

The Demand for Long-Term Care: Implications for Workforce Development

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“Long-term care is a variety of services and supports provided by unpaid (informal) and paid providers that concentrates on helping individuals to function as well as possible and to maintain their lifestyles in the face of disability.”

“LTC encourages a broad range of help with daily activities, over a long period of time, for chronically disabled people. These primarily low tech services are designed to minimize, rehabilitate or compensate for loss of independent physical or mental functioning.” (Stone, 2006)

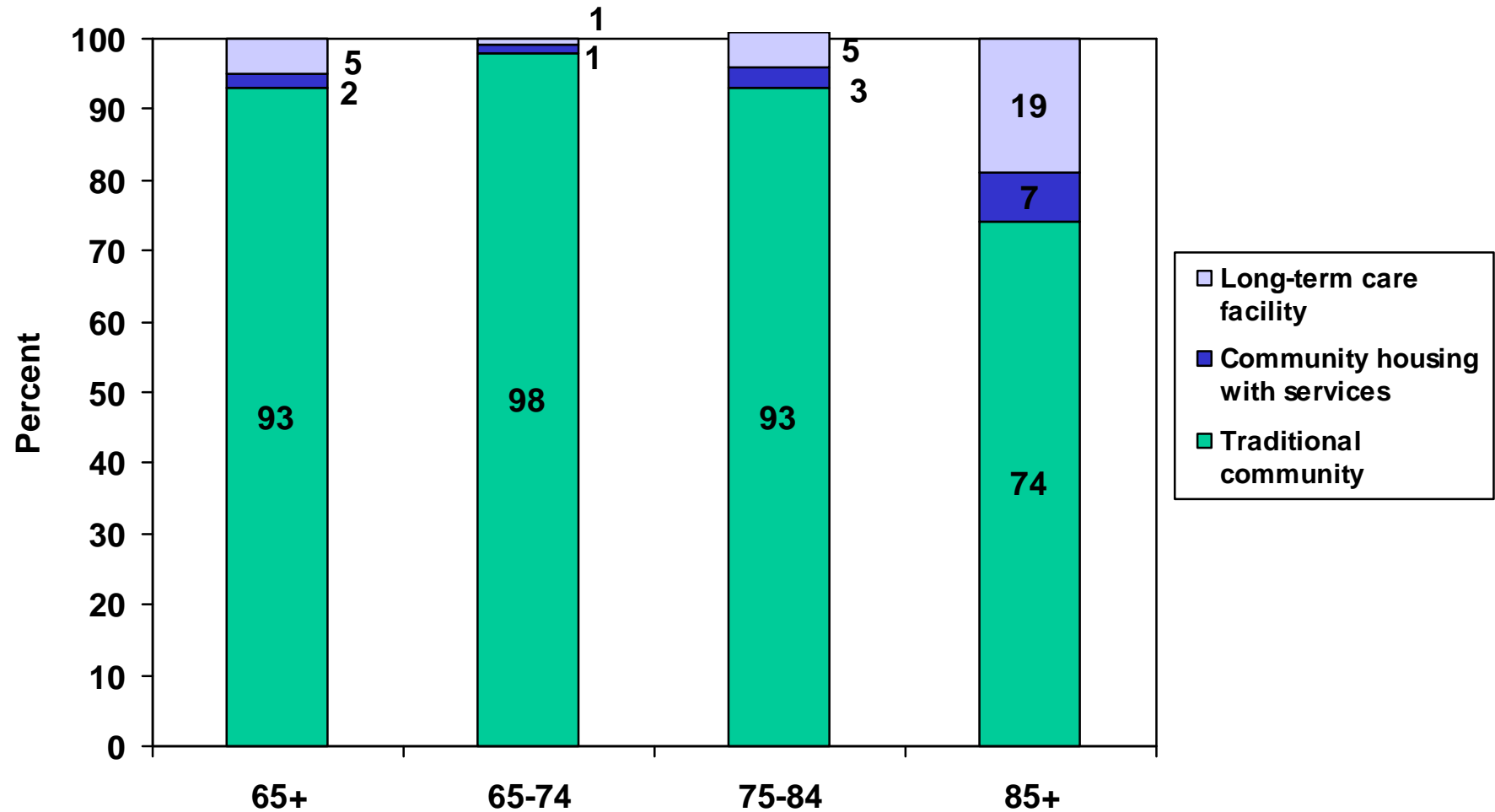
Relationship Between Acute/Primary and Long-Term Care

- § **Boundaries are blurred**
- § **People who need LTC also more likely to require acute and primary care**
 - Ø **Avg. health expenditures in 2000 for Medicare beneficiary with no LTC needs--\$5,816; avg. for elderly with 3+ ADL limitations--\$16,425**
- § **Focus on integrating treatment and living for older adults with functional disabilities**
- § **Confounding of settings with services (e.g., acute and high tech rehab now provided in skilled nursing facilities)**

Long-Term Care Settings

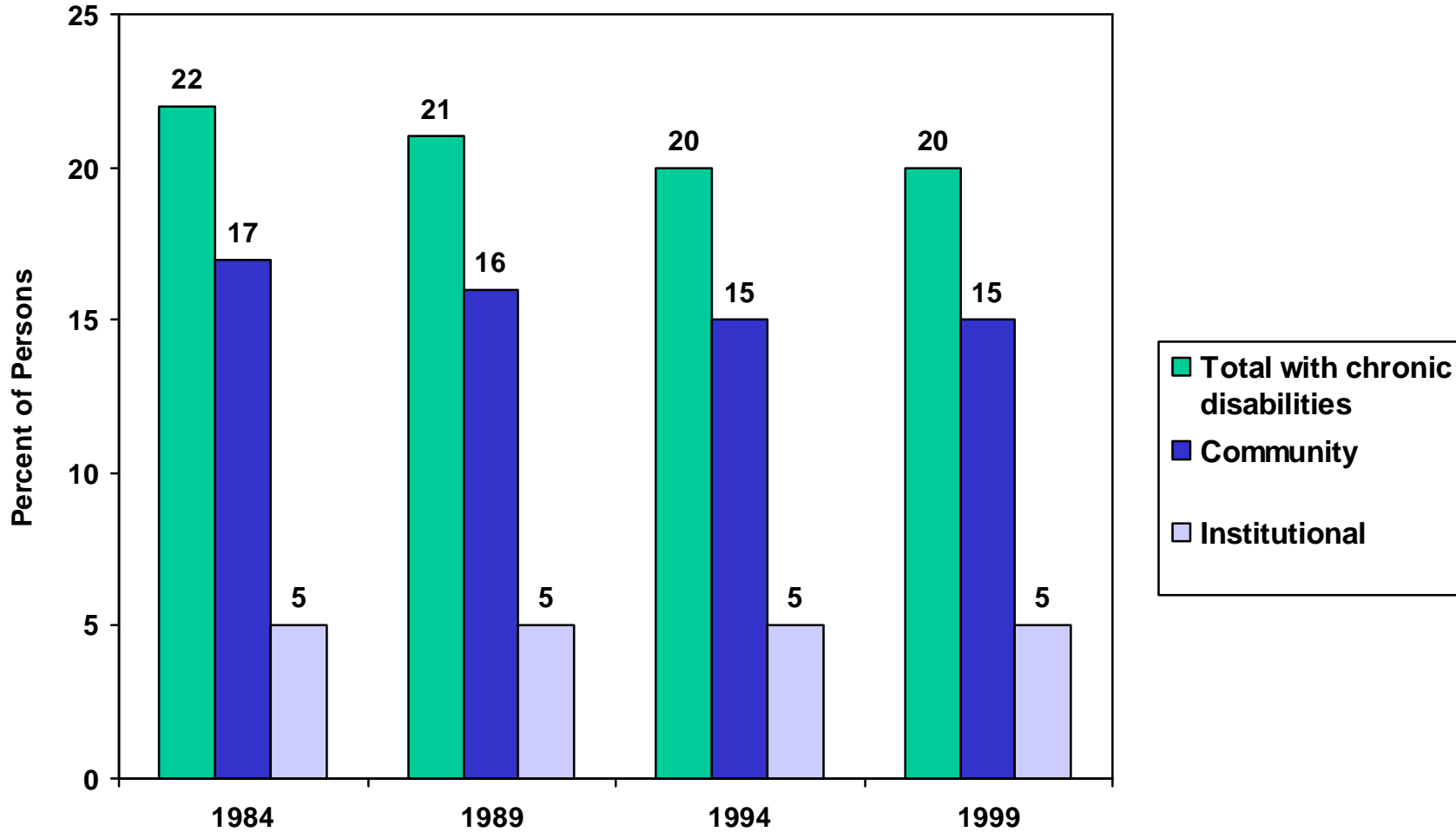
- § Individual or family member's private home
- § Nursing home
- § Assisted living facility
- § Other licensed residential care settings (adult foster homes, board and care homes)
- § Low-income senior housing
- § Adult day care centers

