a Michigan Family Forum Publication

Home-based Care for Our Elders: Moving Forward

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PART I: A SHORT INTRODUCTION TO AMERICAN ELDERCARE

Caring for society's older members has been accepted as an individual and a social duty for ages. State sponsored pensions for veterans date back to the Roman Empire, the Byzantines started building nursing homes called "Gerocomeia" over a thousand years ago, and Thomas Paine proposed a retirement security system in 1795.¹ These ideas were outliers though, because [the reality is that families have been the source of

old age care for most of history.] Today the United States has strayed away from family eldercare and now faces many problems that suggest a reconsideration of this option is in order.

Various historical events gave

rise to the joint system of private savings and public assistance that funds retirement in the U.S. today. Pressure from beleaguered workers persuaded Chancellor Otto Von Bismarck of Germany to establish the first universal pension system for those 70 and older in 1889.² Even though the U.S. had been administering veterans benefits since before the Constitution³ it was reluctant to follow suit. However, the widespread poverty of the Great Depression led to calls for something more. The Social Security Act of 1935 answered these calls with monthly payments to everyone over 65. These first payments averaged \$22.71 or the equivalent of \$377 in 2013 dollars.⁴

Social Security did not face funding shortages at first, but this was not because few people lived to age 65 as is often supposed. Lifespan statistics from the 1930's are often skewed downwards by high infant mortality rates, but only working adults contribute to Social Security. In actuality, from 1940 on, well over half of adults reaching age 21 have reached 65 and begun receiving the benefits for which they paid.⁵ Thus, the program was sustainable because elders were expected to utilize other resources like family care and not due to an unbalanced payer-to-beneficiary ratio as many suppose. It became more rare for elders and children to live under the same roof as various social changes took the U.S. out of the Depression and towards today's vision of the "golden years." The workplace shifted from fields and factory floors to offices that became more and more distant from relatives. In 2011, 40% of Americans reported living more than 5 hours from their parents.⁶ The availability of pensions, 401(k)s

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and other savings plans joined with a rising stock market to give seniors higher incomes and a means of purchasing greater mobility through new medical technologies. All of these factors gave rise to

never before seen levels of independence in old age.

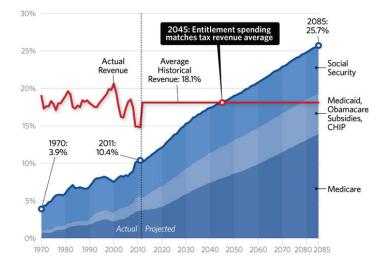
The current state of retirement makes it hard to imagine that over 50% of seniors fell below the poverty line during the 1930's.⁷ Average leisure time has steadily increased among seniors over the past century⁸ and the U.S. Forest Service even reports that 80% of those 65 and older now regularly engage in outdoor activities.⁹ Yet despite all these advances, looking to family for assistance in old age is not uncommon in today's world.

Many older Americans now face difficult situations, thus making family assistance more vital than it has been in recent decades. Stories of being forced to decide between groceries and medicines are real, and the AARP notes that about half of seniors "had difficulty making ends meet in the three years following the start of the recession" that began in 2007.¹⁰ On a societal level, Social Security and Medicare cost American taxpayers over a trillion dollars or 8.7% of GDP in 2012 (See Figure 1).¹¹ Solutions to these growing problems have not been forthcoming, possibly because one longstanding and ubiquitous resource for lowering costs and maintaining care is rarely considered – the family.

PART II: THE BENEFITS OF FAMILY-BASED ELDERCARE

Family-based eldercare takes many forms. Multigenerational families, wherein aging parents go to live with their children's families, are the historical choice. Defined by the Census Bureau as consisting of three or more generations, multigenerational households grew from 3.7% of all U.S. households in 2000 to 4.0% in 2010.¹² Elders may also receive in-home care from relatives who do not have children at home. The most common option by far today is for younger relatives to simply commute to their elder's residence to provide care. In any case, these forms of caregiving can all positively impact elders, families, and Michigan's population in general.

