

Chapter 1

Trends and Issues

Lesson 1.1

Objectives

- Describe the subjective and objective ways that aging is defined.
- Identify personal and societal attitudes toward aging.
- Define ageism.
- Discuss myths that exist with regard to aging.
- Identify recent demographic trends and their impact on society.

Introduction to Geriatric Nursing

Historical Perspective on the Study of Aging

- In many ways, children were treated like small adults
- Society also viewed adults of all ages interchangeably
- Older adults now constitute a significant group in society, and interest in the study of aging is increasing

Audience Response System

Question 1

Until the middle of the nineteenth century, only two stages of human growth and development were identified. They were:

- A. infants and elderly.
- B. childhood and adulthood.
- C. birth and death.
- D. illness and wellness.

What's in a Name?

Geriatrics, Gerontology, and Gerontics

- Geriatrics
 - The medical specialty that deals with the physiology of aging and with the diagnosis and treatment of diseases affecting the aged
- Gerontology
 - The study of all aspects of the aging process, including the clinical, psychological, economic, and sociologic problems of older adults and the consequences of these problems for older adults and society

What's in a Name?

Geriatrics, Gerontology, and Gerontics (cont.)

- Gerontics
 - Coined by Gunter and Estes in 1979 to define the nursing care and services provided to older adults

Attitudes Toward Aging

Gerontophobia

- The fear of aging and the refusal to accept older adults into the mainstream of society
- Both senior citizens and younger persons can fall prey to such irrational fears

Audience Response System

Question 2

Usually, only the “best and brightest” nurses and physicians seek careers in geriatrics because of the increasing need for these services.

- A. True
- B. False

Aging: Myth Versus Fact

- Seniors and younger persons can fall prey to irrational fears, which may arise from the fear of growing older
- Discuss some common myths and corresponding facts related to aging.

Ageism

- The dislike of aging and older people based on the belief that aging makes people unattractive, unintelligent, and unproductive
- An emotional prejudice or discrimination against people based solely on age
- Allows the young to separate themselves physically and emotionally from the old and to view older adults as somehow having less human value

Age Discrimination

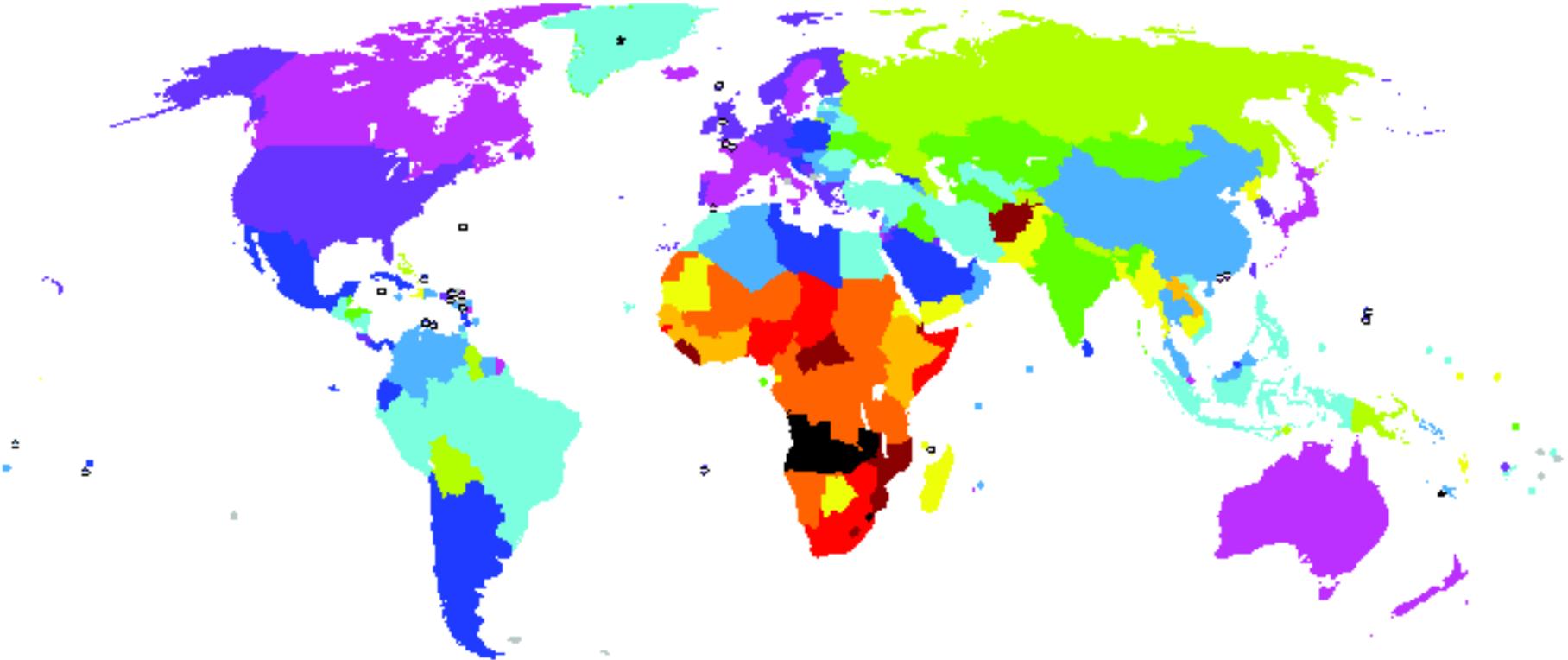
- Reaches beyond emotions and leads to actions
- Results in different treatment of older people simply because of their age
- Some older individuals respond to age discrimination with passive acceptance, whereas others join together to speak up for their rights

