Aging's Story of Despair*

Summary

The dominant American story of aging has become one of despair—not because decline and frailty are inevitable, but because the systems meant to support older adults are built on outdated assumptions ("rules") that no longer match demographic, economic, and health realities. Several common beliefs about aging (e.g., demographics, poverty, housing, dementia, and the role/venue of long-term care) are increasingly inaccurate and distort policy and investment. The new leadership culture will be rooted in communities, where most frail older people live and where the human, financial, and practical resources exist.

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We use widely accepted stories to explain much about the world, fundamental stories that provide a platform for thinking about how things work. These stories are 'givens' that relieve us from having to figure things out from scratch every day. Such a story today is that humankind is being hard on the natural environment. People have different ideas about what to do or not do about that, but pretty much everyone accepts the basic story. It's a relatively new one. It replaced the story of an endlessly resilient natural environment that offered inexhaustible resources for the taking. Stories lose their usefulness when we realize they aren't true.

What is the fundamental story of aging in America today? One of despair, a complete loss or absence of hope.

This is the outline of the aging story: Correlated with older age, we experience changes (mostly experienced as declines) in physical, emotional, psychological and financial well-being; not just our own, but among our friends and family. The traditional supports and refuges for aging—nursing homes, hospitals, assisted-living, home care—are more and more obviously inappropriate, inadequate, inaccessible, threateningly expensive and now disintegrating. Financial mainstays are themselves increasingly uncertain. The Social Security and Medicare trust funds are draining, and there is no confidence that we have the political will or ability to stem the losses. We no longer trust aging's modern support industries such as pharmacy benefit managers and health insurers.

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The healthcare industry itself is failing to produce the doctors, nurses, and hands-on caregivers we need. Wherever you look, there's no hope.

If this is so, why repeat it, what's the point? This is the point: All the jeremiads about the about the sad state of our aging, in all their permutations, are a set piece. Day after day, news accounts report horrors—the suffering, the unfairness, the chaos, the graft of the aging life experience—the story of aging in America. We read the accounts, and nothing happens. We read a similar account the next week. Again, nothing.

And that 'nothing' results in no movement, no significant corrective action. It's as if we believe that the sad details will finally provoke action. Maybe someone, somewhere, will rise to the challenge. But, of course, no one does. And the next iteration of shame and pathos is once again frontpage news. This is despair. That's the story of aging in America today.

The 13 outdated rules that underpin aging's story of despair

Sometimes the story that explains things stops being true and no longer explains anything, its power dissolved. That happens (and it can happen quite rapidly) when the fundamental rules or facts of the story, the assumptions that give it shape, simply collapse in the face of reality. The "aging story" we're living with has been held together until now by rules that are no longer valid.

<u>We are a youthful society</u>

- In 2034, for the first time, there will be more Americans 65+ than under 18. [1]
- In the year 2100, when those in U.S. elementary schools today are old: [2]
    - There will be twice as many Americans 65+ as people under 18.
    - The world population, for the first time, will stop growing.
    - China's population will have decreased by 48%.
    - Japan's population will shrink 59%.
    - The US age distribution will be similar to those of Japan today.

<u>Old is poor</u>

- Today, people in their 60s and 70s have the highest average net worth in America.[3]
    - When the Social Security Act was passed in 1935, Older people were among the poorest people in the United States. As many as two-thirds of seniors were poor.[4]
    - In 2023, the poverty for those 65+ was 10.9%, while the poverty rate for those under 18 years was 16.3%, and the poverty rate the poverty rate for those ages 18 to 64 was 11.7%.[5]

Old has nowhere to live

- In 2024, 65- to 74-year-olds have the highest homeownership rate among all age groups, at 79.5%.[6]

Old is demented and lacking in judgment

- While there is much fear and discussion regarding dementia, and while it is correlated with age, dementia actually effects a small proportion older people.
    - "The percentage of adults with a dementia diagnosis increased with age, from 1.7% in those ages 65–74 to 13.1% in those age 85 and older." [7]

Long-term care is the province of congregated facilities

- Only the last year or two of the average person's many years of accumulating multiple chronic conditions are experienced in a facility.
    - 80% of those 65 and over, have multiple chronic conditions.[8]
    - Nursing home average length of stay is approximately 16 months.[9]
    - Assisted living facility average length of stay is approximately 22 months.[10]

Families have lost connection to the old

- 63 million Americans (1 in 4 American adults) serve as caregivers for an ill or disabled relative. [11]

The challenge is age

- The challenge is not age, but the costs of chronic disease correlated with increasing age.
- 90% of health care expenditures are for chronic disease.[12]

The longevity revolution was created by medicine

- While medicine defeated infectious disease in the first half of the 20th century (and allowed more children to reach adulthood), the dramatic increased longevity in the second half of the century was created by all the dimensions of modern life that reduced risk: tort reform, protective legislation over food, water, and modern living, and the identification of and focus on risk factors, etc.

- Because we inappropriately attribute increased longevity almost exclusively to medicine, we continue to invest predominantly in a health delivery system that cannot address the challenge.

