Aging in America: Limits to life span and elderly care options

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Abstract. Expanding longevity among the elderly and fertility decline are contributing to an aging US population. The number of persons 65 years or older is projected to double from about 32 million in 1990 to 66 million by 2030; the elderly proportion is expected to increase from 13 to 22 percent over the same period. Chronic illness and functional disability afflicts a significant proportion of older persons. An estimated 80-85 percent of people over age 65 have at least one chronic illness, and nearly one-half of older people report that chronic illness limits their activity to some degree. Altogether, about one-third of the population over 65 may need some kind of medical or social assistance. This paper discusses the three primary modes of care available to older persons: (1) the informal network of the family, (2) the more formal arrangements of home and community care, and (3) the institutionalized care of nursing homes. Of particular policy interest are the questions: Who provides the care? What type of care is available? Who receives the care? How much does each type of care cost? and Who pays? The current patterns and costs especially of long-term care provide a framework for planning future options. A discussion of research and policy recommendations concludes the paper.

Introduction

The graying of America has engendered much discussion and concern about the effects of a higher proportion of aged persons on US culture, politics, the economy and the medical care system. [See, for example, the collections of essays in Pifer & Bronte (1986), Riley et al. (1983), Burtless (1987), Rivlin & Wiener (1988), and Bluestone et al. (1990).] By 2030, when all members of the baby boom cohort will have reached the age of 65, the problems of the elderly will command even more attention. The limits on human life span are currently a matter of debate, but some scientists believe that genetic engineering has the potential to slow the aging process. If science succeeds in extending the life span without curing the degenerative diseases, then the demand for long-term care will skyrocket. Alternatively, if technology addresses chronic disabilities and the elderly can remain healthy until death, the tremendous demand for caregiving will level off or even decrease. For the near future, however, chronic health problems will require a large percentage of the elderly to seek help with the activities of daily living. Contemporary society offers three major alternatives for caregiving: the informal network of the family, the more formal arrangements of home and com-
munity care, and the institutionalized care of nursing homes. The current patterns and costs of long-term care provide a framework for planning future options.

To provide a context for our subsequent discussion, we begin by briefly reviewing the current controversy over limits to the human life span. Next, we consider estimates of how many people actually need care of varying types. The major part of the paper then discusses in some detail the three primary modes by which US society provides social and medical care to elderly persons—informal family care, more formal home and community care, and the institutional mode of a nursing home. In each setting, we will be interested in who provides the care, what type of care is available, the characteristics of recipients, the costs associated with each type of care, and who ultimately bears the cost. The paper concludes with a discussion of implications for social science research and of policy recommendations.

Is there a limit to human life span?

The increasing number of individuals aged 65 and over in America has created curiosity about whether a limit to human longevity exists. Presently, the questions of whether there is a biological limit to the human life span and, if so, what that limit is, are a matter of debate. Answers to these questions would help demographers estimate the future needs of the elderly for medical care and social services. In addition, knowledge about the natural life span could influence the direction of medical research and treatment of the diseases of old age.

Proponents of a limited life span theory

Approximately 30 years ago Leonard Hayflick began researching the question of a limit to human longevity. His studies showed that cells in culture will not divide endlessly but instead can undergo only a limited number of divisions before becoming senescent. Hayflick also found that cells from older people are unable to divide as many times as cells from younger people. From these studies, Hayflick concluded that the organs and tissues of the human body, which are maintained by constant cell division, will deteriorate after some biologically determined time span. The implication of this research is that a limit to human life span exists, although Hayflick is not convinced that contemporary society has yet reached this limit (Hayflick 1980).

James Fries (1980), the leading current proponent of a fixed life span, places the inborn limit to human longevity at approximately 85 years (82.4 for men and 85.6 for women). At these ages, Fries argues, it is inevitable frailty rather than disease that causes death. Some aspects of the aging