Demographics

Demographics

- The statistical study of human populations
- Concerned with a population's size, distribution, and vital statistics
- Used by the government as a basis for granting aid to cities and states, by cities to project their budget needs for schools, by hospitals to determine the number of beds needed, by public health agencies to determine the immunization needs of a community, and by marketers to sell products

Life expectancy world map



Life expectancy at birth (years)

Over 80	60-65
77.5-80	55-60
75-77.5	50-55
72.5-75	45-50
70-72.5	40-45
67.5-70	under 40
65-67.5	not available

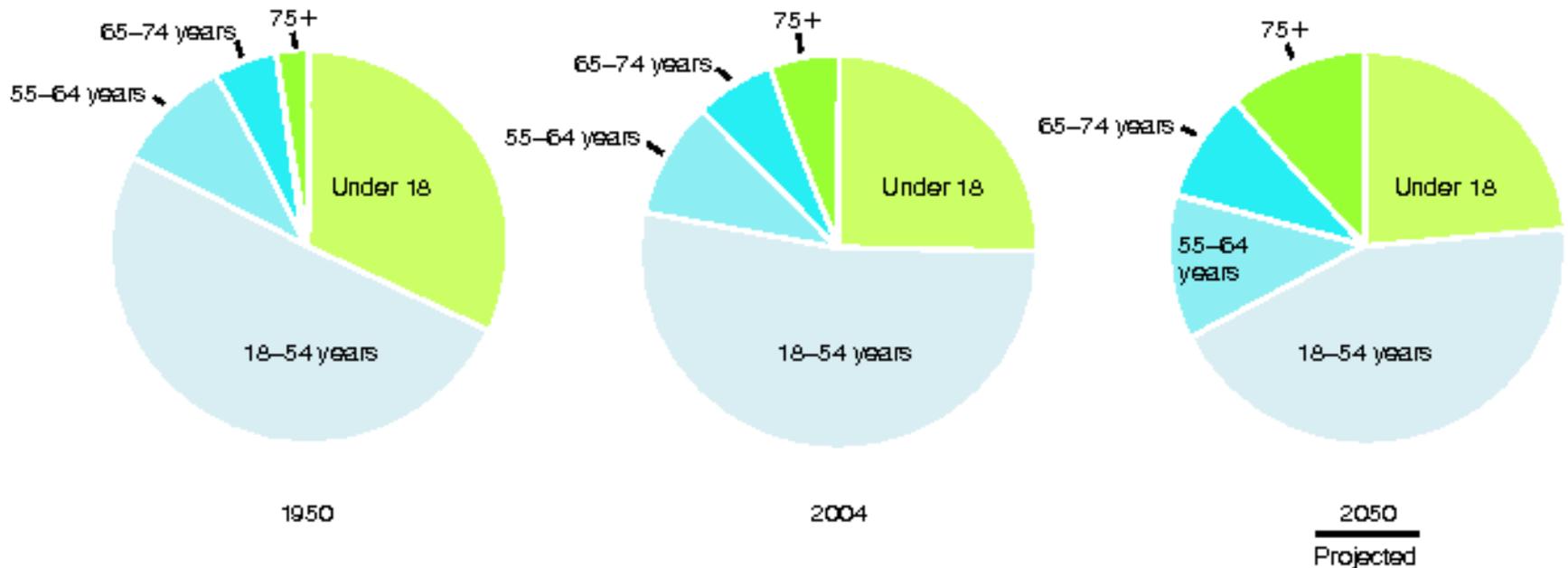
Scope of the Aging Population

- According to the U.S. Department of State, the number of people over age 65 is projected to exceed the number of children under age 5
- In 2008 an estimated 39 million people, or one out of 8 people, age 65 or older lived in the United States

Scope of the Aging Population (cont.)

