Respect Your Elders: An Examination of Elder Care in the United States

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Abstract

Insurance, healthcare, and workplace conditions are concerns of many senior citizens in the United States. This paper examines the repercussions of governmental policies and older adult stereotypes on the overall quality of care for older adults in the United States of America. This quality of care will be determined by analyzing how England's, South Korea's, Germany's, Canada's, and India's programs and values with respect to elder care have impacted the health and well-being of the elderly. Studies on insurance systems, long-term care facilities, and workplace discrimination will be reviewed and compared. The findings show the United States to be trailing behind other countries in terms of quality of care, such as, citizens are paying more out-of-pocket expenses when it comes to insurance and long-term care facilities, individualized care in some long-term care facilities is neglected, and financial security in retirement could be improved. In addition, America has a higher older adult poverty rate than other countries such as Canada, which could be due to the differences in retirement plans. Regarding workplace inequity, the findings show this to be a problem in multiple countries. Education on ageism and elder rights could be a way to combat discrimination.

Keywords: older adults, insurance, workplace, United States, long-term care facilities

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Every third person in the world will be older than sixty in 2050 (Gusmano & Allin, 2011). The United States, Germany, and South Korea have all seen drastic increases in their elderly population**,** but all these countries differ in how they provide elderly care (Rhee et al., 2015). Thus, comparisons between these countries and the United States must be made to evaluate if the United States is a frontrunner in elderly care. For the purpose of this paper, a senior citizen will be based on Medicare eligibility, so anyone who is 65 years and older will be considered a senior citizen (*What's Medicare*, n.d.). Currently, in the United States, the silent generation, born between 1928 and 1945, and the majority of baby boomers, born between 1946 and 1964, will be considered senior citizens (Santrock, 2020). Many senior citizens are parents, grandparents, and some even great and great-great-grandparents. Even for those who have not reared children, many have still played parts in raising younger generations by mentoring, teaching, or even just sharing stories and experiences. Many in the senior citizen class have worked to provide for and develop a country they think would best take care of those who come after them. As many senior citizens have taken care of younger generations, the baton now passes to those younger generations to take care of them. With that being said, it must also be acknowledged some elders have lived lives that have hindered rather than helped younger generations. Nevertheless, the responsibility to take care of those who are more vulnerable to physical and mental ailments still stands.

The government needs to treat these generations with respect regardless of how they have lived their lives. Elders should not be just tossed aside as an afterthought or viewed as an inconvenience—viewed as second-class citizens. During high school, I had the opportunity to work at an assisted living/memory home. Through this experience, I saw firsthand the

maltreatment of senior citizens. Some of the staff would talk down to the residents and speak in the tone of voice typically reserved for children. Residents in the memory care unit would sometimes walk around for hours with soiled pants because of either staffing shortages or staff who would rather be on their phones instead of doing their job. Now, I work in a physical therapy clinic where I hear patients complain about insurance, retirement benefits, or being neglected in the workforce.

Has my experience of elder care been unusual, or why has this been my experience? In the United States, the population of 85 and over is predicted to increase from five million in 2006 to 20 million in 2050 (Brown & Finkelstein, 2009). This considerable increase makes the possible problem of elder care even more substantial. Some Americans recognize the need to fight for racial and gender equality, but discrimination based on age is also a form of inequity. Thus, whether there is advocacy for exceptional senior care or forms of elder discrimination need to be discovered. This paper will be a literature review of the different research out there that has evaluated a variety of aspects of senior care. While the quality of care can be viewed through many different lenses, only health insurance, care in long-term care facilities, workplace discrimination, and retirement plans will be analyzed. In addition, the United States will only be compared to developed or developing countries, due to these countries being most similar in financial resources and barriers. The findings will then be used to reveal where the U.S. has been inadequate in terms of elder care.

Although the United States has projected a drastic increase in the older population, the quality of the programs the government has created for medical care and financial provision for the growing older population in comparison to other growing countries is in question; thus, programs specifically designed for elderly care and financial security in the United States will be

analyzed and compared to Germany, South Korea, England, Canada, and India to learn from their successes and failures.

