



# SPOTLIGHT ON HEALTH EQUITY

## LONG-TERM SERVICES & SUPPORTS WORKFORCE

### Problem Statement:

The long-term services and supports (LTSS) workforce faces several challenges, including an inadequate pipeline of workers, low wages and lack of benefits, high rates of job dissatisfaction and turnover, and staffing vacancies. Turnover in the LTSS workforce is high and the exit rate is currently outpacing entry. Compounding this crisis is the projected increase in demand for LTSS as the population ages. By 2033, an additional 3.4 million direct care workers will be needed, an increase of 48 percent from today's already unmet needs.

### Workforce Challenges

*One in two direct care workers leaves the job within 12 months.*

*Average nursing staff turnover at nursing homes (2017-2018): 128 percent*

*Job dissatisfaction/ turnover stems from:*

- Low wages: wages have only increased 19 cents over the past decade after adjusting for inflation
- Limited training and career development
- Heavy workloads
- Scheduling challenges
- Inadequate supervision
- Highly physical and emotional demands

**Individuals turning 65 have almost a 70 percent chance of needing some type of LTSS before they die, and 20 percent of Americans will require more than five years of services. But more than 40 percent of seniors who need help with personal care do not get the help they need.**

The ratio of *potential caregivers* (individuals aged 45–64 for each person aged 80 or older) is expected to decline from seven to one in 2010 to four to one by 2030.

LTSS jobs are estimated to be in the top five **fastest growing occupations** in the U.S. economy from 2019-2029 (34 percent growth).

### THE LTSS WORKFORCE

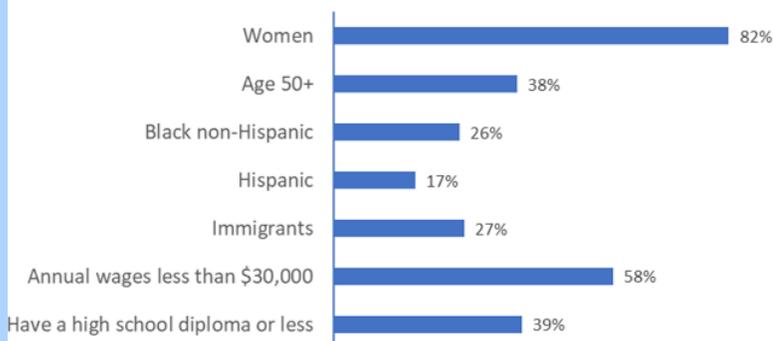
There are four occupations that represent 71 percent of the LTSS workforce (4.5 million workers in 2018):

- **Home Health Aides:** Assist with activities of daily living (ADLs), perform housekeeping tasks, and may provide some basic health-related services under the direction of a health care practitioner; 2020 median pay \$27,080
- **Nurse Aides:** Typically work in nursing care facilities and hospitals and work under the supervision of Licensed Practical Nurses (LPNs)/Registered Nurses (RNs) to provide basic care and assist with ADLs; 2020 median pay \$30,850
- **Personal Care Assistants:** Generally limited to providing non-medical services, including companionship, cleaning, cooking, and driving; 2020 median pay \$27,080
- **Psychiatric Aides:** Assist mentally, intellectually, or developmentally impaired patients, typically working under direction of nursing and medical staff in institutional facilities; 2020 median pay \$31,570

Where they exist, training standards vary widely across geographic locations, care settings, and job titles.

Compared to the overall workforce, LTSS employees are more likely to be women of color with lower education and income levels.

LTC Workforce Demographics





## COVID-19 Impact

The COVID-19 pandemic has laid bare clear deficiencies in protections for the LTSS workforce, including lack of access to sick leave, childcare, and health insurance. At the same time, aides and assistants working on the front lines in nursing homes and other LTSS settings were less likely to have personal protective equipment compared to other health professionals and receive inconsistent training in protecting themselves.

