EQUAL OPPORTUNITY AND THE ELDERLY

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The United States of America is more than a nation; it also represents an ideal, based on a belief in freedom, liberty, and equality. The elderly is one group for whom this ideal is often out of reach. Perilous income deficiencies and lack of opportunity make this dream out of reach for America's elderly population. By 2030, the population of elderly adults aged 65 and older in the United States is expected to more than double from 36 million in 2003 to 72 million.[1] As older Americans come to occupy a larger percentage of the total population, the costs associated with supporting those who are no longer expected to work similarly increase. Additionally, even with current assistance many senior citizens live in poverty or with insufficient resources. Currently, two-thirds of elderly Americans over the age of 65 rely on an average yearly Social Security benefit of $15,168.36 to supply at least half of their income.[2] If Social Security payments were excluded from income calculations, the number of people over the age of 65 who were considered to be in poverty would increase by close to 14.5 million, five times as many as are currently considered poor.[3] According to the Supplemental Poverty Measure, 12.5% of the elderly population in the United States lives in poverty.[4] Without Medicare and Medicaid the rate of senior poverty would increase by around seven percent to include a fifth of

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1 Leo Quigley, "Innovation in Senior Housing: Four Case Studies." The Metlife Foundation, last modified 2010, "https://www.metlife.com/assets/cao/foundation/SeniorHousing_Ent.pdf" https://www.metlife.com/assets/cao/foundation/SeniorHousing_Ent.pdf, pg. 1

2 Thomas B. Edsall, "The War on Entitlements," New York Times, March 6, 2013, "http://opinionator.blogs.nytimes.com/2013/03/06/the-war-on-entitlements/?ref=thomasbedsall"

3 Ibid, pg. 1

4 Kathleen S. Short, *The Supplemental Poverty Measure: Examining the Incidence and Depth of Poverty in the U.S. Taking Account of Taxes and Transfers*, U.S. Census Bureau, June 3, 2011, pg. 7, "https://www.census.gov/hhes/povmeas/methodology/supplemental/research/WEA2011.kshort.071911_2.rev.pdf"

the total elderly population in America.[5] Since medical services are required for the elderly to function normally, the Supplemental Poverty Measure classifies them as an unavoidable expense and provides data for what poverty among the elderly would be without assistance from Medicare and Medicaid. The resulting figure comes to about nineteen and a half percent.[6] This hypothetical calculation makes the impact of these programs as poverty relief measures palpable.

Housing is another unavoidable expense faced by the elderly. It is especially burdensome for rural seniors, as "sixty percent of all rural seniors have either a disability or have difficulties with self-care or independent living, making necessary home improvements expensive and physically impossible."[7] Older Americans with fixed incomes and often poor health are frequently forced to leave their homes and move into assisted living facilities or nursing homes. According to the National Center on Elder Abuse, over forty percent of Americans over the age of sixty five will eventually enter a nursing home, with 3.2 million living in nursing homes, and more than 900,000 in assisted living facilities as of 2008.[8] Since the number of elderly Americans who live in nursing homes and assisted living facilities is so high, a significant portion of this paper evaluates the quality of care in these locations and establishes recommendations for improvement. The statistics above present a broad picture of poverty rates among elderly Americans. But financial difficulties are not the whole story. What obligations do we have to these citizens with regard to equal

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5 Ibid, pg. 10
6 Ibid, pg. 11
7 "Rural Seniors and Their Homes." The Housing Assistance Council, August 2011, "http://www.ruralhome.org/storage/documents/elderly.pdf" http://www.ruralhome.org/storage/documents/elderly.pdf, pg. 1
8 *Abuse of Residents of Long Term Care Facilities,* National Council on Elder Abuse, February 2012, pg. 1-2, "http://www.centeronelderabuse.org/docs/Abuse_of_Residents_of_Long_Term_Care_Facilities.pdf"

opportunity and the right to participate in society?

For the most part, people agree on the need for sufficient financial assistance to meet the basic needs of at-risk populations such as children and the elderly. People become more ambivalent when the idea of basic needs is expanded beyond minimal provision for food, housing costs, and healthcare. However, especially in the United States, there is a value in societal participation. Amartya Sen describes this concept through the idea of capabilities. A capability is essentially the ability to function normally in society and participate in the life of the community.[9] The capabilities approach focuses on choice, and holds that the vital good society should promote is a set of opportunities that people can legitimately choose whether to utilize.[10] Many of the elderly are unable to participate in the community due to what is essentially a lack of freedom. Sen links capabilities to the "freedom to lead different types of lives."[11] Aging Americans often lack fundamental levels of control over their lives, as health and financial restrictions force them to make undesirable compromises.

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Fairness for every American means providing equal opportunity for normal functioning. This discussion can be boiled down to a question of opportunity; more specifically it is necessary to ask what equal opportunity looks like for the elderly in America. Norman Daniels takes up the question of equal opportunity for the elderly in *Just Health.* Generally, discussions of the elderly do not often include a focus on opportunity, probably because most people consider opportunity to be something

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[9] Amartya Sen, *Conceptualizing and Measuring Poverty*, (United States: Stanford University Press, 2006), pg. 37

[10] Martha C. Nussbaum, *Creating Capabilities: The Human Development Approach*, The Belknap Press of Harvard University Press, 2011, pg. 18.

[11] Amartya Sen, *Capability and Well-Being*, (Oxford University Press: 1993), pg. 33

intended for the young. However, this is only true if opportunity is thought of in the context of equal opportunity for jobs and education. Martha Nussbaum says that capability is concerned with the question "what is each person able to do and to be?"[12] In this way, a broader definition of equal opportunity easily incorporates the needs of the elderly. Daniels argues that opportunity at each age is based on the question of what is considered important at different stages of life.[13] At very young ages discussions of equality of opportunity generally focus on access to affordable, quality education, and as citizens reach adulthood this discussion shifts to focus on opportunity in the job market. Seldom is the problem of opportunity for the elderly addressed. Opportunity for the elderly looks a little different than opportunity for these younger societal cohorts; however, it is still necessary.

