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## Chapter

# 1

# DEMOGRAPHIC TRENDS OF AN AGING SOCIETY

WALTER C. CHOP, MS, RRT

*I refuse to take seriously society's idea that at the arbitrary age of 65 I am suddenly a lamp going out.  
—Roger S. Mills, quoting an elder in History of Elder Hostel, 1993*

## Chapter Outline

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America: An Aging Society

Global Aging

Gender And Age

Race and Aging

Geographic Distribution: Where U.S. Older

Adults Live

Marital Status

Economic Status

Health Care

Long-Term Care

## Behavioral Objectives

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Upon completion of this chapter, the reader will be able to:

1. Describe why the “graying of America” is occurring.
2. Identify the fastest growing segment of the population.
3. Discuss life expectancy in terms of gender.
4. Contrast aging by races in the United States.
5. Identify the states where the largest number of individuals 65 and older live.
6. Discuss older adults in the context of their lifestyles (married or living alone).
7. Contrast the economic status of those older than 65 years in terms of race and marital status.
8. List disease conditions older adults are most likely to experience.

9. Discuss healthcare expenditures for those older than 65 years and the demand placed on the healthcare system by them.
10. Describe pertinent issues related to the demographics of housing and long-term care of older adults.

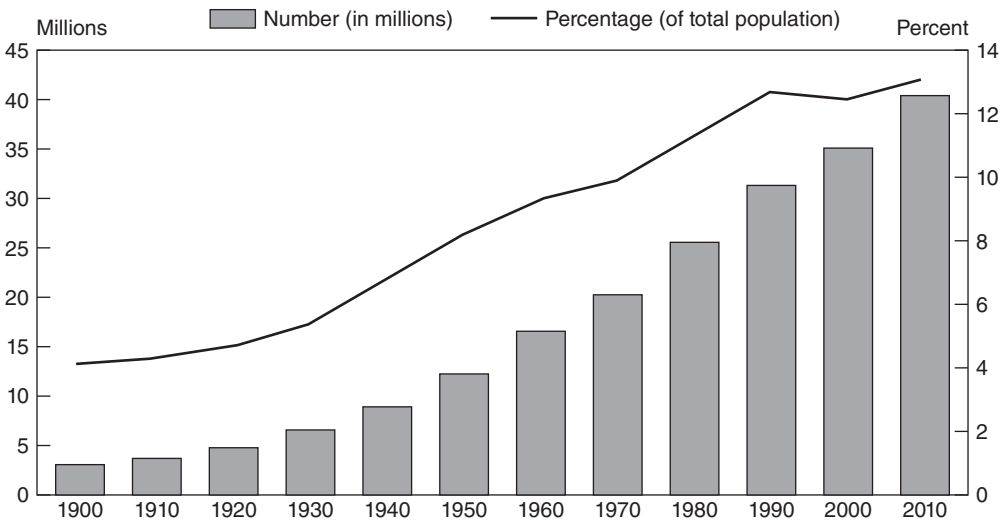
**Key Terms**

|                       |                 |
|-----------------------|-----------------|
| Age cohort            | Medicare        |
| Baby boom generation  | Old-old         |
| Demographics of aging | Social Security |
| Elderly, elders       | Third-agers     |
| Long-term care        | Young-old       |
| Medicaid              |                 |

**AMERICA: AN AGING SOCIETY**

The graying of America continues to accelerate as the first of the **baby boom generation** (those Americans born between 1946 and 1964) turned 65 years of age in 2011. From that time on, approximately one American will turn 65 years of age every 8 seconds for the next 18 years. This will have dramatic consequences on our entire society, especially our healthcare system.

In 1900, only 4% of Americans, or 1 in 25, were older than 65 years of age. The population of those older than 65 numbered 3.1 million in 1900. (See **Figure 1-1**.)



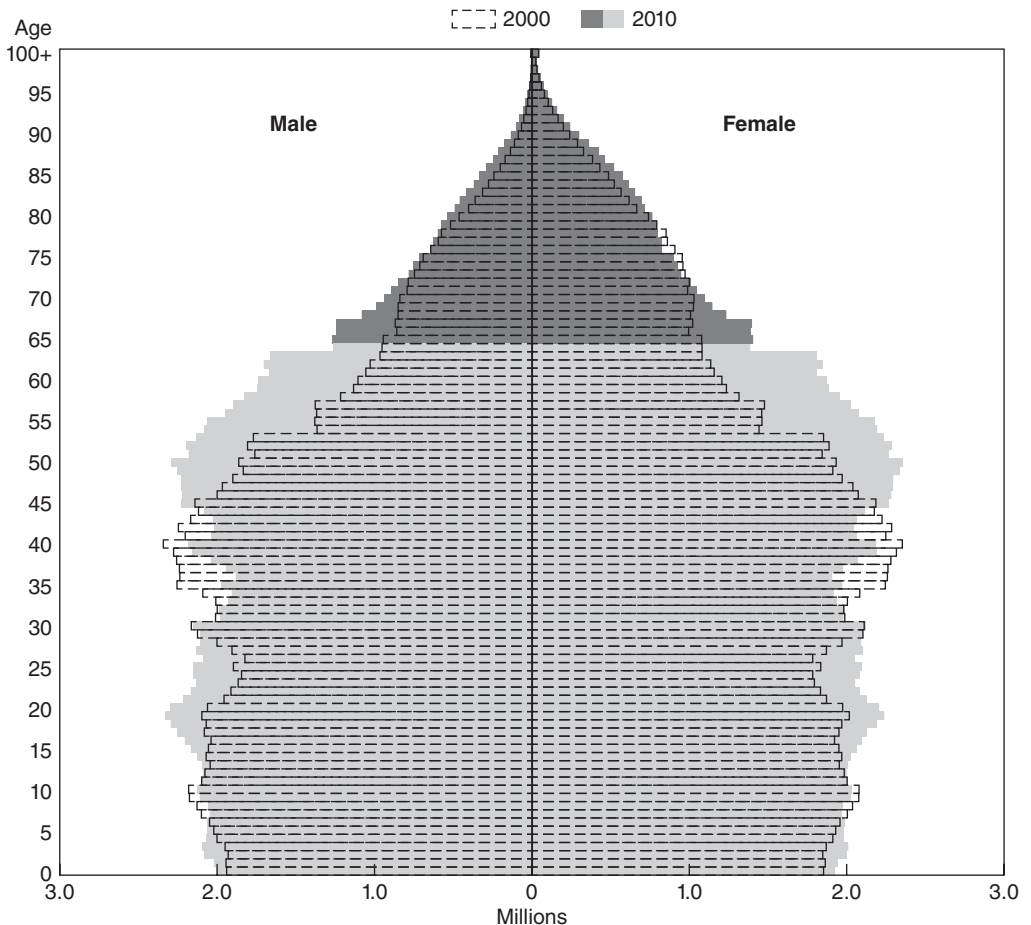
**FIGURE 1-1 Population 65 years and older by size and percent of total populations: 1900 to 2010.**

