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Preparing America to Care: Healthcare Reform Must Strengthen Eldercare Services

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The aging of America's population has been well documented: Between 2005 and 2030, the population over age 65 will almost double. The number of people over age 85, those most likely to need care assistance, is growing even more quickly. If our nation is not prepared to provide for the daily needs of elders, then our healthcare system will have failed us once again.

As Congress debates the biggest change in America's healthcare system in the last 45 years, much attention has focused on elders and the impact that reform may have on Medicare payments and services. While maintaining strong coverage for acute care is essential, reform efforts must not ignore the vital importance of long-term care services and support.

Several key provisions of House and Senate bills address aspects of financing and service delivery, particularly strengthening the direct-care workforce. While just a beginning, the debate over national health reform has provided an important opportunity to examine access to the supports and services that many older adults with age-related disabilities need to live with independence and dignity.

DIRECT CAREA CRUCIAL INVESTMENT

Though family members provide much of the daily care and support for elders, Americans also rely heavily on the paid direct-care workforce—home health aides, nursing assistants and personal care aides who bathe, dress and feed those who cannot manage these personal care tasks.

Direct-care workers are crucial to the health of millions of older Americans: Seven of every 10 eldercare staff are direct-care workers who provide eight out of every 10 hours of the paid hands-on care that elders receive.

Today's direct-care workforce numbers 3 million. In the next six years that workforce is expected to grow to 4 million. By 2016, direct-care workers, across all titles and settings, are likely to make up the single largest occupation in the country. We will need more direct-care workers than RNs, more than the number of teachers needed for grades K–12.

Despite the central importance of these workers to our nation's health, healthcare policy, with its focus on acute care needs, has never made investment in the long-term care workforce a top priority.

Because of the size of the direct-care workforce and its critical role in maintaining a healthy population, investment in these jobs has a dual public benefit: Better compensation and job quality for low-income workers would mean higher quality of service to elders, or quality care through quality jobs.

THE HARD FACTS OF DIRECT CARE

Direct-care work is one of the fastest-growing occupations in the country, yet this work is marked by low wages, few benefits and poor training. Consider the following facts:

- Over the past eight years, adjusted for inflation, direct-care worker wages have stagnated, or in some cases, deteriorated. The real wages of nursing aides, orderlies and attendants have increased modestly to just over \$9 per hour (measured in 1999 dollars) while real wages for home health aides and personal care aides have declined to under \$8 per hour.
- Since part-time hours are common for direct-care workers, annual incomes are often below 200% of the poverty level. Four out of 10 direct-care workers live in households that receive some form of public assistance.
- Homecare workers are not covered by the Fair Labor Standards Act, and thus are not subject to federal minimum wage and overtime protections.
- Nearly 30% of all direct-care workers lack health coverage, yet nursing assistants have the highest incidence rate of workplace injuries and illnesses in the country.
- The federal requirement for training of certified nursing assistants and home health aides is only 75 hours—a standard unchanged since it was first enacted over 20 years ago. For personal and homecare aides there is no federal training requirement.

The poor quality of these jobs results in direct-care turnover rates of 40% to 60% within the homecare industry, and over 65% in the nursing home industry. Yet the single most important aspect of quality care (according to elders who receive that care) is a consistent quality relationship with the caregiver. Unfortunately, many elders must frequently accept care that is hurried and inconsistent, too often provided by a “stranger” who is inadequately trained and not closely supervised.

HEALTHCARE REFORM: A KEY OPPORTUNITY

As Congress grapples with the crisis of cost, quality and coverage that affects all Americans, it has taken some initial steps to confront the challenges of caring for an aging population. As noted in the 2008 Institute of Medicine (IOM) report, *Retooling for an Aging America: Building the Health Care Workforce*, strengthening the direct-care workforce is critical to this effort.

Key leaders in the House and Senate have responded to the IOM recommendations by including provisions in proposed legislation that would improve the quality of jobs for direct-care workers and begin to prepare America to care. These provisions include:

Affordable health coverage for all Americans. Direct-care workers are twice as likely to be uninsured as other Americans. Their work is physically demanding (back injuries and muscle tears are commonplace) and many workers have high rates of chronic health conditions such as diabetes, hypertension and asthma. Coverage would improve workers’ health and is essential to recruiting and retaining workers.

Improved training standards. Language in both the Senate and House bills would provide grants for pilot training programs for personal care aides and would create a personal care workforce advisory panel. Additional funding also is included in the Senate proposals to support expanded training opportunities for direct-care workers employed in nursing facilities, assisted living and homecare settings. These are crucial first steps in ensuring training for the direct-care workforce.

Monitoring workforce size and quality. To better meet Americans’ healthcare needs, Congress recognizes the need to comprehend the supply and demand of the entire healthcare workforce. The Senate Health, Employment, Labor and Pensions (HELP) Committee bill has proposed the creation of a National Health Care Workforce Commission that will be charged with tasks that include developing and commissioning “evaluations of education and training activities to determine whether the demand for workers is being met.” Direct-care workers are specifically included in the definition of this workforce.

Two other significant eldercare services provisions are included in the proposed legislation—measures that would have a significant impact on the availability of home and community-based services.

Both the House bill and the Senate HELP bill include the CLASS (Community Living Assistance Services and Supports) Act, a voluntary social insurance program intended to provide individuals having functional limitations with a cash benefit (averaging no less

than \$50 a day) to purchase non-medical services and supports necessary to maintain community residence.

Additionally, the Senate Finance Committee bill includes the Community First Choice Option, which requires Medicaid to give individuals with disabilities that necessitate an institutional level of care the option for community-based attendant supports and services. States would receive an enhanced federal matching rate of an additional six percentage points for reimbursable program expenses.

With these provisions, national health reform legislation could begin to address the long-term care needs of elders and people with disabilities. Continual effort must be made to prepare America to care by investing in a stable, well-trained and fairly compensated direct-care workforce. If we wait, inevitably America will be confronting a crisis in which stories of abuse and neglect headline the news and our economy suffers the consequences of family members constantly torn between work and caregiving responsibilities. Now is the time to take up this challenge. ❖

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