Introduction

The COVID-19 pandemic exacerbated an already challenging environment for finding and maintaining a strong workforce of paid staff who deliver long-term services and supports (LTSS). This critical workforce, which includes nurses, personal care aides, home health aides, and nursing assistants, is essential to meeting the daily caregiving needs of those who require LTSS—people who also receive a great deal of support from family caregivers. Due to the poor conditions and significant pressures of the jobs, LTSS employees were already under considerable stress before the pandemic—and the situation has only worsened with it. Among the persistent challenges to LTSS workers are physical and mental health risks, poor wages and benefits, and inadequate training for the complexities of the care these individuals give to people with disabilities—primarily older adults.¹

This Spotlight describes the LTSS workforce in the Organization for Economic Cooperation and Development (OECD),² of which the United States is a member country. After an overview of

¹ Here the term LTSS workers includes nurses and direct care workers. When we discuss a subset of workers, we identify them more specifically. For example, we have a special section on home care workers in the United States.

² Formed in 1961 to stimulate economic progress and world trade, the OECD is an intergovernmental organization of 37 member countries whose goal is to shape policies that foster prosperity, equality, opportunity, and well-being for all. To do so, OECD establishes evidence-based international standards and finds solutions to a range of social, economic, and environmental challenges by providing data and analysis, exchange of experiences, best-practice sharing, and advice on public policies and international standards-setting. Generally, OECD members are high-income economies.
the challenges LTSS workers face, we summarize experts’ recommendations for reform and describe how some OECD member countries are innovating to improve the situation for their LTSS workforce. Finally, this Spotlight addresses what the United States can learn from other countries and offers additional information on the needs of LTSS workers who serve older people.

The LTSS Workforce

Across OECD countries, 90 percent of LTSS workers are women, and most of those women are middle aged. Twenty percent of these workers are foreign born, and 70 percent provide personal care with few qualifications. Fifty-six percent work in institutions, and 46 percent in a person’s home. Only 30 percent of LTSS workers are nurses; the remaining 70 percent are mainly direct-care workers. They have many different job titles, such as personal care aides, home health aides, and nursing assistants.

LTSS jobs generally have poor pay and few benefits. Pay in the LTSS sector is 35 percent lower than pay in hospitals. Forty-five percent of LTSS jobs are part time, twice as high as the percentage of part-time jobs in the general workforce in OECD countries. Twenty percent of LTSS workers are employed under temporary contracts, compared with only 10 percent of hospital workers. Half of LTSS workers perform shift work, which is unpredictable.

LTSS workers perform many health-related tasks for which they often receive little training. Major gaps exist between clients’ or residents’ complicated needs and the training most workers receive—this has only intensified with LTSS facilities providing care that was once confined to hospitals. The most common gaps in LTSS workers’ skills relate to knowledge of geriatric care, safe management of clients’ or residents’ needs, care following discharge from a hospital, stress and crisis management, methods of coping with bereavement, prevention of disability, and use of new technologies. In addition, LTSS staff often lack appropriate training in infection control.

This Spotlight builds on the previously published “International Review of Innovations to Protect Nursing Home Residents from Infectious Diseases Such as COVID-19.” This earlier review explored the international impact of the COVID-19 pandemic on long-term care facility residents. Both Spotlights are part of a series that draws attention to how policymakers and employers can improve the LTSS infrastructure for older adults. The series addresses the four pillars of the infrastructure, which reflect the basic requirements of people who seek LTSS. They need (a) a place to live; (b) services and supports; (c) a workforce to provide those services and supports; and (d) community integration, or connection to others. In nursing facilities and in home and community-based settings, workers are crucial to meeting these needs.

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2Ibid.
3OECD, Who Cares?
4OECD, Who Cares?
6 Ibid.
Risks to LTSS Workers’ Physical and Mental Health

Not only do LTSS workers typically have poor-quality jobs, these employees also face substantial physical and mental health risks. Sixty-four percent of workers in OECD countries encounter physical risks, such as back problems due to lifting people who cannot move on their own, and work irregular hours or at night.\textsuperscript{10} Disruptions in shift work can be damaging to these workers’ health and working at night can result in sleep disruptions that have a broad range of health effects. Forty-six percent of LTSS workers deal with mental health risks, such as stress and harassment. Workers report high levels of stress from their care responsibilities, insufficient numbers of staff, and the need to work extra shifts.\textsuperscript{11}

In 2016, injury rates for direct service workers (DSWs) in the United States were very high in comparison with those for workers overall.\textsuperscript{12} The overall injury rate across all occupations was 100 per 10,000. Nursing assistants experienced injuries at a rate of 337 per 10,000, The rates for personal care aides was 144 per 10,000 and 116 per 10,000 for home health aides. Injuries to LTSS workers most commonly resulted from overexertion, from lifting and repositioning their clients, and violence inflicted by other people or animals.