Percent of Medicare Enrollees 65+ Residing in Selected Residential Settings, 2002



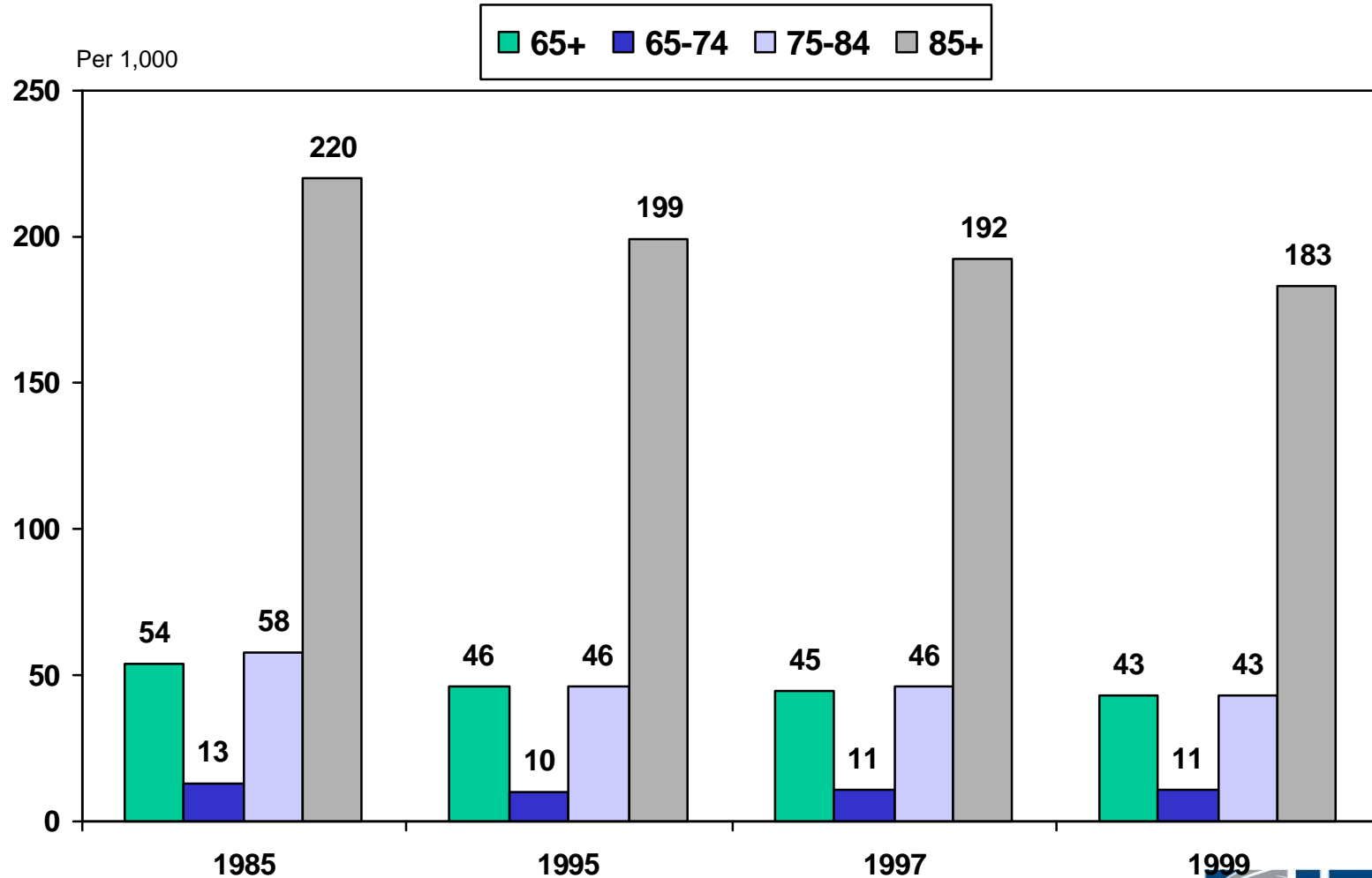
Source: Medicare Current Beneficiary Survey

