MICHAEL B. FRIEDMAN, LMSW
BEHAVIORAL HEALTH ADVOCACY

250 PRESIDENT STREET SUITE 513
BALTIMORE, MD 21202
443-835-2539
mbfriedman@aol.com
www.michaelbfriedman.com

10 YEARS INTO THE ELDER BOOM: MILES TO GO BEFORE WE SLEEP

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For many years before the elder boom began, advocates for the aging warned that our nation needed to prepare for the vast and rapid growth of older adults that would begin in 2011, including far greater attention to people with dementia and/or behavioral health conditions. We are now 10 years into the elder boom. There has been some progress, but not nearly enough. We have, to steal a phrase from Robert Frost, "miles to go before we sleep."

Today, in the 5 minutes that I have been allotted, I will highlight 5 ongoing needs.

First, the need for long-term care reform has become increasingly obvious. The number of deaths in long-term care facilities and the sadness of social isolation that emerged during the pandemic have highlighted the fact that long-term care reform, which has been on the agenda at least since the 1980s, still has a long way to go. This includes readiness for disastrous events such as the pandemic. It includes the continuing challenge to make nursing homes tolerable places to live. It includes assuring adequate quality of care in both nursing homes and assisted living facilities. It includes continuing efforts to help older adults, including those with dementia and/or mental disorders, to live out their days where they wish—usually not in an institutional style residential program. It includes providing adequate support for family caregivers. And it includes finally addressing the need to reduce reliance on Medicaid—which forces people into poverty—and to increase the use of Medicare and long-term care insurance.

Second, the need to expand and improve home and community services remains significant. Currently, it's particularly important to sustain the use of tele-health. During the pandemic, emergency provisions have made it possible for many people who are not able to leave home for physical and behavioral health services to get care at home. But so far funding for tele-health is limited to the emergency period defined by the pandemic. Many of us are advocating for emergency provisions to become permanent. In

addition, it is critical to address the digital divide in America so as to avoid further health disparities.

Third, fragmentation of service is an ongoing problem despite years of talk and effort to build coordination of care between acute and long-term care, between primary and specialty care, between physical and behavioral health care, between mental and substance abuse care, between health care and social services, and between service systems and critical social institutions such as houses of worship. Perhaps, the complex computerized networks that have emerged in recent years are helping. Perhaps, but not enough!

It is also a problem, in my opinion, that a sharp distinction is drawn between dementia on the one hand and psychiatric disorders such as depression, anxiety, and even schizophrenia on the other. This distinction was important to make historically, but I think it has become dysfunctional, especially for advocacy purposes.

Fourth, there are huge workforce challenges. Shortages of skilled professional and paraprofessional geriatric personnel are a continuing problem. So many people who enter the health and social service professions just are not interested in older people. And the people who do are often overloaded with caseloads that are untenable. There have to be limits. And there has to be better training, and, especially for paraprofessionals, better pay and opportunity. In addition, immigration policy will be key to having an adequate workforce to keep pace with population growth.

Fifth, the pandemic has put a spotlight on social determinants of health and mental health, especially on the impact of systemic racism, poverty, and social isolation. Health care in our nation focuses largely on treatment of acute illness and on custodial care of people with long-term disabilities. There is too little attention to social conditions that contribute to illness and disability and to poor quality of life.

Were there "world enough and time", I could go on. Hopefully, 5 points in 5 minutes is enough to persuade you to ally with one or another of the advocacy groups seeking to improve dementia and behavioral health care and to work for the extensive policy change that is necessary to meet the challenges of the elder boom.

(Michael B. Friedman is the Honorary Chair of the Geriatric Mental Health Alliance of New York, which he co-founded in 2004 and the volunteer Chair of the Brain and Behavioral Health Team of AARP of Maryland.)