Moving from Elder Friendly to Elder Essential: A Global Mandate

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The Encyclopedia of Health and Aging is both a comprehensive reference of best practices across gerontology-related fields and a philosophical work that inspires its readers to embrace a loftier and more global view of aging beyond disability and medications. The pioneering career achievements of the editor, Kyriakos Markides, are reflected in both the breadth and the specificity of the book. He is the Annie and John Gnitzinger Professor of Aging Studies, and professor and director of the Division of Sociomedical Sciences in the Department of Preventive Medicine and Community Health at the University of Texas Medical Branch at Galveston. He is also the founding and current editor of the Journal of Aging and Health, and is principal investigator of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (EPESE), an important longitudinal community-based study of older Mexican Americans living in the southwestern United States. In fact, he and colleague Jeanine Coreil coined the term epidemiologic paradox, which has since become the leading theme in the field of Hispanic health. His unusual capacity is confirmed in the high quality of the book, and he has assembled an equally qualified cadre of contributors from prestigious institutions involved in aging practice and research from across the United States and eight other countries. As a reference book, the intent is to report the work of highly respected gerontologists to validate the most current topics and themes and to illuminate the state of aging within the global society. Although the themes put forward in this book are viewed primarily from the perspective of the United States, intentional effort was made to include entries from other countries, including Mexico, Canada, Latin America, Europe, Asia, Africa, Australia, and New Zealand. Coverage is given to landmark studies of aging such as the Duke Longitudinal Studies, the EPESE, the Health and Retirement Study, and the National Long Term Care Survey. The discussion by premiere centenarian researcher Leonard Poon and colleagues brings attention to the growing research base of the oldest-old population, which may reveal key information with application to healthy aging in the future.

Societal Context

Perhaps the most impressive feature of the book is that each of the discussions of age-related health is couched within the context of the larger society’s regard for the human condition, in this case elders, as reflected in public policy and social trends. The book also speaks to the moral economy of aging, tracing the evolution of services from the 1960s to the 21st century, from building and developing services to the integration of funding issues. The authors engage the reader in the competitive societal issues and tenets that surround the health of aging. Even the title reflects what seems at first to be two irreconcilable concepts, health and aging. The conversational vignettes raise the reader’s awareness that although we have made considerable progress in extending life and managing age-related diseases, we still have a considerable distance to go in elevating the status of elders in our society to ensure that their extra years are vibrant and meaningful. The authors virtually invite their readership to take a seat on the jury that decides what the social systems must do to correct oversights and improve the
health and well-being of the rapidly aging society. Thus, the reader becomes a part of the team in the quest to resolve the societal issues surrounding aging in our country and around the world. This feature makes the book stand alone in terms of its value for the general readership of individuals concerned with improving the aging experience. The discussions represent an informed blend of practice issues, including diseases and their consequences, interpreted against the convincing backdrop of social context. And the compelling data-based protocols for prevention and management of disease are never far from discussions of urgent and often daunting contextual issues wherein the problem rests, and where solutions must be found.

Collectively, the authors propose that strong political action is needed to prepare for an aging world and that enhanced public awareness will be necessary to gain the necessary political will. They also point out that “advocacy organizations will be essential in helping to shape public policy in health and aging by raising awareness of issues; by educating stakeholders, decision makers, and the public; and by taking action to advance, block, or otherwise shape change” (p. 12). They also contend that a primary challenge will be the identification and production of information to improve our understanding of the health and well-being of older persons within the global context of the aging process. The authors note that a particular challenge will be to gain the information needed from developing countries, and cite surveys conducted by the World Health Organization in Africa (World Health Survey) and the Study of Global Aging and Adult Health as primary sources of data on the older world population.

**Organization**

Studies of aging and systems of care provide the foci for the encyclopedia, and 11 complex themes related to health and aging provide the organizing structure for the book: aging and the brain, diseases and medical conditions, drug-related issues, function and syndromes, mental health and physiology, nutritional issues, physical status, prevention, sociodemographic and cultural factors, studies of aging, and systems of care (p. xxix). Five elements were identified as key influences of the critical gerontology perspectives on health and aging (p. 130):

1. Criticism of the biomedical model of aging within the field of gerontology and the larger society;
2. Attention to the larger economic, political, and sociocultural factors and forces that shape health, health care, and health policy in old age;
3. Incorporation of the multiple levels of analysis (micro, meso, and macro) through which experiences of health and health care in old age are negotiated and structured, including race, class, ethnicity, and gender;
4. Recognition of the importance of social constructions of old age and aging that are marshaled and deployed within the family, in the media, and in policy arenas; and
5. A commitment to the boundaryless links among the development of social theory, research and the organization of social and political action.

Perhaps forgetting for a while that I was reading a reference book, the alphabet-based organization of the content at first seemed unhandy and somewhat distracting, and occasionally a topic fell out of place. In addition, the reader often is referred to another location in the book for related material, usually on contextual topics. But the 59-page index is very thorough, facilitating a quick search for the topic of interest, and eventually I became more comfortable with the outline. In fact, I believe that the innovative organization keeps readers reading longer and on more topics than we intended when we first picked up the book. The content of the book is also greatly extended by links to 45 online resources on health and aging.

