

The Future of Aging Is Florida¹

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Aging in the 21st Century

According to the U.S. Census Bureau, by the year 2050 the nation's elderly population will more than double to 88 million, and the more frail, over-age 85 population will quadruple to 19 million. Currently, Florida ranks first in the United States in the percent of the population who is full-time and seasonal residents over the age of 65. Older Floridians, their families, and communities face many issues related to aging. Aging in the 21st Century is a seven-topic series that addresses issues such as:

- Health and medical care
- Family relationships
- Economic concerns
- Caregiving
- Home modifications
- Retirement
- Nutrition and diet

What You Will Learn

- **Aging Demographics:** National and international aging statistics. Why the United States is considered an “old” society.
- **Aging in Florida:** How Florida is aging and what the long-term care implications are for older adults living in this state.
- **Long-term Planning:** What opportunities for community-based education and intervention in relation to our aging society exist in Florida.

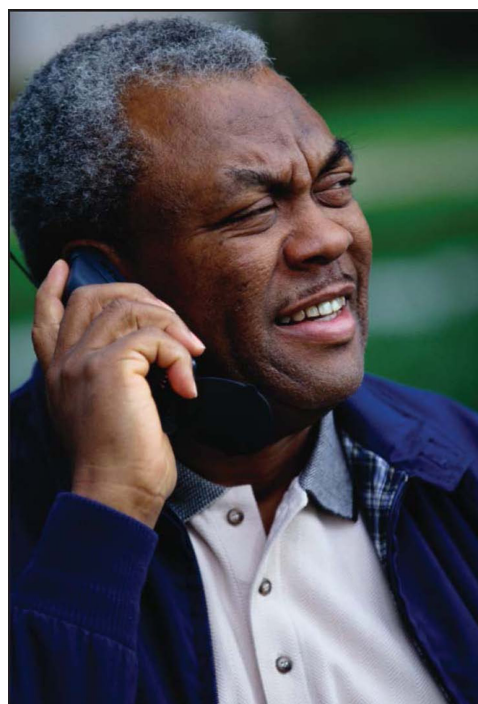


Figure 1.

- **Diversity among Older Adults:** How the similarities and differences among the group we call “older adults” impact aging in Florida.

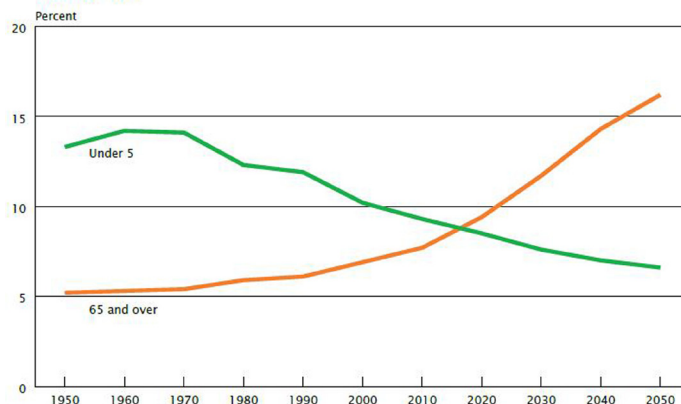
1. This document is FCS2209, one of a series of publications from the distance education in-service “Aging in the 21st Century,” coordinated by Carolyn Wilken, PhD, MPH, Department of Family, Youth and Community Sciences, Institute of Food and Agricultural Sciences, University of Florida. First published September 2003. Revised July 2012. Visit the EDIS website at <http://edis.ifas.ufl.edu>.
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Introduction

It is important to remember that aging is not only about older adults. It is about their families, the community they live in, and the influence they exert on our society both directly and indirectly. This publication will attempt to explain some of the changing demographics that have made the study of aging so important. It will also strive to show the differences and similarities within the group we call “older adults” and offer possible solutions to some of the issues we face as we “age in the 21st Century.”