Source: Data from U.S. Census Bureau, decennial census of population, 1900 to 2000; 2010 Census Summary File 1.

As of April 1, 2010, this same **age cohort** numbered 40.3 million, representing 13% of the total population.<sup>1</sup> To put this in perspective, the population of those older than 65 years has increased by more than 2 million people (7% of the population) since 1990, whereas the younger-than-65 age group has increased by only 4%.

Projections for the year 2030 estimate that 22% of Americans, or 70.2 million, will be older than the age of 65. To get a true feel for the changing demography of the United States, note the baby boom bulge on the population chart in **Figure 1-2**. You can easily envision the top-heavy appearance of this same chart 25 years from today.

An even more dramatic aging trend exists among those older than 85 years of age, often referred to as the **old-old**. This age cohort is expected to increase from 5.5 million



**FIGURE 1-2 Population by age and sex: 2000 and 2010.**

Source: Data from U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

in 2010 to 6.6 million in 2020, a 19% increase for that decade.<sup>2</sup> The number of those **elderly** exceeding 100 years of age reached 53,264 in 2010.<sup>2</sup>

Looking beyond the **demographics of aging**, let us now consider what the term *old age* implies. *Old age* is a difficult and complex concept to grasp because our idea of aging is constantly changing. What we thought of as old in the 19th century is considered middle age now. Policy makers have used the age of 65 as a marker in establishing policies affecting older adults. Some biologists, however, tell us that a person's biological age is more important than the person's chronological age when determining an individual's health status.<sup>3</sup> Bernice Neugarten was the first to coin the term **young-old**, which denotes relatively healthy and financially independent **elders** of any age, although usually those between 55 and 74 years of age.<sup>3</sup> The so-called old-old usually refers to those older than age 75 whose activities are often limited by functional disabilities. The French have a similar method of categorizing older adults. They use the terms **third-agers**, or *elder*, when referring to those persons 65 to 85 years of age. Their term *old-old* refers only to those individuals older than age 85.

Whatever classification of aging you choose to use is a matter of preference, as long as you realize the limitations and variations implied by the term *old age*. The salient point to note is that there is a great amount of variability among old-agers. Whereas many individuals moving into the third age and beyond are of sound mind and body as well as financially secure, others in this same age cohort are experiencing functional declines as well as healthcare or financial needs.

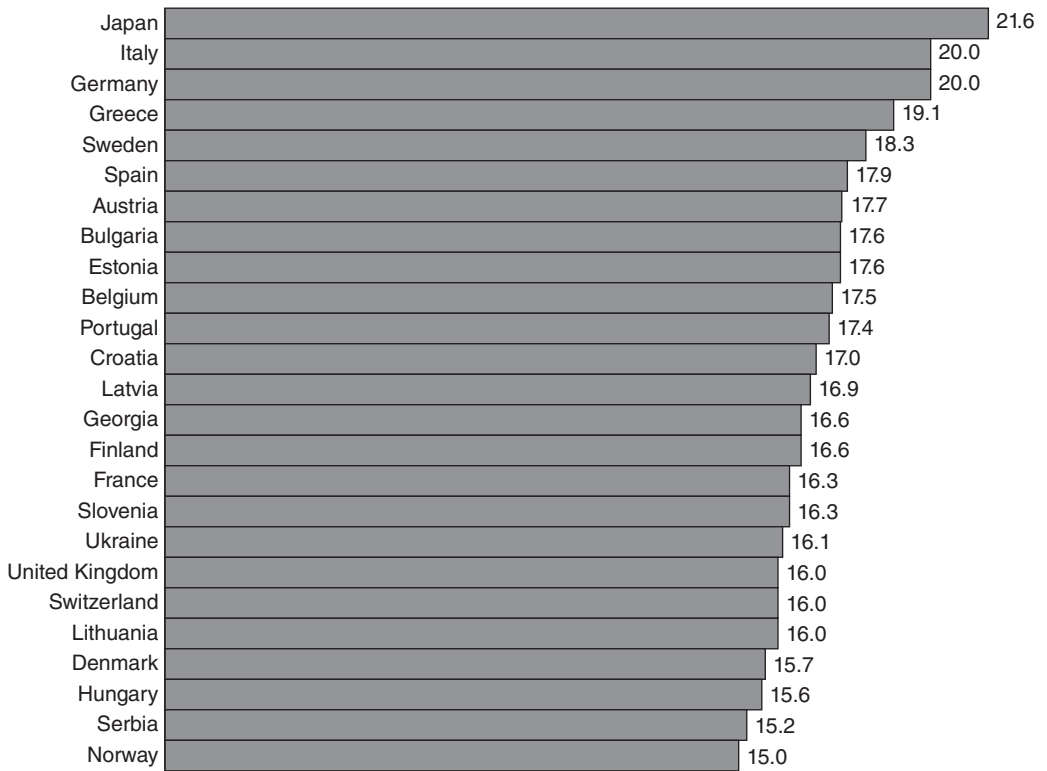
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## GLOBAL AGING