Aging is a set pattern of decline

- With older age there is a dramatic splaying out of difference among people. Each person has a distinct combination of dynamic physical, psychological, and financial resources. The new interventions from all dimensions of life enable us to identify and address a person's particular constellation of need.
- It is not aging, but inappropriate, rigid industrial-era programs that standardize interventions and thereby results.

Government has an obligation to care for the nation's aging

- The U.S. did not pass National Healthcare. Rather, it has passed patches of targeted programs for specific people in particular places for defined interventions.
- Outside of the dictates of each program, the government has no obligation to older people.

Government has sufficient resources to pay for the interventions needed by older people

- Aging is 40% of federal spending (50% in 10 years). [13]
- Medicare, 1/3 of the national debt, will double in 10 years. [14]
- There are not enough dollars to purchase services, families and communities must help one another.

The existing health delivery "system" has the capacity to fix itself

- The current health delivery system, set in the era of infectious disease, is a framework so mature, specialized, and inappropriate that it is not adaptable to the dramatically different era of extended chronic disease.
- The change will come from outside the existing delivery system.

Community cannot retain frail older people in its midst

- Our resources: human, financial, commercial, and interventional resources, reside in the community.
- Digital technology enables us to adapt and orchestrate the delivery of resources around the older people living in their communities.

The Lack of Leadership to Address the Passing of the Old Rules

The existing delivery system for aging care has neither recognized nor turned to address the new realities of aging for two basic reasons: the culture of leadership and the shifting venue for long-term care.

In the years subsequent to the passage of Medicare and Medicaid in 1965, government became the primary funder of long-term care (69.4% in 2023 [15]). Consequently, what had been largely community-based institutions with community-based standards and accountability, was subject to government regulation replacing community-based involvement, investment, and control. Reimbursements tightened, and the path to financial survival for nursing homes became extremely narrow. As a result, management had to become highly specialized in navigating the new reimbursement and regulation regimes. Administrators of aging care facilities were now MBAs and accountants, replacing clergy, social workers, and practitioners of applied gerontology. The facilities turned their attention to hospitals and physicians as new sources of residents, replacing their historic relationships with underlying communities.

What is given up in this new aging care management culture is resilience. The culture of extreme specialization has so narrowed the human, financial, and physical resources that even a seemingly minor regulatory change regulatory change could rip through the entire industry like a deadly epidemic, overthrowing a facility's financial viability. Aging care leadership now sees everything through the four walls of its facilities, losing awareness of other venues, and consequently the ability to adapt or evolve to meet the challenge of community aging.

This reality is now locked in as the cultural ethos of America's aging delivery system, now shifted from a community-based to a for-profit model. Where there had been a cohesive establishment of community leaders who took collective action to support institutions that cared for their aging neighbors and family through organizations and associations, now, as the "field" became a series of very different industries, and as large corporate enterprises became dominant, the focus changed. The incentives of chief executives became tied to the financial bottom line and competition became cutthroat. It was no longer possible for associations of these industry leaders to step back and redirect the field through collective action. This paralysis, this inability to see outside its own walls, is a major cause for the current hopelessness and despair in long-term care.

But the present-day streams of regulation are effectively pushing long-term care out of institutions into the community. Current institutional leadership has neither awareness

nor the appropriate resources to address the challenges of providing care in the new venue, community. And because there is minimal recognition that the old rules driving the aging story are outdated, and new leadership has not yet arrived, there is despair. The signs of change aren't visible to aging care's current leadership because they aren't looking outside their institutions. Actually, these are the wrong people to be looking, anyway.

Just as the truisms of the existing story of aging in America are no longer valid, the place occupied by that story is now a void waiting to be filled with leaders from a completely different culture—from the community itself. Not by specialists, but by leadership amongst our neighbors.

Leadership for a new the story of aging

This new leadership will arise in the community. That's where frail older people live and where the human and financial resources, they need to sustain them exist. Those resources are the same ones that have been the prime drivers of the longevity revolution: modern society's multidimensional development that minimizes risk and protects health. The irony is that these societal resources enable people to live long enough to accumulate frail conditions but only up to a point, at which age and physical condition those resources are withdrawn and the now frail older person is forced into an institutional setting literally left over from an earlier era. This no longer needs to be the case. The digital network era enables us to identify the needs and orchestrate the interventions from afar. The leadership we need for this new era must arise in the community.

Can this happen? We have done it before. Actually, this is how we got here. At the turn of the last century, during America's great industrialization and urbanization, our crowded cities were not prepared to deal with rampant infectious disease. Community leaders came together to build hospitals, develop insurance schemes to pay for them (Blue Cross and Blue Shield), public health (sanitation systems, public hygiene regulations) and nursing homes. But as those systems became more proficient, government and professionals replaced the community's involvement, and here we are: Once again living with a community health challenge—chronic disease, the story of aging in America. It's time for community leadership to return.

