UNIT 1

The Aging Experience

CHAPTER 1

The Aging Population

CHAPTER OUTLINE

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

1. Explain the different ways in which older adults have been viewed throughout history.
2. Describe characteristics of today's older population in regard to:
   - Life expectancy
   - Marital status
   - Living arrangements
   - Income and employment
   - Health status
3. Discuss projected changes in future generations of older people and the implications for health care.

TERMS TO KNOW

Comorbidity: the simultaneous presence of multiple chronic conditions

Compression of morbidity: hypothesis that serious illness and decline can be delayed or postponed so that an extended life expectancy results in more functional, healthy years

Life expectancy: the length of time that a person can be predicted to live

Life span: the maximum years that a person has the potential to live

"Families forget their older relatives … most people become senile in old age … Social Security provides every older person with a decent retirement income … a majority of older people reside in nursing homes … Medicare covers all health care–related costs for older people." These and other myths continue to be perpetuated about older people. Misinformation about the older population is an injustice not only to this age group but also to persons of all ages who need accurate information to prepare realistically for their own senior years. Gerontological nurses must know the facts about the older population to effectively deliver services and educate the general public.

VIEWS OF OLDER ADULTS THROUGH HISTORY

The members of the current older population in the United States have offered the sacrifice, strength, and spirit that made this country great. They were the proud GIs who served in wars, the brave immigrants who ventured into a new country, the bold entrepreneurs who took risks that created wealth and opportunities for employment, the campus rebels who advocated for the rights of minorities, and the unselfish parents who struggled to give their children a better life. They have earned respect, admiration, and dignity. Today, older adults are viewed with positivism rather than prejudice, knowledge rather than myth, and concern rather than neglect. This positive view was not always the norm, however.

Historically, societies have viewed their elder members in a variety of ways. In the time of Confucius, there was a direct correlation between a person's age and the degree of respect to which he or she was entitled. The early Egyptians dreaded growing old and experimented with a variety of potions and schemes to maintain their youth. Opinions were divided among the early Greeks. Plato promoted older adults as society's best leaders, whereas Aristotle denied older people any role in governmental matters. In the nations conquered by the Roman Empire, the sick and aged were customarily the first to be killed. And, woven throughout the Bible is God's concern for the well-being of the family and desire for people to respect elders (*Honor your father and your mother* … Exodus 20:12). Yet, the honor bestowed on older adults was not sustained.

Medieval times gave rise to strong feelings regarding the superiority of youth; these feelings were expressed in uprisings of sons against fathers. Although England developed Poor Laws in the early 17th century that provided care for the destitute and enabled older persons without family resources to have some modest safety net, many of the gains were lost during the Industrial Revolution. No labor laws protected persons of advanced age; those unable to meet the demands of industrial work settings were placed at the mercy of their offspring or forced to beg on the streets for sustenance.

TABLE 1-1 Publicly Supported Programs of Benefit to Older Americans

Year	Program
1900	Pension laws passed in some states
1935	Social Security Act
1961	First White House Conference on Aging
1965	Older Americans Act: nutrition, senior employment, and transportation programs
	Administration on Aging
	Medicare (Title 18 of Social Security Act)
	Medicaid (Title 19 of Social Security Act) for poor and disabled of any age
1972	Supplemental Security Income (SSI) enacted
1991	Omnibus Budget Reconciliation Act (nursing home reform law) implemented

The first significant step in improving the lives of older Americans was the passage of the Federal Old Age Insurance Law under the Social Security Act in 1935, which provided some financial security for older persons. The profound "graying" of the population started to be realized in the 1960s, and the United States responded with the formation of the Administration on Aging, enactment of the Older Americans Act, and the introduction of Medicaid and Medicare, all in 1965 (Table 1-1).

Since that time, American society has demonstrated a profound awakening of interest in older persons as their numbers have grown. A more humanistic attitude toward all members of society has benefited older adults, and improvements in health care and general living conditions ensure that more people have the opportunity to attain old age and live longer, more fruitful years in later adulthood than previous generations (Fig. 1-1).

CHARACTERISTICS OF THE OLDER ADULT POPULATION

Older adults are generally defined as individuals aged 65 years and older. At one time, all persons over 65 years of age were grouped together under the category of "old." Now it is recognized that much diversity exists among different age groups in late life, and older individuals can be further categorized as follows:

- Youngest-old: 65 to 74 years
- Middle-old: 75 to 84 years
- Oldest-old: 85+

FIGURE 1-1 ● It is important for gerontological nurses to be as concerned with adding quality to the lives of older adults as they are with increasing the quantity of years.

