

WEBINAR



Better Jobs, Better Care: The **importance** of **workforce** In **Long-term Care**

MARCH 9 - 2021 | 10:00 AM (EST)

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Presented by:



Robyn Stone

Senior Vice President for Research at
LeadingAge and Co-Director of the LeadingAge
LTSS Center at the University of Massachusetts
Boston

Moderator: Pablo Ibararán

Before we start...



40 minutes



10 minutes



Questions
via chat



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Better Jobs, Better Care: The Importance of the Workforce in Long-Term Care

Robyn I. Stone, DrPH

Senior Vice President of Research, LeadingAge

Defining the Sector



Post acute SNF and home health care



Residential care – nursing homes, AL, memory care



Independent living – market rate & subsidized



HCBS – home care, personal care, IADL help



Supportive services – transportation, meals, etc.



Care/service coordination across settings and acute/primary care



Direct Care Professional Occupations

- Medical/social/environment intersection
- Frontline professionals (60-80% of care)
 - Certified nursing assistants
 - Home health/home care aides
 - Personal care attendants
 - Dietary aides
- Mostly female, low-income, people of color and immigrants

Long-Term Trends



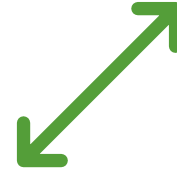
- The emerging “care gap”
- Shift from institutional to in-home and community-based settings
- More ethnically/racially diverse older adults and staff
- More highly educated, demanding older adults



Long-Term Trends (cont.)



Greater disparity
between “haves” and
“have-nots”



Expansion of consumer-
directed service systems



Impact of new
technologies

Importance of this Sector



- Growth of the elderly population = fastest growing occupations in many localities
- New models of care = new types of jobs in this sector
- Economic driver in many communities – rural & other worker shortage areas
- Quality = Quality workforce!

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Challenges to Workforce Development



- Recruitment challenges
- Retention challenges
- Lack of competent, quality staff – not just warm bodies!
- Covid-19 has exacerbated and shined a light on this workforce as “essential”



Reasons for Challenges: Societal Level

- Undervalued sector across all occupations
- Ageism leads to lack of attention and investment
- Jobs seen as easy, default after “burnout”

Reasons for Challenge: Policy Level



- Inadequate public reimbursement
- Lack of universal LTSS financing
- Uneven regulation; focuses on #s of staff
- Lack of standardized competency-based training requirements
- Lack of workforce development to professionalize these occupations
- Lack of opportunities for career advancement
- Uncertainties around Immigration policy

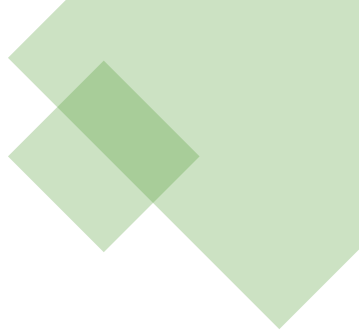

Reasons for Challenges: Workplace Level

- Lack of quality supervisors
- Inadequate on-boarding and in-service training
- Lack of career mobility
- Inadequate compensation/benefits
- Not competitive technologically




Special Covid-19 Workforce Issues

- Nursing home and AL staff disproportionately affected—high proportion of cases and deaths
- Disproportionate impact on direct care staff—more likely to be non-white, immigrants, disadvantaged health and financial status
- Rapid turnover and short staffing
- Recruiting is even more significant challenge



Experience of Aging Services Direct Care Workers during COVID-19

- Natasha Bryant, LeadingAge
 - Verena R. Cimarolli, LeadingAge
 - Robyn Stone, LeadingAge
 - Jon Golm, WeCare Connect™
- 

Research Questions

- What specific challenges (external & work-related) and level of stress do frontline workers experience during this crisis?
- What are levels of workers' perceived preparedness and quality of employer communication around COVID-19?
- Do workers' stresses/challenges experienced during COVID-19 as well as workers' perceived preparedness and quality of employer communication around COVID-19 differ by care settings?

The Study Data

LTSS Center designed 6 COVID-19-related questions

Assess direct care workers':

- Overall stress and the specific challenges experienced during COVID-19
- Perceived preparedness and quality of employer communication around COVID-19

WeCare Connect administered questions to employees in May 2020

Summary of Findings

Overall a substantial percentage of direct care workers experienced a series of external and work-related challenges during the COVID-19 pandemic.