As of mid-year 2008, 506 million individuals worldwide were 65 years of age or older. This represents 7% of the world's population. By 2040 it is estimated that 1.3 billion persons will be 65 or older worldwide. This raises the percentage globally to 14%. For the first time in human history, people over 65 years of age will outnumber children under 5 years of age. This likely will occur between 2015 and 2020.<sup>4</sup>

As of 2008, approximately 62% of the world's population over 65 years old live in developing nations—an estimated 313 million people. By 2040, today's developing countries will be home to over 1 billion people over age 65. This represents 76% of all individuals worldwide over 65 years of age. A number of these less-developed nations are also experiencing a downturn in natural population increase (births minus deaths). A similar decline has already occurred in the industrialized nations. As this rate of downturn in natural population continues to accelerate, elders will make up an ever-greater proportion of each nation's total population.<sup>4</sup>

The world's oldest country is Japan, currently with 21.6% of its population over the age of 65 years, closely followed by Italy and Germany with 20%. The world's 25 oldest countries are all in Europe (see **Figure 1-3**), except for Japan.<sup>4</sup>

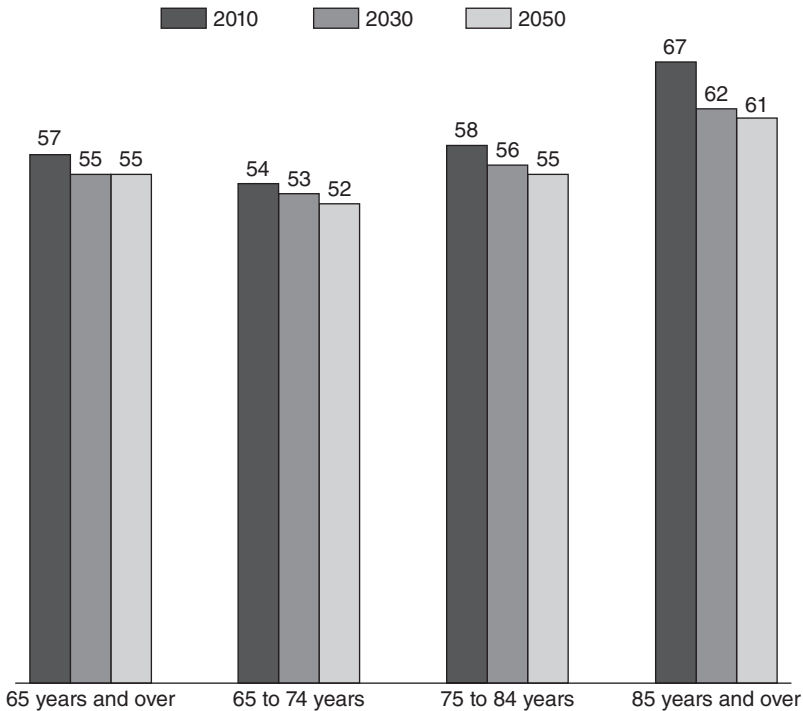


**FIGURE 1-3 The world's 25 oldest countries: 2008.**

Source: Data from U.S. Census Bureau, International Database.

## GENDER AND AGE

Women make up the majority of elderly people in almost every country in the world. Today in the United States, and throughout most countries, women can expect to live, on average, 5 years longer than men. As of 2010, life expectancy was 81.1 years for women and 76.1 years for men.<sup>1</sup> Life expectancy projections for 2030 are 84.17 years for women and 78.32 years for men.<sup>1</sup> In fact, as of 2009, among those 85 years and older, there are only 32 men for every 100 women (**Figure 1-4**). This greater longevity in women is because heart attacks, cancer, and stroke—the major killer diseases—have been and still are more common in men, although men have closed the longevity gap somewhat due to the increase in cardiovascular disease among women. Other factors influencing female longevity may have to do with women's greater sensitivity to changes in their body condition, which make them more likely to seek out earlier medical intervention. Women may also handle stress better and have better social support systems than their male counterparts do.



