INTRODUCTION
Aging—everyone is doing it. And, as the 78 million aging baby boomers
in the United States—born between the years 1946 and 1964—join the ranks of
the elderly, what has been termed the demographic imperative will arrive. In just a few
short years, literally all of society’s institutions will be affected, in one way
or another, by this massive demographic shift. The number of older
adults in our country will more than double: from 35 million now to
nearly 80 million older adults by the middle of the 21st century. The health
care system and the professionals that work within this system will
have a special role to play in this aging world.
This article has been prepared to provide a background in social geron-
tology to health care professionals and to raise some issues that are
likely to influence the nature of the profession-
al work of health care providers. The
issues discussed not only will have
relevance for the world of work, but
also for our own family life as well.
The article:
■ Outlines and refutes some of the prevailing myths associated with aging
■ Provides an overview of the scope and magnitude of the demographic changes
■ Discusses the changing social roles of elders and family relationships
■ Lays out health care issues and discusses trends of the future and
their implications for health care providers

REFUTING MYTHS ABOUT OLD AGE
The story of Marjorie Smith, page
16, illustrates a new lifestyle for
many of today’s elders. While
Marjorie’s case may seem as if it
might not be the reality of an elderly
woman living alone, Marjorie’s situa-
tion embodies a new model of aging
for the 21st century. She is hooked

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**MARJORIE SMITH A THOROUGHLY MODERN ELDER**

At age 79, Marjorie Smith never imagined herself divorced and living by herself. Nonetheless, she is living alone and loving her active and rewarding life. Initially, Marjorie's daughter suggested that her mother make arrangements after the divorce to move from her home of 50 years to live with her. Determined to remain independent, Marjorie found an apartment in a nearby urban area with access to many of the services and entertainment she would need, including public transportation, grocery stores, pharmacies, coffee shops, and bookstores. Marjorie enjoys her new neighborhood and maintains links with old friends as well as new friends. Marjorie's closest friends live in the area—an important selling point when Marjorie was deciding where to live.

While Marjorie enjoys good health, her friends vary in their health conditions—another reason for Marjorie to be close. She spends some time each week with one old friend who no longer needs home health services and helps her to manage her daily activities, usually picking up things for her at the grocery store and pharmacy.

Marjorie has experienced some disappointment in her life and has had to make some sacrifices, but she feels that she has, over the years, been able to maintain her strength by devoting her commitment to herself as a woman and as a spiritual person. Marjorie checks her horoscope daily and rereads each day after completing her 30 minutes of meditation. Years ago her grandson taught her how to use a computer, and now Marjorie keeps in contact with her extended family through e-mail and online photo albums. Marjorie's daughter emails her every morning, and although Marjorie appreciates her daughter's concern and advice, she is grateful for the daily interaction. Additionally, Marjorie explores this new chapter of her life as an older, single woman, reconnecting with others through an online dating service. While Marjorie reports that although she took a turn she never expected—at an age she never expected—she is up to the challenges and looks forward to each and every day.

**Understanding Aging in the 21st Century**

With technology, she is independent, relatively healthy, and enjoys a mature, sexually active lifestyle. Marjorie's case is useful as a way to bring to light and explore a few of the myths of aging.**

**MYTH:** The majority of elderly are alone and isolated from their families.

As we see in the case study, Marjorie does not live alone. While living alone can be an indicator of unmet need in some instances, for Marjorie, it was a conscious decision as well as a symbol of her desire to remain independent and autonomous. We also know from the case study that, even though she is living alone, Marjorie is not at all isolated from her family. She enjoys a healthy relationship with the members of her family. Older adults can and do sometimes make decisions that may separate them from family members, but that's not always an indicator of unmet need or an unhealthy lifestyle.

**MYTH:** The majority of elderly are in poor health.

Recent research on trends in disability and functional health reveal that disability rates among the elderly are in fact declining. Disability and morbidity are more likely to occur among the elderly—those over the age of 85. While many older people have chronic illnesses that require management, most report relatively high levels of satisfaction about their own health.

**MYTH:** Older people tend to become more religious as they age.

The majority of research on religion and the elderly suggests that religiosity and spirituality remain stable throughout the life span. For example, in Marjorie's case reference was made to her as a spiritual person. While the meditation may be a new addition to her spiritual expression, chances are she has expressed herself as a spiritual person throughout her life.

