THE THOMAS LONG-TERM CARE INDEX™

America's Long-Term Care Crisis: A Statistical, Financial, and Quality-of-Life Assessment
By Herbert H. Thomas
Original Edition: November 2026 | Revised Three-Measure Research Framework

EXECUTIVE SUMMARY

The Thomas Long-Term Care Index™ examines the national long-term care crisis facing Americans aged 65 and older through three independent but interconnected measures: **I. Thomas LTC Risk Index** (probability, severity, and duration of dependency); **II. Thomas LTC Financial Affordability Index** (financial ability to pay for necessary care); and **III. Thomas Ironman Quality-of-Life Index** (mobility, independence, dignity, recovery, affordability, and safety).

Together, the measures ask how likely long-term care dependency is, whether older Americans can finance the care they need, and whether care arrangements preserve or restore quality of life. The central thesis is that millions face risks to physical mobility, independence, dignity, and financial security while existing care arrangements may be unaffordable, inadequate, or heavily dependent on unpaid family caregivers.

PART I — THE THOMAS LTC RISK INDEX

1. The American Population at Risk

The U.S. Census Bureau estimated approximately **64.6 million** Americans aged 65 or older in 2025, approximately 19% of the national population. Applying an illustrative 70% lifetime long-term care probability yields **45.22 million** (64,617,088 × 70%). This illustrates lifetime exposure, not simultaneous care need.

2. Lifetime Probability of Long-Term Care Dependency

Population	Illustrative lifetime LTC risk
All adults reaching 65	70%
Women	75%
Men	65%

These rounded historical planning estimates require alignment with precise research definitions. Needing any long-term services and supports is not the same as severe disability, prolonged institutional care, or catastrophic mobility loss.

3. Stroke and Hip-Fracture Risk

Medical event	Annual U.S. events
Strokes	795,000+
Hip fractures (emergency department visits)	319,000
Combined events	1,114,000+

These are event counts rather than unique individuals. Stroke events include recurrent strokes; some individuals may experience both events. Strokes and hip fractures can initiate sudden loss of mobility and independence.

4. Severity of Disability

Consequences may include inability to walk, dependence for bed-to-chair or bathroom transfers, assistance with bathing and toileting, increased falls and injury risk, restricted rehabilitation opportunities, and loss of privacy or control over everyday life. The Index distinguishes temporary impairment, prolonged disability, and permanent dependency.

5. Duration, Recurrent Injuries, and Mortality

Outcome	Original Index estimate
Falls during first year	40%
Recurrent stroke within ten years	45%
Mortality within one year	30%
Mortality within five years	75%

These figures are retained as original research hypotheses, not established probabilities applying to all stroke and hip-fracture survivors. Validation requires specified populations, severity, age groups, follow-up periods, and clinical sources. Duration should be evaluated through expected years of care, prolonged-dependency probability, and mortality or recovery outcomes.

6. Risk Index — Research Conclusion

The Thomas LTC Risk Index measures the probability, severity, and duration of dependency, rather than treating all long-term care needs as equivalent.

PART II — THE THOMAS LTC FINANCIAL AFFORDABILITY INDEX

7. Retirement Income and Financial Capacity

Population	Annual income	Monthly income
Fully retired individual without earnings, median	$26,770	$2,231
All individuals 65+, median	$33,310	$2,776
All individuals 65+, mean	$54,390	$4,533
Households headed by someone 65+, median	$56,680	$4,723
Married couples 65+, median	$91,410	$7,618

These benchmarks describe different populations and are not mutually exclusive categories. They illustrate the disparity between ordinary retirement income and prolonged high-intensity care costs.

8. Continuous Professional Long-Term Care

At an illustrative $34 per hour, continuous coverage costs $34 × 24 × 365 = **$297,840 per year**. The Index rounds this to **$300,000 annually**, or $25,000 monthly, for a premium in-home care scenario. The same figure is used for a premium nursing-home comparison, not as a national average.

