

November 7, 2007

Dawn Morrell
Washington State House of Representative
Rick Hall
Executive Director, Home Care Quality Authority

Dear Co-chairs, Representative Dawn Morrell and Rick Hall:

Thank you for your efforts to facilitate a collective decision among the stakeholders concerned with the future of long-term care (LTC) in the State of Washington. Since tomorrow is the last meeting, after reviewing the meeting materials and observing the group process, I would like to share some thoughts.

◆ **The meeting materials**

I've attended several of the group meetings and have seen the dedication and commitment to improve LTC in Washington. I'm impressed by the thorough review of the literature by Ms. Brooks from the Navigator Group. She was also helpful when I was looking for detailed information about "the retention rate" after confusion and disagreement arose among attendees in a September meeting.

◆ **A system change requires multiple factors**

When we strive for a more reliable and higher quality of LTC work force to serve the current and future care recipients, we must pay attention to multiple factors and not just the training aspect.

The available literature suggests that training itself does not solve the existing problems of turn-over rate and retention/recruitment issues. In addition to improving current compensation (e.g., wage increase, vacation, work hours, health insurance, etc.), supervision/mentorship and a new system of management/oversight would be just as important as the training component. A model of effective supervision/mentorship and team work is very important because LTC workers do not experience some sort of compartmentalized "dementia", "mental health", or "developmental disabilities" in everyday life.

◆ **Cross-system collaboration to deal with mental health issues in LTC**

A recent suicidal incident occurred at Spring Manor boarding home in Seattle serves as a realistic example of what is facing the State of Washington. The boarding home was poorly managed. We know that over 50 residents with chronic mental illnesses were cared for by just one caregiver. This was due to poorly paid subcontracting for the Community House Mental Health Agency by the King County Mental Health Division. Training about mental health care in LTC settings is often neglected because of very little interests among professionals and lack of collaboration between state agencies and departments. Enhancing a cross-system collaboration is critical.

◆ **Accumulation of research evidence to evaluate the effectiveness of a new model**

How do we know a new LTC worker training and certificate model is effective? Simple research activities and data could be very important and very doable in assessing effectiveness and/or the need for change. At the present time, the State of Washington (and other states) lack research activities in this regard. We do not even know what the turn-over rate is for the total LTC workforce in the State of Washington. Is Washington State superior to the national average which is reported to be 60-70%? To date, we do not know the actual turnover rate for the total LTC workforce in Washington. What we know are turnover rates for two subgroups: individual providers (37%) and consumers of Aging Disability Service Administration (34%). In addition, the survey conducted by Washington State University involved a small sample. Thus, it is crucial to obtain base-line data for targeted outcomes (e.g., turn-over rate, quality of care, worker's satisfaction, etc.) in order to objectively evaluate a new model which the working group would generate.

◆ **Projection for LTC workforce to prepare for the demand**

Family caregivers are the mostly reliable, committed, and competent. However, the traditional LTC workforce is expected to be less promising because of the growth of female employment, childlessness, seniors without children, a decline in family size, and a high divorce rate. With my personal and professional experience in working with family caregivers, I understand how long-term family caregiving can affect the family. Without adequate respite care provided by professionals, many family members become vulnerable to physical illness, injury, symptoms of depression, anxiety, irritability, and in some cases, abuse. The future of LTC workforce is expected to rely, unfortunately, on increasing numbers of non-family paid workers.

◆ **A State-wide research regarding caregiving and LTC financing**

How to finance the future of America's LTC is a major focus of the Washington State LTC task force and is closely related to a reform of LTC worker training. Currently, our research team is conducting a state-wide survey involving a partnership with the Washington State Governor's Office relative to LTC financing. The survey focuses on how Washingtonians perceive the future of family caregiving, LTC planning and financing, and other important factors such as health status, and finally, knowledge regarding LTC costs and common diseases. We hope to provide data in the early Spring and be able to assist the State in adding valuable research findings to inform policy makers.

I hope that the LTC workers training working group will be willing and able to voice the complexity of the issues and will advocate for the multi-factor system change, not just training. Any new model which the working group suggests should have measurable effects on turn-over rate, quality of care, worker's satisfaction, and so on.

Thank you for taking your time to consider these points.

Sincerely,

Michiko Iwasaki, Ph.D.
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