**Lecture Notes for Chapter 11: Challenges and Rewards of Aging**

Expectations of life as an older adult may be different than the reality. Expectations may be influenced by the generation in which an individual is born. Baby Boomers, the generation currently entering older adulthood, have expectations of active lifestyles with ongoing good health. However, many older adults live in nursing homes and of those who do not, many need to continue working to make ends meet. There will be an increasing need for gerontological social workers to meet the needs of the aging population.

Aging and Older Adults

The biological process of aging is known as senescence, which is the gradual decline of all organ systems. Social work with older adults may address health, housing, and social security issues, and helping older adults and their families to manage issues of chronic illness, financial and social stress, and death and dying. Social workers who specialize in this field of practice may call themselves gerontologists. Gerontology is the comprehensive study of aging and the problems of older adults.

* Meanings of “Aging” and “Old”
  + Age 50: Eligible for American Association of Retired Persons (AARP) membership
  + Age 65: Official retirement age/ eligibility for Social Security retirement benefits
    - Laws are gradually increasing the age of full retirement
  + Individuals experience aging differently based on individual factors, including health, employment, family responsibilities
* Stages of Older Adulthood
  + Oldest old, Middle-old, Young-old: Exhibit 11.2 gives ages and descriptions
  + Centenarians – Individuals who live to 100 years old (1 in 26 Baby Boomers expected)
  + Super Centenarians – Individuals who live to 110 years old
* Longevity
  + **Life expectancy** - how long on average a person is expected to live at a given age
  + **Lifespan -** a person’s lifetime, the number of years a person actually lives
  + **Longevity** - living an active life longer than the average person
* An Aging Populace - improvements in sanitation, diet, and medical care have led to a dramatic increase in life expectancy. At the same time, birth rates and death rates are declining. As a result, the population of older people as a percentage of the total population has been growing.
  + Each day between now and 2030, an average of 10,000 people will turn 65.
  + There will also be a significant increase in certain vulnerable populations of older adults in the United States--particularly the “oldest-old” (people 85 or over), unmarried women, women who live alone with no children or siblings, and older racial minorities living alone with no nearby kin.

Gerontological Social Work Practice

* Gerontological vs. Geriatric Social Work
  + Gerontological social work is based on biopsychosocial-spiritual knowledge of the aging process. Social workers enhance developmental, problem solving, and coping abilities of older people and their family members
  + Geriatric social work is grounded in interventions with older adults who have health concerns. Geriatrics is focused on physiological changes in aging and on health care. Social workers focus on family caregiving, because approximately 80% of the care for older adults is rendered by informal support systems.
* Evolution of Gerontological Practice
  + Gerontological (and geriatric) social work practice is a relatively new specialty. The social work profession formally recognized the need for specific gerontological or geriatric knowledge in the mid-20th century. In the late 1960s and early 1970s, the social work profession finally began to consider older adults a target population that required specialized knowledge and training.
  + Theories of Aging
    - Activity Theory - The more active people are, the more satisfied with life they will be; assumes we think of ourselves based on roles or activities in which we engage.
    - Cellular (DNA) Theory - Human aging results from cellular aging whereby cells reach senescence, a terminal stage in which they stop dividing; when cells cease to divide the body is limited in its ability to regenerate and respond to injury or stress.
    - Continuity Theory - People who grow older are inclined to maintain as much as they can the same habits, personality, and style of life they developed in earlier years.
    - Disengagement Theory - old age is a natural time when both the older person and society engage in mutual separation, such as retirement from work.
    - Modernization Theory - The status of older adults declines as societies become more modern.
* Social Work Roles in Gerontology and Geriatrics
  + Gerontological Social Workers - assessments, clinical counseling, provide education and training about aging and older adulthood, conduct support groups, make sense of medical diagnoses and prescriptions, deliver counseling and case management services, advocate for environmental and legislative changes, develop intergenerational programs such as Adopt a Grandparent, provide referrals, assist with insurance.
  + Geriatric Social Workers – support relationships that older clients have with their family members, nurses, and doctors, interpret medical diagnoses and prescriptions, link clients with home health care, identify assistance for activities of daily living.
* Resources for Successful Aging
  + Active Aging vs. Successful Aging
    - Active Aging - becoming older but continuing to grow and participate in family, community, and society
    - Successful aging - becoming older but avoiding disease and disability and continuing active engagement in life
  + Living Options
    - Assisted Living – live in own unit but gather with other residents for meals and recreation, monitoring for health problems
    - Continuing Care Retirement communities - stay in one setting but move to more appropriate living units depending upon the level of health care and attention required
    - Nursing Homes (intermediate or skilled level care) - more intensive nursing care
    - Foster Care Homes, Group Homes, and HUD (Housing and Urban Development) Housing Projects - older adults who have lifelong developmental or intellectual disabilities or are impoverished
  + Day Programs - daytime services and opportunities exist that can help relieve loneliness and depression and maintain health
* Clubs & Volunteer Programs
* Congregate meals
* Adult Day Care Centers
* Fitness Centers with special classes for older adults (e.g. Zumba Gold, or Active Forever Strength Training, and Aqua Aerobics),
* Senior Centers, which offer games, crafts, speakers, day trips
* Foster Grandparent Programs
  + Benefit Programs - Social workers often help older people with disabilities and older adults who are very poor apply for services and entitlement programs to meet their living requirements, such as Food Stamps, Home Health Services, Meals on Wheels, Nutrition Programs, Old Age, Survivors, Disability, and Health Insurance, Ombudsman Programs to investigate nursing home resident concerns, Property Tax Relief, Respite Care and Rehabilitation Services, and Special Federal Income Tax deduction for those over age 65.
    - Medicare - U.S. national social insurance health care program for everyone who is older than age 65, includes coverage for hospital stays (extended hospital care), home health services, hospice care, and voluntary medical insurance (e.g. doctor’s fees, outpatient services, etc.). Medicare Part D pays for part of prescription drug costs.
    - Medicaid, a health care program created in 1965, pays for medical and hospital services for people who cannot afford them. Eligibility is based on income level and inability to pay for health care insurance.
    - Supplemental Security Income (SSI): SSI provides cash to meet basic needs for food, clothing, and shelter.
  + Culturally Competent Care of Older Adults
    - Social workers consider the language, customs, history, and preferences of racial and ethnic groupings of older adults.
    - Some cultures place higher value on respect for elders and may have higher expectations of obligations to care for extended family members.
    - People of color may have increased needs for social services because they are especially vulnerable to poverty and experience continued discrimination.

