



# Leadership Council of Aging Organizations

## PRINCIPLES FOR THE DIRECT CARE WORKFORCE: PROMOTING QUALITY LONG TERM CARE

### Introduction

A quality long-term care system requires a well-trained, respected, and adequately compensated direct care workforce.<sup>1</sup> But providing quality care is threatened by the current high turnover and vacancy rates -- a condition caused by the poor public perception of long-term care and the reality of low wages and difficult working conditions. The result is a chronic shortage of qualified direct care workers in nursing facilities, assisted living facilities and home health agencies.<sup>2</sup>

Current workforce conditions and the difficulty of recruiting direct care workers will grow worse as the number of individuals needing long-term care increases. A recent report estimates that between 2000 and 2040, the number of older people needing home care will increase from 2.2 million to 5.3 million and the number residing in nursing homes will increase from 1.2 million to 2.7 million.<sup>3</sup> To meet this increased need, the number of direct care workers would need to increase by two percent a year, yet during this time period the working-age population is expected to increase by only 0.3% per year.<sup>4</sup>

### LCAO Workforce Principles

Addressing the chronic shortage of direct care workers is an important element of creating a better long-term care system. We recognize the complexity of the issue and the need for specific workforce policies to vary depending on the model of care and the characteristics of a particular labor market. However, we believe that a coherent set of core principles that can be applied across the board is indispensable to promoting and shaping a much-needed national debate on a sustainable workforce. These principles fall into three categories and are as follows:

### Staffing, Recruitment and Training

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<sup>1</sup> According to Paraprofessional Health Institute, direct-care workers include certified nursing assistants (CNA), nursing assistants, home health aides, home care aides, personal assistants, personal care attendants, and direct support professionals. These workers provide an estimated 70% to 80% of the paid hands-on long-term care and personal assistance received by Americans who are elderly, chronically ill, or living with disabilities. Although there is little doubt that the quality and quantity of care available to our nation's elderly and disabled will be effected by an impending shortage of geriatric and health care professionals broadly defined, this paper focuses primarily on policy issues surrounding the direct care workforce. For more information on direct care workers, see [http://www.directcareclearinghouse.org/i\\_jobs\\_o.jsp](http://www.directcareclearinghouse.org/i_jobs_o.jsp)

<sup>2</sup> Institute for the Future of Aging Services, *The Long-Term Care Workforce: Can the Crisis be Fixed?* paper prepared for the National Commission for Quality Long-Term Care, 2007, 9 (hereinafter "IFAS Report").

<sup>3</sup> Johnson, R.W., Toohey, D., and Wiener, J.M., *Meeting the Long-Term Care Needs of the Baby Boomers: How Changing Families Will Affect Paid Helpers and Institutions*, The Urban Institute, May 2007, v.

<sup>4</sup> Friedland, R., *Caregivers and Long-Term Care Needs in the 21<sup>st</sup> Century: Will Public Policy Meet the Challenge?* Georgetown University Long Term Care Financing Project, 2004, 8.

- Nursing homes and other institutional settings should employ sufficient nursing staff (nurses and nurse aides) to provide quality of care and life to residents, create manageable workloads for staff, and increase staff satisfaction and retention. The precise level of nursing staff required to do so may vary depending on the population of the facility and the acuity levels of residents. However, there are identified minimum staffing thresholds below which residents are at significantly greater risk of harm.<sup>5</sup>
- Employers seeking to reduce turnover and increase retention should adopt practices that enhance worker satisfaction, starting with recruitment efforts that better identify the most promising candidates for work in long-term care and continuing with intensive support systems in the early days of employment.
- Direct care workers need stronger initial training standards that include caring for residents and clients with special needs such as developmental disabilities, behavioral health conditions and dementia.
- Employers should provide continuing education that offers opportunities for career advancement and skill development. Meaningful opportunities for advanced learning will improve the quality care and position direct care work as a stepping stone to a career in the caring professions.

### **Compensation**

- Employers should provide family-sustaining wages, affordable health insurance and other benefits sufficient to attract needed long-term care workers. Federal and state efforts to expand health care coverage should include policies specifically designed to provide affordable coverage for long-term care workers.
- Federal and state payment systems for long-term care services should include incentives for providers to increase wages, improve the benefits paid to their workers and staff at appropriate levels as determined by government and academic experts.
- Long-term care employers should follow the lead of employers in other industries that provide additional benefits to help employees meet their financial and family obligations.

### **Work Environment**

- Long-term care workers should be safe on their jobs. Employers have an obligation to minimize their risk of illness or injury, and the federal and state governments have the responsibility to adopt and enforce regulations that protect long-term care workers. These protections should include mandatory ergonomic standards, drafted by the Occupational Safety and Health Administration (OSHA) with input from stakeholders. Workers should also be able to report hazardous conditions without fear of reprisal and should know that they will receive a timely and appropriate response from management. When accidents or near-accidents are reported, management should conduct a thorough investigation. Causes should be identified and programs for prevention created or improved.

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<sup>5</sup> Similar concerns exist surrounding the serious shortage of geriatric physicians and social workers who provide essential support and direct care interventions to ensure uncompromised quality of care.

- Culture change, the movement to transform institutional care through client-centered practices, should be encouraged across long-term care settings as a way to improve quality of care and quality of life for the consumer, empower the long-term care workforce, enhance job satisfaction, and reduce staff turnover.
- Direct care workers deserve respect at work, whether in a private home or an institutional setting. Supervisors – generally nurses – tend to set the tone for the treatment of direct care workers and should receive enhanced training to enhance their ability to better manage a diverse workforce.

These are principles that members of LCAO support. Some of these principles and the related examples apply to direct care workers in one setting (either home care or nursing homes), but others are broader (for example, job safety and injury prevention). What unites them is the underlying belief that creating and sustaining a quality direct care workforce can improve the quality of care and quality of life for individuals receiving long-term care.

Long-term care systems are changing. States are seeking ways to rebalance the allocation of resources in state Medicaid programs to expand their home- and community-based services. These are positive developments since they not only expand the workforce but also provide consumers with more autonomy and choice over how and by whom their needs are met. LCAO also supports appropriate safeguards to ensure continued access to needed care, including preservation of basic entitlement and the establishment of standards for quality and safety.

We are also mindful of the serious shortage of health and behavioral health care professionals, such as nurses, geriatricians, social workers, physical and occupational therapists, and dentists. Although these principles and the accompanying report was prepared with direct care workers in mind, we recognize that more attention needs to be given both to the causes of this broader shortage and effective strategies for attracting, retaining and retraining health and behavioral health professionals in the geriatric field in general and in long-term care in particular. Finally, although there has been little study or discussion of the workforce in assisted living, a fast growing segment of long-term care, it is likely that many of the policies and recommendations in this section of the report would also apply to the assisted living workforce.