LTSS workers are subject to other risks. One is exhaustion from severe time constraints and understaffing.\textsuperscript{13} These employees are under pressure to care for many people quickly. Many clients and residents often have cognitive impairment or dementia, which can result in harassment of and injuries to workers.\textsuperscript{14} Workers are exposed not only to the same infections that afflict their clients and residents but also to hazardous drugs and chemicals.\textsuperscript{15}

The COVID-19 pandemic has amplified these stressors. A literature review on the psychological impact of pandemics on LTSS staff found the following:\textsuperscript{16}

- Fears and concerns about outbreaks (particularly risk of infection), how to manage people with dementia, infection control, and job loss due to infection
- Tension among colleagues
- Stress due to increased workload and enhanced cleaning protocols
- Confusion about job responsibilities
- Ethical dilemmas over isolating residents and needing to maintain physical distance from them
- Work refusal
- Need for isolation units within facilities for infected residents
- Workers’ concerns being ignored
- Lack of information and education about how to handle work challenge

In addition to other job-related stressors, the COVID-19 pandemic makes LTSS workers fearful of becoming ill and transmitting the virus to family and friends.\textsuperscript{17} Workers may refuse to expose

\textsuperscript{10} OECD, Who Cares?
\textsuperscript{11} de Bienassis et al., Long-Term Care.
\textsuperscript{12} S. Campbell, Workplace Injuries and the Direct Care Workforce (New York City: PHI, 2018).
\textsuperscript{13} OECD, Who Cares?
\textsuperscript{14} O’Neill et al., “COVID-19 Highlights.”
\textsuperscript{15} de Bienassis et al., Long-Term Care.
themselves to hazardous conditions, finding that the low pay is not worth the risk they and their families must bear.

Combined, these stressors put LTSS workers at risk of anxiety; insomnia; stress; and feelings of helplessness, isolation, and guilt. Workers in nursing facilities have also experienced trauma during the pandemic. These feelings may affect their ability to function at work and at home. They may not go to work or provide inadequate care when they do. Workers may need mental health services to help mitigate the effects of the stress they endure.

Due to these problems and others, tenure in LTSS jobs is two years less compared with that of other jobs overall. Because the LTSS sector has fewer promotion opportunities than does the hospital sector, many LTSS workers often leave to work in hospitals. Two-thirds of OECD countries identify LTSS worker retention as a major policy challenge.

**LTSS Worker Shortages**

Ensuring sufficient staff is critical. Nursing facilities with higher staffing levels were associated with fewer COVID-19 cases or deaths, according to a review of 30 studies related to COVID-19 deaths in long-term care facilities. This relationship between adequate staffing and lower mortality is particularly important in containing cases and deaths once the virus has entered a facility. Additionally, higher hours of registered nurse staffing are associated with a higher probability of having at least one COVID-19 case, but with a lower probability of having an outbreak in the facility, according to an analysis of national COVID-19 data from the United States Centers for Medicare & Medicaid Services (CMS).

Given the aforementioned poor job quality and high levels of risk, a sufficient supply of trained LTSS workers is difficult to maintain. And this problem will continue: Between 2017 and 2050, adults ages 80 and over will increase from 4.6 percent to 10.1 percent of the population in OECD countries. People in this age group are more likely to have complex conditions and dementia, and those health concerns require LTSS. In 75 percent of OECD countries, the growth in the older population exceeds that of the LTSS workforce. Even with optimistic assumptions about increased productivity, the OECD countries would have to boost the number of LTSS workers by 30 percent by 2040 to maintain the current ratio of LTSS workers to older adults.

Across OECD, a sufficient and adequately trained workforce is one of the major challenges for the LTSS infrastructure.

**Innovations to Address the Challenges LTSS Workers Face**

Innovations to address the critical LTSS workforce issues are focused on staffing levels, pay and benefits, training, and mental health supports. The problems are not unique to a particular country, and many OECD countries are seeking improvements. Some innovations are government led, while others are prompted by service providers or medical groups.

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19 OECD, Who Cares?
21 de Bienassis et al., Long-Term Care.
22 OECD, Who Cares?
23 de Bienassis et al., Long-Term Care.
The Case of Home Care Workers in the United States

In the United States, as in many other OECD countries, governments have moved toward focusing the LTSS infrastructure on serving more people in their homes and communities rather than in institutions.

Personal care aides assist with daily activities, and home health aides provide short-term care to manage a medical condition or rehabilitation under supervision. These workers deliver complex care that involves much physical effort, which can negatively affect their health. For example, home care workers are prone to exhaustion and pain. Clients also often have mental health and cognitive conditions that make caregiving difficult. Aides have dangerous jobs; they endure verbal and physical abuse and physical injuries, and few aides have sick leave or disability pay. Aides have unstable work schedules, part-time employment, and little opportunity for upward mobility. Though many workers leave their jobs due to poor supervision, they tend to stay in them when they work consistently with the same clients.