The profile, interests, and health care challenges of each of these subsets can be vastly different. For example, a 66-year-old may desire cosmetic surgery to stay competitive in the executive job market; a 74-year-old may have recently remarried and want to do something about her dry vaginal canal; an 82-year-old may be concerned that his arthritic knees are limiting his ability to play a round of golf; and a 101-year-old may be desperate to find a way to correct her impaired vision so that she can enjoy television.

In addition to chronological age, or the years a person has lived since birth, functional age is a term used by gerontologists to describe physical, psychological, and social function; this is relevant in that how older adults feel and function may be more indicative of their needs than their chronological age. Perceived age is another term that is used to describe how people estimate a person's age based on appearance. Studies have shown a correlation between perceived age and health, in addition to how others treated older adults based on perceived age and the resultant health of those older adults (Lin, Ankudowich, & Ebner, 2017).

How people feel or perceive their own age is described as age identity. Some older adults will view peers of similar age as being older than themselves and be reluctant to join senior groups and other activities because they see the group members as "old people" and different from themselves.

Any stereotypes held about older people must be discarded; if anything, greater diversity rather than homogeneity will be evident. Further, generalizations based on age need to be eliminated as behavior, function, and self-image can reveal more about priorities and needs than chronological age alone.

COMMUNICATION TIP

Not all persons of the same age will be similar in terms of language style, familiarity with current terms, use of technology, education, and life experience. Communication style and method must be based on assessed language competency, style, and preference of the individual.

Population Growth and Increasing Life Expectancy

There was a significant growth in the number of older people for most of the 20th century. Except for the 1990s, the older population grew at a rate faster than that of the total population under age 65. The U.S. Census Bureau projects that a substantial increase in the number of individuals over age 65 will occur between 2010 and 2030 due to the impact of the baby boomers, who began to enter this group in 2011. In 2030, it is projected that this group will represent nearly 20% of the total U.S. population.

Currently, persons older than 65 years represent more than 16% of the population in the United States. This growth of the older adult population is due in part to increasing **life expectancy**. Advancements in disease control and health technology, lower infant and child mortality rates, improved sanitation, and better living conditions have increased life expectancy for most Americans. More people are surviving to their senior years than ever before. In 1930, slightly more than 6 million persons were aged 65 years or older, and the average life expectancy was 59.7 years. The life expectancy in 1965 was 70.2 years, and the number of older adults exceeded 20 million. Life expectancy has now reached 78.7 years, with over 34 million persons exceeding age 65 years (Table 1-2). Not only are more people reaching old age, but they are living longer once they do; the number of people in their 70s and 80s has been steadily increasing and is expected to continue to increase. The population over age 65 is projected to almost double by 2060, whereas the population over age 85 is projected to double sooner—by the year 2040. The maximum **life span** currently is believed to be 122 years for humans.

KEY CONCEPT

More people are achieving and spending longer periods of time in old age than ever before in history.

TABLE 1-2 Differences in Life Expectancy at Birth by Race, Sex, and Hispanic Origin

	White		Black		Hispanic (Any Race)	
	Males	Females	Males	Females	Males	Females
2017	76.4	81.2	71.9	78.5	79.1	84.3

Source: National Center for Health Statistics. (2019). Table A. Expectation of life by age, race, Hispanic origin, race for non-Hispanic population, and sex: United States, 2017, *National Vital Statistics Reports*, *68*(7), 2019, Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_07-508.pdf

Although life expectancy has increased, it still differs by race and gender, as Table 1-2 shows. From the late 1980s to the present, the gap in life expectancy between white people and black people has widened because the life expectancy of the black population has declined. The U.S. Department of Health and Human Services attributes the declining life expectancy of black people to heart disease, cancer, homicide, diabetes, and perinatal conditions. This reality underscores the need for nurses to be concerned with health and social issues of persons of all ages because these impact a population's aging process.

Whereas the gap in life expectancy has widened among the races, the gap is narrowing between the sexes. Throughout the 20th century, the ratio of men to women had steadily declined to the point where there were fewer than 7 older men for every 10 older women. The ratio declined with each advanced decade. However, in the 21st century, this trend is changing, and the ratio of men to women is increasing.