9. Cumulative Cost of Long-Term Care

Duration	Cost at $300,000 annually
1 year	$300,000
3 years	$900,000
6 years	$1,800,000
10 years	$3,000,000
15 years	$4,500,000
20 years	$6,000,000

Illustrations exclude inflation, medical expenses, specialized equipment, and other potential costs.

10. Retirement Income-to-Care-Cost Gap

For an individual with $26,770 median annual income, $300,000 is approximately **11.2 times annual income**. For a married couple with $91,410 annual income, it is approximately **3.3 times annual income**. Ordinary retirement income alone is generally insufficient for this premium-care scenario.

11. Financial Limitations of Existing Arrangements

Six arrangements are examined: (1) unpaid spouse and family caregiving; (2) eight daily hours of professional in-home care plus sixteen hours of family care; (3) continuous 24-hour professional in-home care; (4) premium nursing-home care; (5) Medicaid-funded long-term care; and (6) long-term care insurance as a financing mechanism.

Each has different costs and tradeoffs. Unpaid care can transfer burdens to family; part-time care leaves family responsibilities; continuous professional care can be prohibitively expensive; Medicaid has varying eligibility and benefit rules; and insurance coverage depends on policy provisions and limits.

12. Retirement Wealth

At an illustrative 4% annual withdrawal rate, generating $300,000 requires **$7,500,000** ($300,000 ÷ 4%). If $180,000 of additional annual living expenses is needed, $480,000 of total withdrawals would imply **$12,000,000** at 4%. These are illustrations, not guarantees of sustainable withdrawals.

13. Homeownership and Financing

The original Index uses approximately 79% homeownership for households headed by adults 65+ and illustrative median equity of $250,000. At $300,000 annually, that equity equals roughly ten months of care before other costs. Homeownership does not ensure sufficient liquid funds for years of care.

14. Establishing a National Affordability Percentage

The original Index proposes that 97% of adults 65+ cannot afford five of six care arrangements. The revised research edition treats **97% as a proposed finding requiring validation**. A defensible calculation should use income, assets,

equity, care intensity and duration, regional costs, insurance and public benefits, and ordinary living expenses.

15. Financial Affordability Index — Research Conclusion

The Thomas LTC Financial Affordability Index measures who can afford defined care scenarios, for how long, and under what conditions, rather than only what care costs.

PART III — THE THOMAS IRONMAN QUALITY-OF-LIFE INDEX

16. The Thomas Ironman Standard

The Standard evaluates the ability of long-term care arrangements to preserve or restore, as nearly as reasonably possible, pre-disability quality of life through six outcomes: **Mobility** (movement throughout the home); **Independence** (daily activities with minimal assistance); **Dignity** (privacy, autonomy, and choice); **Recovery** (rehabilitation and functional improvement); **Affordability** (sustainable household finances); and **Safety** (protection against falls, unsafe transfers, and preventable injuries).

17. Scoring Methodology

Score	Proposed interpretation
0–2	Severe limitation
3–4	Substantial limitation
5–6	Partial achievement
7–8	Strong achievement
9–10	Near-complete or complete achievement

Each dimension receives a proposed 0–10 score; 10 represents achievement relative to pre-disability quality of life. Six dimension scores may be reported individually and, after validation, as a composite out of 60. Objective comparisons require measurable indicators, scoring thresholds, evidence, and independent assessment.

18. Six Existing Care Arrangements

1. **Spouse and family care:** up to 8,760 annual hours, with potential caregiver exhaustion or injury.
2. **Part-time professional and family care:** 2,920 professional hours and 5,840 family hours annually.
3. **Continuous professional in-home care:** 8,760 professional hours annually, at substantial cost.
4. **Premium nursing-home care:** institutional support with possible reductions in personal control.
5. **Medicaid-funded care:** publicly financed eligible services subject to program rules and availability.
6. **LTC insurance-financed care:** qualifying services funded subject to coverage terms and benefits.

