

Survey on the attitudes of the older American baby boomers towards institutionalized care services

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Abstract

Background: Currently the American society is an aging one. With the rapid increase in the number of American baby boomers expected within the next 18 years, the older population will reach 20.3% in 2050. The needs of institutionalized care facilities to accommodate these older baby boomers will significantly increase.

Methods: A face-to-face survey interview was done at the end of 2013 to American older baby boomers aged 55 years and older in order to study their attitudes towards long-term care services. The data indicate that more baby boomers are willing to use long-term care services but worry about financial difficulties.

Results: The results of the survey also show the respondents' concerns of the quality of nursing home services and relevant social policies about the institutionalized care system.

Conclusions: Based on the survey results, we discuss the improvements of institutionalized care services and the establishments of different social policies corresponding to the baby boomers' generations.

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Introduction

With more than 13% of the population composed of seniors [1], the American society currently is an aging society and is also experiencing a flood of baby boomers coming into retirement age. The baby boomer era started in 1946 and ended around 1964 [2]. During these 18 years, approximately 78.2 million babies were born. The first baby boomer generation reached 65 years old in 2011. By the year 2030, it is projected that one in every five, or 20% of the American people will be in their senior years [3]. This is almost four times more than the proportion of seniors 100 years earlier in 1930 [3]. A large proportion of the baby boomers will live until age 85, and many of them will live into their 90s [3].

Therefore, the existence of the older baby boomers will continue for at least another 15 to 30 years after 2030. Due to the decreased family size with fewer children, increased size of the older population, and increased life expectancy, it is anticipated that more baby boomers will use institutionalized care rather than home care. Statistics shows that when baby boomers reach their 80s in the next 20 years, there will not be enough people to care for them [4]. This is because “from 2030-2040, the 80-plus population is projected to increase by 44%; on the other hand, those aged 45-64 will increase by only 10%” ([4], p. 1).

In 2030, the oldest baby boomers will be 84 and the youngest will be 65. This wide range of ages influences the basic needs of the older baby boomers

due to variance in individual health conditions. The real challenge is not at the age of 65, but the increasing healthcare needs with increasing age [5]. For example, when people reach their 80s, they will need more family and professional care. It is assumed that with the increase of the older baby boomers, there will be more people using long-term care in the near future [6]. These care facilities will need to provide many features to the growing older population including help with daily life activities, medical care, and age-specific activities [7].

Over 40%, or at least 30 million older baby boomers will enter a nursing home before they die [8]. The availability of qualified institutionalized care services was always one of the issues. In 1994, for example, there were about 9 million residents in long-term care facilities, among them about 6.5 million were 65 and older [7]. If needs in the future reach 30 million residents requiring institutionalized care, that will be about five times more institutionalized care facilities needed to provide adequate services. According to Kinsella [10], in 1900 the life expectancy for males was 48.3 years and for females was 51.1 years. The projected life expectancy in 2020 for males will be 77.1 years and for females 81.9 years [11]. At the beginning of this century, about 125 million people had a chronic disease, which is about 45% of the total population in America. The number is projected to increase during the next thirty years [12]. In the 1900s, memory impairment issues were not a major health concern, but today there are 5 million Americans aged 65 years and older with Alzheimer's disease. It is expected that by 2050 the number of people with Alzheimer's disease will increase to 13.8 million. Currently, Alzheimer's disease has become the 5th leading cause of death for those people aged 65 and older [13]. Since the baby boomers, on average, live longer but may have chronic diseases, there will be no doubt they will need more institutionalized care services in the future.

Another main issue is that there is not enough staff to accommodate the number of residents in nursing homes. The availability of future front-line caregivers is not promising [11]. This is not only because of the increase in the demands of institutionalized care services, but also because of the limited number of people who are willing to work as caregivers in long-term care homes due to numerous other job

opportunities with better benefits and/or fewer obligations. If the situation is not improved, there will be a severe shortage of nursing home care professionals.

Even though older people receive beds, they may not receive quality care. This is due to the heavy workload that is placed on caregivers. If a direct care staff is working with a very high workload, there will be only some of the basic care that can be performed to fulfill residents care needs. It may also lead to an increase in the spread of infections due to minimal prevention measures in practice while trying to manage resident care. Falls can be more common because a caregiver cannot be there all the time. With the increase in the demand for long-term care, the above issues will become more common.