1. **How does health insurance help or inhibit senior healthcare?**

In order to discover how the United States differs in terms of services for senior citizens, multiple questions will be explored. First, how does health insurance help or inhibit senior healthcare? Health insurance accessibility needs to be adequate, otherwise, senior citizens may be neglecting their health due to financial barriers. The expectation is that access to healthcare can be improved based on the success or failures of other countries' insurance programs. To do this, the makeup of insurance and how it is financed in the United States, England, Germany, and South Korea will be compared.

2. **What is the quality of care of senior living communities?**

In addition, many senior citizens are living in senior care facilities. Thus, the quality of care in these long-term care facilities will be examined. All aspects of senior health, physical, mental, and social, need to be well looked after by staff members. Furthermore, long-term care facilities must also be financially accessible to provide care for citizens of different economic classes. The difference in care due to economic status will also be investigated. Due to my personal experience, my assumption is the United States' long-term living facilities do not live up to the standards they should. In order to discover whether this is true, comparisons will be made between United States' and South Korea's long-term care facilities.

3. **Do senior citizens face discrimination in the workforce, and if so, what does that look like?**

Finally, because not all senior citizens choose to retire once able, senior discrimination in the workforce will also be researched. Senior citizens should not be treated differently than their

younger coworkers because of their age. Whether or not they are encouraged or discouraged to retire will also be investigated. Because the elderly decrease in physical and cognitive abilities with age, workplace discrimination will likely be found in the United States and other countries as well. If senior involvement has been encouraged in certain places, senior productivity needs to be analyzed. Because older generations have different experiences and ways of thinking, the assumption is they can still add value to the workforce, even if it looks a little different.

Overall, the purpose of this paper will be to determine how valued the elderly are in our society and in other societies across the world. The hope is improvements can be made to how the United States provides elderly care by gleaning from the findings of other countries.

Literature Review

In order to examine the overall treatment of the elderly in the United States compared to other countries, a literature review was conducted. The first section, Insurance Policies in the U.S. Versus Other Countries, discusses general healthcare coverage in the United States and England. The United States is shown to require higher out-of-pocket costs (Gusmano & Allin, 2011). This section will also explore long-term care insurance programs in the United States, South Korea, and Germany. Out of the three countries, Germany appears to have the most successful program for long-term care (Geraedts et al., 2000).

The second section, Quality of Long-Term Care Facilities, investigates senior living communities between South Korea and the United States. The United States appears to have a greater worker shortage which affects the quality of care. In both South Korea and the United States, the quality of care varies depending on location. Better care seems to be provided in urban areas. This could be due to residents in urban communities having a higher economic status (Bern-Klug, 2021).

The final section, Senior Citizens in the Workforce and Retirement, will discuss ageism in the workplace and retirement plans. Ageism will be compared between the United States and India with Canada briefly mentioned. Senior citizens in all three countries are facing discrimination in the workforce despite efforts to eliminate it (Aruna, 2020; Bergeron & Lagace, 2021; Neumark, 2019). Retirement plans will then be compared between the United States and Canada. Based on poverty levels, Canada's system seems to be more successful (Stark et al., 2005).

Insurance Policies in the U.S. Versus Other Countries

As senior citizens increase in number, so does the need for healthcare coverage both for acute and long-term care. In the United States, Medicare, a form of federal health insurance, is used by over 60 million Americans for acute care (Hansmann, 2022). However, Medicare is not meant to be a form of long-term insurance. According to Brown and Finkelstein (2009), "long-term care insurance policies are long-term contracts designed to help pay for assistance (at home or in an institution) with 'activities of daily living' for individuals who have difficulty performing them due to physical and/or cognitive impairments" (p. 1). About six million people over the age of 65 need long-term care (Feder et al., 2000). In this section, acute coverage in the United States will be compared to England. Then long-term coverage will be evaluated through comparison to South Korea and Germany.