Although living longer is desirable, of significant importance is the quality of those years. More years to life means little if those additional years consist of discomfort, disability, and a poor quality of life. This has led to a hypothesis advanced by James Fries, a professor of medicine at Stanford University, called the **compression of morbidity** (Fries, 1980; Swartz, 2008). This hypothesis suggests that if the onset of serious illness and decline would be delayed, or compressed, into a few years prior to death, people could live a long life and enjoy a healthy, functional state for most of their lives.

POINT TO PONDER

A higher proportion of older adults in our society means that younger age groups will be carrying a greater tax burden to support the older population. Should young families sacrifice to support services for older adults? Why or why not?

Marital Status and Living Arrangements

The higher survival rates of women, along with the practice of women marrying men older than themselves, make it no surprise that more than half of women older than 65 years are widowed, and most of their male contemporaries are married. Married people have a lower mortality rate than do unmarried people at all ages, with men having a larger advantage.

Most older adults live in a household with a spouse or other family member, although more than twice the number of women than men live alone in later life. The likelihood of living alone increases with age for both sexes. Most older people have contact with their families and are not forgotten or neglected. Realities of the aging family are discussed in greater detail in Chapter 35.

KEY CONCEPT

Women are more likely to be widowed and living alone in late life than are their male counterparts.

Income and Employment

The percentage of older people living below the poverty level has been declining, with less than 10% now falling into this category. However, older adults still do face financial problems. Most older people depend on Social Security for more than half of their income (Box 1-1). Women and minority groups have considerably less income than do white men. Although the median net worth of older households is nearly twice the national average because of the high prevalence of home ownership by elders, many older adults are "asset rich and cash poor." The recent decline in housing prices, however, has made that asset a less valuable one for many older adults.

BOX 1-1 Social Security and Supplemental Security Income

Social Security: a benefit check paid to retired workers of specific minimum age (e.g., 65 years), disabled workers of any age, and spouses and minor children of those workers. Benefits are not dependent on financial need. It is intended to serve as supplement to other sources of income in retirement.

Supplemental Security Income (SSI): a benefit check paid to persons over age 65 and/or persons with disabilities based on financial need.

Although the percentage of the total population that older adults represent is growing, they constitute a steadily declining percentage of workers in the labor force. The withdrawal of men from the workforce at earlier ages has been one of the most significant labor force trends since World War II. There has been, however, a significant rise in the percentage of middle-aged women who are employed, although there has been little change in the labor force participation of women 65 years of age and older. Most baby boomers are expressing a desire and need to continue working as they enter retirement age.

KEY CONCEPT

Although Social Security was intended to be a supplement to other sources of income for older adults, it is the main source of income for more than half of all these individuals.

HEALTH INSURANCE

This decade has shaken the health care reimbursement systems in the United States, and changes will be unfolding as the need to assure that every American will have access to health care is balanced against unsustainable costs to support that care. Passed in 1965 as Title 18 of the Social Security Act, Medicare is the health insurance program for older adults who are eligible for Social Security benefits. This federally funded program primarily covers hospital and physician services with very limited skilled home health and nursing home services under Part A. Preventive services and nonskilled care (e.g., personal care assistance) are not covered. To supplement the basic coverage, a person can purchase Medicare Part B, which includes physician and nursing services, x-rays, laboratory and diagnostic tests, influenza and pneumonia vaccinations, blood transfusions, renal dialysis, outpatient hospital procedures, limited ambulance transportation, immunosuppressive drugs for organ transplant recipients, chemotherapy, hormonal treatments, and

CONSIDER THIS CASE

Mr. and Mrs. Murdock are both 67 years of age and in good health. Mr. Murdock owns and manages several investment properties that require him to maintain records, respond to tenants' service calls, and plan maintenance work. Mrs. Murdock is a nurse who works in a community health center for children. Both of them are working full-time and enjoy their work; however, they both admit that their energy level is not what it used to be and that it takes them more time to complete activities than it did in the past.

Although she does see positives to her work activities, Mrs. Murdock feels that after many years of working, she deserves to relax and enjoy other activities. When she suggests to her husband that he either retire or, at the least, reduce his work activities so that they can enjoy this season of life together, he is adamant about continuing to work because he believes the income is beneficial to maintaining their lifestyle and he has no other activities that he is interested in doing. She thinks he is being unrealistic, claims that they can "get along just fine on Social Security," and repeatedly reminds him that they are at the age when people retire.