According to Kurtzleben [2], American baby boomers experienced economic ups and downs during their lives; many of them may have to depend on social security with limited financial resources after retirement. According to the Social Security Website [14], about 39% of the older people receive social security benefits as a part or their entire income. Based on the current living standards, Social Security benefits only support basic living requirements. Once institutionalized care is needed, it will be difficult for individuals to afford these services based only on Social Security income [15]. In addition, some of them may not be able to receive the care from their families as expected. According to Whipps [16], the current size for an average family household is 2.6 people. This means that many families are having one child or no children. Small family size also means the lack of family caregivers when the baby boomers need care from their families.

Methods

A face-to-face survey interview was completed in the fall of 2013 in the Greater Cincinnati area, including the states of Ohio and Northern Kentucky. This survey included a questionnaire, which focused on baby boomers aged 55 and older. College student researchers randomly collected the data. The purpose of this research was to analyze the needs of these individuals and the usage of institutionalized care services. The research variables included the

individual respondent's age, current health situation and financial conditions, attitude toward current social policies, and preparation and plans for their future long-term care needs.

Results

Study participants

The background of the respondents is listed in Table 1. The research cohort included 164 respondents. The majority of the respondents (56%) were between 55 and 64 years old. Forty-four percent of the senior citizens were 65 and older. Fifty-five and 45% of the respondents were female and male, respectively. Among all respondents, 51% were either retired or retired but still working part-time. The majority of the respondents (74%) were married, and 80% lived with their spouse and/or children and also expected to live with their family in the future. The majority of the participants in the survey considered themselves healthy (62%).

Financial status and future plans

The respondents' current situations and future plans for living arrangement are described in Table 2. Most of the respondents (78%) felt confident about their current financial status. However, there were 22% that were unsure and not confident about their financial status. When respondents were asked if they have ever thought about using long-term care, 34% said "yes", 26% answered "unsure", and 40% expressed "no". For those people who said that they would like to use long-term care services, their reasons were that they preferred to use this type of care (6%), they wanted to be more independent (52%), or they felt their children could not care for them (11%). The explanations for those who decided not to use long-term care services was that they preferred staying at home (52%), or expected to be cared for by their family (32%).

Major concerns for long term care costs and services

The concerns for using institutionalized care in the future included: 46% of respondents felt that they could afford the expenses by paying out-of-pocket or had already purchased long-term care insurance

(Table 2). Fourteen percent of respondents expressed that long-term care was unaffordable. There are 25% of the participants who felt panicked about not knowing what to do should they need institutionalized care (Table 2). Due to the current situation in long-term care services (Table 3), 77% admitted they had concerns about the cost of long-term care services, and 75% were unsure about the quality of services. Seventy-three percent of the respondents felt that the American society should establish new policies to resolve the demands of professional caregivers. This is based on the respondents' (79%) response that American society needs more professional caregivers and dissatisfaction with the cost of services (57%). In addition, 87% felt that people live longer now and long-term care should, at least in part, be covered by insurance (Table 3).

Discussion

The difficulties that the respondents have to face

The survey indicates that the majority of the respondents still living with their spouses and children. Many of them have not made plans for the future regarding long-term care facilities because they are not in need of these services yet. The majority of them thought they were healthy. Despite the above data, one third of the respondents said they had thought about using long-term care in the future (Table 2). This number is indicative of the future high demands of institutionalized care services by the growing number of older baby boomer generations.

The survey also indicates some major concerns of the respondents. For example, 40% of them did not know what they should do financially and had already realized that they would not be able to pay for institutionalized care services (Table 2). After retirement, many individuals face a decrease in their income [17]. With limited financial resources, such as their Social Security benefits and savings, many older people's concerns mainly focus on their health and future care when they cannot handle daily living activities. They cannot necessarily depend on family caregivers/children to offer care, thus bringing them to long-term care services.