Resigned employees experienced these challenges more frequently and reported higher overall COVID stress levels when compared to current employees

Across care settings, preparedness and communication was rated high among current workers

NH direct care workers more often face understaffing

No differences in perceived preparedness and quality of communication across care settings

Implications

Need for supportive/wrap around services for managing family needs and financial hardships

Separation from family members may be hard to counteract because it may be due to isolating and longer work hours due to COVID

NHs need to pay special attention to understaffing and use strategies to increase staffing

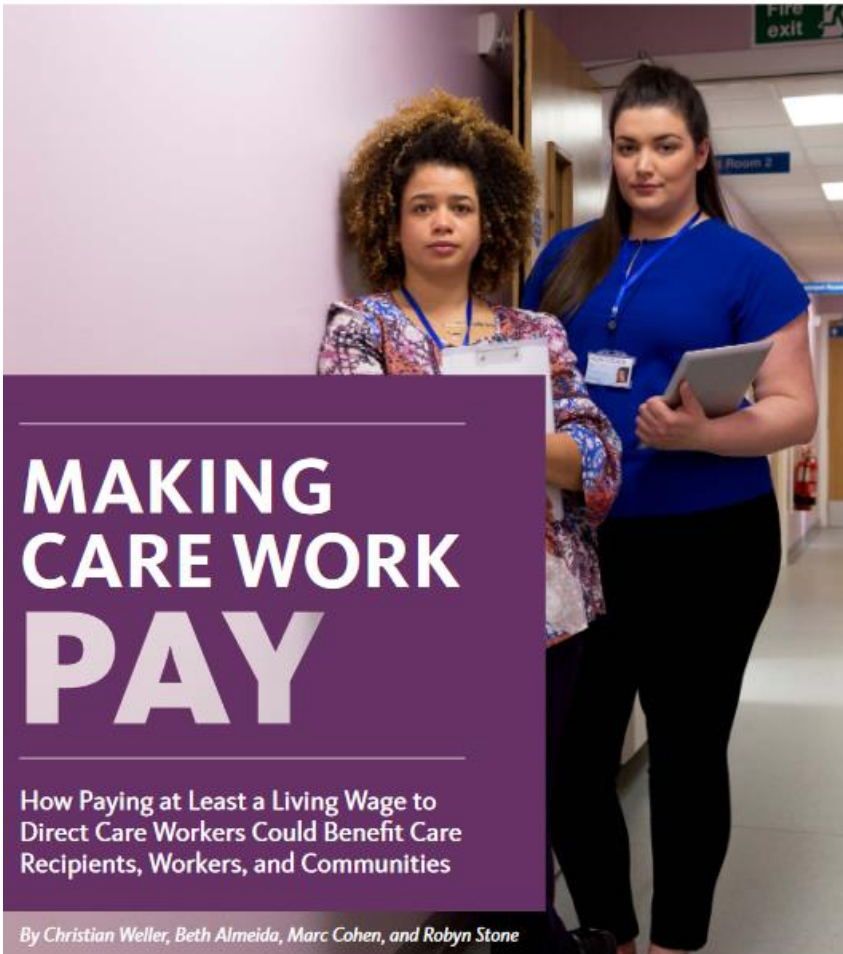
Demands on workers in NHs need to be mitigated

Participating organizations have provided adequate training and communication around the pandemic

Short-term Covid-19 Workforce Solutions

- Obtain adequate PPE and conduct adequate training
- Conduct ongoing testing and contact tracing if possible
- Educate staff on importance of getting vaccinated and using masks and social distancing
- Rely on TNAs with 8-hour training for emergency hires—controversial!
- Provide wrap around services to assist staff in crisis
- Provide substantial mental health services

Making Care Work Pay Report



Why Pay Direct Care Workers (DCWs) a Living Wage in 2022?



¾ of DCWs will receive higher wages than today; 15.5% avg wage gain



Modest \$9.4b price tag; compared with \$400b spending in the field



Fewer staff shortages-adds 330,000 DCW jobs; 9.1% employment boost



Modest turnover reduction of 0.7-1.7%+\$5.5b productivity increase=offset costs of higher pay

Paying DCWs a Living Wage (cont.)