In the United States, about 2 million personal care aides and 800,000 home health aides provide care to people with serious illnesses or disabilities living in the community. The number of workers in these occupations is projected to grow by 40 percent between 2016 and 2026.

Challenges to having an ample supply of qualified home health and personal care aides are many. In addition to the physical and mental health stressors, home care jobs carry stigma because of the nature of the work, earn poor wages, and have few benefits. In 2017, the average hourly wage for home health and personal care aides was $11.12. Home health aides typically have only 75 hours of training, though state requirements for personal care aides vary, with some states not requiring any training at all. The Institute of Medicine called for national training standards for aides in 2008, but little progress has been made since then.

Retaining aides is challenging; in 2017, the median turnover rate for the home care industry was 67 percent annually. High turnover rates have been linked to poor-quality care for clients and increased use of hospitals. Continuity of personal care aides is linked with improvement in clients' function.

Staffing Levels

International efforts to address staffing involve recommendations for staffing levels and creative efforts to recruit workers. For example, the Canadian Centre for Policy Alternatives advocates setting minimum staffing levels. It notes that Canadian LTSS workers are seven times as likely to face violence on a daily or near daily basis compared with staff in Nordic countries, which, despite having comparable resident needs, boast much higher staff levels. The Centre also suggests requiring nursing facilities to have a surge capacity of additional staff during a crisis and offer alternative housing for staff during a pandemic. The government in Ontario commissioned a study of staffing levels in long-term care facilities. That study advocated for increasing staffing to a minimum of four hours of direct care


24 P. Armstrong et al., Re-Imagining Long-Term Residential Care in the COVID-19 Crisis (Ottawa: Canadian Centre for Policy Alternatives, 2020).

25 Ontario Ministry of Long-Term Care and Long-Term Care Staffing Study Advisory Group, Long-Term Care Staffing Study (Toronto: Ministry of Long-Term Care, June 2020).
per day per resident, and requiring a staffing ratio of one personal support worker (i.e., personal care aide) per six residents during day and evening shifts to improve resident care.

Germany is innovating in a different manner. There, the government has begun using a skill-mix determination tool to establish adequate staffing levels in facilities. The tool assesses residents’ needs, time per person per intervention, and the required qualification of staff. Preliminary results are that Germany needs substantially more nursing assistants and more nurses to achieve optimal staffing.

Since 2011, about half of OECD countries have tried to augment recruitment of LTSS workers. The priority is on providing incentives to enter the workforce, improving the jobs’ image, and recruiting beyond the usual pool of workers. Some examples follow:

- **Norway**’s Men in Health Recruitment Program targets placing unemployed men ages 26 to 55 in the health and LTSS sectors. The men receive an eight-week training program in health care.

- The **United Kingdom** has a Men into Care Programme designed to recruit more men into this sector. Data from the United States and United Kingdom show that men in LTSS work 15 percent more hours than do women (in both countries). Men are also more likely to work full time than women in both countries.

- **Japan** has sponsored training programs for entrants into the LTSS workforce and increased the number of workers by 320,000, or 20 percent, between 2011 and 2015. These programs target and train middle-aged and older workers who are reentering the workforce after a long break.

- **England** is trying to attract 20,000 people to the LTSS sector via a national recruitment campaign, online training and job placement, and making certain types of instruction available free of charge.

- The **Netherlands** instituted a one-week National Healthcare Class to help those without experience in the health care sector obtain LTSS jobs. Graduates are connected to the country’s online jobs platform.

- **Spain** is recruiting new staff, who receive online training and become part of rapid-response teams.

- **South Korea** is enlisting family to register as temporary workers and get paid the same amount as professionals to care for their family members. Caregivers receive a two-hour virtual training session on safety.
Pay and Benefits

Research confirms that higher wages improve recruitment and retention and promote longer tenure and less turnover. Pay and benefits for LTSS workers. One goal is to reduce turnover among LTSS workers by ensuring parity across the health and LTSS sectors. Another aim is to create opportunities for full-time jobs. Long-term improvements to benefits are also needed, including paid sick leave, training, and vacation. Without these types of paid leave, workers must choose between their health and loss of income. Without paid leave, workers lack access to needed recovery time and respite. Workers’ compensation is not a sufficient solution, because it only applies to diseases or injuries that are related to the job.

Some countries have given one-time cash bonuses to home care workers; others have increased minimum wages and provided life insurance and paid time off. Although many countries made lump-sum payments to LTSS workers during the COVID-19 pandemic, these payments do not mitigate the historical low wages.

Training

In response to the COVID-19 pandemic, the European Geriatric Medicine Society and the American Geriatric Society addressed training in long-term care facilities by recommending that physicians, nurses, and direct care workers have competence in geriatric care commensurate with the needs of the residents they serve. These competencies ensure appropriate coordination of health and LTSS, and that older adults receive the complex care they need. Among the key topics for training are dementia, palliative care, and infection control.

