals of modest resources, are not pursued in many contexts. When diabetes is uncontrolled, it has serious health and well-being repercussions. Furthermore, diabetes and its complications have a negative impact on both individual and family budgets as well as national economies. When access to cheap insulin is limited, people with diabetes who rely on it for survival pay the ultimate price. To combat this growing health problem, world leaders have pledged to reduce the burden of diabetes as one of four priority non-communicable diseases since the beginning of this decade (NCDs).

Growth and Prospect of Social Work

The principal profession working inside the social welfare system and with those it helps is social work. Social workers carry out social change initiatives that have been recommended by social welfare organisations. They promote social functioning by working with individuals, families, groups, organisations, and communities, as well as at the societal level. Within the social welfare system, social workers advocate for social and economic justice, ensuring that resources are available to members of vulnerable populations such as children, the elderly, individuals with disabilities, and those who are poor. The readiness of society to recognise practitioners as professionals determines the requirement to develop an occupation into a profession. To put it another way, the evolution of a trade into a profession is a social process. This expansion will be determined by the social and economic conditions in a given country. The more powerful force of religion channelled this desire into a religious obligation. There was a necessity to create the occupation of social service as human need grew and social life became more complex. The need to improve the profession of social care on a scientific basis was only realised in the twentieth century. With this realisation came the realisation of the significance of sharing other countries' social welfare experiences. "The conclusion of science radically flipped the roles of custom and intelligence in the earlier professions," as Alfred Whitehead put it. Professional institutions have gained an international existence as a result of this inversion. Such an institution operates within its own country, yet its lifeblood comes from all around the world." Similarly, the profession of social work will have to draw inspiration, as well as a body of knowledge and skill, from analogous professional organisations in other nations. Social work values are built on respect for the equality, worth, and dignity of all individuals, and it arose from humanitarian and democratic ideas. Social work practise has centred on fulfilling human needs and promoting human potential since its inception over a century ago. The reason and justification for social work activities is based on human rights and social justice. In order to promote social inclusion, the profession works to alleviate poverty and liberate vulnerable and oppressed individuals in solidarity with those who are disadvantaged. The field of social work is concerned with societal impediments, disparities, and injustices. Its goal is to assist people in reaching their full potential, enriching their lives, and avoiding dysfunction. The goal of professional social work is to solve problems and bring about change. As a result, social workers influence society and the lives of the individuals, families, and communities they serve. In keeping with its holistic focus on people and their settings, social work employs a variety of skills, strategies, and activities. Interventions in social work span from person-centered psychosocial processes to participation in social policy, planning, and development. Social work education provides a theoretical framework and a set of practical skills that enable social workers to

perform confidently and competently in a variety of contexts. Business is one profession in which social workers are well-prepared. Private practise is used by many social workers who own their own firms. Many social workers use their professional abilities for various commercial initiatives in addition to private practise in mental health. Many people have started firms after years of professional experience, and others have also studied business and management.

Social Workers and the Elderly

With and on behalf of clients, social workers seek to promote social justice and change. Individuals, families, groups, organisations, and communities are all referred to as "clients." Social workers are culturally and ethnically aware and try to eliminate prejudice, oppression, poverty, and other types of social injustice. Direct practise, community organising, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, teaching, and research and evaluation are examples of these activities. People's capacity to handle their own needs is a goal of social workers. Social workers also try to improve the ability of organisations, communities, and other social institutions to respond to the needs and difficulties of individuals. The major goal of social work is to improve people's well-being and assist them in meeting their basic human needs, with a focus on the needs and empowerment of those who are vulnerable, oppressed, or living in poverty. The focus on individual well-being in a social environment and societal well-being is a historic and defining aspect of social work. Environmental forces that produce, contribute to, and address issues in living are at the heart of social work. This publication was created to emphasise the critical and expanding role of professional social workers who work with older persons in a variety of settings. In acute hospital or rehabilitation services, public residential facilities, Local Authorities, community units, psychiatry of old age, and adult learning disability services, social workers deal with older people in specified teams and supervision structures. A tiny number of social workers work in primary care settings or in geriatric psychiatry, and a minor number work in community care. Social workers' responsibilities with elderly persons are diverse, and they include working with their families and caregivers. The goal of social work with older adults is to maintain or improve our clients' functioning and quality of life. In the framework of their social system, their needs, and their rights, social work focuses on what people may do to maximise both possibilities and quality of life. Assessment skills are frequently used by social workers for older persons who engage in group work or, more rarely, community development to establish client need and suitability for group work (for example, reminiscence work or stress management work with clients or carers). A social worker's assessment approach is impacted by their usage of certain theories, as well as their own professional training and experience, as well as the needs of their client and employer, as well as their agency's stated objective. This publication is intended for use by agencies, managers, new social workers, student social workers, and Irish academics. It strives to strengthen college curricula by describing how we social workers who work with older people understand our roles, taking into account the duties and priorities established by our agencies, our job descriptions, and our clients, older people and their relatives and carers. It is hoped that it would be useful to interdisciplinary teams, service consumers, and volunteer groups advocating for older persons. It may be useful to older

