
Assessment of the Health Challenges of the Elderly

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ABSTRACT

The aim of this study was to assess the health challenges of the elderly. A number of health challenges are common among the elderly. The four major health challenges common amongst the elderly include: physical challenges, cognitive challenges, emotional challenges, and social challenges. The ageing process is, of course, a biological reality which has its own dynamic, largely beyond human control. It is, however, subject to the various constructions that each society uses to make sense of old age. It was discovered in the study that most people consider old age a problem-ridden stage of life because of the ageing problems that usually occur in the state. Based on the findings of this study, it is concluded that elderly people with a sense of purpose are less susceptible to cognitive impairment, heart attacks, and strokes, and they are more likely to live longer. One of the recommendations made was that, since depression is a serious and deleterious disorder, family and friends should encourage a senior loved one to seek out treatment if they seem depressed.

KEYWORDS: The Elderly, Health, and Health Challenges

Introduction

The health of the elderly will become a critical national policy issue in this century. As a country, we may have to rethink fundamental cultural values about the meaning of providing health care to the elderly with chronic conditions. Simply treating disease is no longer sufficient (Bennett & Flaherty-Robb, 2003). The growing number of elderly people and the families that care for them will need emotional, educational, and financial resources that are not currently available. Planning to meet this challenge is important because an elderly population explosion is coming, beginning in 2010. According to the U.S. Department of Health and Human Services (2000), the elderly seeks a better quality of life in their later years. Quality of life has come to mean much more than just physical health or the absence of disease. It includes a general sense of happiness and satisfaction, meaningful activity, and the ability to express culture, values, beliefs, and relationships. The elderly population represents the most significant demographic change affecting society. It has important challenges and consequences for the nation's economic, social, and health institutions as well as for the health and well-being of the elderly and their families.

Rice and Estes (2012) stated that improved standards of living and medical advances in the prevention and control of formerly fatal infectious diseases have made it possible for an increasing number of people to reach an age at which they become more vulnerable to heart diseases, strokes, cancer, arthritis, mental disorders, and other chronic illnesses causing limited or total disability. The issue of the elderly population is

one that has come to be seen as having a major impact on the provision of publicly funded health and social services. The economic and social costs of an elderly population have been a major driver in the reform of health and welfare services, although there is some dissent about the degree to which the elderly population should be viewed as problematic (Gee, 2002). Alternatively, increasing longevity can be viewed as a positive indicator of effective health and welfare policies; people are living longer because prevention and treatment of the major causes of premature death are available.

Concept of Good Health

According to the World Health Organization, health is "a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (WHO 2006). In 1984, WHO revised the definition of health as "the extent to which an individual or group is able to realise aspirations and satisfy needs and to change or cope with the environment" (WHO 2004). In 2011, Huber, Knottnerus, and Green proposed a new definition of health as "the ability to adapt and to self-manage", which includes the ability of people to adapt to their situation as key to health (Huber, Knottnerus, & Green, 2011). According to the WHO, good health is more than just the absence of disease; it is also a reflection of a community's social and mental well-being. Thus, for the World Health Organization to achieve the goal of providing good health for all, improvements in a community should aim not simply to reduce disease, but also to reduce social tensions and mental ill-health to acceptable levels (Howard, Blogh, Goldstein, Morgan & Pruüss-Üstuün, 2012).

The World Health Organization definition links good health explicitly with wellbeing and conceptualises health as a human right requiring physical and social resources to achieve and maintain. "Wellbeing" refers to a positive state rather than a neutral state, framing good health as a positive aspiration. This definition was adapted by the 1986 Ottawa Charter, which describes health as "a resource for everyday life, not the object of living" (HealthKnowledge, 2015). From this perspective, good health is a means to living well, which highlights the link between health and participation in society (Godlee, 2011). According to the Centers for Disease Control and Prevention (2021), good health can be promoted by encouraging healthy activities, such as regular physical exercise and adequate sleep, and by reducing or avoiding unhealthful activities or situations, such as smoking or excessive stress. Thus, good health is a resource for everyday life, not the objective of living; it is a positive concept, emphasising social and personal resources as well as physical capacities (WHO 2004).