Elsewhere, other countries have redoubled worker training in geriatrics and in coordination and communication skills. The United States and Korea provide job training through telecommunication. The Centers for Medicare & Medicaid Services (CMS) provided guidance (but not a requirement) for states and employers that DSW training should go beyond injury prevention and infection control to include the principles of person-directed care. CMS commissioned for DSWs a set of core competencies, nationally validated, that is steeped in the principles of person-directed care. CMS’s goal was to achieve a coordinated, inclusive, and person-driven system “in which people have choice, control, and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.” These core competencies demonstrate that rather than being “unskilled jobs,” DSWs providing person-directed care must have sophisticated skills in communicating with and empowering
DSW competencies include the following:

1. **Communication.** The DSW builds trust and productive relationships with people he or she supports, coworkers, and others through respectful and clear verbal and written communication.

2. **Person-centered practices.** The DSW uses person-centered practices by assisting people to make choices and plan goals, and provides services to help people achieve their goals.

3. **Evaluation and observation.** The DSW closely monitors a person’s physical and emotional health, gathers information about the person, and communicates observations to guide services.

4. **Crisis prevention and intervention.** The DSW identifies risk and behaviors that can lead to a crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others.

5. **Safety.** The DSW is attentive to signs of abuse, neglect or exploitation and follows procedures to protect people from such harm. Workers help people to avoid unsafe situations and uses appropriate procedures to assure safety during emergency situations.

6. **Professionalism and ethics.** The DSW works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.

7. **Empowerment and advocacy.** The DSW provides advocacy, empowers and assists individuals to advocate for what they need.

8. **Health and wellness.** The DSW plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.

9. **Community living skills and supports.** The DSW helps individuals to manage the personal, financial and household tasks that are necessary on a day-to-day basis to pursue an independent, community-based lifestyle.

10. **Community inclusion and networking.** The DSW helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life.

11. **Cultural competency.** The DSW respects cultural differences, and provides services and supports that fit with an individual’s preferences.

12. **Education, training, and self-development.** The DSW obtains and maintains necessary certifications and seeks opportunities to improve skills and work practices through further education and training.

their clients or residents, observing their behavior, preventing crises, and promoting independence and community inclusion, among other skills.

**Physical and Mental Health**

LTSS workers have physically and emotionally demanding jobs. The physical demands may be mitigated to some extent through training in such subjects as proper lifting techniques and good dementia care practices. Technology may be another useful resource; for example, special equipment may help workers transfer and reposition people who cannot move easily on their own. Technology can help staff monitor residents’ health, communicate with doctors, and reduce paperwork.
LTSS workers likewise face mental health stressors. Policymakers and employers’ efforts to mitigate these challenges include the following:45,46

- **Offer counseling.** Recognize when staff are under stress and connect them to services such as mental health first aid training and counseling. Arranging telehealth appointments with counselors is one option for using technology to help workers facing mental health risks.

- **Address safety concerns.** Discuss with workers adverse events that occur and ensure that safety measures are followed.

- **Ensure communication.** Provide clear guidance to staff and be available 24 hours a day to help promote effective communication. In addition, use a common messaging platform for staff.47

- **Supply food.** Assist staff by providing them with meals and snacks.48

- **Provide clinical support.** Conduct weekly virtual rounds.

- **Offer respite.** Ensure that staff are not overworked and have adequate rest from their jobs.

Several countries provide psychological support to workers and family caregivers. Austria has a dedicated telephone line and counseling services for workers. Germany offers telephone services to educate care providers about COVID-19.49 England has a free text-messaging service for health and social care workers, which includes bereavement services and supports for anxiety and trauma.50

### A Comprehensive Approach: Australia

In early March 2020, Australia committed funding to train what it termed *aged care workers* in infection control and increased surveillance. The effort also boosted staffing and provided telehealth for people ages 70 and older.

Australia’s approach not only included the financial support necessary to address critical LTSS labor shortages but also put in place other critical benefits for supporting the workforce during a high-stress time. Workers received COVID-19 retention bonuses to ensure the continuity of the workforce. In July 2020, workers gained access to up to two weeks’ paid pandemic leave. This leave is available to workers who otherwise are not entitled to paid leave.

Long-term care facilities received additional funds in August 2020 to support enhanced infection control, through an onsite clinical lead and more staffing. Australia also funded surge staffing and rapid-response teams to residential and community care settings. A recruitment organization—

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45 Knowles, “Global Mental Health.”
48 Ibid.
49 Dawson et al., “Mitigating the Impact of the COVID-19 Outbreak.”
50 Comas-Herrera et al., *International Examples.*
Recruitment, Consulting and Staffing Association Australia & New Zealand—organized its members to provide additional surge staffing for some shifts. Australia allowed international students to work more hours in residential and home care.

