Shelter and Care for the Elderly Population: Reasons for Cynicism

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In most industrialized countries, the family assumes the primary burden of caring for its elderly members when they become physically and mentally frail. Such informal supports are not always available, however, and even the most devoted spouse, child, or sibling is often unable to cope with the demands of the caregiving role. Thus, it is inevitable that they turn to formal care providers for relief. Collectively, these six books assess how effectively housing-related shelter and care strategies are answering this need.

Housing Frail Elders: International Policies, Perspectives, and Prospects, edited by Jon Pynoos and Phoebe S. Liebig, offers readers an opportunity to compare how the shelter and care options for the frail old in the United States compare with those found in Denmark, Sweden, Great Britain, Netherlands, Germany, Israel, Canada, and Australia. A leading authority in each country describes the demographic and housing status of the elderly population, summarizes the successes and failures of past and current housing strategies, and identifies the most important housing issues.

Even as we are continually reminded of the distinctive economic and political systems found in these countries, it is the similarity of the responses and issues that most impresses. Familiar and recurrent themes present themselves: the increasingly demanding shelter and care needs of a rapidly growing frail elderly population; the relative merits of treating the older population as a distinctive needs group as opposed to one of many vulnerable groups of housing consumers; the economic pressures to reduce the growth and prevalence of nursing homes; the pros and cons of self-contained supportive group housing facilities; the increasingly murky boundaries between alternative housing and care options; the relative desirability of aging in place in familiar social and physical surroundings; the continuing assessment of shelter and care policies in the face of rapidly increasing government expenditures and leaner budgets; and the desirability of making institutions such as nursing homes more humane and homelike places to live. A concluding chapter offers a different perspective. It compares how national and subnational government jurisdictions, the private and nonprofit sectors, and informal supports (families and friends) are differently involved in the development and administration of the housing programs in Australia, Canada, Germany, and the United States.

This carefully edited book avoids most of the pitfalls that can plague a collection of papers originally written for a conference, and can be highly recommended as a source book on crossnational housing comparisons. Nonetheless, it would have benefited from an organizing framework or common set of empirical indicators allowing the systematic contrast of the types and quality of shelter and care strategies and outcomes experienced in each country. Rather, this burden of compilation falls on the reader.

Small Board-and-Care Homes, by Leslie A. Morgan, J. Kevin Eckert, and Stephanie M. Lyon, along with the other four volumes, focuses on housing issues in the United States. This book reports on a study of very small, unlicensed, but legal board-and-care homes in Cleveland and Baltimore occupied by eight or fewer residents. These conventional house-like settings offer a wide array of household and personal care services to their often physically and mentally frail elderly occupants. Each of the residents typically has his or her own bedroom but shares with the other occupants all other areas in the house (e.g., bathrooms, kitchen, living room). These homes are usually run as family businesses and the providers are typically married couples or unmarried women who raised their own families in these dwellings.

The authors provide an excellent overview of the occupants and operators of these facilities and carefully analyze their financial operation, their professional and service linkages with the community, and the significance of their unregulated status. This category of supportive group housing has often been vilified by professionals, the press, and congressional investigations as unsafe and dismal shelter and care environments to which we have irresponsibly relegated the poor American old. The authors of this study have reached a very different conclusion: they rate the small board-and-care home as a highly desirable low-
cost residential alternative. The thoroughness and carefulness of this study emphasize the dangers of making simple generalizations based on past stereotypes.

In the United States, the assisted living facility has been lauded as a shelter and care alternative to the nursing home. Proponents argue that this less expensive option is a more appropriate accommodation for many physically and mentally frail elders who seek to maintain their privacy, autonomy, and dignity even as they require a more supportive living environment. We need look no further than Assisted Living for the Aged and Frail, by Victor Regnier, Jennifer Hamilton, and Suzie Yatabe, to obtain the best comprehensive overview of the assisted living model. Drawing on evidence from many case studies both in this country and in Europe (especially Scandinavia), this volume systematically articulates the project, physical design, and social setting as well as the managerial, service, and financial characteristics of this alternative. At the end of the volume, seven case studies are chosen to show the “best practices” of this alternative. These are especially informative descriptions, if only because they outline not only the successes of specific projects but also admit to some practical obstacles or problems confronted by their developers and operators. Such balanced treatment is sometimes missing in this book. It is not that the authors do not present the downsides of this alternative, but only that they scatter their assessments throughout the volume so that readers may not recognize the many complex issues surrounding the widespread adoption of assisted living.

