Retiring Baby Boomers and the Coming of the Silver Tsunami

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Introduction

A "silver tsunami" is coming. The seabed of our aging shakes, the waves form and they are now visible from where we stand on the healthcare shoreline.

"The first Baby Boomers reached 65 years old in 2011," says Dr. Luke Rogers, chief of the U.S. Census Bureau's Population Estimates Program. "Since then, there's been a rapid increase in the size of the 65-and-older population, which grew by over a third since 2010. No other age group saw such a fast increase."

What Rogers sees is the rapid growth of the nation's 65-and-older population, driven at break-neck speed by Baby Boomers, those born between 1946 and 1964. The Boomer population rose by more than 13.7 million during the past decade, and

by 1.6 million from 2018 to 2019. Today, 8.5 percent of people worldwide – some 617 million people – are of the age 65 and over.

America's own 65+ population is expected to nearly double over the next three decades, from 48 million to 88 million by 2050. By 2050, global life expectancy at birth is projected to increase by almost eight years, climbing from 68.6 years old in 2015 to 76.2 years old in 2050. In addition, older adults will live longer than ever before. It is predicted one out of every four 65-year-olds today will live past the age of 90.[1] Just as noteworthy, in another study published by the *Journal of the American Medical Association*, Steven H. Woolf and Heidi Schoomaker note that between 1959 and 2016, U.S. life expectancy increased from 69.9 years to 78.9 years, but declined for 3 consecutive years after 2014.[2,3]

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With aging comes changes in active genetic, physiological, environmental, psychological, behavioral and social developments. Consider the quality-of-life impacts of a decrease in the functioning of one's senses and the curtailment or outright lack of ability to carry on daily activities or physical exercise. With aging comes a heightened predisposition to the frequency of disease, frailty or disability. In truth, advancing age is the major risk factor for several chronic diseases.

Demographic factors

Overall aging can impact economic progress, work and retirement, the way

1 "Older Adults' Health and Age-Related Changes." American Psychological Association. American Psychological Association, September 2021. https://www.apa.org/pi/aging/resources/guides/older.

2 Steven H. Woolf and Heidi Schoomaker, "Life Expectancy and Mortality Rates in the United States, 1959-2017," JAMA 322, no. 20 (2019).

3 In the same study, Woolf and Schoomaker also showed that a major contributor "has been an increase in mortality from specific causes (eg, drug overdoses, suicides, organ system diseases) among young and middle-aged adults of all racial groups, with an onset as early as the 1990s and with the largest relative increases occurring in the Ohio Valley and New England."

families operate, the capability of governments and communities to provide adequate resources for older adults, and the frequency of chronic disease and disability. The U.S. falls behind other developed nations with respect to health, longevity and other key indicators. An example: Since 1980, Americans have typically gained five years in life expectancy from birth, while citizens living in similar countries have increased by eight.

And while aging is the leading risk factor for an assortment of diseases and health conditions, there are measures that can counter the onslaught of maladies. Research has shown that good health habits and activities – physical activity, proper nutrition, and avoidance of smoking as examples – can increase longevity of life, delay the onset of disabilities and enhance the condition of life and performance at older ages. Studies also indicate it is almost never too late to institute healthier life. Furthermore, improving physical and social environments are important to the health and functioning of seniors.

Affordable senior care?

The likelihood of a healthy and financially secure senior lifestyle begins in middle age – generally defined as between 40-60 years of age. Chronic conditions and disabilities can impact work and employment options as we age. Over the past 30 years, average retirement age in the U.S. has increased from 62 to 65. Changes in women's labor force involvement, adjustments to pension plans and growing education have contributed to the rise. Most workers today can expect to spend approximately two decades in retirement, while some may be retired for three or more decades. One's ability to navigate the financial realities of a more limited income during retirement can impact well-being.

Data from the Centers for Disease Control and Prevention (CDC) reveal more than half of Americans ages 65 and older are living with two or more chronic conditions. Managing medications can be complex for older adults; their medications are often written by more than one prescribing provider for multiple health problems. Complications include adverse drug interactions – and interactions with dietary supplements – coupled with the functional changes associated with aging or age-related diseases.[2]

The need for greater availability of senior care and assisted living facilities is evident. In fact, adults 85 years and older were more likely to live in a long-term care setting than those aged 75 to 84 and four times as likely to live in a nursing home than those aged 75 to 84.[4] Home care costs? Among adults aged 65 years and older, those struggling to afford such assistance were almost twice as likely to have utilized home care in the past year than those in higher income brackets. A report published by Committee on the Future Health Care Workforce for Older Americans notes that close to seven percent of "older adults live in a long-term care facility, 1.45 million live in nursing homes, and approximately 750,000 live in other residential-care settings that provide some long-term care services."[5]

By 2060, older adults will make up nearly 25 percent of the U.S. population; [6] meaningful action on their behalf must begin now. Among recent improvements are new programs to help seniors with dementia remain active and engaged with their personal communities. Likewise, support for caregivers is being more seriously addressed, and attention to early assessment and diagnosis, as well as risk reduction and management of chronic disease, has been amped up. An increase in the use of clinical preventive services – blood pressure checks, cancer screenings, blood sugar testing and more – is designed to identify earlier those patients at risk of Alzheimer's disease and other dementias. Telehealth brings medical consultation to the patient, alleviating many trips out of the house to receive care advice and direction. With the increase in the use of these services comes an increase in the number of patients who can be treated, as well as the caregivers – family and loved ones, for instance – able to engage with qualified healthcare providers.