**MYTH:** The elderly have no interest in, or capacity for, sexual relations.

While Marjorie and her contemporaries may not express themselves as they did in their youth, or even as they did in their early adult years, sexual function and expression do not decline or diminish strictly as a result of age. The aging process does alter some functioning, but older adults who enjoy relatively good health as they age should be able to experience sexual intimacy throughout their aging lives. And many, like Marjorie, are discovering that the Internet is a good tool for meeting potential partners.
RECENT RESEARCH ON TRENDS IN DISABILITY AND FUNCTIONAL HEALTH REVEAL THAT DISABILITY RATES AMONG THE ELDERLY ARE DECLINING

2000. "The majority of older adults live in the community and, if needed, use home and community-based services that may be available to them, have friends or family members to assist them, or manage their own care. The older population is the most heterogeneous group in our society. The 35 million Americans over the age of 65 have led 35 million different lives— with different experiences— all of which shape individual attitudes and perspectives on life. It is important to understand that not every person over the age of 65 will desire or have the ability to live the lifestyle that Marjorie chooses to live. Different cohorts of elders, including the up-and-coming baby boomers, will have a shared social, political, and economic history. For example, the older-old "come of age" during the Great Depression and may have certain beliefs and attitudes that differ from younger elders. It is critical, though, to keep in mind that while individuals may share time and space within a certain historical context, the way in which they experience these historical events may vary greatly based on race, gender, economics, and other factors."  

**Keep in Mind**  
It is important to keep in mind that the majority of elderly are not alone and are not isolated from their families, nor are they in poor health. Older people tend to remain stable with regard to religiosity as they age, and have an interest in, and capacity for, sexual relations. In addition, the majority of elderly people live in the community, not in nursing homes. The elderly are a heterogeneous group, and the cohort effect does play a role in many aspects of the lives of elders.

**Normal Aging**  
Aging is a normal process. Human life span, or the maximum number of years we can live, is thought to be about 120 years. As we learn more about the biological foundations of aging, it may be possible to extend human life span. Life expectancy, or the number of years on average we can expect to live, has been increasing. It is projected that, by 2050, life expectancy at birth will be 74.9 years for men and 80.7 years for women. This contrasts sharply with the life expectancy of someone born in 1900— only 50 years. Experts disagree about whether we will be successful in increasing life expectancy in the future. However, there is evidence that gains in life expectancy may be possible if we examine other countries. Japan, for example, has the highest life expectancy— 76.4 years for men and 87.9 years for women in 1995. The United States lagged behind many countries in life expectancy, and some observers suggest that there is more we can do to extend life expectancy advantages to our population. In 1995, the highest life expectancies were found in European countries and Canada (as well as Japan)."

**Aging Individually**  
Aging is an individual experience, that is experienced by each of us in different ways depending upon overall general physical, mental, and social health. Each of our body systems matures at a different rate and on a different schedule. Scientists studying longevity and human aging suggest that a number of factors including genetics, environment, and behavior play a role in the way aging is manifested on an individual basis. Nonetheless, there are a number of aging-related changes that are likely to occur in most people as they age. These include:

- **Reductions in physical energy**
- **Changes in sleep patterns**
- **Reductions in flexibility, height, and coordination**
- **Increased skin wrinkling, graying hair, or hair loss**
- **Sensory changes related to vision, taste, smell, and hearing**
- **Hormonal changes**

**Tips for the Health Professional: Dealing With Age-Related Changes**

**Vision**  
Normal age-related changes in vision include a condition known as presbyopia. Presbyopia occurs when the elasticity in the eye is diminished and people have difficulty reading small print and making accommodations when redirecting their focus from objects at a distance to objects near. In addition, it is common to experi-
ence a de-fine in the function of the lens and the iris, particularly for older persons who are on multiple medication regimes, and distinguishing color also becomes a problem. For example, an older adult may have difficulty distinguishing between violet, blue, and green. Other vision problems that may accompany aging include glaucoma, cataracts, and macular degeneration.

To help address vision problems, health professionals should make sure that:
- There is adequate illumination in office and other areas.
- Information and instructions are printed in large letters, enabling someone with aging eyes to read it comfortably.
- Medication instructions are not provided using the color of the pills as markers. It may be difficult, if not impossible, for an older patient to distinguish between a blue and green pill.

HEARING

Hearing changes are common in older adults and include difficulty in hearing and understanding speech, difficulty in locating the source of sound, and less tolerance for background noise. "Presbycusis" is the term used to describe age-related hearing changes that include difficulty hearing high-frequency tones and, in some cases, difficulty hearing low-intensity tones. Communication is often a problem with older adults who have low-level hearing loss since hearing speech and understanding all of the words that are spoken can be difficult for many.