Acute Care in the U.S. and England

Medicare in the United States has multiple types. Medicare Part A is for inpatient expenses, such as costs for hospitals and nursing facilities, while Medicare Part B covers outpatient and prevention treatment. Undocumented immigrants cannot enroll in Medicare Part A or B. In addition, clinicians can choose not to accept Medicare as a form of payment and

require patients to pay out-of-pocket. Even when seeing clinicians that do accept Medicare, it does not cover every expense for patients. For example, an electrocardiogram (ECG) is only covered by Medicare during a visit within the first 12 months of receiving coverage (Hansmann, 2022). In contrast, England uses a system called the National Health Service (NHS). The NHS provides English citizens with free health care with a few exceptions that are determined by Parliament. While Medicare is only for the elderly in the United States, NHS covers English citizens of all ages.

Even though insurance is universal in England, rationing, the neglect of care for an older individual to provide care for someone younger, has been found to be more prevalent in England than in the United States (Gusmano & Allin, 2011). According to Gusmano and Allin (2011), this was concluded after "they found significantly lower rates of dialysis and kidney transplantation for severe kidney failure in Great Britain than in the United States, and fewer intensive care beds as a proportion of total hospital beds in Great Britain than in the United States" (pp. 95-96). While the U.S. may turn to rationing less, the care that is provided must still be evaluated. Gusmano and Allin found that Great Britain provides better primary care in their study. They discovered that the "average discharge rate for AHCs (Avoidable Hospital Conditions) in the English NHS was between 30 and 50 percent lower than that of the United States" (Gusmano & Allin, 2011, p. 99). Therefore, even though neglect is less common in American healthcare, England's NHS appears to provide higher quality and more affordable primary care. This raises the concern that United States' senior citizens put off care unless absolutely necessary due to the out-of-pocket costs. Lack of proper preventative care through primary care visits could also be why the United States has a higher need for intensive care beds.

Long-Term Care Insurance in the U.S.

Furthermore, the United States lacks a stable long-term care system. According to Feder et al. (2000), "The fact that more than a quarter of long-term care costs are paid directly by patients reflects the financing structure described above: the absence of an insurance system, public or private, that spreads the financial risk of needing long-term care, and, in its place, a system that protects people only if they are impoverished" (p. 45). Long-term care insurance is not affordable for all, especially for those in the middle class. In the U.S., this type of care is financed by Medicaid, Medicare, out-of-pocket payments, private insurance, and/or charity. The majority, 35%, is financed by Medicaid (Brown & Finkelstein, 2009). However, the elderly are only eligible for Medicaid if "their incomes and assets are low enough to qualify them for the federal Supplemental Security Income cash assistance program" (Feder et al., 2000, p. 44). Medicare finances another 25%, but as discussed previously, Medicare is meant more for acute care expenses (Brown & Finkelstein, 2009; Hansmann, 2022). Thus, some turn to private insurance or charity, which together make up another seven percent of long-term care financing. Because only a small percentage of senior citizens have long-term care insurance, it is assumed many choose not to have private insurance due to financial uncertainty or lack of knowledge of different insurance plans. This causes issues for Americans who are not poor enough for federal assistance but are not wealthy enough for the out-of-pocket payments, which finance the remaining 33% of long-term care (Brown & Finkelstein, 2009). Other countries, on the other hand, have implemented social insurance solely for long-term care.

Long-Term Care Insurance in South Korea

South Korea and Germany now have formed social insurance programs designed to help with long-term care. In South Korea, the population of 65 and over is projected to increase from

11.1% in 2010 to 34.4% in 2050. In order to aid the growing class of senior citizens, South Korea finalized a long-term care insurance (LTCI) program in 2008. The LTCI is financed by a percentage of wages paid, funds from general taxes, welfare programs in state and local governments, and coinsurance, which is 15% for home care and 20% for institutional care. Even though the percentage for out-of-pocket expenses is less for home care, home care is discouraged through limited cash benefits (paying caregivers and beneficiaries for at-home care). This is due to the concern of improper care and a cultural shift. Previously, the eldest daughter-in-law would become the caregiver in South Korea. Now that more women are entering the workforce, fewer of these women have the time and money to devote to the at-home care of their in-laws. To solve the problem of fewer care providers, the government turned to for-profit providers to increase institutional care (Rhee et al., 2015). The quality of these institutions will be discussed later in this paper. While the out-of-pocket costs to pay for this type of care may be less than in the U.S., Germany has been even more successful by taking a different approach.

