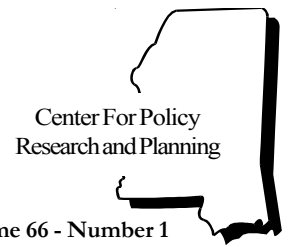


MISSISSIPPI'S BUSINESS



January 2008

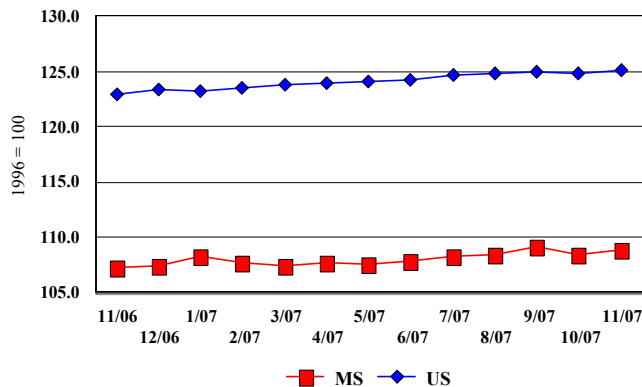
Monitoring the State's Economy

Volume 66 - Number 1

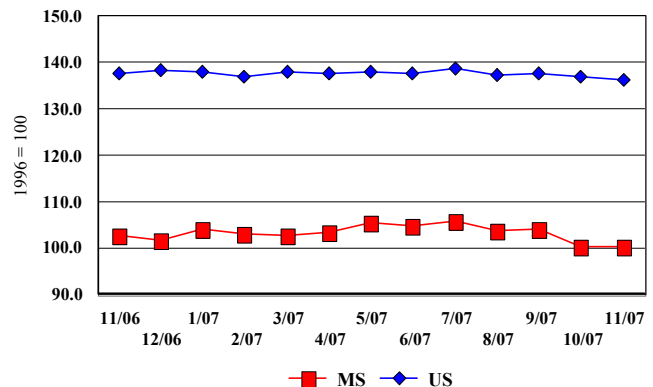
ECONOMY AT A GLANCE

Both the Mississippi Index of Coincident Economic Indicators and the Index of Leading Economic Indicators increased in November relative to October. Despite the increase, the State's economy is losing some of the momentum generated from the Katrina rebuilding. Additionally a real threat of a national recession exists. The unusual steps taken by the Fed in recent weeks along with the economic stimulus plan being pushed through Washington testify to the real threats to the economy. Modestly negative growth during the first half of 2008 is likely for the Nation, followed by a recovery in the second half.

Index of Coincident Indicators



Index of Leading Indicators



MISSISSIPPI'S BUSINESS

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The last twelve issues of Mississippi Business are available on our web site. On this web site you will also find copies of some of our other publications, including *Population Projections*, *Mississippi Economic Review and Outlook*, and *The Handbook of Selected Data*. You will also find links to other useful data sources.

Coincident Indicators

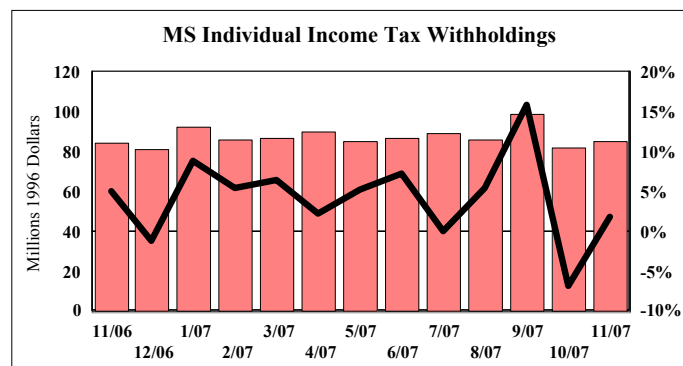
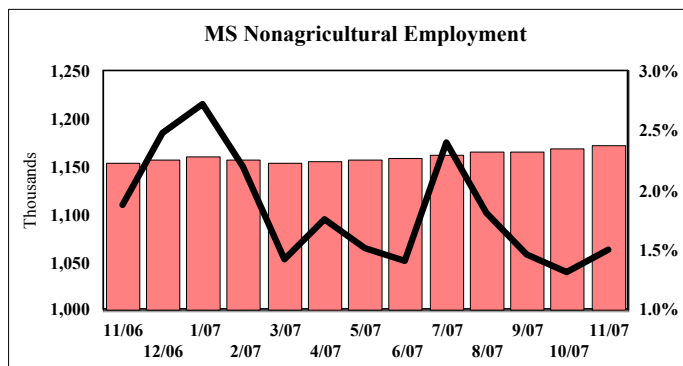
The November Mississippi Index of Coincident Indicators was 108.9 or 0.4 percent above the revised October level. The index dipped in October due to declining income tax withholdings. The November increase regained most but not all of the ground lost in October.

Historically, the index is at a high level. But this strength is primarily due to Katrina rebuilding, which is slowing in terms of its contribution to economic growth. The result is the economy is losing momentum. With the national economy slowing, the state's economy will slow in 2008.

Nonagricultural employment rose 0.2 percent or 2,426 jobs. The majority of these job gains occurred in the service sector with the leisure and hospitality sector leading the way. The retail trade sector and the construction sector accounted for a large portion of the monthly gain as well. Manufacturing, which has been declining in recent months, posted an almost imperceptible gain of 27 jobs.

Mississippi individual income tax withholdings rose 4.6 percent in November relative to October. The increase was small and did not regain the ground lost with the October decline. Smoothing the withholdings series reveals a series that appears to have peaked and begun to slow.

Mississippi Index of Coincident Indicator Components



NOTE:

The bar graphs above represent the seasonally adjusted monthly series and correspond to the left-hand axis. The line graphs represents the growth rate over the prior year's value and correspond to the right-hand axis.

SOURCES:

Mississippi Employment Security Commission.
Mississippi State Tax Commission.

