An Aging Society

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Abstract

The importance and purpose for addressing an aging society are presented. The theories related to the aging society from different disciplines are applied.The health care environment for older adults is assessed, and inference, implications, and consequences of the aging society are analyzed. Thus, interventions are developed to improve the quality and safety of elder care.

An Aging Society

 America is now faced with an aging population. “By 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People 65 years or older represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030” (Department of Health & Human Services, 2011, para. 1). The aging of America promises to affect all areas of society. The aging population needs a variety of services-health care, housing, and guards against inflation. Of these services, health care is one prominent area I, as a nurse, focus on. “Older adults account for 50% of all hospital days, 70% of home care visits, and 90% of long-term care residents. Newly licensed nurses report 62.5% of their patients are older than 65” (as cited in Ebersole, Hess, Touhy, Jett, & Luggen, 2008). The demand for elder care is continuously increasing**.** The purpose of this paper is to present the fact about the aging population and develop nursing interventions to prepare nurses to provide high-quality and safe care for the growing older population.

**Theory Base**

 Scientists have been trying to explain the phenomena of aging. Although they have not yet come to a conclusion on why we age, they do know that aging is an inevitable and gradual process. Aging in humans is influenced by changes in all aspects of personhood, be they biological, psychological, social, functional, or spiritual. Theories of aging explain the phenomena of aging, give a sense of order, and provide a framework for better understanding aging and setting priorities in promoting health in late life. The theories of aging address biological, psychological, and sociological processes. One of the prominent theories of aging addressing biological processes is Wear-and –Tear Theory. Biological aging is viewed as an expression of the declining functional capacity of the most basic structures in the cells, which in turn affects the functioning of the organism, be it a yeast cell or a human being. “The Wear-and –Tear Theory proposes that errors result when cells wear out over time because of continued use. Cells are aggravated by the harmful effects of internal and external stressors, which include injurious metabolic by-products. These may cause a progressive decline in cellular function and the death of increasing numbers of cells” (as cited in Ebersole, Hess, Touhy, Jett, & Luggen, 2008).

 Today nursing, like any other profession, combines science and nursing theory for providing better and safer care for people. One of the nursing theories that can be applied to elder care is Orem’s Self-Care Deficit Theory of Nursing. Orem’s Self-Care Deficit Theory of Nursing consists of three related theories: “the theory of self-care, which describes why and how people care for themselves; the theory of self-care deficit, which describes and explains why people can be helped through nursing; the theory of nursing systems, which describes and explains relationships that must be brought about and maintained for nursing to be produced” (Tomey & Alligood, 2006, p. 269). The Theory of Self-Care Deficit aims at maintaining the maximum amount of independence of elderly patients through nursing. Another nursing theory that can be applied to elder care is Leininger’s Culture Care Theory of Diversity and Universality. Leininger believes the following:

 people of different cultures can inform and are capable of guiding professionals to receive

 the kind of care they desire or need from others. Culture is the patterned and valued

 lifeways of people that influence their decisions and actions; therefore, the theory is

 directed toward nurses to discover and document the world of the client and to use their

 emic viewpoints, knowledge, and practices with appropriate etic (professional

 knowledge), as bases for making culturally congruent professional care actions and

 decisions (as cited in Tomey & Alligood, 2006).

Worldwide, the number of older adults has increased significantly; at the same time, in the United States the percentage of persons of ethnic groups other than white population has increased. All nurses in today's health care environment are facing the challenge of taking care of elders from different cultures. It is therefore important for all nurses to be culturally competent.