Table 1. Background information of the respondents (n=164)

| | N of respondents/% | | N of respondents/% | | N of respondents/% | | N of respondents/% | |
|-----------------------|--------------------|-----------|--------------------|-----------|--------------------|----------|--------------------|---------|
| Sex | Female | 90 (55%) | Male | 74 (45%) | | | | |
| Age range | 55-64 | 92 (56%) | 65-74 | 42 (26%) | 75-84 | 27 (16%) | 85 and above | 3 (2%) |
| Working status | Working | 81 (49%) | Retired* | 83 (51%) | | | | |
| Marital status | Married | 121 (74%) | Other* | 43 (26%) | | | | |
| Current living arrng. | W/family* | 132 (80%) | By myself | 24 (15%) | Other | 8 (5%) | | |
| Future living arrng. | Facility* | 1 (1%) | W/family* | 131 (80%) | Myself | 22 (13%) | Other | 10 (6%) |
| Current health status | Good | 102 (62%) | Average | 45 (28%) | Poor | 17 (10%) | | |

Working status: Retired*= retired or working part time; Marital status: other*= Widowed/single/divorced; Current living arrangement: W/family*= with family (spouse and/or children); Future living arrangement: Facility* = institutionalized care services; Future living arrangement: W/family*= with family (spouse and/or children)

Table 2. Current situation of the respondents (n=164)

| | N. of respondents/% | | N. of respondents/% | | N. of respondents/% | | N. of respondents/% | | N. of respondents/% | |
|--|---------------------|-----------|---------------------|----------|---------------------|----------|---------------------|----------|---------------------|----------|
| Thought about using facility care | Yes | 54 (34%) | Unsure | 42 (26%) | No | 65 (40%) | | | | |
| If yes, they (n=70) | Facility* | 4 (6%) | Indep.* | 37 (52%) | Capable* | 10 (14%) | Children* | 7 (11%) | Other | 12 (17%) |
| If no, they (n=94): | Home* | 49 (52%) | Family* | 30 (32%) | Unable* | 7 (7%) | Other | 8 (9%) | | |
| Current fin. status | Yes* | 124 (78%) | Unsure | 25 (16%) | No* | 9 (6%) | | | | |
| Self-evaluations for using future facility | Capable* | 75 (46%) | Children* | 15 (9%) | No idea* | 40 (25%) | Cannot* | 23 (14%) | Other | 9 (6%) |

- If yes: facility*=prefer to use the institutionalized care services; indep. (independent)*= would like to be more independent from the needs of my family; capable*=financially capable to use institutionalized care; children*=children are busy
 - If no: home*=prefer to staying at home; family*=would like to be cared by spouse and or children; unable*= think that institutionalized care facilities will be very expensive by the time I use the service
 - Current fin. (financial) status: yes*=have confidence about the current financial status; no*=have no confidence about the current financial status
 - Self-evaluation: capable*= will pay out of my pocket if I need the care, or have long term care services insurance, or have already saved enough money with the situation; children*=children will be able to support financially; no idea*=do not know how to handle the situation if the care services are needed; cannot*=the long-term care will be expensive, do not think they can afford it

Table 3. Major concerns about institutionalized care services (n=164)

| | Agree N. of respondents/% | Unsure N. of respondents/% | Disagree N. of respondents/% |
|--|------------------------------|-------------------------------|---------------------------------|
| The cost of long-term care | 126 (77%) | 21 (13%) | 16 (10%) |
| The quality of long-term care | 122 (75%) | 27 (17%) | 13 (8%) |
| Caregivers will be in high demand | 137 (84%) | 20 (12%) | 6 (4%) |
| Need more professional caregivers | 130 (79%) | 30 (18%) | 4 (3%) |
| Policies needed for solving the demand of caregivers | 119 (73%) | 31 (19%) | 14 (8%) |
| Satisfied with the quality of services | 37 (23%) | 81 (49%) | 46 (28%) |
| Satisfied with the cost of services | 22 (13%) | 49 (30%) | 93 (57%) |
| Long-term care should be covered by insurance | 141 (87%) | 13 (8%) | 9 (5%) |

If they are not able to afford the care due to their financial situation, it will become an issue that the American society has to confront in the future. This demonstrates that some older people have uncertainty or feelings of panic about their future care due to the high cost of these services (Table 3).

In comparison with the required cost, the quality of services has become an issue. This phenomenon relates to the lack of professional caregivers and associated service support in nursing homes, which directly affects the residents' quality of life in long-term care services. Associated service support includes cooks housekeepers, launderers, maintenance staff, activity directors or administrators. There are different team members who have to cooperate in order to provide and contribute to quality of the care. The current issue in the majority of the American nursing homes is that they do not have enough workers to offer the services when needed. The residents have to follow the workers' schedules in order to receive services, which may not be completed promptly. The delayed services can lead to complaints by and dissatisfaction of the residents and their family members. The insufficient services could also result in severe health issues of the residents. The lack of team workers in long-term care is risky and could lead to unexpected consequences.