Conclusion

A comprehensive approach to bolstering the LTSS workforce during a pandemic involves addressing staffing, quality of work, fair pay, and training, and preventing or treating the mental and physical health risks that LTSS workers face. Australia serves as a good example; its approach during the COVID-19 pandemic could be replicated during future outbreaks, and it could provide guidance for tackling the current and ongoing challenges facing the LTSS workforce.

The United States could learn from other countries’ experiences in addressing individual aspects of the LTSS labor shortages and challenges, by taking its own comprehensive approach. Future LTSS Choices Spotlights will provide more actionable solutions for consideration.

Appendix

Please see more information about the source articles referenced in the appendix.

About the Authors

Susan C. Reinhard, RN, PhD, FAAN, is senior vice president and director of the AARP Public Policy Institute and serves as the chief strategist for the Center to Champion Nursing in America and Family Caregiving Initiatives.

Jane A. Tilly, DrPH, is an independent consultant who has conducted research and policy analysis related to aging, health, and LTSS for more than 20 years.

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<td>American Geriatrics Society. (2020). American Geriatrics Society Policy Brief: COVID-19 and Nursing Homes. <em>Journal of the American Geriatrics Society, 68</em>(5), 908–911.</td>
<td>AGS recommends that all health and LTSS staff have paid family, medical, and sick leave, particularly workers who receive hourly wages because they often lack such benefits. Facilities should get tax relief for doing so.</td>
<td>All nursing facility staff serving residents with COVID-19 should be trained in infection control and recognition of symptoms.</td>
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<td>During the pandemic, British Columbia in Canada has restricted workers to one facility by making all of them public employees, offering full-time employment, and increasing wages. Authors recommend: • Increasing staffing levels and setting minimum staffing levels. They note that Canadian LTSS workers are seven times as likely to face violence on a daily or near-daily basis compared to staff in Nordic countries. These countries have much higher staff levels than in Canada although resident needs are comparable. • Requiring nursing facilities to have a surge capacity for additional staff during a crisis. • Offering alternative housing for staff during a pandemic.</td>
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<td>Lump sum payments to LTSS workers during the pandemic do not mitigate the low wages in the sector over time. Long term improvements to wages and benefits are needed, including paid sick leave, and training. Without this type of leave workers must choose between their health and financial loss. Workers' compensation is not sufficient because the disease or injury must be related to the job.</td>
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<td>The COVID-19 care crisis involved a shortage of nursing staff and a need for care providers from Eastern Europe. LTSS staff were not involved in planning for the crisis. Their participation in planning should be mandatory and they should be involved in care design too. Staff need benefits and time off.</td>
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<td>Campbell, S., (2018) Workplace Injuries and the Direct Care Workforce, PHI.</td>
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<td>In 2016, injury rates per 10,000 direct service workers in the U.S. were very high in comparison to rates for workers overall. Personal care aides experienced injuries at a rate of 144 per 10,000. The figures were 116 for home health aides and 337 for nursing assistants. The overall injury rate for workers was 100 per 10,000 workers. The most common injuries resulted from worker overexertion, through lifting and re-positioning people and violence due to interactions with people.</td>
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<td>Charlesworth, S., Low, L., (October 2020) The Long Term Care COVID-19 Situation in Australia, International Long Term Care Policy Network.</td>
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<td>Created health care rapid response teams and surge staffing support when an outbreak occurs in a care home. Private companies largely supplied the extra staff.</td>
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<td>Support and retention bonus payments went to direct care workers in all parts of LTSS.</td>
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<td>Australia took a number of steps during the pandemic: • Gave aged care providers priority access to PPE and support payments they must use on infection control, increased staffing, and communication and visits between residents and families. • Required pandemic leave of two weeks for staff. • Gave workers a lump sum payment if workers need to self-isolate for 14 days.</td>
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### LTSS CHOICES: REVIEW OF EXPERTS’ RECOMMENDATIONS FOR REFORMING THE LTSS WORKFORCE

