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AN ENLIGHTENED GEROSPHERE

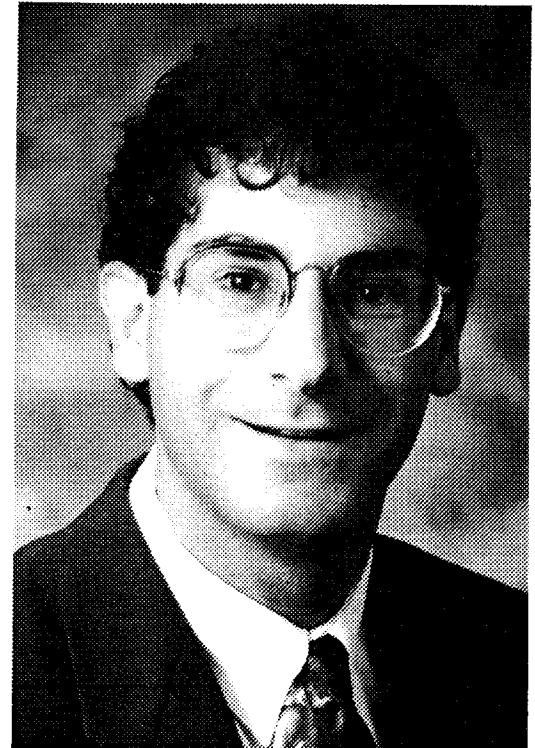
BY DAVE MARKO

A demographic revolution is ongoing in the United States, one that will result in an unprecedented number of older adults than at any time in our history. The baby boom generation, 76 million born between 1945 and 1964, begin to turn 65 in the year 2010. While 12 percent of our total population is now 65 years of age and older, this percentage will grow to 20 percent by the middle of the next century. Further, 33 percent of all Americans will be 55 years of age and older and the fastest growing segment of our population are those 85 and older. With the rapid growth of the senior cohort, our country must reflect on our current understanding of the aging process and articulate a clear vision for a 21st century America that promotes and integrates the older adult - the enlightened Gerosphere.

Today, our perspective of aging and the older adult is clearly biased in a negative manner. The country's mindset regarding growing older is disease-based, dependency-based, and generally pessimistic. Subtle and more overt reinforcers of this mindset pervade almost every framework of our society reaching children as young as eight years of age. The logical questions is, "How did we get to this biased mindset?"

My opinion is that the current ageism is likely attributable to an over-reliance on the health care system, itself an extremely biased and disease driven business. Our health care system and its providers are the best in the world at identifying and treating disease and symptoms. Our entire health care system is designed to

of curriculum on normal changes across the lifespan. One needs only to telephone any medical school in the country to obtain the time and date of the next "normal aging" course to understand the extent of the problem. As a result, we have the best educated and trained clinicians in the world, but they are experts in disease and illness not wellness nor methods of maintaining wellness. Of particular concern is the negative attitude that exists with regard to the care of older adults. Such bias has resulted in a significant decline in the enrollment of medical doctors in the field of geriatrics. This represents a major problem given the rapid increase in the number of older adults described above.



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may illustrate how far our mindset has drifted from the truth. There is nothing magical about the age cutoff of 65 to define "old" and indeed this age threshold was established in Germany approximately 100 years ago. It is a sad commentary that the greatest country in the world, the United States, with the greatest health care system ever developed has not budged one year since the mid-1800s to define old. Nonetheless, critical social policy and nearly all research on aging employs age 65 to define "old." The fact is, nearly 70 percent of individuals over the age of 65 are completely or nearly completely independent, while 33 percent of those over 85 are completely dependent.

Hence, while it is true that 80 percent of adults over the age of 85 have at least one chronic illness, the problem does not impact their ability to carry out meaningful daily activity. Older adults suffer from diagnosable mental illness less than younger adults and are as financially capable as other age groups. In fact, the older adult population spends more discretionary money than any other age group, a point lost in the business and marketing worlds.

We have an opportunity to promote a more lightened understanding of the aging process and to create a more enlightened society. The following is a 10-point blueprint to the enlightened Gerosphere which is defined as an environment rich in stimulation and accessible for contributions from older adults.

1. Curriculum within medical schools and higher education must include sufficient information on normal changes in late life to produce clinicians with a broader perspective of the aging process. Geriatrics must also be recognized as a primary care specialization in the same manner as pediatrics.

2. The setting of care for older adults will be in the community on "campuses of care" rather than in the acute care setting. This is logical as older adults suffer from chronic illnesses and not acute illnesses. It follows, therefore, that training at the residency and fellowship level should take place in the community chronic care setting. The continuum of care model integrates all acute care and long term care services with living services such as transportation and housing within a full time case managed system to maximize independence.

3. An interdisciplinary team practice is needed to best understand the complexities of late life. Humans are more than physiological, and addressing the psychosocial, family, spiritual and professional aspects of one's life is necessary to best meet the needs of older adults. The

Internet has emerged and will soon radically change health care as we know it. The consumer will become much more empowered with information, heretofore provided exclusively by clinicians.

4. The nations educational system can assist in confronting ageism by establishing curriculum on aging in grade schools. It is known that children learn the negative viewpoints on aging by age 8. This curriculum is critical given the fact that our children today will live longer than we adults and particularly females who live longer than males.

5. Media can provide salient information on the neglected positive facts of aging. Through television and radio, discussion on disease in the elderly can turn instead to successful aging. Hollywood will likely take a lead in demonstrating the fifth decade of life can be the most productive and creative period of one's life. This is the case because many actors and actresses who are now turning 50 and 60 will prove their beauty and talent has not faded.

6. Corporate and business America has not traditionally been included in health care and living services. Clearly, businesses can promote and assist in maximizing the well-being of older adults. Examples include increased hiring of seniors to establish roles and reintegration into society, creating intergenerational markets such as placing a McDonald's in long term care setting and marketing athletic products such as Nike to seniors. Tax based revenues can be enhanced by creating an environment that is more business and social friendly to seniors rather than relying exclusively on younger adults.

7. At present, advancing age translates too often into loss of job, educational opportunity, and unfortunately family. As such, the older adult is left without clearly defined social vehicles to maintain and develop identity, role, and self-esteem.

Society can promote consultative roles for seniors in areas such as day care, literacy, mentorship to youth, business cultures and politics.

8. Much research has demonstrated that spirituality remains strong across the lifespan into late life for both the well and ill. The health care field now awakening to the importance of faith and prayer to the well-being of older adults. Recent surveys have clearly established that most physicians now consider prayer and spirituality to be a strong component of the healing process.

9. Politicians can benefit from enriched and understanding of the facts of aging that should lead to more insightful legislation. Prominent legislative agendas today include Social Security, Medicare and Medicaid. Each of these directly impact the well-being of older adults in America. Legislative changes might also promote integration of care and payment for seniors, a necessary change.

10. Integration of existing social institutions, such as health care, business, media, politics, religion and education will help forge a seamless, stimulating environment, rich in opportunity for the older adult and ripe for maximizing their well-being. Bridging these social institutions will lead to creation of programs and entities that operationalize the enlightened Gerosphere, a noble cause for the 21st century.

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The Enlightened Gerosphere[©]