Trends in Chronic Disability Among Persons Age 65 or Older



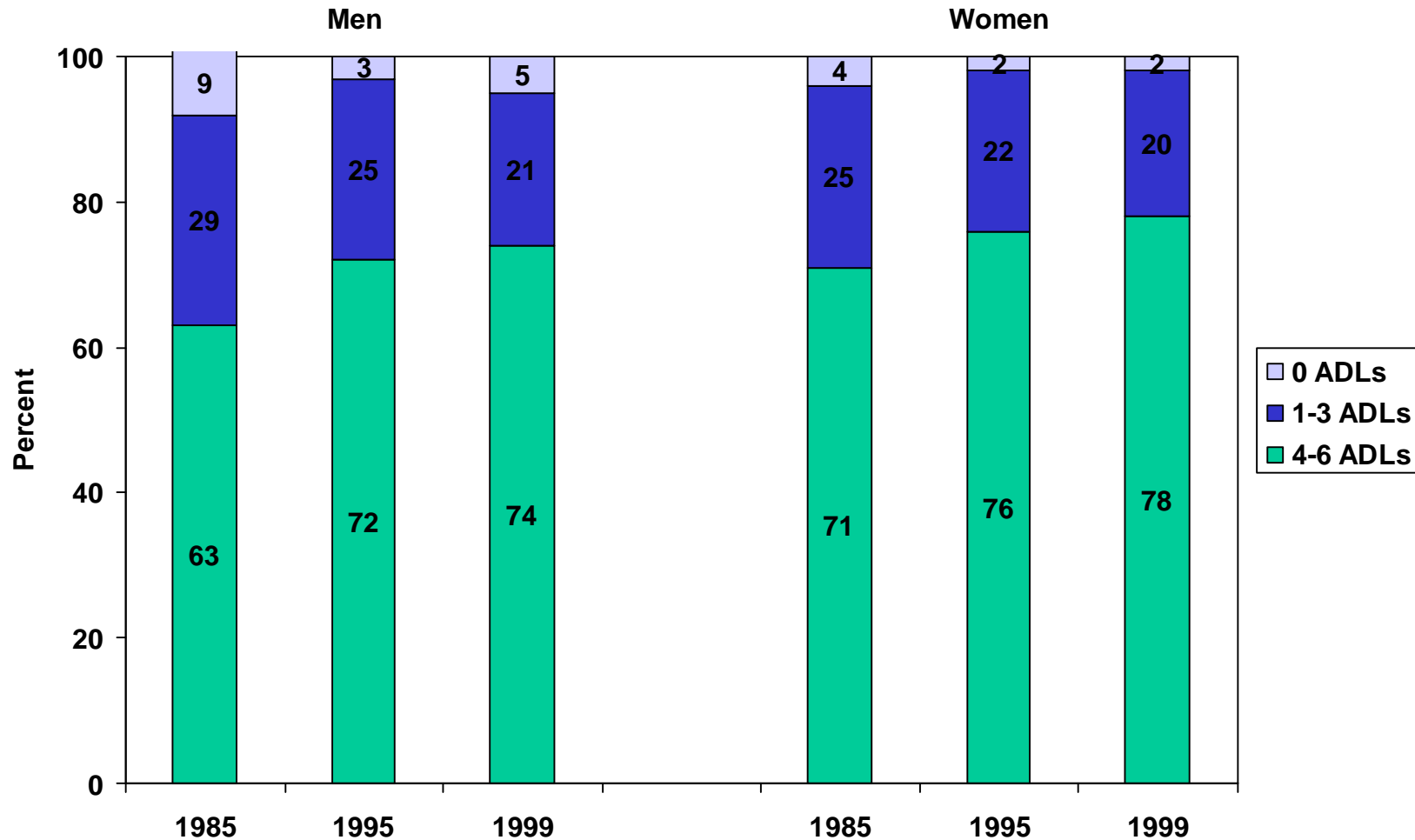
Source: National Long-Term Care Survey

Rate of Nursing Home Residence Among People Age 65 and Over



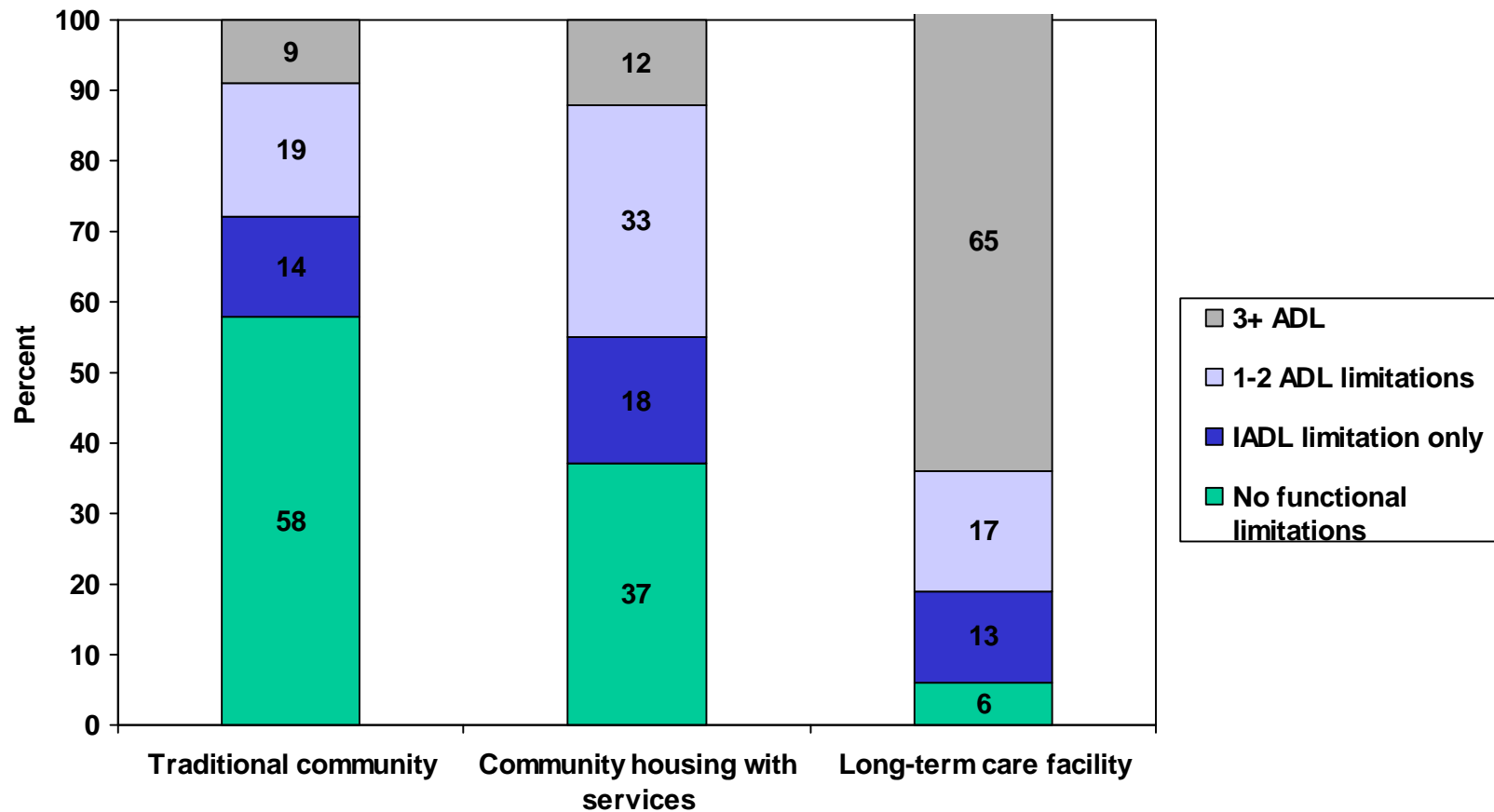
Source: National Nursing Home Survey

Percent of Nursing Home Residents 65+ Receiving Assistance with ADLs



