State Strategies for Strengthening the Direct Care Workforce in LTSS

Kezia Scales, PhD, Director of Policy Research
We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care. Those relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.
Our Strategy

Learn what works – and what doesn’t.

Share lessons and implement best practices through hands-on coaching, training and consulting.

Support employers, policymakers and advocates to craft evidence-based policies and practices.
Overview

- The workforce crisis
- What can states do (and why)?
- Strategies for success
Who are direct care workers?

4.3 million personal care aides, home health aides and nursing assistants supporting more than 8 million older Americans and people living with disabilities.
The Workforce Crisis
10,000 “boomers” turn 65 every day
Growing Demand

Employment Projections: 2016-2026

- Home Care: PCAs
- Home Care: HHAs and CNAs
- Nursing Homes

52% projected increase across home care jobs

Shrinking Supply

- Fewer working-age adults relative to older adult population
- Decreasing number of “traditional” workers
- High competition in the labor market

The future of U.S. caregiving: High demand, scarce workers

The elderly and the disabled wait desperately, helplessly for care that isn’t coming

Caregiver Shortage Reaches Critical Stage

Finding Solutions to the Growing Caregiver Crisis

The workforce shortage has reached long-term care. We should act

8 Signs the Shortage in Paid Caregivers Is Getting Worse

Home Health Care: Shouldn’t It Be Work Worth Doing?

'Crisis mode': As boomers age, a shortage of caregivers
What Can States Do (and Why?)
1. Improve wages, benefits, and employment supports
Improve wages, benefits, and employment supports

- Raise the floor: increase wages (e.g., ME)
- Create and implement paid family and medical leave laws (CA, NJ, NY, RI, WA, DC)
- Consider independent providers’ job quality (e.g., WA)
Maine’s 3 biggest bills to fill health care worker shortages
2. Strengthen recruitment, training, and career development opportunities
Strengthen recruitment, training, and career development

- Build pipelines for new workers (e.g., WI)
- Invest in training and improve standards (e.g., IA)
- Create career ladders and lattices (e.g., MN)
Prepare to Care

Iowa’s Direct Care and Support Curriculum is a comprehensive training package that prepares people to work in a variety of direct care settings.

Direct care professionals go by many different job titles and provide supportive services and care for people of all ages with health conditions, illnesses and disabilities. The Iowa Department of Public Health and University of Iowa College of Nursing have developed classroom training in the Core training, as well as five advanced modules (Home and Community Living, Personal Support, Instrumental Activities of Daily Living, Personal Activities of Daily Living, and Health Monitoring and Maintenance). The Core training is available as an online course below. After successfully completing the course, students will receive a certificate of completion.
3. Build workforce data collection and monitoring systems
Build workforce data collection and monitoring systems

Gather and report data on:

- Workforce volume
- Workforce stability
- Worker compensation
Strategies for Success
Strategies for Success

✓ Engage all stakeholders
  ○ Find common ground among payers, providers, workers, consumers, and others

✓ Include job quality in every equation
  ○ e.g., when contracting for private-sector services, include job quality measures in the negotiation
Strategies for Success

- Implement solutions at multiple levels
  - All workers > low-income workers > direct care workers > nursing assistants/home care workers

- Take a whole-system perspective
  - How/where does investing in the LTSS workforce pay off?

- Leverage technology
  - Identify technological innovations to strengthen/stabilize the LTSS workforce and enhance care delivery
THE WORKING POOR FAMILIES PROJECT
Policy Brief • Winter 2017

IMPROVING JOB QUALITY FOR THE DIRECT CARE WORKFORCE:
A REVIEW OF STATE POLICY STRATEGIES

By Allison Cook, PHI1

INTRODUCTION
Direct care workers—including certified nursing assistants, home health aides, and personal care aides—provide most of the paid, hands-on care received by older adults and people with disabilities who require long-term care. As the demand for long-term care has increased due to the aging of the U.S. population, the direct care workforce has become one of the country’s largest occupations.

This substantial workforce is essential to quality care and life for older people and people with disabilities, yet direct care workers remain undervalued in our long-term care system. Direct care jobs are characterized by low pay, poor benefits, insufficient hours, and minimal training and advancement opportunities. In turn, these workers and their families often struggle to make ends meet.

State policymakers are uniquely positioned to promote quality jobs for the direct care workforce. State-level policy authorities, which reflect state-specific powers affecting wages, labor standards, and worker training as well as state government resources and budgets, have the ability to address the unique needs of these workers. Furthermore, states have wide latitude over the structure and policies of the federally funded Medicaid program and therefore can also affect wages, benefits, and training requirements for such workers.

The Working Poor Families Project, a national initiative that seeks to strengthen state policies on behalf of low-income working families, has commissioned this report to identify state-level policy levers that invest in direct care workers. This brief examines five areas where states are enacting policy reforms for this workforce: (1) wages, benefits, and workforce supports; (2) financing; (3) recruitment, training, and career advancement; (4) workforce data collection and analysis; and (5) stakeholder engagement. This brief concludes with recommendations for state policymakers, including advocates and other policy actors, to support direct care workers in their states.

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