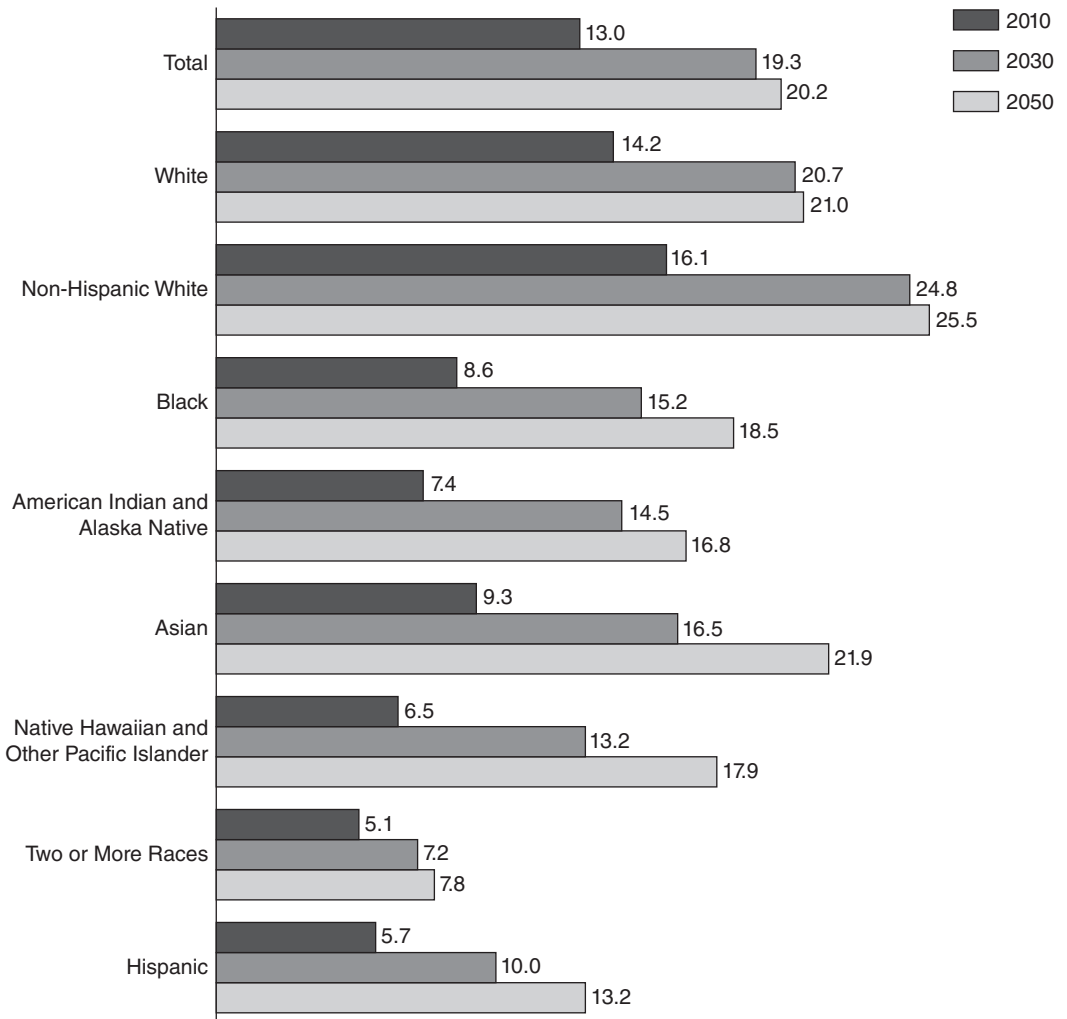
**FIGURE 1-4 Percentage of females by age group: 2010, 2030, and 2050.**

Source: Data from U.S. Census Bureau, 2008.

## RACE AND AGING

In the United States, the aging baby boomer generation will contain a far greater racial and ethnic mix than did any generation preceding it. This results from both increasing immigration from primarily nonwhite countries and a lower fertility rate among the white population.<sup>2</sup> The U.S. Census Bureau predicts that nonwhite populations will account for nearly half (42%) of the U.S. population by 2050 (see **Figure 1-5**).<sup>5</sup>

Life expectancy for nonwhite Americans is less than it is for whites. African American men and women currently live on average 6 and 5 years less, respectively, than their white counterparts.<sup>2</sup> However, if a black person of either gender lives to age 65, his or her life expectancy is much closer to whites than it was at birth.<sup>2</sup> Other ethnic minorities in the United States, including Mexican Americans and Native Americans, have life expectancies lower than African Americans.<sup>2</sup> Even with their relatively low percentages, the population of minority older adults is growing at a faster rate than their white counterparts. The U.S. Census Bureau projects that minority populations will represent 42% of all the elderly people by 2050, up from 20% in 2010.<sup>5</sup> Of these groups, Native Americans have the shortest life expectancy of any minority group (45–50 years of age) and also the lowest standard of living.



**FIGURE 1-5 Percentage age 65 and over by race and Hispanic origin for the United States: 2010, 2030 and 2050.**

Note: Unless otherwise specified, data refer to the population who reported a race alone. Populations for each race group include both Hispanics and non-Hispanics, unless otherwise specified. Hispanics may be of any race.

Source: Data from U.S. Census Bureau, 2008.

Therefore, besides an overall increase in the number of older Americans, there will also be a more heterogeneous mix of ethnic and cultural backgrounds. This will require healthcare providers to become even more culturally sensitive, acquiring new knowledge and skills to better recognize and respect cultural differences. Healthcare professionals will also need to understand the diseases, disorders, and concerns more common not only to specific age groups, but also to particular ethnic groups (Table 1-1).

**TABLE 1-1 Leading Causes of Death Among U.S. Adults Aged 65 or Older in 2007**

| <b>Cause of Death</b>              |      |
|------------------------------------|------|
| Heart Disease                      | 28.2 |
| Cancer                             | 22.2 |
| Stroke                             | 6.6  |
| Chronic Lower Respiratory Diseases | 6.2  |
| Alzheimer's Disease                | 4.2  |
| Diabetes                           | 2.9  |
| Influenza and Pneumonia            | 2.6  |
| Unintentional Injury               | 2.2  |
| All Other Causes                   | 24.9 |

Source: Data from CDC, National Center for Health Statistics, National Vital Statistics System, 2007.

In some elderly minority groups, social factors may play a role in reinforcing negative health patterns and behaviors. These factors may contribute to shorter life spans of certain minorities, as in the case of African Americans. Yet this same minority can expect to outlive their white counterparts if they live to age 80. At this point a racial mortality crossover phenomenon occurs in which life expectancy for blacks exceeds that for whites.

