



SOCIAL AND FINANCIAL REALITIES OF A FRACTURED SYSTEM

There is no doubt that aging in place, the preference for most Americans, will put a burden on the home care industry to supply enough aides. As of now, the chief obstacles are availability, due to increasingly restrictive immigration law, and the economics of home caregiving in the United States.

"Here at the Jewish Family and Children's Services of Southern New Jersey, we have witnessed a trend over the past ten years for people to [remain] in their own homes," says licensed clinical social worker Gail Belfer. "What many people don't realize, however, is that Medicare covers only a limited amount of home care following a hospital or rehab stay. It doesn't cover long-term care at home. We do see a few exceptions, such as funding for Holocaust survivors or military veterans, but otherwise home care assistance is all private pay. You have to be almost destitute to qualify for

any Medicaid coverage."

"For people who do qualify for Medicaid, they most likely will not have the options they would like," says Belfer's colleague, Rebecca Rosenau, the director of senior services at JFCS. "Not to mention that most people cannot rely on a single live-in provider to bathe them, drive them to doctor appointments, cook for them, pay their bills and be their companion."

A further obstacle to in-home care has to

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do with actuarial reality: People are now living into their 80s, 90s and sometimes early 100s. Many of them simply don't have enough money for a 30-year-long retirement.

"Another factor is that people across the generations used to live in the same neighborhood," Belfer observes. "These days, a lot of adult children aren't living right down the block from their parents. And in suburban communities, getting to a supermarket or a doctor's appointment when you are too old or sick to drive becomes a serious logistical problem."

The population of adults 65 and older is growing even while the number of potential home care workers "will be considerably smaller from 2014 to 2024 than in the previous decade," according to policy adviser PHI. "If the home care workforce is to grow, jobs will need to be more competitive, offering higher wages and improved working conditions."

Where will those "higher wages" come from? Will "improved working conditions" mean paid vacations and scheduled breaks for workers that most housebound elderly cannot afford? With restrictions on immigration becoming tighter, will the supply of aides like Cicely Kwaku, who have made home care an honorable calling, ever be able to meet the demand? Or will the housebound elderly face the sort of abuse meted out to Holocaust survivor Rella Herman?

We need to establish an infrastructure that helps families get the caregiving help they need. For example, when the Affordable Care Act was made law in 2010, New York State made healthcare marketplace counselors available via phone consultation. A similar counselor in a home care system could help families understand what to look for in an aide.

Avoiding every catastrophe like the one Rella Herman and her husband experienced is impossible, but making sure that such occurrences are extremely rare shouldn't be. Our parents deserve at least that much. •