- By 2050 this is expected to increase to 72 million people age 65 or older
 - One out of 5 or about 20% of the total population of the United States
- Individuals older than 85 years of age now make up 4% of the entire U.S. population

Percentage of Population in Five Age Groups



Gender and Ethnic Disparity

- The Administration on Aging projects that minority populations will represent 26.4% of the older population by 2030
- Women currently outlive men by approximately 7 years
- Women tend to live longer than men and whites tend to live longer than blacks although disparities seem to be declining
- White women have the longest life expectancy, about 81 years

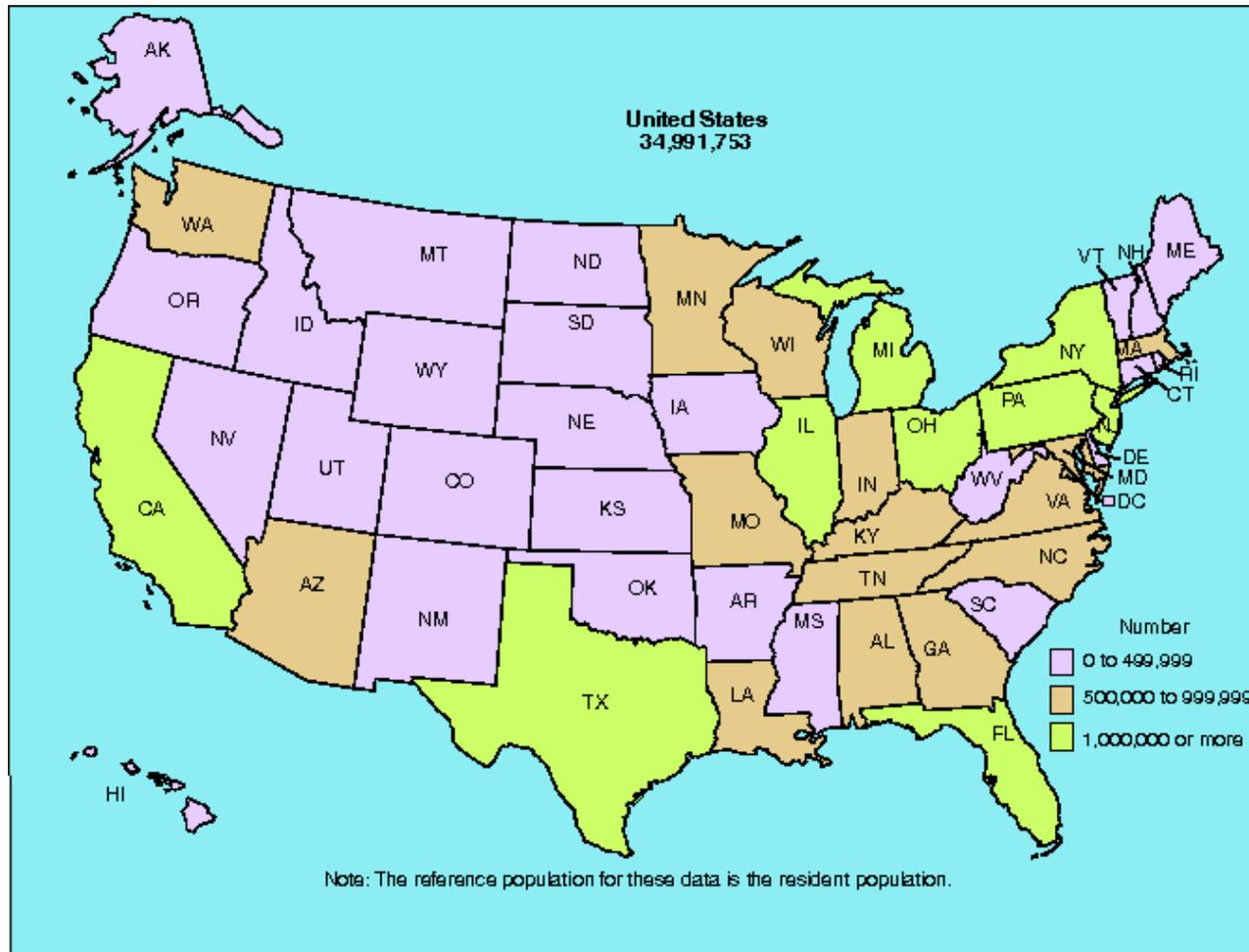
The Baby Boomers

- Consists of people who were born after World War II, between 1946 and 1964
- Account for approximately one-third of all Americans today
- Because of its size, this group has had, and will continue to have, significant influence on all areas of society
- We are becoming an increasingly older society