Aging Demographics: The U.S. and the World

Although the media constantly portrays the United States as a young country, the reality of our population’s demographics is very different. We are historically a young country, with an increasing aging population. The older adult population in the United States has increased because of advances in technology, medicine, and public health that resulted in lower mortality rates and increased longevity. In fact, for the first time globally the percentage of older adults is expected to outnumber younger children (Figure 2). Furthermore, the United Nations designates a country as old if the percentage of the population 65 and older is more than 7%. Figure 3 shows that according to this designation,

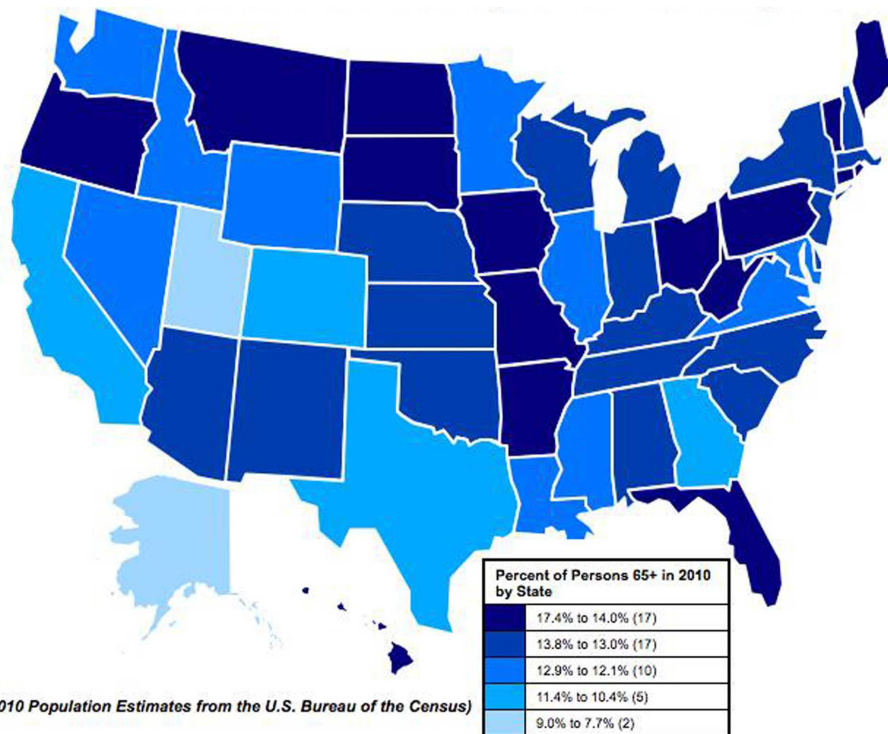


Source: United Nations Department of Economic and Social Affairs, 2007b.

Figure 2. Young children and older people as a percentage of the global population from 1950 to 2050.

Credits: U.S. Census Bureau, <http://www.census.gov/prod/2009pubs/p95-09-1.pdf>.

the U.S. is indeed old. In the majority of states, more than 15% of the population is over 65 years old. This is especially true for Florida, Pennsylvania, Maine, and West Virginia, which have 15% or more of the population over the age of 65.



(Source: 2010 Population Estimates from the U.S. Bureau of the Census)

Figure 3. Persons 65+ as a percentage of total population, 2010.

Credits: Administration on Aging, http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf

Aging in Florida

Florida is perhaps the “oldest” state in the U.S. because of interstate migration and the aging of baby boomers who often choose Florida as their post-retirement home. The oldest old (85+) population in the state is expected to more than double between the years 1995 and 2020. In 2010, three of the top five counties in the United States having the highest percentages of the population in the age group of 65 years and over were in Florida (Sumter 43%, Charlotte 34%, and Highlands 32%).

Figure 4 demonstrates how the older adult population (65+) will account for more than 26% of Florida’s total population by 2025, nearly doubling to 5.5 million people.

Thus, it is not surprising that Florida is leading the way in aging research around the country. The “Sunshine State” often serves as a model for other states in geriatrics and gerontology. As Florida ages, the remainder of the country learns from it how to work for the benefit of older adults. Additionally, the older adult population is becoming more racially and ethnically diverse.

On the other hand, Florida’s changing demographics don’t come without problems.

This increase in the number and diversity of older adults has monumental implications for health care spending and retirement planning and management. The cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. As a result, by 2030, the nation’s health care spending is projected to increase by 25%. Furthermore, the current model of work and retirement isn’t working for most Americans. In the 1930s, it made sense to get an education, work until 65 and retire. But now people are more commonly living into their 80s, 90s, or beyond, which means Americans are routinely spending two and three decades in retirement.

Long-Term Care Planning

The issues we face in our aging society require solutions that consider the structure of society today as well as changes that are yet to come. The points listed below are suggestions for long-term care planning that will be helpful now and into the future.