FIGURE 1: Medicare, Social Security and Medicaid as a % of American GDP



BENEFITS FOR ELDERS

The most obvious benefits elders might derive from family care are fiscal. Long term care facilities such as nursing homes are expensive. The median cost for each of Michigan's 40,000 plus nursing home residents is currently \$83,950 per year.¹³ Some of these costs are for care that could be provided by unskilled caregivers like family members at a lower cost. For instance, estimates for dressing and bathing assistance alone average \$659/month in these facilities.¹⁴ Government may be the primary payer for almost two-thirds of these nursing home residents,¹⁵ but seniors still bear enormous costs. Medicare only pays for short-term nursing home stays and seniors are not eligible for Medicaid until their countable assets fall below \$2,000.¹⁶ While preserving a senior's estate through non-taxable trusts is possible, this option is limited and unpopular among many. Therefore, without the option of in-home care, elders must often decide between depleted savings or government assistance. Unfortunately, without family resources both of these alternatives generally become reality for all but the wealthiest seniors today.

On top of lower care-related costs and greater estate value, health benefits can result from a family care arrangement as well. One of the most common dangers for the elderly is falling while alone. Staff monitoring in nursing homes does help mitigate this risk, but Michigan law only requires staff-to-patient ratios in nursing homes of 1:15 at night,¹⁷ a substantially higher ratio than in most homes. What's more, studies suggest that maintaining personal relationships as are found in families has a physiological effect "just as important to health as other common risk factors like smoking…or obesity."¹⁸

Adding to these potential physical benefits from family caregiving are numerous psychological ones that studies show exist. The American Geriatric Association reports that "depression affects upwards of 50% of nursing home residents,"¹⁹ and a recent Iowa State University study points to residing in a nursing home as a primary cause of depression.²⁰ Some mental decline is not unusual as we age, but it seems the diminished feelings of independence and self-worth that can result from checking into a long-term care facility exacerbate this process.

Many treatments exist for depression and other psychological ailments, however, retirement homes are often ill- equipped to provide them. Supervision and physical care are usually the primary goals of such facilities, meaning that psychological check-ups can be neglected. Another obstacle to proper diagnosis is that symptoms of depression and anxiety often mirror those of other more serious conditions like dementia. The biggest reason for diagnosis difficulties, though, is the simple fact that institutional caregivers are not personally acquainted with elders, making it harder for them to notice unusual personality changes.²¹ These facts make family care look even better, especially considering that it has the potential to prevent or diminish these disorders. Many times, even the oldest family members help with cooking, cleaning and other household tasks, thereby helping to sustain feelings of self-worth. Families also provide much needed social contact with familiar faces. Furthermore, elders often won't even consider psychiatric treatment unless families cajole them. As one study states "assessment of an older person is often difficult if members of their family and social network are not involved."²² These aspects of family care help to improve quality of life and avoid more costly treatments like medication.

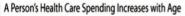
The fiscal, physical and mental health benefits from family caregiving are real and substantial, however, they are not exclusive to seniors themselves.

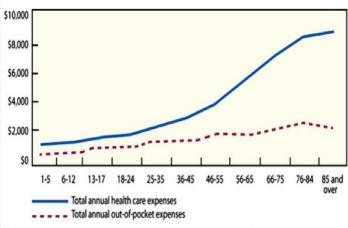
BENEFITS TO FAMILIES:

Good works do not often go unrewarded and this holds true in the case of families who take on the responsibilities of eldercare.

It may seem as if families could only lose money from working less to provide care, but doing so can lower their costs in the long run. In almost all cases, elders must significantly diminish the value of their estates to pay for nursing home care. Impoverished seniors have less to pass on and are often eventually forced to rely on family members to pay for this care. This assistance may not be voluntary either as most states employ "filial responsibility" laws requiring children to cover their parents' unpaid long-term care costs.

FIGURE 2





Source: U.S. Department of Health and Human Services and Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002.