To help overcome hearing-related miscommunication:
- Try to communicate with the older person in a room that does not have background noise. Large open spaces like stores and restaurants can be extremely poor environments for good communication.
- Make sure that your message is being heard and understood by asking questions as you go along.
- When possible, have a printed sheet to aid you that the older person can take with him or her when providing health-related instructions.

Dexterity

Dexterity also changes with age. It is more difficult to complete common tasks such as opening a package, jar, or pill bottle that is sealed. Arthritis, also common among the older population, can exacerbate the normal problems of dexterity, making everyday life much more complicated for many elders.

To make sure that health-related regimens can be easily followed:
- Provide the older person with containers that are easy-to-open and not child-proof.
- Suggest that a special container be used for everyday medication or health products as a strategy for addressing dexterity as well as memory and organizational issues.
- Make sure that the older person knows how products can be opened. Some new packaging requires special effort to understand and open.

OTHER SENSORY CHANGES

Our sense of taste, smell, and touch are also diminished as we age. For example, in the over-85 age group, 75% experience significant loss of ability to smell. Smelling, tasting, touch, and feeling, hearing, and vision are all basic to our ability to perceive the world around us. Some believe that for the very old, diminishing sensory capacity is part of the reason older people sometimes appear to be slow in comprehending new situations or information or have difficulty making a decision about something. While we know that intelligence does not decline with age, the speed at which we are able to perceive things around us and process new information does. For this reason, it is important to take the time necessary to explain health care-related information to an older person's needs and to provide each person with enough time to make decisions and process the information.

Other common health-related issues in late life include problems with balance and an increased risk of falling. Falls are the leading cause of accidental death and the seventh leading cause of death for those over the age of 65. While environmental factors can be important factors in fall risk, there are a range of other factors that increase the risk as well. These include alcohol use and medication side effects as well as physical disorders such as dementia, vision loss, and musculoskeletal conditions.

For many elders, the social consequences and personal fears about
aging are more debilitating than the actual age-related changes. Communication problems, changes in one’s appearance, and functional limitations can all result in changes in our social interactions and, in some elders, a change in our own self-concept as well. Perceptual changes that accompany advanced aging—reduced speed in responding to stimuli and coming to closure in making decisions—can be troubling to an older adult and make it seem to others as if the individual is less capable of managing day-to-day matters.

It is important that health care providers recognize the age-related changes and anticipate the implications of these changes as they interact with their older patients.

**Key Points**

- Aging is not a disease, nor are all old people sick.
- Certain physiological changes occur in most individuals as a natural consequence of aging including sensory changes, reduction in energy levels, sleep, hormonal, and skeletal-muscular changes.
- While dementia is more common in older people than other age groups, it is not inevitable and is often a symptom of an acute condition that requires intervention.
- Health care providers should consider normal perceptual changes that occur with age when explaining new medications, their possible side effects, and when and if the older adult should contact his or her physician.

**Implications for Health Care Providers**

America is experiencing population aging—decreasing birthrates and decreasing mortality rates. This shift from high fertility and high mortality rates carries with it a profound set of demographic imperatives, with implications for all sectors in our society. An increasing number of elders—both in absolute numbers and in their proportion of the total population—means that health care providers are more likely to have a growing patient practice. And although disability rates among the elderly are declining, old age remains a platform for disease and particularly for chronic disease. The oldest-old are those most at risk for illness and disability, and their numbers are the fastest growing of all age groups. In this section we will review the demographic shifts occurring within the nation and discuss selected implications of these shifts.

**The Old Americans**

The 2000 U.S. Census counted 35 million Americans over the age of 65. This represents an increase of 12% over the 1990 Census figure. The aging population has grown steadily in numbers since the Census began in 1790. Those over the age of 85 grew faster than their younger counterparts—32% increase between 1990 and 2000. In comparison, the population between 74 and 85 increased 23% and that between 65 and 74 years increased by less than 2%. This relatively low percentage of young-old reflects the smaller birth cohort of the 1920s and 1930s and will dramatically change when the first baby boomers enter late life starting in 2011.