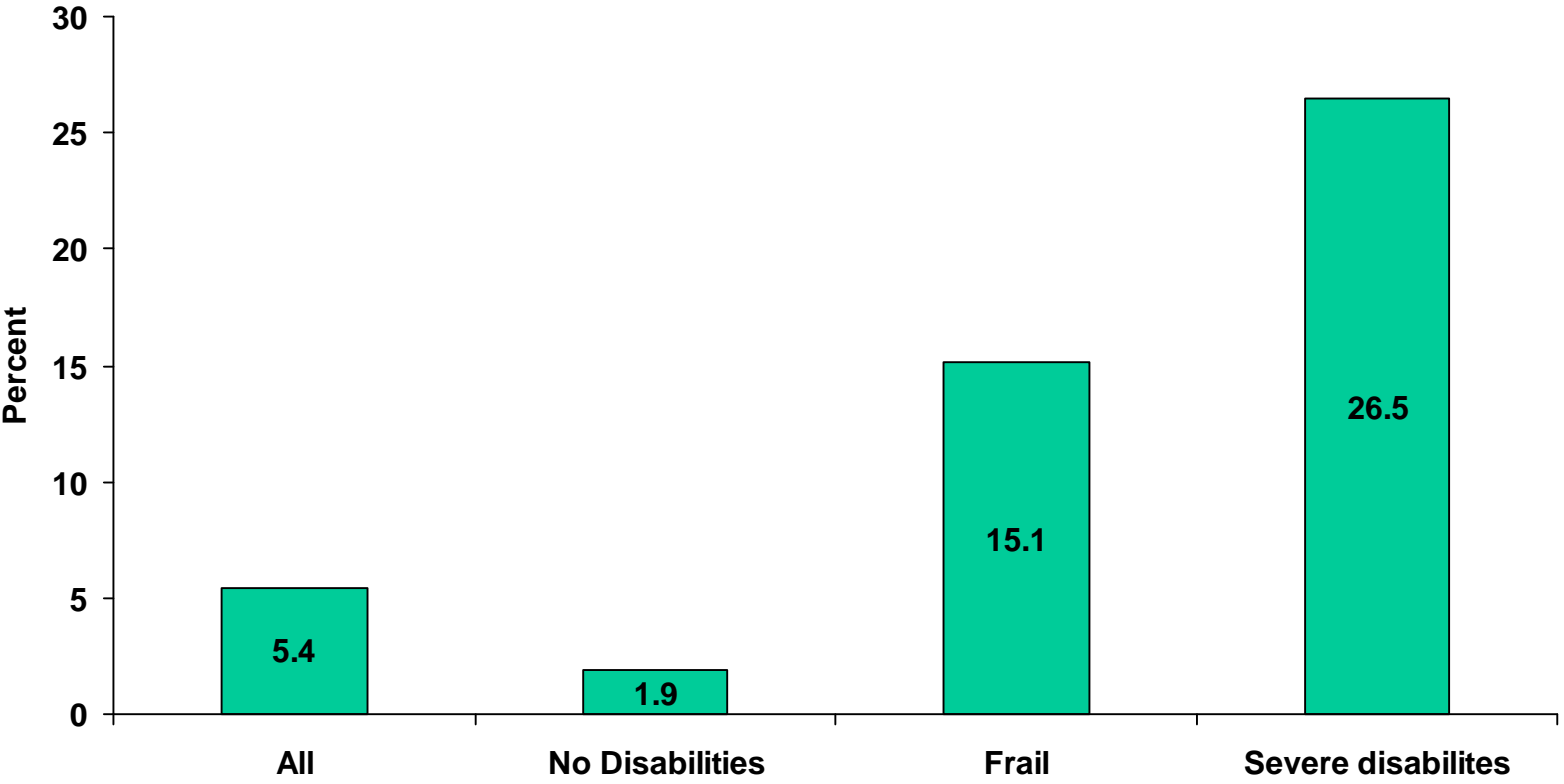
Source: National Nursing Home Survey

Percent of Medicare Enrollees Age 65+ with Functional Limitations by Residential Setting, 2002



Source: Medicare Current Beneficiary Survey

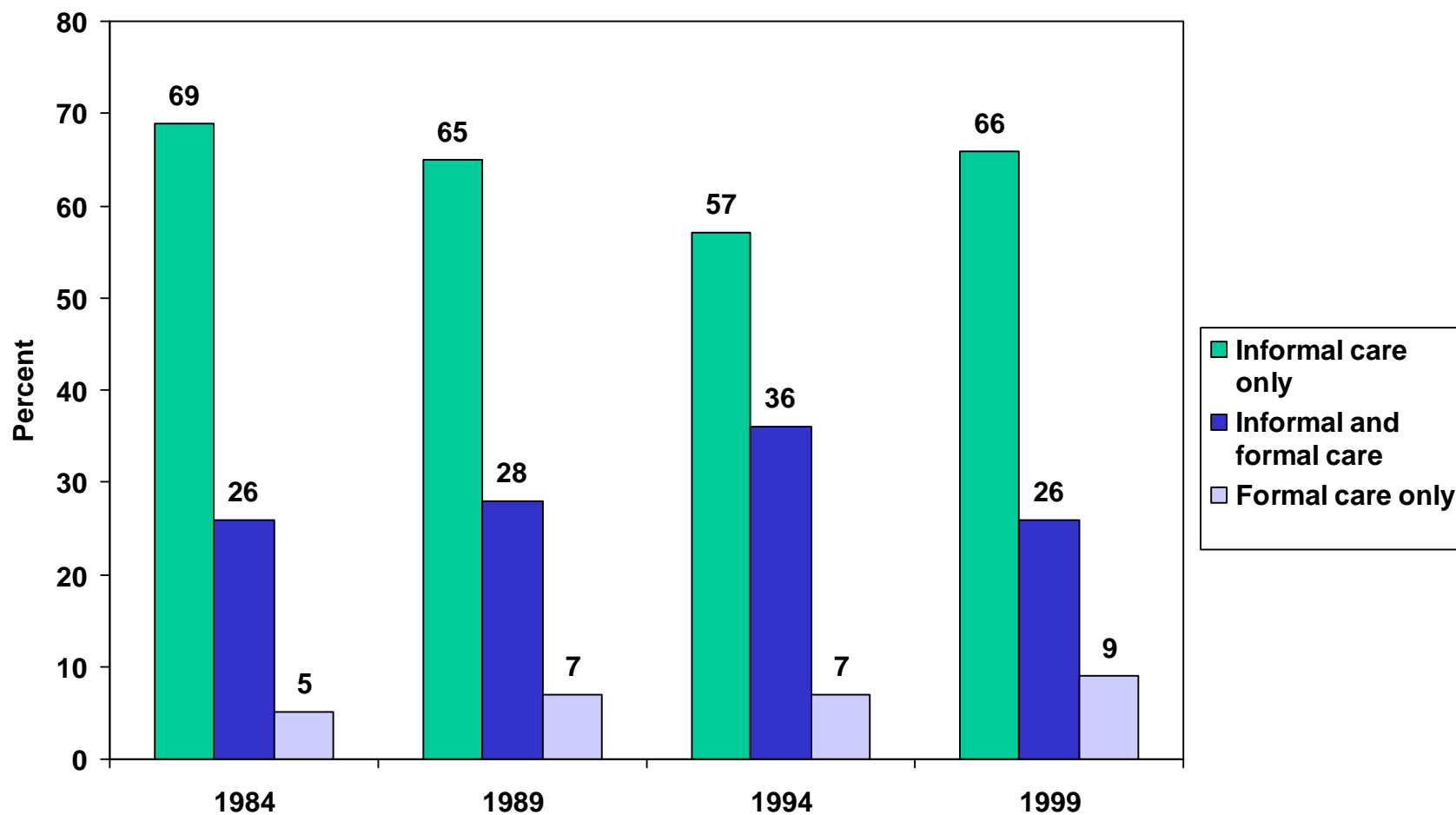
Share of the Noninstitutionalized Older Population with Cognitive Impairments, by Disability Status, 2002