As of January 2021, there were over 490,000 positive cases and 1,300 deaths reported in the LTC workforce. However, the true impact remains unknown due to data shortages and unreliable data collection.

More than three-quarters of states reported concerns about reductions in LTSS direct care workforce supply as a result of the pandemic.

Top work-related challenges experienced by direct care workers:

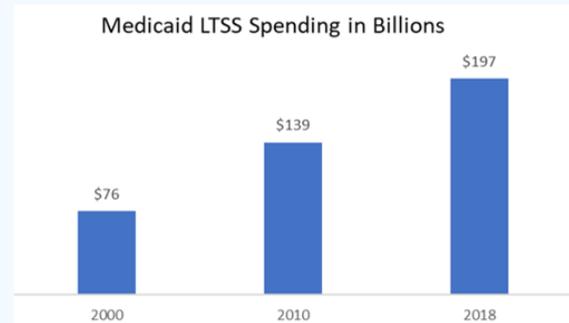
- Increased workload demands
- Increased risk of virus transmission to and from residents or clients
- Understaffing

***“The current direct care worker shortage, is simply a bellwether of things to come over the next 20 years as the Baby Boomers age and the life expectancy of younger people with disabilities increases.”***

**- Robyn Stone, DrPH, Senior Vice President, Research and Co-Director, LeadingAge LTSS Center @UMass Boston**

## LTSS Spending: Who Pays?

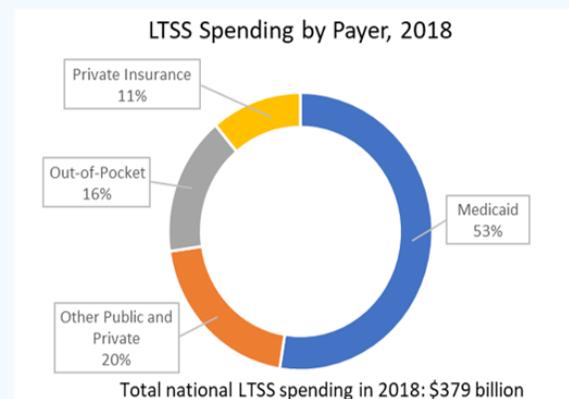
As the U.S. population has aged, LTSS spending has risen dramatically.



LTSS needs are costly: On average, Medicare beneficiaries with high LTSS needs (LTSS use plus two or more ADLs) annually spend nearly three times as much as those with no LTSS needs (\$5,389 vs. \$15,109)

Medicare does not cover LTSS benefits; services covered in nursing homes and through the home health benefit are post-acute and require a need for rehabilitation.

Medicaid is the predominant payer for LTSS. While state Medicaid programs must cover LTSS in nursing homes, home- and community-based services (HCBS) are not mandatory. It is estimated that for every one dollar Medicaid spends on LTSS services, 40 cents goes towards direct care services.



References: Scales, K., It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care, *The Gerontologist* (Aug. 27, 2020); Gandhi, A., et al., High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information, *Health Affairs*, (Mar. 2021); Levine, D., Long-Term Services and Supports: Direct Care Worker Demand Projections 2015-2030 (Mar. 2018), U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis; True, S. et al., COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce, Kaiser Family Foundation (Apr. 23, 2020); Gifford, K., et al., State Medicaid Programs Respond to Meet COVID-19 Challenges: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2020 and 2021, Kaiser Family Foundation (Oct. 14, 2020); Bryant, N., Helping LeadingAge Members Address Workforce Challenges, LeadingAge LTSS Center (Jul. 8 2017); Willink, A. et al., The Financial Hardship Faced by Older Americans Needing Long-Term Services and Supports, Commonwealth Fund, (Jan. 29, 2019); Stone, R., Developing a Quality Direct Care Workforce: Searching for Solutions, *Public Policy & Aging Report* (Jul. 27, 2017); Wotts, M. et al., Medicaid Home and Community-Based Services Enrollment and Spending, Kaiser Family Foundation (Feb. 4 2020)