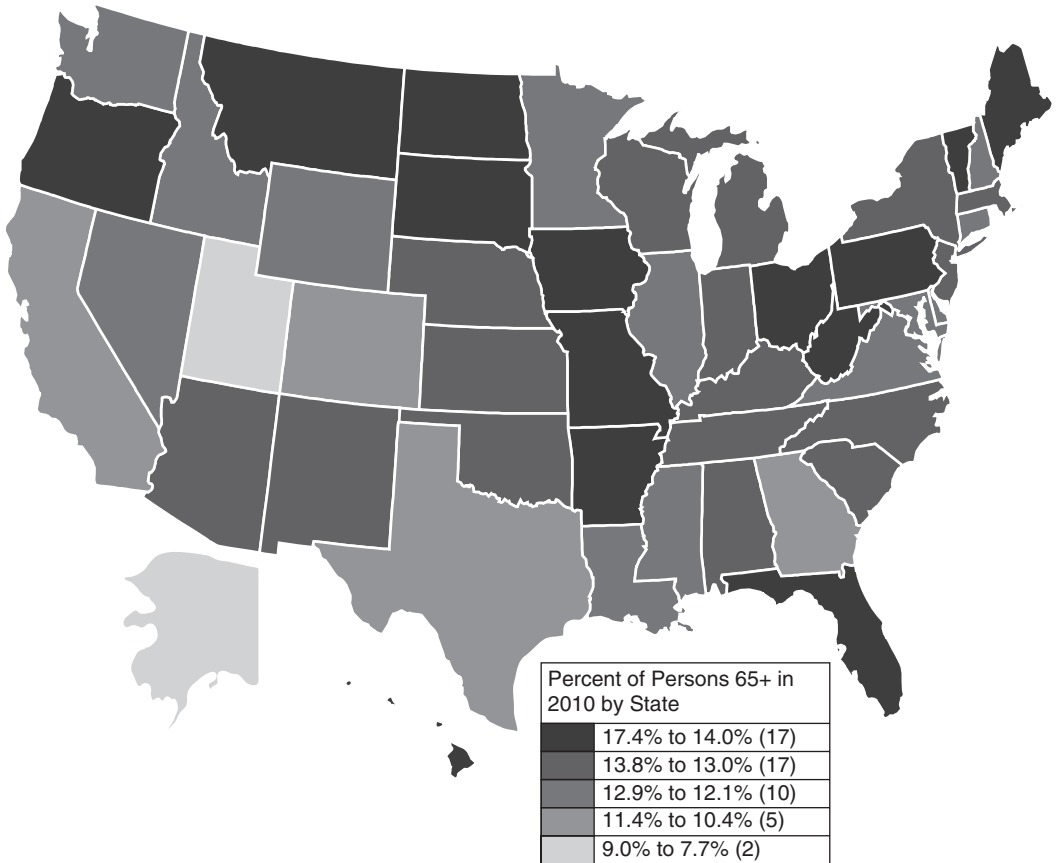
## **GEOGRAPHIC DISTRIBUTION: WHERE U.S. OLDER ADULTS LIVE**

Persons 65 years and older constituted approximately 14% or more of the total population in 17 states in 2010: Florida (17.4%), West Virginia (16.1%), Maine (15.9%), Pennsylvania (15.5%), Iowa (14.9%), Montana (14.9%), Vermont (14.6%), Hawaii (14.5%), North Dakota (14.5%), Rhode Island (14.4%), Arkansas (14.4%), Delaware (14.4%), South Dakota (14.3%), Connecticut (14.2%), Ohio (14.1%), Missouri (14.0%), and Oregon (14.0%)<sup>2</sup> (**Figure 1-6**).

In 13 states, the 65-plus population increased by 25% or more between 2000 and 2010 (**Table 1-2**): Alaska (50.0%), Nevada (47.0%), Idaho (32.5%), Arizona (32.1%), Colorado (31.8%), Georgia (31.4%), Utah (31.0%), South Carolina (30.4%), New Mexico (28.5%), North Carolina (27.7%), Delaware (26.9%), Texas (26.1%), and Washington (25.3%). The 12 jurisdictions with poverty rates over 10% for elderly during 2010 were District of Columbia (13.1%), North Dakota (12.1%), New Mexico (12.0%), Mississippi (11.9%), Louisiana (11.5%), Kentucky (11.2%), South Dakota (11.1%), New York (10.9%), Alabama (10.7%), Georgia (10.7%), Texas (10.7%), and Arkansas (10.2%).<sup>1</sup>

This trend seems to indicate, for the most part, movement toward warmer states, with the exception of Alaska and the Rocky Mountain states of Utah, Wyoming, and Colorado. It is difficult to determine why older people migrated more often to the states that they did. Often warmer states seemed to be more appealing. Perhaps other reasons could





**FIGURE 1-6 Percentage aged 65 and over of state population: 2010.**

Source: Data from Administration on Aging, U.S. Department of Health and Human Services, 2010 Population Estimates from the U.S. Bureau of the Census.

involve lower cost of living, pleasant surroundings, or less dense populations. Older individuals moving to these states are generally affluent and well educated. They may also have existing ties to these new areas such as family, friends, or previously purchased retirement property. Many are also seeking escape from a metropolitan life to the relative safety and comfort of rural or small-town USA. The south had the largest number of individuals over age 65 whereas the northeast had the largest proportion of those over 65.<sup>1</sup>

In general, older Americans have a tendency to change residences less frequently than their younger counterparts do. This has led to an increased “graying” of certain communities. A number of counties have elderly populations exceeding 20% of the whole population. Many of these counties are located in the nation’s predominantly agricultural heartland, where older persons have stayed while the youth have moved on.

