

TUI University

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Aging and Health Education

1. Describe the demographic changes in our society and discuss their impact on the healthcare system.
2. Discuss the importance of health education and health promotion for the elderly as they relate to primary, secondary, and tertiary prevention.

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Thank you very much for celebrating this milestone with me. I would like to share one of my favorite papers I wrote for my Master's program.

Here's to your Health!

Sincerely,



According to the Center for Disease Control and Prevention, by 2030, the United States population aged 65 and older will double to approximately 71 million adults, which is one out of five Americans (CDC, 2008). As of July 1st, 2005 it was estimated there were 78.2 million baby boomers that were born between 1946 and 1964 (U.S. Census Bureau, 2006). The greatest demographic change in our society is that there will be a large number of aging baby boomers, as life expectancy has increased throughout the decades. In 1860, half of the population was under 20 years of age and by 2030 half of the population is predicted to be over 39 years of age (Hobbs F.B., Dannon B.L., n/d). The increased number of older baby boomers puts fear in many health care providers, as with age comes the economic burden of chronic illnesses however many chronic illness can be avoided through health education and health promotion.

Aging is inevitable and with the help of research and developing technology, the elderly population is on an increase. From the 1900 to 1994, the elderly population has increased 11-fold (Hobbs F.B., Dannon B.L., n/d). The greatest increase of the elderly population will happen between 2010-2030 as baby boomers reach retirement age (Hobbs F.B., Dannon B.L., n/d). The population of persons 85 years (oldest old) and older has also increased. From 1960 to 1994, the oldest old population grew by 274% and persons over 65 years of age grew 100% (Hobbs F.B., Dannon B.L., n/d). It is assumed that by 2050, the oldest population will grow to 27 million people (Hobbs F.B., Dannon B.L., n/d). Change is also expected in different races, ethnicities and genders. The population of Whites that are non-Hispanic is expected to decrease to 67% by 2050; making the Black population 10%, Asian and Pacific Islander will be 7%, less than 1% American Indian, and 16% of the population is predicted to be Hispanic (Hobbs F.B., Dannon B.L., n/d). The difference in race and ethnicity does affect income and poverty level. For example, elderly White men had a higher median income than other races (Hobbs F.B., Dannon B.L., n/d). Consequently, poverty rates were lower in Whites (11%), higher in Blacks (33%) and Hispanics (22%) (Hobbs F.B., Dannon B.L., n/d). These facts will greatly effect Medicare and state subsidized medical insurance. There is also a difference in gender of the elderly. In 1994 there were 3 elderly women for every two men, and in the oldest old population 5 women to every 2 men (Hobbs F.B., Dannon B.L., n/d). In 1993 44% of women will have worked in the work force therefore are more likely to have health care coverage as opposed to 1950 when only 23% worked (Hobbs F.B., Dannon B.L., n/d). Subsequently, though the aging population is

changing, it is assumed that the economic burden is solely due to chronic illnesses associated with aging however the greater burden is the large population of elders (Strunk, B., Ginsburg, n/d). Health care spending per individual does raise by age however the rise is not astronomical. It does become a burden when it is multiplied by millions of people.

Understanding the mass number of retirees between 2010 and 2030, racial, ethnic, and gender differences are important to comprehend when putting together a health education and health promotion program (M Connell, 1999). There is diversity within each subgroup and one size does not fit all. There are many genetic factors that cannot be prevented through health education and health promotion however a healthy diet, physical activity, and refraining from smoking and excessive drinking can prevent many chronic illnesses acquired through adulthood. Research in older adulthood is on going due to the need for answers in unknown territories i.e. Alzheimer's, arthritis, depression, osteoporosis, and Parkinson's disease (CDC, 2008). Many of these illnesses are linked to excess or a deficit in macronutrients and physical activity. A primary approach to elderly health education and health promotion begins prior to the development of chronic disease. For example, educating elders to maintain strength, mobility, and positive mental health can prevent many illnesses associated with aging (CHEF, n/d). The Center for Disease Control and Prevention recommends elders to strength train 2 or more days a per week to prevent atrophy and 2 hours and 30 seconds of moderate aerobic activity to maintain a healthy heart (CDC, 2009). Physical activity is scientifically proven to have a positive effect on maintaining strength, maintaining mobility, preventing depression, preventing falls, reducing blood pressure and risk of diabetes (CDC, 2009). To add, physical activity prevents weight gain, as weight gain can result in Type 2 Diabetes, hypertension, and high cholesterol. Secondary prevention is also effective in elders. By having regular doctor check-ups many precursors to chronic illnesses can be prevented. For example an elevated blood glucose level is a precursor for diabetes. With diet modifications, weight loss, and regular physical activity Type 2 diabetes can be prevented. The same is true to an elevated level of total cholesterol. Prior to drug treatment, health educators can promote lifestyle change to allow elders to be independent of medications, as all medications have side effects. Tertiary prevention is also effective in health education and health promotion. Though at this stage, chronic illness has been established, managing chronic conditions and diseases is still beneficial (CHEF, n/d). Physical activity and a

healthy diet have had positive effects on reducing blood pressure, arthritis pain, depression, blood glucose level, cholesterol levels, falls and breaks, and to regain or maintain full range of motion (CDC, 2009).

In closing, the goal of health education and health promotion for elders is to help them stay active and independent for life. In the 1950's, there was less knowledge about disease prevention and therefore the elderly population was small. In upcoming years, as baby boomers age, the percentage of elders will grow significantly. As a nation it is important to put more funding in health education and health promotion to guide elders to maintaining a good quality of life. Quality is gained through education yet quantity is gained through technology: Quality is less expensive!

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