Concept of Elderly

Conventionally, "elderly" has been defined as a chronological age of 65 years old or older, while those from 65 through 74 years old are referred to as "early elderly" and those over 75 years old as "late elderly" (Orimo, Ito, Suzuki, Araki, Hosoi, and Sawabe, 2006). Most developed world countries have accepted the chronological age of 65 years as a definition of an "older" or "older" person, but like many westernised concepts, this does not adapt well to the situation in Africa. Today, people are living longer than ever before due to advances in education, technology, medicine, food distribution, and sanitary conditions. Aging is the lifelong process of growing up and growing old. It begins at conception and ends with death. So, in this sense, we are all ageing from the time of birth (Chalise, 2019).

The ageing process is, of course, a biological reality which has its own dynamic, largely beyond human control. It is, however, subject to the various constructions that each society uses to make sense of old age. Old age refers to ages nearing or surpassing the life expectancy of human beings and is thus the end of the human life cycle (Wikipedia, 2019). Chalise (2019) noted that ageing is classified as biological aging, psychological aging, social aging, chronological aging, and functional aging. He also stated that in the western and developed countries, chronologically, 65 years is considered the beginning of ageing and, accordingly, ageing can be classified as: (a) young old (65 to 74); (b) middle old (75 to 84); (c) old-old (85+) and Centenarians (100+). Elderly people often have limited regenerative abilities and are more susceptible to disease, syndromes, injuries, and sickness than younger adults. The elderly also faces other social issues around retirement, loneliness, and ageism (Hunt, 2013).

Concept of Health Challenges

The concepts of illness and related ideas such as disease and sickness have developed into a complete network of medical concepts (Nordenfelt 2007). Similar to other terms such as injury, malady, and disability, the ways in which they are used sometimes seem arbitrary and interchangeable in everyday language. By contrast, the terms have been the subject of scientific controversy for a long time and still remain without a standard, normative meaning (Nordby, 2008). The conceptual triad of disease, illness, and sickness—first introduced by Twaddle in 1968—has been especially widespread within this discourse. Twaddle defines disease as a physiological malfunction independent of subjective experience and social conventions (Twaddle 2004). Conversely, illness refers to a subjectively interpreted undesirable state of health (Twaddle 2004). Sickness, finally, stands for a social identity defined by others with reference to the social activity of that individual (Twaddle 2004).

A number of health challenges are common around the globe. The disease is one of the most common. Approximately 36 million people die each year from non-communicable (i.e., not contagious) diseases, including cardiovascular disease, cancer, diabetes, and chronic lung diseases. Among communicable diseases, both viral and bacterial, AIDS/HIV, tuberculosis, and malaria are the most common, causing millions of deaths every year. Another health issue that causes death or contributes to other health problems is malnutrition, especially among children. One of the groups that malnutrition affects most is young children. Approximately 7.5 million children under the age of 5 die from malnutrition, usually brought on by not having the money to find or make food.

According to Jonathan et al. (2013), systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Applications with regard to animal health are covered by the veterinary sciences. The term "healthy" is also widely used in the context of many types of non-living organisations and their impacts for the benefit of humans, such as in the sense of healthy communities, healthy cities, or healthy environments. In addition to health care interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals. These are referred to as the "determinants of health", which include the individual's background, lifestyle, economic status, social conditions, and spirituality. Studies have shown that high levels of stress can affect human health (Jonathan 2013).

Types of Health Challenges common among the Elderly

According to Devoted Guardians (2021), old age is a unique life phase characterised by various health, cognitive, emotional, social, and financial changes. Most people consider old age to be a problem-ridden stage of life, with ageing problems usually occurring after 65.

The four major health challenges amongst the elderly include:

Physical challenges: Physical decline and illness are two of the biggest problems ageing people experience. Deteriorating health may prevent a person from doing things they enjoy or interfere with their routine activities. Also, chronic illness in the elderly may limit or cause a loss of independence, which is distressing for most people (Devoted Guardians 2021).

