Are We Ready for This: The Aging of America

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A briefing paper from the Global Women’s Project

“Young” America is rapidly changing into older America. “In the year 1900, there were 3.1 million Americans over the age of 65 (or 4.1 percent of the population). By mid-century, there were 12.3 million people over 65 (or 8.1 percent of the population). In 2000, 35.0 million people were over 65 (or 12.4 percent of the population), a number that is projected to rise to 71.5 million by 2030 (or 19.6 percent of the population) . . . . over a somewhat longer term, the trends are even more startling: between 2000 and 2050, the U. S. Census Bureau expects the population of Americans age 45 to 54 to grow moderately from 37 million to 43 million; but, in the same period, the population age 55 to 64 will grow from 24 million to 42 million; the population age 65 to 74 will nearly double, from 18 million to 35 million; the population age 75 to 84 will more than double, from 12 million to 26 million; and the population age 85 and above will more than quadruple, from 4 million to 18 million” (President’s Council on Bioethics, 2005, 3-4). This age shift is changing the U.S. demographic structure.¹

The aging population is and will continue to become more and more racially and ethnically diverse. During the aging process, people’s life patterns do not change significantly. Their economic situation reflects the opportunities and obstacles people faced throughout their lifetime. Women live longer than men and for the most part in greater poverty than men. African Americans, Native Americans and Hispanics are generally less economically secure than the white population. Disadvantaged minorities and less educated people have
fewer resources to draw on (Himes, 2002, 30).

This dramatically shifting demographic structure has multiple causes: better health and medical care starting from birth, a growing number of people living longer and healthier lives, lower birth rates, a growing number of disabled veterans, changing family structures, an increasing number of women in the work place, a growing number of single women who are childless, and the baby boomers (that great increase in the birth rate between 1946 and 1964). This changing age structure will have significant economic, social, political and familial impact in the coming years. Looming questions arise: who will care for this growing population of elderly and how will the care be paid for?

Current structures for care in the U.S. are already facing financial shortfalls. As the ratio of workers decreases and the retired population grows, Medicare, Medicaid and Social Security will all be affected. Care-giving institutions such as nursing homes and special day programs are limited in scope already. Families are experiencing lower birthrates and often live at a distance from their elderly loved ones, reducing the number of potential voluntary care-givers. Paid home health care workers, while a growth need for the future, will probably decrease due to strict immigration laws, poor pay and lack of benefits. Some areas are already experiencing a nursing shortage.

However, the effects of the U.S. changing demographics will not be limited to economics and health care systems, as essential as they are. The coming of “a mass geriatric society will affect every dimension of human and social life: the culture of the workplace, the consumer market, the housing market and most deeply the rhythm and character of family life. We will live differently, work differently, and perhaps, even think differently in a society in which the needs of the old become ever more dominant” (President’s Council of Bioethics, 2005, 5-6).

**Care-giving Today**
Traditionally, unpaid family members, primarily women, have assumed the responsibility of the care of aging loved ones. The federal Administration on Aging estimates that over 22 million volunteer caregivers are engaged in care at any one time. A quarter of adult Americans reported that they had provided care for disabled family members during year 2002. That translates into more than 50 million volunteer caregivers. They assumed this work “out of love and loyalty, and most find caregiving meaningful and rewarding” (President’s Council on Bioethics, 2005, 8). But this decision has not been without costs. The average time a caregiver spends a week is 18 hours and when the patient needs significant help with daily activities (bathing, dressing, toileting, feeding and safety) the time can increase to 40 hours a week. The period of time an elderly person may need care can be as short as six months but can also stretch into years depending upon their health.

Today the majority of volunteer caregivers are employed with 80 percent of women now in the paid workforce. The demands of caregiving often compel them to shorten their work hours, take unpaid leave and refuse promotions and work-related travel requirements. These cutbacks lower their incomes and also future social security benefits. Care-giving can also take a toll on their health and psychological well-being. There are economic, social and health care costs to the caregiver and her/his family.

**Care-giving in the Future**
The U.S. is not without resources. Our medical and scientific advances will continue to mitigate some of the ailments and limitations of aging, but not reverse the reality that death and dying are the condition of all life. Public policy and long-term care insurance as well as increasing Medicare and Medicaid benefits, retirement savings accounts are all possibilities in the public and private sector to make aging both affordable and secure (President’s Council on Bioethics, 2005, 2).
To relieve the economic drain on voluntary caregivers, social security could be extended to include them
to cover both time lost at employment and also for their work of caregiving. Tax breaks, such as the Earned
Income Tax Credit could be developed for voluntary caregivers. Medicare could be added to Medicaid to
cover the costs of nursing homes. Medicaid and Medicare could include home health care workers and
visiting nurses. The Family and Medical Leave Act could include paid leave as well as job protection. More
businesses and workplaces could adopt family-friendly policies such as flexibility relative to time and place
of work and workplace programs that assist employees with family care needs such as support groups and
counseling programs; access to adult care services such as home health providers or respite care services; or
on-site information services and “caregiving fairs” (Wagner, 2003, 7).

At a more systemic level, the whole welfare system needs to be reviewed and transformed from its current
patchwork of flawed programs and regressive safety-net approach to a more universal system of social
protection. A major objection to looking at a universal system of social protection is usually the cost.
However, an overhaul of the current tax code and review of tax expenditures and tax breaks would reveal
there is money in the system. We are moving into a very different social era and will need to reorder the
country’s priorities, adjust the tax code, and the allocation of tax payers’ dollars toward the goal of universal
well-being. This will not be an easy task, but we must begin by looking at the future and preparing for it.

This analysis is focused on elder care, but caregiving is not confined to the elderly. As a society the U.S. is
faced with multiple care needs. Child care continues to be a problem for many families; returning veterans
with serious disabilities; the chronically ill and the disabled. Care is becoming one of our major social and
economic issues.

What Can You Do?

- Support workplace flexibility
- Share this information with family, friends and colleagues
- Look at you and your family’s future; plan before an emergency
- Support an overhaul of U.S. welfare towards a system of universal social protection

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Endnotes

1 The content of this paper relies heavily on the President’s Council on Bioethics publication, 2005, “Taking Care: Ethical Caregiving in our Aging Society” which presents a comprehensive social, political, economic, cultural and ethical analysis of aging in America. [On-line]: http://bioethics.georgetown.edu/pcbe/reports/taking_care/index.html.