Geographic Distribution of the Elderly Population

- The older adult population is not equally distributed throughout the United States
 - Climate, taxes, and other issues regarding quality of life influence where older adults choose to live
- Population distribution data show that Florida leads the nation with 17% of its population being older than 65 years of age
- Approximately 78% of older adults reside in metropolitan areas, with approximately 27% residing in the central city

Population Age 65 and Over by State



Marital Status

- In 2008 75% of men over age 65 were married, compared to 57% of older women
- The percentage of married individuals drops significantly as age progresses
- By age 85, 76% of women were widows compared to only 38% of men
- The percentage of older adults who are separated or divorced has increased significantly, to 11%

Educational Status

- In 1970, only 28% of senior citizens had graduated from high school
- By 2008, 78% are high school graduates or more and 21% have a bachelor's degree or higher
- Today's older adult population is more technologically sophisticated

Lesson 1.2

Objectives

- Describe the effects of recent legislation on the economic status of older adults
- Identify the political interest groups that work as advocates for older adults
- Identify the major economic concerns of older adults
- Describe the housing options available to older adults
- Discuss the health care implications of an increase in the population of older adults

Economics of Aging

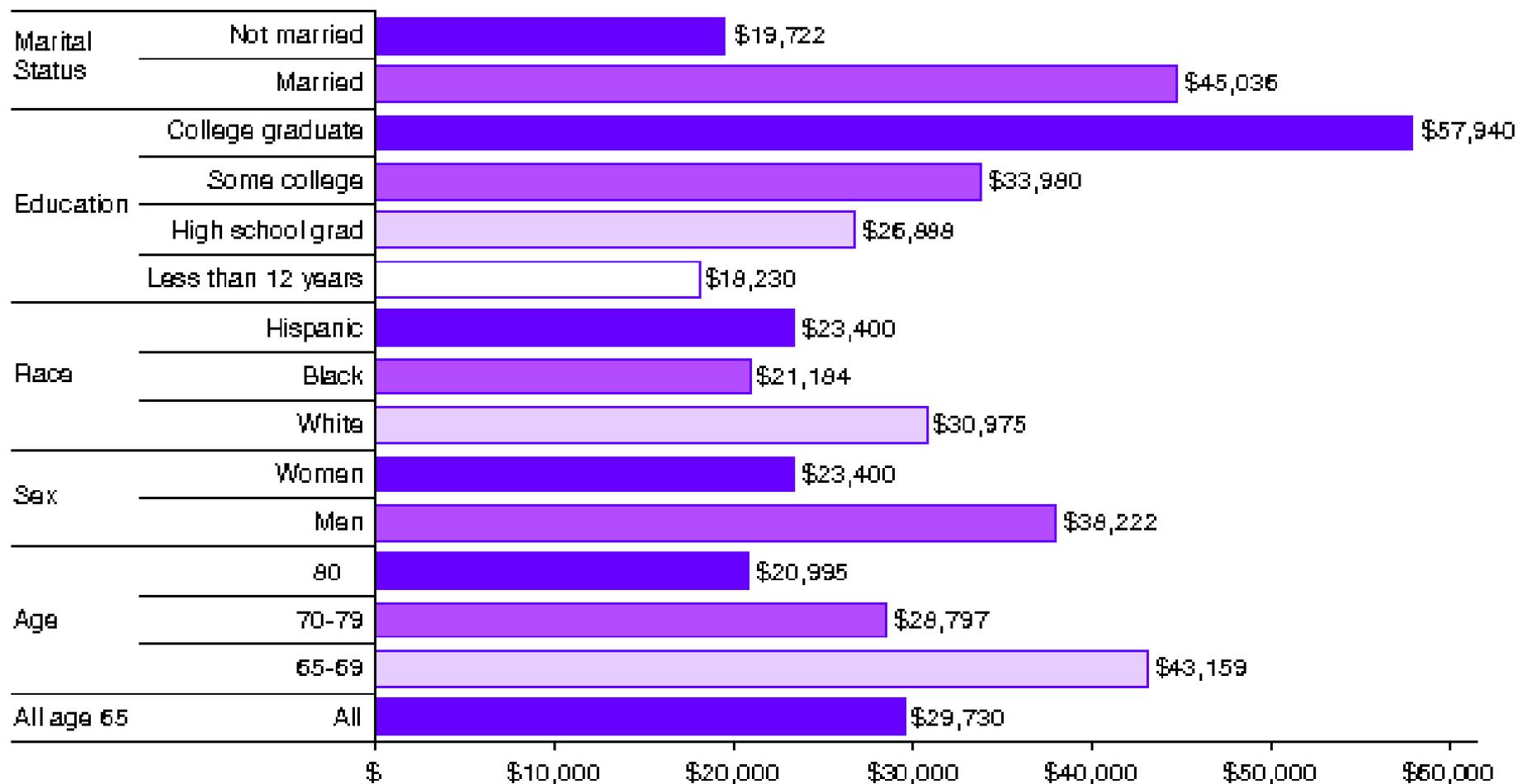
Poverty

- Some of the poorest people in the country are older adults, but so are some of the richest
- In 2007, approximately 10% of the elderly population was statistically determined to be at or below the poverty level
- Older women were more likely to be impoverished than men
- Those over age 75 were slightly more likely to experience poverty
- Elderly minorities, particularly blacks, were slightly more likely to live in poverty

Income

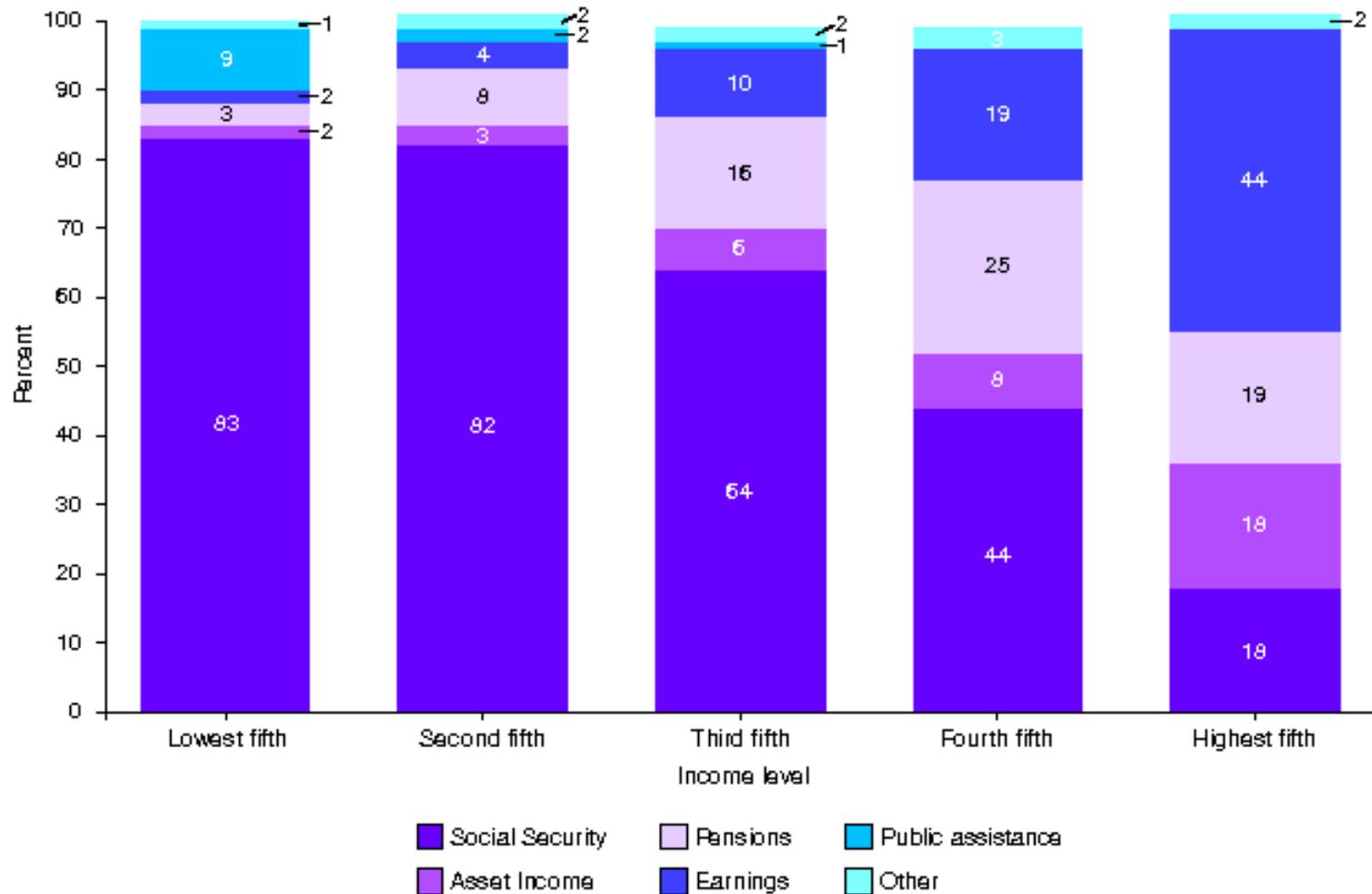
- As of 2007 the median income of males over age 65 was \$24,142 while that for females was only \$13,877
- The median income of households headed by a person 65 years of age or older was approximately \$43,159
- The major sources of aggregate income for older adults include social security benefits, earnings asset income, pensions, earnings, public assistance, and miscellaneous sources

