


# Trends in Senior Health Care

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Being a member of a Legislative Committee on Aging has forced me to look at the reality of future health trends for those over 60. Health Care has reached a pinnacle of unmanageable magnitude and it defies the imagination that there could be a solution in the near future. Those blessed with decent, to excellent health care insurance are often unaware of the value of that which they own, at least for the time being.



Talk abounds about the “Fiscal Cliff” ahead, while those of us in our last years wonder if a “Physical Cliff” is not more imminent. Plans; both financial and health focused are really that...just plans. Or will we simply fall victim to the plans of more powerful agents? Certainly trends abound and many of those have been initiated and even activated by our peers, others have come about through the guidance and lifestyles set by our generation. Clearly nutrition and teaching better nutrition in the earlier years of life is a huge part of changing and preventing harmful lifestyles in senior years. Exercise programs and various activities that encourage socialization along with physical activity are important parts of state, county, community and faith based programs. People are beginning to understand that it is a total package and not just “pick and choose” that helps maintain good health and mobility.

Seniors who choose, may age in place and given the gift of fairly good health, may steer their course as they see fit. Others age earlier and due to declining health actually fall victim to more confined life styles; however, the choices abound for the seniors or their families who take time and care to investigate the various avenues leading to the place, advantages and modes of care they will access when needed. Planning is the key while energy and stamina to participate in the decision still exist. The day of waiting at home until someone discovers a senior living in squalor, neglect, malnutrition, abuse or a combination of these is rapidly fading as alternatives of care are explored by seniors during their early retirement years.

Chronic disease plays a large role in early decision making as once active adults realize they must begin to find the retirement health plan that will enable them to function in their own lifestyle as long as possible. All types of senior living centers that include health care are available...of course economics plays a heavy role but even then the assistance in planning is offered through various state agencies with particular focus on future health care needs. More Assisted Living centers are planning areas for couples or healthy seniors who need little assistance but can move into more assistance as needed. These type programs offer tremendous opportunities to choose a home, be it apartment or cottage and then move into more and more “assisted or protected” services as age and disease state progresses.

Few seniors have the luxury of total health care planning as location, family, interests, health needs override the simple decisions of “Where and How” final years will be spent.

Care giver programs, sitters for less able seniors and even the simple presence of a daily companion offer the opportunity to choose home over institutional care. Home care nurses or aides can readily bring simple treatments to seniors at home and even more complicated medications are a home option. Studies show that the employment of a home care aid can be for as little as 2-3 hours a day and demonstrates enormous savings when allowing a senior to be able to remain in their home rather than in a care facility.

The risk of infection in institutionalized senior patients is about 50% higher than in younger patients and at discharge 33% are more disabled while 5% die in the hospital.

A key component of any Senior Health Care program then, must be to avoid hospitalization, or assisted living anywhere other than in their own home until the senior decides or proves unable to perform self care. Seniors must be included in the planning, guidance and marketing of any substantial change in Health Care. The Independent Payment Advisory Committee cannot arbitrarily make the decisions regarding health care of this largest part of the American Public without bringing experts who are over 60+ into the planning stages.

Summary: Many experienced groups have been working for the past several years on the various areas that affect senior living. They include, housing experts, home health care professionals, Geriatricians and Gerontologist, Sociologists, financial advisors, religious leaders and others but always keeping the fact in the mix that these experts should be 60+...these are the citizens who know best...they are not “old people”, they are “persons who are aging”. Why not tap this valuable source of educated, experienced, willing group and create a pathway to the final years that will serve all of us longer than a few months?

References:

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Professor of Medicine.

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Allen M. McGaving, Chair, Geriatrics Research UBC, PHC and VGH Division Head  
**Geriatric Care Provisions of Health Reform** by Medresearch on Nov 23, 2010.

<http://newsletters.americangeriatrics.org/2009Q4/reform.php>

Additional reading:

<http://www.caaccess.org/pdf/TrendsInSeniorHealthCare.pdf>

<http://olympicpen.com/2010/04/trends-in-senior-care-leading-back-to-their-homes/>

<http://www.healthresourcesonline.com/edu/seniorhealth.htm>

<http://www.multicare.org/home/research-medical>

[http://www.americangeriatrics.org/advocacy\\_public\\_policy/health\\_care\\_reform/](http://www.americangeriatrics.org/advocacy_public_policy/health_care_reform/)

<http://www.jeffreymlevinemd.com/how-will-health-care-reform-affect-geriatrics/>

Are you interested in learning more about the needs, services and potential of “third age” generations? The TSHL Academy offers an online education program. Please click on [www.tshlacademy.org](http://www.tshlacademy.org) and review the courses.

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