

FROM THE WINGS TO CENTER STAGE

Catholic Long-Term Care Poised for Growth

At the end of October, CHA sponsored a conference for those involved in mission integration in long-term care settings. The conference, entitled Long-Term Care Mission Leader Seminar: Preparing a Pathway to the Future, was a unique opportunity for those who work in system-affiliated and free-standing Catholic facilities to network, share experiences and learn about trends that will certainly have an impact on their work. The discussions at this gathering identified trends that place long-term care much closer to the center of health care delivery in the near future. They also identified ways that Catholic long-term care may make a unique contribution to health care in general.



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Richard Jackson, Ph.D., of the Center for Strategic and International Studies in Washington, D.C., described the “big picture” of global aging. In many countries around the world, he said, the percentage of the population aged 60 and over will grow dramatically between now and 2040. The United States will see an increase from 18.2 percent to 25.4 percent, he said, and Canada

projects an increase from 20 percent to 31.5 percent. Two of the more dramatic examples are China, where that percentage will increase from 12.3 percent in 2010 to almost 28 percent by 2040, and Mexico, which will see the percentage increase from 9.4 percent to 22.3 percent.

Two important factors are contributing to the aging trend: falling birth rates and increasing life expectancy. However a very interesting projection is that among the developed countries, the United States is the only one positioned to maintain positive growth in its workforce because it maintains a higher birth rate and is better positioned to accept new immigrants who contribute to the workforce.

Yet even with this hopeful note, the U.S. will be challenged to cope with growing demands in support for its aging population. As a percent of gross domestic product (GDP), combined expenditures on pension and health benefits for those ages 60 and over is projected to grow from a current 8.3 percent to over 17 percent by 2050. This has enor-

mous policy implications as we struggle to find ways to maintain adequate benefits without increasing taxes to economically damaging levels.

One final statistic Jackson offered is the decline in the size of the family. In the U.S., the average family size is projected to decline from 2.9 children to 1.9, clearly foretelling the availability of fewer family caregivers for aging parents. Thus the trend lines point to a growing number of aging parents who live longer and therefore potentially require care for chronic and debilitating conditions for longer periods of time from a pool of fewer children.

Steven Chies, vice president for operations at Benedictine Health System, Cambridge, Minn., sees the need for significant shifts in the way care is delivered if we are to meet the challenge identified above by providing quality health benefits within a reasonable cost range. As providers of care, he sees the need for a new focus on maintaining health rather than treating illness. This shift could be supported by more effective use of evidence-based care and electronic medical records, he said, enhanced by focusing on the whole person rather than on specific illnesses. These ideas require changes in the way people make choices about their health and in the way payers collaborate with providers to promote optimal outcomes, he said.

Chies also noted that long-term care settings already face higher expectations from Baby Boomers, who are better informed about their health care choices and expect to live longer active lives in a more homelike environment than their pre-

decessors did. In addition, health care reform will place new expectations for quality on acute care providers that will require effective partnerships with long-term care settings. This is particularly true regarding goals for reducing preventable readmissions.

The changing “customer base” and changing role of long-term care in the continuum sets the stage for significant shifts in the place of long-term care in our health system.

All of this tells us that long-term care is positioned to move from the wings to center stage in our health delivery model. At the conference, mission leaders named several challenges that affect the capacity of long-term care to deliver on its promises.

Staffing issues were high on their list: High turnover rates, often caused

by lower pay scales compared to acute-care settings, make it difficult to maintain an organizational culture focused on compassionate care. Generational gaps and the diversity of cultural backgrounds among caregivers require extra effort to educate staff to standards expected in American care settings. These staffing problems are important to recognize: Our personnel are the face of the mission of Catholic long-term care.

Despite these and the constant financial challenges health care faces, Catholic long-term care is also positioned to be a leaven in the larger system of care in the United States. Holistic care models already are in place that may help to address the rising expectations of the Baby Boomer generation. Our commitment to creating

supportive environments where family, residents and staff may partner to enhance life through the aging process is an essential response to the growing public interest in providing for assisted suicide

This gathering of mission leaders highlighted the strengths and challenges of our ministry. My hope is that our dialogue will continue so that the mission of Catholic long-term care will grow as an important influence in a society that will come to rely more and more on what it has to offer.

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