Source: 2002 Health and Retirement Study

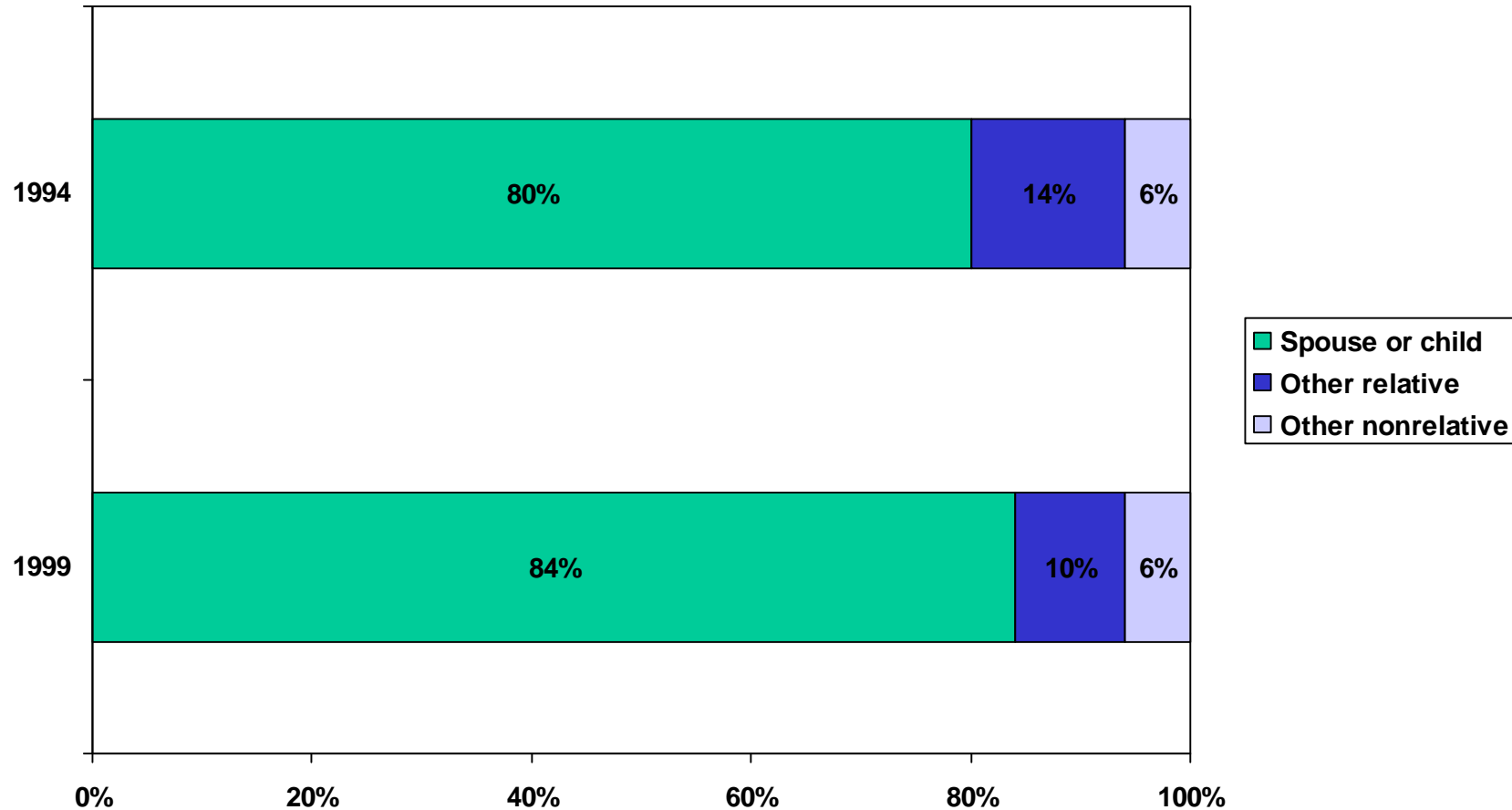


Distribution of Medicare Enrollees 65+ Receiving Personal Care for a Chronic Disability