A number of developments will enable community leaders to address the problems *in situ*. The digital network era provides a new foundation for identifying need distributed through the community. The proliferation of modern interventions can be matched to those needs. Many of those interventions have been miniaturized and customized for home use. The same goods and resources that serve the general community can be adapted to serve people as they age. Great efficiencies can be found from combining two parallel delivery systems, the pre-senescent and the frail old, into one integrated

system. And the outdated rules, held in check by an antiquated delivery system, will melt away as the new realities are addressed simply and directly on the ground. This is not a poverty program; this is the best world for everyone. And the next generation who will care for and pay for the aging will adapt the network systems they already employ in their lives, to aging.

Despair fades as aging, particularly frailty correlated with older age, becomes simply an extension of one's previous life. All this will take is for community leaders to recognize the tools, resources, and possibilities already within reach. And once the transition back into community begins, it will happen rapidly.

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[1] Older People Projected to Outnumber Children for First Time in U.S. History https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html

[2] Stein Emil Vollset, Emily Goren, Chun-wei Yuan, Jackie Cao, Amanda E. Smith, Thomas Hsiao, et. al., Fertility, Mortality, Migration, Population Scenarios for 195 Countries and Territories from 2017 to 2100: A Forecasting Analysis for the Global Burden of Disease Study," *The Lancet*, 396, no.10258, October 17, 2020, https://doi.org/10.1016/S0140-6736(20)30677-2.

[3] The average net worth by age in America

Age by decade	Average net worth	Median net worth
20s	$121,004	$6,609
30s	$307,343	$24,247
40s	$743,456	$75,719
50s	$1,330,746	$191,857
60s	$1,547,378	$290,447
70s	$1,444,413	$233,085
80s	$1,342,656	$233,436
90s	$1,212,583	$205,043

https://www.empower.com/the-currency/life/average-net-worth-by-age

[4] https://www.google.com/search?q=were+the+elderly+the+poorest+wnrn+social+security+was+passed&ie=UTF-8&oe=UTF-8&hl=en-us&client=safari&sei=TADHaOHED8yYptQPpe7GwQg

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Homeownership & Age Groups Age Range (Years)% of Homeowners% of Age GroupUnder 250.8%24.8%25 – 293.1%35.8%30 – 345.9%49.2%35 – 4415.7%62.0%45 – 5419.0%70.6%55 – 6423.4%75.1%65 – 7418.5%79.5%75+13.6%79.1%

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[7] Number 203 ■ June 13, 2024
Diagnosed Dementia in Adults Age 65 and Older:
United States, 2022, Ellen A. Kramarow, Ph.D., National Health Statistics Reports
Centers for Disease Control and Prevention | CDC (.gov) https://www.cdc.gov › data › nhsr › nhsr203

[8] Multiple Chronic Conditions Chartbook, Agency for Healthcare Research and Quality (.gov)
https://www.ahrq.gov › files › mcc › mccchartbook

[9] J Am Geriatr Soc. 2010 Aug 24;58(9):1701–1706. doi: 10.1111/j.1532-5415.2010.03005.x

"Lengths of Stay for Older Adults Residing in Nursing Homes at the End of Life
Anne Kelly, Jessamyn Conell-Price, Kenneth Covinsky, Irena Stijacic Cenzer , Anna Chang, W John Boscardin, Alexander K Smith

"The mean length of stay among decedents was 13.7 months; however, this was explained by a relatively small number of subjects with long lengths of stay. The median length of stay was only 5 months (IQR 1-20). The majority of residents had short lengths of stay, 65% percent of decedents had lengths of stay of less than one year, and over 53% died within 6 months of admission."

PMCID: PMC2945440 NIHMSID: NIHMS216108 PMID: 20738438

https://pmc.ncbi.nlm.nih.gov/articles/PMC2945440/

[10] The Average Stay in Assisted living: Key Facts for Caregivers and Families, Senior Services of America.
https://seniorservicesofamerica.com › Resources

[11] AARP-NAC Report Finds 45% Increase in Americans Providing Care

Paul Wynn, Published July 24, 2015

The number of family caregivers has jumped to 63 million Americans, representing a 45 percent increase, or nearly 20 million more caregivers, over the past decade, according to a joint report by AARP and the National Alliance for Caregiving (NAC). This means roughly 1 in 4 American adults are caregivers,

https://www.aarp.org/caregiving/basics/caregiving-in-us-survey-2025/

[12] Fast Facts: Health and Economic Costs of Chronic Conditions, CDC Chronic Disease, August 8, 2025
https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html

[13] The Facts About Medicare Spending, KFF, June 2023, https://www.kff.org/interactive/the-facts-about-medicare-spending/

[14] Jackson Hammond and Gordon Gray, "The Future of America's Entitlements: What You Need to Know About the Medicare and Social Security Trustees Reports," *American Action Forum*, September 1, 2021, https://www.americanactionforum.org/research/the-future-of-americas-entitlements-what-you-need-to-know-about-the-medicare-and-social-security-trustees-reports-4/#ixzz7POdntyue.

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