4 Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. 2008. *Retooling for an aging America: building the health care workforce*. Washington, D.C: National Academies Press. Accessible from https://www.ncbi.nlm.nih.gov/books/NBK215401/.

5 Spillman, B. C., and K. J. Black. 2006. *The size and characteristics of the residential care population*. Washington, DC: ASPE.

6 Centers for Disease Control and Prevention, "Promoting Health for Older Adults," Department of Health & Human Services, https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm#:~:text=By%202040%2C%20the%20number%20of,diabetes%2C%20arthritis%2C%20and%20cancer.

Caregiving

As we live longer, and chronic disabilities become more common, the need for caregivers will grow accordingly. Caregivers are at risk in many settings for increased stress, depression, their own degenerating health, cognitive decline and other ills. Putting others' health above their own to meet the many demands of their responsibilities, caregivers for people with dementia are at even higher risk.

Unpaid caregivers provide much of the long-term and supportive care in seniors' homes. According to 2015–2018 data produced by The Behavioral Risk Factor Surveillance System, about 20 percent of U.S. adults aged 18 or older reported providing care or assistance to a person with a long-term illness or disability in the past 30 days. More than half of those caregivers assisted with personal care, and four of five polled managed household tasks such as finances or cleaning. In 2020, the value of such unpaid care for people with dementia was an estimated $257 billion.

Seniors living in poverty

According to the Census Bureau's official poverty measure in 2018, "4.7 million people ages 65 and older (9.2 percent) have incomes below the official poverty threshold of $11,756." When the Supplemental Poverty Measure is used, that number increases to 7.2 million or (14.1 percent).[7]The latest U.S. Census Bureau data reveal the number has increased from 8.9 percent in 2020 to 10.3 percent in 2021, among Americans age 65 and older. This glaring fact also highlights the fact that Social Security and Medicare aren't sufficient to lift all older adults above poverty.[8]

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7 Cubanski, Juliette, Wyatt Koma, Anthony Damico, and Tricia Neuman. "How Many Seniors Live in Poverty? - Issue Brief." KFF (Kaiser Family Foundation). KFF (Kaiser Family Foundation), November 20, 2018. https://www.kff.org/report-section/how-many-seniors-live-in-poverty-issue-brief/.

8 Creamer, John, Emily A Shrider, Kalee Burns, and Frances Chen. "Poverty in the United States: 2021." United States Census Bureau. United States Census Bureau, September 13, 2022. https://www.census.gov/data/tables/2022/demo/income-poverty/p60-277.html.

Of people aged 65 or older *not* living in a nursing home or other care institution, almost 50 percent have arthritis, 56 percent have high blood pressure, 32 percent have heart disease, 35 percent have hearing loss, 18 percent have vision problems, and 19 percent have diabetes. Because of mental or physical disabilities, about two-thirds of people 65 or older need help with at least one "daily living activity" – preparing a meal, taking medication, showering or bathing, etc. Medicare pays little, if anything, for long-term care in nursing homes and other institutions. The same holds for mental health services. With this in mind, seniors often face higher medical expenses, or at least pay increased premiums for private health insurance. Likewise, it can be more difficult to place prospects in the appropriate assisted living facility because of an inability to pay.

Living at home vs. assisted living facilities

While most older Americans live by themselves or with their families, a small minority live in group settings. A growing type of group setting is the continuous care retirement community, a setting of private rooms, apartments, and/or condominiums that offers medical and practical care to those who need it. In some such communities, residents eat their meals together, while in others they cook for themselves. Many offer quality recreational facilities, driving up the cost of services.

Facility-based long-term care services include board and care homes, assisted living facilities, nursing homes and continuing care retirement communities. Some facilities offer only lodging and housekeeping, but many also provide personal care and medical services. Many facilities offer special programs for people with Alzheimer's disease and other types of dementia. Board and care homes, also called residential care facilities or group homes, are small private facilities, usually with 20 or fewer residents. Rooms may be private or shared. Residents receive personal care and meals, and have staff available around the clock. Nursing and medical care usually are not provided on site.

