



FaithLink

Connecting Faith and Life

Eldercare by Kira Austin-Young



As the number of elderly increases in our society, family members are faced with the reality of finding ways to care for them. What are some of the struggles and questions that they face? How can communities of faith support those involved in the decisions that must be made?

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The Graying of America

Every day 10,000 people turn 65, and by 2030 older people will outnumber children for the first time in US history. The baby boom is quickly becoming a “Silver Tsunami,” a term used in a March 2019 Healthcare IT News article. As those born between 1946 and 1964 age, government officials warn about the stresses being put on government programs for the elderly like Social Security and Medicare while families wrestle with how to care for the growing needs of this population. While the need to support elderly family members isn’t a new issue, the required scope of care and sheer numbers are relatively new challenges in human history due to increased life expectancy over the last century. This problem is only exacerbated as families become more transient and geographically separated.

Although a slight decrease in life expectancy in the United States over the past few years (partially attributed to opioid overdoses) raises concern, the long-term trend shows that life expectancy has dramatically increased all over the world. People today can expect to live nearly twice as long as they did two centuries ago, with the average life expectancy increasing from around 30 years to 72 years, according to the Our World in Data site.

To attribute this only to lowered infant and child mortality would be misguided, as life expectancy at all ages has improved. Individual medical innovations such as vaccines and antibiotics are partially responsible, as well as public health measures like improved public sanitation

and publicly funded health care. These developments, along with the modernization and industrialization of society, have led to increases in life spans across all regions, genders, and economic classes in the 21st century.

In higher-income countries in particular, not only do individuals enjoy more healthy years during their lives, but they're also able to live longer with disabilities and illnesses such as cancer or diabetes. While these are obviously all good developments, it also means that our society now includes a larger segment of the population dealing with the physical and mental limitations that aging brings, as well as dealing with these issues for a longer span of time.

REFLECT:

- With people living healthy, active lives for longer, how do you think society should adjust?
- Should the minimum age for retirement change? Why or why not?

Eldercare: Yesterday and Today

In previous eras, eldercare was generally left to the family, particularly the unpaid women in the family. However, there were always those who didn't have either family or the means to provide for their own care. In the 19th century, European and North American governments realized they had a duty to ensure that indigent seniors had somewhere to live and something to eat. The construction of "workhouses" or "poorhouses" placed seniors alongside orphans, disabled people, and the mentally ill. Overall, these were not pleasant places to live, and the residents were often referred to as "inmates." The atrocious conditions in poorhouses led to religious and benevolence societies opening their own homes for the elderly as alternatives to state-run institutions. Some of these are still in operation today.

Around the turn of the 20th century, governments began instituting social welfare programs that provided income for elderly citizens who could no longer work. The Great Depression provided the impetus for the United States government to pass

Social Security in 1935. Medicare and Medicaid followed in 1965, giving seniors access to medical care regardless of their means and prompting the rise of nursing homes.

Today, there are a number of options for seniors in postretirement life, varying from independent living in community to assisted living to full-scale nursing care. Even aging at home has become more viable with renovations or the installation of equipment such as stairlifts and an increase in access to in-home care. For those who are no longer able to live alone, many institutions offer specialized care for patients with dementia and Alzheimer's, as well as in-house rehabilitation facilities and hospice care. Some communities require that partnered couples be at the same level of care to live together, which can create difficulties, and with the growing elderly population, more desirable facilities have waiting lists for spots.

Despite 20th-century improvements in social welfare, Social Security and Medicare are often not enough to pay for lower levels of care. The mistaken belief that Medicare pays for more than it actually does can leave individuals unprepared and in a difficult place financially. Long-term care insurance fills some of the gaps left by Medicare, but it too is not cheap. Beyond this, care for our aging citizens, once again, falls primarily on the backs of women and people of color who are often paid low wages for important and difficult work. This creates not only an issue of equality, but it also makes it difficult for facilities to retain quality staff.