19. Original Ironman Ratings

The November 2026 Index included preliminary scores expressing perceived limitations of existing options. Those original assessments are retained as historical research material, not validated clinical outcomes.

Dimension	Evidence to assess
Mobility	Functional movement and access to living spaces

Dimension	Evidence to assess
Independence	Ability to complete activities without assistance
Dignity	Privacy, autonomy, and patient-reported experience
Recovery	Rehabilitation access and functional outcomes
Affordability	Household cost burden and sustainability
Safety	Falls, injuries, transfers, and preventable events

Research must distinguish effects of the care arrangement from differences in patient disability severity.

20. Validation of the Ironman Standard

Validation should include a documented scoring rubric; review by clinical, rehabilitation, gerontology, financial, and statistical experts; patient and caregiver outcome data; multiple independent evaluators; inter-rater agreement and consistency testing; and comparison with established measures. Until validated, scores remain provisional.

21. Quality-of-Life Index — Research Conclusion

The Thomas Ironman Quality-of-Life Index evaluates whether care arrangements preserve or restore the essential outcomes that determine the quality of an older American's remaining life. Expenditure and caregiver availability alone cannot capture those outcomes.

PART IV — THE INTEGRATED THOMAS LONG-TERM CARE INDEX™

22. Three Measures, One National Assessment

Measure	Central question
Thomas LTC Risk Index	What is the probability, severity, and duration of dependency?
Thomas LTC Financial Affordability Index	Can older Americans finance necessary care?
Thomas Ironman Quality-of-Life Index	Does care preserve or restore the six essential outcomes?

Initially publish the three measures separately rather than as one numerical score. A composite may follow only after defensible weighting, normalization, and aggregation methods are established.

23. The National Long-Term Care Crisis

Millions of older Americans face substantial lifetime exposure to care dependency. Severe strokes and hip fractures can produce prolonged loss of mobility; high-intensity professional care can exceed ordinary retirement resources; family caregiving can impose significant physical and emotional burdens; and institutional or publicly funded care may entail limitations in independence, choice, or accessibility. The challenge encompasses medical risk, financial sustainability, and quality of life.

24. The Thomas Long-Term Care Crisis Statement

America faces a profound long-term care crisis because millions of older Americans are exposed to disabling conditions requiring prolonged assistance while many households lack the resources for high-intensity professional

care. Existing arrangements frequently require difficult compromises involving caregiving, independence, financial security, dignity, recovery, and safety. The Index is designed to measure these consequences through three independently defined research measures.

25. Research Foundation and Publication Standards

The Index will distinguish (1) verified national statistics; (2) historical estimates with their dates and definitions; (3) modeled financial scenarios with reproducible calculations; (4) provisional assessments requiring validation; and (5) original Thomas research findings subject to independent review. The research foundation includes federal health and aging data, LTSS studies, population estimates, retirement-income research, care-cost surveys, and clinical outcomes literature. Complete references, methodology, and version history should accompany the scholarly edition.

FINAL CONCLUSION

The Thomas LTC Risk Index measures probability, severity, and duration of dependency. **The Thomas LTC Financial Affordability Index** measures the ability to finance care. **The Thomas Ironman Quality-of-Life Index** measures six essential outcomes: Mobility, Independence, Dignity, Recovery, Affordability, and Safety.

The central principle of The Thomas Long-Term Care Index™ is that the crisis must be measured not only by the cost of care, but also by the probability of needing care, the financial ability to obtain it, and the quality of life that care delivers.

Herbert H. Thomas — Founder and Author
November 2026 — Revised Three-Measure Research Framework

SUPPLEMENT TO THE THREE-MEASURE THOMAS LONG-TERM CARE INDEX™

Sections 11 and 14–21 supplied by Herbert H. Thomas | November 2026

11. None of these 6 options are a solution to the Long Term Care Crisis. The Long Term Care industry is vulnerable to disruption. Why?