Median Household Income by Demographic Traits of Householder, 2008⁷



Source: Both figures from GRS analysis of the March 2008 *Current Population Survey*.

Sources of income for married couples and nonmarried people who are age 65 and over, by income quintile, percent distribution, 2008



NOTE: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, public assistance, unemployment compensation, worker's compensation, alimony, child support, and personal contributions. Quintile limits are \$12,082, \$19,877, \$31,303, and \$55,889 for all units; \$23,637, \$35,794, \$53,180, and \$86,988 for married couples; and \$9,929, \$14,265, \$20,187, and \$32,937 for nonmarried persons.

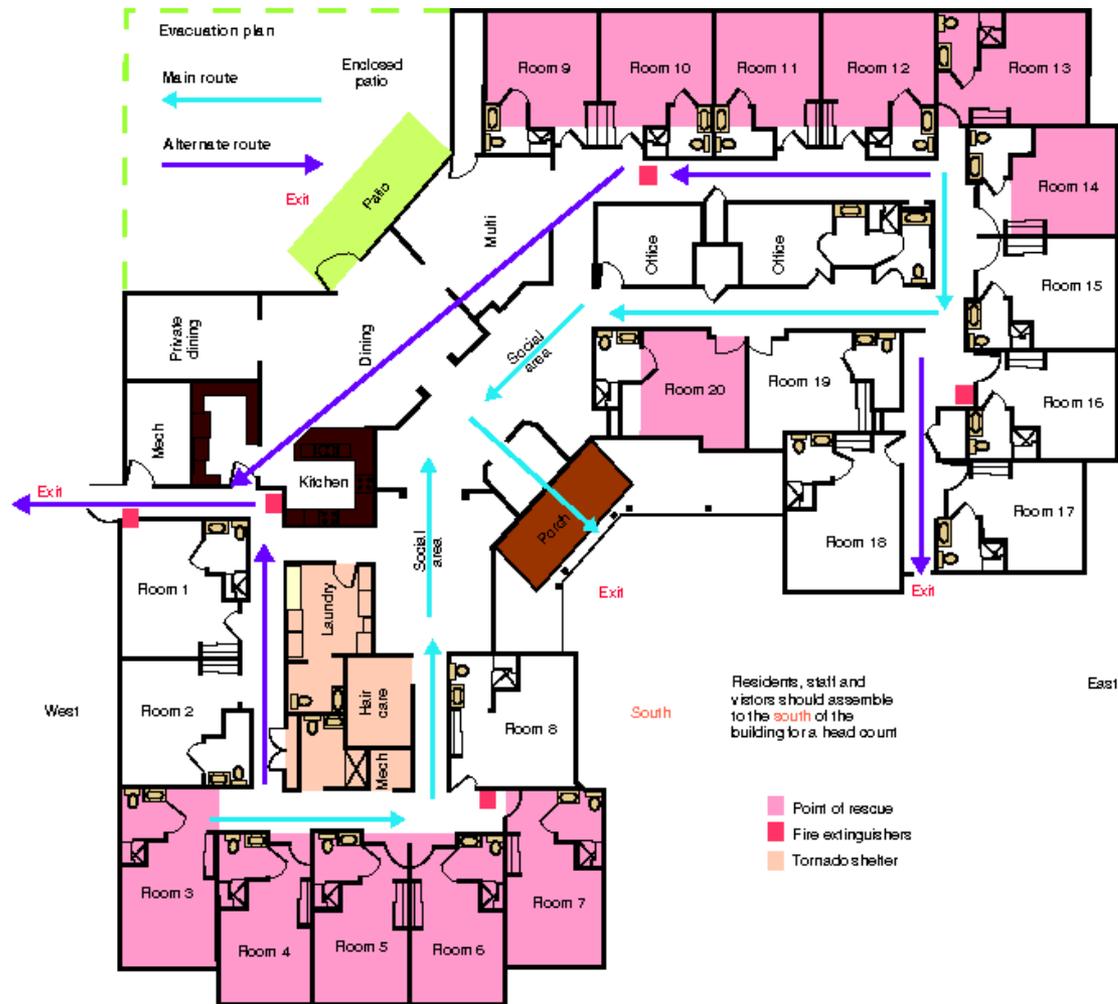
Reference population: These data refer to the civilian noninstitutionalized population.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009