Reflecting the editor’s global focus and longstanding attention to the health disparities associated with ethnicity, the discussions address biomedical issues within the context of the increasingly global society. Statistics cited confirm that the world population is becoming older and offer convincing tables of evidence that this trend will continue at an even faster rate into the foreseeable future. The contextual discussions address disparities within our society among marginalized groups such as elders, who tend to be viewed as less important than other groups. Such disparities place older individuals, and older women in particular, in a compromised or weakened position for being able to get their needs met.

The book is also a blend of practical discussions about issues in aging that highlight the responsibility of the larger society to extend needed resources to every member of society but particularly to its marginalized older citizens. Likewise, the crisp but detailed chapters gently remind us that it is socially unconscionable to define an individual in terms of his or her years of life, their ethnicity, or their health problems such as incontinence, dementia, or their unsteady gait left by a stroke. In contrast to other
respected encyclopedias in the field of aging, Markides’s focuses on a society-based pursuit of health rather than solely on the clinical management of diseases associated with aging. The content is aimed at assisting researchers and clinicians from across disciplines to discover and apply best practices to help the older people of this world to maintain health. The discussions are consistently developed within the context of fundamental concepts central to aging, such as independence. Throughout the book, there is also a sense of urgency to improve and customize the continuum of care, from acute care to extended services, including ambulatory home care, outreach and linkage, and wellness and health promotion, with special attention to housing and transportation.

The topical discussions range from basic clinical practice problems such as diagnosis and treatment of common diseases associated with aging to topics such as threats to independence and personal identity imposed by the most feared disabilities, including loss of vision and dementia. A particularly gripping descriptor of the impact of disabilities that affect driving skills is offered by Claudia Beghe, in her statement that “driving a motor vehicle is one of the most powerful statements of independence in western societies” (p. 164). Discussions also focus on more subtle ethical issues such as respecting preferences and privacy and avoiding paternalism.

The almost silent global epidemic of inadequate oral care for elders is given prominent attention in the book. Authors Johnson, Chiodo, and Rosenstein inform us that unmet oral health needs of individuals 65 years and older is a staggering problem and is particularly acute for persons with dementia. Ninety-five percent (95%) of all persons 65 years and older have periodontal damage, and an estimated 75% of those who live in long-term care facilities have poor oral hygiene. And the extent literature tells us that caregivers in nursing homes generally dislike the chore of helping the residents with oral care, that some describe it as “repulsive” or “disgusting,” and that a significant number are afraid of being bitten by a confused patient who does not understand what the caregiver is doing (Wardh, Hallberg, Berggren, Andersson, & Sorensen, 2000).

A poignant discussion of iatrogenic events and circumstances is provided by Steele and Rittgers, who note that 10% of all elders entering a hospital become delirious and that potentially fatal but preventable bedsores, which have threatened the skin integrity and health of elders since the beginning of time, continue to be a significant problem. The authors also raise the reader’s consciousness that the number of iatrogenic events is underreported due to fear of litigation. The likelihood of unnecessary surgery and inappropriate prescriptions also are addressed.

The book also contains thoughtful and conceptually derived discussions of society-based problems. For instance, author Celia Hybels presents an excellent discussion of loneliness, which is increasingly becoming recognized as preventable. She notes that elders are placed at risk for loneliness as their age cohorts die or become less mobile or unable to communicate, or when they themselves develop limitations that keep them from going to places they used to go. Data are also presented suggesting that loneliness predicts depression and has been associated with suicide mortality. Hybels’s chapter invites the reader to think of better ways to help isolated or homebound elders sustain communication with long-time friends and relatives and to facilitate avenues to help them develop new friendships. I am reminded that findings from the two-generation Berkeley Longitudinal Study revealed that elders need only one close confidante to feel connected (Field & Gueldner, 2001).

Some of the discussions, such as on “home” and “independence,” take on the characteristics of an essay. For instance, the concept of home for elders is threaded throughout the book, in terms of location, support, cost, ability to stay alone, and loneliness. Becoming ever more important is the social concern of homelessness, with 25% of homeless persons being older than 50 years and 49% being African American. Embedded in this discussion is the special concern for women, particularly widows, who are a uniquely vulnerable population group. Nakonezny points out that being homeless means more than simply lacking a domicile, in that it represents a powerful symptom of personal and societal disaffiliation associated with loneliness and separation from the mainstream of society, which in turn is associated with increased vulnerability.

The excellent discussion of qualitative research by Barbara J. Payne, University of Manitoba, represents an important transition from traditional thinking. She argues that “the intricacies of the human experience cannot be understood adequately by depending only on the ‘objective’ measurements of positivist research” (p. 487). Describing qualitative research as both a method and a philosophy, she notes that qualitative research has enriched the study of health and aging. She adds, “The growing
maturity and acceptance of qualitative inquiries guarantee that the intricacies of human experience will be recognized as a stand-alone valued avenue of health and aging research and not only as an ‘add-on’ to quantitative investigations” (p. 488).