Long-Term Care Insurance in Germany

Like the United States and South Korea, Germany is expected to experience a boom in the elderly population. By 2030, senior citizens are projected to make up 36% of the German population. Germany's LTCI began in 1996 and has been able to stay functional with less of a burden on older citizens than South Korea and the United States. When the new system was created, instead of increasing health premiums, funds from other health insurances were redistributed. The system is paid for equally by employees and employers, and the Federal Employment Agency pays for those who are unemployed. To help ease employers' costs with the new system, one federal paid holiday was removed. The money employers saved from this additional workday makes up 75% of their contribution to Germany's LTC insurance.

Additionally, unlike the United States and South Korea, Germany encourages at-home care, which a study in South Korea found lowers the risk of hip fractures and increases the survival time of those who do experience hip fractures (Geraedts et al., 2000; Kim et al., 2019). Kim et al. (2019) hypothesized:

> LTC workers are likely to focus their daily attention on patients with a known predetermined risk of fracture, rather than those with no known risk. This naturally deprioritizes preventative care of hip fractures for beneficiaries without a predetermined risk of fracture based on the mandatory assessment. (p. 8)

Germany enables at-home care through cash benefits and free LTC training for caregivers. LTCI also pays for the modifications necessary to homes like a ramp. Thus, majority of those with LTC, 72%, receive at-home care (Geraedts et al., 2000). Moreover, Germany created a safeguard to prevent money from running out. Geraedts et al. (2000) explain Germany's prevention method by saying, "The most important component for cost containment is the 'income-related expenditure policy,' which, by law, ties the expenditures for publicly funded LTC strictly to the revenue and assets of the public LTC insurance funds" (p. 387). Thus, money spending will not exceed the money coming in. This will in turn benefit younger German citizens because there would be less worry of no financial assistance once they reach older adulthood as well.

Quality of Long-Term Care Facilities

While Germany emphasizes at-home care, long-term care is still popular in the United States. In the U. S., it is estimated that 40% of senior citizens will require care in long-term care facilities for a portion of their life (Mezuk et al., 2015). However, one must question: what is the quality of this care? Good care encompasses more than just physical health. Depression, suicide, and loneliness are a concern for residents in LTCFs. Thus, in this section, the quality of care of

senior citizens in different countries will be analyzed based on the World Health Organization's (2002) definition of active aging: "the process of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age" (p. 12).

LTCFs in South Korea

A study was done in South Korea to evaluate the country's prevalence of active aging in long-term care facilities (LTCFs). Kim et al. (2022) describe that the purpose of active aging in South Korea is "to facilitate the participation of even those with frailty, diseases, and disabilities, which replaces the earlier approaches aimed at a productive life of healthy older adults" (p. 202). In order to discover the prevalence of active aging, they interviewed 35 people (residents, family members, and staff) from six different long-term care facilities across South Korea. The results of the study were overall positive, and the researchers discovered active aging looked different depending on the resident's physical and mental capabilities. The LTCFs have residents regularly engaging in activities that are individualized to improve health, social participation, and security.

First, to support health, emphasis is placed on maintaining a resident's functional capacity. As much independence as possible is encouraged by motivating residents to "engage in activities such as walking to the bathroom, eating in the dining room, and going out in a wheelchair" (Kim et al., 2022, p. 208). The care workers are also in-tune with each resident's individual needs. A care worker in the study provided an example of when she took a resident who had lost his appetite to the kitchen while they were cooking to increase his appetite through a sense of smell (Kim et al., 2022).

In order to increase social participation, care workers in South Korean LTCFs in this study try to keep relations between family members and residents as strong as possible.

According to Kim et al (2022), the care workers "reported that they particularly attended to responses and feedback from family members and provided them with emotional support if needed. Moreover, the care workers arrange programs that included family members to facilitate their interactions with older adults" (pp. 212-213). Many residents in LTCFs feel isolated from family members and worry they are no longer of importance. As this study shows, South Korea has been able to overcome this by training care workers to acknowledge the importance of family affairs.