Wealth

- Approximately 80% of households headed by a person older than 65 years of age own their home
- People older than 65 years of age generally have more discretionary income available than do younger people
 - Money left after paying for necessities such as housing, food, medical care

A Living Plan for CBRF with Evacuation Plan



Housing Arrangements

Independent Family Setting

- More than two-thirds of older adults (68%) live independently in a family setting
- Older individuals often try to keep their home despite the physical or economic difficulties in doing so; it represents independence and security
- Some older individuals remain in their own houses and refuse to give them up long after it is safe for them to be alone

Independent or Assisted-Living Centers

- Combine privacy with easily available services
- Most consist of private apartments that are purchased or rented
- Different levels of medical, nursing, and personal care services are available

Independent or Assisted-Living Centers (cont.)

- Many centers have communal activity rooms, art and craft hobby centers, swimming pools, lounges, beauty salons, mini-grocery stores, greenhouses, and other amenities
- Transportation to church, shopping, and other appointments is provided by some of these facilities

Life-Lease or Life-Contract Facilities

- For a large initial investment and substantial monthly rental and service fees, older persons or couples are guaranteed a residence for life
- Independent residents occupy apartment units, but extended-care units are attached to the apartment complex or located nearby for residents who require skilled nursing services
- When the occupants die, control of the apartment reverts to the owners of the facility

Government-Subsidized Housing

- May be simple apartments without any special services, or they may have limited services, such as access to nursing clinics and special transportation arrangements
- Waiting lists and 1- to 2-year delays are common

Group Housing Plans

- Two or more unrelated people share a household in which they have private bedrooms but share the common recreational and leisure areas, as well as the tasks involved in home maintenance
- In some cases, a large house may shelter 10 or more residents

Community-Based Residential Facility

- For a monthly fee, this type of facility provides services such as room and board, help with activities of daily living, assistance with medications, yearly medical examinations, information and referrals, leisure activities, and recreational or therapeutic programs
- Most of these facilities provide private or semiprivate rooms with community areas for dining and socialization

Nursing Homes or Extended-Care Facilities

- Provide room and board, personal care, and medical and nursing services
- They are licensed by individual states and regulated by both federal and state laws

Health Care Provisions

Medicare

- The government program that provides health care funding for older adults and those with disabilities
- Most Americans older than 65 years qualify for Medicare

Medicare

- Part A
 - Covers inpatient hospital care; extended care in a skilled nursing facility following hospitalization; some home health services and hospice services —but only after the patient pays an initial deductible and any co-pay expenses
- Part B
 - Covers 80% of the “customary and usual” rates charged by physicians after deductibles are met

Medicare

- Part C
 - Includes “Advantage” or “Choice” plan, which allows beneficiaries to receive Medicare benefits through private insurance companies that are able to demonstrate cost savings
- Part D
 - Prescription drugs are distributed through local pharmacies and administered by a wide variety of private insurance plans

Supplemental Medicaid

- May be available for those older adults who meet certain financial need requirements
- Many of those who have assets do not qualify; they are left with a Medicare gap (or “medigap”) that they must pay themselves
- Many older people buy private medical insurance—often at unreasonable prices—to pay medical bills that are not covered by Medicare

Audience Response System

Question 3

The Medicare program that provides for prescription drug coverage is:

- A. Part A.
- B. Part B.
- C. Part C.
- D. Part D.

Rising Costs

- During 2009, the Centers for Medicare and Medicaid Services (CMS) reported that approximately \$2.5 trillion was spent on health care in the United States
- Exceeds the amount spent on any other activity, including defense
- Expected to grow to \$4.3 trillion by 2018
- A significant proportion (close to one-third) is spent on the 13% of the population that is older than 65 years

Legislative Activity

- Patient Protection and Affordable Care Act
 - Passed by the United States Congress in 2009
 - Includes numerous health-related provisions to take effect over the following four years
 - Many of the elements of the bill will not be implemented until 2014
 - There is a great deal of controversy because many specifics of the legislation and their ramifications are still unknown

Audience Response System

Question 4

More money is spent on health care in the United States than in any other country in the world.