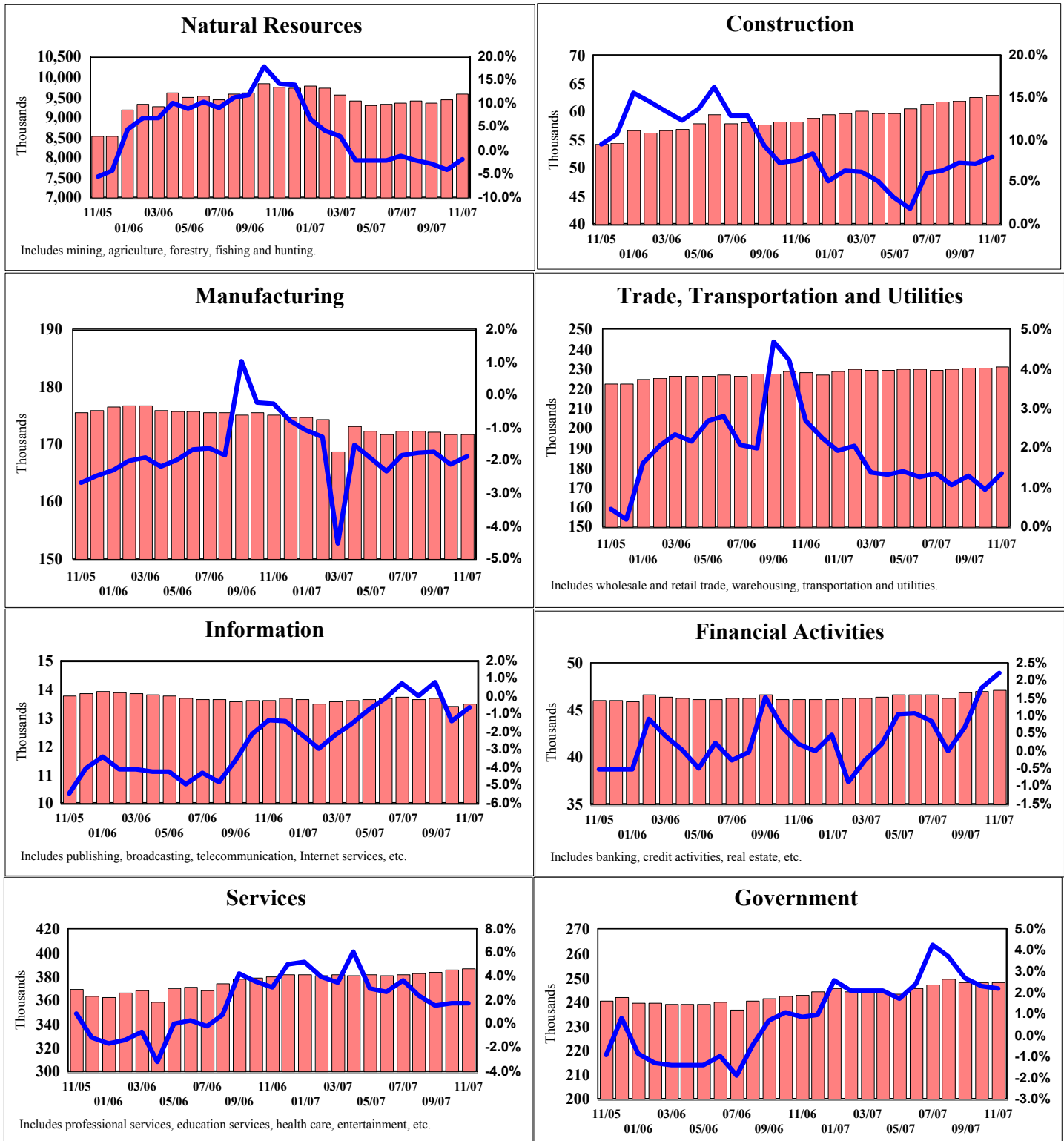
Mississippi Employment By Sector

| | November 2007 | October 2007 | Seasonally Adjusted | | Change from Last Year | | |
|-------------------------------------|---------------|--------------|---------------------|------------------------|-----------------------|---------|-------|
| | | | November 2006 | Change from Last Month | # of Emp. | % | |
| Non farm Employment | 1,171,457 | 1,169,031 | 1,154,133 | 2,426 | 0.2% | 17,324 | 1.5% |
| Natural Resources | 9,567 | 9,434 | 9,754 | 133 | 1.4% | (187) | -1.9% |
| Construction | 62,923 | 62,514 | 58,290 | 409 | 0.7% | 4,633 | 7.9% |
| Manufacturing | 171,739 | 171,712 | 175,012 | 27 | 0.0% | (3,273) | -1.9% |
| Trade, Transportation and Utilities | 231,315 | 230,661 | 228,199 | 654 | 0.3% | 3,116 | 1.4% |
| Retail | 144,861 | 144,326 | 143,290 | 535 | 0.4% | 1,571 | 1.1% |
| Information | 13,508 | 13,402 | 13,595 | 106 | 0.8% | (87) | -0.6% |
| Financial Activities | 47,166 | 47,044 | 46,137 | 122 | 0.3% | 1,029 | 2.2% |
| Services | 386,918 | 385,189 | 380,293 | 1,729 | 0.4% | 6,625 | 1.7% |
| Professional and Business Services | 98,519 | 98,548 | 94,601 | (29) | -0.0% | 3,918 | 4.1% |
| Education and Health Services | 124,193 | 124,353 | 124,769 | (160) | -0.1% | (576) | -0.5% |
| Leisure and Hospitality | 126,962 | 125,070 | 123,893 | 1,892 | 1.5% | 3,069 | 2.5% |
| Other Services | 37,244 | 37,218 | 37,030 | 26 | 0.1% | 214 | 0.6% |
| Total Government | 247,979 | 248,143 | 242,600 | (164) | -0.1% | 5,379 | 2.2% |
| Federal | 26,008 | 26,113 | 26,077 | (105) | -0.4% | (69) | -0.3% |
| State | 59,885 | 59,855 | 59,039 | 30 | 0.1% | 846 | 1.4% |
| Local | 162,188 | 162,174 | 157,600 | 14 | 0.0% | 4,588 | 2.9% |

Data may not add due to rounding.