Finally, LTCFs in South Korea provide residents with security by lessening financial burdens. Those who struggle to pay for facility costs not covered by insurance are provided with information and resources by care workers to enhance financial security (Kim et al., 2022). Residents are then able to use these resources to make living in LTCFs not only financially achievable but also less stressful. Kim et al (2022) concluded their research by saying, "The findings underscore the LTCFs are no longer a place where a person stays passively until death but are perceived as a place where one's life goes on and residents can remain active" (p. 214). As shown through this study, the success of South Korean LTCFs is possible because of the exceptional care of care workers. The United States, on the other hand, has struggled to provide the same quality of care due to federal regulations and social worker shortages.

LTCFs in the U.S.

While the United States requires nursing facilities to have psychosocial care (a form of care that promotes active aging) to be able to accept Medicare and Medicaid, providing good health care, participation, and security in LTCFs is very difficult when the number of residents outnumber staff by far. In the majority of these facilities, the responsibility of psychosocial care falls to social workers. Some of these responsibilities are to "screen residents for mental health

concerns, address emotional issues, assist with interpersonal conflicts, support residents and families with decision-making, and facilitate transitions" (Bern-Klug, 2021, p. 812). These transitions could involve financial assistance. In order to examine the quality of active aging in the United States, a study (Bern-Klug, 2021) was done to determine how effective social work is in improving psychosocial care. As demonstrated by the care workers in South Korea, social workers have the potential to increase the health, social participation, and security of their residents. However, they are unable to do so when overwhelmed and undereducated. The Center for Medicare and Medicaid Services (CMS) does not follow the National Association of Social Workers (NASW) requirements for social worker qualifications. By NASW standards, a social worker must at least have a bachelor's degree in social work. The CMS, on the other hand, does not require a degree (Bern-Klug et al., 2021). Bern-Klug et al. (2021) point out "It is at odds with state title protection laws and confusing to residents, families, staff members, and the community to call a person who has not earned a degree in social work, a 'qualified' social worker" (p. 815). Why would qualifications of care change based on a senior citizen's location? Residents, who may even be living out their final days, deserve NASW standards of social work. The lack of education of social workers may also hinder their ability to provide adequate information and financial resources like the care workers do in South Korea.

In addition, the CMS only requires the employment of one full-time social worker if the nursing facility has more than 120 beds, which two-thirds of nursing facilities in the United States do not (Bern-Kulg et al., 2021). Through surveying social service directors across the nation, Bern-Klug et al. (2021) found "the majority of social service directors reported that one-full time social service staff person could assess and meet the psychosocial needs of 60 or fewer long-term care residents or 20 or fewer post-acute residents" (p. 826). Thus, one social worker

cannot successfully take care of 120 residents' psychosocial health and successfully encourage active aging. Neglecting social participation is an especially serious concern. According to Quan et al. (2019), loneliness "has been linked to a greater risk of an array of health problems including high blood pressure, cardiovascular disease, disability, cognitive decline, depression, and early mortality" (p. 1945). In fact, in the United States, a new nursing home resident is more likely to develop depression than dementia, and depression can put a resident at risk of taking his or her own life (Mezuk et al., 2015). According to Mezuk et al. (2015), "bed size (number of beds) and high staff turnover have been associated with a higher risk of suicidal behaviors among residents" (p. 1495). The shortage of social workers in the United States put residents more at risk for loneliness, depression, and suicidal behaviors, all of which harm health, social participation, and security. Therefore, for LTCFs in the U.S. to be as successful as in South Korea, adjustments must be made in the field of social work.

One note of importance is differences in care between rural and urban areas have been found both in the United States and South Korea. In the United States, rural nursing homes care for senior citizens at a higher proportion than urban nursing homes. In addition, rural nursing homes have been found to house residents with a "lower socioeconomic status, poorer health, and more chronic conditions" (Quigley et al., 2021, p. 49). Likewise, poorer senior citizens in South Korea that are also in worse shape are more likely to be in a rural LTCF. However, similar to the United States, less preventative care has been found in rural LTCFs in South Korea. This is shown through the study where those who received institutional care, which was shown to increase the risk for hip fracture, were more likely to be living in rural communities (Kim et al., 2019). This difference in care could be partially due to staffing. A study found urban communities to have higher amounts of social services than rural, which as discussed previously,

enables more individualized care (Bern-Klug, 2021). Therefore, further study can be done on how to equalize the quality of care between rural and urban areas in both American and South Korean long-term care facilities.