- A. True
- B. False

Costs and End-of-Life Care

- Studies by the Health Care Financing Administration indicate that 2% of the older-than-65 population receiving Medicare accounts for 34% of the costs
- 72% of the total resources are used by only 10% of the aging population

Costs and End-of-Life Care (cont.)

- More than 25% of the Medicare budget is used for terminally ill patients
- Serious questions are being raised about the appropriateness of using intensive, expensive interventions to extend the lives of terminally ill older people

Advance Directives

- Two formal types of advance directive are recognized in most states
 - Durable power of attorney for health care
 - Transfers the authority to make health care decisions to another person
 - Living will
 - Informs the physician that the individual wishes to die naturally if he or she develops an illness or receives an injury that cannot be cured
- These written documents are designed to help guide the family and medical professionals in planning care

Lesson 1.3

Objectives

- Describe the changes in family dynamics that occur as family members become older
- Examine the role of nurses in dealing with an aging family
- Identify the different forms of abuse
- Recognize the most common signs of abuse
- Describe methods that are effective in preventing elder abuse

Impact of Aging Members on the Family

Three Generations of Family



Personal Reflection

- It is estimated that 80% of older adults who need care will receive assistance from their families
- Middle-aged family members often become the caregivers
- Typically, sons contribute financially, but the brunt of the emotional and physical care burden falls to daughters
- Children often take older parents into their homes when the older parents can no longer maintain their own houses or apartments

Caregivers in the United States

- Average caregiver age is 46.
- 30% of caregivers who provide 40 hours of care each week are 65 years or older.
- 73% of caregivers are female.
- Average woman spends 18 years helping an aging parent.
- More than half of caregivers work full-time.
- Average age of care recipient is 77 years.
- 40% are older than 75.
- 24% are older than 85.

Audience Response System

Question 5

The most significant issue that aging parents and their children must face is probably:

- A. lack of housing.
- B. behavioral issues.
- C. loss of independence.
- D. lack of support groups.

The Nurse and Family Interactions

- The older adults we care for are often very ill or infirm and, as nurses, we tend to focus on their physical needs, cares, and treatments
- In our preoccupation with our duties, we can easily lose our perspective of the older patient as both a person and a member of a family

The Nurse and Family Interactions (cont.)

- Some families show a great deal of interest and concern for their aging members, visiting regularly and interacting with the patient and the staff
- Other older individuals may never have family members visit them

Self-Neglect

- Defined as failure to provide for self because of a lack of ability or lack of awareness
- More likely to be seen when an older person has few or no close family or friends, but it can occur despite their presence
- Most likely to be recognized by neighbors and reported to the police, public health nurse, or social worker
- Often connected with some form of mental illness or dementia

Abuse or Neglect by the Family

- Physical abuse
 - Any action that causes physical pain or injury
- Neglect
 - A passive form of abuse in which caregivers fail to provide for the needs of the older person under their care
- Emotional abuse
 - Includes behaviors such as isolating, ignoring, or depersonalizing older adults

Abuse or Neglect by the Family

- Financial abuse
 - The resources of an older person are stolen or misused by a person whom the older adult trusts
- Abandonment
 - Occurs when dependent older persons are deserted by the person(s) responsible for their custody or care under circumstances in which a reasonable person would continue to provide care

Abuse or Neglect by the Family (cont.)

- Responses to abuse
 - Fear of being treated even worse or fear of being institutionalized or abandoned may prevent the victim from seeking help

Signs of Elder Abuse

- Older people who manifest signs of abuse must be assessed carefully
- What are some signs of elder abuse?

Abuse by Unrelated Caregivers

- People who are hired to provide for the safety and well-being of older adults can sometimes become their greatest threat
- There are specific federal and state laws designed to prevent undesirable persons from contact with vulnerable people, such as the young and the older adult population
- Sometimes people with criminal records, inadequate training, or other serious shortcomings manage to gain employment, despite safeguards

Abusive Behaviors in Health Care Settings

- Nurses who supervise other caregivers must constantly be on the lookout for abusive behaviors
- Any indication of abuse in an institutional setting must be reported as soon as it is suspected so that appropriate action can be taken and the abusive person removed
- The importance of this nursing responsibility cannot be stressed enough

Support Groups

- Caregivers who want or need to share their experiences and frustrations have started forming support groups to help each other cope with stress
- Support groups allow caregivers to share their feelings and learn new strategies for improving their coping skills

Respite Care

- Allows the primary caregiver to have time away from the constant demands of caregiving, thereby decreasing caregiver stress and the risk for abuse
- Gives the primary caregiver the opportunity to attend his or her place of worship, go shopping, conduct personal business, obtain medical care, and participate in other activities that most people take for granted