An inevitable conclusion from reading the short papers in Old and Homeless — Double-Jeopardy: An Overview of Current Practice and Politics, edited by Diane Watt Rich, Thomas A. Rich, and Larry Mullins, is that “homelessness precludes a single characterization” (p. 9) and “has multiple causes” (p. 117). An inadequate supply of affordable rental housing does not simply explain the plight of the homeless. Rather, the older homeless population is a product of past deinstitutionalization policies, untreated depression and anxiety, substance abuse, unavailable family support, abject poverty, untreated chronic physical health problems, the inability to access human services, and the restricted resources of social outreach agencies. Given their limited personal, family, and formal care resources, homeless persons confront many difficulties coping with the social, psychological, and physical problems of growing old.

This book offers an adequate overview of these needs. Practitioners and counselors seeking a quick overview of the elderly homeless problem and the available inventory of community responses will find this volume most useful. Some readers will be frustrated, however, by the superficiality and redundancy of some chapters. The result is a book that leaves us with several unanswered questions. What is the actual size and projected growth of the elderly homeless population? What is its dominant demographic profile? Would an increase in the availability of community services alleviate this group’s distress? What would be the likely impact of increasing the supply of affordable residential options such as government-assisted rental housing, affordable board and care, and assisted living accommodations? Are the elderly homeless simply unfortunate younger adults who have survived to old age, or persons experiencing their plight only later in their lives? Most important, the book fails to come to grips with a question that now permeates our Congressional debates. Are current social programs merely bandages camouflaging lingering and festering human ills, or are they medicinal cures destined to eliminate the elderly homeless problem altogether?

Aging and Cohabitation, by Rebecca Gronvold Hatch, describes the results of an empirical analysis of both young and old unrelated American couples of different sex who are living together in the same residence. Using data from two national data sets, the U.S. Bureau of the Census and the National Survey of Families and Households (National Center for Health Statistics), the author assesses the prevalence of these households and their members’ unique demographic, economic, and health characteristics. Along with the unsurprising finding that this cohabitation pattern is more prevalent among youthful than elderly populations (approximately 1% of the latter), the author also finds that for elderly persons, cohabitation is a living arrangement more likely to be found among divorced men and women, the most poorly educated, and to a lesser extent, the less functionally healthy. The author also speculates about the various emotional, financial, and political reasons that discourage cohabitation. Contrary to the author’s suggestion, there seems to be little reason to consider cohabitation as a public policy strategy to free up housing accommodations.

The equity that older persons have in their owned homes is a major source of their economic wealth. The Housing Decisions of Elderly Homeowners, by Peter G. VanderHart, focuses on this largest single group of U.S. elderly households. The book empirically examines whether the financial decisions of these homeowners (e.g., acquisition of a new mortgage) or housing transactions linked with residential moves result in an increase or decrease in their equity positions. Through an evaluation of several mathematical models, the author confirms that the housing decisions made by older persons simultaneously reflect both their financial and demographic characteristics. Several chapters in this book are previously published journal articles, and the book reads like a series of discrete research reports. The material in this book is highly technical and its mathematical subtleties will interest only the most ardent modelers. A brief concluding section examines the public policy implications of the findings.

A Bright Future?

Together these books offer reason for optimism. In this country, the poor elderly population has disproportionately benefited from federally assisted low-rent housing programs and is better housed than any previous generation of old. The advantages of helping poor, frail tenants to age in place in government-sponsored housing projects has resulted in the introduction (albeit in a slow and piecemeal fashion) of service coordinators and new household and individual services. The accommodation and service needs of the frail elderly population are now better understood than ever before, and state governments are finally recognizing the limitations and deficiencies of institutionalized alternatives. Several states in particular have adopted innovative financial and service strategies to serve their frail elderly poor, even as bureaucratic and jurisdictional barriers persist.

Various financial strategies (e.g., federally insured reverse mortgages, low-income housing tax credits, federally insured mortgage insurance for assisted living, the financing of assisted living services with Medicaid waivers, more standardized and reliable long-term care insurance products) are now encouraging market-driven elderly housing and care options. And the elderly housing industry is also now made up of a more knowledgeable group of providers who have learned from the development and management mistakes of the 1980s. Despite these gains, however, recent shifts in public opinion and political agendas lead to the following more cynical view.
The Good Poor and the Bad Poor

These books foremost remind us that there are “good poor” and “bad poor” in American society, and that these labels are affixed with only fragile threads. The attributes that distinguish these two groups are infrequently articulated, even as they are tacitly understood. Collectively, however, they explain why persons having the very same low incomes may be differently perceived and treated. The “good poor” are seen by the public sector as enjoying stronger popular backing for their status as welfare recipients. They are less likely to be negatively stereotyped by virtue of their racial or ethnic backgrounds or their mental illness. Their problems are perceived as being more understandable and easier to assess and treat. The “good poor” can be more easily considered victims whose difficulties have resulted from forces outside of their control, rather than of their own making or of their failure to help themselves. Together, these traits contribute to a view of the “good poor” as being more helpable. Philanthropic organizations see themselves as contributing to a “good cause” and responding to fixable problems. The public sector views its development of programs and benefits for the “good poor” as more socially desirable, less controversial, and less likely to generate opposition. They are also considered easier to administer and more likely to yield to successful outcomes. For the private sector, helping the “good poor” is good business. They receive attractive financial incentives from the public sector to serve as the purveyors of their social programs and benefits.