Senior Citizens in the Workforce and Retirement Plans

While healthcare for senior citizens is important, not all senior citizens face major health issues that are debilitating. Thus, many seniors are still able to contribute to the workforce. The United States has seen a drastic increase in elder workplace participation. Between 2000 and 2015, there was a 13.2% increase in people still working once they hit elderly status (Newman, 2019). However, the possibility of these senior citizens being discouraged by government policies and/or employer stereotypes needs to be evaluated. Another important consideration is retirement plans and pensions once senior citizens choose to leave the workforce. In this section, workplace discrimination, retirement, and pension programs will be examined.

Workplace Discrimination in India and the U.S.

There have been drastic advancements in technology in the past 50 years. While these advancements have improved lives and healthcare, multiple countries have shown that these advancements harm senior citizens in the workforce. In India, there has been a large increase in migration to urban communities. In 1991, India enacted the New Economic Policy. Part of this policy was intended to decrease poverty by creating more jobs. However, these new jobs are mainly in industrial areas. Because many elders in India have more agricultural experience, they struggle to find new jobs because of their lack of industrial experience (Aruna, 2020). Assuming that all older adults are uneducated and untrainable when it comes to changes in technology is a form of workplace discrimination; this is also found to be prevalent in the United States. A study was done to compare callback rates for younger people to elders. They created fake resumes that

were similar in all aspects except for the fake applicant's age. They sent out over 40,000 applications in 12 different cities in 11 different states. The results showed a drastic difference in a callback for the elderly when compared to those who were "given" a younger age. For instance, in sales-related jobs, there was a 36% lower callback rate for older females than younger females and a 30% lower callback rate for older males than younger males (Neumark, 2019). Hiring discrimination can also be shown through the duration applicants search for a job. In 2011, the median time of searching for a job for those who were younger than 55 was 26 weeks. This was nine weeks shorter than the median time for those who were older (Newman, 2019).

Attempts to Eliminate Age-Related Discrimination

The United States has enacted laws intending to prevent discrimination against older adults. The Age Discrimination in Employment Act, a law intending to prevent age-related discrimination such as hiring ads with age restrictions, was passed in 1967 (Neumark, 2019). In addition, the Equal Employment Opportunity Commission founded in 1965 is an agency meant to prevent employers from excluding people from the hiring process based on stereotypes, like the stereotypes associated with age (Neumark, 2019; U.S. Equal Employment Opportunity Commission, n.d.). However, this was over half a decade ago, and as the studies discussed previously have shown, workplace discrimination is still prevalent despite the attempts by the United States Government to eliminate it (Neumark, 2019; Newman, 2019). A study in Canada showed part of the problem could be older adults do not realize they are being discriminated against. Bergeron and Lagace (2021) define ageism as "the process of age-based stereotypes and discrimination targeting mostly older adults" (p. 141). Their study used group discussions to discover older Canadian's experiences in the workforce. The results showed most participants experienced ageism but did not know what it was. Bergeron and Lagace (2021) suggested that

"what may be at stake is, first and foremost, the need to educate older adults about ageism as a rampant but unknown form of discrimination" (p. 149-150). Therefore, to fight the hiring discrimination prevalent in the United States, older adults can be educated on what ageism is and what it may look like. Then older adults may become more empowered to stand up for themselves and their different but still useful contributions to the workforce.

Sexism in the Workforce in Canada and the U.S.

Unfortunately, it is important to note that older females have been shown to face even more workplace discrimination than males in Canada and the United States. The study comparing callback rates also showed sexism in the workforce. When sending female fake applications to administrative jobs, they discovered a 47% lower callback rate for older females than younger (Neumark, 2019). Neumark (2019) suspects this is due to physical appearance. Neumark (2019) writes, "Evidence suggests that physical appearance matters more for women and that age detracts more from physical appearance for women than for men" (p. 56). In addition, the study in Canada found similar results. The examples of ageism provided by many of the older female participants were also rooted in sexism. For example, multiple female participants described being expected to dress in ways that made them appear younger in order to appear more attractive (Bergeron & Lagace, 2021). Thus, older female citizens are discriminated against in the workforce because their contributions become less valuable as their appearance, not the quality of their work, changes. Neumark (2019) points out the concern with this by saying, "Reducing age discrimination against older women may be particularly crucial to their financial security; many women outlive their husbands and end up quite poor" (p. 57). Ageism in the workplace for females not only impacts their mental health but also their potential to live out the rest of their days financially stable, even if their spouse has passed away. Therefore, older

female adults especially need to be educated on the different forms of ageism that could be influenced by gender.

