

Future Health Status of Seniors

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Future health status must take into consideration the general care now available. Seniors who presently receive only rudimentary care due to many reasons; location, family interest, loneliness, lack of exercise, inaccessible health care facilities in rural area, cannot have the same expectations as those seniors living in areas of unlimited medical services and stimulating encouragement from their peers and families.

Remember this population also includes the Native American who has suffered a sub-level of care by whatever 'medical expert' is available, able and willing or in extreme debt, to serve on a Reservation. All seniors should take a closer look at the Indian Health Service (IHS) to have an idea of the type care government health programs provide. Then those who are active in Community Services as volunteer or professional status should become involved in doing

what is helpful, not what is being carried out as 'expected', or barely within the qualification guidelines of state agencies.

Much is still to be determined as the dollars for Medicare dwindle to an almost non-existent level and Medicaid is reimbursed at \$112.75 per day. In most residential care setting the actual cost for care is about \$150.00 a day. The writing is on the wall. We need; a Medicaid rate that covers costs, measurement of outcomes, not process, continuous staff improvement (recognition/rewards for performance excellence), staffing enhancement and focused surveys. Would we not then, need to plan now for the care of ourselves and others?

Taking into consideration the fact that many seniors are healthy and plan to stay that way could be an opportunity to study those attitudes and lifestyles and adapt them to group programs for avoiding institutional end of life status. With the entrance of vast numbers of Baby Boomers entering their senior years at a rapid rate we are seeing a huge difference in attitude. They enter our midst as "one of us" with an attitude of "instant gratification" and one of staying fit. That generation will expect more, sooner but they will be better prepared to know what they need and where to get it and they will go after it. That generation is, also showing less tolerance of aging parents and are impatient when taking part in medical care to the point of leaving aging parents out of their own health planning.

We already bear witness to the less than adequate care of seniors in most hospitals. Cardiac disease is the number one cause of death in seniors but shockingly, the second cause is Poor, inadequate or neglectful Health Care. Imagine dying of care...not lack of care. Studies indicate that seniors questioned about their health status are grading themselves lower than just five years ago. No one knows better what seniors are facing than their own group and what they have come to recognize is, "few care what happens to them".

Future Status is not a solid, easily determined outcome for all seniors. Seniors have had various experiences and living/job situations that will influence the status in different areas of the country. Today's seniors are those who fought in several wars, worked in jobs where less

environmental control was employed, labored longer hours and traveled from job to job across this nation. They, in other words, were exposed to untold agents, suffering and deprivation.....But, they also became stronger, more tolerant and enduring. Those seniors with more education have been more likely to have traveled less in job searches, been more careful of the environment and had an easier life style with less financial worries. Now flip the argument to this; those who have participated in the military, traveled, stayed active and exposed themselves to learning opportunities may offer a microcosm for study even now.

One factor seems to remain the same over time and area....genetic programming. Those with the genetic makeup leading to diseases such as some cancers, diabetes, arthritis, haven't found much escape from the inevitable, however they are better prepared to avoid and then find treatment before wide spread damage has occurred.

In Summary; health insurance enrollment is down, ability to afford indicated medications and treatments is less, obesity continues to rise (along with the accompanying conditions) and willingness to exercise has decreased. These findings give a picture of declining health over the past decade and leave this question, "As the government cuts spending in seniors, as depression grips those on the edge of retirement and jobless rates climb with retirement benefits being exhausted, where will the next decade find the level of wellness in those over 60?" Where also, will they find their examples of fortitude and stoicism? They are creating a pattern of treatment that is not attractive.

Advances in new treatments, medications, avoidance and even profound cures will do little for those who cannot afford them or even worse, be uninformed of available options. Rural seniors will see and hear less of the various routes of treatment unless the country can find ways to lure more health care students into programs for Senior Care or as we seniors like to call it..."Geriatrics". We have the ability, the knowledge and the patients who are willing to participate in an increased longevity if our governments...State and National, will only encourage health care students to enter into programs of learning necessary to provide a healthier, longer life. Great amounts of savings would occur by training the appropriate medical people to help seniors avoid the very things that are depleting Medicare by offering treatment too late or denying them all together. Prevention, Prevention, Prevention must be the new battle cry of seniors to insure they have a strong future health allowing them to participate and spend their accumulated gifts of experience, learning and compassion to offer help to those coming at a faster and faster rate.

References:

1. Senior Health Status Mixed. By Todd Zwlich, WebMD Health News, AARP Study of Depression
2. Baby Boomers Redefining the Future of Senior Health by Katie Collins, Brush News-Tribune staff writer
3. A Brighter Future for Senior Health Care: Bipartisan Ideas in Preserving Medicare by Matt Doheny, Doheny4congress.com/news/2012

<http://www.webmd.com/healthy-aging/news/20050425/aarp-finds-seniors-health-status-mixed>

<http://www.sepp-online.com/resources/The+Rising+Burden+of+Health+Spending+on+Seniors.pdf>

http://www.healthstatus.com/health_blog/wellness/seniors-fun-living/

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 and review the courses.

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