persons and families in part. The professional tasks, skills, methods, and approaches will be addressed, with a focus on our clients' unique requirements and similarities to other social work jobs.

Psychosocial Assessments by Social Workers

The assessment procedure benefits from the expertise and knowledge of professional social workers. Individuals are better understood within the multidimensional context of their environment, according to social workers, who work from a person in environment perspective. Social workers are highly qualified to examine both the psychological and social components of a client's situation and offer therapies based on this perspective. Psychosocial assessments play a critical role in service delivery by identifying and resolving the hurdles that may be restricting the achievement of improved results, thanks to social workers' extensive training and experience in this area. In this sense, social work assessments differ from other techniques in that they address the client's needs on both an individual and systemic level. Ecological, systems, and life-course theories guide psychosocial assessments in social work because they highlight the intricate link between individual and social elements that influence individual welfare. Strength-based approaches are also used by social workers in their evaluation processes to identify and draw on an individual's strengths and resilience. These might include both internal and external elements, such as skills and knowledge, as well as familial and social support. Social workers have been professionally trained in relationship building, counselling, and interviewing techniques. This is an important distinction since social workers are skilled at designing questioning methods that are sensitive to a client's situation while also obtaining the information required. Social workers are taught specialised client-engagement skills and information, such as how to work inclusively and responsively with persons from different cultural backgrounds. Given the numerous psychosocial challenges that clients can face, the person-in-environment approach that characterises social work assessments is very important, and can pose major impediments to care and better wellbeing. Furthermore, the three essential values of professional social work, as articulated in the AASW Code of Ethics - respect for persons, social justice, and professional integrity — guide social workers' assessments and interactions with clients, colleagues, and organisations. The foundations of service delivery and the underpinnings of tailored and needs-based treatments are thorough psychological assessments. As a result, given their abilities and grasp of the entire intricacies of clients' circumstances, social workers as a professional group are ideally qualified to conduct psychosocial assessments.

Social Determinants of Diabetes and Health

- Social Determinants of Diabetes
 - 1) Infrastructure of the built environment and communities
 - 2) Stability in the economy
 - 3) Educate yourself
 - 4) Medical care and access to it
 - 5) Support for culture, social, and community
- Social Determinants of Health

- 1) Secure housing, transit, and communities
- 2) Discrimination, racism, and violence
- 3) Education, employment opportunities, and earnings
- 4) Access to nutritional foods and opportunity for physical activity
- 5) Air and water pollution
- 6) Language and literacy skills are important

The American Academy of Pediatrics, the Society of General Internal Medicine, the National Academy of Medicine, and other professional organisations have issued statements on SDOH, with calls to action aimed at improving these determinants at the individual, organisational, and policy levels. Because of the disease's prevalence, economic implications, and disproportionate population burden, understanding and minimising the impact of SDOH is a top priority in diabetes research. A scientific statement on socio-ecological factors of prediabetes and type 2 diabetes was published by the American Diabetes Association (ADA) in 2013. The ADA convened the current SDOH and diabetes writing committee, pre-pandemic, to review the literature on 1) associations of SDOH with diabetes risk and outcomes and 2) impact of interventions targeting SDOH amelioration on diabetes outcomes with the goal of understanding and advancing opportunities for health improvement among the diabetes population through addressing SDOH. The review focuses on elderly people with diabetes and five SDOH: socioeconomic status (education, income, occupation); neighbourhood and physical environment (housing, built environment, toxic environmental exposures); food environment (food insecurity, food access); health care (access, affordability, and quality); and social context (social cohesion, social capital, social support). The assessment finishes with national advisory committee recommendations for linkages across health care and community sectors, diabetes research recommendations, and research to influence practice recommendations. Researchers have recently realised the need of considering both individual and social determinants of diabetes and health. The majority of SDOH and T2DM research in the literature lacked a thorough assessment of diverse social demands. Because social demands frequently interact with one other and other circumstances, it can be difficult to isolate them. As a result, a thorough screener is essential since it can capture a more holistic view of the elements affecting a person's health. Furthermore, before multidisciplinary treatments can be created and evaluated, assessments of the effects of SDOH needs on the health outcomes of specific populations are required. This study used a comprehensive evidence-based methodology in a primary care context to look at the link between patient-reported SDOH screening results and a diagnosis of T2DM. However, it assumed there would be a link between having social needs and being diagnosed with T2DM. With a shift in health care toward a focus on population health outcomes and value-based care, social determinants of health (SDOH) have emerged as critical intervention targets for achieving health equity. The COVID-19 pandemic has lately brought to light the disproportionate vulnerability that racial and ethnic minorities, as well as underprivileged communities, face. This focuses on gaining a better knowledge of the social factors that influence diabetes and health. Social determinants of health are socioeconomic and environmental elements that influence one's health. The entire framework is made up of the person, his or her social network, as well as cultural and environmental factors. Culture,