The oldest-old are the group most likely to have chronic illnesses that lead to reduced function, morbidity, and disability. For example, although few elders over the age of 65 are in nursing homes (4%), almost one in five elders of the oldest-old are in a nursing home. The oldest of this group, the centenarians, are growing rapidly, as well. The Census estimates that between 69,000 and 81,000 people are over the age 100. This number is likely to grow as high as 4.2 million in 2050. And, if the trends continue in health status of the elders, the growth of this group—those over 85, 95, and 100—holds significant implications for our health care system.

Elderly Americans today are a very diverse population—in their lifestyles, habits, preferences, and attitudes about the world around them. In general, however, they are more educated as a group than their predecessors, healthier and, thanks to Social Security and pension reform, more financially independent than those who came before them. Women continue to have longevity advantages over men. There were 26.6 million women over the age of 65 in 2000 compared with 14.4 million men. And, as we look at the breakdown within the elderly population, we see that for those between the ages of 65 to 74 there were 83 men for every 100 women.
AN INCREASING NUMBER OF ELDERS MEANS THAT HEALTH CARE PROVIDERS ARE MORE LIKELY TO HAVE A GRAYING PATIENT PRACTICE

100 women; between ages 75 to 84 years, 65 men for every 100 women; and for those older than 85, only 41 men for every 100 women.

Florida continues to be the state most populated by elders, with an aging population of 17.6%. Pennsylvania, with 15.6%, and West Virginia, with 15.3%, are close behind. Nationally, 12%, or one out of eight Americans, is over the age of 65. In whatever geographic area the elders may live, the vast majority are living in their community and living independently. Even among the oldest-old, more than 80% live in the community.

**Tomorrow’s Older Americans**

Each day, more than 6,000 Americans will celebrate their 65th birthdays. In 10 years, more than 10,000 Americans will turn 65 daily. **The aging of the baby boom generation will have a profound effect on our demographic outlook. In seven short years, the first baby boomers will turn 65. The size of this generation guarantees an increase in the median age of Americans and an absolute, as well as proportional, increase in the elderly population. Just how much of an effect the aging of this very large cohort will have on America depends, in part, on the birth rates. Some projections suggest that in 2030,**
when we will have 70 million older Americans, one out of four people living in the United States will be elderly. The growth of the elderly population will peak in 2050, at a projected 78.9 million persons.

Given the relatively good health of older Americans and our expectations that health improvements will continue as the baby boomers age, the true effects on society and on our health-care system may not be felt until 2020 or later. In size, the oldest-old segment is likely to continue to experience rapid growth, from about 4 million today to almost 19 million by 2050.

Of course, the overall effect of the baby boom generation also may be deferred if the majority of boomers remain healthy in the workforce, or continue to work productively after the age of 65. Table 1 shows the involvement of persons over the age of 65 in the workforce between the years 1980 and 2000, demonstrating the increased involvement of every subgroup of the elderly population, including those over the age of 80. It is likely that we will continue to see relatively high labor force participation rates among older adults if two conditions persist—there are opportunities for them in the labor force and the health status of older adults remains at the current level or improves. Table 2 demonstrates the projected labor-force participation rates into the future.

If, as some researchers suggest, we are making improvements in the compression of morbidity into the very last years of life, we could also see a more dramatic increase in the next 10 years in the labor force participation of those over the age of 80. Working is not only a partial solution to the challenges of public support for an expanding older population, but also is symbolic of continued societal engagement of older adults. As the percentage of our population increases, meaningful social roles for this group will be vital to our ability to manage the aging population on a societal level—and critical for the well-being of those aging individuals.

**Health Care Implications**

Those over the age of 65 are the most likely to use health care resources. Today, older adults, only about 12% of the population, consume the

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<td>65-69</td>
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<td>70-74</td>
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<td>6.1</td>
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**TABLE 2. CURRENT AND PROJECTED PERCENTAGE OF ELDERLY PARTICIPATION IN THE LABOR FORCE PARTICIPATION RATES BY AGE AND YEAR**

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<th>Age</th>
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The Portrait of Aging

- The aging population will increase from 33 million to nearly 80 million by the middle of the 21st century.
- In 2050, the percentage of elderly may increase from the current 12% to 25% of the U.S. population.
- The elderly—those over age 65—are the fastest growing sector of the older population.
- The majority of older Americans live independently in the community.
- Disability rates among the older population are rising, but chronic conditions continue to pose challenges to the oldest-old.
- Although elderly are more likely than other age groups to use health care services, there are inadequate numbers of trained health care professionals to meet their needs. This problem will be exacerbated as the baby boomer generation enters late life.
- Tomorrow's elderly may have higher labor force participation rates and expanded social roles than seen historically. The effect on society of population aging in the middle of the 21st century will depend upon our ability to provide a range of social opportunities to our expanding elderly population.

