WEBINAR

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

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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 Ibarrarán
Before we start...

40 minutes + 10 minutes

Questions via chat

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WEBINAR

Presenter: Robyn Stone

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

Thank You

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