Changing the Worldview of Aging

The book also delivers an inspirational message to its readers that as a society we must elevate the status of older people globally and endorse a bold new view of the aging population. It is imperative that we cease thinking of aging as a sickness and that we stop seeing older individuals (or individuals at any age for that matter) as disabled. In fact, I would pose that the best way to elevate the status of elders is to refrain from using the term disability entirely and instead use the term able when speaking of all matters related to aging. And it is not enough that the social environment be elder friendly; rather, we must advance our thinking from elder friendly to elder essential. We must make growing older something that everyone would want to do. It is imperative that we work to gain consensus that aging is not just about medications, walkers and handrails, and meals on wheels. Rather, we must be sure that old age exists as an authentic human experience rather than a well-meaning but contrived social facade for people we feel sorry for. More importantly, elders must be enabled to see their ability to contribute to society, and their worth must be genuinely recognized by society. We must not allow circumstances of aging to diminish their connection with society, and above all, we must institute measures that preserve their personhood.

Revisiting the Village Concept

As a society, we must decrease the need for personal transportation and develop elder essential systems of transportation to facilitate elders’ continued participation in life. And we must envision new “villages” (i.e., living malls)—not just for old people but as vibrant communities with opportunities to access resources and live a full life regardless of age or other circumstances. Obviously, no discipline alone can create such communities. Service providers must join forces with policymakers, business people, and representatives from engineering, sociology, and other specialties to draft a bold and dramatic long-range plan to enhance the benefits of an aging society, for the good of all. We must foster opportunities for elders to pass their wisdom and talents on to children, youth, and their younger peers and for them to support each other. Such innovative housing communities might be situated near shopping malls, with safe (i.e., elder essential) walkways and easy-access shuttles that even wheelchair-bound individuals can traverse safely. Such a community would give them access to restaurants and coffee shops, a grocery and dry goods store, a pharmacy and perhaps a walk-in clinic, a library or movie theater, a postal service, and perhaps a central community room or gathering place for programs of interest to all ages. Regular and elevated garden plots could be available where individuals or intergenerational groups could plant and grow their favorite vegetables—not just for elders but for residents of all ages or perhaps to sell at available produce stands. Whereas our present model seeks to enter elders into assisted living facilities and take services to them, perhaps a more feasible and effective way to address these issues is to design innovative models of living that integrate elder housing into the rest of society.

The Moral Imperative

Although the concept of elder friendly was put forward with good intention at an earlier time, it is now mandatory that we elevate this philosophy to the level of elder essential. As long as elders are thought of as frail and dependent and a drain on society, their perceived worth is diminished. Therefore, we must create an environment where they can continue to live their lives as a vibrant part of the larger community, valued as an essential human resource. And we must find a way to free them from a cumbersome health care system that takes up an inordinate amount of their time and energy and fosters their own and society’s view of them as sick. Rather, they must be seen as next-door neighbors and as contributors to the local and larger society.

But achieving this goal will require dramatic changes in the prevailing worldview. Elders must be seen as strong instead of weak and able rather than disabled. And they must be seen as contributors to society instead of as an expensive health problem, draining resources from the young. In this new worldview, no age is dispensable, and the possibility of vitality must last for a lifetime. To create such a world, I believe we would be well served to look to the past as well as to the future for viable ideas and applications. For instance, I grew up in a small rural community in East Tennessee, and the older people were able to stay
in their homes longer because their family and others in the community “looked in” on them and formed a circle of care that included everyone of any age who needed help. And earlier this year I was in several remote villages in Botswana, Africa, where that kind of community caring still exists. Elders remain in their villages and are cared for by their families and others whom they have known all their lives. And no one seems to think of it as a burden; rather, they seem genuinely happy to be together. In fact, I was told that the nursing home concept does not exist in their country. One might ask: Does the village concept of care and housing hold renewed promise for application in the future search for solutions, as it did in the past?

As I read Markides’s encyclopedia, I was struck by the distance that our society has come in terms of how we view elders. With best intent, we have worked to create elder-friendly personal and public environments for them to move about in, we have provided them with the services we think they need, and we have designed activities to help them fill their time. But do we still fall short of the mark in terms of regard for their personhood? The most daunting challenge is to change the perception of elders to that of a valued resource of society rather than as weak members who require more than their share of resources. And that is the charge to us all. Together with elders, we must change the prevailing worldview from elder friendly to elder essential. This new worldview will require innovations in public policy, particularly in terms of housing, the transportation system, the business sector, the health care system, and food and other basic services. It is not just a matter of improving health care; the fiber of society itself must endorse this rapidly growing segment of the population as essential. And we must not presume, as we have in the past, that we would know how to make the world elder essential. Rather, we must ask elders individually, and in consensus groups, to tell us what we must do as a society to let them know that they are essential. Finally, the values we subscribe to must become so engrained into our present and future society that they will endure throughout time.

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