Source: Mississippi Department of Employment Security

Mississippi Employment Trends



NOTE:

The bar graphs above represent the seasonally adjusted monthly series and correspond to the left-hand axis. The line graphs represent the growth over the prior year's value and correspond to the right-hand axis.

SOURCE:

Mississippi Employment Security Commission.

Leading Indicators

The Mississippi index of Leading Economic Indicators rose 0.2 percent in November relative to October to a level of 100.3. The increase was small and followed a strong decline in October. Furthermore, the gain came solely on the strength of a suspicious increase in the value of building permits. It is likely next month's index will see a reversal of this increase.

The value of residential building permits rose an incredible 124.3 percent in November relative to October. The increase marked a departure from the declining trend that has been present since January. This increase is highly suspicious and will not likely be repeated with the December report.

Initial unemployment claims rose 9.2 percent in November relative to October. After falling between March and September the series increased in October and November. The level of claims remains fairly low by historical standards. The unemployment rate increased in November to 6.3 percent after adjusting for seasonality.

The average Mississippi manufacturing workweek length decreased to 40.1 hours. The series has been declining since July. A declining workweek length suggests manufacturer's are having no difficulty meeting demand and that employment gains are not likely.

The Institute for Supply Management Index of U.S. Manufacturing Activity (ISM) declined to 47.7 in December. This marked the first time the index has been below 50 since it briefly dipped below this threshold in January 2007 and November 2006. Prior to these two low marks, the index had been above 50 since the spring of 2003. An index below 50 indicates the U.S. Manufacturing industry is contracting.

The U.S. Index of Consumer Expectations fell 5.6 percent in November. The series has been trending downward throughout 2007. The troubles in the mortgage industry are contributing to the sense of pessimism.

U.S. Economy

The U.S. Index of Coincident Indicators increased a modest 0.2 percent in November relative to October. For the six months ending in November the index was up an annualized 1.6 percent.

The U.S. Index of Leading Indicators declined a sharp 0.4 percent. The index has been down in four of the last six months. Until weakening in the past few months, the index had been flat since 2006. It is currently at its lowest level since 2005. The Conference Board says that "The recent behavior of the composite indexes suggest that while slow economic growth is likely in the near term, risks for further economic weakness have increased."

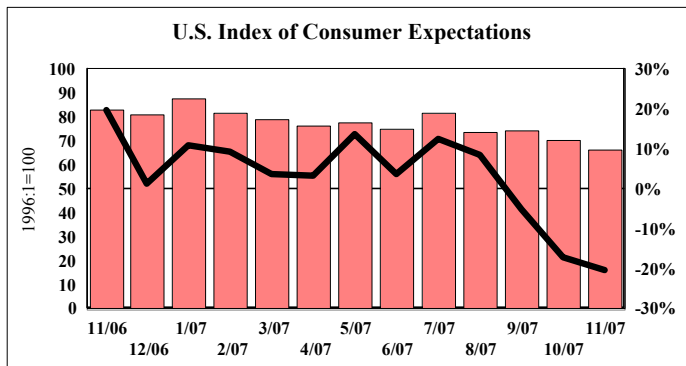
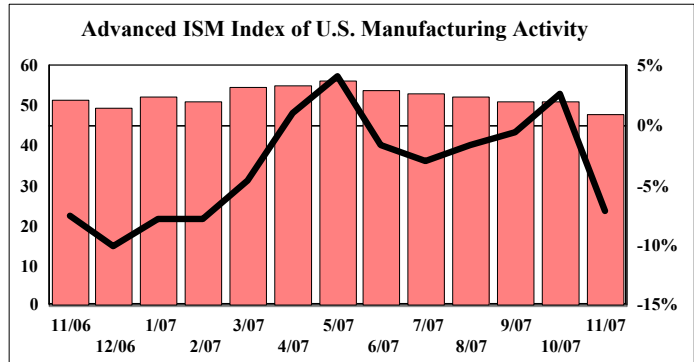
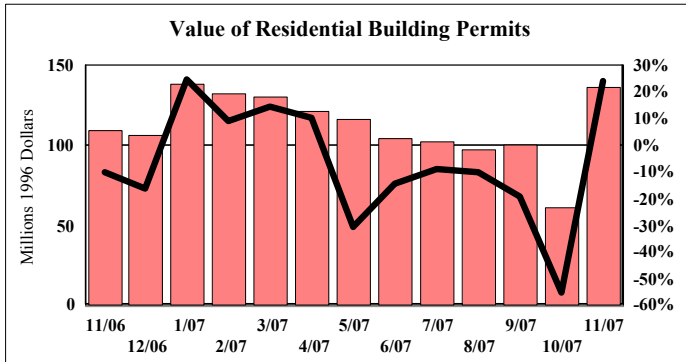
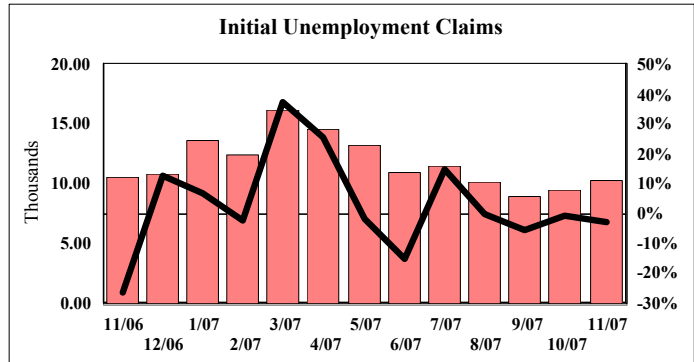
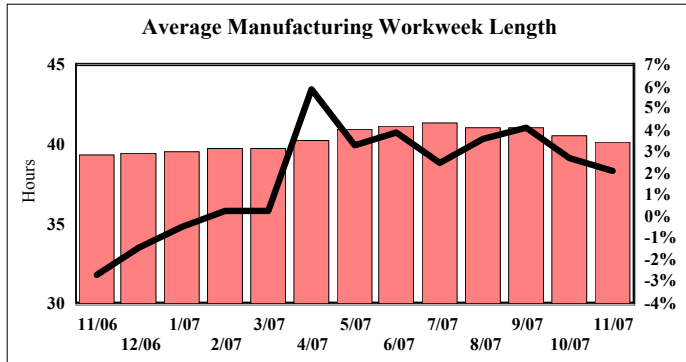
Indeed, it seems to be the attitude of many forecasters that the risk of recession has sharply increased. The December employment report, which showed a national job gain of only 18,000 revealed an economy slowing much more rapidly than previously expected. The descent of the ISM Index below 50 is another ominous sign. The spread of the mortgage industry woes into other areas of the consumer market, and particularly the toll on confidence is troubling. The unemployment rate spiked in November to 5.0 percent from 4.7 percent. This was the largest monthly increase since the 2001 recession.

