Gerontology: What Are We Learning About Aging? (and why should we care?)

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McDaniel College

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Gerontology is defined as the scientific study of aging processes and topics examines the physical, mental, social, emotional, vocational, and spiritual factors that influence aging. Although much of the focus of gerontology is on the age 65+ demographic, the discipline appreciates that the process of aging is best understood by evaluating the complete life course.

Origin

from Greek gerōn, geront- ‘old man’ + -logy (English)

coined in 1903-- Elie Metchnikoff (1845-1916)
Our intelligence informs us that man is capable of much, and for this reason we hope that he may be able to modify his own nature and transform his disharmonies into harmonies. It is only human will that can attain this ideal.

Slez Metchnikoff,

Siles,

9 April 1915.
Topics for Discussion

- The Need for an Age-Educated Workforce
- Key Competencies in Gerontology
- How can Gerontology inform practice in aging services?

Trends & Research Discussed Throughout
The Demographics Speak to the Need
U.S. Population Over 65

2008: Estimated 39 million in 2008

2030: Projected to reach 72 million

**WHY IS OUR POPULATION OF OLDER ADULTS DOUBLING??**

(Federal Interagency Forum on Aging-Related Statistics, 2010)
1. INCREASED LIFE EXPECTANCY
Remaining Life Expectancy at age 65

Remaining Life Expectancy at Age 65, 1950 - 2009

The Oldest Old

- The "oldest old" – those aged 85 and over – are the most rapidly growing elderly age group.

- The oldest old represented 12.1% of the elderly population in 2000 and 1.5% of the total population. In 2050, they are projected to be 24% of elderly Americans and 5% of all Americans.

- Centenarians – those aged 100 or more – represent a small but growing number of elderly Americans. The 1990 census reported 37,000 centenarians, while Census 2000 reported 50,000 centenarians in the United States.

Sources of data: U.S. Census Bureau, “65+ in the United States: 2010”
2. BABY BOOMERS
Generations

Figure 1–1. The five generations in the United States.

The Graying of America

Percentage of the population age 65 and older, by state, 2000

Note: Data for the year 2000 are middle-series projections of the population. Reference population: These data refer to the resident population. Source: U.S.Census Bureau, Population Projections.
The Graying of America
Percent of Total U.S. Population over 65 in 2030

FYI... IT'S NOT JUST IN THE U.S.
World Population 65+ Expected to Triple!!

• Estimated 2011 midyear world population 65 and older.

• Projections indicate the number will increase to 1.55 billion by 2050.

• The percentage of the world's population 65 and older expected to increase from about 8 percent to about 17 percent over the period.

Source: International Data Base
<http://www.census.gov/ipc/www/idb/groups.php>
Projected Increase World Population

Source: United Nations, 2009
Global Aging: Which countries are the “oldest”? 

- Afghanistan
- Mexico
- China
- Argentina
- US
- Australia
- Canada
- UK
- France
- Austria
- Spain
- Greece
- Sweden
- Italy
- Germany
- Japan

Percent 65+
Percent Aged 65 and Over: 2000

[Map showing distribution of percentage aged 65 and over worldwide]
Percent Aged 65 and Over: 2030
NOW BACK TO US:

NOT ONLY IS THE U.S. GRAYING, WE ARE ALSO BECOMING MORE DIVERSE...
Racial Differences in Aging

Racial Background of U.S. Older Adults

Population age 65 and over, by race and Hispanic origin, 2006 and projected 2050

Percent

<table>
<thead>
<tr>
<th>Race</th>
<th>2006</th>
<th>2050 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white alone</td>
<td>81</td>
<td>61</td>
</tr>
<tr>
<td>Black alone</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Asian alone</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>All other races alone or in combination</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hispanic (of any race)</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

Note: The term “non-Hispanic white alone” is used to refer to people who reported being white and no other race and who are not Hispanic. The term “black alone” is used to refer to people who reported being black or African American and no other race, and the term “Asian alone” is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group “All other races alone or in combination” includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