**Assessment of the Healthcare Environment**

 To provide adequate care for the elderly, we need to create a positive health environment for them. Government policies and community resources can have a significant impact on health environment. In 1935, President Roosevelt signed the Social Security Act into law. The Social Security Act provides welfare services and social insurance programs for millions of Americans. Of all the programs, health insurance for aged and disabled (Medicare) and supplemental security income (SSI) are the larger programs which provide benefits for the elderly. Medicare provides health insurance coverage to all Americans aged 65 or older. “Social Security is the major source of income for most of the elderly” (The U.S. Social Security Administration, 2011, para. 2). The income can keep many Americans age 65 or older out of poverty. Moreover, President Johnson signed Older Americans Act, creating Administration on Aging (AoA). For over 45 years, “the AoA has provided home and community-based services to millions of older persons through the programs funded under the Older Americans Act” (Administration on Aging, 2011, para. 1). The services that the AoA provides are flexible, but they generally include senior centers, nutrition sites, legal assistance, pre-retirement counseling, health promotion, and respite care. Federal appropriations and services have historically increased markedly each year as the numbers of older people have increased. Furthermore, “numerous nursing research studies have been conducted and analyzed, and the research findings have been adequately applied to practice. Gerontological nursing research and practice have evolved to the point where best practice standards are being published” (Ebersole, Hess, Touhy, Jett, & Luggen, 2008, p. 16) Issues most relevant to present concerns in care of older adults include basic physical needs, such as elimination, rest and sleep, activity, nutritional needs, pain management, environmental safety, elder mistreatment, and cultural diversity.

 Although government policies and community resources are beneficial to the elderly, elder care still presents many challenges. First challenge is that there is a huge demand for gerontological nurses, other health care professionals, and family caregivers prepared to deliver care to growing numbers of older adults. In addition, more elderly people need long-term care services. “Approximately 80% of all persons age 65 and over have at least one chronic condition, and 50% have at least two” (Centers for Disease Control and Prevention, 2011). Chronic conditions can lead to severe disability and diminished quality of life. For example, “arthritis affects approximately 50% of persons age 65 and over and is the leading cause of disability” (National Academy on an Aging Society, 2000). Many of the elderly with arthritis need long-term care. The demand for long-term care puts tremendous pressure on both families and the health system. Many families help the elderly with activities of daily living (ADL) disabilities. The families also need help the elderly with grocery shopping, meal preparation, money management, and housework. As the population ages, the number of people with arthritis will rise. In addition, those elderly people with arthritis are more likely than those who do not have arthritis to live in nursing home. Therefore, a growing concern is the lack of adequate staffing, particularly professional nurses, in nursing home. Another challenge that I can think of is health disparities in the elderly. Although life expectancy and overall health of the elderly population have generally been improving over the last several decades, minority elderly populations continue to experience health disparities. Research has shown that “persons from minority groups, including elders, have a higher incidence of developing certain diseases and do not receive the same healthcare as their white counterparts” (Byrd, 2007, “Health Disparities in the Elderly,” para. 5). In addition, “minority elders are expected to account for 50% of the elderly population by the year 2050” (as cited in Byrd, 2007). The continuing health disparities in the elderly can have significantly impact an elderly individual's health, quality of life, and life expectancy. It is therefore for policymakers and health care professionals to understand how health disparities occur in order to look for ways to overcome health disparities.

**Inference, Implications, and Consequences**

 As we look to the future, our society will have more people older than 65 years than ever before in our history, and it is also becoming more diverse. This will present many challenges as well as many opportunities for our future. The aging population will need a variety of services, such as health care, housing, and pension plans.The costs for these services present significant challenges to society to maintain and improve the quality of life for seniors as well as the entire population of our nation. Among the costs, the rising health care cost has many implications for elderly individuals, families, and the U.S government. “Spending on health care in the United States has been growing faster than the economy for many years, representing a challenge not only for the government’s two major health insurance programs (Medicare and Medicaid) but also for the private sector” (Congressional Budget Office, 2007, “Introduction and Summary,” para. 1). For example, diabetes affects approximately 26.9% of all persons age 65 and over (American Diabetes Association, 2011). The cost of diabetes treatment is expensive. “According to the American Diabetes Association, people with diabetes spend an average of $11,744 a year on health care expenses—more than twice the amount spent by people without diabetes” (National Institutes of Health, 2009). In addition, during the year 2006, Medicaid and Medicare paid 60% of nursing home care, and patients or their families paid 26%. Medicaid and Medicare paid 72% of home health care, and patients or their families paid 11% (Kaiser Family Foundation, 2008). Obviously, the health expenditures are placing a significant burden on the elderly individuals, their families and state budgets. Consequently, workers will need to pay more taxes, as more funds are needed by the government. Older workers will need to retire later to boost productivity to maintain current growth levels. I cannot predict what the U.S. economy will be like in the next two decades. Unless policymakers better understand the consequences of aging and effectively respond to these issues, the economic and social consequences can have a significant negative impact in both the aging population cohort as well as throughout the entire society. However, population aging brings many new market opportunities for companies. For example, there is an enormous market for those needing assistive devices, supplies, and equipment for management of chronic disorders.