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  - a national recruitment campaign  
  - online training and job placement. | England is recruiting new staff who receive online training and become part of rapid-response teams. | Spain is recruiting new staff who receive online training and become part of rapid-response teams. |
| Comas-Herrera, A., Ashcroft, E., & Lorenz-Dant, K., (May 2020). International Examples of Measures to Prevent and Manage COVID-19 Outbreaks in Residential Care and Nursing Home Settings. International Long Term Care Policy Network. | • Home care workers provide complex care that involves much physical effort, which can negatively affect their health.  
• Clients often have mental health conditions that make providing care challenging.  
• Clients may harass workers or even be violent and workers may experience mental fatigue or depression. | • Parts of the Care Certificate are available free of charge. | • Countries, including Canada and Israel, restricted workers to working at one home. | South Korea is recruiting family to register as temporary workers and get paid the same amount as professionals to care for family. |
| Council of the European Union, European Institute for Gender Equality, (February 2020) Research Note: Home-based formal long-term care for adults and children with disabilities and older persons. | In addition to other routine stressors, the COVID-19 pandemic brings LTSS workers the additional stress of confronting the disease to family and friends. Workers may refuse to expose themselves to hazardous conditions. Workers may not be able to pay for the care their families must bear. | • Home care workers provide complex care that involves much physical effort, which can negatively affect their health.  
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| Cox, R. H., Dickson, D., & Marier, P. (2021). Resistance, Innovation, and Improvisation: Comparing the Responses of Nursing Home Workers to the COVID-19 Pandemic in Canada and the United States. Journal of Comparative Policy Analysis: Research and Practice, 1-10. | In addition to other routine stressors, the COVID-19 pandemic brings LTSS workers the additional stress of confronting the disease to family and friends. Workers may refuse to expose themselves to hazardous conditions. Workers may not be able to pay for the care their families must bear. | • Home care workers provide complex care that involves much physical effort, which can negatively affect their health.  
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<td>Several countries have recruited additional home care workers. Some countries, including the U.S., deem home care workers “essential service providers.” Countries have provided one-time cash bonuses to home care workers, increased minimum wages, and provided life insurance and paid time off, if staff cannot work. Countries provide psychological support to workers and family carers. Austria has a dedicated telephone line and counseling services for workers and outreach to foreign workers. Germany offers telephone services to educate care providers about COVID-19.</td>
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<td>Ireland has a national program to direct volunteers where they are needed. Government should recruit volunteers and family to be paid carers. South Korea recruits family members and they receive the same pay as workers after two hours of training.</td>
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<td>de Bienassis, K., Llena-Nozal, A., &amp; Klazinga, N. S. (2020). <em>The economics of patient safety Part III: Long-term care: Valuing safety for the long haul.</em> OECD</td>
<td>• The most common gaps in LTSS workers’ skills are related to knowledge of geriatric care, safe management of clients or residents’ needs, care following discharge from hospital, stress and crisis management, methods of coping with bereavement, prevention of disability, and use of new technologies.</td>
<td>A sufficient and adequately trained workforce is one of the major challenges for the LTSS sector.</td>
<td>• Many countries experience worker shortages and a major gap exists between client or residents’ complicated needs and the training most workers receive. For example, many facilities provide care that used to be confined to hospitals.</td>
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<td>• LTSS workers have physically and psychologically demanding jobs because clients and residents have complex medical and physical needs, and often have cognitive impairment or dementia.</td>
<td>• Regulation of staffing levels and their training is necessary to meet the medical needs of residents.</td>
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<td>• Workers report high levels of stress due to their care responsibilities, as well as short-staffing, and shift work.</td>
<td>• Determining the appropriate skill mix of workers in long-term care facilities is difficult. The University of Bremen in Germany is developing a tool to do just that. The tool will take into account the mix of interventions residents need, the time required per person for those interventions, and the qualifications of staff needed. Preliminary results are that Germany needs substantially more nursing assistants to achieve optimal staffing and some more nurses.</td>
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<td>• Workers are also exposed to the infections that their clients and residents have as well as hazardous drugs and chemicals.</td>
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<td>• Workers face long commutes, low wages, and precarious jobs.</td>
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<td>• Between 2017 and 2050, the proportion of adults age 80 and over will increase from 4.6 percent to 10.1 percent in OECD countries. People in this age group are more likely to have complex conditions and dementia. So, challenges in maintaining a sufficient supply of trained workers will only increase.</td>
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<td>Embregts, P., van Oorsouw, W., &amp; Nijs, S. (2020). Impact of infection outbreak on long-term care staff: a rapid review on psychological well-being. <em>Journal of Long-Term Care, 2020</em>, 70–79.</td>
<td>Authors did a literature review about the psychological impact of pandemics on LTSS staff and measures to support them. Staff reported: • Fears and concerns about outbreaks, particularly their risk of infection, how to manage people with dementia, infection control, and job loss due to infection. • Tension among colleagues. • Stress due to increased workload and increased cleaning tasks. • Confusion about job responsibilities. • Ethical dilemmas over isolating residents and needing to maintain physical distance from them. • Work refusal. Staff reported: • Need for isolation units within facilities to isolate infected residents. • Their concerns being ignored. • Lack of information and education about how to handle their work challenges. The more they knew, the better they felt about their work. • No studies available on interventions.</td>
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<td>Gorges, R. J., &amp; Konetzka, R. T. (2020). Staffing levels and COVID-19 cases and outbreaks in US nursing homes. <em>Journal of the American Geriatrics Society, 68</em>(11), 2462–2466.</td>
<td>An analysis of national CMS data available by June 2020 on COVID-19 cases and deaths showed that higher hours of registered nurse staffing are associated with a higher probability of having at least one case, but with a lower probability of having an outbreak in the facility.</td>
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### Singapore Reacted to COVID-19 by:
- Restricting visits and health workers’ movements between facilities.
- Creating “bubbles” where residents with COVID-19 are treated together.
- Quarantining nursing facility staff exposed to the disease and providing them with alternative housing.