Cognitive challenges: Mental disorders and cognitive decline are often associated with old age. Aging adults are susceptible to dementia, psychotic depression, personality changes, mood swings, aggression, and other mental health issues (Devoted Guardians 2021).

Emotional challenges: The decline in health and mental ability makes ageing people dependent. Lost independence can be a great source of stress. Additionally, many ageing adults face emotional challenges such as feelings of loneliness and isolation. The death of a spouse and other loved ones can add to the stress, depression, and anxiety the person already experiences (Devoted Guardians 2021).

Social challenges: Transition to retirement often means limited social life. Also, the death of a spouse, friends, or relative restricts the person's participation in social life. Studies show that loneliness and fear of being cut off from social circles are among the biggest fears people have as they age (Devoted Guardians 2021).

Some common health problems the elderly face include:

- Arthritis
- Cancer
- Alzheimer's Disease
- Diabetes
- Obesity
- Heart Disease
- Respiratory Diseases
- Osteoporosis
- Falls
- Depression

Remedies to the Health Issues of the Elderly

According to Health & Wellness (2019), how we as family members and friends perceive and value our senior loved ones, and how they perceive and value themselves, has a major impact on their physical and emotional health. Studies have shown that seniors with a sense of purpose are less susceptible to cognitive impairment, heart attacks, and strokes, and they are more likely to live longer. Why? because they are more physically active, take better care of themselves, and are less susceptible to stress. Learning new things improves brain health. Physical activity slows and sometimes reverses physical incapacity. In short, many of the problems associated with ageing

increase due to the lack of meaning in people's lives, and the result can be an unnecessary surrender to ageing (Health & Wellness 2019).

So what can we do to help improve quality of life for seniors and our older loved ones?

Create a Sense of Purpose: No matter a person's age, we need a sense of purpose, of belonging, and of being valued. Senior adults are often dismissed as no longer having as much to offer as they did when they were younger, and unfortunately, this attitude becomes adopted by the seniors themselves. Seniors have a lot to give in terms of knowledge, love, and creativity, but they have to feel respected and involved in sharing it with others (Health & Wellness 2019).

Recognize and Treat Signs of Depression: Seniors are particularly susceptible to depression. It can be caused by the loss of their child-caring role, loss of employment through retirement, a move from home to a retirement community, chronic illness or pain, the death of a spouse or close friend, loss of independence, medications, disease, or cognitive impairment. Depression is a serious, debilitating disorder that is not a natural part of aging. Family and friends should encourage a senior loved one to seek out treatment if they seem depressed. There are many types of depression, but some common symptoms include:

- Persistent sadness
- Irritability
- Fatigue
- Aches and pains without a physical cause
- Feelings of hopelessness
- Loss of interest
- Difficulty sleeping and concentrating

At a vulnerable stage in their life, depression may threaten their physical and emotional health. However, they and those that love them can create a new beginning to make life fulfilling again (Health & Wellness 2019).

Find Usefulness in Daily Tasks: If you want to help your senior adult find a purpose, put them to work! They have probably spent their entire life defining themselves by what they accomplish and contribute. It doesn't have to be anything more than helping cook a meal, babysitting a grandchild, taking care of a pet, tending a garden, folding laundry, or helping with some shopping. If they are able to do it, don't always do it for them.

Stay in Physical Motion: The connection between emotional and physical health is well established. Mild exercise not only improves and maintains physical abilities for daily activities, but it also fosters pride, confidence, and an increased sense of independence, all of which are essential for feeling good about oneself.

Stay in Mental Motion: Family and friends can assist the senior in remaining mentally sharp for as long as possible. Health & Wellness (2019) affirmed that seniors can create goals like learning a new hobby or taking a trip to someplace new. They should think about the interests and activities that provide them with a sense of purpose and explore them further. Family and friends can help by calling upon the knowledge and experience their seniors have gathered over a lifetime. Ask their opinion. Encourage them to talk about what they have been through. A person doesn't go through 60-plus years without learning a lot of valuable information and gaining unique perspectives.