Retirement Plans in the U.S.

One of the ways older males and females can build financial stability is through a pension. The United States has a defined benefit pension system where employees make a monetary contribution to an employee's future retirement based on the number of years of service the employee gave to the employer (Forman, 2020). However, over the past few decades, the United States' retirement plans, such as a pension, have become less effective because they were not designed to support the large group of people that are living to the age they are now. Between 1980 and 2015, Americans covered by the defined benefit pension system dropped by 30% (Newman, 2019). Because of this, many Americans are forced to turn to other systems to finance their retirement. Newman (2019) describes the dilemma by saying, "they are offsetting their pension losses by turning to Social Security at the earliest possible moment when the value of that federal benefit is less than 60% of what it would be if they could wait to age 70" (p. 35). Usually, even the full benefits of Social Security can replace only about 35% of one's income prior to retirement (Forman, 2020). There is also a concern because Social Security trust fund reserves are projected to run out by 2037 (Goss, 2010). Because of the fault of these systems, more and more Americans are becoming dependent on 401(k) plans and Individual Retirement Arrangements (IRAs) where they pay for their future retirement themselves. A 401(k) plan enables employees to put a portion of their paycheck towards retirement before the paycheck is taxed, and IRAs work in a similar way (IRS, 2022; *Traditional and Roth 401(k) Plans*, n.d.). However, in 2016, just over half of families in America had any retirement accounts (Forman, 2020). Thus, the quality of pensions and retirement plans in the United States could be improved,

or, at the very least, Americans need to be educated on the variety of options and the potential repercussions of not properly saving for retirement.

Retirement Plans in Canada

Other countries, such as Canada, have adopted universal flat-rate pensions (Beland & Waddan, 2014). When talking about positive experiences of aging in Bergeron and Lagace's study, participants contributed part of the positives to Canada's Old Age Security Pension (OAS) (2021). Because the system, adopted after World War II, is universal, the financial assistance the elderly receive is based on their residency and age rather than income. However, due to inflation, Canada's universal system could not provide complete financial security for the elderly. As a solution, Canada adopted multiple income-related pension programs such as Canada Pension Plan, Quebec Pension Plan, and Guaranteed Income Supplement. These programs, on top of the OAS, have enabled Canada to be successful in decreasing the poverty of older generations (Beland & Waddan, 2014). A study reviewing the elderly poverty rate in seven different countries found the poverty rate of the older population in the United States was 24.7% in 2000; it was only 7.8% in 1998 in Canada. Out of the seven countries, the United States had the highest and Canada the second lowest (Stark et al., 2005). This notable difference in poverty rates could be due to Canada's universal pension program because it would be especially beneficial to those from low-income households.

However, one of the problems Canada faces with their pension system is elder abuse. Participants in Bergeron and Lagace's study have heard or have experienced families keeping all or some of the money the elders are supposed to receive for themselves (2021). Overall, while Canada's retirement system appears to be more beneficial for the elderly than the United States, elder abuse and the potential for discouraging work need to be addressed. Further research can

also be done to see to what degree financial elder abuse is an issue in the United States. Beland and Waddan (2014) point out that "governments must decide how to balance the desire to provide generous benefits against concerns about the incentive effects of encouraging or discouraging people from saving for their own retirement through their working lives" (p. 384). Thus, if discussions regarding the inclusion of a universal pension plan in the United States ensue, the potential for possibly more elder abuse and a negative impact on the workforce need to be evaluated.

Conclusion

Older generations deserve exceptional care. A moral society takes care of those who are vulnerable. As one ages, physical and cognitive abilities decline, and he or she becomes frailer and more dependent. As this dependency grows, society's responsibility to ease the financial and health burden of older age also grows. Thus, this paper investigated how well the United States does in easing these burdens for the elderly and their families in comparison to other developed or developing countries; this was in order to discover what changes in elder care the United States can make to reach what could be exceptional standards.

