# “Day After” Conversation: Long-Term Care in Massachusetts

*Hosted by PHI and the Institute for Work & the Economy, in collaboration with Amy Robins*

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On October 8, PHI, in partnership with the Institute for Work & the Economy, hosted a virtual conversation of thirteen leaders, including a direct care professional, on the issues of direct care in long-term care in Massachusetts, including home care, skilled nursing facilities, assisted living, and ancillary services. Amy Robins joined in this collaboration. We began the conversation by asking each participant to reflect on three sets of questions:

- Do the events in 2020 of the pandemic – especially the challenges experienced by professionals and providers of long-term health care services - and the social actions taken in response to the killings of George Floyd, Breonna Taylor and others serve as a collective inflection point for the industry, its people and who the industry serves?

- Economic and social fissures have been exposed by the events of 2020. What can be done at this time?

- What happens if it returns to business as usual? What changes need to be made – and how – to create a course correction and make important improvements in comparison to the status quo that existed in early 2020?

The following is a summary of the thoughts and ideas of the participants:

1. The events of 2020 comprise a collective inflection point. That said, every recession has prompted a rush to reform the structure of long-term care and how services are delivered. Each time, the energy behind these efforts diminishes and becomes unsustainable once the economy starts to pick up. This year may be different. The pandemic has caused the public to realize that personal as well as institutionally based care assistants are essential workers. They are critical to and irreplaceable in the delivery of services that are necessary for the well-being of society’s most health-vulnerable population. One participant hopes that describing care workers as essential will alter public perception of the criticality of the workers and their work.

2. Long-term care is greatly undervalued. What follows is that the people who do the work and provide the services are likewise undervalued. One participant observed that the direct care workforce is more accurately described as caregiving professionals and are highly skilled. The fact that they receive low wages is incongruous with the value and quality of the services that they perform and the skills that are required in the performance of their work. People providing home care services have always been invisible. “It’s invisible work. They’re going into people’s homes. They’re not seen. And, so when we were all … at the beginning

of COVID talking about essential workers, the truth is that home care workers remained invisible even then." Although other direct care workers in nursing homes and assisted-living facilities have received more attention and have been aggressively recruited in the wake of significant shortages, they, too, are undervalued for their work and professionalism. Hospitals and other acute care facilities are somewhat able to manage without direct care workers; however, home care providers and nursing homes are otherwise unsustainable.

3. Direct care workers generally earn less-than living wages. It is especially acute for home care workers. Previous efforts to improve wages have not achieved a sustainable result; wages are unable to consistently track with the minimum needed to support the needs of the worker and family. Consequently, direct care workers must receive a living wage at the same time that they are recognized as professionals, and that training and credentials are made to reflect that reality. Changes in the distribution of revenues may be required to achieve the goal of a "living wage."

4. The "professionalization" of direct care workers serves as the basis for sustainable changes, such as clearly discernable vertical career pathways, both within long-term care as well as into related occupations outside of the sector. In addition, the conditions at work must also be reformed to reflect the true nature of direct care services. For example, the pandemic has shown that personal safety is intrinsic to a high-quality working environment. Also, supervisors must also be better equipped to manage a professional workforce. One participant reported that a recent survey of direct care workers revealed that a plurality blamed the relationship with the supervisor as the reason for quitting, with wages being the second most important reason.

5. Segregation based on the ability to pay, by race, and by gender have resulted in services being siloed and in the unequal and inequitable distribution of resources. Such segregation can only be resolved through system changes that require a redistribution of power among institutional stakeholders and caregiving professionals. A key element in combatting segregation is empathy, and empathy is achieved through greater proximity among those who are served as well as the individuals and institutions providing the services. For example, the separation services between those who are low income as opposed to those who are high is the recipe for the status quo. As one participant put it, "It's in our nature to care for people that we're close to. And, it's perhaps in our nature to care less for people we are not close to." Consequently, distinctions drive differences in the type of care one group receives in comparison to another.

6. The siloes within and the regulation of the direct care sector stand in the way of novel strategies for improving quality, promoting greater continuity, and creating better operational flexibility. Deregulatory measures by Massachusetts government to cope with the extraordinary demands of the pandemic were often ignored by providers; they were possibly too set in their ways to take advantage of these measure, or did not want to be exposed to the potential risk that these special deregulatory measures will be reversed after

the pandemic emergency subsides. One aspirational idea is to establish the occupation of a universal direct care worker who can move from home care, to nursing home care or to assisted-living care settings. A universal direct care worker can trail a client or move in response to demand from setting to setting. Two necessary conditions must be achieved: consistency in wages across all settings, i.e., the worker cannot suffer a penalty in moving from one setting to another; and competency-based core skills across comparable jobs across all settings.

7. The long-term care sector is also siloed by geography. Massachusettsans value the ability of each town and city to determine its needs and services. Every community college, for instance, will insist on how training is designed and delivered for a given occupation. Massachusetts government has achieved a measure of uniformity across jurisdictions through the application of various incentives, however the process is slow. Broad systemic change will need to be accomplished across communities as well as between elements of the long-term care sector.

8. The pandemic has produced opportunities for workers to exercise their agency. [Note: some of these actions have not gone unchallenged.] For, example, extended unemployment insurance benefits have permitted workers to withhold their labor out of fear for their safety and out of distrust that their workplaces are safe. One participant observed that personal safety is a necessary element of job quality. Another noted that the workforce is comprised predominantly of women who are Black, Brown or other people of color, and who are immigrants. Some workers, such as those who emigrated from Haiti, are in the United States under temporary protective status, and are especially vulnerable to other government actions such as deportation. More generally, workers must have a seat at the table with management in the design of long-term care systems and the operation of care organizations. Unions provide a proven means for workers to have their voices heard.

9. The sector is well studied and well understood. In fact, long-term care services do not suffer from a dearth of innovating thinking. There have been many initiatives over the years that have demonstrated the efficacy of many possible reforms. The greatest impediments to significant change are the fissures that divide home care, nursing homes, assisted living, and others. One participant suggested that these fissures are not accidents or the result of evolution; instead, they reflect reality as seen by each of the groups. In addition, as described earlier, measures that address the manifestations of a problem rather than the central, systemic cause will have modest and short-lived value. Substantive changes require some, including government, to relinquish a measure of power.

10. The environment in which all industries operate continues to evolve, sometimes at breakneck speed. These evolutionary processes are pushed, in part, by innovators who apply their skills to intransigent problems. Some are able to frame challenges in novel ways that open new pathways. Others are able to adapt technologies to different problems. Still others may see problems that others cannot see. Irrespective to how innovators become engaged, they are able to expand help all sectors keep pace with large evolutionary forces.

In addition, leading businesses in sectors outside of long-term care have implemented human resources strategies that may provide important lessons with respect to the development of direct care workers. These include support for educational advancement, family supports (such as child and elder care), and scheduling systems that are respectful of individual needs.