Equal opportunity for the elderly is the ability to, as Sen calls it, "take part in the life of the community."[14] In order to be a part of the community the elderly need more than just a subsistence level of income, they need access to social interaction, houses of worship, transportation, and in some cases flexible employment opportunities. Volunteer opportunities can also foster capabilities and provide meaningful opportunities for interaction with the community. Daniels contends that many of the elderly would be happy with assistance continuing to engage in meaningful work.[15] As the elderly begin to live longer and sustain a higher level of health, many could continue to work with a more flexible schedule.[16] Equality of opportunity means that every member of society is given the opportunity to play an

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[12] Martha C. Nussbaum, *Creating Capabilities: The Human Development Approach*, The Belknap Press of Harvard University Press, 2011, pg. 18

[13] Norman Daniels, *Just Health*, (New York: Cambridge University Press, 2008), pg. 175

[14] Amartya Sen, *Conceptualizing and Measuring Poverty*, (United States: Stanford University Press, 2006), pg. 37

[15] Daniels, pg. 184

[16] Daniels, pg. 184

active role in the community.

The World Health Organization defines health broadly as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[17] Oftentimes it seems that the emphasis is placed on physical well-being which is much easier to provide for and measure as opposed to social and mental well-being, which can be less tangibly measured but is equally important. The question thus becomes: does society have a duty to provide for the health, physical and otherwise, of its citizens? Additionally, what does true health include? Does it include opportunity for socialization in order to achieve normal functioning in society? If so, what measures should be undertaken to meet these needs?

America currently fails to provide total health to its elderly population. America provides the elderly with vital, albeit modest financial, assistance through Social Security and Medicare, but makes little provision for non-financial needs. If equality of opportunity is considered a factor, this is definitely not enough. Capability for normal functioning in society is intimately tied to the ability to remain independent, and therefore to housing options for this population.

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The two categories of housing for the elderly are home care and institutional care. Home care retains a unique advantage in that it allows the elderly to more easily remain in their original community. With regard to institutional care individuals may need to travel outside their home to find an affordable nursing home or assisted living facility. This in turn requires them at times to form a new support group,

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[17] “Mental Health Strengthening Our Response,” World Health Organization, September 2010.
"http://www.who.int/mediacentre/factsheets/fs220/en/"
http://www.who.int/mediacentre/factsheets/fs220/en/

frequently cease attending their house of worship, and essentially become isolated from their old community. For these reasons, home care generally better protects equality of opportunity than institutional care. However, for more seriously physically and mentally disabled individuals, home care is not always a viable option. In these situations it is vital that institutions provide quality, supportive care that fosters normal functioning as much as possible for residents. This conception of equality of opportunity requires that elderly citizens be given genuine choices, which they have the ability to pursue.[18] This paper considers the various ways equality of opportunity manifests itself for senior citizens.

Home Care:

Currently, many older Americans live in run-down, derelict housing. In order to meet the standard for equality of opportunity, elderly people must have a genuine choice to stay at home as they advance in years. Society needs to provide "appropriate, accessible" accommodations with different financing options for those who cannot afford to own a house outright.[19] While it seems like home care represents an expensive proposition, in many circumstances it is the cheaper option. According to a government study on long term care, the average cost for an assisted living facility is $3,293 per month, and the average cost of a semi-private room in a nursing home is $6,235 per month. At the same time the costs for a home health aide is an average of $21 an hour.[20] As of 2010, there were 1.4 million individuals

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[18] Sandra Fredman, *Age as an Equality Issue: Legal and Ethical Perspectives*, (United States: Hart Publishing, 2003), pg. 44

[19] Ibid, pg. 44

[20] *Costs of Care,* Department of Health and Human Services, 2010. "http://www.longtermcare.gov/LTC/Main_Site/Paying/Costs/Index.aspx"

living in around 16,000 nursing homes, total expenditures were $143 billion.[21] Of these total expenditures,Medicare paid 22%, Medicaid paid 41%, and the final 37% was paid by individuals out-of-pocket (via Social Security or other income) or through private insurance.[22] Homecare totals to a much lower annual cost than nursing homes and assisted living facilities. If the government focused on keeping senior citizens who were capable of living at home (with assistance), it could actually cut costs to the taxpayer and provide elderly Americans with a higher degree of opportunity.

When senior citizens are allowed to remain in their homes, they are more able to take part in the life of the community. They do not face the restrictions that govern many institutions, which have strict rules about when residents can come and go and some also restrict visiting hours. Furthermore, an AARP study found that 81% of respondents age 50 years or older preferred to remain in their homes.[23] Home care allows more constant access to friends and family, and provides more access to the resources of the local community, including local senior centers.

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Although housing costs are lower in rural areas, many senior households, and in particular renters, find it difficult to meet those costs, approximately 1.6 million, or 26 percent of these individuals, pay more than 30 percent of their monthly income for

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[21] *Impact of the Affordable Care Act Provisions to Improve Nursing Home Transparency, Care Quality, and Abuse Prevention,* The Henry J. Kaiser Family Foundation, January 2013, pg. 3
"http://www.kff.org/medicare/upload/8406.pdf"
http://www.kff.org/medicare/upload/8406.pdf

[22] Ibid, pg. 1

[23] Carolyn Cannuscio, Jason Block, and Ichiro Kawachi, *Social Capital and Successful Aging: The Role of Senior Housing*, Annals of Internal Medicine, September 2, 2003, pg. 397
"http://otsl.pbworks.com/f/Social+Capital.pdf"

their housing and are therefore considered cost-burdened.[24] Seniors who live at home are also burdened by utility prices that account for a large portion of their available income. As a percentage of income, utility costs burden the low income elderly more than any other group.[25]

In addition to financial hardship and low quality housing, elderly Americans are often faced with the problem of social exclusion. Social isolation has been correlated with earlier death, lower levels of well-being, greater incidence of depression, and greater levels of disability associated with chronic diseases.[26] Those senior citizens who manage to stay at home often live far from other family members and are frequently unable to get around well enough to find opportunities for social interaction.

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Transportation or the lack of it has a huge impact on the social opportunities open to seniors. Many states have rules limiting the ability of seniors to retain their driver's licenses; while other seniors (especially women) may never have learned to drive at all, having been reliant on their spouse.[27] These driving restrictions are often created with good reason; however, they drastically hinder the ability of the elderly to

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[24] Ibid.

