

WORKFORCE WORKING GROUP

June 4, 2010

A diverse group of professionals came together this spring to discuss long-term care (LTC) workforce and the role the LTC Partnership could have with workforce issues. The Workforce Working Group adopted the goal that West Virginia must have a trained, motivated, and ample workforce to meet the care needs of its growing aged and disabled population. Overall data suggests that West Virginia's LTC workforce currently faces challenges and likely will be inadequate to meet the state's needs as its overall population ages. The full-length report is available at: <http://www.wvltpartnership.org/workforce.htm>.

OVERVIEW OF FINDINGS

The working group attempted to evaluate 10 professions it felt could serve as a gauge of the state's community-based LTC workforce requirements. It did not address the crucial role of volunteer caregivers. The working group analyzed employment numbers, salaries and projected growth, as well as educational opportunities for each profession. Based on its analysis, the working group reports the following findings and recommendations.

- All 10 professions are indispensable to the state's LTC system; however, the greatest need for further study lies with investigating policy development concerning direct care workers.
- Direct care workers often make poverty-level wages and incur a significant, costly turnover rate. A majority of direct care workers are directly or indirectly employed by state programs, and thus, state policy could influence occupational outcomes.
- Data among sources regarding workforce is not always consistent. For instance, a 400 percent discrepancy exists in the number of dentists reported by the U.S. Department of Labor as compared to West Virginia Board of Dental Examiners' data.
- Physicians, physician assistants, pharmacists, optometrists and physical therapists tend to have incomes above or equal to their profession's national average. Dental assistants, social workers, licensed practical nurses, and home health aides earn less than 80 percent of the national average. Registered nurses, the largest single sector of the sample, earn 80 percent of the national average.
- In the next five years, a workforce expansion of greater than 30 percent is expected for home health and personal care aides, physical therapy assistants, and behavioral/substance abuse counselors. Single digit growth is anticipated for licensed practical nurses, dieticians, dentists, and child and family social workers.



- Formal educational opportunities vary considerably. Across the state, nursing and psychology programs have some 19 programs each, while optometry has no training program available.
- Geographic analysis shows a regionalization of healthcare delivery. Particular provider shortages exist in north central and southwestern West Virginia. Facility deficits are similar.

RECOMMENDATIONS

1. *Develop a standing committee of the LTC Partnership to study and make recommendations concerning direct care workforce.*

Membership should include representatives of the direct care workforce. Issues for the committee to explore further would include: statewide training standards, development of a certificate program, and compensation. The committee also would support the continued development of state supported recruitment and retention efforts, especially concerning underserved counties.

2. *The LTC Partnership should partner with the state and other organizations to draw down federal funding for workforce development.*

The Partnership should assist the Governor's Office of Health Enhancement and Lifestyle Planning and other organizations in securing federal workforce funding provided for in recently enacted health reform legislation. Worthwhile opportunities include funding to develop a centralized statewide system of health workforce data. Improved data assimilation could enhance the planning and design of educational programs by the Higher Education Policy Commission and the Community and Technical College System.

3. *Conduct a study to determine the appropriate provider to care recipient ratios needed to provide comprehensive care to older adults and people with disabilities.*

Realistic workforce projects require an understanding of the care models that will be used to deliver services and supports. The Partnership's study should be focused on care models for all levels of care needed. Appropriate minimal provider types and numbers per care recipient should be established and the models used to guide policy development.

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