*Note: Persons of Hispanic origin may be of any race.
Distribution by Race and Ethnicity

Projected distribution of the population age 65 and older, by race and Hispanic origin, 2000 and 2050

Note: Data are middle-series projections of the population. Hispanics may be of any race.
Reference Population: These data refer to the resident population.
Source: U.S. Census Bureau, Population Projections.
# Wealth Levels


### TABLE III

<table>
<thead>
<tr>
<th>Age of Head of Household</th>
<th>65 to 74</th>
<th>75 to 84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Household Income</td>
<td>$55,800</td>
<td>$41,400</td>
<td>$26,000</td>
</tr>
<tr>
<td>Average Individual Income</td>
<td>$31,700</td>
<td>$28,700</td>
<td>$19,900</td>
</tr>
<tr>
<td>Households with Income ≤ $30,000</td>
<td>48.3%</td>
<td>62.8%</td>
<td>72.0%</td>
</tr>
<tr>
<td>Households for which Social Security Is 80% or More of Income</td>
<td>19.5%</td>
<td>29.1%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Households for which Social Security Is 50% or More of Income</td>
<td>41.7%</td>
<td>51.9%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Median Household Net Worth (in thousands)</td>
<td>$190.2</td>
<td>$157.1</td>
<td>$227.7</td>
</tr>
<tr>
<td>Average Household Net Worth (in thousands)</td>
<td>$591.9</td>
<td>$527.6</td>
<td>$522.0</td>
</tr>
<tr>
<td>Households with Net Worth ≤ $200,000</td>
<td>50.9%</td>
<td>59.3%</td>
<td>46.2%</td>
</tr>
</tbody>
</table>

Source: Authors’ estimates from the 2004 Survey of Consumer Finances, Board of Governors of the Federal Reserve System.

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Net Worth of US Households by Age Group (2010)

*Source: federalreserve.gov/Pubs/Bulletin/2012/articles/scf/scf.htm*
Income and Aging

Mean

<table>
<thead>
<tr>
<th>Group</th>
<th>Under 65</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$72,791</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>$41,644</td>
<td>$45,101</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$27,241</td>
<td>$49,161</td>
</tr>
</tbody>
</table>

Median

<table>
<thead>
<tr>
<th>Group</th>
<th>Under 65</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$55,946</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>$26,751</td>
<td>$34,211</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$17,043</td>
<td>$19,615</td>
</tr>
</tbody>
</table>
Older Adults More Likely to Have Disabilities (2002)

Figure 8: Percent with Disabilities, by Age

- % with any disability
  - 65-69: 44.3
  - 70-74: 46.6
  - 75-79: 57.7
  - 80+: 73.6

- % with severe disability
  - 65-69: 38.7
  - 70-74: 28.3
  - 75-79: 38
  - 80+: 57.6

- % need assistance
  - 65-69: 8.1
  - 70-74: 10.5
  - 75-79: 16.9
  - 80+: 34.9
Chronic Health Problems

Over 65 percent of older adults have multiple chronic illnesses, which often limit their ability to complete basic daily tasks like eating or bathing.
Figure 1  Projected Growth: Chronic Conditions

Where will they live?
Living Arrangements

• Long-term Care
  • Continuing Care Retirement Community
  • Assisted Living Facility
  • Nursing Home

• 55+ Community (independent)

• Adult Children

• Home (independent, may need modification)
Long-Term Care
Long-Term Care Availability

Senior Living Market Statistics

![Industry percentage growth rate chart]

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Care Settings

**Number of Nursing Facilities in the United States, 2006-2011**

- 2006: 15,294
- 2007: 15,281
- 2008: 15,531
- 2009: 15,658
- 2010: 15,622
- 2011: 15,465

**Care Settings and Average Length of Stay**

- Represents 22% of the Population Over Age 65 Receiving Care
- 67%: Home Care for the Aged, Average Stay - 3 to 5 Years
- 20%: Nursing Home for the Aged, Average Stay - 2.4 Years
- 13%: Community Care Housing, Average Stay - 2.5 to 3 Years

