

TESTIMONY OF ROBYN I. STONE, DrPH
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Good afternoon, Co-Chairs Kerrey and Gingrich and members of the Commission. I am Robyn Stone, Executive Director of the Institute for the Future of Aging Services (IFAS), the applied research arm of the American Association of Homes and Services for the Aging in Washington, DC. I am also the Principal Investigator for the Better Jobs Better Care (BJBC) Initiative, a \$16 million national program funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies to help improve practice and policy related to the recruitment and retention of frontline caregivers in long-term care. Thank you for the opportunity to address an issue that is essential to achieving quality outcomes in long-term care and that has, for too long, taken a back seat to financing and delivery design concerns-- how to develop and sustain a committed, quality long-term care workforce to meet current and future demand for service.

While I will focus my attention today primarily on the frontline nursing workforce, I want to begin by emphasizing that we have a long-term care workforce crisis at all levels of staff and across all long-term care settings. First, there is a dearth of geriatrically and gerontologically trained clinicians including medical directors, attending physicians, nurses, social workers, dieticians and therapists to adequately meet the medical, rehabilitative and social needs of an increasingly high-acuity, disabled long-term care population. Second, there is a dearth of trained administrators and managers to lead this very labor intensive field. The frequent turnover of administrators and directors of nursing, particularly in nursing homes, creates an unstable low-morale

work environment for the rest of the staff. A large proportion of the current managers, furthermore, are approaching retirement age and we are not seeing a cadre of young people clamoring to fill these positions.

But my main message for the Commission today is the frontline caregiver crisis – the lack of a well-trained, competent, stable workforce of nursing assistants, home care aides and personal care workers who provide the majority of hands-on services in nursing homes, assisted living and other residential facilities and people’s own homes. The care they provide is intimate and personal. It is also increasingly complex and frequently both physically and emotionally challenging. Because of their ongoing, daily contact with the care recipient and the relationships that develop between the worker and the client, these frontline workers are the “eyes and ears” of the long-term care system. In addition to helping with activities of daily living, managing medication and monitoring changes in the client’s status, these workers provide the personal interaction that is essential to quality of life and quality of care for chronically disabled individuals.

We know that direct care worker vacancies and high turnover rates have serious negative consequences for the major stakeholders within the long-term care system: providers, consumers (including individuals and their families), and the workers themselves. Labor shortages and high turnover also affect federal and state policymakers, who are responsible for ensuring that the programs they either fund or directly operate, are providing quality care. Low wages and inadequate benefits, hard working conditions, heavy workloads and the stigma attached to long-term care jobs make recruitment and retention of workers difficult, even when unemployment rates are high. Difficulty in recruiting and retaining nursing assistants and home care aides is

likely to become worse as the number of people needing long-term care increases relative to the number of people between ages 20 and 64, who make up most of the workforce.

The applied research and national initiatives that IFAS has engaged in (and I refer you to our two websites – www.futureofaging.org and www.bjbc.org–for more information), coupled with a growing body of evidence from other researchers, underscore the need to address the following key issues:

1. The value of working in the long-term care field, and specifically in frontline caregiving jobs, needs to be demonstrated to the public at large.
2. The leadership in long-term care – including administrators, directors of nursing, other department managers and, most importantly, nurse supervisors – must transform the workplace from one that employs a top-down, hierarchical management approach to one that embraces a coaching, mentoring approach that supports staff inclusion and empowerment.
3. Frontline caregiver education needs to address clinical, life skills and personal care competencies and must shift from its primary focus on upfront, orientation training (typically provided in a didactic manner) to a more long-term approach that provides on-going education and support, coaching and peer mentoring.
4. Frontline caregivers must have the opportunity for career advancement, through career ladders (e.g., a nursing track) and other mechanisms that allow workers to become specialists in areas such as dementia care, medication management and staff management.
5. Last, but not least, wages need to be commensurate with the challenging and complex tasks required of frontline caregivers across all long-term care settings.

The development of a quality long-term care workforce requires an aggressive public/ private partnership. Any initiatives must recognize that the long-term care field and its attendant workforce challenges are related but distinct and somewhat unique from the workforce issues faced by the overall health care sector. We must not treat the long-term care workforce concerns as merely a subset of the health sector challenges because they will get lost in the focus on hospital and ambulatory care (as we have witnessed in efforts to address the nursing shortage crisis).

While there is no easy solution to this crisis, I offer a set of recommendations that have emerged from the work of IFAS and others over the past decade. At the national level, we need to expand the programs and funding for projects that address the training and career ladder opportunities for frontline caregivers and managers through the Nurse Reinvestment Act and strengthen the Department of Labor's focus on the training needs of frontline caregivers through its High Growth Job Training Initiative. We should also explore how to catalyze interest in the long-term care profession among young people through fellowship and loan forgiveness programs currently available to medical and nursing students. We need to work with federal research agencies such as the Agency for Healthcare Research and Quality, the National Institute on Aging, and the National Institute on Nursing Research to develop a collaborative research agenda that focuses on testing and disseminating evidence-based best practices in creating a quality long-term care workforce.

We also need to explicitly build long-term care workforce improvement into our quality discussions and efforts at the national and state levels. This has begun with the Centers for Medicare and Medicaid Services' focus on staffing levels as a quality measure and its inclusion of job redesign and culture change activities in the Quality

Improvement Organizations' eighth scope of work. Our BJBC grantee in North Carolina is developing a new provider certification program tied to workforce improvement that is viewed as the first step toward a pay for performance model in that state. We should also build on the experience of our BJBC grantees and other state-based coalitions to encourage states to create working partnerships with nursing education and public workforce organizations to plan and implement training programs and career ladders. In addition, we must provide incentives to colleges and universities that train leaders in long-term care, particularly nursing schools, to redesign their curriculum to help new and mid-career graduates engage in workplace redesign and organizational transformation in all long-term care settings.

The long-term care providers have a major role to play in creating and sustaining a quality workforce. They must engage in systematic worker-oriented as well as client/resident-directed organizational change and job redesign, develop and implement strategies for increasing wages and improving benefits, and offer opportunities to all staff for professional growth. They should also optimize training and funding opportunities by developing partnerships with local community colleges, other educational institutions, public workforce organizations (i.e., local workforce investment boards), and philanthropic organizations to help educate and retain quality staff.

In conclusion, I am pleased to have had the opportunity to share my knowledge, insights and passion with you today. I have been an advocate for these issues since I was a Presidential Management Intern with the Administration on Aging in 1978. I certainly hope and am cautiously optimistic that we will have raised the status and value of the long-term care profession by the time I need care.