

Policy Issues Affecting the Health of Older Individuals in the United States

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ABSTRACT

The aging population is growing, in the United States and the rest of the world. Developed nations are now facing challenges with providing for this increasing unit of population. Aged adults account for a significant part of individuals utilizing health care services in these countries. As a result of this growth, long-term policies in the healthcare of the elderly need to be reviewed. This manuscript offers insight into the policies and the several elements that affect the provision of healthcare to the aging populace. Some of the issues addressed include medical care needs versus supply, alternatives to institutionalization, alternative delivery systems, financing long-term care services, the role of informal support systems, housing, and income maintenance. The demand for use of long-term care services is also significantly growing. Socioeconomic status and health behaviors throughout life affect the need for these services. However, financing and access to these services have become a concern for governments, and papers like this offer relevant data which can be used to reform and make informed policies.

Keywords: aging; elderly; long-term care; policy; ADLs; healthcare

INTRODUCTION

As people live longer due to advances in medical care, an increased aging population exists. Due to the increased likelihood of health problems in older patients, this population has led to a focus on long-term policy issues, both in the United States and around the world. Some of these issues include medical care needs versus supply, alternatives to institutionalization, alternative delivery systems, financing long-term care services, and the role of informal support systems, housing, and income maintenance.

DEMOGRAPHICS

Many nations face the challenge of caring for aged individuals, who are more likely to have health problems. In 2010, up to 15% of the population of affiliate nations of the Organization for Economic Cooperation and Development (OECD) were 65 years and above.

It is projected that in 2030, the growth percentage is likely to hit 22% [13]. Moreover, the amount of people from 65 and above is not just growing, but also living longer. For instance, a 65-year-old woman in 2009 could live for another 21 years, which is about a 40% increase in life expectancy compared with half a century ago [6].

An increased life span is great, but old age comes with an increased likelihood of chronic conditions as well as functional and cognitive deficiencies. For example, research in the United States shows that 50% of the population 75 and above has at least three conditions. Additionally, those 85 years of age and above are six times more prone to have numerous functional deficiencies than those between 65 to 69 years [1]. The rate of older people living alone is growing as the accessibility of informal care by spouses or family members is decreasing [3].

These developments have given rise to a mission for health care services to provide optimal treatment for chronic medical conditions and social care services. The latter may be given by immediate family or informal caregivers but can also come from formal service providers, be it home care services or as part of residential long-term care [16].

OVERVIEW OF HEALTH POLICY FOR OLDER PATIENTS

The United States is experiencing a swift increase in population. In 2030, approximately 20% of the US population (approximately 71 million), will be 65 years or older. This category of individuals is prone to complicated health issues, chronic ailment, and disability and are thus the largest recipients of health care [14].

Older adults now account for a significant part of clinic days, ambulatory adult primary care visits, and home care visits, and are the most frequent nursing facility residents. As the number of aged Americans doubles in the next 30 years, practically all medical specialties will see an increase in older patients. And as such, society is confronted with significant health and social service difficulties [14].

Current findings propose that the majority of healthcare and social service challenges associated with an increased older populace can be sorted out by adjusting behavior and policy [2], particularly those that support good health in aged people. However, the argument on the most effective approach to attain this change has been highly constricted [12]. Therefore, an all-inclusive public health approach to the aged population mirrors the necessities, abilities, and aspirations of aged individuals is necessary.

FACTORS THAT MAKE POLICY DEVELOPMENT ON AGING CHALLENGING

Several factors may contribute to the difficulty in making a policy on aging. Some of these include:

- The variations that makeup and control aging are complicated [1]. These changes can only be freely mirrored by chronological age, which constantly evolves, while the substitutes in function linked to aging are neither easy nor well characterized [14]. And as such, vast interpersonal variation is a trademark of aged people. These differences in people's mental and physical capacity as they grow older show that policies to cater to the essentials of elderly individuals must be considered in different subpopulations. For instance, though certain aged individuals may desire to keep on partaking in social and professional engagement at levels comparable to younger individuals, others in the same age set with more health issues may require substantial social care and health care. It would be difficult to account for varied health statuses and mixed social needs in a single policy.
- Secondly, these variations are not accidental. About 25% of the obvious variations in health and function of aged individuals are thought to be genetic [3]. While the other 75 percent are accounted for by the amassed effect of health behaviors and biases throughout life. Therefore, an individual that grows up in a low-income household with inadequate access to formal schooling, or one belonging to a relegated ethnic group, has a greater tendency of facing poor health in old age and has an increased likelihood of an earlier death. Recent studies postulate that there may be a link between the capacity to create financial security in old age and choices that uphold healthy behaviors.