environment, education, working circumstances, access to medical care, and community infrastructure are examples of external/environmental socio-ecological influences on individuals.

Understanding and extending prospects for improvement among diabetes patients by treating SDOH is one of the goals of study. The current SDOH and diabetes writing committee, pre-pandemic, was created by the American Diabetes Association to examine the literature on the connections of SDOH with diabetes risk and outcomes, as well as the impact of interventions aimed at improving SDOH on diabetes outcomes. Social capital, social cohesiveness, and social support are only a few of the multifaceted components that define the social environment as a health determinant. The characteristics of social institutions that serve as resources for collective action are referred to as social capital (e.g., interpersonal trust, reciprocity norms, and mutual aid). Bridging social capital refers to aspects of respect and mutuality between people who do not share social identities (e.g., differing by race/ethnicity, social class, or age). The extent of connectedness and solidarity among groups in a community is referred to as social cohesion, and it has two dimensions: reducing inequalities and patterns of social exclusion of population subgroups from full participation in society, and strengthening social relationships and interactions. Social cohesion actions help to keep a society cohesive, not only through social bonds, community links, and intergroup harmony, but also through minimising bias and discrimination against economically disadvantaged groups like women and ethnic minorities, neighbourhood and physical environment, food environment, health care, and social context are all linked to diabetes-related outcomes, according to SDOH data. Living and working arrangements, as well as the settings in which people live, have a direct impact on biological and behavioural outcomes related to diabetes prevention and control. Diabetes risk, diagnosis, and outcomes are greatly influenced by life-course exposure depending on the amount of time spent living in resource-depleted environments defined by poverty, a lack of quality education, or a lack of health care. As a result, external or upstream variables such as social support and community features have an impact on an individual's health. When focused on improving diabetes outcomes, social determinants of health and diabetes must be taken into account. Future study should examine the health outcomes of people with diabetes through the lens of social determinants of health. Because of the high prevalence of diabetes and its consequences, such research is very important.

Elderly Diabetics

The term "elderly" or "older" has no clear definition. While the International Diabetes Federation restricts the use of this word to persons over the age of 70, the American Diabetes Association (ADA) uses it to designate anyone over the age of 65. The prevalence of diabetes in the elderly is increasing as the diabetes pandemic spreads and people with diabetes live longer. People above the age of 65 make up a large percentage of all diabetics. The elderly may appear to be a separate and homogeneous group of people. The aged, on the other hand, are as diverse as any other group of people. While many people are as fit as they were when they were younger, others face obstacles and restrictions as they grow older. This outlines a practical strategy to diabetes care in seniors who are dealing with age-related medical and

psychological difficulties. The elderly represent a significant and distinct population of diabetics, yet they are also a diverse group. The biomedical, psychological, and social makeup of the aged is distinct. Their requirements differ from those of teenagers and young adults. This necessitates extra caution when assessing and planning their nursing and management. Geriatric syndromes (medical problems that affect the old), hypoglycemia (low blood glucose), and neurocognitive dysfunction should all be avoided or limited while managing diabetes in the elderly (impairment in the functioning of the nervous system and brain). The elderly's distinct physiological makeup, biological needs, and psychosocial issues necessitate a tailored approach to their care. Such management should be personalised to the individual's needs and should include extensive interdisciplinary input from both nursing and medical professionals.

