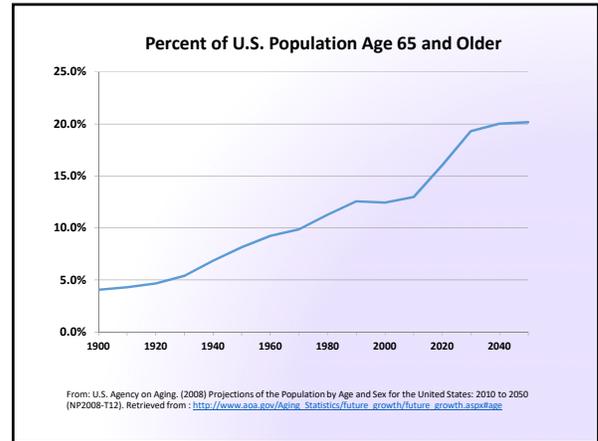





Critical Lifeline: Fixing the Home Care Worker Shortage

Clare Luz, PhD
MSU College of Osteopathic Medicine
Family and Community Medicine

IPPSR Public Policy Forum: Aging at its Best
February 13, 2019
Lansing, Michigan

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

Health care 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 - handout

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

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

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Thank you!



- Website: <http://www.impartalliance.org/>
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