For more than 125 years, automation has transformed the American standard of living by replacing expensive human physical labor with machines, dramatically increasing productivity, reducing costs, improving safety, and expanding personal freedom and independence. Manufacturing was revolutionized by automated assembly lines and robotics; agriculture by tractors, combines, and automated equipment; household living by washing machines, dryers, dishwashers, and modern appliances; commerce by computers, electronic banking, online shopping, and automated warehouses; healthcare by advanced diagnostic equipment, patient monitoring, and robotic technologies; and transportation by trains, automobiles, and airplanes that replaced the limitations of walking and horseback travel. Every great automation revolution has followed the same fundamental economic principle: replace repetitive human labor with machines, reduce costs, increase productivity, improve safety, and expand human independence. Yet one of America's largest and most expensive industries—Long Term Care—remains overwhelmingly dependent on human physical labor. Millions of older Americans suffering severe mobility disabilities from strokes, hip fractures, and other debilitating conditions must depend on paid caregivers for the most fundamental activities of daily living: getting out of bed, moving between rooms, toileting, bathing, dressing, and performing household activities. Elite Nursing Homes and 24/7 home caregiving rely on large numbers of employees performing repetitive physical tasks, creating an expensive, labor-intensive system that frequently limits personal independence, privacy, dignity, and the ability to remain at home.

A nursing home is not a solution. 24 hour In-Home Care is not a solution. Medicare is not a solution. Medicaid is not a solution. Long term care insurance is not a solution. Spouse or Family care is not a solution.

14. Apply the Ironman Standard (recovery to pre-stroke or hip fracture health)

The following are the author's proposed scores, not independently validated clinical or national performance measurements. Medicare is described separately as a financing program rather than scored as a long-term care arrangement.

15. Mobility — Automated, Self Driving movement throughout the home

Care arrangement	Proposed score
Nursing Home/24 Care	2/10
Medicaid	1/10
Long term care insurance	1/10
Spouse or Family care	0/10

Medicare does not provide for long term care.

16. Independence — you control at all times

Care arrangement	Proposed score
Nursing Home/24 Care	0/10
Medicaid	1/10

Care arrangement	Proposed score
Long term care insurance	1/10
Spouse or Family care	0/10

Medicare does not provide for long term care.

17. Dignity — privacy in the bathroom

Care arrangement	Proposed score
Nursing Home/24 Care	0/10
Medicaid	1/10
Long term care insurance	1/10
Spouse or Family care	0/10

Medicare does not provide for long term care.

18. Recovery — ability to concentrate on recovery during the critical first 90 days

Care arrangement	Proposed score
Nursing Home/24 Care	2/10
Medicaid	1/10
Long term care insurance	1/10
Spouse or Family care	0/10

Medicare does not provide for long term care.

19. Affordability — cost is within your budget

Care arrangement	Proposed score
Nursing Home/24 Care	0/10
Medicaid	1/10
Long term care insurance	1/10
Spouse or Family care	9/10

Medicare does not provide for long term care.

20. Safety — eliminates dangerous transfers in bathroom and to wheelchairs

Care arrangement	Proposed score
Nursing Home/24 Care	2/10
Medicaid	1/10
Long term care insurance	1/10
Spouse or Family care	0/10

Medicare does not provide for long term care.

21. None of the Options get above a 2 out of 10 (except Spouse/Family receives a 9 out of 10 on Affordability).

Editorial research note: The statements concerning Medicare and the six options above reproduce the author’s position. Medicare can cover certain time-limited skilled nursing and rehabilitation services but generally does not cover ongoing custodial long-term care. Insurance and Medicaid are financing arrangements rather than direct care-delivery systems. These distinctions should be addressed in a future independently reviewed research edition.

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Sources for statistics and official definitions cited or relied upon in this edition.

Figures that are the author's original estimates, proposed scores, arithmetic illustrations, or interpretive framing are identified in the text of the manuscript and are not given external sources. A separately circulated review table lists those items and any discrepancies between manuscript wording and official sources.

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