In addition to the threat of a sharp slow down in economic activity, the economy faces the additional threat of continued high oil prices. While the economy is not as vulnerable as it once was to oil shocks, continued increases in oil prices pose a real threat.

With all things considered, it is now more likely than not that the U.S. economy will enter a recession. More precisely, future data will likely show the U.S. economy entered a recession during the first quarter of 2008.

The Fed is clearly concerned. It took a bold step in cutting the Federal funds rate by 75 basis points during an emergency meeting on January 22. This was the first such emergency meeting since 2001. In addition to the action by the Fed, the White House

Mississippi Index of Leading Indicator Components



NOTE:

The bar graphs above represent the seasonally adjusted monthly series and correspond to the left-hand axis. The line graph represents the growth rate over the prior year's value and corresponds to the right-hand axis.

SOURCES:

- Bureau of Labor Statistics.
- Bureau of the Census.
- The Conference Board.
- The Institute for Supply Management.

and Congressional leaders are working on an economic stimulus plan worth around \$150 billion (about 1% of GDP). Key components of the bill include a \$100 billion tax rebate for individuals, \$50 billion in business tax cuts and expansion of the conforming loan limits for the Fannie Mae and Freddie Mac mortgage programs.

The idea behind the bill is to bolster consumer spending with the tax rebate and encourage business investment through enhanced depreciation. It also

attempts to boost the struggling housing industry by making more affordable mortgages available in markets such as California where home values are well above average.

The direct effects of these measures are not expected to be felt until the second half of 2008. Negative growth in the first half is likely regardless of the bill. The indirect effects, in terms of calming fears among consumers and investors, is already being felt.

