

**FOR IMMEDIATE RELEASE**

## **INSTITUTE OF MEDICINE REPORT RECOMMENDS IMPROVING DIRECT-CARE JOBS**

*PHI Welcomes News, Urges Policymakers to Take Action*

**BRONX, NY, April 14, 2008**— By 2016, America will need 1 million additional direct-care workers—home health aides, nursing aides, and personal care workers—to care for aging baby boomers and growing numbers of people with disabilities. The total direct-care workforce will grow to 4 million workers, more than the total number of teachers needed to educate America's youth. This tremendous demand for direct-care services—and the challenges employers face in attracting workers to these jobs—led the Institute of Medicine (IoM) to focus specific attention on the needs of this workforce in its latest report, *Retooling for an Aging America: Building the Health Care Workforce*.

In its report, the IoM recommends improvements in training, wages, and benefits to attract and retain these frontline health workers within a field known for excessively high turnover. Specifically on training, the panel recommended increasing the federal minimum training hours for Certified Nurse Assistants and Home Health Aides to 120 hours from 75 and establishing requirements for personal care attendants to ensure that training adequately prepares these workers for the increasing demands being placed on them. And to improve financial incentives for workers to pursue careers in direct care, the IoM recommended that state Medicaid programs should use available means to improve pay and benefits for direct-care workers.

As an organization that supports quality care by improving the quality of direct-care jobs, PHI welcomes the IOM's findings. "The IOM looked specifically at direct-care workers and identified better training, wages, and benefits as critical to recruiting and retaining qualified frontline staff," says Steven L. Dawson, president of PHI. However, Dawson adds, improving these jobs—which are largely paid for by public dollars—will take political courage on the part of policymakers.

In fact, last June, Dawson testified before the IOM committee and argued that we already know "what works" in terms of keeping direct-care workers in their jobs: "There is no mystery here: If tomorrow we paid these individuals a livable income, offered them health insurance, trained them better, supervised and supported them—

listened to them—we would solve this unnecessary ‘workforce crisis’ in a matter of months.”

Building on the IoM’s recommendations—and reflecting PHI’s *Quality Care through Quality Jobs* national strategy—PHI urges policymakers to take the following actions:

### **Wages and Benefits**

- Pass “The Fair Home Health Care Act” (S2061/HR 3582) to extend federal wage and hour protection to all home care workers.
- Establish minimum standards for wages and benefits paid to direct-care workers, in order to improve the competitiveness of direct-care jobs.
- Encourage states to improve their Medicaid payment policies to ensure that public funds are targeted toward improving direct-care workers’ wages and benefits.

### **Training and Support**

- Enhance the content of entry-level training for direct-care workers, by identifying the core competencies required for workers to provide quality services to older adults in any setting, and create recognized career paths for advancement.
  - Specify the core competencies necessary for all direct-care workers, including personal care workers (for whom there are no current federal requirements), and the additional competencies needed by nursing assistants and home health aides caring for older adults with increasingly complex health needs.
  - Reevaluate federal requirements for certified nursing assistants and home health aides to ensure that they align with the specified competencies and adequately prepare these workers to address the needs of an aging society.
  - Through the competencies, create career pathways that will allow workers to advance from entry level through master level with additional specialized training.
- Expand and improve state-based training infrastructure for direct-care workers.
  - Foster a range of training venues, including community colleges, employer-based training programs, employer consortia, and new private/public regional training intermediaries.
  - Support train-the-trainer programs to improve the ability of nurse educators and others responsible for direct-care worker training to deliver adult learner-centered programs.

- Encourage peer mentoring programs that support ongoing learning opportunities for new workers, and cultivate the experience and leadership of senior aides.

Dawson called the IOM's chapter on the direct-care workforce a "major step forward" toward solving the caregiving crisis that our nation faces.

And, he expressed hope that the fortunes of direct-care workers are now changing. "In the past, public policymakers have ignored direct-care workers. I'm hopeful that now, with the IOM's report shining a light on these essential workers, we can improve the quality of direct-care jobs, in order to improve the quality of care."

*For more information on PHI's Quality Care through Quality Jobs frame and its recommendations for improving direct-care worker training and compensation, visit: [www.PHInational.org](http://www.PHInational.org).*

*Also visit the IOM at [www.iom.edu](http://www.iom.edu) to see the full report.*

**About PHI:**

PHI ([www.PHInational.org](http://www.PHInational.org)) works to improve the lives of people who need home care and residential care—by improving the lives of the workers who provide that care. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect and independence. In a special initiative, the PHI *Health Care for Health Care Workers* campaign is working to improve direct-care worker's access to health care benefits ([www.coverageiscritical.org](http://www.coverageiscritical.org)).

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