Enforcement of these laws is making a comeback as nursing homes find it harder to collect payments. All of these considerations make the financial incentive to take on family care is more apparent.²³

Beyond the potential monetary gains to families, they can also reap the benefits of having an older family member present at home. A survey from Generations United, a national advocate for multigenerational families, found that 82% of respondents felt living amongst multiple generations "enhanced bonds or relationships among family members."²⁴ Having an elder at home also helps avoid the increased rates of truancy, poor grades and substance abuse that have been shown to result when children are left at home alone during after school hours.²⁵

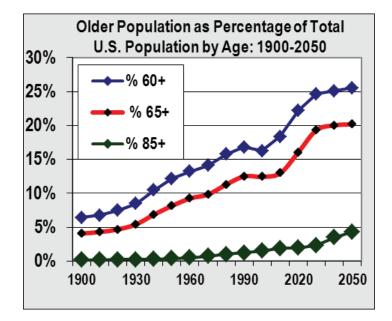
Having elders present is also a great way to maintain the strength of various family traditions and values. Generations United is quick to point to the "wisdom, perspectives and key civic values" that younger people glean from regular contact with their elders.²⁶ Those 65 and older are among the most likely to attend religious services, and older Americans also maintain high levels of civic participation through such activities as voting and volunteering.²⁷ Considering the vital role these traditions and values play in maintaining healthy families, having a constant model of this behavior makes family care seem even more desirable.

BENEFITS TO SOCIETY:

It is rare that a decision could both strengthen families and save the public money but family caregiving has the potential to do just that. Numerous fiscal challenges face the U.S. retirement system. The need for new cost cutting measures is only becoming more urgent as individuals 85 and older, who also have the highest medical costs (Figure 2), now constitute the fastest growing segment of American society. Their numbers have tripled since 1980 (Figure 3).²⁸ With the AARP estimating the value of family care at \$450 billion in 2009, officials cannot afford to disregard this option.²⁹

Of course, family caregiving is not a universal solution to these fiscal challenges, but it is not hard to illustrate its cost-saving potential. The average cost for a semi-private nursing home in Michigan is \$230 per day, seven days a week. Even if a family cannot handle care entirely on their own, they could hire an in-home care professional for a median rate of \$20 per hour in Michigan.³⁰ This caregiver would need to work over 80 hours a week to equal that average nursing home cost.³¹

FIGURE 3:



The recent Affordable Care Act (ACA) only adds to the need for government to consider ways to incentivize cost saving behaviors. People often talk about the lurking fiscal danger from the millions of Americans who qualify for Federal nutrition assistance but do not sign up (one third of the eligible population³²), however, the same situation exists in eldercare. Many seniors qualify for government assistance or could qualify through certain legal maneuvers but decline to take part because they are unaware or unwilling. That could all change as the ACA increases both awareness and eligibility for these programs.

In short, it is hard to envision a scenario where the number of older Americans relying on already cashstrapped government programs does not increase. It is good news then that numerous benefits arise whenever families choose to delay institutional living by caring for their elders on their own. Governments, families and elders may all save money while improving quality of life. Therefore, in a world where public policy often leaves some losers in its wake, supporting family eldercare enjoys a rare situation where everyone can win.

PART III: POLICY OPTIONS TO INCENTIVIZE FAMILY CAREGIVING & ASSIST CAREGIVERS

Not all families have the resources to provide family care, but policies exist that could promote the decision by reducing or removing barriers. The following four policies exemplify ways that existing family caregivers could be supported and potential caregivers could be persuaded to choose this route.

OPTION #1 TAX CREDITS:

One policy deserving consideration came from Michigan State Senator John Gleason in 2010 when he proposed giving tax credits to caregivers for home improvements. Senate Bill 1374 proposed awarding the credits to any Michigan taxpayer "if a senior citizen or person with a disability lives in the home of the taxpayer who makes the qualified renovations." These "qualified renovations" cover any home improvements such as ramps or room additions that would be needed to accommodate a disabled senior.³³

Costly renovations are often the main reason people are dissuaded from caring for elders in their homes. Even if tax credits are not enough of an incentive for individuals to choose family care, they could still be used to save the taxpayers money. A provision requiring proof from a doctor that an elder would otherwise be housed in a long-term care facility could ensure that these credits are only used in cost saving situations. The added property value this policy would create is another reason it is a favorable option.