THINK CRITICALLY

1. What issues would be helpful for each of these individuals to consider regarding their decision to retire or continue working?
2. What challenges could each of these individuals potentially face if they continued to work for another 5 years? 10 years?
3. What actions could the Murdocks have taken in the past to face their decisions about continued work or retirement differently?
4. What are the implications to society of people like the Murdocks continuing to stay in the labor force?

other outpatient medical treatments administered in a doctor's office. Part B also assists with the payment of durable medical equipment, including canes, walkers, wheelchairs, and mobility scooters for those with mobility impairments. Prosthetic devices such as artificial limbs and breast prosthesis following mastectomy, as well as one pair of eyeglasses following cataract surgery, and oxygen for home use are also covered. Medicare Part C or Medicare Advantage Plans give people the option of purchasing coverage through private insurance plans to cover benefits not provided by Medicare Parts A and B plus additional services. Although regulated and funded by the federal government, these plans are managed by private insurance companies. Some of these plans also include prescription drug benefits, known as a Medicare Advantage Prescription Drug Plan or Medicare Part D.

Persons who meet the income criteria can qualify for Medicaid, the health insurance program for the poor of any age. This program was developed at the same time as Medicare and is Title 19 of the Social Security Act. Medicaid supplements Medicare for poor elderly individuals, and most nursing home care is paid for by this program. Medicaid is supported by federal and state funding. Provisions in the Affordable Care Act expand Medicaid benefits to many older persons who did not previously qualify for the program.

People of any age can purchase long-term care insurance to cover health care costs not paid by Medicare or other health insurance. These policies can provide benefits for home care, respite, adult day care, nursing home care, assisted living, and other services. Policies vary in waiting periods, amount of funds paid per day or month, and types of services that qualify. Although beneficial, long-term care insurance has not attracted a significant number of subscribers. Part of the reason for this is that policies are expensive for older adults, and although less costly for persons of younger age groups, younger and healthier individuals tend not to think about long-term care.

Health Status

The older population experiences fewer acute illnesses than younger age groups and a lower death rate from these problems. However, older people who do develop acute illnesses usually require longer periods of recovery and have more complications from these conditions.

Chronic illness is a major problem for the older population. Most older adults have at least one chronic disease, and typically, they have multiple chronic conditions, termed **comorbidity**, that requires them to manage the care of several conditions simultaneously (Box 1-2). Chronic conditions result in some limitations in activities of daily living and instrumental activities of daily living for many individuals. The older the person is, the greater the likelihood of difficulty with self-care activities and independent living.

BOX 1-2 Ten Leading Chronic Conditions Affecting Population Aged 65 Years and Older

1. Hypertension
2. High cholesterol
3. Arthritis
4. Ischemic heart disease
5. Diabetes
6. Chronic kidney disease
7. Heart failure
8. Depression
9. Alzheimer's disease and dementia
10. Chronic obstructive pulmonary disease

Source: National Council on Aging. Retrieved January 3, 2020 from https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/10-Common-Chronic-Conditions-Older-Adults-ncoa.png

KEY CONCEPT

The chronic disorders most prevalent in the older population are ones that can have a significant impact on independence and the quality of daily life.

Chronic diseases are also the leading causes of death (Box 1-3). A shift in death rates from various causes of death has occurred over the past three decades; deaths from heart disease have declined, whereas those from cancer have increased.

Concept Mastery Alert

When planning health education sessions for older adults that address the health risks they face, the nurse should provide teaching about cancer risks, screening, recognition, and treatment. Often, educational sessions prioritize heart disease, although deaths from this cause are declining while cancer deaths are rising.

BOX 1-3 Leading Causes of Death for Persons 65 Years of Age and Older

Diseases of the heart
Malignant neoplasms
Chronic lower respiratory diseases
Cerebrovascular disease
Alzheimer's disease
Diabetes mellitus
Accidents (unintentional injury)
Influenza and pneumonia
Nephritis, nephrotic syndrome, and nephrosis
Parkinson's disease

Source: National Vital Statistics Reports, National Center for Health Statistics. (2019). *Deaths: Leading causes for 2017, 68*(6). Table 1. Deaths, percentage of total deaths and death rates for the 10 leading causes of death in selected age groups, by race and Hispanic origin and sex: United States 2017, p. 18. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

Despite the advances in the health status of the older population, disparities exist. Studies have found that older minorities have lower levels of health and function. The number of older Hispanics, blacks, and Asians admitted to nursing homes has been increasing, whereas the number of older white nursing home residents has been declining (Harris-Kojetin et al., 2019).

