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*Who will Care for Us: Aging and Long Term Care in Multicultural America.* Ronald L. Angel and Jacqueline L. Angel. Reviewed by Martin Tracy, University of Southern Illinois.

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Current and projected shifts in the demographic aspects of aging have inspired a wide range of policy and program related analyses that are readily available in the literature. The topic has wide appeal because aging populations are challenging public policies in most societies in terms of moral dilemmas and economic considerations. Included in most discussions about policies addressing the rising proportion of the elderly is the question of how to provide for long term care in an affordable, yet humane, fashion. Even though there is only a small percentage of the elderly living in long term skilled care facilities, there is clearly a need to continually explore better ways of helping individuals who do not require institutionalized care to remain in the community. The pressure to seek and find alternative or complementary means of care will expand as the informal sector’s capacity for providing care is threatened by the loss of primary caregivers. Many societies are experiencing a shortage of primary caregivers due to increases in physical isolation of children from parents, working couples, single parents, and a reduction in siblings.

This situation is well known among policy makers at national and local levels and has been the focus of attention by any number of research and demonstration projects in the United States and around the world. Indeed, there are numerous prominent programs in place that have significantly increased the capacity of individuals, families and communities to provide care for their frail elderly outside of institutions or skilled care facilities. There are plenty of successful examples which suggests that it is often less of a question of knowing what works than a question of getting nations and communities to make the necessary commitment of resources to implement and maintain viable programs.

Some of the political and economic barriers to program development are discussed in this text, but its real contribution to providing us with a better understanding of the processes involved in establishing desirable and workable programs is the focus on the multicultural factor. The strength of the text is its convincing argument that “failure to consider the ways in which cultural,
economic and health care system factors influence the extent of need for long term care and specific home health services” leads to an inefficient and ineffective system. Too many policies in the United States are currently predicated on the assumption that the aging population is a homogenous group with little apparent regard for the diversity of ethnicity, race, class or gender. This often leads to one-size-fits-all policies, allowing for marginal flexibility and few programmatic options conducive to diverse attitudes, perceptions and approaches to care. This is an increasingly serious problem given the rapid rise in the proportion of diverse populations among the elderly.

The authors argue that it will take much more than mere recognition of this diversity in order to enhance formal and informal care systems. The key is to facilitate intense interaction between program designers and community in order to generate ongoing public discourse and public involvement in planning and implementing programs that are sensitive to ethnic, race, class and gender issues, as well as the critical need for multi-discipline approaches to long-term care. The text is clear, concise and cogent. It informs with objectivity and insight, giving the reader ample material for reflection and consideration without being pedantic. While the focus is on long-term care, it would be useful in a college aging studies policy class as an example of how policies are often developed within a cultural, ethnic and gender vacuum. In addition, it includes thoughtful and accurate discussions on social security, private pensions, Medicare and Medicaid, the role of the family, the provisions of the Older Americans Act, and the well-known On Lok community-based, multi-disciplinary system of care in San Francisco.

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Alperin and Phillips offer an overview of managed care in a tripartite conceptual framework. They first consider innovations