The History of Senior Care
Why a new bold model has emerged!

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History:

In the twenty-first century, nursing homes have become the standard form of care for the most aged and incapacitated persons. Many older adults are sheltered in residential facilities that provide a wide range of care. Our current senior care model is now 53 years old!

Before the nineteenth century elderly individuals who needed shelter because of incapacity, impoverishment, or family isolation often ended their days in an almshouse. Other names used to house seniors were; asylums, old-age homes, poor-houses, county homes, old folk home, last refuge, warehouse's for the old, junkyards for the dying, half-way houses - because those housed there were between society and the cemetery.

Despite the name changes and the rosy descriptions that have filled our current institutions' annual reports, most people hardly looked upon the almshouse as a satisfactory solution to the demands for long-term care for the elderly. Could it be said that our current care centers of today are still just satisfactory?

Throughout the early twentieth century these facilities have remained a symbol of failure, despair, and worthlessness. Poverty, disgrace, loneliness, humiliation, abandonment, and degradation are a few of the feelings many seniors have as they were placed there after the prime of their productive lives.

We must also consider the concerns of families, the guilt and resentment when placing their loved ones in our care centers.

By the 1930s, government officials accepted the argument that the rising proportion of elderly persons in almshouses was a sign that older people could no longer compete in the modern world. According to a government study in the 1930s, "the predominance of the aged in the almshouse is a sign of their increasing dependency" (United States Social Security Board).

In asserting the constitutionality of the Social Security Act (1935), Supreme Court Justice Benjamin Cardozo, writing for the majority, proclaimed that "the hope behind this statute is to save men and women from the rigors of the poorhouse as well as the haunting fear that such a lot awaits them when the journey's end is near" (Haber and Gratton, p. 139).

In eradicating the almshouse, therefore, pension legislation had an unforeseen consequence. By barring almshouse inmates from payments, aged individuals in need of long-term care were forced to seek shelter in private institutions.

By the 1950s, the intent of policymakers to destroy the hated almshouse had clearly succeeded. Most poorhouses had disappeared from the landscape, unable to survive once their inmates no longer received federal annuities. As a result, and due to the lobbying of public hospital associations, Congress amended Social Security to allow federal support to individuals in public facilities. New legislation, including with the Medical Facilities Survey and Construction Act of 1954, allowed for the development of

public institutions for the most needy older adults. For the first time, both public and private nursing-home residents were granted federal support for their assistance.

In 1965, the passage of **Medicare** and **Medicaid** provided additional impetus to the growth of the nursing-home industry, which, while it had been increasingly steadily since the passage of Social Security, grew dramatically. Between 1960 and 1976, the number of nursing homes grew by 140 percent, nursing-home beds increased by 302 percent, and the revenues received by the industry rose 2,000 percent. To a great extent, this growth was stimulated by private industry. By 1979, despite the ability of government homes to provide care, 79 percent of all institutionalized elderly persons resided in commercially run homes.

According to investigations of the industry in the 1970s, many of these institutions provided substandard care. Lacking the required medical care, food, and attendants, they were labeled "warehouses" for the old and "junkyards" for the dying by numerous critics. The majority of them, proclaimed Representative David Pryor in his attempt to initiate legislative reform in 1970, were "halfway houses between society and the cemetery" (Butler, p. 263). And, like the almshouses of old, people feared ending their days in the wards of these institutions and relatives felt guilty for abandoning their elders to nursing-home care.

Beginning in 1971, therefore, policymakers began to enact numerous government regulations in order to control the quality of long-term care. In 1971 the Office of Nursing Home Affairs provided a structure to oversee numerous agencies responsible for nursing-home standards. In 1972, reforms of Social Security established a single set of requirements for facilities supported by Medicare and for skilled-nursing homes that received Medicaid. Although this limited the ability of most individuals to enter skilled-nursing facilities, it increased the demand for intermediate-care facilities. Other amendments to the Older American Acts in 1973 and 1987 provided and strengthened statewide nursing home ombudsman programs. Nursing homes residents and their families now had a secure way of voicing any institutional complaints (Atchley, p. 511).

President Ronald Reagan signed in 1987 the Omnibus Budget Reconciliation Act (OBRA) This is the pivotal point where enormous change was felt in the nursing home sector of this country. Prior to 1987, anyone could look after residents of a care center with little or no training. The abuse and neglect was very questionable in these facilities. With OBRA, nursing assistants had to actually be specifically trained to care for long term residents. There were set guidelines to insure that care was being done correctly and that they were being taught by qualified nursing professionals.

These policies, however, did not uniformly raise the standards of all nursing homes, nor did they eliminate the fear expressed by many of the older adults who faced nursing-home admission with dread.

Are privately held profits directly effecting the quality of delivered care to it’s clients? Is the shortage of qualified CNA’s and others working in this high skill but low paid field effecting the level of care?

Yet, as the percentage of the population over eighty-five has continued to grow, nursing home care has become an increasing reality for many of the nation's oldest old. By 2000, nursing homes had become a 100 billion dollar industry, paid largely by Medicaid, Medicare, and out-of-pocket expenses; and although only 2 percent of all elderly individuals between sixty-five and seventy-four reside in such institutions, the proportion of those over eighty-five increased to 25 percent.