[25] Alexandra Cawthorne, *The Not-So-Golden Years*, The Center for American Progress, September 27, 2010, "http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/"

[26] Bernad A. Krooks, Social Interaction Study Highlights Loneliness and Isolation as Heath Risks for Elders, Forbes, August 23, 2012, "http://www.forbes.com/sites/bernardkrooks/2012/08/23/social-interaction-study-highlights-loneliness-and-isolation-as-heath-risks-for-elders/" http://www.forbes.com/sites/bernardkrooks/2012/08/23/social-interaction-study-highlights-loneliness-and-isolation-as-heath-risks-for-elders/

[27] Jack Cafferty, *Tighten Rules for Senior Citizens Who Drive*? CNN, January 18, 2011 "http://caffertyfile.blogs.cnn.com/2011/01/18/when-is-someone-too-old-to-drive/"

get around. In this situation public transportation becomes incredibly important. Unfortunately, the type and quality of public transportation varies wildly from place to place. Currently, only half of the elderly have access to sufficient public transit.[28] More rural places are especially unlikely to have a good transportation system. In Rockbridge County, the primary source of public transportation is the Rockbridge Area Transportation System (R.A.T.S.).[29] The mission of the service is "to provide safe and affordable transportation for residents of the Rockbridge area, especially those who are elderly, have special needs, or have no other transportation."[30] RATS is a 501(C)(3) non-profit that operates 15 vehicles, and is staffed by 17 employees.[31] The service brings passengers to medical appointments, drugstores, workplaces, shopping centers, and social activities. Additionally, RATS provides rides to medical centers in Roanoke, Charlottesville, and other regional locations. RATS is a dispatch service so passengers call and schedule a pickup. As a result, the system is often running behind schedule. Funding for the service is provided by a combination of United Way, government and foundation grants, and personal donations.[32] RATS vans run five days a week and travel over twenty thousand miles a month.[33] Nationwide, six million elderly people live in rural environments.[34] In general, these individuals have less access to resources of all kinds, including public transportation.

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[28] Alexandra Cawthorne, *The Not-So-Golden Years*, The Center for American Progress, September 27, 2010, "http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/" http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/

[29] Rockbridge Area Transportation System, "http://rats.rockbridgearea.info/index.htm"

[30] Ibid.

[31] Ibid.

[32] Rockbridge Area Transportation System, "http://rats.rockbridgearea.info/index.htm"

[33] Ibid.

[34] Rural Seniors and Their Homes." The Housing Assistance Council, August 2011, "http://www.ruralhome.org/storage/documents/elderly.pdf" , pg. 1

Lack of transportation combines with other factors like a lack of surviving friends and family members and poor physical health to create the phenomenon of social isolation. Estimates of the prevalence of social isolation estimate that as much as 43% of older adults experience some degree of social isolation, which is defined as “a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships.”[35] The main ways that the elderly stay involved with the community are through church and senior centers. However, as people age their ability to stay engaged with society decreases as a result of the variables discussed earlier in this paper. For some, it may even reach the point where they cannot leave their houses to attend church or other social engagements. As a result the onus shifts to society to answer the question of what is owed to these aging citizens, and to what degree should efforts be made to keep them engaged in the community.

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The needs of and problems faced by the elderly vary based on individual circumstances. The specific needs of those who live at home are different than the needs of those who live in facilities; regardless, it is clear that opportunities for normal functioning must be provided and tailored to suit the needs of the individual as best as possible.

Food insecurity is another huge problem faced by elderly Americans, especially those who live at home. More specifically, 18% of the low income elderly

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[35] Nicholas R. Nicholson, *A Review of Social Isolation*, The Journal of Primary Prevention, 2012, pg. 1346 "http://www.medscape.com/viewarticle/769914"

who live with others face food insecurity, as well as 12% of those who live alone.[36] Additionally, only 30 to 40% of eligible seniors take advantage of Food Stamp programs.[37] Seniors who experience food insecurity have higher rates of depression, lowered quality of life, and lower physical health. The higher the level of food insecurity the more problems associated with pain, general functioning, and mental health that seniors experience.[38] All of the problems enumerated above combine to create barriers to normal functioning, in many cases resulting in severe economic difficulties and social isolation.

The face of elderly care in America is not all doom and gloom; there are some very positive examples of effective care and provision for social interaction throughout the nation and right here in Rockbridge County, Virginia. On the local level Maury River Senior Center offers a wide arrange of programs to the elderly of Rockbridge County. Some programs offered at the senior center include music classes, technology classes, lunch, and fitness classes.[39] Additionally, MRSC has vans to pick up clients from around Rockbridge County, as well as a contract with Rockbridge Area Transportation Service to pick up other clients depending on geographic region.[40] The senior center also employs a case manager who meets with clients to determine what is necessary to keep them in their homes.[41] Programs like those offered at the senior center are excellent examples of the capability raising

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[36] Alexandra Cawthorne, *The Not-So-Golden Years*, The Center for American Progress, September 27, 2010, http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/

[37] Ibid.

[38] *Meals on Wheels,* Kronkosky Charitable Foundation, May 2011 pg. 1 "http://www.kronkosky.org/research/Research_Briefs/Meals%20on%20Wheels%20May%202011.pdf"

[39] Schaff, Jeri (Director of Senior Services). Interview by Angelica Tillander, Maury River Senior Center. Record, 01 2013.

[40] Ibid.

[41] Ibid.

opportunities that need to be made available to all seniors throughout the country. These types of programs enhance the quality of life of participants, and give them something to look forward to, as well as a community environment.

At Maury River Senior Center the focus is really on improving the quality of life for the clients. One favorite activity is to put on concerts or plays, which are acted in by the clients themselves who work on every step of the performance.[42] This engenders a unique sense of ownership in participants and helps them to feel a part of a community.

There are currently over eleven thousand senior centers in the United States, which serve over one million seniors.[43] Services vary between senior centers, but commonly provided programs include meals, information and assistance, health and fitness programming, transportation, public benefits counseling, social activities, and educational and art programs.[44] A 2007 study demonstrated that lower education levels, poorer health conditions, lower income levels, and lack of access to transportation were good predictors of high levels of participation in senior centers.[45] Around 15% of rural seniors utilize their local senior center.[46] This study demonstrates the success of these centers at reaching out to the highest need population among the American elderly. Senior centers are actually fairly prevalent in rural environments; however, the type and quality of programming offered is seldom

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42 Ibid.
43 *Senior Centers*, Kronkosky Charitable Foundation, May 2011, pg. 1 "http://www.kronkosky.org/research/Research_Briefs/Senior%20Centers%20May%202011.pdf" http://www.kronkosky.org/research/Research_Briefs/Senior%20Centers%20May%202011.pdf
44 Ibid, pg. 1
45 *Senior Centers*, Kronkosky Charitable Foundation, May 2011, pg. 2 "http://www.kronkosky.org/research/Research_Briefs/Senior%20Centers%20May%202011.pdf"
46 Ibid, 360.

as good as the programs offered at those in urban areas.[47] Rural senior centers are more likely to have relatively fewer resources and smaller budgets.[48]

