**Elderly Care Facilities**

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There is a very good chance that many of us will face the difficult and heartbreaking act of placing a beloved parent in an elder care facility. Even those of us who are fortunate to be able to care for our parents at home will face extreme challenges. Such challenges in elder care are by no means new; in fact, as far back as the 1950s, laws were passed to limit funding for elder care in the United States. More alarmingly, the problem has been growing exponentially in recent years and continues to expand. From 2017 to 2018, for example, the cost of a private facility increased by 3% in just that one year. As a result, it is highly likely that the people who gave us life and cared for us, not just our own parents, but an entire generation, will not experience the dignity and comfort they should. With these long-standing mindsets about the value of elder care, and with rapidly rising costs in mind, a clear plan for multi-faceted, financially backed government action is imperative moving forward.

The primary reason the government must make a plan for rising costs and for increasing assistance through money and other resources is that there are simply too many needing elder care now who cannot afford it, with far more patients and much higher costs in the near future. To illustrate, the number of people living longer and therefore needing care has skyrocketed with advances in treatment and preventative care during this century. As Zhang et al. (2022) assert, “A crisis is looming,” causing services and healthcare processes to be stretched to their limit, and the future outlook is startling. Currently, around 9% of people worldwide are older than 65, but this number will likely reach 17% by the year 2050 and 25% by 2056 (p. 12). What’s more, health care costs are now “doubling between 45 and 65 years” of age and “again between 65 and 82 years” (p. 2). These numbers alone are staggering, but when combined, they indicate a massive rise in the cost of being older and a monumental burden on families. Even now, when the global percentage translates to the U.S. being home to over 55 million people over age 65 with a projected number twice that on the horizon, the urgency is clear. Tens of millions of families will struggle to meet the demands of caring for their aging parents, and millions of these families and their parents will pay the price with financial ruin and sub-standard, often inhumane care.

However, common misconceptions about elder care costs and what most families are able to do create a dangerous culture of denial of the problem and apathy, or at least a widespread perspective that lacks an essential vital urgency. For example, many families in high-income brackets and with the best insurance policies may reasonably never have experienced the need to pay out of pocket for their parents’ care. Many elderly patients, therefore, live in residential care homes that would seem luxurious to the average American, and many are able to stay in their comfortable homes because the family can afford to hire round-the-clock private nurses. As a result, many government decision-makers may be surprised by the population and cost numbers but may not fully grasp the real human toll. To pay for elder care, many families take second mortgages, if they are fortunate to own a home, and many already living with lower incomes are left with bills higher than all of the money they have earned in their lifetimes. In addition, it is lower-income families who most often opt to provide their own in-home care for parents, often with the parent moving into their children’s homes. Home care, though, is very rough for caregivers; there are often “injuries associated with physically helping their loved one” (Shirai et al., 2021, p. 227) as well as a major increase in mental illness, all of which cause “a detrimental impact on their quality of life” (Xiao et al., 2022, p. 9). The added emotional, mental, physical, and financial stress of having no choice but to care for a parent at home, therefore, is a problem weighted heavily toward traditionally lower-income groups. As a result, and contrary to what most high-level decision-makers experience and understand, elder care presents a profound and biased reduction in quality of care and basic human happiness for these largest, already marginalized groups in the U.S.

To combat the inaction resulting from such reality gaps regarding elder care in the U.S., and to compel much more government action, a closer and more profound look at problematic elder care is necessary. For example, millions of older adults experience some form of memory loss or dementia, and unless a well of funds is available, these illnesses are devastating not only in the emotional pain they cause in all families, regardless of income; they are especially overwhelming for those who could benefit from more government help. As McGhan et al. (2022) note, in-home family dementia care creates a decline in family caregivers’ “physical and cognitive functioning and quality of life” (p. 27). For families already struggling to eat and pay bills, such added struggles are absolutely debilitating and are often impossible to carry. When families are unable to care for parents, or when an older person has no family and no money for expensive elder care, another group in crisis, the elderly homeless population, emerges and grows. This common occurrence is frequently a death sentence because elder care, as expressed by Humphries and Canhamb (2022), “is often inadequate or unavailable to those without a fixed address,” which usually means an unnecessary rapid decline due to otherwise treatable conditions or to new conditions caused by homelessness, like pneumonia (p. 158). What’s more, while some older adults, the “chronically and episodically homeless,” have been homeless for years and are eligible for care programs, the newly homeless who need elder care “are often excluded from such programs” (p. 170). The fact is that these individuals who suffer and die on the street or who unwillingly cause emotional or financial ruin for their families exist in significant numbers. Being much more vocal and specific about this elderly population is a good first step toward true awareness and real action.

Ultimately, it is easy to overlook the problems with elder care in our country because we often live many decades before the issue touches our lives. As a result, elder care does not receive the attention it so desperately needs. However, by publicizing the increasing challenges and dangers of being old in the U.S., a growing group of young and middle-aged people can help influence more effective and widespread government action. Rallying with passion and dedication now could mean that millions of our parents, and many of us, will not suffer the way our elders traditionally have and still are in modern America.

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