### Global Mental Health Policy Response during COVID-19: Support the Mental Health Needs of Long-Term Care Workers

As a result of COVID-19, workers are at risk of anxiety, insomnia, stress, feelings of helplessness, isolation, and guilt. These feelings may affect their ability to function at work and at home. They may be absent or provide inadequate care.

Lack of access to support can result in increased mortality and morbidity among staff, and loss of productivity and employment.

Recommendations to support the mental health needs of long-term care workers include using technology, such as telehealth appointments with counselors and psychologists, providing safe environments, and connecting them to services. Providing mental health first aid and counseling, staff need adequate rest and breaks.
The Netherlands created an online platform to match health and LTSS personnel to those providers in greatest need of providers. The Netherlands instituted a one-week “National Healthcare Class” to help those without experience in the health care sector get jobs in this sector. Graduates are connected to the online jobs platform.


Germany raised hourly wages of LTSS workers and provided one-time bonus payments for those with COVID-19 and staff should work in only one of these areas.

Germany's long-term care insurance program.

Unpaid carers can receive supplemental payments for providing care for up to 20 days through Germany's long-term care insurance program.

Facilities should divide their institutions into one area for people without symptoms, one for suspected cases, and one for those with COVID-19. Staff should work in only one of these areas.

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Most countries’ initial response to the pandemic was to prioritize hospitals to the detriment of nursing facilities, while only viewing the latter as places to discharge patients from hospitals. Among the steps that could support staff in nursing facilities are:

- Provide clear guidance to staff and be available 24 hours to them.
- Provide a messaging platform to communicate with staff.
- Keep staff healthy by:
  - Helping staff manage stress and grief.
  - Providing meals and snacks to staff.
  - Conducting weekly virtual rounds.
  - Assuring staff aren’t overworked and have rest from their jobs.
- Implement human resources policies that:
  - Offer full-time work, and hazard and sick leave pay.
  - Redeploy staff from other settings to nursing facilities.
- New clinical practices should:
  - Ensure availability of end-of-life and palliative care.
  - Minimize resident isolation.

Globally, LTSS workers struggle with chronic understaffing in nursing facilities, part-time employment, heavy workloads, little if any sick leave, low wages, and requirements to work while sick. Staff often work at multiple facilities. Globally, months into the crisis, LTSS workers were afterthoughts and still struggle to get PPE. Also, changing guidelines confuse staff.

- Use experienced nurses to educate and train staff in infection control.
### LTSS CHOICES: REVIEW OF EXPERTS’ RECOMMENDATIONS FOR REFORMING THE LTSS WORKFORCE