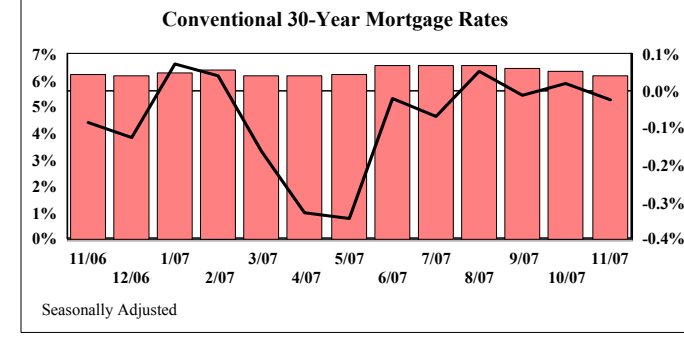
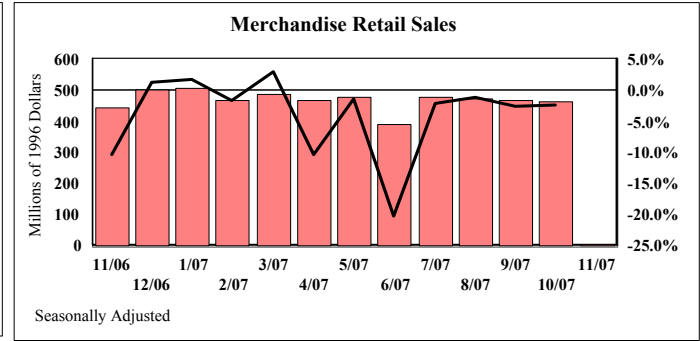
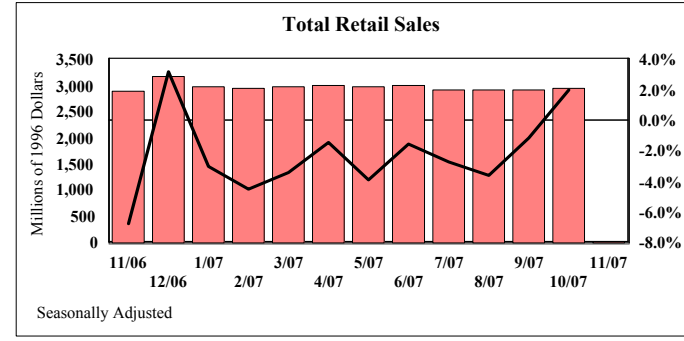
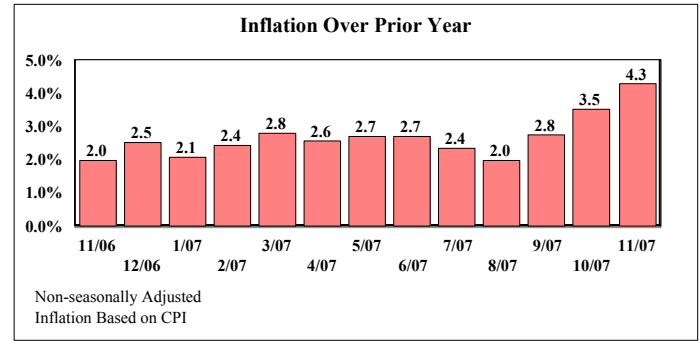
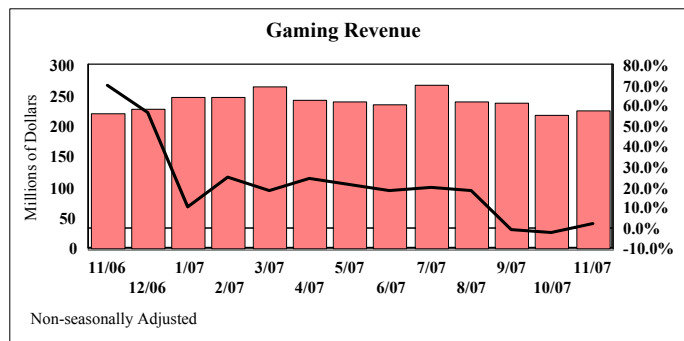
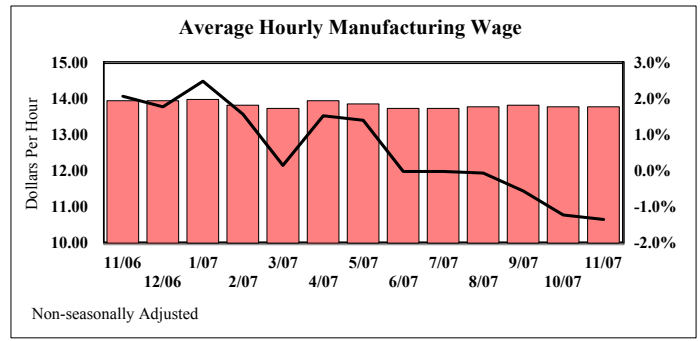
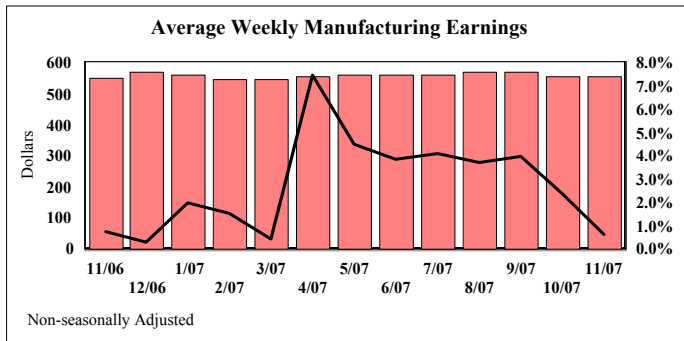
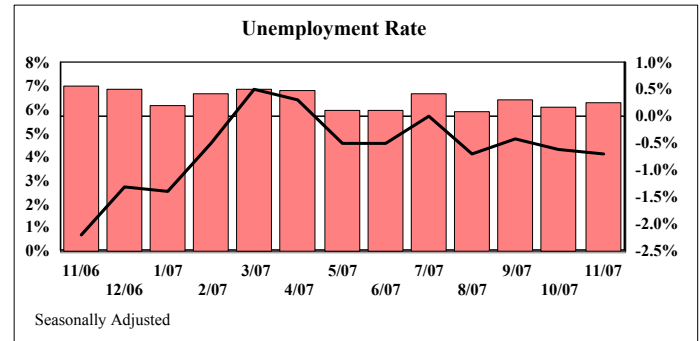
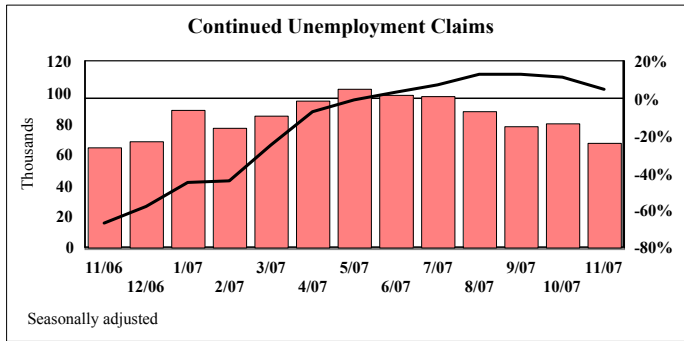
SELECTED MISSISSIPPI ECONOMIC INDICATORS

| | November 2007 | October 2007 | November 2006 | Percent Change From | |
|---|------------------|-----------------|------------------|---------------------|--------------|
| | | | | Last Month | Last Year |
| Coincident Indicator Index | 108.9 | 108.5 | 107.3 | 0.4% | 1.5% |
| Nonagricultural Employment (thousands) | 1,171.5 | 1,169.0 | 1,154.1 | 0.2% | 1.5% |
| Individual Income Tax Withholdings (millions of 1996 \$) | 85.3 | 81.6 | 83.9 | 4.6% | 1.7% |
| Leading Indicator Index | 100.3 | 100.1 | 102.6 | 0.2% | -2.3% |
| Initial Unemployment Claims | 10,258 | 9,396 | 10,544 | 9.2% | -2.7% |
| Value of Residential Building Permits (millions of 1996 \$) | 136.3 | 60.8 | 109.7 | 124.3% | 24.3% |
| Average Manufacturing Workweek Length (hours) | 40.1 | 40.5 | 39.3 | -1.0% | 2.1% |
| Advanced ISM Index of U.S. Manufacturing Activity | 47.7 | 50.8 | 51.4 | -6.1% | -7.2% |
| Index is advanced one month. Thus, the December index is reported for November. | | | | | |
| U.S. Index of Consumer Expectations | 66.2 | 70.1 | 83.2 | -5.6% | -20.4% |
| Miscellaneous | | | | | |
| Consumer Price Index U.S. (1996=100) | 134.0 | 133.2 | 128.5 | 0.6% | 4.3% |
| Unemployment Rate (percentage) | | | | | |
| Non-seasonally adjusted | 5.7% | 5.9% | 6.3% | -0.2% | -0.6% |
| Seasonally adjusted | 6.3% | 6.1% | 7.0% | 0.2% | -0.7% |
| Continued Unemployment Claims | 67,054 | 80,100 | 63,893 | -16.3% | 4.9% |
| Average Manufacturing Wage (Non-seasonally adjusted) | | | | | |
| Current Dollars per Hour | 13.76 | 13.77 | 13.95 | -0.1% | -1.4% |
| 1996 Dollars per Hour | 10.27 | 10.34 | 10.86 | -0.7% | -5.4% |
| Average Weekly Manufacturing Earnings (Non-seasonally adjusted) | | | | | |
| Current Dollars | 554.53 | 553.55 | 551.03 | 0.2% | 0.6% |
| 1996 Dollars | 413.83 | 415.55 | 428.93 | -0.4% | -3.5% |
| U.S. Mortgage Rates (30-year conventional) | 6.2% | 6.4% | 6.2% | -0.2% | -0.0% |
| Gaming Revenues (Non-seasonally adjusted) | | | | | |
| Coast counties (millions of current \$) | 104.1 | 96.9 | 95.5 | 7.5% | 9.1% |
| River counties (millions of current \$) | 121.3 | 120.3 | 124.6 | 0.9% | -2.6% |
| Total | 225.4 | 217.2 | 220.1 | 3.8% | 2.4% |

