WR 222 Essay 3 Final Draft

Disparities in Health Care as Population Ages

Life expectancy, in the United States, has the potential of being longer than ever before. Advancements in medicine and lifesaving technology have improved life expectancy by more than 3 decades compared to what it was a century ago. The U.S. Census Bureau (2010) reports that, on average, people are living 75-83 years (Jacobson, Kent, Lee, and Mather 1). While this is good news, an aging population causes a dire need to change how we view healthcare in America to ensure quality of life for the elderly. The first of the baby boomers, or those born between 1946 and 1964 in the post-World War II population explosion, reached the age of eligibility for Medicare in 2008. Medicare, a government program providing health insurance coverage seniors, those aged 65 and over, will be under strain as unprecedented numbers of people apply for eligibility, especially in a time of economic depression and inflated healthcare prices. I believe that people living longer will cause an increase in need for home and long-term care services, a demand for healthcare workers and an increase in overall healthcare expenditures. This increased demand and strain on healthcare services will place enormous pressure on needy individuals and their families, on public payers, and on U.S. society in general. Therefore, government should to promote education in health service fields and encourage interest in geriatric, primary and preventative care to adequately support a rapidly aging population.

The growth of life expectancies proposes challenges on healthcare not only imminent growth of the aging population, but for upcoming American generations as well. In the Nov 2011 issue of National Geographic, Brad Scriber foretells that longevity will continue as a trend: “Research shows that as of April 1st 2010, U.S. babies now have better than 50-50 odds of living to 100” (Scriber 34). Furthermore, Joshua Wiener and Jane Tilly (2011) project in their report on public programs and an aging population, in the *International Journal of Epidemiology*, that the number of seniors will increase by 135 percent between 2000 and 2050, and furthermore that “the population aged 85 and over, which is the group most likely to need health and long-term care services, is projected to increase by 350%” (2). Because utilization of health services increases with age as physical and mental health deteriorates and chronic conditions develop, an increase of life expectancy results in an expanding portion of the population needing care. Peter Orszag in his 2004 report called *Restoring Fiscal Sanity: How to Balance the Budget* says: “As the baby boomers increasingly become eligible for these programs, the federal budget is expected to begin running deficits vastly larger than those projected over the next decade” (67). The addition of baby boomers means a large number of people for Medicare to support, on top of people generally living longer. The result will be substantial healthcare expenses that Medicare is not set up to take care of currently.

As further evidence: “Long term care costs will escalate as the baby boom population becomes fully vested in Medicare” states Phoebe Barton, author of *Understanding the U.S. Health Services System, 4th Ed.* published by the Foundation of the American College of Healthcare Executives (2010). Barton demonstrates the development of chronic conditions of the elderly as a key issue in healthcare expenditures. When Medicare was enacted, people were dying from communicable diseases that have since been eradicated. Today, chronic or non-communicable diseases are responsible for 80% of mortalities in the U.S. The style of medicine has changed from one-time interventions that correct a single problem to the ongoing management of multiple diseases and disabilities. Doctors and patients will need to have an ongoing relationship designed to help patients cope with illnesses rather than curing them (Barton 23-256): “The ageing population will require a focus on chronic diseases that plague the elderly, such as Alzheimer’s disease, heart disease, and osteoporosis, rather than acute illnesses” (Barton 65). Chronic illnesses, such as cancer and heart conditions, are very expensive to monitor and manage. Many with chronic illnesses visit specialists for treatment which unfortunately means with huge price tags. If government pushes to reestablish primary care providers, who work on developing relationships with patients and incorporating healthy lifestyle choices in the first place, we could potentially cut costs and improve health service.

With age and chronic illness often comes disability, meaning that long-term care services, such as nursing homes, home health, personal care, adult day care, and congregate housing, will be important sources of dominant care. Home health care has been a solution to the increasing numbers of elderly needing care, and has been the fastest growing Medicare-reimbursed service in recent years. Demography specialist Laura Schrestha, in the *CRS Report for Congress*, states “Assistance with daily tasks to allow continued community-living for high-functioning seniors, institutions for those with more severe disabilities or cognitive impairments, [and] training of a specialized work force in geriatric care” are areas of importance for caring for the growing numbers of elderly (3). Home health care permits many people with chronic illnesses and short- or long-term disabilities to avoid institutions by receiving health services in their homes. Medicare and Medicaid populations are the public payers that account for most home health care utilization (Barton 25-38). Social Security pays for the nursing home care for nearly 60% of all nursing home residents and for 25% of home health care, and thirty-three percent of Medicaid’s total expenditures are from long-term care (Barton 228-376).