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<td>OECD (2020)</td>
<td>COVID-19 is exacerbating existing structural problems in LTSS. One of the misensuring a sufficient supply of skilled workers is the growth in the older population. The growth in the LTSS workforce is driven by the need to provide care to older adults. Across OECD countries, the number of women in the workforce is increasing. In OECD countries, nurses are women most likely to provide care to older adults. The number of foreign-born women providers is increasing. Women are more likely to provide care in the home setting. Pay in the LTSS sector is 35% percent lower than in hospitals. In European countries, 30% of women provide personal care with few qualifications. Germany uses a skill mix determination tool to establish adequate staffing levels in facilities. The tool assesses residents’ needs, time per person per intervention and the qualification and preparation of staff required.</td>
<td>Australia is using management models in nursing homes that allow more flexible scheduling and choice of shift, which led to reduced worker turnover. Germany uses a skill mix determination tool to establish adequate staffing levels in facilities. The tool assesses residents’ needs, time per person per intervention and the qualification and preparation of staff required.</td>
<td>Norway has sponsored training programs for entrants to the LTSS workforce and increased the number of workers by 320,000. Japan has sponsored training programs for entrants to the LTSS workforce and increased the number of workers by 320,000. Norway’s Men in Health Recruitment Program targeted unemployed men aged 26-55 to the health and LTSS sectors. They receive an eight-week training program in health care. The UK has a Men into Care Programme. Data from the US and the UK show that men are more likely to work full-time and have more flexible hours than women, with 18 percentage points more likely to work a 40-hour week. Also men are 18 percentage points more likely to work full-time than women in the US.</td>
<td>Only half of OECD countries have tried to increase recruitment of LTSS workers since 2011. Where they do, priority is on increasing the supply of skilled workers and increasing the attractiveness of the job. Norway’s Men in Health Recruitment Program targeted unemployed men aged 26-55 to the health and LTSS sectors. They receive an eight-week training program in health care. The UK has a Men into Care Programme. Data from the US and the UK show that men are more likely to work full-time and have more flexible hours than women, with 18 percentage points more likely to work a 40-hour week. Also men are 18 percentage points more likely to work full-time than women in the US.</td>
<td>Technology is slowly going into the LTSS sector, primarily in Japan and the Nordic countries. The technologies are simple, such as smart phones, sensors, and GPS monitoring. Scandinavian countries, the Netherlands, and Japan see use of technology and better allocation of care tasks as being important. The U.S. and Korea provide improve job training through tele-communication. Digital aids can help personal care workers with health-related tasks, such as monitoring blood pressure.</td>
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<td>OECD (2020) Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, OECD Publishing. (continued)</td>
<td>Tenure in LTSS jobs is two years less than in employment overall. The LTSS sector has fewer promotion opportunities than in the hospital sector and workers in the former often leave to work in hospitals. Two-thirds of OECD countries identify LTSS worker retention as a major policy challenge. Facing the workforce challenge requires improving working conditions and training, use of technology and care coordination, and prevention policies to delay a person’s need for LTSS. OECD countries have taken three approaches to addressing the shortage of qualified LTSS workers. They are: attracting new workers to the field, enhancing job quality and training, and increasing the effectiveness of services through technology and care coordination.</td>
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<td>The U.S. extended minimum wage to home care workers in 2015, and Korea gave allowances that increased their wages. Several countries have tried to improve the work environment. The Netherlands instituted stress management programs, Japan counseling services, and the U.S. mentoring programs. Self-managed teams in the Netherlands, Australia and Japan give nurses more autonomy to decide the type and amount of care each client needs. Some countries have increased worker training in geriatrics, and coordination and communication skills.</td>
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<td>Ochieng, K., Chidambaram, P., Garfield, R., &amp; Neuman, T., (January 2021) Factors Associated With COVID-19 Cases and Deaths in Long-Term Care Facilities: Findings from a Literature Review. Kaiser Family Foundation.</td>
<td>The issue brief reviews 30 studies between April 2020 and January 2021 related to COVID-19 deaths in long-term care facilities. Nursing facilities with higher staffing levels were associated with fewer COVID-19 cases or deaths in the facilities. This relationship is particularly important in containing cases and deaths once the disease has entered a facility.</td>
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<td>O'Neill, D., Briggs, R., Holmerová, I., Samuelsson, O., Gordon, A. L., &amp; Martin, F. C. (2020). COVID-19 highlights the need for universal adoption of standards of medical care for physicians in nursing homes in Europe. <em>European Geriatric Medicine, 11</em>(4), 645–650.</td>
<td>Fifty-five percent of long-term care workers work in institutions. More than 90 percent of workers are women. The pandemic is highlighting the challenges affecting the long-term care workforce because the staff often do not have appropriate training in infection control. Temporary employment results in job insecurity. Many LTSS workers do shift work, which is associated with burn out, anxiety, and depression. Across OECD countries, 65 percent of workers face physical risks and 46 percent face risks to their mental well-being.</td>
<td>In response to the pandemic and its impact on nursing facility residents, the European Geriatric Medicine Society updated its standards for medical care in facilities. These standards are: • Facilities should have clinical leadership commensurate with the needs of their residents to ensure appropriate coordination of health and LTSS. • Physicians serving residents should have formal competence in geriatric care or old-age psychiatry given the complexity of residents' care needs. • Nurses also need gerontological training, which includes dementia and palliative care topics. Direct care workers should have training in the conditions residents have.</td>
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<td>Ontario Ministry for Long-term Care, Long-term Care Staffing Study Advisory Group, (June 2020) Long-term Care Staffing Study</td>
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In the U.S., about 3 million home health and personal care aides provide care to people with serious illnesses living in the community. Two million are personal care aides and 800,000 are home health aides. The number of workers in these occupations is projected to grow by 40 percent between 2016 and 2026.

Personal care aides provide assistance with daily activities and home health aides provide short-term care to manage a medical condition or rehabilitation under supervision.

Consumers pay directly for the services of 63 percent of personal care aides. The rest of these aides receive payment through a combination of public and personal funds. Home health aides generally work for licensed agencies and Medicare and Medicaid cover many of their services.

Challenges to having an ample supply of qualified workers are many. The jobs have stigma, poor wages, and few benefits. In 2017, the average hourly wage for home health and personal care aides was $11.12 per hour. Home health aides generally have only 75 hours of training and state requirements for personal care aides vary, with some states not requiring any training. The Institute of Medicine called for national training standards for aides in 2008 and little progress has been made.


Retaining aides is challenging; the median turnover rate for the home care industry in 2017 was 67 percent. High turnover rates have been linked to poor quality care for clients and including increased use of hospitals. Continuity of personal care aides is linked with improvement in clients’ function. Many workers leave their jobs due to poor supervision and tend to stay in them when they work consistently with the same clients.

Aides have dangerous jobs; they experience verbal and physical abuse, and physical injuries due to the demands of their jobs. For example, back injuries occur when they have to lift clients.

Aides have unstable work schedules and part-time employment.

Aides have little opportunity for upward mobility in their jobs.