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OUR COMMUNITY

By
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This presentation will discuss two interrelated problems faced by older adults:

(1) The growth of an aging population, combined with a shrinking work force; and

(2) Ageism or prejudicial attitudes that influence the provision of individualized, quality health care to older persons.

An Aging and Shrinking Workforce

During the past century we have seen a marked change in the ratio of working-age adults to those over 65 years. Indeed, this is not a national trend, but also a global one. Before 1935 there were never less than 10 working-aged adults for every elder; today there are only 5 working-aged adults. By 2030, current projections indicate 2 working adults to every American over age 65. We now recognize that we must reassess our philosophy and our practices in extending the working careers of older individuals. Consequently, we must examine the barriers that exist at the present time. A barrier to extending productive work careers for older workers is the prevailing fears, distrusts, and prejudices directed toward them. The term Ageism, coined by Dr. Robert Butler, a psychiatrist, is an attitude that discriminates, separates, and stigmatizes older adults on the basis of chronological age.

Ageism

The second Ageism is a form of prejudice that promotes myths and stereotypes that are not true. As a solution to combating ageism, we must inform employers of industry studies that consistently find that the older worker is more reliable, often showing greater company loyalty than their younger counterpart and reporting fewer absentee days. We should seek out proposed solutions by other highly industrialized nations like ours. As reported on the front page of the Wall Street Journal last week (June 15, 2005), Japan has enacted a law that requires companies by 2013 to raise their retirement age by 5 years or rehire their retiring workers. Adaptations for senior employees include flex work shifts of 4 hours duration. Japan's government hopes that

people working longer, with later retirement ages, will help save its increasingly burdensome pension system from, as the Wall Street Journal stated, “going bust.”

We must talk to and involve opinion leaders at every level of government: government bodies such as the Dept of Labor; the media; labor leaders and their organizations; and also the general public. Everyone must understand the complexity and importance of this problem. Ageism affects not only the opportunities for employment in the later years, but also impacts the delivery of individualized, comprehensive quality patient care by the health care practitioner.
Studies in five of the major health professions, involving practitioner interviews, found that they assessed older people to be disengaged, unproductive, and inflexible, with poor functional and medical status. According to Palmore in his text on Ageism, geriatric patients tend to be perceived by physicians as “resistant to treatment, rigid in outlook, demanding, and uninteresting.”

Proposed solutions:

1. We should increase geriatric departments in medical centers (now less than 5 among 125 medical schools in America) and involve faculty trained in geriatrics. These faculty members may serve as role models and mentors. We know that students adopt the attitudes of their role models and mentors.

2. We should increase the number of knowledgeable faculty in the health professions interested in and enthusiastic about caring for elders.

3. We should increase professional experience in caring for older patients through increased course instruction, geriatric clinic rotations, and increased emphasis on geriatric topics in post-graduate continuing education courses.

4. We should encourage and provide incentives for residents and fellows to choose geriatrics as a career.

5. We should plan/implement programs to expose health care professionals to healthy, active community-dwelling elders. Since severe vision loss is more frequent among older persons, we need to expand professional education with instructional emphasis on low vision rehabilitation in the health care and social service fields. As they become better informed, these professionals will become more effective referral sources for elders experiencing vision loss.