Conscious Health Network
Back to the Future Tribe

Gender, Color, Class and Cultural Inequities in Care-Delivery Infrastructures

Care at what cost? For many years it has been confounding to witness the "elephants in the room" regarding Long-term Services and Supports (LTSS) sectors and the people who provide care – especially hands-on care - to challenged individuals. In every tier of caregiving there are concerning issues around the determination of how, when, where, by whom and at what cost (human and financial), care is provided. However, it is obvious, especially to those who work within, or focus attention on, LTSS specifically (and healthcare overall), that the current systems are broken, unaffordable and unsustainable. This system has long been destined for failure; however, the Covid-19 pandemic highlighted and hastened its relentless decline.

"Doable Humanism" Although historically, such problems have seemed intractable, there really are solutions to them. Conscious Health Network, LLC-NY (CHN) is dedicated to employing these solutions through its dual divisions, i.e. Conscious Care Systems (CCS) and Integrative Wellness & Lifestyle Systems (I-WELL). This CHN system of "Doable Humanism" is represented through extensive documentation of programs and services that include: business and action plans; financials; model and system narratives; implementation manuals; multi-media training materials; and a soon to be published book, "Conscious Care Systems - Long-term Care as it Must Be".

LTSS - Why so Horrid? Long-term care has been capriciously expanded over many years as the burgeoning need for services has continued to drastically affect economies, societies, and governments due to several convening drivers. Upon analysis, there is sufficient blame to go around for the real and present crises; culpability shared by (but certainly not limited to) powerful stakeholder interests, lack of compassion and moral compass, "kick the can" governance, and ignorant perceptions of the realities of LTSS for recipients, caregivers, taxpayers and others. In addition, and in general, people quite naturally do not like to think about inevitable physical and cognitive frailty or illness for themselves and their loved ones. And speaking of, and planning for, later life has long been a real taboo (more so in the West), especially now as traditional gender roles have expanded and children no longer expect to care for their elders at home without paid assistance, and many admit that they believe institutionalization will be the ultimate residential outcome. When families come face-to-face with the LTSS landscape, it is normally a great shock; and the anger, frustration and heartbreak it elicits cannot be overstated.

House on Fire! The completely unnecessary horror that is still the norm in LTC (despite aesthetic improvements in mostly high-end facilities and some medical treatment and regulatory improvements), and its extreme and unsustainable costs have fueled the decades-long CHN mandates to provide resolution to a host of interdependent problems that have now become bonafide emergencies. As with many humanitarian causes, a core belief in "Doable Humanism" fuels the engine of conviction toward better stewardship of planet and people – and this passion propels the unflagging determination and *esprit de corps* of the CHN team.

Win-Win Although a true and sweeping shift must ultimately be realized in long-term care and healthcare generally, it must, and can be, instituted progressively and in such a way that benefits all.

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CHN models are geared to quickly mitigate the rapidly escalating and disastrous effects that exist – and persist in LTC – including its extreme monetary costs. In addition, it is fortunate for CHN that its tiered systems offer significant advantage to all constituents, and focus on reducing costs and improving client, patient, and resident experiences (as referenced in CHN documents that include extensive protocol descriptors from Independent living and homecare to acute care delivery).

"The LTSS Pandemic" This brings us to what is perhaps the most critical and immediate issue in the Long-term Services and Supports industries. While statistics fluctuate wildly, it is clear that turnover rates for Certified Nurse Aides (CNAs) and Certified Home Health Aides (CHHAs) (who provide most of the hands-on and time-intensive care) is around 100%+ annually and even 200% in many low-income areas. Covid-19 even pushed CNA/CHHA turnover rates even higher, reportedly up to 300% (NY Times), which include facilities and agencies such as: Nursing Homes, Assisted Living Facilities, Home Health Agencies, Continuing Care Retirement Communities, Adult Day Services, Medical Centers, etc. Although absolute statistics are unavailable, respected industry reformers estimate that the true costs per turnover event is $20K+ which includes immediate and ancillary expenses such as recruitment, training, funding of CNA/CHHA certification process, oversight by upline, and maintaining full staffing quotas (often through expensive agencies). In addition, many new recruits leave after only a few days or weeks and a very large percentage quit before they reach a competency level that ensures appropriate care delivery, resulting in added workloads for other CNAs (and often nurses) who must try to compensate for new hires. There are many things that account for the astonishing turnover rates in most staffing tiers of healthcare (especially LTC) and these have been well documented in many CHN materials.