Senior centers also sponsor programs that take place in the home of their clients, as opposed to just ones that require seniors to physically come to the centers. One such program is the telephone reassurance program, where staff members and volunteers make phone calls to the homebound elderly to provide them with social interaction and an outlet for their concerns.[49] These programs are particularly helpful for seniors in isolated areas. Another good program focuses on intergenerational connections, and matches up high school students with elderly community members.[50] These students provide friendly interaction, help them get their mail, and go with them to appointments.[51] This program both provides seniors with needed social interaction and access to needed services like transportation to doctor's appointments. One senior center documented the effect of senior center programs on clients in the following manner:

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> We have seen folks come in wearing slippers and sweatpants, sitting off to themselves and doing nothing. After a while, their appearance starts to change and before you know it, they are wearing jeans, button shirts, and real shoes, participating in activities and dominating conversations ... Home-delivered meal folks enjoy the volunteer visit daily, and we have heard from

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47 Linda Havir, Senior Centers in Rural Communities: Potentials for Serving, Journal of Aging Studies, 1991, pg. 359-360, http://www.stcloudstate.edu/socialresponsibility/articles/documents/SeniorCentersinRuralCommunities.pdf

48 Ibid, 360.

49 Senior Centers Reach the Hard-to-Reach, National Council on Aging, March 11, 2013. "http://www.ncoa.org/national-institute-of-senior-centers/nisc-news/senior-centers-reach-the.html"

50 Ibid.

51 Ibid.

numerous families how much it means to them, that short visit once a day.[52]

These programs not only enhance the quality of life of the individual seniors they also help the caregivers and family members. The problem remains of course that the quality of these centers is widely varied, and these programs are not available everywhere. There are some truly excellent programs like those at Maury River Senior Center, and then there are also some less well-funded centers that do not provide the same level of support. The National Institute of Senior Centers offers an optional accreditation process that requires centers to conform to nine standards of excellence, which focus on developing purpose, community, and programming.[53] Over two hundred senior centers have been certified through this process.[54] Senior centers have an important role to play in the provision of equal opportunity for the elderly. Equal opportunity is rooted in the idea that everyone should have access to the tools necessary for normal functioning in society. This idea is at the core of the work senior centers do. These facilities attempt to raise the quality of life of participants and provide them with a greater sense of capability and community.

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One program often administered through senior centers is Meals on Wheels, which addresses food insecurity in the elderly population. There are currently more than five thousand Meals on Wheels programs active in the United States, which provide an average of thirty to three thousand meals each day.[55] In Rockbridge County, Meals on Wheels is run out of Maury River Senior Center. In order to be

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[52] Senior Centers Reach the Hard-to-Reach, National Council on Aging, March 11, 2013. "http://www.ncoa.org/national-institute-of-senior-centers/nisc-news/senior-centers-reach-the.html" http://www.ncoa.org/national-institute-of-senior-centers/nisc-news/senior-centers-reach-the.html

[53] Ibid.

[54] Ibid.

[55] *Meals on Wheels,* Kronkosky Charitable Foundation, May 2011 pg. 1 "http://www.kronkosky.org/research/Research_Briefs/Meals%20on%20Wheels%20May%202011.pdf"

eligible for the program, recipients must be age sixty or older, unable to leave home to attend regular social activities, unable to prepare food, able to remain at home, and lack meal assistance from family or friends.[56] The benefits of the program include a visit from a case manager for an eligibility assessment, telephone follow up, and additional home visits as necessary, a variety of hot and cold meals consisting of proteins, vegetables, fruit, bread, and milk, additional benefits include daily contact with the volunteer who delivers the food.[57] Unfortunately, according to Jenny Davidson, the local Campus Kitchens coordinator many of these meal recipients rely on the daily delivery as their main source of nutrition. A 2008 study of the national program found that the average recipient was seventy five years or older, garnered an income of $10,000 or less a year, and needed assistance with one or more daily living activities.[58] More troublingly the same study found that the meals typically provided recipients with at least half of their daily food consumption.[59] The average cost per person of Meals on Wheels is just $840 a year.[60] In the Rockbridge Community, elderly community members are also eligible for hot meals through the Meals for Shut-ins program run out of Carillion Stonewall Jackson Hospital.[61] This program provides noontime hot meals to shut-ins many of whom are elderly, in Rockbridge County the program serves thirty five to forty people each day.[62] Neither of these programs provides companionship that this paper identifies as vital

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[56] *Meals on Wheels*, Valley Program for Aging Services, 2012 "http://www.mauryriversc.org/in-home-services/meals-on-wheels/"
[57] Ibid.
[58] *Meals on Wheels,* Kronkosky Charitable Foundation, May 2011 pg. 3 "http://www.kronkosky.org/research/Research_Briefs/Meals%20on%20Wheels%20May%202011.pdf"
[59] Ibid, pg. 3
[60] Ibid, pg. 3
[61] *2013 Funded Agencies*, United Way of Rockbridge, 2012 http://unitedwayrockbridgeva.org/FundedAgencies/AgenciesInformation.aspx
[62] Ibid.

to equal opportunity for the elderly. However, combatting food insecurity among the elderly remains vital, and should be addressed alongside social deficits. This can mean programs like Campus Kitchens, which provide both food and companionship to clients, or it can be separate programs that address both problems individually. Either way, food security and provision for social interaction are both necessary components of equal opportunity for the elderly.

Senior centers are funded through a variety of means both public and private. The Older Americans Act provided funding for senior centers in the form of grants, some of which are match grants that require state governments to provide an equal amount of funding.[63] States often provide funding above this matching requirement in order to keep their programs running.[64] For every one dollar provided by the national government, states actually give about two dollars through a combination of “direct money, in-kind services from volunteers, community voluntary contributions and cost sharing funds.”[65] State governments and private donations thus pay a key role in the support of senior centers. The United Way is one of the primary funding sources for senior centers nationwide. Funding levels overall vary state to state, based on the amount of money state and local governments are willing to allocate to support these centers.[66]

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Institutional Care:

In a 2010 survey of nursing home staff, more than 50% of nursing home staff

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63 Thomas Day, *Community Aging Services and Senior Centers*, National Care Planning Council, April 2, 2013, "http://www.longtermcarelink.net/eldercare/aging_services_senior_centers.htm"
64 Ibid
65 Thomas Day, *Community Aging Services and Senior Centers*, National Care Planning Council, April 2, 2013, "http://www.longtermcarelink.net/eldercare/aging_services_senior_centers.htm"
66 Ibid

acknowledged mistreating residents through physical violence, mental abuse, or neglect in the last year.[67] Another survey of certified nursing assistants found that 17% of CNAs had pushed, grabbed, or shoved a nursing home resident. Fifty-one percent reported they had yelled at a resident, and 23% had insulted or sworn at a resident.[68] Furthermore, a survey of residents found that 44% admitted to being abused, and 95% said they saw another resident get abused.[69] These numbers provide a shocking image of what life is like for elderly Americans who reside in these facilities. The data regarding patients with diseases like Alzheimer's and dementia is especially bad. Currently, more than half of all nursing home residents have some form of dementia.[70] Furthermore, while 80 to 90% of care is provided by nursing assistants, they usually have little training to work with this population.[71] As a result they have a tendency to misunderstand patient behavior, and interpret an inability to communicate needs and anxiety as aggression.[72]

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I work with an elderly gentleman who suffers from dementia. Stanley[73] has a difficult time enunciating his words, and without a deliberate exertion of effort it is hard to understand what he is saying. He becomes easily frustrated, and on one occasion punched another resident in the face several times after the other

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67 *Abuse of Residents of Long Term Care Facilities,* National Council on Elder Abuse, February 2012, pg. 1-2, "http://www.centeronelderabuse.org/docs/Abuse_of_Residents_of_Long_Term_Care_Facilities.pdf"

68 Ibid, pg. 1

69 Ibid, pg. 1

70 *Impact of the Affordable Care Act Provisions to Improve Nursing Home Transparency, Care Quality, and Abuse Prevention,* The Henry J. Kaiser Family Foundation, January 2013, pg. 16 "http://www.kff.org/medicare/upload/8406.pdf"

71 Ibid, pg. 16.

72 *Impact of the Affordable Care Act Provisions to Improve Nursing Home Transparency, Care Quality, and Abuse Prevention,* The Henry J. Kaiser Family Foundation, January 2013, pg. 16 "http://www.kff.org/medicare/upload/8406.pdf"

73 Name has been changed

gentlemen stole his candy. The nurse's response to the incident was to have him sent away for several days to the nearby veteran's hospital. However, they did not tell him or any of the other residents what was happening and just loaded him into a van without telling him where he was going or when he was coming back. The incident was not only traumatic for Stanley but also for many of the other residents who had no idea what had happened to him. Staff in these facilities earn very little money and work in understaffed, underfunded conditions. Although actions like this by staff members are not condonable, it is easy to understand why these incidents occur in this context. If we accept that the quality of care in many nursing homes and assisted living facilities is below an acceptable standard we are faced with the question of how we can combat these problems.

Institutional facilities for the elderly have a larger obligation beyond not harming their clients; they must also foster positive possibilities for residents. In order to meet the standard of equal opportunity defined in his paper, the elderly must be provided with equal opportunity, i.e., the ability to achieve normal functioning in their community. This community can be the larger community of a town, or it can be the smaller community that exists within an institution. In order to meet this standard, facilities must provide individuals with opportunities for social interaction. Currently, the issue of social exclusion is pervasive in many facilities. The quality of these facilities varies widely, and while some may offer social stimulation, many do not. According to the National Center on Elder Abuse, nearly 1 in 3 nursing homes have been cited for some form of violation, with fourteen percent of these violations falling under the category of neglect.[74] I have seen the effects of social isolation and

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[74] *Abuse of Residents of Long Term Care Facilities*, National Center on Elder Abuse, February 2012, pg. 1

neglect first hand through my experiences volunteering in Rockbridge County. At the assisted living facility where I work, the Manor at Natural Bridge, there are almost no attempts to spur interaction among or with residents. The residents generally sit in front of the television and watch the same few shows every day. The exception to this is the three times a week when Campus Kitchens stops by to visit and deliver food. On these occasions the television is forgotten and for the most part people turn their attention to the visitors. On Mondays we play Bingo with the residents, which may seem like a small matter, but has become of much larger importance to the people there. The time we spend playing Bingo represents the larger idea of social integration, which is defined as participation in a wide variety of relationships and events.[75] While it may seem like residents are not doing anything other than playing Bingo, they are making important social connections that will help to preserve their mental and physical health. During the game, participants talk to others about themselves, their families, communities, and the things they view as important.[76] Since we have begun to offer more programming, including Bingo, arts and crafts, and card games, I have observed the development of closer relationships both with volunteers and between residents who did not know each other that well before they began spending several hours a week together participating in these activities. My time volunteering at the assisted living facility has demonstrated the importance of meeting a basic need for human interaction that coexists alongside more traditionally acknowledged physical needs related to nutrition and health. On this note, the words of one elderly gentleman come to mind; he told me that “It is very nice that you guys

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http://www.centeronelderabuse.org/docs/Abuse_of_Residents_of_Long_Term_Care_Facilities.pdf

[75] Dr. Jill M. Berke, *The Effect of Social Isolation and Aging in Place*, Age in Place, 2007. "http://ageinplace.com/elderly-health/the-effect-of-social-isolation-and-aging-in-place/"

[76] Ibid.

[Campus Kitchens] bring us food, and we appreciate it, but the most important thing to us is that you come and spend time with us."

All but the very worst facilities meet basic nutritional and medical needs, but there is a much wider gap when it comes to provision for social needs. Social isolation is defined as "the distancing of an individual, psychologically or physically, or both, from his or her network of desired or needed relationships with other persons. Therefore, social isolation is a loss of place within one's group(s)."[77] The rate of social isolation for older adults varies from two to twenty percent but is as high as thirty-five percent for those who live in assisted living facilities.[78] Social isolation and loneliness have also been linked to higher rates of health problems in the elderly, including increased mortality rates, coronary artery disease, and other health problems.[79] When seniors are forced to move into these facilities, their outside friendships seldom make it past the move.[80] Approximately one in three residents does not receive one visit in a twelve month period.[81] These statistics demonstrate the importance of social interaction for the elderly. In situations where residents have few visitors, social interaction within the facility becomes even more important.