Issues of Aging and Old Age

* Biological and Physiological Aspects of Aging
  + 4 D’s of aging—death, dementia, depression, and disability.
  + Approximately 80% of older adults will likely have at least one chronic condition that may or may not interfere with their Activities of Daily Living.
  + Physiological issues commonly found in the geriatric population include vision impairment, incontinence, depression, hearing loss, balance and mobility issues, and memory disorders.
* Cognitive and Psychological Aspects of Aging - aging people experience changing sensory and cognitive processes, including perception, motor skills, and problem-solving ability. Age-related slowing in processing speed greatly affects cognitive functions, such as the speed of encoding and retrieving information, selective attention, integrating information, and switching between multiple tasks.
  + Neurocognitive Disorders (Dementias) - a group of symptoms that affect social and thinking abilities so severely that every day functioning is affected
    - Problems with at least two brain functions, such as memory loss and impaired judgment or language
    - Inability to perform some Activities of Daily Living such as paying bills or driving without getting lost
  + Depression, Mental Health, and Other Emotional Problems - depression is not a normal part of aging. The experience of grief, interpersonal strife, or role transitions, which are common as people age, may influence mood.
  + Substance Abuse/Addictions – older adults have a significantly reduced ability to metabolize these substances, as well as increased brain sensitivity to them. The cognitive impairments common with advancing age can make it challenging to detect substance use.
  + Sexual Activity - many older adults still want to be intimate with others and want to have an active sex life. Physical changes related to aging may affect their ability to have and enjoy sex. Older adults can contract sexually transmitted diseases. The number of older adults with HIV/AIDS is growing.
  + Loneliness - Some aspects of aging, like blindness and loss of hearing, place people at risk for becoming isolated and lonely. People also become lonely as mobility decreases and friends pass away. Feeling extremely lonely can increase an older adult’s chances of premature death by 14 percent (vs. disadvantaged socioeconomic status increases the chances of dying early by 19 percent).
    - Two types of loneliness: emotional isolation (loose emotional attachment) and social isolation (loose social ties).
    - Being alone differs from being lonely - there are many older adults who actually crave solitude.
  + Suicide - older adults attempt suicide less often than people of other age groups, but have a higher completion rate. The “old-old” white men over the age of 85 are at the greatest risk of all age-gender-race group members to complete suicide. The rate of suicide for women declines after age 60. Social workers need to ask relevant assessment questions to determine their clients’ suicide risks.
* Social Aspects of Aging
  + Forms of connectedness that sustain relationships
    - intimate connectedness (from someone who affirms you)
    - relational connectedness (from face-to-face contacts that are mutually rewarding)
    - collective connectedness (from feeling that you are part of a group or collective beyond individual existence)
  + Ageism- Negative stereotypes of older adults may portray them as dependent, helpless, unproductive and demanding rather than deserving. This can lead to negative self-perceptions, which contribute to memory problems and feelings of worthlessness.
  + Aging in Place - the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.
  + Caregiving - American families provide 80 to 90 percent of all in-home long-term care services for their aging family members and other loved ones. These services often include help with Activities of Daily Living, medical services coordination and supervision, administration of medications and help with emotional, financial, legal, and spiritual concerns.
    - Sandwich generation – individuals who are caring both for their children and older adults.
  + Long-Term Care – assorted services that provide support in a variety of settings such as home care, assisted living centers, and nursing homes. Some people obtain insurance to cover these costs.
  + Elder Abuse - Perpetrators include family, friends, acquaintances, paid care givers, and strangers. Includes physical, emotional, sexual, and financial abuse, as well as neglect/ abandonment.
* Spiritual Aspects of Aging
  + Benefits of Spirituality and Religion in Old Age - related to enhanced feelings of well-being, inner emotional peace, and satisfaction with life—which all help to maintain health and overcome illness. Affiliation with religious institutions promotes connectedness and decreases isolation.
  + Illness, Death and Faith - Spirituality is the most frequently addressed topic of hospice visits with the terminally ill, with death anxiety a distant second. Hospice social workers often note that dying that people often fear that they will lose control over the circumstances of their dying and be forced to endure pain, suffering, and indignities they did not choose. Many people fear this more than their fear of death itself.