Policymakers should eradicate these inequities in their mediation. For instance, a key policy reaction to growing life expectancy was raising the retirement age.

This is consistent with current surveys of the US population which indicate that some older adults desire to work past the age of retirement [9]. However, there are many obstacles to employment in old age, which include age discrimination by some employers and a restricted opportunity to train in novel innovations. Raising the retirement age might deteriorate a relevant monetary safety net if these blockages are not tackled. This will most likely pose a challenge for older adults who belong to the low socio-economic class who, aside from being more likely to face health challenges, often do more physically engaging jobs with the least optional employment availability. Thus, creating proper economic stability and health equity provision will be an important addition to this policy. [12]

Lack of adequate information makes overpowering these complicated challenges harder. For instance, though there is a growth in the life span of aged people in almost all developed nations, it would be important to determine the range of additional years [5].

FINANCING LONG-TERM CARE SERVICES

Long-term care encompasses a broad spectrum of services, including health care, personal care, and other supportive services that cater to the essentials of older individuals as well as other individuals that have a reduced capacity to care for themselves due to chronic illness [10]. In addition, long-term care services comprise activities of daily living (ADLs)—such as clothing, showering, and cooking; instrumental activities of daily living (IADLs), such as management of medication and house chores, and health maintenance activities.

Long-term care services assist individuals in sustaining or enhancing a prime height of operating physically and living a quality life and can also use assistance from other individuals and special equipment and devices.

People may get long-term care services in diverse settings: from close relations or at-home health agencies, from an adult service center in the community, from assisted living communities, or from skilled nursing facilities. In the United States, chronic-term care services are being paid for, and it forms an important segment of individual healthcare expenditure [23].

The approximate amount spent on long-term service delivery varies as a result of the types of providers, the populace, and the type of services rendered. However, the estimated annual spending on long-term services was between \$210.9 billion and \$306 [23].

Determining ways to pay for long-term care services is a major concern amongst older adults, those with chronic illnesses, as well as their relatives. It poses a key challenge for both the federal and state governments. [17]. Medicaid covers a major portion of the paid long-term care services, followed by Medicare, then self-payment and families [23]. However, the allocation of funds varies based on the provider sector and the population. For instance, most patients pay by themselves for assisted living [8], with a small proportion using Medicaid to help offset the payment.

The biggest single-payer for long-term nursing home care is Medicaid, while Medicare funds clinic costs, and a major part of the cost emanating from short-stay, post-acute care in specialized nursing sites for Medicare recipients [19]. The approximate number of people who use these long-term-care services, either nursing sites, residential addresses, or home-based care services, is projected to increase from 15 million in 2000 to 27 million in 2050.

The majority of this increase will be due to the growth in the population of older adults who require such services [18]. Though the need for long-term care services may span across all age groups, the likelihood of requiring these services increases as one gets older. Recent projected estimates postulate that over 60% of citizens who attain 65 years of age will require long-term care services [11]. Due to the aging population of “baby boomers,” there is a growth in life expectancy. It is anticipated that the amount of United State citizens above 65 years will double from about 40.2 million in 2010 to 88.5 million in 2050 [22]. Additionally, there will also be an estimated growth in the population over those 85 years. This category of older adults is projected to likely triple from 6.3 million in 2015 to 17.9 million in 2050, accounting for about 4.5 % of the total US population [21]. This subpopulation is also likely to have the highest rate of chronic diseases and thus a greater need for long-term care services. [20].

CONCLUSION

As suggested earlier, the need for long-term care services can span across all age groups, but there is an increased use of these services for older adults [15]. In addition, recent findings show that the number of older adults using paid long-term care services will grow exponentially [7]. The government funds a significant part of paid, long-term care services through Medicaid and Medicare; precise, well-timed statistical information can aid the programs and help make informed policy decisions.

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