These distinctions shed light on our society’s differential response to the disadvantaged. They help explain why the poor elderly population has been more favored as occupants of government-subsidized rental programs than poor nonelderly minority groups, and why a proposed group housing project intended for older cognitively impaired occupants is likely to draw greater neighborhood opposition than a group home designed for the physically frail old. They help explain the bureaucratic resistance to creating complex programs with difficult-to-measure results, such as the offering of supportive services to poor and frail elderly tenants already living in public housing projects.

These distinctions, in particular, help to explain the plight of the elderly (and nonelderly) homeless, and why their future prospects are poor. What newly established Medicare HMOs or physician provider groups are likely to seek out the elderly homeless as members, given their multiple and difficult-to-treat medical problems? What privately owned apartment project will want them as voucher-subsidized tenants given their often eccentric lifestyles? What state governments will be anxious to spend their limited Medicaid dollars on this less popular group of needy persons? What city governments will want the homeless on their streets, given their propensity to hassle their tourists? What economic incentives will exist to retain SRO (single room occupancy) hotels to serve the destitute when a “better” rental clientele exists?

The distinction between the “good” and “bad” elderly poor is often based on more subtle distinctions. Reverse mortgages that allow cash-poor elderly persons to draw on the equity in their homes have become more attractive lending instruments for banks and savings and loan institutions. The federal government has actively encouraged the participation of the financial sector through its insuring of these instruments. Unlike conventional or forward mortgages, low income is not by itself a basis for the ineligibility of an elderly applicant. Rather, loan feasibility depends on the expected future value of the person’s owned home being treated as an asset. Unfortunately, as Housing Decisions of Elderly Homeowners reminds us, many poor elderly homeowners are also more likely to live in low-valued dwellings such that reverse mortgage instruments cannot provide them with substantial additional income. Given the low values and limited appreciation potential of their properties, financial institutions do not view these poor elderly homeowners as especially attractive loan candidates.

Contrariwise, two linked shifts in governmental policy are likely to lead to changes in the designation of the elderly as the “good poor,” and the growth of older persons who will have difficulty affordong needed shelter and services. First, in the name of fiscal responsibility and more local autonomy, a reduced federal and increased state role in the defining, prioritizing, and budgeting of needy persons is likely to lead to a less standardized set of programs and benefits for American elders. This prospect is increased as state legislatures feel more compelled to promote programs addressing problems that are more visible and are perceived by their constituencies as more serious — poor unemployed mothers recently dropped from welfare roles, the young disabled, growing numbers of unemployed and delinquent youth, top-heavy with minorities, poorly funded public education systems, and overcrowded prison systems. Many elderly poor are thus in danger of receiving less government assistance as chronological age alone becomes a less cogent basis to allocate scarce public resources. Second, as new federal policies result in older persons paying increased out-of-pocket costs for health care and social services, and in their receiving more slowly growing entitlement benefits during their old age, the ranks of the poor elderly — especially those with incomes marginally above government-designated poverty thresholds — are likely to swell. So too, will the numbers of older homeowners and renters who will find their household budgets no longer adequate to pay for their shelter costs.

Assisted Living vs Board and Care: An Example of Elitism?

The conventional residence and the nursing home persist as prominent icons of the diametrically different settings in which we accommodate physically and mentally frail older persons, and the literature is filled with assessments of the relative merits of these polar responses. In contrast, few comparative analyses exist of board-and-care and assisted living alternatives which, while also requiring group living, tend to be more residentially-oriented alternatives for frail older people who do not require the more intensive and expensive care offered in nursing homes. Although sharing many similarities, they are often depicted very differently by professionals, residents, family, and the media. On the one hand, board-and-care facilities are usually characterized as traditional, mom-and-pop, socially marginal, minimal accommodations of suspect quality that are tolerated because they house the poor. On the other hand, assisted living facilities are described by adjectives such as “ideal” and “creative” and as the most promising emerging model of professionally managed shelter and care that will allow the frail elderly to maintain their independence and dignity. Witness the language the authors of Assisted Living for the Aged and Fragile use to distinguish assisted living from board-and-care options. Assisted living is “a model of residential long-term care...a housing environment with professionally delivered personal care services.” In contrast, “board-and-care homes are small-scale, family-style arrangements that often operate without professional management assistance” (p. 1, emphasis added). Apparently, board-and-care homes are only “sophisticated and therapeutic” when they...
The financial footing of board-and-care facilities usually that of a concerned and well-intentioned amateur. As Small Board-and-Care Homes frequently reminds us, board-and-care operators are often characterized as “unaffiliated” and “socially marginal” workers in an “underground service-delivery system.” They “run their homes in the unmarked, marginal territory between family and formal institution . . . are not organized, case-managed, and funded by a single agency, instead dealing with haphazard and sometimes overlapping interventions from a variety of agencies and groups” (p. 117). In short, professionals do not operate them.