The first research question examined was how health insurance in the United States helps or inhibits senior healthcare. The answer discovered was while the United States does provide some financial assistance, there are sometimes barriers between senior citizens and the medical help and treatment they need. While Medicare covers some of the acute care needs of senior citizens, many patients have out-of-pocket expenses that some cannot afford (Hansmann, 2022). Citizens in England, on the other hand, do not face these same dilemmas to the same extent because of the National Health Service coverage. These conclusions pose further problems such as whether older Americans are able to get the healthcare they need. Preventative care can lead

to a longer life, yet many Americans cannot afford this preventative care like those in England can (Hansmann, 2022). In addition, the research showed that the United States healthcare system inhibits long-term care of the elderly. As discussed previously, 33% of long-term care is paid for by out-of-pocket expenses (Brown & Finkelstein, 2009). Other countries like South Korea and Germany have worked towards decreasing these out-of-pocket expenses by creating social insurance programs (Rhee et al., 2015). The financial burden of long-term care may turn Americans towards home health care. However, unlike the research showed in Germany, family members in the U.S. who act as caregivers are uneducated and may not provide adequate care (Geraedts et al., 2000).

The second question investigated was the quality of care in senior living communities, which 40% will require at some point in their lives (Mezuk et al., 2015). When researching LTCFs in South Korea and the United States, the quality of care in South Korea appears to exceed the United States. South Korea has exceeded by employing care workers that are dedicated to improving active aging and psychosocial health (Kim et al, 2022). Care workers are also able to provide more individualized care than healthcare workers in the United States because they are not facing the same poor staff-to-resident ratios. Because senior living communities in the United States use social workers to provide this type of care, the low requirements for education and the number of social workers in a facility decrease the quality of care for the residents (Bern-Klug et al., 2021). In addition, quality of care has been shown to be dependent on location for both the United States and South Korea. Those in rural communities have less preventative care leading to an increased chance of poorer health (Bern-Klug et al., 2021; Quigley et al., 2021).

The final question addressed was regarding senior discrimination in the workforce. The research showed ageism to be prevalent in the American, Indian, and Canadian workforce. This ageism stems from stereotypes of senior citizens and the expectation they can no longer positively contribute to the workforce once a certain age is reached (Aruna, 2020; Bergeron & Lagace, 2021; Neumark, 2019; Newman, 2019). However, senior productivity in the workforce remains unknown. This could be addressed in future studies if workplaces train seniors on new technology instead of assuming their lack of experience would make them unsuccessful. In addition, it was discovered older females suffer more discrimination than males. This could be due to female physical appearance impacting whether they are hired and valued in the workforce (Bergeron & Lagace, 2021; Neumark, 2019). In order to examine how well retirement is funded while citizens are in the workforce, pension and retirement programs were analyzed. The conclusion was that Americans struggle to fully fund their retirement while the majority of Canadians do not due to Canada's additional universal pension program: Old Age Security Pension (Beland & Waddan, 2014; Forman, 2020; Newman, 2019).

Overall, these findings reveal the United States can look to other countries to improve the treatment and quality of care of its older citizens. The information discovered is relevant to anyone with family members entering the senior citizen class—virtually every American citizen. Americans can use this information to advocate for better care and propose similar plans to the ones that have been successful in other countries to American politicians. Countries across the world can also continue to improve by working together to create possible solutions to problems seen globally, such as a lack of knowledge of ageism. Additionally, these findings are valuable for anyone entering the healthcare field. Stresses related to insurance, long-term care, and workplace discrimination can impact an older person's physical, mental, and social health.

Healthcare workers can help ease these burdens by recognizing older people are still people who have their own problems like everyone else. By bringing these problems to light and educating Americans on the potential for advancements, the United States can become a sanctuary for older adults. Instead of fearing old age, senior citizens could look forward to benefits such as well-rounded care and fewer financial burdens. Finally, an economic study can be done on what policies could move the United States towards this picture and how best to pay for them, without negatively affecting citizens of other generations.

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