REFLECT:

- How have you or your loved ones prepared for the aging process?
- In what ways does the legacy of poorhouses still affect our views of nursing homes today?

The Effects of Aging on Individuals and Families

As people age, families are faced with many difficult decisions. The decline of physical and mental abilities can create dangerous situations for those who are intent on maintaining the status quo.

In a society that places a heavy emphasis on independence, being forced to rely on someone else to help with daily tasks such as getting dressed, going to the bathroom, and preparing meals can lead to feelings of shame.

Additionally, seniors contemplating a move into a long-term care facility may also be dealing with the loss of their longtime home, their pets, and their community. Even though today's care facilities are significantly better than 19th-century poorhouses, the fear of being put away and forgotten with all of the other old people remains, and the institutional nature of even the ritziest facilities can be cold and disheartening. These decisions can also trigger guilt for families who may desire to help their loved ones age in place but are overwhelmed by both their own obligations and the physical needs of their family member.

As many congregations age, these conversations are happening inside the church walls as well. When individuals move into care facilities, some congregations work to provide them with transportation so they can continue to be a part of the worshipping community. Visiting and taking Communion to the homebound are other ways of keeping them connected. Though people might fear being forgotten and isolated as they age, part of the church's ministry is ensuring that people at all stages of life know they're loved and valued by God.

REFLECT:

- What ministries does your church offer to the elderly, particularly those who are no longer able to come to the church building?
- How can churches support families in their decision-making about eldercare?

“The Sandwich Generation”

In 1981, social worker Dorothy Miller coined the term *sandwich generation* for those who served as the primary caregivers for both their children and their aging parents. Presently, the sandwich generation includes many members of Generation X who find themselves in this difficult and demanding position.

A 2013 Pew Research Center study found that nearly half of all adults in their 40s and 50s have at least one living parent 65 or older and are simultaneously raising a young child or financially supporting an older one. Generally, these individuals have to manage doctor's appointments, school pickups, and sudden hospitalizations, all on top of full-time jobs. Those who find themselves in this situation often have to cut back on hours at work, turn down promotions, or rely on employers to be flexible due to the demands of caregiving.

According to a 2007 American Psychological Association survey, mothers in the sandwich generation feel more stress than any other age group. They report that they feel overextended and that they manage their stress poorly. Consequently, this takes a toll on their other personal relationships as well as their own health. Those in the church should be aware of this combination of stressors in members of the congregation. Offering help in the form of transportation, providing a meal, or even sitting with an elderly person for a few hours can ease some of the demands, at least temporarily.

REFLECT:

- Are you (or have you been) a member of the sandwich generation? What is/was that experience like for you?
- What are other ways that we, as a church or a society, can support those who are doing the unpaid work of caregiving for family members?

Core Bible Passages

In biblical times, it would have been much rarer for people to live healthy and active lives into their 70s and 80s. But even so, Scripture still addresses the importance of caring for the elderly and the lonely. As families discern the best courses to take, they may find guidance from one of the Ten Commandments: “Honor your father and your mother so that your life will be long on the fertile land that the LORD your God is giving you” (**Exodus 20:12**). Whatever decisions families make regarding how best to care for their loved ones, honoring our elders and treating them with respect and dignity during the process serve as good guideposts.

First Timothy 5 contains instructions and exhortations for how to care for God’s family, the Christian community. The author writes that within the church, we should treat one another as if we were family, including treating older men and women with respect and encouragement as if they were our fathers and mothers. Through our baptisms, we become a family in Christ, and our obligations to one another are the same if not greater than those to our biological families. Throughout the Bible, we’re called to prioritize the care of the weak, the economically vulnerable, and the forgotten. As the church grows anxious about its aging population and fearful of decline, we should neither forget nor abandon those among us who are older in pursuit of younger, more youthful energy.

REFLECT:

- What are some ways we might “honor” our elders in discussions about eldercare?
- How is the church uniquely charged with caring for the aging population inside and outside the congregational walls?