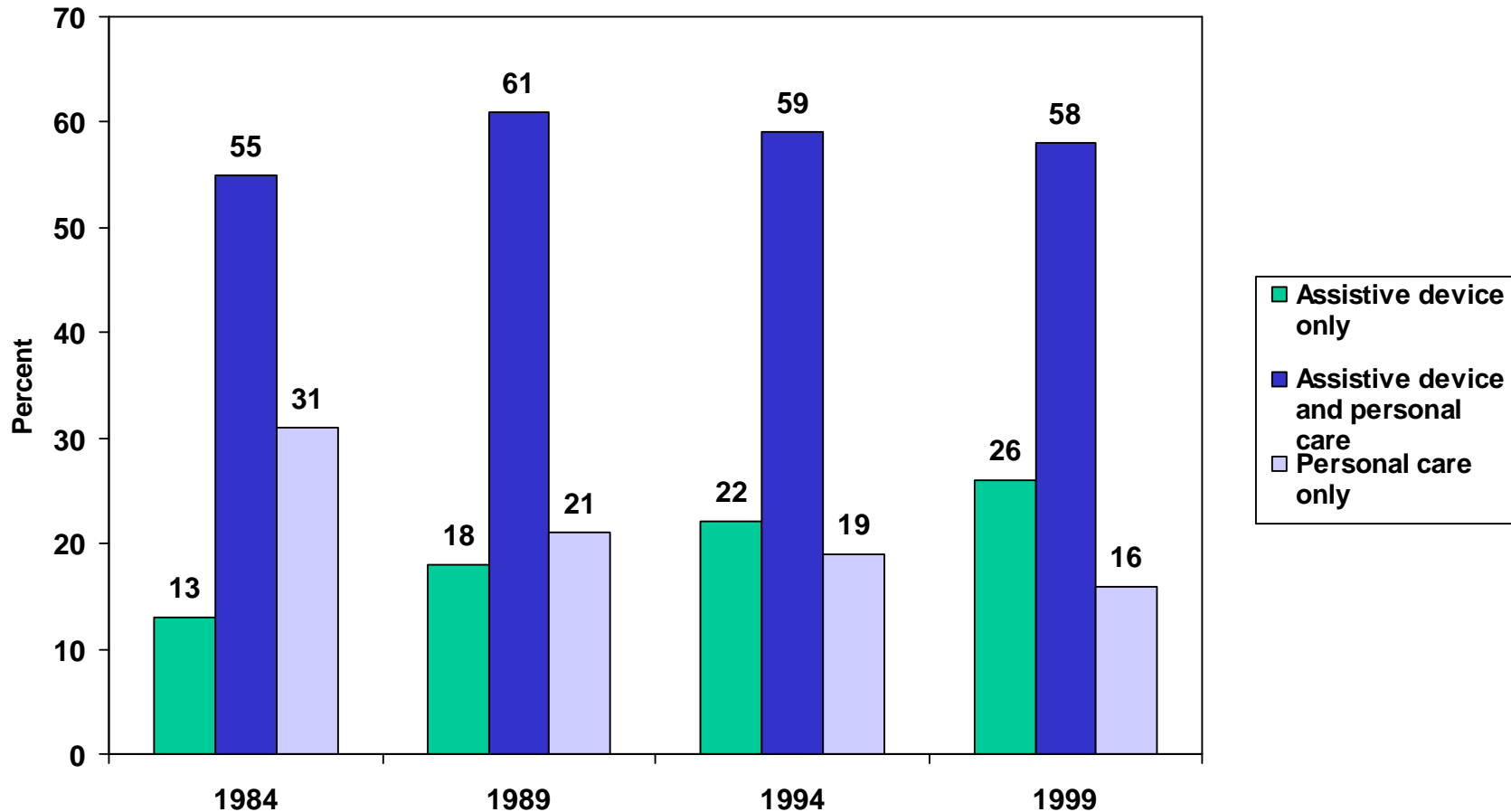
Source: National Long Term Care Survey

Providers of Informal Care



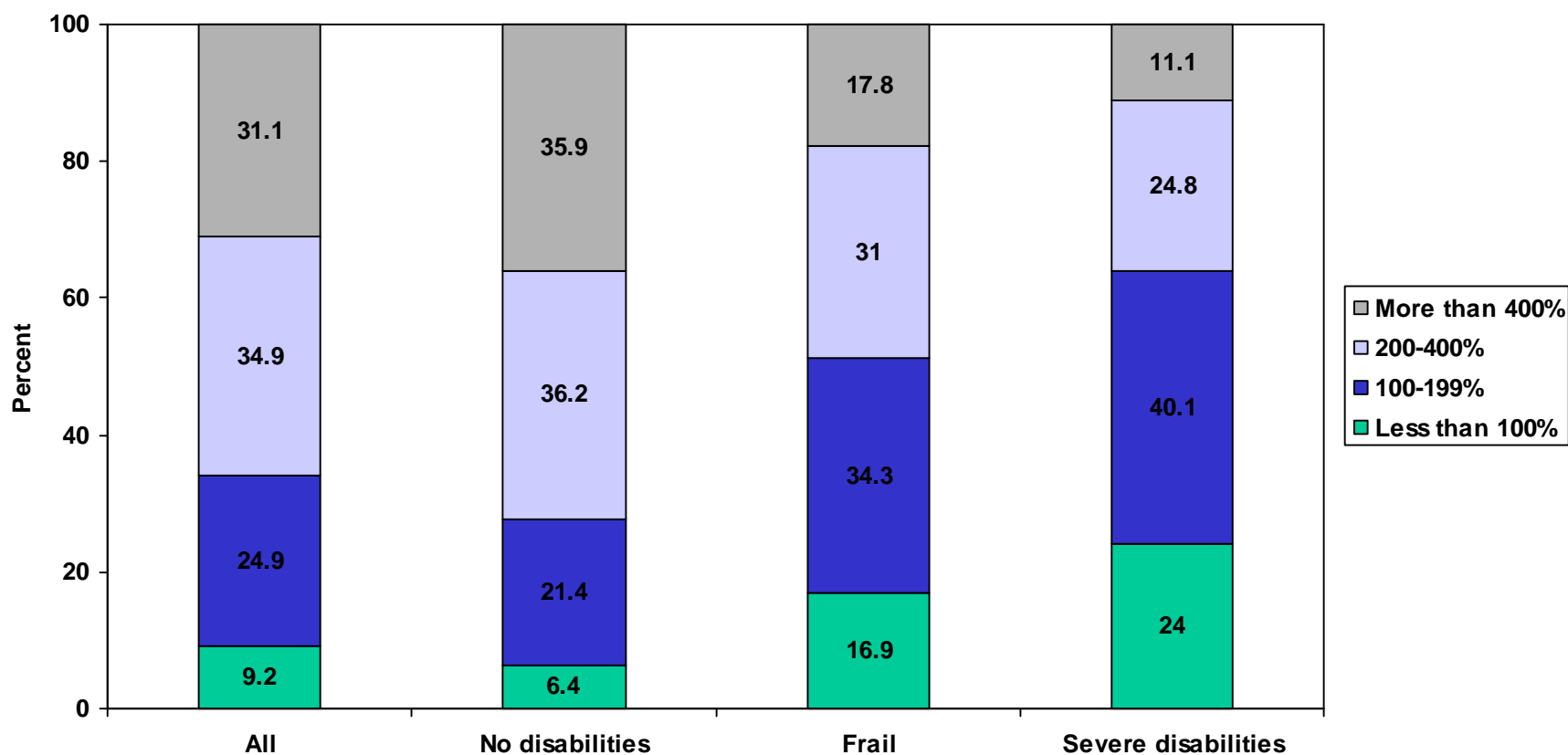
Source: National Long-Term Care Survey

Distribution of Medicare Enrollees 65+ using Assistive Devices and/or Receiving Personal Care for a Chronic Disability



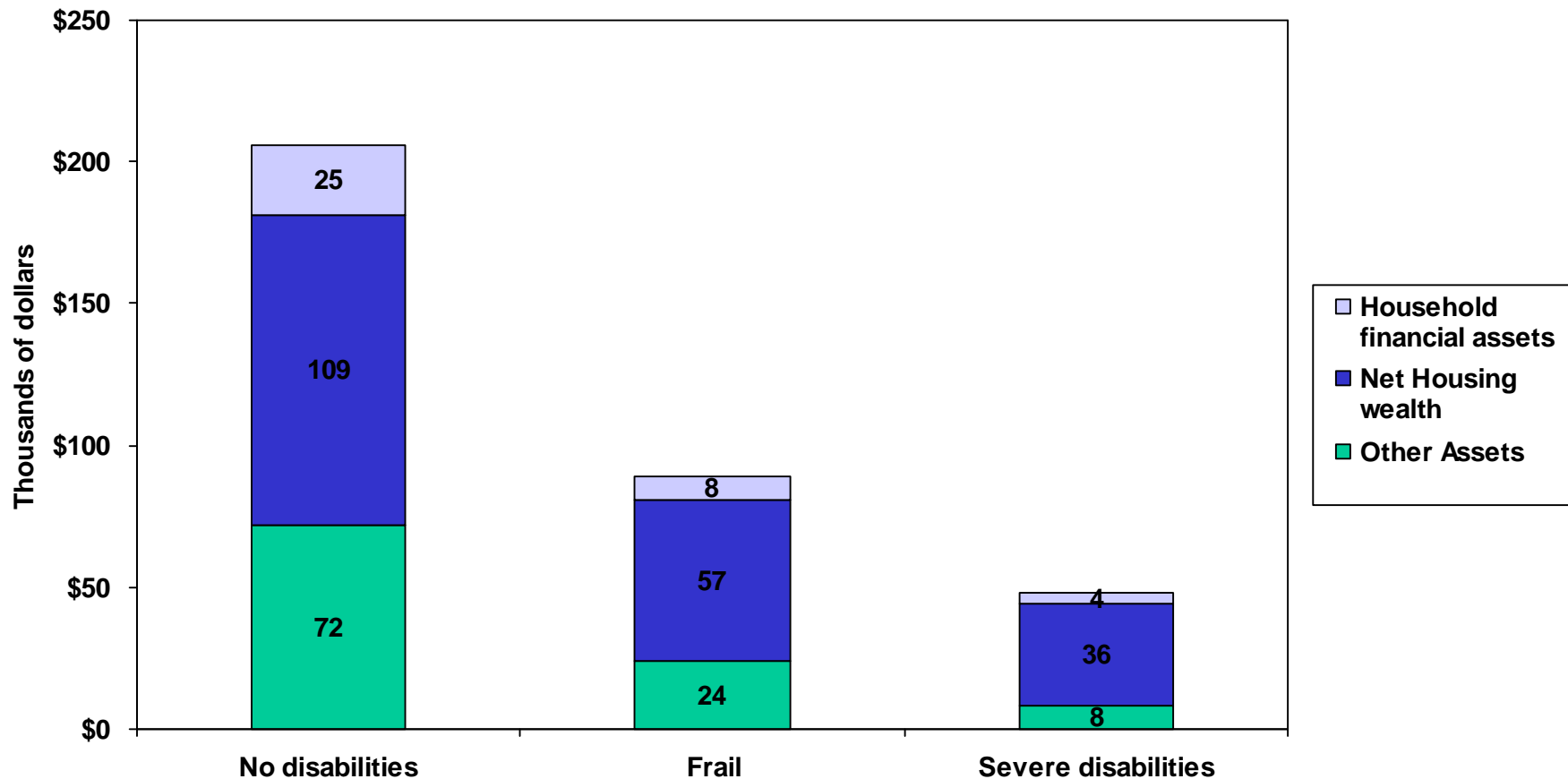
Source: National Long-Term Care Survey

Household Income of the Noninstitutionalized Older Population Relative to the Federal Poverty Level, by Disability Status, 2001