**TABLE 1-2 Population Aged 65 and Over and Percentage Change for Regions, Divisions, and States in 2010**

| State                     | Number of<br>Persons<br>65 and Older | Percent Increase       |                      |                               |
|---------------------------|--------------------------------------|------------------------|----------------------|-------------------------------|
|                           |                                      | Percent of<br>All Ages | from 2000<br>to 2010 | Percent Below<br>Poverty 2010 |
| US Total (50 States + DC) | 40,437,581                           | 13.1%                  | 15.3%                | 9.0%                          |
| Alabama                   | 659,822                              | 13.8%                  | 13.7%                | 10.7%                         |
| Alaska                    | 55,233                               | 7.7%                   | 50.0%                | 5.7%                          |
| Arizona                   | 886,604                              | 13.8%                  | 32.1%                | 7.7%                          |
| Arkansas                  | 421,476                              | 14.4%                  | 12.5%                | 10.2%                         |
| California                | 4,269,690                            | 11.4%                  | 18.3%                | 9.7%                          |
| Colorado                  | 553,147                              | 11.0%                  | 31.8%                | 8.1%                          |
| Connecticut               | 507,837                              | 14.2%                  | 7.9%                 | 6.6%                          |
| Delaware                  | 129,586                              | 14.4%                  | 26.9%                | 7.7%                          |
| District of Columbia      | 69,061                               | 11.4%                  | -0.9%                | 13.1%                         |
| Florida                   | 3,273,940                            | 17.4%                  | 16.4%                | 9.9%                          |
| Georgia                   | 1,037,287                            | 10.7%                  | 31.4%                | 10.7%                         |
| Hawaii                    | 198,094                              | 14.5%                  | 22.5%                | 6.8%                          |
| Idaho                     | 195,438                              | 12.4%                  | 32.5%                | 7.9%                          |
| Illinois                  | 1,614,730                            | 12.6%                  | 7.5%                 | 8.4%                          |
| Indiana                   | 843,780                              | 13.0%                  | 11.7%                | 6.8%                          |
| Iowa                      | 454,205                              | 14.9%                  | 4.0%                 | 6.7%                          |
| Kansas                    | 377,391                              | 13.2%                  | 5.8%                 | 7.7%                          |
| Kentucky                  | 580,394                              | 13.4%                  | 15.0%                | 11.2%                         |
| Louisiana                 | 560,160                              | 12.3%                  | 8.5%                 | 11.5%                         |
| Maine                     | 211,336                              | 15.9%                  | 14.9%                | 9.5%                          |
| Maryland                  | 710,761                              | 12.3%                  | 18.2%                | 7.7%                          |
| Massachusetts             | 905,896                              | 13.8%                  | 5.2%                 | 8.7%                          |
| Michigan                  | 1,364,431                            | 13.8%                  | 11.6%                | 8.0%                          |
| Minnesota                 | 685,349                              | 12.9%                  | 14.8%                | 8.3%                          |
| Mississippi               | 381,372                              | 12.8%                  | 11.2%                | 11.9%                         |
| Missouri                  | 841,075                              | 14.0%                  | 11.3%                | 9.1%                          |
| Montana                   | 147,181                              | 14.9%                  | 21.4%                | 7.0%                          |
| Nebraska                  | 247,518                              | 13.5%                  | 6.5%                 | 7.5%                          |
| Nevada                    | 325,935                              | 12.1%                  | 47.0%                | 7.6%                          |
| New Hampshire             | 178,625                              | 13.6%                  | 20.3%                | 6.1%                          |
| New Jersey                | 1,190,312                            | 13.5%                  | 6.9%                 | 7.2%                          |
| New Mexico                | 273,572                              | 13.2%                  | 28.5%                | 12.0%                         |
| New York                  | 2,627,101                            | 13.5%                  | 7.1%                 | 10.9%                         |

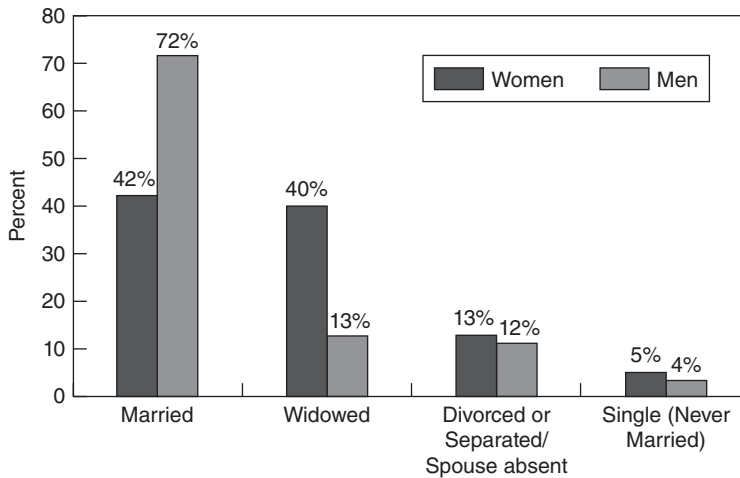
**TABLE I-2 Population Aged 65 and Over and Percentage Change for Regions, Divisions, and States in 2010 (continued)**

