

PREFACE

This is a book about long-term care and the challenges we will face as the need for it grows dramatically with the aging of the baby boom generation. Of the many facets to this issue, I focus here on the direct care workers who deliver long-term care and do so by placing their circumstances in the context of the larger long-term care system within which they operate.

Without a direct care workforce, there is no way to meet the looming need, yet today these workers are poorly trained, poorly compensated, disrespected, and restricted in their duties. This state of affairs is problematic for several reasons. First, we will need to attract many more people to the field as demand grows, but today's pay and work conditions make that a hard sell. Second, as the book will show, improving the jobs would improve care and reduce health care costs, neither of which is likely to happen without such improvement. Finally, with no shift in the nature of direct care work, these workers will continue to swell America's large low-wage workforce, and the corrosive inequality that characterizes the job market will become even more entrenched.

There are two fundamental challenges to improving direct care jobs. The first is what might be termed cultural or attitudinal. Many of the key actors in the system have little respect for long-term care workers, and this disrespect is an important obstacle to any effort to improve the job. Other obstacles are more practical: care delivery is so extraordinarily complicated and piecemeal that the term "system" is hardly appropriate, conveying as it does a misleading impression of order and logic. The system's complexity makes any reform difficult to implement. Similarly, financing arrangements are difficult to under-

stand and even harder to align in ways that would lead to reforms. To make matters even worse, the interests of some important actors in the long-term care system occasionally compete with those of long-term care workers or obstruct efforts to improve their jobs.

The objective of this book is to examine these issues and make the case that improving the jobs and circumstances of direct care workers is both desirable and feasible. The book's analysis and argument unfold in three steps. First, I describe the long-term care workforce, detailing who they are, what they do, how they are treated and viewed, and the nature of the labor market within which they operate. Next, I provide evidence of the feasibility of enhancing long-term care workers' skills and expanding their scope of practice, and I argue that doing so will improve care, attract the workforce we need, and reduce system costs. Finally, I describe the considerable obstacles to accomplishing these goals, as well as the reasons to think that they can be overcome.

Importantly, I argue in this book that the challenges of the long-term care workforce cannot be addressed without understanding the larger system in which these workers are embedded. Without such an understanding, we can neither see the opportunities for change nor manage the pressures pushing for and against reform. In discussing the extremely complicated direct care "system," however, I try to strike a balance by providing enough detail on its institutions without burying the reader in unnecessary complexity. I refer the reader to the notes and appendices for more in-depth discussion and detail.

Throughout the book, I draw on a wide range of evidence, analyzing several nationally representative surveys as well as a wide range of administrative data (see appendix E for a description of my methods). In addition to these "hard" data, I conducted just under 120 interviews with a wide variety of actors in the long-term care system: direct care workers, providers, government officials at the federal and state levels, foundation staff, consultants, members of public interest groups and unions, doctors, lawyers, and insurance company representatives. The majority of the interviews were taped and transcribed, while for others I relied on careful note-taking.

Addressing the challenge of meeting the growing demand for long-term care and reforming the long-term care workforce is part of the larger topic of health care delivery, around which, it must be acknowledged, there is now considerable uncertainty owing to the outcome of the 2016 presidential elec-

tion. Whatever its political fate, the (sad) fact is that the Affordable Care Act of 2010 did relatively little to address long-term care challenges, and hence there is little in this arena that can be undone by those political actors who propose repealing the act. That said, Washington will become even more passive on this front and the locus of policymaking will continue to shift to the states. If Medicaid is further devolved to the states this will become even more likely.

The argument of this book is that expanding the role of direct care workers will save the system money, both by obtaining better health outcomes—thereby reducing visits to emergency rooms, hospitals, and nursing homes—and by shifting some tasks to lower-paid occupations. This argument that costs can be reduced even as the quality of care is improved should be just as compelling to governors and legislatures as to policymakers in Washington.

A final note: although this book focuses on long-term services and supports and the direct care workers who provide them, there is an important generalization. A central challenge facing the nation is that roughly one-quarter of working adults in the United States are in poverty-level jobs.¹ What to do about the size and persistence of this large low-wage workforce is an increasingly urgent question, not just in the academic and policy worlds but also in America's politics. The stagnation of earnings and blocked mobility out of the bottom of the job market have come together to thrust an otherwise abstract discussion into the center of our national political debates.

The policy and political discussions about addressing low-wage work have focused on two main strategies: raising the minimum wage and improving the skills of the workforce. These are certainly important steps to take, but they are also inherently limited. The minimum wage will not offer a true living wage, and improving human capital will not, over any reasonable time horizon, create more good jobs.

In seeking to add to the repertoire, I have developed a strategy that I believe is a model for thinking more generally about improving low-wage work. If we are serious about transforming work and making good jobs out of bad ones, then we need to examine, on an industry-by-industry basis, the labor market circumstances of employees, the incentives facing employers, and the larger legal, political, and regulatory systems within which they operate. What combination of incentives, exposure to new ideas, availability of skilled workers, regulatory reform, and pressure will lead employers to rethink how

they organize their work and structure their production? With this understanding in hand, we can think about practical strategies for upgrading the jobs of low-wage workers and improving their economic outcomes. With the aim of doing exactly this for direct care workers, this book offers a model for improving work across the board.