Policies Affecting Older Adults

* Social Security - The Social Security Act of 1935 served to enact a nearly universal pension plan for older Americans who paid into the social security system. Widows and their children were included in a 1939 expansion of this legislation.
* Health Insurance and Medicare. Older people had to pay for their own health care until the Medicare legislation was enacted as part of the Social Security Act of 1965. For a very low monthly fee, Medicare Part A covers hospitalization and some follow-up care. Medicare Part B pays for outpatient hospital care and some doctor’s services (older adults must pay an additional premium to get Part B coverage). Medicare C only partly covers around 100 days for nursing home care and blood draws. The relatively new Medicare Part D provides for prescription drug coverage.
* Older Americans Act (1965) - mission to keep older adults living independently for as long as possible by providing information on services that are available to them. In order to do so, it authorized state units and local area agencies on aging.

Diversity and Aging

* Age - Ageism and negative stereotypes are serious problems that affect older adults globally. People can have overly positive views of aging (idealizing old age), or they may have overly negative views of aging and older adults (view elders as useless and inadequate).
* Class – Social class may change following retirement.
* Ethnicity and Race - By 2050, the percent of people of color over age 65 in the United States is projected to increase. Cultural beliefs about aging and death vary.
* Gender - Older adult women are at risk for higher levels of poverty and lower social security benefits than men.
* Sexual Orientation – Double stigmatization of LGBT plus age. May fear disclosing sexual orientation when they most need care from family members.
* Ability - Some individuals with serious health or disabling conditions may live in nursing homes before they are aged. A huge number of people who reside in nursing homes and are in the severely disabled category are those with clinically diagnosed Alzheimer’s disease. Alzheimer’s disease affects both physical and mental functioning.
* Intersections of Diversity – Gender and ethnicity impact the likelihood of living alone.

Advocacy and Aging

* Economic and Social Justice - Social workers serve as a voice for older people approaching or living in poverty. In the 1970s benefit increases helped to boost standards of living for older adults, but they also created subsequent concerns about the program’s sustainability.
* Environmental Factors – Inner city vs. suburban living during lifetime impacts risk factors of aging.
* Human Needs and Rights – Individuals have the right to make bad decisions (financial, substance related) during their lifetime. Social workers can provide support with resources. Caregivers also need support.
* Political Perspectives – Social workers advocate for legislation that helps fund resources and programs for older adults now and in the future.

Your Career in Gerontology

* Sample coursework - theories of aging, ethics, housing, geriatric psychology, research methods, physiology of aging, social services, government policy, and electives (e.g. Aging and Spirituality, Aging and the Family, Women and Aging, Therapeutic Arts, Aging and the Law, Economics and Aging).
* Services to older adults crosses practice areas - child welfare, family services, mental health agencies, schools, AIDS treatment clinics, homeless shelters, veterans, and others.
* The goal of social work with older adults is to help people live well with their aging process and empower societies to engage with aging along with other aspects of life.