Example of elderly care research paper

Sociology, Community



The elderly people represent the most rapid growing part of the population in the United States. Currently, the statistics shows that one out of every 8 Americans is at 65 or older than that which totals to about 35 million senior citizens in the US (Newman, 2003). It is estimated that by 2020 due to an increased life expectancy, the number will increase more to an estimated 64 million. Caring for the elderly has become a major concern to many families. They wonder how to ensure good health, good living situations, right income and handling their legal issues. The government has a special funding program to all elderly people but unfortunately, it benefits only a few who can easily access it and the minority group struggle for their upkeep because they cannot access this funding.

The form of care given to the elderly people is rapidly changing and varies greatly among cultures. Traditionally, the elderly people were taken care of by their family members however, in the modern society, many families opt to take them to care facilities and they often cared for by the state and other charitable institutions.

The elderly population is the most vulnerable population with greater risks of developing health problems and this is why they need a lot of care and attention. Diseases and disabilities are more common in the elderly people for example cardiovascular diseases, diabetes, asthma, cancer, hip fracture, Parkinson's disease and many others. According to Newman (2003), more than 70% of the elderly population has been diagnosed with a chronic illness and most of them suffer from debilitating and degenerative diseases. This calls for utmost care of the elderly unless their families want to lose them from these diseases.

Majority of the elderly people live alone and care for themselves, but with their increasing age, they are prone to health risks and this demands for good care for them through assistance in their daily activities and healthcare. Senior citizens have decreased ability to function, decreased cognitive ability and they are not able to manage their lives properly on their on. Additionally, they are at risk of abuse and neglect and this stems for good care and medical attention. They need to receive quality care based on their needs and wants if not from family members, from care givers. There are numerous community, private and government sponsored services for the elderly people. Among them are rental retirement communities, assisted living communities, adult congregate communities, continuing care retirement communities and many others. Care of the aged can be done in their homes and if their families are unwilling or unable to take of their elderly people, they need to find one of the above facilities for them. These communities are the best answers for the elderly people who need full time care, even though some of them are very expensive and have long waiting lists.

According to Newman's article The Living Conditions of Elderly Americans (2003), millions of elderly people in the United States live below poverty threshold and this has adverse effects on their quality life. Nevertheless, there are a number of government programs available to help them for example Medicaid, Medicare, social security and reverse mortgage. Most elderly people have had access to these facilities but still a lot needs to be done in order to accommodate even the poor.

Access to care for the elderly people differs by race and ethnicity. In the

United States, the whites' access good medical attention compared to the blacks and this applies to the elderly whereby the whites will receive good care at home and in the sponsored facilities for the aged compared to the blacks. This is because the senior citizens who have a regular doctor and good insurance are able to access medical attention at any time when it is needed. Comparably those who do not have insurance and a personal doctor will not get medical attention on time and they will always struggle for it. The whites mostly have insurance because they can afford it and are said to receive good health care compared to the blacks who receive poor care because of racial and ethnicity diversity.

Racial and ethnic minorities have a higher mortality and morbidity rates from chronic illnesses since they are not given good care. Racial and ethnic disparity has been documented when it comes to healthcare to the senior citizens with chronic conditions. There is a difference in the access of care between the black and the whites as the whites are treated with superiority to blacks. The whites are always favored. There should be a culturally competent aged care services for all so as to ensure equitable aged care system. Cultural competence should be increased in all elderly care communities and organizations so as to improve health care for all elderly people in the society.

Collins et al. in their book Diverse communities, common concerns:

Assessing health care quality for minority Americans (2002) states that all elderly people should be able to access all benefits from same funding as other people in the community despite their race and ethnicity. Moreover, there should be a multicultural aged care services as many poor people are

not able to access aged care services. This has been close to impossible because, many aged care services tend to give special treatment to some people than others. Mostly, the white are always favored than the blacks and because they are the minority group, they are not even given access to aged care information and services. The racial minority lack finances to help them get access to these services and getting these services have become a financial burden to them.

According to Byrnes, Lichtenberg and Lysack (2012) in their article Environmental Press, Aging in Place, and Residential Satisfaction of Urban Older Adults in the Journal of Applied Social Science, aged care services should be in a position to recognize members of special needs and groups. The government facilitates the aged in the community and it is very unfortunate that the poor people are not able to get the income they are entitled to. First of all, they do not even know how they are supposed to get their income since they have no knowledge on the aged services in the country. This has affected the poor elderly population as they are struggling for their upkeep while their fellow aged who are rich especially the whites enjoy the benefits from the government funding either at the comfort of heir homes or in aged care homes.

In addition, aged care services should provide linguistically and culturally appropriate services. The government provides financial support to residential aged care services yet there are some residential aged care communities that fail to provide these services to certain people who speak certain languages. They only provide it to English speakers which is very wrong and deny the rest of the people access to these services. Support

aged care facilities and providers should take into account linguistic, cultural and spiritual needs and diversity of all aged population. All aged people are entitled to age care in all government funding facilities despite their race, ethnicity, language and religion.

In essence, elderly care is very vital to the senior citizens since they are not in a position to take care of themselves. There are a variety of aged care services mostly funded by the government but racial and ethnic minorities do not get access to them. Moreover, people of a certain language and color are treated in a special way compared to the rest. There is need for aged care services to provide linguistically, ethnically and culturally appropriate services to all aged people.

References

Byrnes, M., Lichtenberg, P. A. and Lysack, C. (2012). Environmental Press, Aging in Place, and Residential Satisfaction of Urban Older Adults. Journal of Applied Social Science, 23, 2, 50-77.

Newman, S. (2003). The Living Conditions of Elderly Americans. The Gerontologist, 43. 1, 99-109

Collins, K. S., Hughes, D. L., Doty, M. M., Ives, B. L. Edwards, J. N., and Tenney, K. (2002). Diverse communities, common concerns: Assessing health care quality for minority Americans. New York: The Commonwealth Fund.