Note: The data are seasonally adjusted unless otherwise noted.

Unless otherwise noted all data refer to Mississippi.

Miscellaneous Economic Indicators



NOTE:
The bar graphs above represent the monthly series and correspond to the left-hand axis. The line graphs represents the growth rate over the prior year's value and correspond to the right-hand axis.

SOURCES:
Mississippi Employment Security Commission.
Mississippi State Tax Commission.
Mississippi Gaming Commission.
Federal Home Mortgage Corporation.
Bureau of Labor Statistics.

NURSING HOMES IN MISSISSIPPI: TRENDS, ISSUES, COSTS, AND ALTERNATIVES

By Barbara J. Logue, Ph.D.

Americans today are living longer and often healthier lives than ever before. Life style improvements (not smoking, for example), medical innovations, and technological advances are likely to extend lives even further in years to come. But increasing age eventually means increasing frailty, disability, and loss of independence for most people. Hence, many will need assistance, sometimes for years. Families, communities, and governments will have to provide that help as, indeed, many already do. What will change in coming years is the number of people at risk as our society ages. In Mississippi, for example, the population over 65 is slated to rise to 18.9 percent by 2020, up from 12.1 percent in 2000. More important, the percentage of “oldest old” (ages 85+) – the frailest and neediest subgroup of the elderly – will rise from 12.5 percent to 34.6 percent of the 65+ population.

As welcome as life extension is, an aging society also poses tremendous social and financial challenges to individuals, families, and governments. How to care for growing numbers of frail and disabled people without unduly burdening other segments of society is one such challenge.

“Long-term care” is defined as assistance provided to people who suffer from chronic conditions — physical, mental, or both — that limit their ability to live independently. The number and severity of health problems, the availability of family members to help, and their financial situation underlie the decision of whether or not a particular person is institutionalized or remains in the community. This report looks at one solution to the problem of long-term elder care — the nursing home industry — considering trends and issues, costs, and cost-saving alternatives.

Trends and Issues

Data from a series of National Nursing Home Surveys indicate that since 1977 the number of nursing

home residents requiring “postacute” care (a short stay following a hospital episode involving surgery, for example) has increased. At the same time, the availability of assisted living and other forms of community-based long-term care has delayed or prevented institutionalization for persons needing long-term care. But long-stay residents continue to predominate in nursing homes.¹

Long-stay or permanent residents of nursing homes tend to be more physically disabled than elders residing in the community. Moreover, such residents today tend to be older, sicker, and more disabled than their counterparts in earlier years. They need help with everyday activities, such as dressing, bathing, and getting to the bathroom. More than one in three has trouble seeing or hearing, and mental disturbances such as dementia are common. The majority (over 75.0 percent) exhibit problematic behaviors such as confusion, wandering, and verbal and physical abuse of other people, including caregivers. Their care is demanding and challenging, with multiple health problems and multiple medications complicating both diagnosis and treatment.²

According to the American Geriatrics Society, “without a breakthrough in the treatment of dementia, the number of people 65 and older living in nursing homes will likely double by the year 2020.”³ In addition to health problems, other factors that raise an individual’s risk of moving into a nursing home include advancing age, low income, and lack of family support.⁴ The U.S. Census Bureau reports that 10,573 people over 65 lived in Mississippi nursing homes in 1980; by 2000, the figure was 16,735 — an increase of 58.3 percent.⁵ The occupancy rate statewide typically exceeds 90.0 percent, with some homes having waiting lists.

Two factors suggest that the demand for nursing home beds will rise in Mississippi. First, like the nation,

our population is aging, and the prevalence of health problems rises dramatically with age. Second, disability rates in Mississippi at all ages, including 65+, exceed the national averages, creating a proportionally larger population in need of assistance. The percentage of noninstitutionalized Mississippi elders reporting two or more types of chronic disability in Census 2000, for example, was 30.3 percent, substantially higher than the national figure of 21.8 percent.⁶ As their health deteriorates and their needs escalate with advancing age, these people are more likely candidates for nursing home admittance than their nondisabled counterparts. The Mississippi State Department of Health currently estimates a statewide need for 8,255 additional skilled nursing beds.⁷

Costs

Disease and disability in old age are closely associated with lifelong problems of poverty, educational deficiencies, and minority status. Hence, Mississippi is especially hard pressed to deal with elder care issues. The state is still largely rural, complicating service provision and raising costs due to the dispersion of the older population among many service areas. One in six community-dwelling householders over 65 has no vehicle, so transportation is a serious issue. The poverty rate for Mississippians over 65, at 18.8 percent in Census 2000, is nearly double the 9.9 percent nationwide figure. The prevalence of poverty among elderly minorities, women, and the oldest old is considerably higher than for other subgroups, while their health status tends to be worse. The end result is that those with the greatest need for assistance have the least ability to pay for it.