Following percentage of health care services:
- 36% of hospital stays
- 49% of all days of hospital care
- 50% of physicians' time

The average 75-year-old has three chronic conditions and uses more than 4.5 times the number of prescription medications than younger persons. And, although most elders report relatively good health, the oldest-old commonly have one or more disabling conditions that limit their mobility or their ability to manage their activities of daily living without some assistance or assistive device.

Common chronic illnesses among the elderly include arthritis, heart disease, respiratory conditions, and sensory deficits. And the incidence of certain cancers, such as prostate cancer, increases with age. Osteoporosis in late life also leads to falls, a serious risk for older adults that often results in hip fractures and other injuries that may reduce the individual's mobility. Depression also is under-diagnosed and believed to be common among elders.

Dementia also is a problem for some elderly. About four million people have Alzheimer's disease, a progressive, fatal condition. Unless a prevention or cure is developed for this disease, we are likely to see the number double in the next 20 years. This condition and related dementias present challenges for the health care system and extreme problems for the family of the patient. It is costly, financially as well as emotionally, to provide care for people with dementia; expensive institutional care is almost always required, sometimes for many years. Some older adults may develop dementia symptoms—confusion and forgetfulness—as a result of drug interactions, vitamin deficiencies, or illness.

Not surprisingly, the elders with the lowest income and lowest educational attainment are at the most risk as result of health problems. For the older population, disability and poverty often go hand-in-hand. Even if, as some predict, our health care technology and health care prevention strategies related to lifestyle result in a decrease in chronic illnesses in late life, we still are facing a very dramatic increase in older patients who need health care services as the baby boom generation enters late life. And one of the biggest challenges is the scarcity of trained geriatric professionals. An estimated 70,000 geriatricians are needed today to provide high quality care to our older patients, and there are only 9,000 qualified in geriatrics. By 2030, it is anticipated that our country will need as many as 160,000 geriatricians. In addition to geriatricians, professionals trained in geriatrics are needed in all aspects of health care. Less than one percent of the nurse's are certified in geriatrics, less than one-third of one percent of physical therapists are trained in geriatrics, and there are only 720 pharmacists nationwide with geriatric certification.
MINORITIES AND THE ELDERLY
- By 2030, 25 percent of the elderly population will be composed of minority elders.
- A comprehensive understanding of the issues affecting specific populations is crucial.
- In addition to race and ethnicity, gender is an important consideration. For example, older African-American women experience poverty and redlining in health status at higher rates than African-American males.
- A sensitivity to the influence of cultural norms and values in seeking and using health care services will enhance the effectiveness of the health care professional.

WHO TAKES CARE OF THE ELDERLY?
- Families will continue to provide the majority of care to their older family members.
- Home and community-based services will continue to evolve in response to shifting demands and needs of current and incoming cohorts of older adults (programs that enable participants to make their own care decisions).
- Many older people are providing care to an even older family member or spouse.
- Caregiving will continue to evolve into an issue inclusive of male caregivers.
- Long-distance caregiving will continue to be a common family caregiving pattern.
- Even though older persons are receiving care from a family member, they are still making their own decisions about care if they are cognitively able to do so.

FAR-REACHING CONSEQUENCES
The demographic imperative of an increasing elderly population is far-reaching. While we can’t predict the future, there are some trends that will likely change the face of aging, as we now know it. These trends include an increase in ethnic diversity among the elderly, increasing educational attainment among older Americans, and changes in family structure.

ETHNICITY AND DIVERSITY
Increasing ethnic and racial diversity among our elders has important implications for health care and human service professionals working with elders, as have family changes. The older population is increasing in ethnic diversity and, by 2030, it is expected that minority elders will make up 25 percent of the elderly population. For example, by 2030 the percentage of older Hispanics is expected to grow to 23.8%; African-Americans, 13.4%; Asian-Americans, 3.4%; and Native Americans and Alaskan Natives, 1.6% compared with a growth rate of only 7.9% for Caucasian, non-Hispanic elderly. With these projections in mind, it is quite clear that a comprehensive understanding of the issues affecting these populations is crucial when providing care and services. The key issues affecting specific, elderly minority populations follow.