Robust economic growth—
additional DCW spending adds \$17b
to \$22b to the economy in 2030



Enhance DCW
financial well-being

Doubling workers
who have
retirement savings
Reduce use of
public assistance
by \$1.6b/year

Policy Solutions

- Tie Medicare/Medicaid reimbursement directly to workforce development
- Create core competency-based training for DCWs across the continuum with portability across settings and states
- Target use of GME dollars, other federal & state dollars to this sector
- Support investment in these jobs in worker shortage/disadvantaged communities
- Use immigration policy to target
- Incorporate competency requirements into new models of care
- Explore delegation opportunities and career advancement



Educational Solutions

- Develop faculty & curricula
- Develop quality clinical & management placements
- Expand career ladder opportunities through apprenticeship programs
- Reframing programs for displaced or older workers



Workplace Solutions

- Become employers of choice
- Develop innovative career ladders & lattices
- Support quality management & supervision
- Create robust orientation and ongoing in-service training programs
- Support peer mentoring programs
- Use technology to support/complement human capital



Demonstration/ Evaluation Opportunities

- Comprehensive practice interventions
- Effects of wage/benefit enhancements
- Comprehensive education and training reforms
- Organizational and staffing innovations
- Bridging LTC and medical care
- Impact of technology





Reasons to be Hopeful

- Increased attention at the global level (e.g. WHO, Global Ageing Network Workforce Summit, UN activities)
- Increased attention to these issues in Biden economic plan and among states—May be bright light in Pandemic
- LeadingAge's top national priority
- National attention to systemic racism, inequity and disparities



Questions and Answers

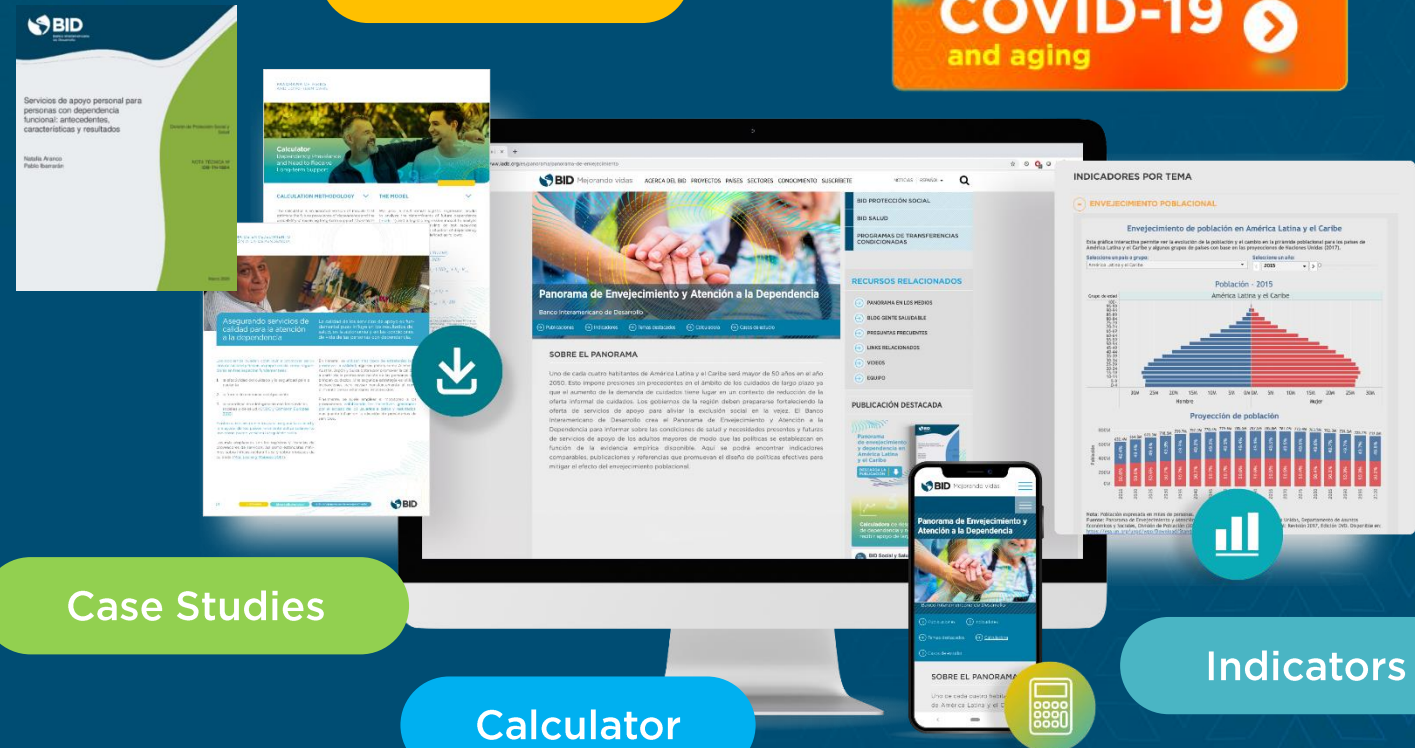
Panorama of Aging and Long-term Care



Publications

COVID-19
and aging

Thank You



Case Studies

Calculator

Indicators

<https://www.iadb.org/panorama-of-aging>

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