Contrary to popular belief, Medicare covers only a tiny fraction of nursing home costs. And that coverage is restricted to short-stay patients who need some additional care following a hospital stay of three days or more, and “only if the attending physician certifies the patient as needing skilled nursing or rehabilitative services.”⁸ People who need long-term care due to physical frailty or mental problems such as Alzheimer’s disease do not qualify for Medicare.

The cost of nursing home care is high and growing.

Much of it is covered by Medicaid – the federal-state program that helps finance health care for poor, blind, and disabled people of all ages, including children in low-income families, as well as the needy aged. According to the Mississippi Division of Medicaid, state spending on nursing home care will hit \$635 million in 2007, up from \$554 million in 2005.⁹ The average price of a private room in a Mississippi nursing home is now \$56,575 a year, well beyond what most people can afford.¹⁰ Nationwide, “the average nursing home patient runs out of money within six months and must go on Medicaid,” a trend which, if it continues, “will not only bankrupt individuals but also the Medicaid system.”¹¹ Because nursing home care is so expensive and because Medicaid is the primary payor in Mississippi, the Legislature has placed limits on the number of nursing home beds permitted to participate in the Medicaid program.¹²

Following Hurricane Katrina, the state benefited from additional federal Medicaid funds and was able to pay all costs with federal dollars, providing “a huge reprieve from having to deal with paying the piper for public health care” in the state.¹³ That infusion of funds is now gone, leaving the Medicaid program currently requesting an additional \$560 million in state funds.¹⁴ Hence, financing is already a serious concern.

Other problems in nursing homes have a strong financial component. Relatively low pay and the difficulties of the work negatively affect recruitment and retention of nursing home staff. A new federal study prepared for the Department of Health and Human Services found that more than nine in ten of the nation’s nursing homes were inadequately staffed. Quality of care suffers when there are too few workers to care properly for residents, “putting them at significant risk for such health problems as bedsores, bloodborne infections, dehydration, malnutrition and pneumonia.”¹⁵ Spokespersons for the nursing home industry blame inadequate reimbursement rates under Medicaid and Medicare for the chronic understaffing and the industry has been lobbying Congress to raise rates. For adequate staffing, at least 77,000 addi-

tional registered nurses, 22,000 licensed practical nurses, and 181,000 new nursing aides must be hired nationwide, at an estimated cost of at least \$7.6 billion. The Bush administration has said it has no plans to implement these recommendations.¹⁶ Hence the need for alternatives.

Alternatives to Institutionalization

Most ailing elders prefer to deal with their illnesses at home rather than in an institution. And, indeed, the majority (over 65.0 percent) of elders in need of care receive it in a noninstitutional setting.¹⁷ Even people with severe health problems are able to avoid institutionalization because they get sufficient help from relatives, friends, or community services.¹⁸ Data from national surveys indicate that for every person residing in a nursing home, there are two people just as sick who are able to remain in the community.¹⁹ According to a recently published study, unpaid family caregivers provide an average of 21 hours of care a week; the estimated economic value of such caregiving was \$350 billion in 2006.²⁰

Advances in medical technology in recent years have helped to facilitate the choice of home care in lieu of institutionalization, as has the availability of government support to pay for home health services. The phenomenal growth of the home health industry is due not just to elders' preferences to stay in their own home but is also seen as a way to reduce the demand for or at least delay the expensive alternative of nursing home placement.²¹ In addition to skilled nursing, home health care agencies provide such services as physical therapy, medical appliances and supplies, and chemotherapy.²² In 2004 alone, nearly 63,000 Mississippians received an average of 38 home health care visits. But home health services are limited to short-term skilled rehabilitative care, not long-term care.²³

"Assisted living" arrangements can take many forms, with a continuum of help ranging from minimal to total, as conditions warrant. Mississippi has 184 licensed "personal care homes," designed for people who need custodial care or help with daily activities, but not skilled nursing care. A growing number of

"retirement communities" or "senior housing facilities" offer apartments for independent living, combined with transportation, housekeeping, and meal services. Other living arrangements offer a sheltered environment, plus nutritional and social support, to individuals who do not need institutional health care. Services such as adult day care, meal delivery, and chore/homemaker help are coordinated via ten Area Agencies on Aging.²⁴

Unfortunately, most alternatives to nursing home placement impose heavier burdens on family caregivers than otherwise, because families must seek out, supervise, and often pay for the alternative arrangements. Medicaid rarely covers the cost of assisted living or home health care, although some states are moving in that direction.²⁵ In Mississippi, the Division of Medicaid operates two waiver programs specifically designed to assist Medicaid-eligible elderly to delay or avoid institutionalization, one of which is piloted in only seven counties. Examples of services under these waiver programs include home health care and homemaker services, home delivered meals, medication oversight, and escorted transportation.²⁶

Policy Implications and Conclusion

As our population ages, the number of old people in need of assistance will rise dramatically, impacting more families. Because alternative care settings are now available for many disabled elders requiring assistance, resort to nursing homes may be increasingly reserved for the sickest and neediest.

Innovative approaches will be ever more necessary as more people experience the frailty and ill health that may accompany old age. When they can no longer drive, but must still get to the doctor's office or the grocery store, assistance programs must step in, whether these be neighborhood driving pools, public transportation, or another form of aid. If people are to remain in their own homes as long as possible, in order to delay or avoid the expensive alternative of institutionalization, retrofitting of homes to accommodate their changing abilities will be essential. Wider doors and hallways that allow wheelchair access and

design features that facilitate kitchen chores (such as easy-grip handles on small appliances) are just two of the changes that can make it easier for older people to maintain their independence. Japanese advances in robotics and other cutting-edge technologies aimed at assisting the aged provide a good example for interested manufacturers.²⁷ In the United States, manufacturers of furniture, housewares, and appliances have already discovered a growing market for products designed for people with physical limitations.²⁸

Also to be encouraged are the grass-roots efforts of a growing number of communities nationwide to make their own neighborhoods safe and comfortable places in which to grow old. Organized by residents themselves and financed by an annual membership fee, such movements line up transportation providers, companionship services, security arrangements, home repair services, home health aides, and other arrangements designed to keep people in their own homes as long as possible. In less affluent areas, similar types of helps can be coordinated by social service organizations, keeping costs down by relying on volunteers and barter, for example.²⁹ At some point for some aged people, however, their level of debility will necessitate a move to a nursing home.

