Guest Editorial

Marching in a Circle

Most individuals recognize that the passage of time changes everything. Older adults recognize that time sets newer limitations on an aging physical body, initiates feelings of vulnerability, and increases social isolation. The desire for personal safety, familiarity, and convenience also limits one’s shrinking geographical boundaries. Economical factors such as insufficient savings, limited retirement income, and inflationary factors magnify the fear of becoming financially dependent. In summary, the “gold” in the golden years is actually more like “cautionary yellow” than anything precious. Time changes one’s perception of the existing world. Therefore, many older adults question whether they “fit” into a society that is youth oriented, technologically driven, and prides itself on nonconventional behavior. The world, its opportunities, and one’s independence are shrinking for an ever-increasing population of older adults. The purpose of this editorial is to outline a blueprint for improving the lives of older adults by (a) describing the present circumstances, (b) proposing innovative approaches, and (c) initiating a discussion of remedies/strategies.

PRESENT CIRCUMSTANCES

During the past few years, it has become evident that the meaning attributed to endearing terms such as “senior citizens” has begun to change. Historically, independently living older adults were considered contributors, role models, sources of wisdom, repositories of traditional values/customs, and honored members of society. As long as their numbers remained inconsequential, their voices muffled, their longevity limited, and their requests minimal, the public accepted a fundamental precept that society should provide older adults with a baseline level of income, health care, and general social acceptance. While older adults remained a small group, they remained powerless, and powerless groups are always perceived as insignificant political forces. In that situation, politicians perceived the funds accrued to support “guaranteed” benefits (e.g., Social Security, Medicare, Medicaid) of older...
adults as just another available pot of money to be spent and replaced with IOUs.

INNOVATIVE APPROACHES

All things change with time. The population of independent older adults has grown, their longevity and numbers have increased, and their voices have become audible. The once-powerless group has become a politically powerful entity. Older adults have begun to defend but rarely initiate innovative programs designed to promote their long-term well-being. Going forward, older adults will need knowledgeable, specialized, caring providers/advocates who are prepared to introduce innovative approaches that integrate their needs into a community-based national network. Focused health information, basic diagnostic services, and preventive activities must become integrated into the daily lives of older adults and their communities. The goal of these activities would be to preserve older adults’ independence, which would financially, pragmatically, and socially benefit the entire community.

It is obvious that gerontological nurses should become the outspoken advocates of this politically powerful segment of society. These same nurses must understand that this symbiotic relationship with older adults must be pragmatic, functional, and financially independent of governmental support. Unless community programs are designed to enhance appropriate health behaviors (e.g., diet, exercise), encourage adherent behavior (e.g., medication regimens, low sodium intake), and assist in rehabilitative or support activities, the health care needs of the Baby Boomer generation will overwhelm society’s total health care system.

REMEDIES/STRATEGIES

The current financial crisis demands some kind of responsible resolution to meet the needs of the older adult community. Obviously, governmental programs with the largest ongoing expenditures will, by necessity, become more restrictive in the services offered and will be scrutinized for possible budget reductions. This approach will logically contradict the evolving reality. Growing numbers of beneficiaries will broaden the diversity of needs, cause a redistribution of allocations, and complicate the distribution of services. Any reduction in services or benefits for the older adult population will exacerbate their health problems; cause more costly, hospitalized intensive care; and result in greater expenditures. Therefore, an innovative approach to this problem must be initiated. Gerontological nurses must recognize that funding community-based care programs must be structured so they are renewable/ongoing, adequate, and affordable. Older adults will be expected and will contribute additional personal funds to initiate, maintain, and expand these programs.

Financial resources must mimic those well established by private businesses. National membership dues, fees for services, tuition, gifts and grants, and/or sponsorship by a private vested enterprise must become viable funding options. When one reviews existing for-profit organizations that are both health focused (e.g., weight loss, exercise) and voluntary, it is apparent that an organizational structure can be initiated, funded, and expanded once common needs are identified. Ultimately, states, then large, national, senior-focused organizations, will need to be established to initiate, coordinate, and fund community-based programs.

The three key components for establishing any successful enterprise include (a) knowledge/expertise, (b) identifying needs, and (c) determining affordability. Like any needs-based project, access to the political, physical, and intellectual resources within the community is required. It is apparent that community facilities—churches, schools, and other places—should form the initial locations of any older adult wellness program.

Developing models for assessing needs becomes the next challenge. Building programs based on measured needs is more practical than developing solutions for presumed problems. An assessment of community needs, using measures such as hospital readmission statistics, input from community service providers, and recommendations from senior groups should form the initial focus of any viable program.

SUMMARY

Throughout our history, the United States has come to the rescue of many countries under siege from wars, national disasters, and overt poverty. At this time in our history, it is our older adult community that is facing a threat to its general welfare. A growing older adult population, increasing longevity with accompanying frailty, depleted governmental resources, and minimal Medicare/Medicaid payments to providers necessitates a call to leadership, innovation, and mutual self-interest. Unless appropriate, needs-based, pragmatically funded programs are initiated, our nation will suffer the consequences of ignoring a potential health care problem. Postponing action will be equated to marching in a circle without any direction.

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