



Geriatric Social Work

Meeting the needs of the elderly in an increasingly aging society

Our aging population

- Due to longer life spans and aging baby boomers, the population of Americans aged 65 or over will double during the next 25 years.
- By 2030, there will be 71 million American older adults accounting for about 20% of the U.S. population

(The State of Aging and Health in America 2007, CDC & Merck Company Foundation Executive Summary)

What are some of the critical issues facing our elders?

- Fixed incomes
- Limited health coverage, particularly coverage for prescription drugs
- Cognitive decline
- Care-giving
- Cost of Long Term Care
- Management of chronic health conditions
- Safety awareness
- Abuse/neglect/exploitation
- LOSS
- Mental health issues
- End of life suffering

Living on Fixed Incomes: The “not so Golden years”

- Income: social security/pension
- Many have not saved enough to enjoy their older years without financial worry, but are not poor enough to qualify for government assistance. *
 - Social security payments do increase annually to keep up with cost-of-living by about 2.3%, but Medicare premiums are going up an average of 3.1%. *
- Expenses: increasing healthcare costs (including meds!), cost of housing, utilities, transportation, food- “Do I eat or take my medications?”

* “Elderly struggle to pay their bills,” BaltimoreSun.com, 3/20/08

Health care coverage

Medicare A (Hospital Insurance)

- inpatient care in hospitals
- skilled nursing care (up to 100 days)
- hospice care
- home health services (time-limited)

Medicare B (Medical Insurance)-*deductible & co-payment applies*

- doctors services
- outpatient care
- some preventive services

Medicare C=Medicare Advantage Plans (*managed care plans run by private companies*); many include prescription drug coverage

Medicare D=prescription drug plans (*managed by private companies*)

Medigap Plans=Medicare Supplement Insurance (*managed by private companies* designed to supplement the Original Medicare Plan)

Long Term Care Insurance

Medicaid= joint Federal and state program that helps pay medical costs for some people with limited income and resources (eligibility requirements vary by state)

Cognitive Decline

- Normal decline vs. dementia (can use MMSE or clock drawing to determine change in cognition, compare results to baseline)
- Alzheimer's Disease (progressive decline in function) vs. other type of dementia (may progress quicker or in less of a systematic way, as in vascular dementia)
- Becomes difficult to manage in home setting, particularly when personality changes or behavioral issues occur and when dementia progresses to later stages (significant functional decline, dependent on others for care)-Caregiver burn out
- With significant decline comes need for long term care

Caregiving

- Excessive emotional, and often physical strain, of providing care for a dependent loved one
- Caregivers are often “going it alone”
- Lack of education about what to do, how to manage behaviors, how to access resources
- Guilt about sending loved one to LTC setting
- “Sandwich Generation”

Long Term Care (LTC)

- Needs for LTC include:
 - Individual unable to care for self independently at home
 - Family unable to continue providing care (Caregiver burnout)
 - Progressed dementia
 - Chronic health conditions that require monitoring/nursing care
 - Injury requiring short term care (may or may not lead to LTC stay)-(Falls are the leading cause of injury deaths and most common cause of hospital admissions for adults 65+. Every year, 360,000-480,000 older adults sustain fall-related fractures).

[Types of Long Term Care]

- Adult Day Centers
- Home health care (companions, HHAs, CNAs)
- Assisted Living Facilities
- Nursing Homes
- Continuing Care Retirement Communities

Many pay for LTC out of pocket (unless they have LTC insurance) which can be very costly

Managing chronic health conditions

- 80% of individuals over the age of 65 have one or more chronic health conditions-acute episodes most likely to be related to chronic conditions
- These include: hypertension, diabetes, arthritis, heart disease, vision or hearing disorders
- Unrecognized mental health problems can compound physical ailments

[Ensuring safety in the home]

- Most common safety problems in the elderly are: falls, burns, poisoning & car accidents
- Assess personal risk factors, i.e. appropriate use of meds, balance/gait/coordination, vision/hearing deficits, safety awareness
- Assess environmental risk factors, i.e. removing tripping hazards, accessibility of needed items, safe passages, use of adaptive devices if necessary, lighting, stairs

Elder abuse/neglect

- Physical abuse
- Verbal abuse
- Sexual abuse
- Financial exploitation
- Active neglect (withholding food, not assisting someone who needs help)
- Passive neglect (forgetting to help someone who needs assistance to eat, forgetting to put in someone's dentures)

Compounding losses

- The concept of loss is a major part of understanding what our elderly are facing:
 - loss of loved ones
 - loss of physical abilities
 - loss of independence
 - loss of roles/identity

As we age, we are faced with a number of losses that compound upon one another. Without appropriate coping mechanisms, it may be too much to handle and cause a series of crises.

Mental health in the elderly

- With compounding losses comes increased risk of developing an adjustment disorder or depression.
- Mental health problems may be unrecognized in elderly (more somatic complaints, discomfort with sharing feelings/therapy, socially isolated)
- Many prefer to self medicate (alcohol, prescription drugs)
- Increased risk of suicide: The highest suicide rates of any age group occur among persons aged 65 years and older. There is an average of one suicide among the elderly every 90 minutes. *

*National Strategy for Suicide Prevention

End of Life Issues

- Different cultural beliefs about pain, death, grief, etc.
- Individual self-determination-right to refuse treatment (How does the individual want to die? What is most important to him/her?)
- Living will/Power of Attorney (Advance Directives)
- Family conflicts/healthcare team conflicts
- Quality of life at end of life (more people dying in healthcare settings now than in past)

[What is the social worker's role?]

- Assessment of individual to determine needs; connecting individual with resources
- Support of caregivers and families; assistance with transition to LTC if needed
- Ongoing support related to loss
- Identifying mental health problems and developing plan with individual to provide care
- Supporting individuals and families at end of life