

Your Employee Assistance Program is a support service that can help you take the first step toward change.

Elder Care

One of the biggest decisions a family may have to make is to determine how to provide care for elderly parents or relatives (e.g. elders) when those elders are no longer able to live independently. Families resolve this complex and emotionally charged issue in a variety of ways. Some families find ways to provide elders with sufficient assistance such that they are able to safely remain in their own homes. Other families move their elders in with them so as to personally provide care. Still other families find that placing their elder into a care facility is the best solution for all involved.

Finding appropriate and affordable elder care and assistance is challenging. Determining exactly what type of care will best fit elders' needs is a time consuming process that often requires consultation with medical and eldercare professionals. Locating affordable appropriate and reliable care options is also time consuming. Different types of care are available in different places, while costs and quality vary widely. Identifying and locating appropriate and affordable local elder care resources can become a full time job that is stressful for all participants. Even employers and coworkers can be affected when the strain of eldercare planning makes caregivers less effective at their workplace.

This document is designed as a guide to help families sort through the various issues involved in selecting and locating appropriate eldercare services. The document begins by describing different issues that might cause an elder to require care. It goes on to discuss guidelines for selecting an appropriate level of care suited to a given elder's needs. Next, the various types of generally available elder care are described, followed by a discussion of characteristics that should be considered when evaluating care facilities or in-home care providers. The document ends with a discussion of issues that can arise for families and for elders during the transition into eldercare.

According to government statistics, there were just over 90 million people over 60 years of age living in the United States as of 2004. Given a total (2005) United States population figure of just under 296 million people, this means that almost a third of the population is minimally qualified as elderly! Within this elderly population, roughly 58% of those living in the community (about 52 million people) are estimated to have some (at least minimal) need for elder care.

Though there is much need for elder care in the United States, there is also a lot of elder care occurring. The Administration on Aging estimates that, out of roughly 106 million USA households existing in 2003, more than 22 million (or roughly one in five) were providing informal care to one or more elderly persons. Statistics also suggest that approximately one in 10 workers were employed in elder care related fields.

While aging is associated with a variety of body changes and an overall tendency towards declining health, there is nothing about the aging process itself that requires elderly people to lose their independence. Rather, it is the various diseases that people become increasingly susceptible to with advancing age that compromise health and independence. Not all older people end up requiring eldercare; for the most part, only those who become ill in their old age will require substantial elder care.

Eldercare becomes necessary when elders start to find it difficult or impossible to go about their activities of daily living (ADLs) safely and independently. Elders' activities of daily living usually become compromised as a result of health problems they develop. All types of health conditions can compromise independence, including physical conditions, mental or cognitive conditions (involving memory or attention), and even emotional conditions.

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Elders' care requirements are determined by several factors, including the type of health conditions they develop, the severity of those conditions, the types of deficits caused by those conditions, and the natural course (or prognosis) of those conditions. While it is obvious that more severely ill elders will require more care than healthier elders, there are some subtleties that must be considered. Minor appearing illnesses may result in hard to detect but very real physical or brain deficits that could cause an elder to no longer be competent to drive a car, for example, or to have memory problems that compromise their ability to remember to take pills. Additionally, the natural course of elders' illnesses must be taken into account when planning for care; whether or not an illness will cause a progressive weakening of elders' abilities, or whether their condition is likely to be stable.

Some health conditions (stroke, for example) are static, stable and relatively unchanging in nature. Such conditions may have a profound impact on elder's ability to care for themselves, but they are more or less one-time events. If no new strokes occur, it is unlikely that stroke patients' functioning will continue to decline. Other kinds of illnesses are progressive in nature, meaning that they get worse over time. Elders with progressive conditions will require a more ongoing care planning process take place then will elders with more static conditions.

Finally, it must be noted that different health conditions produce different health effects and thus will require different types of care to be made available. For example, elders who lose partial mobility due to a physical impairment will likely require transportation and shopping assistance, and possibly some adaptive technology (such as a motorized wheelchair) but may otherwise be quite capable of continuing to live alone. In contrast, elders who lose their memory and thus their ability to be responsible - to organize and monitor their own lives - will likely require more constant supervision to insure their safety.