Key drivers may include:

- Low pay and few, if any, benefits
- Grueling. unpleasant and often hazardous duties
- Hierarchical oppression at many levels
- Understaffing (often below legal limits)
- Limited flextime and mandatory overtime (per legal ratio mandates)
- Lack of respect and support despite lip service by upline and governing officials
- No onsite or subsidized childcare
- Favoritism by senior staff and management
- Cliques leading to ostracism and hostile working conditions
- Lack of meaningful and results-oriented support systems
- Lack of education and incentives including subsidies and flextime for such
- Lack of upward mobility opportunities w/ supports and guidance toward promotion
- Lack of status and pride in work environment and in society
- Depressing facility or in-home care ambiance and work environments
- Lack of counseling and programming to offset emotional effect of caring for the very ill
- Lack of programs and metrics to address above

Old Guard Failure These conditions and dispiriting experiences are status quo in most LTC venues and many also apply to hospitals and other healthcare settings where para-professionals are employed. Not only do these daily grind (often daily nightmare) scenarios constitute the day-to-day experience of carers but they are layered upon the extreme realities of gender, race, class and cultural systems, and are correspondingly entwined with empowerment and social movements so prevalent at this time. Powerful for-profit corporate REITs and other institutional power-brokers, including not-for-profit LTSS and hospital chains, also factor significantly in the issues at hand and are increasingly affected by labor shortages that are difficult to manage with the old guard playbook.

Deprived Lives Matter The fact that there are ever more obvious discrepancies in society, and that global efforts to rectify them resound everywhere, even into the streets, does perhaps bode well for the matters broached here. It is very clear that the most disadvantaged among us are recent immigrants, persons of color, poorly educated and otherwise challenged individuals, as well as victims of abuse, neglect and poverty. Formal caregivers and, in many cases, informal, are almost ubiquitously comprised of people who are very much affected by such personal circumstances and most fall into multiple interwoven categories aggravating each solution-resistant situation.

Women of Wonder It is also of note, and everywhere apparent, that women make up the great majority of caregivers in the U.S. and worldwide, and often do not have English as their first language. It is no accident that today, or in the past, these jobs (in or out of the home) have "fallen" to women and are positions that confer the lowest status – especially in LTC – and pay among the lowest wages.

Right Time, Right Resolve CHN has designed its wide-ranging solutions to be highly effective, and fiscally beneficial, in any social or governance construct and timeframe. However, the current impetus to right many historical and societal wrongs can expedite CHN implementation and its important results. We can certainly ride the wave along with many other humanitarians and futurists in alignment with movements such as, "Me Too", "Black Lives Matter", "Gender Equality", "Women's Rights", "Elder Rights", "Gray Panthers", "Children's Rights", "Immigrant Rights", "Indigenous Rights", "Red Power", "Native Women Association", "Animal Rights", "Greenpeace", "Clean Energy", "Climate Change", "Poverty Reform", "Microcredit", "Fight for $15", "Fair Housing", "I Can't Breath", "Driving While Black", etc.. Also, "Pillars 4 Dignity", "Be the Source of Change", "Time to Rise", "F4D", "Foundation for the Support of the UN", "Women4Empowerment ", "TeleConsult Group" (Mohammed Yunus) and "Cure Violence Global" (Naila Chowdhury https://www.linkedin.com/in/nailac/details/experience/).

Horse Power CHN (through its Conscious Care Systems / CCS division) has espoused solutions to many health and societal issues over the years (especially related to LTC), and during that time a number of educational and practical caregiver resources have emerged, some of which CHN/CCS has incorporated into its offerings and operations. Nonetheless, it is still very difficult to fathom why no other entity has endeavored to coalesce relevant materials and models into more collaborative – and dare we say – communal systems. CHN (through CCS & I-WELL) has developed interlaced platforms and infrastructure for the commons, and their diverse communities, where all who contribute benefit; and it is founded on a fundamental intention to forego "winner takes all" competition in favor of bringing people, organizations, missions, resources, and legislative agendas together.

Incentivized Collaboration "People do what they are incentivized to do" has always been the first operating principle guiding development of CHN models. CHN programs catalyze people to give what they have to give and get back what they need or want. Collaborative environments and programs must ensure that appropriate and generous support and motivational systems are in place. Only then will individuals and communities function effectively, ensuring always expanding productivity and personal wellbeing, as well as supporting the ambitions of every person. CHN's mission and vision implicitly dovetail with the UN's "17 Sustainable Goals" and many other mission-driven and ESG-oriented projects.

Better Care, Better Country CHN proposals are intended to be flexible and customizable for any situation, setting, or indeed nation; for example, many aspects of healthcare and LTC models designed for India, China, the Middle East, Africa, etc. will be varied by culture, economies, etc., yet the objectives in terms of optimal and cost-effective care delivery are equivalent. In various cultures CHN intends to provide support systems to incent people and the government to maintain frail or challenged people at

home, as is still the norm there, yet enabling individuals, especially women, to enjoy sustainable livelihoods and lifestyles in, or outside, the home. Educational and job opportunities in healthcare generally, community supports and more may also factor in the revisioning of homecare in such areas where cultural traditions remain strong, yet societal, and particularly women's, roles are rapidly changing. (It is essential that such employment opportunities, (for women and men) include homelike and affordable LTC residences that must be built or retrofitted in every country, especially to accommodate high acuity individuals.)