There is no question that home care in its various forms is less costly than institutionalization. According to the Mississippi State Department of Health, however, expansion of home and community-based care programs financed via Medicaid may cause a tremendous run-up in state costs as more people rush to sign up.³⁰ Paid programs that replace the free care provided by kin, friends, and neighbors also threaten to raise state costs.

On the other hand, the burdens of “free” caregiving are often ignored or underestimated. An estimated 29 million Americans provide care for an aged relative or friend, and the U.S. Department of Labor estimates that by 2008 more than half of the work force will be involved in elder care. A recent study determined that work-caregiving conflicts led an estimated 16.0 percent of workers to quit their jobs and 13.0 percent to retire early.³¹ Other caregivers have to cut back on hours worked or refuse transfers or promotions that entail moving, in order to care for an aged family member.³² Employees’ elder care duties alone cost employers an estimated \$33 billion annually in lost productivity.³³ Despite the large and growing numbers of workers with eldercare responsibilities, however, only a minority of businesses provide support services for them, or benefits such as flexible hours or telecommuting.³⁴ Although few now do so, employers can make long-term care insurance available to their employees at group rates, to make care more affordable when and if it is needed. Creative and flexible policies in the workplace are clearly needed.

Most paid caregivers who provide home care, on the other hand, “can often make more money working in a fast-food restaurant than they can taking care of someone else’s family member.”³⁵ Low wages, few or no fringe benefits, physically demanding work, and lack of career development contribute to a worsening shortage of such workers.³⁶ Policymakers face a tremendous challenge in terms of maintaining a much needed caregiving work force while containing costs. Only with concerted efforts by families, communities, employers, and government will the growing demands of elder care be met in Mississippi.

Notes

1. Frederic H. Decker, “Nursing Homes, 1977-99: What Has Changed, What Has Not?” (Hyattsville, MD: National Center for Health Statistics, 2005).
 2. American Geriatrics Society @ www.healthinaging.org/agingintheknow.
 3. Ibid.
 4. Ibid.
 5. Wan He, Manisha Sengupta, Victoria A. Velkoff, and Kimberly A. DeBarros, U.S. Census Bureau, Current Population Reports, P23-209, *65+ in the United States: 2005*, U.S. Government Printing Office, Washington, D.C., 2005, p. 163.
 6. The types of disability relevant to the elderly that were queried to in Census 2000 are as follows: (1) *sensory* disability refers to whether the person is deaf or blind, or has a severe vision or hearing impairment; (2) *physical* disability consists of any condition
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that substantially limits one or more basic physical activities, such as walking or climbing stairs; (3) *mental* disability is defined as difficulty in learning, remembering, or concentrating; (4) *self-care* disability is present if the individual has difficulty dressing, bathing, or getting around inside the home; and (5) *going outside alone* disability implies a need for assistance with such everyday activities as grocery shopping or a trip to the dentist. All the disability questions specified that the health issue had to be long-lasting – at least six months in duration.

7. Mississippi State Department of Health, *2007 State Health Plan*, Executive Summary, p. xvii. Note that a small proportion of people in nursing homes are under age 65.

8. *Ibid.*, Ch. 8, p. 4.

9. Leah Rupp, "Seniors Rethink Care," *Clarion-Ledger*, September 27, 2007.

10. *Ibid.*

11. Haya El Nasser, "Fewer Seniors Live in Nursing Homes," *USA Today*, September 27, 2007.

12. *State Health Plan*, op. cit., Ch. 4, p. 4.

13. "State Budget: Funding After Katrina," *Clarion-Ledger*, October 14, 2007.

14. *Ibid.*

15. Carole Fleck, "Nursing Home Care Is Found Wanting," *AARP Bulletin*, April, 2002.

16. *Ibid.*

17. He, et al., op. cit., p. 66.

18. *State Health Plan*, op. cit., Ch. 8, p. 1.

19. *Ibid.*, Ch. 8, p. 3.

20. Sandra Block, "Elder Care Shifting Away from Nursing Homes," *USA Today*, August 29, 2007.

21. Genevieve W. Strahan, "An Overview of Nursing Homes and Their Current Residents: Data from the 1995 National Nursing Home Survey," *Advance Data*, No. 280, January 23, 1997, p. 7.

22. *State Health Plan*, op. cit., Ch. 13, p. 11.

23. *Ibid.*, Ch. 4, p. 4; Ch. 13, p. 12.

24. *Ibid.*, Ch. 5, pp. 3-4.

25. Block, op. cit.

26. *State Health Plan*, op. cit., Ch. 4, p. 4; Ch. 8, p. 4.

27. Hiroko Tabuchi, "Robots May Aid Aging in Japan," *USA Today*, October 4, 2007.

28. June Fletcher, "For Boomers, the House of the Future," *Wall Street Journal*, March 9, 2007.

29. Jane Gross, "A Grass-Roots Effort to Grow Old at Home," *New York Times*, August 14, 2007.

30. *State Health Plan*, op. cit., Ch.8, p. 3.

31. Carole Fleck, "Double Bind," *AARP Bulletin*, May, 2006.

32. *Ibid.*

33. Robert N. Butler, "Who Will Care for You?" *AARP Bulletin*, January, 2007.

34. Fleck, "Double Bind," op. cit.

35. Butler, op. cit.

36. *Ibid.*