OPTION #2 CAREGIVER CREDITS:

Another possibly beneficial policy would be to provide caregivers with credits towards their future Social Security benefit. One of the biggest reasons people decline to care for elders is that doing so would require leaving the workforce. So-called "caregiver credits" help reduce the penalty from lost wages by ensuring that caregivers' retirement incomes aren't significantly reduced. These credits work by making caregiving count as a work activity that adds to defined contribution programs like Social Security.

Caregiver credits are widely used in Europe³⁴ and were proposed to Congress in 2011 by Rep. Lowney

(D – NY) as the "Social Security Caregiver Credit Act of 2011" (HR 2290). The bill would have made "caregiving for a dependent relative" a countable work activity for up to 5 years with regards to future Social Security entitlements.³⁵ While this proposal has limited applicability at the State level, it has great potential to assist vulnerable groups through Federal action. Women in particular could benefit as they most often work less to care for dependents, including elders, and face double the poverty rate of men upon reaching age 65 as a result.³⁶

OPTION #3 ELDERCARE LOANS:

A more modest proposal would be for states to guarantee low interest rates to families in need of loans to provide eldercare. Similar to the way student loans are backed by the Federal government, states could ensure that loans to families for eldercare have affordable interest rates. Elders often use reverse mortgages to help with costs, but once they leave home these lines of credit are no longer available. If families could be assured that a means of financing their caregiving is available at reasonable terms, they might be more apt to take on this responsibility.

Similar programs for elders and their families exist, but none of them meets the specific needs of family caregivers. Seniors can utilize programs similar to Massachusetts's "Home Modification Loan Program," which offers disabled individuals low interest loans for home improvements.³⁷ Families might also seek out "bridge loans" that allow families to jointly pay for a loan covering retirement home costs. Options like these could provide families or elders the attractive opportunity to pay for care at a monthly rate similar to that of a cable bill. However, currently none of them apply due to certain eligibility requirements.

OPTION #4 FILIAL RESPONSIBILITY LAWS:

The final and most controversial of these methods for promoting family eldercare are filial responsibility laws. Dating back to medieval Europe,³⁸ these laws impose a legal responsibility on children to pay for their parent's care if necessary. No one is suggesting

that families should be persuaded towards caring for their elders through lawsuits, but expressing this duty in law could have positive effects. It would heighten awareness of family care as a legitimate option in an age when it is far from the social norm.

Filial responsibility laws have been on the books in many states (29 of them) for generations, Michigan not included, and have seen renewed utilization in recent years.³⁹ However, making these laws a palat-

able solution requires significant safeguards. A 2012 lawsuit illustrated this need when a son was required to pay his mother's \$93,000 nursing home bill after she fled the country.⁴⁰ This case shows that at the very least these safeguards should include consideration of a child's means and relationship with a parent. Ultimately though, the comeback of these laws stresses just how urgently policymakers should be searching for new eldercare funding options.

PART IV: FINAL REMARKS

The fact that family caregiving is once again among the most desirable eldercare arrangements means that any rethinking of the American retirement system should keep families in mind. As far back as President Kennedy, this type of rethinking seemed natural judging by his view that "The Social Security program...cannot remain static. Changes in our population, in our working habits, and in our standard of living require constant revision."⁴¹ It is true that in-home caregiving is an impossible or imprudent choice for some families, but public policy should be formulated to encourage more families to assume responsibility for their elders and to reap the benefits of family care.

For millennia, societies have enjoyed these benefits by acknowledging a duty to care for elders. In 1935 the United States enshrined that promise in law. Preserving it will require creative thinking on the part of policymakers. American families must play a role in any solution if the vast improvements in senior living that have occurred in this country are to continue into the twenty first century.

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