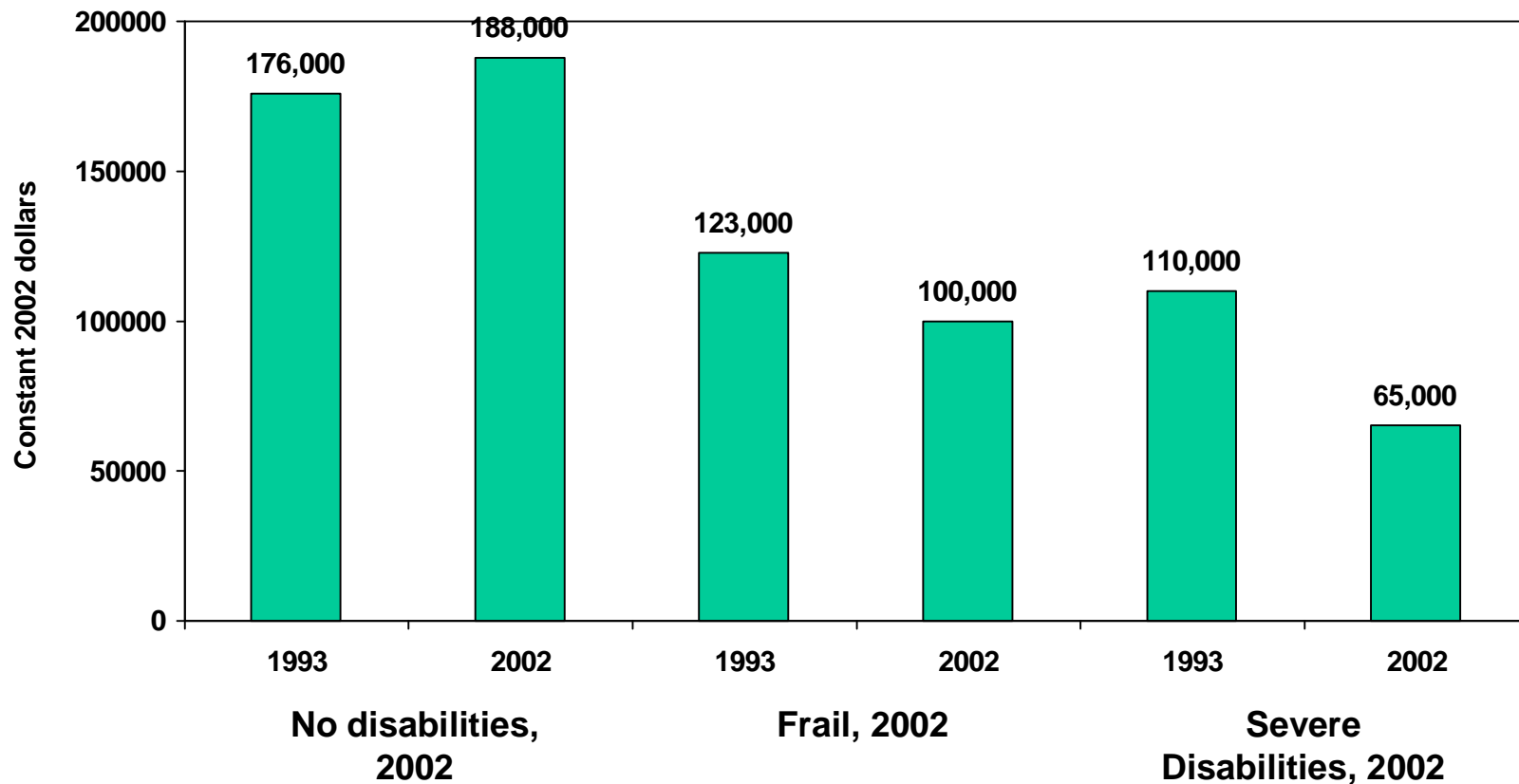
Source: 2002 Health and Retirement Study

Median Household Wealth of the Noninstitutionalized Older Population, by Disability, 2002



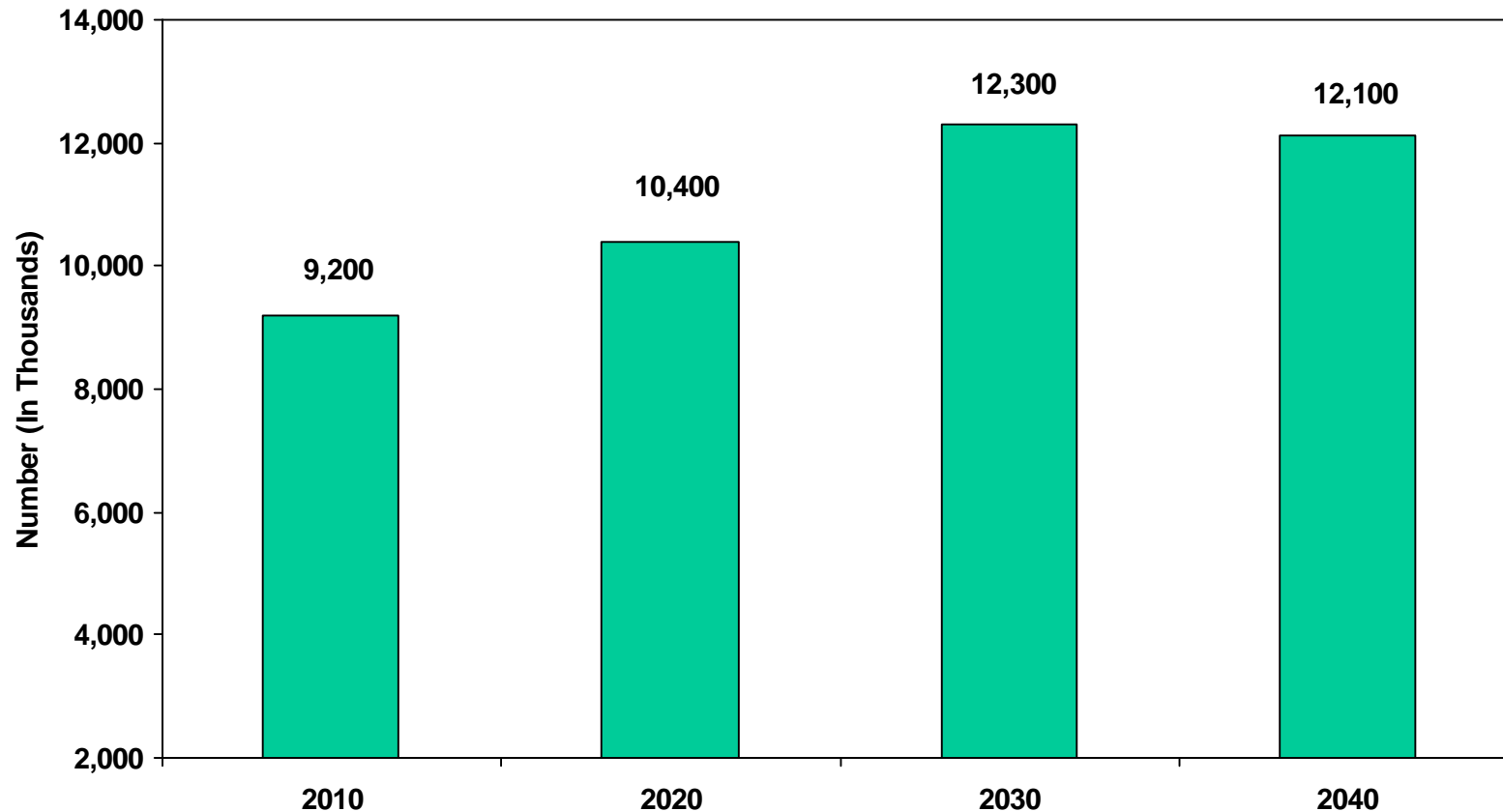
Source: 2002 Health and Retirement Study