Not My Job In the West this revisioning comes primarily in the form of replicating or approximating certain pillars of "it takes a village" community living and care delivery that still predominate in many parts of the world. Unfortunately, in many ways, these same countries are fast adopting some of the most egregious aspects of our eldercare industry with very concerning outcomes, largely due to increasing resistance (particularly by women) to familial care for elders and quite limited institutional and government options available

Beyond Our Means A very different model can, and should, be instituted as these more traditional societies continue to adopt and co-opt our "outsourcing" of care – adoption of which is, in fact, financially out of reach for all but well-off families – an issue that plagues the U.S. and grows day by day. In the U.S, public sources (especially Medicaid) provide healthcare to low-income individuals, and now make up 70+% of nursing home care costs which average $90K per year, with $52K the average for homecare. This is completely unsustainable (e.g. 40-50+% of the NY state budget is Medicaid), especially as LTSS populations are expected to double in the next decade.

Elders are Expensive All stakeholders whether profit motivated or care delivery motivated can agree that most of the exploding costs of healthcare are expended on elder populations, which stands to reason. Even those who benefit most from the "sickcare" models must realize that their future ground is very shaky and entire economies are at risk. CHN does indeed offer solutions to current and future dilemmas that will build upon systems that even corporate and other for-profit stakeholders may embrace, thus supporting their very survival; yet ultimately, they too will be forced to realize that long- term sustainability must be founded on what is for the common good of all.

Another "Inconvenient Truth" There are so many professionals at every level of healthcare services and institutions who possess extensive knowledge, expertise, insights and passion, yet are shackled by the very industries they serve. Surely some of these multi-disciplinary experts buy into, and purposely perpetuate and protect, the "sickcare" status quo that is still so lucrative for an influential few. However, the vast experiences accumulated by members of the CHN team, and many others, over many years, serve as testament to an inescapable and until recently, "inconvenient" truth. And the writing on this wall permeates all corners of every global society.

Right Side of History Not only can healthcare delivery, writ large, and LTC - also writ large - not continue to function within their current tenets, whether for-profit or even not-for-profit; but the multi-layered subject matter experts of numerous industries and interests will be freed of existing, often "third rail" constraints, and welcomed into progressive, coordinated and democratic models that put health and happiness quotients first. Quite simply, right action by healthcare experts at every level will mean better health and vitality for people and economies alike. In any case, there appears to be no other option on any horizon!

Excerpts: *CCS Implementation Protocols:*

Personnel Support Systems

Employee Incentive Options:

- Empowerment, Upward Mobility Programs
- Performance Perquisites & Employee Recognition Bonuses (monetary and non-monetary)
- Expanded Use of Technology including Robotics, AI, VR, Automated Reporting, etc.
- Educational Supports, In-House/On-site Continuing Education with Personalized Incentives
- Flex Time / Job Sharing Opportunities
- Child Day Care / After School Programs / Adult Day Services
- Multi-media, Art, Music & Nature Enhanced Work & Employee Environments – To Increase Comfort Levels, Aesthetic Enjoyment & Socialization Among Residents, Staff & Volunteers
- Interactive/Intergenerational Activities, e.g. Entertainment (Music/Theater, Dance/Comedy etc.) Arts, Nature, Travel (Local/Regional/International-especially combined with Various Training, Empowerment and Inspirational Modules)
- Employee Status Elevation Process – especially for CNAs, LPNs, Activities Personnel & Entry-level Employees, e.g. Dietary, Housekeeping, Maintenance. Responsibilities Redefined & Sub-categories Established for RTs, PTs, LPNs & others
- Intimate Care as Optional for CNAs (thus attracting & retaining more individuals into this profession) & Significant Incentives Offered for Performing such Duties. CCS Protocols Ensure Improved Care Delivery & Less Stressful / Odious CNA Responsibilities for Intimate Assignments
- Workshops / Lectures – Professional, Personal, Medical, Psychological, Inspirational/Spiritual, Cultural/Ethnic, Holistic, Family Oriented, etc.
- Hands-On Training – Holistic Modalities, Resident Care Delivery, etc.
- "Home Away from Home" - CCS Ambiance & Support System for Staff with:
    - Easy & Affordable (or free) Access to Counseling & Support Groups
    - Easy & Affordable (or free) Access to Natural Nutrition & Healing Modalities
    - Holistic Pharmacological & Psychological Support Services
    - Housing Assistance & Familial / Emotional Refuge Support Services

Employee Training Programs:

- "Body / Mind / Spirit" Connection / Support / Wellness Programs
- CCS Training Modules with Integrated Upward Mobility Opportunities - Available after Basic Training
- Holistically Oriented Psychological & Spiritual Approaches to Personal & Professional Fulfillment (multi & non-denominational)
- Inspirational Motifs & Fostering of Individual Vision Leading to Sense of Mission / Greater Purpose. & Deliberate Fostering of Natural Tendency to Serve / Minister to Others
- Human Development Systems - e.g., "Spirit in the Workplace" Programs, Cultural Awareness/Integration, Life Coaching, Ceremonial/Religious/Ritual-based Programs
- Promoting and Incorporating Government-Funded Training & Incentive Programs, especially those Geared to Unemployed/Under-employed and Former or Current Social Services Recipient