Hispanic Elders
- The Hispanic population is heterogeneous. It includes Mexicans, Puerto Ricans, Cubans, and groups from South and Central America.
- Hispanics tend to have low incomes and low levels of education.
- Language barriers may exist for elderly Hispanics in particular—some of who may be reluctant to depend on younger family members for support with regard to health-related issues.

African-American Elders
- Older African-Americans generally experience poorer health than whites.
- This population has a reduced life expectancy, compared with other groups.
- Older African-Americans have higher rates of poverty, compared with other groups.
- Religion and family play an important role in the life of African-American elders.

Asian-American Elders
- Cultural barriers often exclude them from receiving public benefits.
- Asian-American elderly commit suicide at a rate three times the national average.
- Asian American elderly may be the most neglected by programs developed to serve all elderly populations.

Native American and Alaskan Native Elders
- Average life expectancy at birth for these groups is eight years less than that of whites.
This population is 10 times more likely to develop diabetes than white.

Many factors affect this population's ability to receive medical assistance including, geographic isolation, lack of transportation, limited financial resources, and folk and ritual healing traditions that may preclude traditional services. Cultural beliefs and norms influence the extent to which individuals welcome and value health care services as well as the extent to which they will adhere to health care protocols. A sensitivity to cultural differences and a willingness to work with diversity will enhance a health care professional's effectiveness with an aging population.

**Family and Social Supports of Older Adults**

Family dynamics and the norms that operate within and around them have undergone transformations in the last few decades. For example, families today have many more opportunities for intergenerational exchanges than was typical just a few decades ago. Four- and five-generation families are not uncommon and provide resources to family members not available in times past. Families have undergone some basic structural changes such as reduced fertility rates, which have dropped from a rate of 3 children per family to the current rate of 1.5. There also have been changes in timing of events such as births and marriages. In general, we can look forward to spending as many as eight decades with our siblings, five decades or more with our parents, and three or more decades with our grandchildren. Some researchers have defined the new look of our aging families as the "bear-pole" family since there are fewer people but more generations.

Our family norms are being modified to accommodate the increasing longevity of our relationships. For example, adults are redefining relationships with their parents and their adult children based upon adult relationships, not merely those based on child-rearing.

Many of our family norms and relationship patterns have whitened the test of time. In particular, the norm of filial obligation has remained strong. Today there are an estimated 22 million American households who report they are providing assistance to an older family member. Research suggests that more than 90% of care to community-dwelling older adults is provided informally by family, friends, and neighbors.

Additionally, according to the National Long-Term Care Survey, only one percent of this population relies on formal support mechanisms.

While the structure of today's family has changed and norms have shifted, it is clear that one thing remains the same—the overwhelming portion of care to older adults continues to be provided informally. This becomes increasingly important as short-term in the long-term care workforce become more apparent. Families not only act to fill the gap in the workforce but provide billions in unpaid assistance and out-of-pocket expenses.

Although family caregiving is necessary today, it is important to remember that older adults do not rely solely upon family members for decision-making or advice. Most older adults look to their physician and health care providers to advise them on health care matters and continue to remain their own health care decision-maker. Only in the case of older adults with cognitive impairment will we rely upon family members as decision-makers. And because of concern about the well-being of the older, some family members may question an older adult's ability to make good decisions. Health care providers can be caught between two opposing forces when advising an older adult and need to be aware of any existing personal bias about decision-making and advanced care. Despite concerns on the part of well-intentioned family members, older individuals continue to be directing their own care unless they are physically unable or have been determined by a court to require a guardian or legal health care proxy. And finally, it is very important to remember that many of the caregivers so an older person are older persons themselves. Today it is not uncommon to find a 75-year-old caregiver to a 95-year-old mother or an 80- or 90-year-old who is caring for his or her spouse of the same age.
of modifying businesses, products, and systems to accommodate the changing needs of an aging population. At the same time, we as individuals are aging and discovering on a personal level the full effect of aging in our families and our loved ones. Baby boomers -are caring for aging parents and grandparents while trying to explore their own aging and setting an example that their children may follow when they become very old.

Medical science is trying to keep pace with the changing needs of an aging population as well, and the new "anti-aging" medicine movement is seeking to defer aging effects for as long as possible and redefine biological aging. Health care professionals are in the middle of our changing social norms and population trends, advancing science and changing medical options and practice. These health care professionals are the gatekeepers and guides for people who are seeking to improve their quality of life and well-being, despite age-related