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Institutional facilities are considered by many to be the ultimate form of social isolation for the elderly.[82] These facilities are often physically separated from the

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77 Diana Luskin Biordi and Nicholas R. Nicholson, *Social Isolation*, Jones and Bartlett Publishers, pg. 85 http://www.jblearning.com/samples/076375126X/LARSEN_CH05_PTR.pdf
78 Ibid, 91.
79 Ibid, 91.
80 Robyn Findlay and Colleen Cartwright, Social Isolation & Older People, Australasian Centre on Ageing, 2002, pg. 6 "http://www.communities.qld.gov.au/resources/communityservices/seniors/isolation/reports/literaturereview.pdf"
81 Ibid, 6.
82 Carolyn Cannuscio, Jason Block, and Ichiro Kawachi, *Social Capital and Successful Aging: The Role of Senior Housing*, Annals of Internal Medicine, September 2, 2003, pg.

community as a result of zoning ordinances; they are also subject to heavy regulations and have a depersonalized feel.[83] The intention of these facilities is to maximize “efficiency and safety”; however, this often comes at the expense of the residents’ ability to socialize.[84] Additionally, residents at these facilities are treated as patients foremost. Many of these institutions also have few communal areas to congregate in, either to socialize with other residents or with visiting family and friends.[85] This healthcare, rather than community-focused, model tends to result in social and geographic isolation from families and community.[86] There is a real need for residents to be treated as capable human beings and provided with a sense of community. The clinical feel of many institutions makes it hard for a true community to evolve in the facility.

There is currently a national movement for what is called “culture change.” This movement focuses on the idea that nursing homes and other organizations that care for the elderly should adopt person-centered standards and practices.[87] Organizations are encouraged to focus on providing dignity to elderly clients and restoring as much choice and autonomy to their everyday lives as possible. “Culture change is defined as the transformation of nursing homes from an ‘acute care’ medical model to a ‘person directed’ model.”[88] Studies of facilities that adopt this approach have found decreased rates of staff turnover, increased levels of

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http://otsl.pbworks.com/f/Social+Capital.pdf

[83] Ibid, 397.
[84] Ibid, 397.
[85] Ibid, 397.
[86] Ibid, 397.
[87] *What is Culture Change?* Pioneer Network, "http://www.pioneernetwork.net/CultureChange/"
[88] Transformative Nursing Homes Experience Positive Regulatory, Quality and Financial Outcomes, The Pioneer Network, pg. 1, http://www.pioneernetwork.net/Data/Documents/Transformative%20Nursing%20Homes%20v4.pdf

occupancy, and higher rates of resident satisfaction and quality of life versus the national average.[89] Additionally, revenue grew significantly for adopter facilities with control-group homes. Implementing culture change resulted in an additional $11.43 per bed per day for a 140-bed nursing home. This translates to an additional $584,073 in revenue per year.[90] A local example of these findings can be seen in the transformation of Heritage Hall. Donna Gail, a Harvard graduate, who came to work for Heritage Hall several years ago enacted a wide array of enrichment programs designed to improve quality of life at the facility.[91] She said that when she first began working at the facility she went to her supervisors and requested that they give her the money they were using for advertising to create more programming for residents, and promised that she would keep occupancy levels the same or better. Gail was able to meet this goal successfully and has created sustainable socially focused programming that benefits residents of Heritage Hall; additionally she has started a senior radio show that disseminates important information to seniors throughout this part of Virginia.[92] Before this very little social interaction existed at the facility; with the changes, residents have a restored sense of dignity that greatly enhances their quality of life, without hurting the organization economically and making it ideal for all parties.

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Ethics:

Every person, regardless of age, income, or mental capacity, has a right to be

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[89] Ibid.

[90] Positive Outcomes of Social Change-The Case for Adoption, Tools for Change Pioneer Network, April 2011. "http://www.pioneernetwork.net/Data/Documents/Tools%20for%20Change-Adoption%20v3.pdf"

[91] Donna Gail. Interview by Angelica Tillander, Heritage House. Record 01 2013

[92] Donna Gail. Interview by Angelica Tillander, Heritage House. Record 01 2013

treated with dignity and respect. Programs and facilities for the elderly must have this at the center of their mission. One way to consider the rights owed to the elderly is in light of three primary categories: protection, participation and image. The Human Rights Education Association defines these categories in the following way "protection refers to securing the physical, psychological and emotional safety of elderly persons with regard to their unique vulnerability to abuse and ill treatment.[93] Participation refers to the need to establish a greater and more active role for older persons in society.[94] Image refers to the need to define a more positive, less degrading and discriminatory idea of who elderly persons are and what they are capable of doing."[95] Concern for these rights should be at the center of elderly care facilities and government programs to address the needs of those elderly citizens who live at home.

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In *Just Health*, Norman Daniels urges people to see the problem in terms of resource allocation over a lifetime. Younger citizens should not think they pay a large amount of taxes to receive little in return; instead they should see the pay as you go system as providing equality over a lifetime.[96] In this way, all citizens will be treated fairly and provided with the resources they need at the point in their life that they require them. Equality of opportunity for the elderly does not mean that we want them to get jobs, or go out and get a degree; instead it means that they are given a basic quality of life.

Capability plays a key role in equal opportunity for the elderly. Negative

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[93] *The Rights of the Aged*, Human Rights Education Association, 2007. http://www.hrea.org/index.php?doc_id=435

[94] Ibid

[95] Ibid

[96] Norman Daniels, *Just Health*, (New York: Cambridge University Press, 2008), pg. 166

freedom to make choices is not enough; there is a need for positive action to provide the social determinants of health and foster capability for social interaction and participation in society. This means that those of the elderly population who can remain independent should be provided with the financial and medical resources necessary to do so. For those for whom independent living is not possible due to medical concerns or some other issue, comprehensive programming need to be available in order to offer them a sufficient quality of life. Institutions need to provide the scaffolding necessary for individuals to reach the threshold demanded by this capability structure. Martha Nussbaum argues that there is a specific threshold of capability that people are entitled to as a matter of basic human dignity. For those who need more help to reach this threshold, there is an obligation to provide more help.[97] Just because elderly people experience a decline in health, does not give society the right to exclude them from participation in society.[98] Participation in society is the cornerstone of a democratic nation, and thus must be preserved for the elderly.