Meanwhile, assisted living caters to those who need help with daily care, but not as much help as a nursing home provides. Assisted living facilities range in size from as few as 25 residents to 100 or more. Typically, varying levels of wellness

care are offered; residents pay more for higher levels of care. Residents live in their own apartments or rooms and share common areas. They have access to many services, including up to three meals a day; assistance with personal care; help with medications, housekeeping and laundry; 24-hour supervision, security and on-site staff; and social and recreational activities. Exact arrangements vary from state to state and from facility to facility.

Nursing homes, or skilled nursing facilities, provide a wide range of health and personal care services. Services focus on medical care not provided for in most assisted living facilities. These services typically include nursing care, 24-hour supervision, three meals a day and assistance with everyday activities. Rehabilitation services, such as physical, occupational and speech therapy, are also available. Some people remain at a nursing home for a short time after being in the hospital. Following recovery, they return home. However, most nursing home residents live there permanently because of ongoing physical or mental conditions that require constant care and supervision.

Because of the many limitations of living below the poverty line, almost 4 percent of Arizona's seniors avoided the doctor's office altogether in 2022.

Arizona's Baby Boomer population

According to *America's Health Rankings* 2022 annual report on seniors, 18.3 percent of the population in Arizona is age 65 and above. The percentage of seniors living in poverty in Arizona is 12.1 percent of the total elderly population.[9]

Because of the many limitations of living below the poverty line, almost 4 percent of Arizona's seniors avoided the doctor's office altogether in 2022 – based on the high cost of healthcare – leading to more than 1,000 preventable hospitalizations; 16 percent of hospital readmissions were attributed to seniors who were unable to

9 America's Health Rankings, "Summary of Arizona," (Minneapolis, MN: United Health Foundation. Accessible from https://www.americashealthrankings.org/explore/states/AZ, 2022).

pay for services.

Preventative clinical services can help turn such statistics. Cancer screenings, which 72.6 percent of this state's elderly population receives, can spot trouble ahead. Nutrition and physical activity and immunizations are beneficial. The need in Arizona for such preventative measures is real: Just 27.3 percent of seniors exercise; less than 10 percent regularly include fruits and vegetables in their diet. Immunization, while controversial for some, can help fight viral infections that can invade the body with disastrous health impacts.

Conclusion

The world is aging. America is aging. Arizona is aging.

For elderly people who need high-level medical care or practical support, nursing homes are the primary option. In 2018 there were 15,600 nursing homes cross the U.S., housing 1.3 million residents in some 1.7 million licensed beds.[10] Most residents in nursing homes receive assistance in bathing and showering, and various activities of daily living like ambulating or functional mobility, feeding, dressing, personal hygiene and toileting.

Because nursing home care costs can rise to as much as $70,000 annually, residents exhaust insurance policies and burn through savings. No matter the cost of care, often it lacks professional quality. Because senior care patients are typically in poor physical and/or mental health, their care – unique and challenging – must rise to the top. As more people enter nursing homes in the years ahead, the quality of nursing home care will become even more important. Yet there is much evidence that nursing home care is often substandard and is replete with neglect and abuse.[11]

The silver tsunami is visible; in fact, it is upon us. Do we stand quietly wondering how the wave grew to such proportion, or do we take action now to provide the

10 Centers for Disease Control and Prevention, "Nursing Home Care," CDC/National Center for Health Statistics, https://www.cdc.gov/nchs/fastats/nursing-home-care.htm.

11 Spillman, B. C., and K. J. Black. 2006. *The size and characteristics of the residential care population*. Washington, DC: ASPE.

necessary and caring treatment deserved by our senior citizens?

It's time to sink or swim.

About the Authors

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Christopher Zambakari is the owner and operator of three assisted living residences in Arizona, and has spent a decade focused on the high-quality care and treatment of senior citizens in need of such attention. A tireless advocate on behalf of this growing population, Zambakari has built into his mission of service a priority on lending voice and guidance to the challenges – both physical and emotional – faced by his residents. His three properties – Apollo Residential Assisted Living in Glendale, Desert Haven Home Care in Phoenix, and Villa Fiore Assisted Living-Prescott Valley – offer the highest levels of customized care, administered by respectful licensed medical and caregiving professionals.

A Rotary Peace and Paul Harris Fellow, Zambakari is a Doctor of Law and Policy, and the founder and CEO of The Zambakari Advisory, an international consulting team of experts in the areas of strategic intelligence, program design and transitional processes. The Advisory provides innovative solutions to societal challenges in the areas of peace, security and economic development, while informing decision making at policy leadership levels.

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Jessica Craig is a qualified medical assistant at Village Medical and holds certifications in phlebotomy, medical billing and coding. She is an EKG technician whose hands-on experiences in the healthcare field include a decade of service to those in need. Craig's varied background in healthcare has led her to pursue a Bachelor of Science degree from Chamberlain College.