Although recent legislation has attempted to control nursing homes, and federal funds such as Medicaid contribute to their assistance, the problems that face long-term care for older adults are clearly tied to their historical development. In shutting the almshouse door, policymakers gave birth to the modern nursing-home industry 50+ years ago.

The Joint Center for Housing Studies of Harvard University sounds an alarm in their 2014 “Housing America’s Older Adults” study and their 2016 “Projections & Implications for Housing A Growing Population” study. These exhaustive studies paint a very bleak picture for our current and future seniors. These studies are warning us of a very real and growing problem. The real concern no one seems to be addressing the heart of the problem with real scalable solutions.

Their studies show the following;

- “Our US housing stock is unprepared to meet the escalating need for afford ability, accessibility, social connectivity and supportive services.
- Disconnects between housing programs and the health care system put many older adults with disabilities or long term care needs at risk of premature institutionalization.
- The lack of accessible, affordable housing can result in premature stays in nursing homes or inability to return home after hospitalization.
- We need to find “Bridge Housing” that transitions aged seniors from home to end of life care.
- High housing costs force millions of low income older adults to sacrifice spending on the necessities including food, undermining their health and well being.
- 67% of seniors wants to age in place in their communities.
- Less than 1% of homes has the necessary design elements needed to properly care for seniors. Many of their homes have other major deficiencies (leaking roofs, heating or plumbing issues) making the estimated $13.2 Billion dollar investment to update 5.5 million homes (ADA compliance) for a short term period very questionable.
- A number of Federal efforts need to be expanded in particular rental/lease options and assistance.

- State Medicaid can reorient their funding to enable low income households to age in community rather than institutional facilities with better outcomes.
- Seniors are living longer and will need help in daily living; bathing, dressing, eating and toileting. Families need help with this to better care for seniors longer. These are things family members can provide with the needed tools and support services.
- There are concerns of how long can family hold up and provide care without the proper tools?
- By 2030, there will be 38.6 million seniors between the ages of 65-74 year olds. By 2035, their will be 13.4 million single households consisting of an 80 year old woman.
- This aging population represents an enormous business opportunity for developers of innovative housing and services that support aging in place.
- Promising entrepreneurial approaches in the realm of design, urban planning, health and wellness, and social engagement must emerge.
- Government at all levels must help address shortages of affordable care and accessible housing for older adults.
- But state and local governments have big role to play. Municipalities in particular can adapt their building codes and zoning regulations to encourage production of more diverse and flexible housing.
- Every individual can help promote livability and broader senior housing options that supports living in the community through supporting public policy."

What I find most interesting about these Harvard studies they mention the importance and need of skilled nursing homes or end of life care. However, Harvard describes "the need of something more, something missing, something yet to be created that is innovative and is encompassing of the missing components needed to address the growing senior housing concerns. Something that will provide "bridge, flexible, affordable, age friendly, aging in place senior housing". Their conclusion tells me the senior housing solution has not been identified yet!

Is it time to update the current model of how we care for our seniors? It is time we accept the fact that the government can no longer financially provide for seniors as in the past? It is a fact that two major values have traded places in the last 50 years. Today we now have more aging seniors and far less dollars to care for them! While old models still have there place they can no longer transport us efficiently and address the growing needs in today's health and care economy.

It is time to embrace current technologies and transfer back the labor responsibility to our senior's extended families? It is time to create new models and opportunities and

give seniors other choices; living by their family, cared for by their family and remaining in their own communities? A paradigm shift has taken place regarding our seniors.

The Center for Medicare and Medicaid Services (CMS) must approve disruptive delivery models that achieves their very own goals; provide better senior care, better health for our communities, at lower costs. CMS must acknowledge this shift and endorse these new disruptive services by making them certified and eligible as CMS providers.

The shear numbers of seniors moving into assisted care is forcing us to reinvent how we move forward in providing assisted care and housing to our aging seniors!

Our current model is labor intensive and experiences continual labor shortages. The rising costs of labor and the challenges of finding ideal employees trouble all industries throughout the world. The "labor component" is a large liability and needs to be transferred back to families. Saving real dollars and increasing quality of care. If not we will not be able to sustain under the current growing pressures. These pressures will come from the worsening financial shortfalls both in private and in government, labor shortages, and the enormous population base moving into assisted living over the next 30 years!

Can we do more with less? Yes, may I add six missing words from Harvard's Senior Housing Studies? Portable, temporary, telemedicine, and micro care center. These six words were missing because these studies identified the needs and didn't attempt to find the solution. They left that up to us in the private sector. Living Solutions' portable micro care center named Ppod™ has addressed each concern these Harvard studies have identified. We have taken the efficiencies of technology and created a model that encompasses all needs and packaged them into a deliverable product. Ironically, Ppod™ is cheaper by 47-70% than the national monthly average of traditional care centers! Yes, Ppod™ also does more than just house seniors!

Did I mention it's overwhelming popularity with seniors? Take the test! If you could choose for yourself where would you live? In a rest home? or in your own cozy high tech pod nestled next to a loved one?

Mark Hunter, CEO, Living Solutions, LLC. 2018

Housing America's Older Adults, Meeting the needs of an Aging Population 2014

Projections & Implications for housing a Growing Population: Older Households 2015-2035 (Both studies written by Harvard's Joint Center for Housing Studies.)

CAROLE HABER, History of Senior Care.

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