Real Median Household Wealth, 1993 and 2002, by Disability Status in 2002, for Adults Age 70+ and not Disabled in 1993



Source: 2002 Health and Retirement Study

Projections of the Number of People Age 65+ Who Will Need Long-Term Care



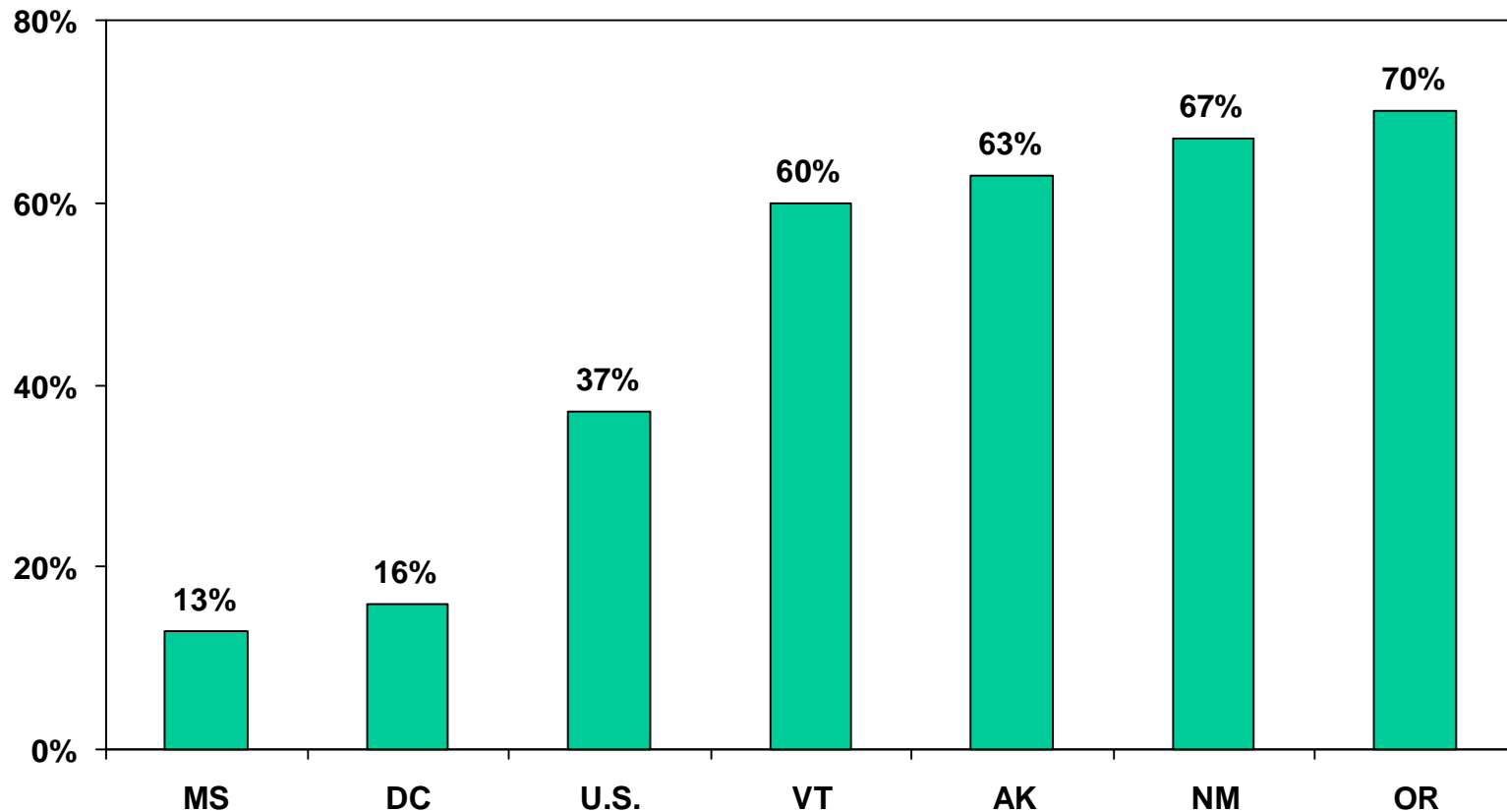
Source: Congressional Budget Office (1999)

Percent Age 65 with Any Disability (2005)

State	Rank	Percent
Mississippi	1	54
West Virginia	2	50
Kentucky	3	49
Pennsylvania	29	39
Florida	35	38
Connecticut	49	35
Minnesota	49	35
Nevada	49	35
US		40

Source: AARP, Across the States: Profiles of Long-Term Care and Independent Living, 2006

Medicaid HCBS Spending as a Percent of Medicaid LTC Spending, 2005



Source: AARP, Across the States: Profiles of Long-Term Care and Independent Living, 2006

The Realities of LTC

- § LTC experiences are ubiquitous
- § Families are the major provider
- § Services and housing are coequal
- § Quality of care and life are key concerns
- § Financing is (and will remain) a public/private mix
- § The service system is (and probably will remain) fragmented

Realities of LTC Delivery

- § **Individuals need a repertoire (not linear continuum) of services and supports**
- § **Financing creates silos of care that impede person-centered service delivery**
- § **Supports are just as important as direct services (e.g., assistive technology, home modifications)**
- § **Role of care management (what, when and how?)**
- § **Service integration – myth or reality?**

Emerging Issues/Trends in LTC

- § State rebalancing of Medicaid dollars toward home and community-based services**
- § Consumer direction in home and community based services**
- § Culture change in nursing homes**
- § Expansion of residential alternatives**
- § Managed LTC**
- § Integration of acute, primary and LTC**

Demographic Trends Influencing Workforce Demand

- § Growth of 85+ population
- § Decreasing availability of family caregivers
- § Aging and potential increased disability of spousal caregivers
- § Shrinking pool of females likely to enter traditional LTC job market
- § Out-migration of younger people, particularly in rural areas
- § Increasing disparity between “haves and have nots” among future cohorts of elderly

Implications for Workforce Development

- § **Need for substantial increase in health care professionals and frontline caregivers in LTC**
 - Ø **Medical directors**
 - Ø **Administrators**
 - Ø **Nurses**
 - Ø **Therapists**
 - Ø **Social Workers**
 - Ø **Aides**
- § **Increased support for geriatric and gerontological training for all disciplines**
- § **Increased preparation and reimbursement for interdisciplinary approaches**
- § **Increased demand for LTC workforce in home and community-based settings**
- § **Need for increased emphasis on cultural competence to address diverse consumer and staff backgrounds**

Implications for Policy

- § Long-term care policy
- § Education policy
- § Labor policy
- § Immigration policy