Who Will Care for the Frail Elderly?
The “graying” of the population will mean more, many more, frail elderly
By Henry Moss, PhD

Students in health care programs need to start thinking about applying their knowledge and skills to the elderly. Schools need to develop curriculum and faculty resources to prepare students for this kind of health care career focus. The problem can no longer be left on the fringe.

Demographers are calling it the “Silver Tsunami”. Dramatic world-wide increases in lifespan over the last 60 years coupled with seriously declining birthrates have created a brave new world wherein a growing number of older people are being supported by a shrinking number of younger workers. This is creating a strain on economies, on government resources and on the families and friends of older people. Japan is already there. China and Europe are getting there quickly. The U.S. will feel the full force of the problem in the 2020’s when baby boomers enter their 80’s.

Consider the facts:

- People are living 20-30 years longer than they did 50 years ago, on a global basis.
- The world population over 60 is growing 5X faster than the population as a whole.
- Fertility is declining world-wide, due to the increased education of women, two-worker families and migration to cities. One-third of countries are now below replacement levels in birth rates (which is 2.1 children per woman) led by Europe and Asia. Taiwan’s birthrate has dropped from 7 per woman in 1950 to only 1 today.
- Life expectancy in advanced countries is expected to grow by 5-8% over the next 50 years, with a corresponding growth in the number of older people. 20% of the German population is over 65. This will grow to 30% in 50 years.

Technological advancement and improved economic productivity can be effective against this trend, but, as the persistent global recession is proving, it will be very difficult to provide the resources needed to support rising number of seniors and elderly. Home asset values everywhere have already taken a big hit, savings rates are far below what is needed to support long retirements, and tax revenues are down, making it increasingly difficult to sustain public services for the elderly. This is the case across North America, Europe and Asia.

The frail elderly

Ironically, senior citizens are healthier than ever and a high percentage lead independent lives. One of the great accomplishments of postwar generations in advanced countries has been the ability to unburden families by allowing most seniors to live independently well into old age and to finish out their lives in a private or public facility. Improved public health and advances in medical technology have made this possible.
But the trend is starting to reverse and will likely get much worse. As the wave of postwar baby boomers reaches 80+ years of age, in the 2020’s, there will be a significant increase in frailty. A “frail elder” is defined as someone needing help with one or more “activities of daily life”. Such people need assistance with mobility, cooking, shopping, feeding, toileting and other daily care activities. And consider these facts:

- The global population over 80 is expected to quadruple to 400 million by 2050.
- Americans over 80 are the fastest growing segment of the U.S. population.
- 50% of the U.S. elderly over 80 have neurodegenerative disorders including Parkinson’s disease and dementia, including Alzheimer’s. By age 80 the brain has lost over 40% of its dopamine function which is crucial to mobility among many other functions.
- There are 5 million with Alzheimer’s today in the U.S. This is projected to grow to 16 million by 2030.

And the economics:

- Many seniors and almost half of single women over 65 in the U.S. will outlive their financial resources and require institutionalization.
- Median net worth of those 55-64 years of age has dropped from $266,000 in 2007 to $167,000 in 2010, a 33% drop (due, in part, to declining housing values).
- Only half reported saving any money at all in 2010.

This is already straining our home health agencies and will increase our reliance on hard-working but poorly trained and poorly paid immigrants. This will also strain our geriatric healthcare system already suffering from a serious shortage of trained geriatric nurses, geriatricians, gerontologists and geriatric psychiatrists.

**Caring for frail elderly is slow, complicated and expensive**

Health care for the frail elderly is very difficult to manage. Many have multiple chronic conditions and most are on multiple maintenance medications. A simple check-up could take an hour or more given mobility constraints. Just weighing a disabled elder can be a challenge. They have disproportionately large numbers of hospitalizations, often due to falls, and large numbers of imaging sessions and procedures including hip replacements, MRI’s and colonoscopies. Protection against falls has made home assistance even more necessary and has complicated care in nursing homes where elders are often confined or restrained in order to prevent falls.

Mental health care for the frail elderly is another problem, one that has not had the attention it needs. In addition to the known problems of dementia, memory loss, hallucinations, delirium and confusion, there are the often ignored problems of depression and anxiety which can seriously complicate the work of home aides and family caregivers.
If this sounds like a costly proposition, it is. Life savings can disappear in a hurry if daily care is needed and the budgetary pressure on public health systems is strong and growing. Reimbursement levels for eldercare are far too low today to attract doctors to geriatric specializations.

For the first time since the 1950’s, we will see increasing numbers of frail elderly cared for in the homes of family members and by family members, a severe burden and a compromise in mobility and lifestyle for young families.

**Shortage of trained elder care health professionals**

The needs of the frail elderly are unique. In addition to the medical complexities, there are the psychological and cultural aspects of transitioning a person from a curative environment into a palliative care environment and the challenge of working with families and friends along the way.

Yet, there is a serious and worsening national and global shortage of physicians and psychiatrists fully trained and certified in geriatrics. There are also shortages of trained geriatric nurses. Moreover, there is a serious lack of programs to train physicians in geriatrics and gerontology due, in part, to a shortage of qualified professors. Here are some facts:

- In 2005, the U.S. had only 9,000 of the needed 20,000 physicians with geriatric training to serve 35,000,000 seniors and the ratio of physicians to seniors has been declining ever since. The slack has been taken up by untrained primary care physicians and nurse practitioners.
- The U.S. is projected to need 36,000 geriatrics-trained physicians by 2030.
- In 2001 there were 5.5 geriatricians per 10,000 seniors over the age of 75. This dropped to 4.2 per 10,000 in 2003 and has not improved.
- The ratio is uneven across the population. In large urban centers like New York City, the ratio is much better while in some hard-pressed areas, like Central New York State, the ratio is far worse.

It takes years to develop training programs and to produce trained professionals so the crisis will surely deepen even as we try to address it.

**Solutions**

The overall solution, on a global scale, will require that societies provide far more human, technological and financial resources to address the problem. The debate is coming out of demographer’s classrooms and out into the open as “baby boomers” are retiring in large numbers and health care budgets begin to strain under the pressure. The future of Medicare and Medicaid are certainly among the most pressing of national policy concerns and most are concerned that the future of these crucial programs is at risk. Some public health systems in Europe and Asia have had to increasingly ration care.
We all have a loved one who is at or approaching the time when they are kept alive through medical technology and yet increasingly frail and helpless. To have a frail elderly person living with a child or sibling, for perhaps 20 years, is something that neither the elder nor the child or sibling wants, particularly as there continue to be decreasing numbers of children available to provide such support.

Caring for the elderly is clearly everyone’s problem and we will all have to address it.

**Education**

Educational institutions, from Harvard Medical School to non-degree allied health training programs, must deepen and broaden the conversation on this issue. They must work to develop innovative curricular and faculty training strategies to provide students with an appreciation of the problem and the skills training needed to address it.

Swedish Institute should be a leader in meeting this awesome challenge.