



RESEARCH ARTICLE

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

Oyintoun-emi Ozobokeme, MD¹, Okelue Edwards Okobi, MD^{2*}, Jovita Koko, MD³, Maureen G Boms, MD⁴ and Chukwuebuka Agu, MD⁵

¹Central Michigan University, 1200 S Franklin St, Mt Pleasant, USA

²Lakeside Medical Center, Belle Glade, FL, USA

³University of Jos Teaching Hospital, Nigeria

⁴University of Alabama at Birmingham, AL, USA

⁵South Health Campus, Alberta Health Services, Canada

*Corresponding author: Dr. Okelue Edwards Okobi, Lakeside Medical Center, Belle Glade, FL, USA



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 population unit. 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 healthcare provision 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 the 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 focused on long-term

policy issues, both in the United States and worldwide. 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 will likely hit 22% [1]. 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 [2].

An increased life span is great, but old age increases the likelihood of chronic conditions and 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 numerous functional deficiencies than those between 65 and 69 years [3]. The rate of older people living



Citation: Ozobokeme O, Okobi OE, Koko J, Boms MG, Agu C (2022) Policy Issues Affecting the Health of Older Individuals in the United States. J Geriatr Med Gerontol 8:140. doi.org/10.23937/2469-5858/1510140

Accepted: December 20, 2022; **Published:** December 22, 2022

Copyright: © 2022 Ozobokeme O, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

alone is growing as the accessibility of informal care by spouses, or family members is decreasing [4].

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 [5].

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 is thus the largest healthcare recipient [6].

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 [6].

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 [7], 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 [8]. Therefore, an all-inclusive public health approach to the aged population mirrors the necessities, abilities, and aspirations of aged individuals are 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 [3]. 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 [6]. 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 the 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 [4], 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 to face 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 example, raising the retirement age was a key policy response to people living longer. This is consistent with current surveys of the US population, which indicate that some older adults desire to work past retirement age [9]. But there are many things that make it hard for older people to work, such as discrimination based on age by some employers and fewer chances to train in new technologies. Raising the retirement age might deteriorate a relevant monetary safety net if these blockages are not tackled. This will likely pose a challenge for older adults from the lower socio-economic class. Aside from being more likely to face health challenges, they often do more physically engaging jobs with the least available employment. So, it will be important for this policy to have good provisions for economic stability and health equity [8].

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 [10].

Financing Long-Term Care Services

Long-term care encompasses a wide range of services, including health care, personal care, and other supportive services that meet the needs of older people and others who are unable to care for themselves due to chronic illness [11]. Long-term care services also include activities of daily living (ADLs), like getting dressed, taking a shower, and cooking; instrumental activities of daily living (IADLs), like taking care of medications and doing housework; and health maintenance activities.

Long-term care services help people keep or improve their ability to function physically and live a good life. They can also use the help of other people and special equipment and devices.

People may get long-term care services in diverse settings: From close relatives or at-home health agencies; from an adult service center in the community; from an assisted living community; or from skilled nursing facilities. Chronic-term care services are being paid for in the United States, forming an important segment of individual healthcare expenditure [12]. Assisted living, with a small percentage using Medicaid to help offset the cost.

The biggest single-payer for long-term nursing home care is Medicaid, while Medicare funds clinic costs and a major part of the cost emanates from short-stay, post-acute care in specialized nursing sites for Medicare recipients [13]. 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. Most of this increase will be due to the growth in the population of older adults who require such services [14].

Though the need for long-term care services may span all age groups, the likelihood of requiring these services increases as one ages. Recent estimates postulate that over 60% of citizens who reach 65 years of age will require long-term care services [15]. Due to the aging population of “baby boomers,” there is a growth in life expectancy. It is anticipated that the number of United States citizens over 65 years will double from about 40.2 million in 2010 to 88.5 million in 2050 [16]. 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 [17]. This subpopulation is also likely to have the highest rate of chronic diseases and, thus, a greater need for long-term care services [18].

Conclusion

As suggested earlier, the need for long-term care services can span across all age groups, but these services have increased use for older adults [19]. In addition, recent findings show that the number of older adults using paid long-term care services will grow exponentially [20]. Through Medicaid and Medicare, the government pays for many paid long-term care services. Accurate, up-to-date statistics can help these programs and help policymakers make better decisions.

References

- Palangkaraya A, Yong J (2009) Population ageing and its implications on aggregate health care demand: Empirical evidence from 22 OECD countries. *Int J Health Care Finance Econ* 9: 391-402.
- de Cos PH, Moral-Benito E (2011) Health care expenditure in the oecd countries: Efficiency and regulation. *SSRN Journal* 1107.
- Anderson G (2011) The challenge of financing care for individuals with multimorbidities. In: *Health Reform*. OECD 2011: 81-107.
- Brooks-Wilson AR (2013) Genetics of healthy aging and longevity. *Hum Genet* 132: 1323-1338.
- Rahman MS (2019) Health care in aged population: A global public health challenge. *J Med* 20: 95-97.
- Peterson M, Faul J (2019) Muscle weakness is associated with disability and chronic multimorbidity in middle-aged and older americans. *Innovation in Aging* 3: S316-S316.
- Bloom DE, Finlay JE (2009) Demographic change and economic growth in asia. *Asian Economic Policy Rev* 4: 45-64.
- Lloyd-Sherlock P, McKee M, Ebrahim S, Gorman M, Greengross S, et al. (2012) Population ageing and health. *The Lancet* 379: 1295-1296.
- Hieda T (2012) Comparative political economy of long-term care for elderly people: Political logic of universalistic social care policy development. *Soc Policy Adminis* 46: 258-279.
- Crimmins EM, Beltran-Sanchez H (2011) Mortality and morbidity trends: Is there compression of morbidity? *JGerontol B: Psychol Sci Soc Sci* 66: 75-86.
- Kazumasa Uemura YH (2013) A qualitative study of long-term care leaders' experiences of end-of-life care provision at long-term care facilities in Japan. *J Nurs Care* 5: 10.
- Zwibel H (2017) Financing reform for long-term services and supports. *Journal of Osteopath Med* 117: 413-415.
- Tarver T (2013) Older americans 2012: Key indicators of wellbeing: U. S. Federal interagency forum on aging related statistics (Fifars) with the U. S. National center for health statistic (Nchs)s. Washington, DC: U. S. Federal interagency forum on aging related statistics, june 2012. 176p. *J Consumer Health on the Internet* 17: 114-115.
- Rutsohn P, Twyman M (2003) The long term care challenge: A view from West Virginia. *J Aging Pharmacoth* 13: 55-61.
- Kemper P, Komisar HL, Alexih L (2005) Long-term care over an uncertain future: What can current retirees expect? *Inquiry* 42: 335-350.
- Vincent GK, Velkoff VA (2010) The next four decades: The older population in the United States: 2010 to 2050. *Current Population Reports*, 25-1138.
- (2013) The united nations 2012 population projections. *Popul Develop Rev* 39: 551-555.
- Thomas B (2004) Congressional budget office. *World Trade Rev* 3: 267-276.
- Pumkam C, Probst JC, Bennett KJ, Hardin J, Xirasagar S (2013) Health care expenditures among working-age adults with physical disabilities: Variations by disability spans. *Disabil Health J* 6: 287-296.
- Graham CL, Kaye S (2017) Managed long-term services and supports in California's duals demonstration. *Innovation in Aging* 1: 284-284.