Diabetes is a serious health problem that affects people all over the world. As people live longer, doctors are being called upon to manage diabetes in the elderly on a more regular basis. Diabetes mellitus becomes more common as people get older. When compared to senior people who do not have diabetes, diabetics have a higher rate of morbidity and mortality. They are also at a higher risk of polypharmacy, functional limitations, and frequent geriatric syndromes include cognitive impairment, depression, urine incontinence, falls, and chronic pain. Diabetes symptoms in the elderly are frequently distinct from those seen in younger people. The rapid development of diabetes in India is attributed to a combination of genetic susceptibility, lifestyle changes, and urbanisation and globalisation. The true cost of diabetes is the micro- and macro-vascular consequences that result in increased morbidity and mortality. It is also known that over half of all diabetics go undiagnosed, and as a result, some may present with micro- and macro-vascular problems at the time of diagnosis.

Diabetes Pandemic among the Elderly

Diabetes in the elderly is quickly becoming one of the most serious public health issues of the twenty-first century. The majority of diabetics in developing countries are between the ages of 45 and 64. To effectively treat and prevent the catastrophic consequences of diabetes in the elderly, a better understanding of the aetiology is essential. Changes in body composition, particularly the accumulation of fat in the abdomen, are a major determinant in the development of diabetes in the elderly. Skeletal muscle, a primary component involved in glucose metabolism, shrinks in size and strength, resulting in muscle weakness and a decrease in physical activity. These alterations result in a significant decrease in energy expenditure and the accumulation of belly fat, which causes insulin resistance. According to new research, four months of aerobic exercise can boost muscle oxidative capacity in both young and old adults, but insulin sensitivity is less likely to improve in the latter. To improve their insulin sensitivity, older persons appear to need to exercise more frequently. Diabetes diagnosis and management in the elderly demands extra care because age, genetics, body composition, and lifestyle variables all interact. Postprandial hyperglycemia appears to be more sensitive to identify diabetes in the elderly than in the young, according to growing research. In the aged, changes in physical function and cognition necessitate extra attention while choosing hypoglycemic medicines. Diabetes therapy targets for the elderly must be tailored to the patient's age, remaining life expectancy,

and severity of co-morbid illnesses. To avoid protracted and recurrent hypoglycemia, short-acting insulin secretagogues are preferable. To avoid problems, careful selection of insulin sensitizers, timely insulin administration, and thorough control of hypertension and hyperlipidemia are essential. The elderly are commonly characterised as persons who are at least 60 or 65 years old. In 2020, the percentage of men and women over the age of 65 is expected to reach 9.4 percent and 9.1 percent, respectively. Because the elderly are more likely to have coincidental disorders, judgments on the most effective treatment approach should be made on an individual basis, taking into account the patients' physical and mental conditions as well as potential drug interactions. Diabetes, along with its consequences like hypoglycemia, is one of the most common chronic diseases, and its prevalence climbs dramatically as people get older. Patients and their families can keep their freedom in the management and treatment of their medical condition by being educated. Regular ophthalmologic, cardiovascular, and other laboratory checks can also help to reduce treatment costs and hassles while also improving overall quality of life. Given the global ageing populations, as well as the scarcity of data on diabetes in this age range, it appears prudent to devote more emphasis to promoting awareness of diabetes concerns in this age group. Diabetes is attaining pandemic proportions in the older population around the world. Though older and middle-aged adults have certain illness similarities, understanding the pathogenesis, clinical characteristics, and therapy of the elderly diabetes population provides unique problems. Tight metabolic control should be the goal of therapy, but because of co-morbidities and the danger of hypoglycemia, it may not be safe in all older individuals. Because of the danger of hypoglycemia, long-acting sulphonylureas should be avoided. To obtain appropriate metabolic regulation, the majority of the elderly may require insulin. Self-monitoring of blood glucose, whether on insulin or oral medications, can help lower the risk of serious hypoglycemia. 69 In the elderly, who are more prone to cardiovascular morbidity and mortality, treating high blood pressure and decreasing lipids is more advantageous. If there are no contraindications, daily low-dose aspirin should be recommended. Physical activity boosts muscle strength and endurance while also boosting insulin sensitivity. To increase and maintain insulin sensitivity, older persons, unlike the young, must exercise more frequently and on a daily basis. For diabetes prevention and treatment, lifestyle changes to reduce weight gain, particularly abdominal fat buildup, are critical. Glycemic control targets must be set taking into account the patient's age, remaining life expectancy, co-morbid diseases, and the severity of vascular consequences. More research is needed to determine the actual cause of glucose intolerance and to offer age-appropriate therapy recommendations.