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Policies:

The Affordable Care Act of 2010 has engendered several key changes to elderly care that will be phased in over the next few years. These changes include policies to correct the problems enumerated in the first three parts of this paper and effect Medicare, institutional care, and home care. The institutional care section of the ACA focuses specifically on facilities that receive Medicare/Medicaid funding and creates regulations to reduce levels of neglect and increase accountability. In order

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[97] Martha C. Nussbaum, *Creating Capabilities: The Human Development Approach*, The Belknap Press of Harvard University Press, 2011, pg. 24

[98] *The Rights of the Aged*, Human Rights Education Association, 2007. "http://www.hrea.org/index.php?doc_id=435"

to achieve these goals, the ACA mandates that nursing homes keep detailed payroll, staff ratios, nursing hours, and turnover and retention rates.[99] These staff related regulation changes should help encourage employers to possibly pay better wages and try to lower their levels of turnover in order to look better compared to other facilities. On the patient side of the equation facilities will be required to provide staffing information, health inspections, penalties, and complaints to the government's nursing home compare website.[100] Additionally, the government will create a standardized complaint form and develop a complaint resolution process that ensures that residents and their representatives do not face retaliation for their complaints.[101] The ACA endorses the idea of "culture change" discussed earlier and authorizes two national projects to improve resident care.[102] These projects consist of grants to facilities to develop best practices that create a more home-like, dignified environment for residents. Unfortunately, no funding has been authorized to date to carry out these projects.[103] Furthermore, the Affordable Care Act attempts to rectify the problems faced by patients with dementia in institutions and mandates that nursing assistants be trained in dementia and abuse prevention.[104] Although this mandate is definitely a step in the right direction, the high turnover rate in nursing homes makes maintaining a trained workforce difficult. In order to bring about the fundamental culture change that is needed with regard to treatment of the elderly in our society, change cannot come solely from the federal level. Communities need to

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[99] *Impact of the Affordable Care Act Provisions to Improve Nursing Home Transparency, Care Quality, and Abuse Prevention,* The Henry J. Kaiser Family Foundation, January 2013, pg. 3 http://www.kff.org/medicare/upload/8406.pdf
[100] Ibid, pg. 3
[101] Ibid, pg. 3
[102] Ibid, pg. 16
[103] Ibid, pg. 16
[104] Ibid, pg. 16-17

support their aging populations and encourage young people to get involved with their elderly neighbors whether through formal programs like the phone reassurance program discussed earlier, or by merely dropping by for a visit once or twice a week.

The ACA also made some key changes to provision for home care for the elderly. The first program impacted by the ACA with regard to home care is the “Money Follows the Person Program.” This program matches elderly individuals who are transitioning from long-term institutional care with counselors who help them move back home. Some barriers faced by people who want to move back home include help with daily care, and needed modifications to their house. This program has helped more than 19,000 older Americans and individuals with disabilities move back to their communities.[105] The Affordable Care Act adds an additional $2.25 billion to the program, and extends it through 2016.[106] The ACA also provides additional support for home care in the form of $50 million in funding for Aging and Disability Resources Centers.[107] These centers help people navigate the long-term care system and understand the full range of services available to them. The question of whether senior citizens are able to remain at home is often dependent on whether home and community based care programs are available in their area. The ACA tries to rectify this issue and provides states with incentives to offer this care. The act includes a new Medicaid state plan called “Community First Choice.” This program gives participant states an increase of six percentage points in their federal matching rate to provide community-based attendant services and supports as an

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105 “Affordable Care Act Supports Community Living,” U.S. Department of Health and Human Services, September 11, 2012, "http://www.healthcare.gov/news/reports/community-living-09112012a.html"
106 Ibid
107 Ibid

alternative to institutional care.[108] States that decide to participate in the program must make home care available to assist recipients with daily-living and health-related tasks.[109] The program also requires developing a person-centered plan to allow participants to determine how services are allocated in order to heighten their level of independence.[110]This provision fits with culture change programs promoted within the institutional care sections of the Affordable Care Act. In this way, the ACA also promotes the overarching claim in this paper that the essential dignity of the individual should be at the center of each policy initiative.

The ACA also targets transportation problems as they relate to health needs for seniors. Currently, many seniors are forced to move into long-term care facilities due to the difficulties they face when they try to see their doctors. The ACA invests $500 million to support home visits form doctors to the home-bound elderly.[111] The purpose of these visits is to both improve health outcomes and to increase the odds that seniors are able to remain in their homes.[112]

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The Affordable Care Act has made some important provisions to increase governmental support for homecare, but more funding is still needed to ensure that a maximum percentage of the elderly population has a genuine choice to remain in their homes if they prefer. It would not even necessarily require more funding, as this paper has shown that home care is actually cheaper than institutional care. However, home care is not without risk for the same lack of positive social

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[108] Ibid
[109] Ibid
[110] Ibid
[111] "Affordable Care Act Supports Community Living," U.S. Department of Health and Human Services, September 11, 2012, http://www.healthcare.gov/news/reports/community-living-09112012a.html
[112] Ibid

interactions seen in institutional facilities. As a result, funding is needed to support senior centers and other programs that provide social interaction to the homebound elderly.

The Affordable Care Act has taken several important first steps on the pathway to elderly care reformation. However, several major reforms are still needed to truly have a positive impact on individuals. The remainder of this paper enumerates these changes. They include a comprehensive culture-change policy at the institutional level, further funding increases for institutions and home care, expanded meal programs, and more funding for senior centers. Accreditation regulations need to be enforced to ensure a higher quality standard across the board.

As previously noted, the Meals on Wheels program provides meals to thousands of seniors, a laudable achievement. However, since a majority of these seniors rely on this single meal daily as their primary nutritional intake, it is clear that meal programs need to be expanded to lessen food insecurity among the elderly.

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One way to address this problem is to expand participation in the SNAP program by eligible seniors. As mentioned, less than forty percent of eligible seniors utilize SNAP benefits.[113] There are several possible reasons for these low enrollment rates. One possibility is that hot meal delivery takes the place of SNAP benefits for many in this population, and they do not feel the need to utilize the additional benefits. Perhaps they are physically unable to prepare their own meals, so the program would not be beneficial. One study found that there is a tendency for hot

[113] Alexandra Cawthorne, *The Not-So-Golden Years*, The Center for American Progress, September 27, 2010, "http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/"

meal and community meal services to substitute for SNAP participation among the elderly. Without hot meal delivery, food stamp participation rates would go up by seven percent among this population.[114] The same study found that if eligible seniors were to participate in SNAP, they would have around an extra $750 a year, which could free up money to cover other expenses.[115] Additionally, it would likely increase food expenditures among this population by $180 a year.[116] This is particularly important, because eligible, non-participant elderly in focus groups have increasingly mentioned worries about choosing between medicine and food.[117]The option of meal delivery options is not the only reason for low SNAP use among the elderly. Perceived social stigma is another reason. A study found that among eligible households that contain elderly individuals, seventy-six percent felt there was a stigma associated with receiving SNAP benefits.[118] Additionally, a U.S. Government Accountability Office survey of state food stamp directors found that 67% of them cited stigma as a reason for low rates of elderly participation.[119] For those nonparticipants who cite stigma as a reason for their reluctance, case workers need to reframe the way the program is presented. [120] This is another example of a need for a fundamental culture change. Society should not make people ashamed to