| State          | Number of<br>Persons<br>65 and Older | Percent Increase       |                      |                               |
|----------------|--------------------------------------|------------------------|----------------------|-------------------------------|
|                |                                      | Percent of<br>All Ages | from 2000<br>to 2010 | Percent Below<br>Poverty 2010 |
| North Carolina | 1,240,390                            | 13.0%                  | 27.7%                | 9.9%                          |
| North Dakota   | 97,863                               | 14.5%                  | 3.7%                 | 12.1%                         |
| Ohio           | 1,626,201                            | 14.1%                  | 7.8%                 | 7.7%                          |
| Oklahoma       | 509,065                              | 13.5%                  | 11.8%                | 9.3%                          |
| Oregon         | 535,754                              | 14.0%                  | 21.9%                | 7.9%                          |
| Pennsylvania   | 1,965,118                            | 15.5%                  | 2.5%                 | 7.9%                          |
| Rhode Island   | 151,918                              | 14.4%                  | -0.3%                | 8.2%                          |
| South Carolina | 634,522                              | 13.7%                  | 30.4%                | 9.8%                          |
| South Dakota   | 117,070                              | 14.3%                  | 8.3%                 | 11.1%                         |
| Tennessee      | 856,664                              | 13.5%                  | 21.6%                | 9.7%                          |
| Texas          | 2,619,733                            | 10.4%                  | 26.1%                | 10.7%                         |
| Utah           | 251,016                              | 9.0%                   | 31.0%                | 6.0%                          |
| Vermont        | 91,238                               | 14.6%                  | 17.1%                | 6.8%                          |
| Virginia       | 982,313                              | 12.2%                  | 23.7%                | 7.4%                          |
| Washington     | 832,650                              | 12.3%                  | 25.3%                | 6.9%                          |
| West Virginia  | 298,119                              | 16.1%                  | 7.8%                 | 9.9%                          |
| Wisconsin      | 779,383                              | 13.7%                  | 10.6%                | 7.1%                          |
| Wyoming        | 70,225                               | 12.4%                  | 20.8%                | 6.8%                          |
| Puerto Rico    | 579,135                              | 14.6%                  | 35.3%                | 39.6%                         |

Note: Data from Administration on Aging, U.S. Department of Health and Human Services. Population data is from U.S. Census Bureau 2010 Population Estimates. Puerto Rico population data is from the U.S. Census Bureau's international Data Base. State level poverty data is from the Census 2010 American Community Survey. National level poverty data is from the 2010 Current Population Survey/American Social and Economic Survey.

## MARITAL STATUS

In the United States, in 2010, older men were more likely to be married than older women: 72% of men compared to 42% of women.<sup>2</sup> (See **Figure 1-7**.) What accounts for this, in large part, is the fact that women outlive men, thus increasing the ratio of widows to widowers. Internationally, as of 2008, 40% of women aged 65 and over were widowed as compared to 13% of men in this same age group.<sup>1</sup> Figures were similar to this in the United States in 2010.<sup>2</sup> Worldwide divorce rates of older persons is relatively low. In the United States, divorce in the over-65 population has remained relatively low (12.4% in 2010), but this is an increase from 5.3% in 1980.<sup>1</sup> To date, worldwide divorce rates of



**FIGURE 1-7 Marital status of persons 65+, 2010.**

Source: Data from Administration on Aging, U.S. Department of Health and Human Services, 2010 Current Population Survey, Annual Social and Economic Supplement of the U.S. Census Bureau.

older people are relatively low because divorce is considered less socially acceptable by this older generation. However, in the United States and worldwide, the number and percentage of divorcing elders are likely to increase as younger generations, who tend to find divorce a more acceptable option, reach old age.

## ECONOMIC STATUS

The economic status of elderly Americans is more varied than any other age group. Looking solely at income, on average, persons 65 years and older receive less income than those younger than 65. In 2010, the median income of males older than 65 was \$25,704, as compared to \$15,072 for females.<sup>1</sup> These figures may be somewhat misleading, however, because older adults have greater tax advantages, often have their home mortgages paid off, and are covered by **Medicare** insurance.<sup>6</sup>

Sources of income for those 65 years and older in 2009 were as follows: **Social Security** (38%), asset income (11%), public and private pensions (19%), earnings (29%), and all other sources (3%).<sup>1</sup>

As of 2010, poverty levels for older adults were 9%. In terms of race, poverty figures for those older than 65 years show 6.8% of whites at the poverty level, compared with 18% of African Americans and 18% of Hispanics. Older women had almost twice the poverty rate of older men (10.7% vs. 6.7%). Women age 65 and older have much higher poverty rates than men; this is true in every racial and economic group, especially among those who living alone.<sup>7</sup> The highest poverty rate among the elderly (40.8%) was experienced by Hispanic women who lived alone.<sup>8</sup>

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## HEALTH CARE

According to a 2000–2009 assessment of general health, 40% of non-institutionalized persons age 65 years and older claimed their health was good to excellent. This compares with individuals 18–64 years of age, 65% of whom considered their health to be good to excellent.<sup>2</sup> There was not a significant difference between the genders; however, only 26% of older African Americans and 28% of older Hispanics rated their health as good to excellent.<sup>8</sup>

More than half of elderly persons have at least one chronic condition. In 2007–2009, the most frequently occurring conditions among older adults were uncontrolled hypertension (34%), diagnosed arthritis (50%), heart disease (32%), cancer of any type (23%), diabetes (19%), and sinusitis (14%).<sup>8</sup> Heart disease, cancer, and stroke account for 6 of every 10 deaths among those older than 65 years. Other diseases that rank high as causes of death in older adults include chronic obstructive pulmonary disease (COPD), pneumonia, influenza, and diabetes. According to the 2010 U.S. Census, 37% of noninstitutionalized elderly people have some kind of disability. Unfortunately the proportion of people with disabilities increases with age, leading to 56% of those over 80 reporting a severe disability.<sup>8</sup> Alzheimer's disease, confirmed on autopsy, is the leading cause of cognitive impairment in older adults.