The Need for a Plan

While no one plans to have their health change or wants to admit they might need long-term care someday, having a long-term care plan is essential. According to the

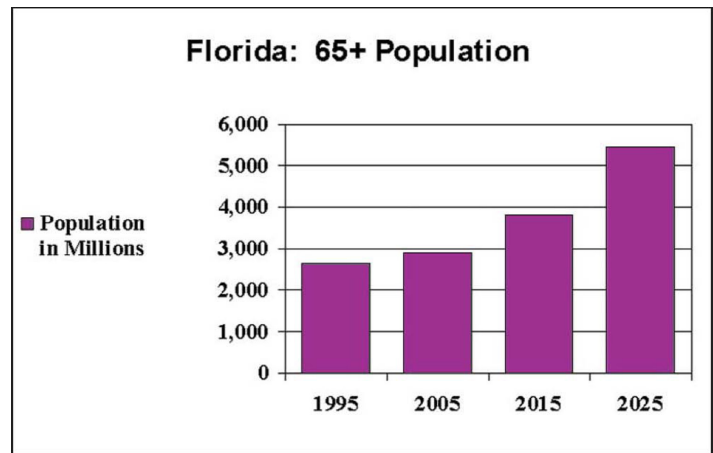


Figure 4. The projected growth of Florida’s 65+ population from 1995-2025.

Department of Health and Human Services, almost 70% of seniors, over age 65, will require some type of long-term care services during their lifetime and more than 40% will need care in a nursing home. Contrary to what many people believe, Medicare and private health insurance programs do not pay for the majority of long-term care services that most people need. People who don’t plan ahead generally have fewer choices and less control when it comes time to make long-term care decisions.

Know Your Options

Currently, in the United States unpaid family members provide the majority of long-term care. Working caregivers spend an average of 22 hours per week caring for their loved one. Working caregivers lose an average of \$650,000 in lost wages, lost Social Security benefits, and lost pension contributions. Other caregiving options include private pay, which means the consumer and/or their family pay for costs of care, or long-term care insurance, which means private insurance is purchased in advance of needing long-term care. Medicare does not pay for custodial care in a skilled nursing facility, nor does Medicare pay for care provided in an assisted living facility. However, Medicare Part A benefits may pay for acute care expenses in a skilled nursing facility following a hospitalization, but there are limits to coverage including duration, elimination periods, and deductibles. With an authorized physician’s written plan, in-home health services may be paid for a specific period of time after a hospitalization. A Medicare supplemental insurance may help with the cost of deductibles but also has limitations to services provided and length of service. Medicaid pays for home, community, and skilled nursing care but has strict qualifications and limits your facility options.

Applied Research

Applied research is fundamental for the study of aging.

Communication with Family Members

Communication is perhaps the most needed of all solutions addressed here. Although the issue is a top concern, many are still not engaging in open conversations about potential long-term care expenses, or the types of care they would prefer or may need in the future. In fact, according to a 2010 Genworth study, more than 90% surveyed had not talked about critical long-term care issues with their spouse/partner, aging parents, or adult children. Every family should consider having conversations about planning ahead for ways to mitigate costs or share caregiving responsibilities. The first step in planning is talking with your family members.

Diversity in Aging

The term “older adults” is very broad. It includes all people more than 65 years old. However, it is imperative to be sensitive to differences among the various subgroups in this category to develop successful programs.

Cohort Diversity

A cohort is a group of people with similar historical characteristics because of their proximity in age. We often divide the “older adults” group into five major cohorts: 65 to 69; 70 to 74; 75 to 79; 80 to 84; and 85 or more. There can be great differences among the needs of each group. Sensitivity to this diversity is essential when working with older adults. For example, the need for long-term care services is nearly four times higher for persons age 85 and older compared to persons age 65 to 84.

Gender Diversity

Men and women in our society age very differently. Male and female gender roles play a major part in an individual’s quality of life during older adulthood. Women generally live longer and have higher rates of disability than men. Women are more likely to need long-term care services than men; additionally, women are more likely to use institutional services than home and community based services (HCBS).

