



Community Workers and the future of long term care: Who's there to provide the type of care we need and want?

An opportunity to raise wages for direct care staff working in the community with older adults and people with disabilities was lost in the legislative session. These workers help with daily needs that allow frail older people to live independently like bathing, dressing, driving to appointments, and so much more. The payment for this critical work has not kept pace with the labor market. These jobs now compete with higher paid, less labor intensive, and usually less stressful work in retail settings. Community workers need and deserve more money.

Converging forces have made supporting community services even more urgent. The growing older population is already old news but the shortage of workers to care for them is less well known. As Baby Boomers age and retire from jobs, employers have a hard time finding younger people to replace them; vacant positions in long term care continue to increase. As the number of people 65 and older grows by 93% by 2035 the workforce will grow by only 0.1%, and the problem may be even more severe in rural areas.

But money alone will not solve the problem. We also must talk about the care provided for older adults. We need more public discussion about what such care should look like and how to get it. In the more than fifty years since Medicare and Medicaid were enacted we have evolved new approaches to care. Rules that were necessary for an older system need not apply now. For example, in the past if you needed more services and received Medicaid, you could only receive those services in a nursing home. Today services can be provided in your own home, by the people you want.

No doubt, paying workers is a key first step in creating a care system that people really need and want, for parents and ultimately themselves. However, we need to refocus to not only talk about how to pay for services but also what we want to buy. Increasingly older adults opt to stay in the community with family and friends whenever they can, even if this means accepting greater risks and forgoing more expensive care. The goal should be to allow people the opportunity to participate as much as possible in what life has to offer.

We need to listen to what frail older people are saying. They want choice, the right to take risks, dignity, respect and compassion. Ironically, we often do a better job for the dying than for the living. Hospice care enhances choice and broadens opportunities to pursue fulfilling activities. These options should extend to all older adults.

By creating new models of care that truly address older people's needs and goals, we can create a system that is more attractive to community workers as well; a system that recognizes them for the critical role they play in care delivery.

Legislative delays impact the lives of people caring for frail Minnesotans, but delays offer us a chance to expand the dialog about how to get the kind of care we think is worth paying for. We should seize this opportunity. No one is immune from long-term care. Everyone will be involved as someone who gets care or cares for someone else, or both. Since this is going to affect all of us we need to start talking about how to make it something of value, something we are willing to invest in.

Undoubtedly money will play a big role, but we need to think more broadly to move us in the directions we want to go as a society.

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