**Recommendations for Quality and Safety Improvements**

 To improve quality and safety of care for elders, nurses need to take the first step: complete a health assessment.A health assessment can identify priority health needs and help health professionals take strategic actions to meet the needs. According to Fulmer (2007), “the SPICES instrument can be used to assess common problems among the entire elderly population in all clinical settings. SPICES is an acronym for the common syndromes of the elderly requiring nursing intervention: S is for sleep disorders, P is for problems with eating or feeding, I is for incontinence, C is for confusion, E is for evidence of falls, and S is for skin breakdown”. Sleep is a basic need. Human beings need rest and sleep to conserve energy, prevent fatigue, and relieve tension. Therefore, sleep history interviews are important and should be obtained from all older clients and their family members. The nurse should learn how well the person sleeps at home, how many times the person is awakened at night, what time the person retires, and what rituals occur at bedtime. Rituals include bedtime snacks, watching television, listening to music, or reading, which, unless carried out, interfere with the individual’s ability to fall asleep. Other assessment data should include the amount and type of daily exercise, room temperature, ventilation, illumination, activities engaged in several hours before bedtime, and sleep medications, as well as other medications taken routinely.Eating habits can affect nutritional status. In addition, problems in nutrition are very common in older adults. It is therefore important to perform a nutritional assessment for all older adults. The nutritional assessment consists of two steps: interview and physical examination. The interview provides background information and clues to the nutritional state and actual and potential problems of the elderly person. Questions about the individual’s state of health should be asked because many diseases have a negative impact on the nutrition of millions of people. The nurse must explore the individual’s needs, the manner in which food is obtained, and the client’s ability to prepare food. Information about daily activities will suggest the degree of energy expenditure and caloric intake most correct for the overall nutrition. One’s economic state will have a direct bearing on nutrition, so nurses must explore the client’s financial resources to establish the income available for food. Frequently a 24-hour diet recall compared to the Food Guide Pyramid can present an estimate of nutritional adequacy. Keep a dietary record for 3 days is another assessment tool. When one ate, what was eaten, and amounts eaten must be carefully recorded. The second step of the nutritional assessment, the physical examination, furnishes clinically observable evidence of the existing state of nutrition. Data, such as height and weight, condition of the tongue, lips, and gums, and skin turgor and color, are assessed.Incontinence is a common disorder affecting millions of older adults. “Urinary incontinence affects 12% or more of the older adult population” (Ebersole, Hess, Touhy, Jett, & Luggen, 2008, p. 125). Moreover, “the prevalence of fecal incontinence is approximately 3% to 4% of community-dwelling elders, and approximately 16% to 60% of institutionalized older people have some fecal incontinence” (as cited in Ebersole, Hess, Touhy, Jett, & Luggen, 2008). Incontinence can have adverse consequences. Incontinence ushers in dependence, shame, guilt, and fear. Psychological consequences of incontinence include depressive symptoms as a result of anxiety and embarrassment about appearance and odor of urine and stools. This can lead to restricted social activities, isolation, and avoidance of sexual activity. Physical consequences of incontinence include skin breakdown, pressure ulcer, and falls. It is therefore important to identify incontinence, and nurses are often the ones to identify incontinence. Older adults are at great risk for impaired mental capacity. In later life, cognitive ability is easily threatened by any disturbance in health, and the incidence of mental illnesses such as Alzheimer’s disease and depression increase in proportion to age. These illnesses can significantly affect elders’ quality of life. Nurses must perform mental status assessments to identify mental diseases, so prompt and appropriate actions can be taken to cure thediseases or slow the progression of the diseases. For example, the Mini-Mental State Examination (see appendix A), developed by Folstein et al., is often used to screen for cognitive deficiencies and is one of the tools used in the determination of a diagnosis of dementia or delirium. A measurement used in the assessment of mood is the Geriatric Depression Scale (see appendix B). Depression is a common and too often unrecognized problem in late life. However, “the Geriatric Depression Scale, developed by Yesavage et al., has been extremely successful in determining depression” (Ebersole, Hess, Touhy, Jett, & Luggen, 2008, p. 111). “With the population aging, both the number of falls and the costs to treat fall injuries are likely to increase” (Centers for Disease Control and Prevention, 2011, para. 1). It is therefore important to assess elders to identify the risk factors facing each individual. Fall risk assessment includes review of every patient’s fall history, review of every patient’s medications and medical conditions, and balance and gait screenings of every patient. The last assessment is to check skin integrity. “Seventy percent of pressure sores occur in persons older than 70 years” (Ebersole, Hess, Touhy, Jett, & Luggen, 2008, p. 187). Pressure ulcers are costly to treat. For many, it can prolong recovery and extend rehabilitation. In all settings, nurses are the persons who are the most responsible for preventing and treating pressure ulcers. Nurses must identify early signs and initiate appropriate interventions to prevent further skin breakdown and to promote healing. Visual and tactile inspection of the entire skin surface with special attention to bony prominences is essential. Inspection should include actual and potential areas for breakdown.