Source: OSCAR Data, 2006-2011
Nursing Homes (cont’d)

• Run at about 86% occupancy
  • 4,300 dementia special care units (?? beds)
  • primary diagnosis (admission): 1.5 million residents
    • senile dementia/OBS: 21,000
    • Alzheimer’s disease: 126,600*

• 15,899 facilities, 84% occupancy, 1.72 million beds, 1.43 million residents**

*CDC/NCHS, National Nursing Home Survey, 2012** Health, United States, 2007 (DHHS)
In the future

older persons will likely have a higher incidence of health problems

there will be more older people (other things being equal)

unless a preventive strategy, a cure, or the ability to identify Alzheimer’s disease pre-clinically and stop its progress is developed, there will be a much greater number of persons with cognitive impairment needing care over the next several decades
Important Considerations

• 65-70% of residents in NH and ALF have dementia

• 70% of persons with AD live at home

• Consider the demographics: there simply will not be enough assisted living or nursing home beds to meet the needs of the large, frail elderly population
Where will older adults go?
• NH: not likely to see an increase in beds

• AL: beds may increase, but as the AL industry is forced to bite the bullet and acknowledge the need to provide medical care (as opposed to a pure ‘social model’), costs will rise, profit margins will fall, and AL as a commercial product will be come less viable

• Family??
Where do older adults want to go?
• One in 7 Americans prefer ALF care

• 3% prefer to live in a nursing home

• Overall, 2/3 Americans prefer to receive care at home w/ paid services
  • Highest response- whites

• Hispanics prefer to receive care from family

CONSIDERING THE DIVERSITY OF THE OLDER ADULTS AND THEIR EXPECTED NEEDS, WHAT IS THE RELEVANCY OF AGE-EDUCATION?
KEY COMPETENCIES IN GERONTOLOGY
PROVIDED BY THE ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION (2014)
Category I: Foundational Competencies

- Frameworks for Understanding Human Aging
  - Utilize bio-psycho-social and lifespan frameworks to examine development

- Biological Aspects of Aging
  - senescence, longevity, and variations (normal vs. pathologic aging)

- Psychological Aspects of Aging
  - adaptation, stability, and change in aging; mental well-being

- Social Aspects of Aging
  - Heterogeneity, inequality, context of aging

- Humanities and Aging

- Research & Critical Thinking
Category II: Interactional Competencies

- Attitudes and Perspectives
  - Knowledge and self-reflection

- Ethics and Professional Standards

- Communication W/ and On Behalf of Elders

- Interdisciplinary and Community Collaboration
Category III: Contextual Competencies (Selective)

- Well-Being, Health, and Mental Health
  - Promote elders strengths & adaptations to maximize overall well-being

- Social Health
  - Promote Quality of Life and Positive Social Environment for Elders

- Program & Service Development
  - Employ & Design Programmatic & Community Development

- Other
  - Education
  - Arts & Humanities
  - Business & Finance
  - Policy
  - Research, Application, & Evaluation
HOW CAN GERONTOLOGY INFORM PRACTICE?

https://www.youtube.com/watch?v=ZOA1v4-2Fos
Successful Aging

Strategy Areas

1) Physical Wellness
2) Emotional Wellness
3) Social Wellness
4) Intellectual Wellness
5) Spiritual Wellness
6) Vocational Wellness
7) Environment
Aging in Place

The ability to retain an appropriate level of independent living in one’s community and place of residence and personal control over one’s lifestyle

The ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level (CDC).

- Communities offer ways to provide necessary services for its older residents
- Older adults act as economic generators, philanthropists and volunteers
- Communities prosper
Three Domains of Effect

Community Context

Care & Services

Social Support

Quality of Life
The Village Movement

Helps people remain in their Community and Own Homes

Consumer and Customer driven

Utilizes Strategic Partners in the community

Self Supporting by members

Promotes Civic Engagement

Person Centered Approach

Enhances Quality of Life
CARROLL COUNTY ON THE MAP AS AN EMERGING VILLAGE/COUNTY
More Information:
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