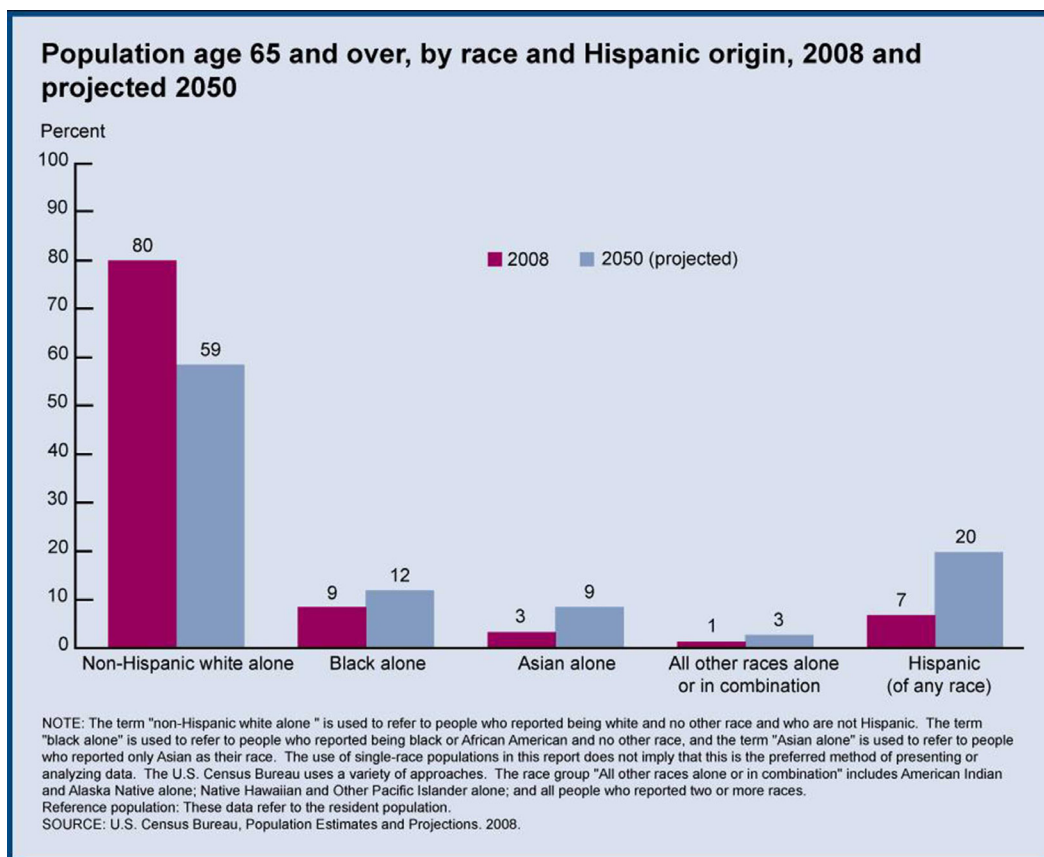


Figure 5. Projected U.S. population of adults age 65+, by race and Hispanic origin.

Credits: Federal Interagency Forum Aging Related Statistics, http://www.agingstats.gov/Main_Site/Data/2010_Documents/docs/Population.pdf

Racial and Ethnic Diversity

In a country as diverse as the United States, racial and ethnic sensitivity is crucial when working with people of any age. Figure 5 shows the projected distribution of the population age 65 and older in the next 50 years. As the figure shows, the number of minority older adults will increase much faster than those who are non-Hispanic whites. The increase is most significant among those of Hispanic origin. These statistics imply that a greater level of sensitivity to and understanding of racial and ethnic differences will be required when working with older adults in the future.

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Publications in this Series

- *Designing Educational Programs for Older Adults* (<http://edis.ifas.ufl.edu/fy631>), Carolyn Wilken, PhD, MPH
- *Safe Return* (<http://edis.ifas.ufl.edu/fy626>), Meredith Rowe, RN, PhD
- *Financial Issues* (<http://edis.ifas.ufl.edu/fy627>), Jo Turner, PhD, CFP
- *Fall Prevention* (<http://edis.ifas.ufl.edu/fy629>), Kristen Smith, MPH
- *Family Relationships in an Aging Society* (<http://edis.ifas.ufl.edu/fy625>), Terry Mills, PhD
- *Adapting the Home* (<http://edis.ifas.ufl.edu/fy630>), Pat Dasler, MA, OTR/L
- *The Future of Aging In Florida* (<http://edis.ifas.ufl.edu/fy624>), Martie Gillen, PhD, and Jeffrey Dwyer, PhD

Aging in the 21st Century is co-sponsored by the University of Florida, Institute of Food and Agricultural Sciences (UF/IFAS) Department of Family, Youth and Community Sciences; and the College of Medicine's Institute on Aging. It was originally published in 2003 and was supported by a grant from the Associate Provost for Distance, Continuing and Executive Education, Dr. William Riffe.