Increased life expectancies will demand that the health care system not only involves changes in what type of services are provided to the elderly and how they are provided, but will have a major impact on the supply and demand of health care jobs which includes a need for greater numbers of employees. The NLM Gateway, a service of the U.S. National Institutes of Health, reports that as baby boomers retire from the workforce, they will create a demand on jobs. The current and future supply of acute and long-term care workers, especially nurses and paraprofessional staff, such as certified nurse assistants, home health aides, and personal care attendants, is of special concern. The 2005 report "The Impact of the Aging Population on the Health Workforce in the United States" states: “There is a serious risk of shortages in many professions as population aging will increase both demand for services and departures from the workforce” (McGinnis 5). Therefore, there are less health care workers and more people with illnesses needing attention. Of particular importance will be the likely growing shortage of health care workers, especially nurses and paraprofessionals. Low wages and benefits, hard working conditions, heavy workloads and jobs that have been stigmatized by society, make worker recruitment and retention difficult in health services. To ensure an adequate supply of new health care workers as many retire or leave the field, scholarships, health careers awareness, and career ladders in health professions, as this is an issue facing us all as we see long life in the future.

The funding in which health care is provided to the elderly may also change substantially as life expectancy increases and the population ages. Medicare is financed by payroll taxes imposed at 2.9% of wages and salaries (Barton 56). This is a worrisome to tax-payers, especially if the growth of working-age people is disproportionate to that of the elderly. Shrestha (2006) finds: “in combination with decreasing fertility, the life expectancy gains have led to a rapid aging of the American population” (p. 1). “The ratio of people aged 16–64 to those aged 65+ is projected to decline from 5.1 in 2000 to 2.9 in 2050,” a whopping 43% decline (p. 3). This coincides with the time that the supply of healthcare workers is expected to lull. Therefore, the slow growth in the working age population will mean relatively fewer people to pay the taxes necessary to support public programs for the older population.

Other issues for health service concerns and expenditures are many, such as general inflation, the availability of health insurance and loss of individual accountability, growth in national and personal incomes, and the growth of government health programs, and are speculated as factors that need to be addressed to maintain care for the elderly. Currently, major voices in the political realm have hotly debated this healthcare system crisis. President Obama proposed universal healthcare bill to set up a system similar to Canada that would provide everyone access; while Republicans, who think more along the lines of presidential nominee Ron Paul, would like to see government take less of a role and let free market regulate healthcare. Yet these are all stemming from a larger, underlying effect of longer life expectancies that should to be analyzed as it affects healthcare. I feel that the increase of life expectancies contributes the most to foreseeable issues facing healthcare, and it is something we will be able to address adequately if we prepare younger generations and professionals.

Another reason speculated to be at fault for the strain on healthcare is the increased intensity of services provided, which includes the application of new medical technologies. While technology has contributed to earlier diagnosis of disease and more advanced forms of treatment, I would debate whether it is necessarily the best thing to focus on for improving overall quality of life for people as they age. The tendency of U.S. healthcare to fix physical conditions as they arise, turning to experts through specialized medicine, hospital practices that try to minimalize the cost of malpractice lawsuits and hence promote tons of testing, ongoing treatments for chronic conditions, and inflated cost have all been linked to stress the system and affect personal care and expenditures. I feel that preventative care, established through primary care physicians, can help prevent chronic conditions from being such a danger in the first place, and could reduce the need for expensive treatments. It is most important that we bring awareness of the consequences of an aging population as the forefront of addressing healthcare issues, and go from there.

There is an increasing need to promote diversity and competence in services to the elderly with the eminent baby boom population, as well as for the future long-living American public. Because of increased life expectancies and an aging population, there is health expenditure inflation, increase of chronic illnesses that require long term care, and home health care needs that need to be addressed. Since the U.S. health services system focuses largely on physical health, we should carefully consider reform in American healthcare through promoting primary care physicians that develop long term relationships with patients, understand patient history, and work with people on making healthy lifestyle choices. Increased training on geriatric issues could also be provided to health professionals, as health care workers prepare for new roles addressing in the increasing number of elderly. If we want to continue to care and support our seniors and future generations of Americans, we must reassess our healthcare and treatment of the elderly with consideration of the implications of a rapidly aging population.

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