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[114] Wu, April Yanyuan, *Why do so Few Elderly Use Food Stamps?,* The Harris School of Public Policy Studies
The University of Chicago, October 2009, pg. 32-33, http://www.ifigr.org/workshop/fall09/wu.pdf

[115] Ibid, pg. 34

[116] Ibid, pg. 34

[117] *Access and Access Barriers to Getting Food Stamps: A Review of the Literature, Food Research and Action Center*, February 2008, pg. 25. "http://frac.org/wp-content/uploads/2009/09/fspaccess.pdf"

[118] *Access and Access Barriers to Getting Food Stamps: A Review of the Literature*, Food Research and Action Center, February 2008, pg. 25.
" http://frac.org/wp-content/uploads/2009/09/fspaccess.pdf

[119] Ibid, pg. 86

[120] The USDA publishes a tool kit for food stamp recruitment that documents ways to promote enrollment in SNAP: "http://www.fns.usda.gov/snap/outreach/pdfs/toolkit/2011/Community/toolkit_complete.pdf"

accept help. Furthermore, 12.9% of eligible nonparticipants cited difficulties getting to the food stamp office as a reason for their reluctance to participate, and 75% of non-participant households that contain seniors cite lack of knowledge about the program as a barrier.[121] SNAP directors can address these transportation issues by allowing the elderly to complete the interview over the phone or going to the senior's house to conduct it. Education programs and partnerships with community organizations can help to overcome some of the knowledge barriers.

Another way to combat food insecurity among the elderly is for meal delivery services to provide non-perishable or heatable food in addition to the once daily warm meal. In Rockbridge County, Campus Kitchens and Maury River Senior Center are partnering to send breakfast foods like cereal, provided by Campus Kitchens, to Meals on Wheels Participants in conjunction to daily hot meal deliveries.

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Senior centers do great things in their local communities, but funding varies widely from state to state. In order to ensure more uniform provision across the county, federal funding should be increased to provide in-kind support that promotes capability for normal functioning. Although Social Security, Medicare, and Medicaid have been insufficient to address the problem of equal opportunity for the elderly, robust funding for these programs is a necessary part of any plan to address narrower issues related to normal functioning.

Transportation must also be addressed in order to meet the needs of the elderly, especially those from rural environments. Route optimization studies should be undertaken in communities like Rockbridge County where a transportation system exists but efficiency problems impede its effectiveness. Developing a fully efficient

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[121] Ibid, pg. 86

model for public transportation in rural communities is probably impossible, due to the nature of the environment, but communities should do what they can to lower as many barriers as possible. Volunteer networks possibly run out of senior centers that provide elderly individuals with rides to medical appointments and other engagements are a possible additional resource. While this is not a large-scale solution, it would have the benefit of providing social interaction for seniors and also easing transportation difficulties.

This paper demonstrates that actions by a few committed individuals can produce positive outcomes for the elderly. In order to support the dignity of every individual, institutions must be redesigned. Many nursing homes were built in the 1960s after the passage of Medicare and were modeled after hospitals.[122] This model is not supportive of the needs of residents. Institutions should focus on providing a more homelike environment; this includes greater levels of privacy for residents, provision of smaller shared "hangout" spaces and multiple dining halls.[123] Even adding paint to the walls can be a step towards a less clinical and more homelike environment. In addition, facilities should attempt to build relationships with the broader community by partnering with local organizations, and encourage autonomy among residents by providing them with genuine choices.[124] While there is definitely a need for more funding geared toward equal opportunity for normal functioning in this population, funding is insufficient to bring about the level of change

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[122] Lois J. Cutler and Rosalie A. Kane, *Practical Strategies to Transform Nursing Home Environments,* Pioneer Network, 2004, pg. 8 "http://www.pioneernetwork.net/Data/Documents/Practical_Strategies_to_Transform_Nursing_Home_Environments_manual.pdf"

[123] Ibid, pg. 9

[124] Ibid, pg. 9

that is needed.[125] In order to bring about fundamental culture change, there must be a change in attitude. The managers and staff members of these organizations must make a commitment to change, and from there undertake a process of self-assessment, priority identification, and improvement instigation.[126] Until facilities have made the commitment to do this, more funding will do little to change the reality of most institutions.[127]

Funding increases must be a part of a plan to address both home and institutional care, but they need not be large. The main change needed at the institutional level is for residents to be given a greater sense of self-authority, and feeling of home. Thus, facilities can bring about substantial positive changes by simply instituting a change in the way they present themselves. This can be done through effective management policies to promote a better work environment for employees and company policies that dictate a broader mission statement. This mission statement should focus on a commitment to provide residents with genuine choices and a sense of dignity and community. Fulfillment of this mission statement should be at the center of the work done by these organizations. Furthermore, the emphasis on the nursing home "compare-site" in the Affordable Care Act should help to disseminate information on what nursing homes provide the highest quality care. Hopefully, the potential for positive advertising generated by this site can help to encourage facilities to raise their standard of care. Donna Gail was able to bring about positive change in a similar fashion at Heritage House by promising her

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[125] Ibid, pg. 9
[126] Ibid, pg. 9
[127] Pioneer Network provides toolkits to help guide states and institutions to implement culture change, "http://www.pioneernetwork.net/Data/Documents/AAHSACultureChangeToolkit.pdf" and "http://www.pioneernetwork.net/Data/Documents/Implementation_Manual_ChangeInLongTermCare%5B1%5D.pdf"

employers that she could bring in the same number of clients by using the advertising budget to improve quality of care and programming.[128] Large scale change will not come until people demand it. Even with government regulation, subpar care will continue in institutions until people refuse to send their relatives there; although stricter government enforcement of regulations can help. Of course, if the government fines already cash-strapped institutions, it can run the risk of worsening conditions in these facilities. Even for-profit facilities are often poorly funded. One suggestion would be if all money from fines were put into an account for the institution strictly overseen by an inspector to be used for improvements to quality of care in the facility.

Equal dignity for every individual and the right to be an active member of society are at the core of the American ideal. Equal opportunity for the elderly means that they have capability for normal functioning in their communities. This goal can only be realized if senior citizens are given genuine choices with regard to their living arrangements and every attempt is made to keep them in their homes if at all feasible. If home care is not an option, than the institutional care provided must be of the best sort. Without these changes to the face of elderly care in America, society will continue to fail in its obligations to this population.

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[128] Donna Gail. Interview by Angelica Tillander, Heritage House. Record 01 2013

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