IMPLICATIONS OF AN AGING POPULATION

The growing number of persons older than 65 years impacts health and social service agencies and health care providers—including gerontological nurses—that serve this group. As the older adult population grows, these agencies and providers must anticipate future needs of services and payment for these services.

Impact of the Baby Boomers

In anticipating needs and services for future generations of older adults, gerontological nurses must consider the realities of the baby boomers—those born between 1946 and 1964—who will be the next wave of senior citizens. Their impact on the growth of the older population is such that it has been referred to as a demographic tidal wave. Baby boomers began entering their senior years in 2011 and will continue to do so until 2030. Although they are a highly diverse group, representing people as different as Bill Clinton, Bill Gates, and Cher, they do have some clearly defined characteristics that set them apart from other groups:

- Most have children, but this generation's low birth rate means that they will have fewer biologic children available to assist them in old age.
- They are better educated than preceding generations with slightly more than half having attended or graduated from college.
- Their household incomes tend to be higher than other groups, partly due to two incomes (three out of four baby boomer women are in the labor force), and most own their own homes.
- They favor a more casual dress code than do previous generations of older adults.
- They are enamored with "high-tech" products, are likely to own a computer, and spend several hours online daily.
- Their leisure time is scarcer than other adults, and they are more likely to report feeling stressed at the end of the day.
- As inventors of the fitness movement, they exercise more frequently than do other adults.

Some assumptions can be made concerning the baby boomer population as senior adults. They are informed consumers of health care and desire a highly active role in their care; their ability to access information often enables them to have as much knowledge as their health care providers on some health issues. They are most likely not going to be satisfied with the conditions of today's nursing homes and will demand that their long-term care facilities be equipped with bedside Internet access, gymnasiums, juice bars, pools, and alternative therapies. Their blended families may need special assistance because of the potential caregiving demands of several sets of stepparents and stepgrandparents. Plans for services and architectural designs must take these factors into consideration.

COMMUNICATION TIP

Many baby boomers want to be informed health care consumers and are comfortable communicating via e-mail and text messages. They may prefer electronic appointment reminders and reports from diagnostic tests rather than telephone calls, and they appreciate links to fact sheets about their conditions and treatments. However, some members of this generation are not tech savvy and prefer traditional communication means, so it is important to ask about preferred style of communication during the assessment.

TABLE 1-3 Average Length of Hospital Stay

Age (Y)	<18	18–44	45–64	65–84	85+
Days of stay	4.2	3.8	5.1	5.2	5.1

Source: Freeman, W. J. (2018). *Overview of U.S. Hospital Stays in 2016: Variation by Geographic Region.* Table 1, Number, percentage, and rate of hospital stays, length of stay, and costs by patient characteristics, 2016. Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, National Inpatient Sample, 2016. Retrieved from https://www.hcup-us.ahrq.gov/reports/statbriefs/sb246-Geographic-Variation-Hospital-Stays.jsp

Provision of and Payment for Services

The growing number of persons older than 65 years also impacts the government that is the source of payment for many of the services older adults need. The older population has higher rates of hospitalization, surgery, and physician visits than other age groups (Table 1-3), and this care is more likely to be paid by federal dollars than private insurers or older adults themselves.

Less than 5% of the older population is in a nursing home, assisted living community, or other institutional setting at any given time. Approximately one in four older adults will spend some time in a nursing home during the last years of their lives. Most people who enter nursing homes as private pay residents spend their assets by the end of 1 year and require government support for their care; most of the Medicaid budget is spent on long-term care.

As the percentage of the advanced-age population grows, society will face an increasing demand for the provision of and payment for services to this group. In this era of budget deficits, shrinking revenue, and increased competition for funding of other special interests, questions may arise about the ongoing ability of the government to provide a wide range of services for older adults. There may be concern that the older population is using a disproportionate amount of tax dollars and that limits should be set.