The economics of these alternatives also differ sharply. The financial footing of board-and-care facilities usually depends on their occupants receiving both federal and state benefits (that is, Social Security, Supplemental Security Income, and state supplements). Most board-and-care facilities are not big money earners for their operators, and they are not considered attractive development opportunities by the private sector. In contrast, assisted living facilities primarily accommodate a middle- to upper-income elderly resident population, and private developers have striven to differentiate their product from the board-and-care alternative. Accommodating the poor elderly in assisted living facilities — often by Medicaid waivers — has so far not been widely adopted.

Real differences between board-and-care and assisted living facilities do justify their very different portrayals. Concerned but inadequately trained and often poorly remunerated, middle-aged homeowners are not professionals, and the care offered in many of these facilities has undeniably been incompetent and substandard. The issue, however, is whether we should so singularly devalue a category of shelter and care. We do not so malign the family household as a model of care, even given mounting evidence that frail older members suffer physical, financial, and emotional abuse — both intentional and unintentional — at the hands of their family members. Clearly, the way in which we portray the differences between board-and-care and assisted living represents yet another basis by which we segregate alternatives available to the poor as opposed to wealthy elderly segments.

**Assisted Living Facilities: Ideal vs Reality**

That assisted living constitutes a key long-term shelter and care alternative for American elders is indisputable. Nonetheless, it is often difficult to sort out the realities of assisted living from the ideal images conveyed by its proponents. The as yet unfulfilled promise that assisted living will be widely accessible to the poor old and not just an option for more well-off elders is but one example. Another issue is the unproved belief that most assisted living facilities will appear and operate according to the principles of the “residential” or “homelike” model. But as Assisted Living for the Aged and the Frail acknowledges, “. . . an alarming number of newly constructed for-profit and nonprofit sponsors have embraced the medical model” (p. 16). This raises the question of whether a less structured and more weakly regulated assisted care group setting will be tolerated by a society that so values predictability, control, and protection, and that in turn questions the wisdom of leaving the private or public sectors to their own devices. The answer will be complicated if, as many predict, the less expensive assisted living model begins to function widely as an alternative to the nursing home for the destitute frail elderly. This is a strong possibility as state governments are asked to rely on less Federal Medicaid money, and as they tighten their income/asset eligibility standards for Medicaid-funded nursing home beds. As the need to subsidize assisted living alternatives for poor elders increases, Medicaid funds may be increasingly diverted from nursing homes, and state supplements to Supplemental Security Income benefits may be increasingly diverted from board-and-care facilities. Another outcome may be well-meaning legislators demanding that assisted living facilities, especially those receiving government funding, meet more stringent health and safety standards. The increased regulation and bureaucratization of these alternatives will also be driven by financial institutions seeking to invest in shelter and care operations, but only with guarantees of a standardized physical plant and operating environment.

Doubters of this scenario are reminded of how professionals and advocates view the unregulated or poorly regulated board-and-care industry — the haven of the frail poor — or on how they have reacted to the prospects of removing nursing homes from the regulatory authority of the federal government and placing them under state oversight. The reaction of the executive director of the National Citizens’ Coalition for Nursing Home Reform is typical: “Any proposal that would wipe out Federal nursing home reforms spells a national tragedy . . . Federal standards assure taxpayers accountability for their hard-earned dollars and give families and friends of nursing home residents the security that loved ones are safe and receiving decent, appropriate care” (Aging Network News, Sept., 1995). This kind of response, unfortunately, may have the unintended result of driving another wedge between providers serving the poor as opposed to the wealthy. To avoid the imposition of a medical model and to sustain the costs of fulfilling the ideal principles of the assisted living model, many assisted living facilities will cater only to higher-income private-pay clients. The poor frail will be relegated to the less attractive and more heavily regulated assisted care facilities operated under capped and inadequate Medicaid reimbursements. A likely result is that the quality of care and life differences now found between private-pay and government-subsidized nursing homes will emerge between categories of assisted living, distinguished by the economic status of their resident populations. In the process, we may also witness the demise of many family-run board-and-care facilities that are unable or unwilling to function in this more heavily regulated and bureaucratized environment offering weaker fiscal support.

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