Management of Diabetes Care

According to the International Diabetes Federation (IDF), 387 million people worldwide were diagnosed with diabetes in 2014, with that figure expected to rise to 592 million by 2035. Not only are there a large number of diabetics in India, but awareness is also low, In Phase I of the project, awareness and knowledge of diabetes were tested in the general public as well as in people with diabetes (ICMR-INDIAB). Only 43.2 percent of the study's participants had ever heard of diabetes. Overall, city dwellers had much higher levels of awareness than rural dwellers. 56.3 percent of the general public and 63.4 percent of diabetics, respectively, were aware that diabetes could be avoided. Not surprise, the self-

reported diabetic group (72.7 percent) had more understanding about diabetes' effects on other organs than the overall population (51.5 percent). In 2014, 387 million individuals were predicted to have diabetes worldwide; this number is expected to rise to 592 million by 2035. The elderly are commonly characterised as persons who are at least 60 or 65 years old. In recent decades, Iran, like the rest of the world, has seen a remarkable increase in this age group. Because the elderly are more likely to have coincidental disorders, judgments on the most effective treatment approach should be made on an individual basis, taking into account the patients' physical and mental conditions as well as potential drug interactions. Diabetes, along with its consequences like hypoglycemia, is one of the most common chronic diseases, and its prevalence climbs dramatically as people get older. Patients and their families can keep their freedom in the management and treatment of their medical condition by being educated. Regular ophthalmologic, cardiovascular, and respiratory examinations are also recommended. To address the diabetes epidemic that is currently threatening the lives of millions of people in India, diabetes education for patients and updating the medical fraternity on various breakthroughs in diabetes management are essential. Although the elderly make up a sizable number of diabetics, they are just recently being recognised as a distinct group that requires a multidisciplinary approach to diabetes management. The current method, which focuses solely on controlling blood sugar levels and ignores active identification of problems and comorbidities, must alter. Various guidelines exist to address the issues of managing an old diabetic, but their application in everyday practise is woefully weak, particularly in a poor nation like ours. Hopefully, as health-care facilities improve, diabetes management in the elderly population improves, resulting in lower diabetes-related morbidity and mortality.

Social Work with the Elderly

Social work is a nationally and internationally recognised tertiary-level profession. The profession of social work is dedicated to maximising individual and societal well-being. Individual and community well-being, we believe, are bolstered by socially inclusive communities that emphasise social justice and respect for human dignity and rights. Social workers focus on the interface between the individual and the environment, recognising the impact of social, economic, and cultural factors on the health and wellbeing of individuals and communities, drawing on theories from social work, social sciences, psychology, humanities, and Indigenous knowledge. The social work profession improves people's well-being by intervening where they are having difficulties. Interventions are designed to assist clients in resolving issues that are interfering with their well-being. The elderly have various obstacles in terms of their physical and mental health, as well as their support systems, as they approach the end of their lives. Because of poor amenities and weak support networks, the quality of life of India's rural old is declining. Social work is a professional subject that requires scientific knowledge as well as the capacity to comprehend human relationships. The profession of social work encourages the empowerment and liberation of venerable individuals in the community by promoting social changes in society, developing problem-solving skills in human relationships, and encouraging the empowerment and freedom of venerable individuals. With the support of many theories based on human behaviour and social processes, social workers play a significant role in improving the well-being of people

in society. Fundamental values of social work include the principles of human rights and social justice. The field of social work deals with the many complicated interactions that occur between people and their surroundings. The purpose of social work is to help people reach their full potential, enrich their lives, and avoid dysfunction. Professional social work is significant because it focuses on people's abilities to solve problems and modify their behaviour in society. Individuals, families, and communities are served by social workers, who are change agents in society. Social work is a system of values, philosophy, and practise that is interconnected.