Gerontological nurses must be actively involved in discussions and decisions pertaining to the rationing of services so that the rights of older adults are expressed and protected. Likewise, gerontological nurses must assume leadership in developing cost-effective methods of care delivery that do not compromise the quality of services to older adults.

KEY CONCEPT

Gerontological nurses need to be advocates in ensuring that cost-containment efforts do not jeopardize the welfare of older adults.

BRINGING RESEARCH TO LIFE

The Impact of an Aging Population in the Workplace

Source: White, M. S., Burns, C., & Conlon, H. A. (2018). Workplace Health and Safety, 66(10), 493–498.

As a result of improved health and longer life expectancy, growing numbers of older adults are working longer in the United States as well as the rest of the world, and more are working full-time. Many older adults view continued employment positively and work even if there is no financial need. They desire to continue using their knowledge and skills, which benefits their employers.

Older workers have been found to be more reliable, loyal, and satisfied. They often are found to be more beneficial to employers due to the flexibility in the hours they are willing to work.

Although working can provide physical and mental activity that benefits older adults' health, potential issues are associated with their employment. The high prevalence of chronic conditions in these individuals, as well as their greater risk for injuries, have safety implications. Older workers, as compared to workers of all other ages, have been found to have the highest rate of fatal injuries.

Nurses can play an important role in promoting best practices for a safe, healthy workplace for older individuals. The nurses' role could include evaluating the ability of older workers to perform specific jobs, ensuring capabilities are matched to job requirements, promoting ergo-friendly work environments, counseling older employees on the importance of self-care, and providing education related to health and safety. By promoting a healthy, elder-friendly culture, nurses can aid older adults in maintaining employment and encourage employers to hire and retain older workers.

PRACTICE REALITIES

You are in the break room of a hospital unit where several of the nurses are eating the birthday cake of Nurse Clark who is celebrating her 66th birthday. "I'm so glad to have coworkers like you and work that gives me a sense of purpose," Nurse Clark commented as she thanked everyone and left the room.

Nurse Blake, in a low voice commented to the person sitting next to her, "I just don't get it. I'm half her age and this job drains me, so you know it's got to be taking its toll on her. Plus, we often get stuck doing the heavy work that she can't do."

"I know she doesn't have the physical capabilities that some others may," says Nurse Edwards, "but she sure is a storehouse of information and the patients love her."

"Yes, but that isn't helping my back when I have to pick up the slack for her," responds Nurse Blake.

What are the challenges of having different generations in the workplace? Should allowances be made for older workers, and if so, what can be done to support these?

CRITICAL THINKING EXERCISES

1. What factors influence a society's willingness to provide assistance to and display a positive attitude toward older individuals (e.g., general economic conditions for all age groups)?
2. List the anticipated changes in the characteristics of the older population of the future, and describe the implications for nursing.
3. What problems may older women experience as a result of gender differences in life expectancy and income?
4. What are some of the differences between older white and black Americans?

Chapter Summary

Increases in life expectancy have resulted in persons over the age of 65 years now constituting 16% of the U.S. population. Although life expectancy has increased in general, the black population has a lower life expectancy than does the white population, reinforcing the importance of addressing health and social problems throughout the life span to promote longer and healthier life expectancies. In addition to extending life, there also must be concern for the compression of morbidity to assure added years of life are high-quality ones.

The primary source of health insurance for older adults is Medicare. Medicaid provides supplemental insurance for individuals with low incomes.

Although acute conditions occur at a lower rate in older adults than younger age groups, when they do develop, they usually result in more complications and longer periods for recovery. Chronic conditions are the major health problems among older persons, with a majority being affected by at least one chronic disease. Chronic conditions contribute to the leading causes of death.

Baby boomers, a group composed of persons born between 1946 and 1964, have begun entering their senior years and are changing the profile of the older population. They are highly diverse, are better educated, have fewer children, have had higher incomes, and are greater users of technology than previous generations. Gerontological nurses will be challenged to recognize diversity among older adults as they assist these individuals in health promotion and disease management activities.

Online Resources

National Center for Health Statistics
http://www.cdc.gov/nchs

Population Reference Bureau
https://www.prb.org/aging

United States Census Bureau
census.gov/topics/population.html

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Recommended Readings thePoint®

Recommended Readings associated with this chapter can be found on the Web site that accompanies the book. Visit **http://thepoint.lww.com/Eliopoulos10e** to access the list of recommended readings and additional resources associated with this chapter.