 The second step is committed to providing health teaching that addresses such topics as activity of daily living, healthy lifestyles, and prevention of falls. According to the National Institute on Aging (2011), regular exercise and physical activity have many health benefits:

 Regular exercise and physical activity are important to the physical and mental health of

 almost everyone, including older adults. Being physically active can help you continue to

 do the things you enjoy and stay independent as you age. Regular exercise and physical

 activity can reduce the risk of developing some diseases and disabilities that develop as

 people grow older. In addition, regular exercise and physical activity improves mood and

 relieves depression (Introduction section, para. 5).

Regardless of age or situation, the older person may find some activity that will be suitable to his or her condition. Nurses must encourage elders to engage in regular physical activity. According to the 2008 physical activity guidelines for Americans (U.S Department of Health & Human Services, 2008), “older adults mainly focus on two types of activity: aerobic and muscle-strengthening”. The U.S Department of Health & Human Services (2008) recommends older adults should participate in at least 150 minutes of moderate-intensity aerobic exercises each week, or 75 minutes of high-intensity aerobic exercises and muscle–strengthening exercises at least 2 days a week. Older adults can also combine moderate- and high–intensity exercises. Moderate-intensity aerobic exercises include walking, cycling, golfing with a cart or walking, and general housework or yard work. High-intensity aerobic exercises include walking or jogging at 5 miles per hour, cycling fast, playing tennis, and heavy housework or yard work. However, elders who cannot meet the recommendations due to chronic conditions may be able to integrate activity into daily life rather than doing a special exercise. For example, the elders can walk to the store instead of driving. When the elders can do some simple exercises, they can work for 2 to 3 minutes, rest for 2 to 3 minutes, and continue the pattern for 15 to 20 minutes. Nutrition education is a necessary and important part of health education. The nutritional requirements of older people are generally the same as the general population. However, adults older than 70 years need fewer calories because they are less physically active, in general, than younger adults. In 1980, the U.S. Department of Agriculture (USDA) first developed dietary guidelines for Americans, the federal government's evidence-based nutritional guidance. The Department is mandated to develop new dietary guidelines for Americans every 5 years. The 2010 dietary guidelines for Americans focus on “balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and trans fats, added sugars, and refined grains” (United States department of Agriculture, 2011). While the elderly keep physically active and maintain good nutrition to promote health, falls still affect millions of older adults. “Among older adults age 65 or older, falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma” (Centers for Disease Control and Prevention, 2011, “How Big Is the Problem,” para. 2).The guideline for fall prevention developed by National Guideline Clearinghouse (2008) states that “a multidisciplinary plan of care should be created by all of the team members to effectively prevent falls”. A multidisciplinary team should consist of a physician, nurse, pharmacist, physical therapist, dietitian, patient care assistant and other personnel. Interdisciplinary teams are essential to quality patient care. The team members must work together to achieve cost-effective care while achieving the highest quality of care in the healthcare setting. We will have pharmacists to teach nurses and patients what medications and what medical conditions could contribute to the tendency to fall. We also have physical therapists to provide gait/transfer training for the nurses and the patients and teach them how to use assistive devices such as walkers. Education of nursing personnel, patients and families is essential for any fall prevention program. We must educate them about fall risk factors and interventions to lessen the impact of these risk factors. Among these risk factors, environmental risk factors need to be taught first. Many accidents result from environmental hazards, such as dimmed lights and wet floors. Accidents may not be predictable, but they are preventable with attention to environmental risk factors. Therefore, we must teach them the general safety precautions that apply in every situation, such as cleaning up spills and eliminating clutter. Although it may not be possible to prevent every fall, most falls are preventable. Each fall prevented is one less potential injury, fracture, head trauma, or death.