Geriatric Social Work

Gerontological Social Work is a specialist area of social work, as well as a multi-disciplinary sub-field, in which social workers study or work with older adults, and are responsible for educating, researching, and furthering the causes of older people. As the world's population of aged people grows, the term "gerontology" is becoming more popular. As the world's population of the elderly grows, new disciplines such as gerontology emerge. People research the ageing process, as well as the psychosocial variables that are linked with the aged, as well as the challenges that cares of the elderly face. Theoretical interaction with the elderly and their caregivers to resolve their issues. When compared to social work with children and families, the nature and goal of gerontological social work has long been questioned and underestimated. Ageing, according to gerontological professionals, is a multifaceted process involving biological, psychological, and social domains. Gerontological social workers are an essential element of the health and ageing services spectrums, enabling healthy ageing as well as productive ageing in response to the various obstacles that may develop in later life. Social workers are well-suited to delivering supportive and educational services to the elderly and their caregivers because of their specific skills, values, and roles. Gerontological social work focuses on challenges that affect the aged as a result of physical, psychological, familial, organisational, and societal influences. These characteristics cause issues as impediments to an individual's physical and mental well-being later in life. Gerontological social work interventions aim to improve dignity, self-determination, personal fulfilment, a reasonable standard of living, optimum functioning, and the least restrictive living environment feasible. Furthermore, the special value social work places on the individuality of individuals within the context of the system qualifies social workers to play a significant role in creating and implementing equitable and effective programmes to meet the needs of a growing and diverse older population. The value of these providers within elder care systems is highlighted by gerontological social work, which emphasises the need of including social work research in our attempts to understand and respond to the needs of older persons. "Both a critical and strategic role in ensuring that the system of care is responsive to the requirements of a diverse ageing and older population," according to social work.

Social Work Intervention in Elderly Diabetics

The social and economic conditions known as the social determinants of health have a significant impact on health status. Glycemic management in diabetic patients is influenced by lifestyle choices and medical therapy, but the underlying effects of socioeconomic

determinants of health are becoming more widely recognised. Some of these issues may be amenable to individual patient management and, if treated, may assist diabetic patients achieve better outcomes. Addressing socioeconomic determinants of health, on the other hand, can be difficult, and many doctors may feel unqualified to do so effectively. While it has been suggested that social workers can serve in a variety of roles, including educators, counsellors, and resource brokers, to specifically address underlying influences on diabetes control, the nature of this involvement in an outpatient primary care setting has not been systematically investigated. The importance of the social worker as a resource broker was clear in our research. The most prevalent patient requirements addressed in these consultations were assisting patients in obtaining prescriptions or insurance (social gradient), as well as determining the need for and linking patients to home health care providers (social support). The social gradient comprises the impact of occupational class, monetary assets, housing, and education level on the health and life expectancy of patients, according to Wilkinson and Marmot's notion of the social determinants of health. The social factors defining the social gradient predominately manifested as barriers to accessing health care and different levels of health care services in our study of patients seen by social workers in the United States, highlighting health care access as a significant social determinant of health. Rather than addressing patients' employment status or financial situation directly, social workers focused on the influence of these factors on their capacity to access prescriptions or adequate health insurance. Patients with everyday stress, work-related pressures, or addiction were rarely addressed or counselled by social workers in our study. It has been argued that social workers can have a greater impact in the broader primary care environment when it comes to mental health issues. In reality, there is evidence that ties stress and addiction to poor diabetes control, and the link between depression and diabetes has been the subject of research for some years, with mixed results. All of these patients were referred to specific mental health professionals by social workers. While this finding may reflect the practise patterns of social workers in our health system or an individual social worker's comfort level in delivering counselling, it's possible that time spent in direct counselling isn't always recognised as such. Our findings may also lend support to the notion that providing tangible tools for patients can take up so much time that it takes away from the social worker's job as a counsellor. In future investigations, we intend to delve deeper into this topic. Given their unique ability to link clients to health and community services, social workers may be uniquely positioned to facilitate intervention services in the care of clients with diabetes and to comprehensively address their medical and psychosocial needs, as compared to other health and human service workers (Fabbre et al., 2011). In the midst of the commotion and confusion that follows a chronic illness diagnosis, such as diabetes, social workers can provide knowledge and expertise that connects clients and their immediate family members with critical services. According to the NASW's 2016 Standards for Social Work Practice in Health Care Settings, in addition social workers are taught to conduct extensive biopsychosocial assessments on people with chronic illnesses, which are then included into their treatment plans (National Association of Social Workers [NASW], 2016).

Conclusion

Future research should look at how and which components of social work consultation may improve the level of chronic disease control in elderly, demonstrating the benefits of social work involvement in diabetes and the ability for elders to help themselves and each other. As part of a primary care team, a social worker may be most positioned to address socioeconomic determinants of health. The most common way social workers addressed social factors was as a resource broker, aiding patients in applying for prescription assistance or health insurance. There was a temporal relationship between social work consultation and improved disease control in elderly people with uncontrolled diabetes. Future research should look at how and which components of social work consultation may improve the level of chronic disease control in older Indians, demonstrating the benefits of social work involvement in diabetes and the ability for elders to help themselves and each other.

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