Those 65 years and older visit a physician, on average, 6.8 times per year as compared with 3.8 visits per year in the younger-than-65 cohort. In 2007, approximately 1 person in 3 (12.9 million total) older than the age of 65 had a hospital stay. This is three times the comparable rate for persons of any age. Average length of stay in the hospital was 5.6 days for those over 65, as compared to 4.8 days for persons of all ages.<sup>2</sup> By 2030, with an estimated 71 million Americans older than the age of 65, healthcare spending is projected to increase by 25%.<sup>9</sup>

Healthcare expenditures are unbalanced. Most healthcare dollars are spent near the end of a person's life. Healthcare spending per person for those over age 65 was \$14,797 in 2004, which was 5.6 times higher than spending per child (\$2,650 in 2004) and 3.3 times higher than spending in those aged 16–64 years (\$4,511 in 2004).<sup>10</sup> It has been estimated that by the year 2025, nearly two-thirds of the U.S. healthcare budget will be devoted to services for older adults.<sup>10</sup> This will place incredible demands on the healthcare system and its professionals. The question remains as to whether we will be ready to handle this staggering demand for healthcare services, to say nothing of affording the astronomical costs.

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## LONG-TERM CARE

As of 2012, approximately 9 million persons older than the age of 65 required some form of **long-term care**, whether in a nursing home, an assisted living center, or at home with some form of provider-based healthcare service.<sup>11</sup> It is estimated that by the year 2020

this number will increase to 12 million. Since 1966, when Medicare and **Medicaid** were introduced, the number of adults 65 and older requiring nursing home care has more than tripled from 2.5 million to 9 million. The average annual cost for a private room in a skilled nursing home is \$73,000.<sup>12,13</sup>

In the population of those older than 85 years, one in four are eligible for placement in long-term care. Because this represents the fastest-growing segment of the population, the demand for nursing home beds will increase dramatically. Right now the number of nursing home beds is increasing by only half the rate at which this age cohort is increasing.

Elders who find themselves in long-term care facilities will, on average, use their life savings within 1 year.<sup>11</sup> At that point they may become eligible for public assistance or Medicaid. Considering the sharp increase in need, the question that begs asking is: Where will the funds come from to continue support of this program? This presents another problem for our ever-aging society, especially considering the ongoing debates to cut healthcare benefits such as Medicare.

As a result of the trend to get patients out of the hospital and back home as soon as possible, home health care has seen a dramatic increase. Expenditures for home health services were \$70.2 billion in 2010. This is expected to grow at an annual rate of 8% for the years 2009–2019, partly due to shifting of long-term care services from institutional to home settings.<sup>6</sup> The advantage of home care is that it allows older persons to remain in the community, which can be more beneficial than living in a long-term care facility, from both a personal and a financial perspective. With an ever-increasing need for efficiency as a result of runaway costs, healthcare providers are being asked to become ever more productive and proficient in their delivery of elder services in alternative settings.

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## **SUMMARY**

Demographics clearly indicate that the United States, as a nation, is growing older. On January 1, 2011, one American began turning 65 years of age every 8 seconds. This aging baby boom generation will effect massive societal changes. These changes will occur in terms of gender, race, geography, marital status, economics, and health care. The number of women will continue to surpass the number of men, with aging African Americans, Hispanics, Native Americans, Asians, and Pacific Islanders increasing by a greater percentage than whites. Some states will be harder hit by an aging boom than others. Social Security and other government entitlement programs are likely to be stretched perhaps to the breaking point, or at least to the point where they need major revamping. The healthcare system, perhaps most of all, will experience demands never previously encountered.

Healthcare professionals will be at the forefront of this aging tidal wave as it washes over and through our healthcare systems. Although hospital admissions and lengths of

stays have been on the decline since 1996, this may not be the case from 2011 to 2030 as baby boomers descend upon healthcare institutions. Even without dramatic increases in hospital admissions, long-term care and home care are expected to experience a dramatic rise in patient volume. It is not unrealistic to expect that two out of three healthcare professionals will be working in either long-term care or home care in the future. The majority of the patients in these settings will be older adults. Therefore, it benefits healthcare professionals to have an understanding of trends and projections as they relate to the “graying of America.”

## Review Questions

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1. As of January 1, 2011, one American will turn 65 every \_\_\_\_\_ for the next 18 years.
  - A. 8 minutes
  - B. 8 seconds
  - C. Hour
  - D. Week
2. The fastest-growing segment of the population consists of individuals who are
  - A. 1–18 years of age
  - B. 24–40 years of age
  - C. 30–50 years of age
  - D. 50–65 years of age
  - E. Older than 85 years of age
3. The young-old, according to Bernice Neugarten, refers to those who are
  - A. 45–55 years of age
  - B. 55–74 years of age
  - C. 65–75 years of age
  - D. 60–80 years of age
4. Women can expect to live, on average, \_\_\_\_\_ years longer than men.
  - A. 2
  - B. 5
  - C. 7
  - D. 10
5. Which ethnic group of those older than 65 is expected to increase at the least rapid rate between 1990 and 2030?
  - A. African Americans
  - B. Native Americans
  - C. Whites
  - D. Hispanics

## Learning Activities

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1. List what you believe will be some trends set by the baby boomer generation as it ages.
2. Design an elder community in a U.S. location. What factors would you consider in the design? Where would you place this community?
3. Which healthcare services and/or products are likely to be required by an aging population?
4. What will be possible roles and responsibilities of future healthcare professionals in long-term care facilities and home care?
5. Visualize yourself and your friends as older than 65 years of age. Where will you be living? What will you be doing? What will be your hobbies/roles? What will society be like?

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