 The last step is to make every effort to reduce health disparities. Health disparities among minority Americans persist today. In addition, the elderly population will become even more racially diverse in the future. To reduce health disparities, all health care providers must become more culturally competent because “cultural competence is an important tool for improving health care in three areas of health research-eliminating racial and ethnic health disparities, increasing access to health care, and improving quality of care” (U.S. Department of Health and Human Services, Office of Minority Health, 2002). Nurses should become aware of and understand the considerable problems that many older adults from ethnically distinct groups in the pursuit and receipt of health care and the considerable disparities in health outcomes. Through this awareness, more compassionate and relevant care can be provided. By increasing awareness, nurses learn of their personal biases, prejudices, attitudes, and behaviors, toward persons different from themselves in age, gender, sexual orientation, social class, economic situations, and many other factors. Through increased knowledge, nurses can better assess the strengths and challenges of the older adult and know when and how to effectively intervene to support rather than hinder cultural strengths.

**Conclusion**

 We are in a rapidly aging society. We know that the older population is a vulnerable group. In addition, the aging population is becoming more diverse. The demand for nurses to be competent in gerontological nursing and culturally competent is critical. Having gerontological competence and cultural competence, nurses are able to provide high-quality and safe care for this special group to meet their health care needs. The ultimate goal is to promote the well-being of older adults.

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Appendix A

**Mini-Mental State Examination Sample Items**

**Orientation to Time**

“What is the date?”

**Registration**

 “Listen carefully. I am going to say three words. You say them back after I stop. Ready?

 Here they are…

 APPLE (pause), PENNY (pause), TABLE (pause). Now repeat those words back to me.”

 (Repeat up to 5 times, but score only the first trial.)

**Naming**

 “What is this?” (Point to a pencil or pen.)

**Reading**

 “Please read this and do what it says.” (Show the examinee the words on the

 stimulus form.) CLOSE YOUR EYES.

Appendix B

**Geriatric Depression Scale: Short Form**

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / **NO**

2. Have you dropped many of your activities and interests? **YES** / NO

3. Do you feel that your life is empty? **YES** / NO

4. Do you often get bored? **YES** / NO

5. Are you in good spirits most of the time? YES / **NO**

6. Are you afraid that something bad is going to happen to you? **YES** / NO

7. Do you feel happy most of the time? YES / **NO**

8. Do you often feel helpless? **YES** / NO

9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO

10. Do you feel you have more problems with memory than most? **YES** / NO

11. Do you think it is wonderful to be alive now? YES / **NO**

12. Do you feel pretty worthless the way you are now? **YES** / NO

13. Do you feel full of energy? YES / **NO**

14. Do you feel that your situation is hopeless? **YES** / NO

15. Do you think that most people are better off than you are? **YES** / NO

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score > 10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.