

**Penny wise, pound foolish?
How our long-term care
policies fail us**

featuring
Jodi Reid, Executive Director
California Alliance for Retired Americans



This time on Code WACK!

Why is long term care, including in-home health care, in crisis? How are skyrocketing costs affecting patients? How come two-thirds of people in California who are getting in-home health care get it from family members who are often unpaid? *Would universal long term care - or a single-payer system with unified financing - help?*

To find out, we spoke to **Jodi Reid**, executive director of [California Alliance for Retired Americans](#), California's largest grassroots senior advocacy organization. She has more than four decades of organizing experience on issues ranging from health care to housing. Jodi represents her organization on the board of [Healthy California Now](#), a single-payer advocacy coalition. *This is the first of a two-part series with Jodi about long-term care.*

SHOW NOTES

WE DISCUSS

What are “long-term supports and services?”

“There's a whole spectrum of what we consider long-term services and supports. So starting with health [care], there are institutional care facilities that range from what people consider traditional nursing homes to smaller board and care facilities that have less residents but are usually homes that care for maybe up to 10, usually less people and a number of licensed, different kinds of licensed facilities.

“But then there's also a kind of care that can be provided at home called home care. There's publicly subsidized home care for people whose incomes are at Medi-Cal levels. And then there's a share-of-cost program where ... you can pay a small amount for that care. And those are the in-Home Supportive Services program ...” – *Jodi Reid*

How does access to in-home care actually work? How is it paid for?

“.. for the people who are income eligible for [public] programs, you get assessed how many hours you need per day or per week, what kind of activities of daily living you need assistance with. So it could be food, it could be bathing, it could be medication, it could be transport to providers, it could be bandage care, you know, wound care dressing. I mean, you name it, there's a whole list ... And it could be that you need an hour or two a day or 24/7 care and you get care based on this assessment.

“But for people who are over that income [level], they have to go to the private marketplace if they wanna stay at home. And so there are home care agencies that you pay hourly for service. There are co-ops, domestic worker co-ops where you can get access like a registry.

“But two thirds of the people in California get that home care from family members, *family caregivers who often are unpaid.*”

“Now if the person who you're caring for is eligible for IHSS [In-Home Supports & Services], many times a family member becomes your official worker and gets paid at least for the hours that you've been assigned by the IHSS system. They get paid for those hours to care for you.

“Often you don't get as many hours paid for as you might need and so all the extra hours are donated, if you will, by the family caregiver and that takes a huge toll on families...” – **Jodi Reid**

How could unified financing/single payer affect in-home support services?

“All that we ever seem to focus on is how much [single payer] will cost. But what we don't talk about is how much it will save. And that is especially true in the area of long-term care...”

“...not only are we looking to create this unified financing system and get rid of the expensive privatized corporatized care where we pay for CEO salaries and marketing and administrative fees that we would save, but we also can advocate for a benefit package ... that includes ... vision and dental and long-term care.

“If we're in one big pot together, all paying into those services ... we would save a lot of money from people unnecessarily winding up in the emergency room, for example. Or needing, you know, much more costly medical care than if they were able to eat well and have the care they need at home.

“So long-term supports and services is really about a whole array of nutrition support and housing support and transportation support and obviously medical support in the home so that people can continue to live independently and with some dignity in the communities ... where their

friends are, where their families are, where their religious congregations are, where their social networks are, which also is proven to be essential for keeping people healthy and especially brain healthy so that we don't suffer from cognitive impairments because we're isolated and no longer connected.

“So it's a much more holistic approach and long-term supports and services should be a part of any universal comprehensive healthcare system.”- **Jodi Reid**

Helpful Links

[California Alliance for Retired Americans](#)

[In-Home Supportive Services \(IHSS\) Program, State of California](#)
Department of Social Services

[Long-Term Care, CA.gov Senior Gateway](#)

[Options For Financing Long-Term Care, California Health Advocates](#)

[Why Long-Term Care Insurance Falls Short for So Many, KFF Health News](#)

[The Collapse of Long-Term Care Insurance, Physicians for a National Health Program](#)

Episode Transcript

Read the [episode transcript](#).

Guest Biography - Jodi Reid

Jodi Reid has been the Executive Director and Northern California Organizer of the [California Alliance for Retired Americans \(CARA\)](#) since August of 2003. CARA is California's largest, grassroots senior advocacy organization working to improve the quality of life for seniors. CARA represents over 1 million seniors through their 300+ affiliated organizations.

With 18 local California chapters (called CATS - *CARA Action Teams*), CARA is the state affiliate of the 3 million member national [Alliance for Retired Americans](#) (ARA). There are 39 states with an ARA affiliate.

Prior to working with CARA, Ms. Reid has worked with senior activists on housing and health issues at Mercy Housing, the Housing Rights Committee, Health Access California, and many other advocacy groups for over 35 years. She was the founding director of the San Francisco Senior Action Network, where she worked for 6 years and was the Director of Metro Seniors in Action in Chicago for 3 years.

Jodi has over 35 years of experience working with direct action advocacy issues – and has trained hundreds of senior activists/advocates to engage in local, state, and national issues.

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