United Methodist Perspective

The “Social Community” chapter of the United Methodist Social Principles dedicates a section specifically to the rights of the aging. It highlights the isolation that mainly aging people feel from the social mainstream, particularly in a society that’s so focused on youth and productivity. In particular, the Social Principles state, “We support social policies that integrate the aging into the life of the total community, including sufficient incomes, increased and nondiscriminatory employment opportunities, educational and service opportunities, and adequate medical care and housing within existing communities.” The Social Principles also encourage an increased focus on adequate pension systems from employers and argue that being senior members of the human family accords a certain amount of respect and dignity to those who are aging in our communities.

As a way of living out these principles and also inspired by the personal example of John Wesley, The United Methodist Church works to provide retirement care for the elderly through a number of Methodist-affiliated long-term care facilities around the country. The first Methodist home for the elderly opened in 1850 in New York City. With the social conditions in the wake of the Civil War, the movement to create homes increased in urgency. Throughout the turn of the century, more homes were created and acquired to care for widows and the elderly. Many of these facilities still exist in more modern incarnations, though others have been bought up by for-profit operators.

REFLECT:

- Are there now, or have there been in the past, denominationally affiliated eldercare facilities in your community? What do you know about them?
- Would you be more inclined to use an eldercare institution that was affiliated with a Christian denomination? Why or why not?

Helpful Links

- “Life Expectancy,” a deep dive into global changes in life expectancy throughout time: <https://ourworldindata.org/life-expectancy>
- “7 Senior Housing Options: Which One Works Best?,” an overview and estimated costs of a variety of housing options: <https://dailycaring.com/senior-housing-options-overview/>
- “The Crisis Facing America’s Working Daughters,” an article on the impact of eldercare on women and the economy: <https://www.theatlantic.com/business/archive/2016/02/working-daughters-eldercare/459249/>
- “Silver Tsunami Is Coming to Healthcare: Time to Prepare,” about baby boomers and retirement: <https://www.healthcareitnews.com/news/silver-tsunami-coming-healthcare-time-prepare>

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Next Week in FaithLink

Connecting Faith and Life

Cheating

by Doug Paysour

In January, the Houston Astros were punished for cheating during the 2017 World Series. What did the Astros do, and how does this change the way we view their accomplishments? As Christians, how do we respond to the failures of integrity within others as well as ourselves?

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Opening Prayer

This is another day, O Lord. We know not what it will bring forth, but make us ready for whatever it may be. If we are to stand up, help us to stand bravely. If we are to sit still, help us to sit quietly. If we are to lie low, help us to do it patiently. And if we are to do nothing, let us do it gallantly. Make these words more than words, and give us the Spirit of Jesus. Amen.

Leader Helps

- Have several Bibles on hand and a markerboard and markers for writing lists or responses to reflection questions.
- Open the session with the provided prayer or one of your own.
- Invite group members to share their own experiences with aging family members. Ask: What fears and stressors were involved in taking care of your family member? What are your own fears about aging?
- Remind the group that people have different perspectives and to honor these differences by treating one another with respect as you explore this topic together.
- Read or review highlights of each section of this issue. Use the *REFLECT* questions to stimulate discussion.
- Close the session with the provided prayer or one of your own.

Teaching Alternatives

- Make plans to visit a few different types of assisted living facilities (for-profit, nonprofit, government-run, privately run, and so forth). Learn about the kinds of care they offer, and notice the demographics of who works there and who's being cared for there. Prioritize going to places where members of your congregation might live, but also see what options are available for those without many resources.
- Have a financial planner who specializes in helping people plan for retirement come and speak to your group about the financial realities of aging and the care that might be required as people lose the ability to be independent.

Closing Prayer

O God, whose days are without end and whose mercies cannot be numbered, make us, we pray, deeply aware of the shortness and uncertainty of human life. Let your Holy Spirit lead us in holiness and righteousness all our days, that when we shall have served you in our generation, we may be gathered to our ancestors, in favor with you, our God, and in perfect charity with the world. All this we ask through Jesus Christ our Lord. Amen.