Critical Lifeline: Fixing the Home Care Worker Shortage

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Population Aging: Reasons and Consequences

• Overall population aging - Boomers
• People living longer
• Higher prevalence of long-term chronic conditions
• Increased need for LTC support
• Shift to homecare
• Increased need for family caregivers when there are fewer available
• Impact on business productivity
• Need for more outside paid support
• DCW/PCA shortage

The Problem in Stark Terms

By 2020, MI will need 196,000 skilled, compassionate DCWs.
32,000 more people than are working in these Michigan jobs today

No qualified workforce = no HCBC

Personal Care Assistants (PCA)

Self-care assistance—ADLs
Social supports—having a life; combatting loneliness
Everyday tasks—IADLs
Healthcare tasks
Monitoring for change
Prevention of adverse events

Attributes of PCA Work

• People cannot make a living doing PCA work alone
• The job descriptions don’t convey what the work really involves
• It is high-skilled, requiring technical training plus ability to be patient, flexible, compassionate, non-judgmental, and have “Mother’s Wit”
• It can be physically and emotionally demanding
• It can be dangerous
• Training is essential
• It is diverse – every client and every home is different
• It requires developing a relationship with the client/family
• Professional boundaries are important and sometimes hard
• It is important meaningful, rewarding work
• It is critical to client outcomes, quality of life, and even survival
Why is there a PCA Shortage? 
(and High Turnover?)

• The social-political-economic & historical context
• An improved economy
• The labor conditions
  - Low wages
  - Few if any benefits
  - Lack of guaranteed hours
  - Lack of respect
  - Lack of training
• A credential vs. competency based society
• No competency standards
• Fear and denial
• An ageist society

What do we want? Need?

• High quality home-care with good outcomes & QOL
• Lower health care costs
• Increased numbers of PCAs? Yes
• What else?
  - A qualified workforce that can provide safe, skilled, professional, respectful care
  - Person-centered care, i.e. caregivers that are kind and respect clients’ values and preferences
  - Continuity of care
  - Satisfied workers who like their jobs
  - Employer policies/practices that promote success

What can we do?

Many Solutions are Already Known

Elements of Quality Jobs -
• Raise wages; provide benefits
• Guaranteed hours
• Training
• Career advancement
• Owner/supervisor support
• Social Services

Respect – Increase public knowledge & value

10 Key Recommendations (Solutions) to Address Direct Care Workforce Shortage

1. Wage/Benefit increases and guaranteed hours
2. Require and fund person-centered comprehensive DCW training that includes home skills such as Building Training…Building Quality™
3. Include DCW training in state funded skilled trade training programs such as the Marshall Plan
4. Recognize family caregivers as “employed” in any Medicaid work legislation
5. Include DCW services in supplemental Medicare Advantage (MA) benefit plans
6. Raise Medicaid cap and develop other funding streams to increase affordability of higher wages and training
7. Massive culture change campaign to raise public awareness and social value of DCWs as skilled professionals
8. Establish professional and competency standards, training requirements, a recognized certification, and networking opportunities.
9. Update job to reflect increased value, e.g. active member of care team, technology to report client conditions, etc.
10. Increase DCW pipeline through high school, apprentice & other career development programs

The Challenge to Solutions & Solutions to the Challenge

The solutions are HARD asks that can be overwhelming. They require:
• Political Will
• A Strategic Plan
• Breaking it Down and Coordinated Action
• A Collective Creative Effort – A Coalition of both allies and competitors
• The 4 P’s: Patience, Persistence, Process, Positive Thinking
• Champions
• A State-level Task Force

IMPART Alliance

Currently funded by MHEF

Multiple Partners: MSU, Yale, MDHHS/AASA, Community Services Network/Direct Care Professional Training, UPCAP, AAANM, Compassionate Care, CarePath Career Center, MSG, Helping Hands, Addus, PHI, and more.
Mission: Connect MSU scholarships, programs and initiatives that share a common goal of increasing wellbeing and quality of life across the lifespan to achieve more efficient and effective use of resources, leveraging of assets, and a greater positive impact on students, faculty, communities and society.

Two Cross-Cutting Goals: Connectivity and Age-Friendly University Status

Five Focus Areas: Caregiving, Intergenerational experiences, Alternative retirement pathways, Life-enrichment, Community outreach and partnerships.

Sample Strategies & Outcomes:
- A communication network to promote research, service, program and learning opportunities including a website, listserv, newsletter, forums and other resources.
- A complete inventory of MSU aging-related research, education and programs to showcase and leverage MSU’s collective aging portfolio and assets.
- A clearly defined aging entity with whom faculty and partners can affiliate to access a network of leaders, scholars, potential collaborators, and community members.
- Volunteer opportunities, internships and training labs for students to give them first-hand professional experience working with older adults.
- Work with communities that are pursuing AARP’s Age-Friendly Community designation on joint programs and strategies to benefit both.

Thank you!

- Website: [http://www.impartalliance.org/](http://www.impartalliance.org/)
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