Conclusion

Most people consider old age to be a problem-ridden stage of life because of the ageing problems that usually occur in the state. Based on the findings of this study, it is concluded that elderly people with a sense of purpose are less susceptible to cognitive impairment, heart attacks, and strokes, and they are more likely to live longer.

Recommendations

1. Since depression is a serious and deleterious disorder, family and friends should encourage a senior loved one to seek treatment if they seem depressed.
2. You can raise awareness in your community about the importance of good health, healthy lifestyles as well as people's right to quality health care services.
3. The elders should be given a sense of purpose: for this can help alleviate cognitive impairment and other significant issues.

REFERENCES

- Bennett, J. and Flaherty-Robb, M. (2003). Issues Affecting the Health of Older Citizens: Meeting the Challenge. *Online Journal of Issues in Nursing*, 8(2).
- CDC (2021). *Benefits of Physical Activity*. Centers for Disease Control and Prevention.
- Chalise, H. N. (2019). Aging: Basic Concept. *Am J Biomed Sci & Res*, 1(1), 8-10
- Devoted Guardians (2021). *What are the Four Major Old Age Problems*. Available at: <https://devotedguardians.com>
- Gee, M. (2002). Misconceptions and misapprehensions about population ageing. *International Journal of Epidemiology*. 3(1):750
- Godlee, F. (2011). What is health. *BMJ*, 343: d4817
- Health & Wellness (2019). *7 Ways to Improve Quality of Life for Seniors*. Available at: <https://bethesdahealth.org>
- Health Knowledge (2015). *Concepts of health and wellbeing*. HealthKnowledge Buckinghamshire, England.
- Howard, G., Blogh, C., Goldstein, G., Morgan, J. and Pruüss-Üstuün, A. (2012). *Healthy villages: a guide for communities and community health workers*. World Health Organization.
- Huber, M., Knottnerus, J. A. and Green, L. (2011). How should we define health. *BMJ* 343: d4163
- Hunt, J. (2013). *Jeremy Hunt highlights plight of 'chronically lonely'*. BBC News.
- Jonathan, E. F., Shiriki, K. and Ronald, W. M. (2013). *A Perspective on the Development of the Healthy People*. Framework for Improving U.S. Population Health. Public Health Reviews.
- Nordby, H. (2008). Medical explanations and lay conceptions of disease and illness in doctor-patient interaction. *Theor. Med. Bioeth.*, 29: 357-70.
- Nordenfelt, L. (2007). *Understanding the concept of health*. Retrieved from: <http://www.fil.lu.se/hommageawlodek/site/papper/NordenfeltLennart.pdf>.
- Orimo, H., Ito, H., Suzuki, T. and Araki, A. (2006). Reviewing the definition of elderly. *Geriatrics and Gerontology International*, 6(3), 149-158.
- Rice, D. P. & Estes, C. L. (2012). *Health of the Elderly: Policy Issues and Challenges*. Available at: <https://www.healthaffairs.org/>
- River University (2022). *Top 10 public health challenges*. Retrieved from: <https://www.rivier.edu/>

- Twaddle A. (2004). Disease, illness and sickness revisited. In: Twaddle A, Nordenfelt L, editors. Disease, illness and sickness: three central concepts in the theory of health. *Linköping: Studies on Health and Society* 18; 1–18.
- U.S. Department of Health and Human Services (2000). *Healthy People 2010*. Retrieved from: www.health.gov/healthypeople
- World Health Organization (2006). *Constitution of the World Health Organization – Basic Documents, Forty-fifth edition, Supplement, October 2006*.
- World Health Organization (2004). *Health promotion: a discussion document on the concept and principles: summary report of the Working Group on Concept and Principles of Health Promotion, Copenhagen, 9–13 July 1984 (ICP/HSR 602(m01)5 p)*. Copenhagen: WHO Regional Office for Europe.