Improvements on the quality of services and professional caregivers

American society should start to prepare these services needed by the older people. The establishment of such services will take a long time, especially due to the shortage of care workers in American long-term care services. For example, the training that is required to become a qualified caregiver or an aide includes not only a formal education, but also clinical training for years. In addition to the formal education, a caregiver will need ethical guidance, for example, to have the compassion for the job they are doing and for the older people they are serving. These ethical values can be accumulated through the years of working in this field. As a long-term caregiver, the job can be highly stressful. Young adults have many choices as their careers. They may not have the compassion as a caregiver when starting their schooling. Even if they

started their education wanting to be caregivers, that could change if their compassion fades. Another issue for long-term care is a potential shortage of occupancy space, when more baby boomers apply for nursing homes in the near future. Building an institutionalized facility is complicated, as it must meet the needs of the older population living within it.

The establishment of new social policies

As discussed above, it is estimated that there are more than 10,000 baby boomers reaching 65 years of age per day. As of now, this will continue for about 18 additional years [18], and will create many urgent issues that must be dealt with immediately by Americans. The most important action to be taken is to establish new policies and have plans to meet the challenges of the increasing aged society. New policies may need to be established with at least two methods: the first policy is urgent financial aid to be set up by different levels of the government or social organizations to temporarily help older people who are in urgent need and may not be eligible for Medicaid long-term care coverage. This type of aid could be short-term loans or true financial aid.

The second policy could lead to the establishment of an additional professional care insurance coverage or personal savings that can only be used for future long-term care services. If the savings are not used by a certain age when older, then the money can be spent for other healthcare expenses. For this policy, people will have to start contributing at a young age. The difference between the two policies is that the first policy needs to be prepared by the society/organizations to benefit the older people. The second policy is an insurance coverage, which will be controlled and covered by the insurance companies. A personal savings account will be privatized and managed by the individual person when they reach older age. Either policy can assist people in having access to professional caregivers when in need. The personal savings account is different from the current policies, which is based on the willingness of purchasing the insurance; under the new policy it will be mandatory.

It is also important to spread this type of information and notify society, particularly younger generations.

They may or may not realize the extent of their parents' and grandparents' needs in their daily lives. The preparation for meeting these needs by the family is a long process. The children or the family caregivers have to be psychologically, physically, and even financially ready. The dissemination of information about the baby boomers' needs is also important to encourage Americans to volunteer and be compassionate in order to serve for older people in need.

In the meantime, additional new nursing homes need to be constructed. However, there are still more older people who are willing to stay at home if there are associated services that could assist them to continue to care for themselves. These services include: food delivery, availability of home health nurses, housekeepers, and/or pharmacy deliveries. Some of these services are already available, but need to be more convenient and reliable. Some of these services still need to be established, especially in small towns that are far away from urban areas. In addition, the older people should be able to choose from a variety of services that meet their needs. The establishment of these services is important. The training required for the caregivers and people in service delivery should gradually become essential in the long-term. Compassion is the fundamental element determinant of the quality of their services. Not all the people have compassion for their work; many of them treat it as their job.

Educating people in service delivery to care about their jobs is critical to increase their ethical and moral values. It is also important to adhere to their psychological and financial needs. Psychologically, many caregivers take on high stress workloads, because they have the responsibility to care for fragile older residents. Financially, many of the caregivers receive low salaries compared to the obligations and hours required for their work [19]. This condition needs to be changed in order to eliminate negative factors, which impact compassion for their job. Since the number of older people will reach 20% in American society by 2030, it has become important for society to be involved in the well being of the older population, as it is not just the responsibility of the older people themselves and/or their families and other individuals. The data from this survey may be limited, because they only covered participants in a

given region. However, the data have represented some of the major concerns about financial situation and the use of institutionalized care services in the future by the baby boomer generations.

Conclusions

With the rapid increase in the number of baby boomers, American society will face serious issues of providing qualified institutionalized care services and professional caregivers. The major concerns by the older baby boomer generations are if they are financially capable to support themselves when needing to use institutionalized care services in the future. To establish more services and to train more professional caregivers has become a big challenge for the American society. At the same time, it is important to launch new elderly policies to meet the needs of the elderly population and encourage people to accumulate more financial sources for their future care if in need.

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