# The Caregiving Crisis: Significant Changes Needed to Fill the Void of Caregivers in North Carolina Nursing Homes

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**Any discussion of North Carolina's frontline health care professionals must include a focus on those providing long-term care in nursing homes, assisted living facilities, and other settings. Who are these caregivers, what type of care are they providing, and why is there a shortage facing this workforce? And, most timely, how has the COVID-19 pandemic impacted these issues?**

## Introduction

North Carolina's incredibly hardworking long-term caregivers provide the most intimate of daily personal and health care needs to people recovering from severe acute illness and the frail and elderly who can no longer adequately care for themselves. COVID-19 has shone a light on the challenges facing the long-term care industry, including a dire shortage of caregivers. North Carolina must treat long-term care professionals as equal partners in health care and invest more resources to grow the workforce so we can meet the coming tidal wave of North Carolinians who require long-term care.

## Long-term Care in North Carolina[a]

Long-term care covers a range of health and personal care services that enable frail older adults and people with limited capacity for self-care to maintain or return to their daily lives. This includes assistance with bathing, dressing, eating, and toileting, as well as health restoration and maintenance care. Those who need the most comprehensive care typically receive it in a skilled nursing facility (SNF), also known as a nursing home. These facilities provide medical care, including rehabilitation and nursing care, as well as meals and 24-hour assistance. This type of care "can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel" [1].

North Carolina has 423 SNFs [2] with 45,272 beds [3]. The average patient is 78.9 years old and needs partial or total assistance with 4.41 activities of daily living, ranking North Carolina in the top 10 nationally for care needs [4]. Some require this level of care for only a short time following a hospital stay, but most live in SNFs permanently because they need constant supervision and care until the end of life [5].

Similar levels of care can be provided in an individual's residence on a part-time or "intermittent" basis by a home health agency or a Program of All-Inclusive Care for the Elderly (PACE) provider [6, 7]. Home health services include rehabilitation and nursing care and part-time home health aide services, but generally do not include 24-hour care, meal delivery, homemaker services, or custodial or personal care [7]. PACE provides similar services based out of a PACE Center hub, which includes an adult day health program [6].

The care provided in nursing homes and by home health agencies is predominantly medical in nature and is under the direction of, and pursuant to plans of care developed and monitored by, a doctor or an interdisciplinary team that includes the patient's physician. For individuals who need more personal (rather than medical) care, assisted living or residential care facilities and home care or hospice agencies are options. Individuals in assisted living facilities usually live semi-independently and receive assistance with personal care and other services from facility staff or via a home care provider.

There are 1187 assisted living facilities in North Carolina,

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[a] While this article intends to focus on post-acute and long-term health care services used primarily by the elderly, it is important to note that there are also care providers delivering services to individuals with intellectual disabilities, developmental disabilities, mental illness, and substance use disorders in 3222 licensed facilities, including 337 intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDD), and other settings throughout North Carolina. See https://info.ncdhhs.gov/dhsr/mhlcs/mhpage.html and https://info.ncdhhs.gov/dhsr/data/mhllist.pdf.

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and about 50% of these facilities have six or fewer beds [3]. The majority of the residents are older than 75 and generally need personal care assistance [8].

Individuals who receive long-term care in their private residence generally do so through a home care agency or individual provider agency. Home care includes nursing and in-home aide services, among others, and individual care is based on licensure, where applicable. There are more than 2275 of these agencies in North Carolina [9].

## North Carolina's Long-term Caregiver Workforce

Long-term care is provided by individuals who are licensed or trained to perform physician services, nursing, rehabilitation, laboratory and radiology services, pharmaceutical services, nutrition and dietary services, activity services, or social services.

While there are many different disciplines involved in delivering long-term care, the majority are in nursing. This includes registered nurses, licensed practical nurses, and nurse aides, who collectively serve as the backbone of North Carolina's long-term caregiver workforce.

Nurse aides account for the largest number of front-line long-term caregivers [10] and provide the largest percentage of daily care [10]. These unlicensed aides provide assistance with bathing, mouth care, skin care, dressing/undressing, turning and positioning, transferring to and from bed, feeding, bowel and bladder retraining, wound care and drainage, safety care, and vital signs. Suffice to say, this intensely personal care directly impacts a patient's or resident's quality of life and quality of care.

## North Carolina Faces A Long-term Caregiver Shortage Crisis

North Carolina had 119,090 unlicensed personnel working in long-term care settings in 2019, according to PHI [11]. This included 56,780 nursing assistants and 62,310 home

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health/personal care aides [11]. These individuals are overwhelmingly female (92%) [12] and a majority are Black or African American (52%) [13]. They have a median age of 42 [14], and 28% have children under the age of 18 [15]. Most attended some college, but have no degree (42%), while 17% have an associate degree or higher, 31% graduated high school, and 10% did not graduate high school [16].

Despite the incredibly important care they provide, these individuals live in very challenging circumstances. The median hourly wage for these long-term caregivers is $10.31 in home care, $11.44 in an assisted living facility, and $12.67 in a SNF [17]; less than half receive health insurance from their employer [18]. Nearly half of these individuals (44%) rely on public assistance [19], and more than half (53%) live below 200% of the poverty level [20]. According to one study, nearly 20% of long-term caregivers hold a second job, working an average of more than 20 hours per week [21]; 61% of those surveyed also perform a significant amount of unpaid caregiving [21]. Before the COVID-19 pandemic, in real terms, their wages had not materially increased in a decade [17].

A combination of low wages and challenging work has produced a crisis in North Carolina—North Carolina Nurse Aide Registry data show the number of individuals serving as nurse aides has dropped by nearly 20,000, or 16%, since 2015 [22]. According to PHI, at least 4000 of these individuals have left caregiving entirely, while some appear to have transitioned to assisted living, where a frontline caregiver is not required to be a nurse aide [11]. Given this, it is no surprise that a 2020 study by the North Carolina Area Health Education Centers (NC AHEC) found that nurse aides represent the greatest shortage in the state's health care workforce [23].

As thousands of caregivers left long-term care in the years before the COVID-19 pandemic began, the number of nursing homes that rely, in part, on staffing agency sup-

port increased 64% [24], and the amount of patient care those agencies provide skyrocketed from a median average of .4% in 2015 to 4.5% in 2019—a 1100% increase in four years [24]. And still, at least 60% of North Carolina nursing homes reported a shortage of nurse aides during the pandemic [25], and nearly 100 facilities across the state continue to report nurse aide shortages to the Centers for Disease Control and Prevention (CDC) weekly [26]. The challenge is most acutely felt when trying to staff night and weekend shifts.

**Why Are We in This Crisis?**

A 2020 study conducted by Appalachian State University found a majority of nurse aides were very dissatisfied (24%) or dissatisfied (31%) with their pay [25]. The previously mentioned NC AHEC study also cited insufficient wages as a leading factor behind the shortage of nurse aides [23].

Even before the COVID-19 pandemic, the low wages paid to these long-term caregivers made the role increasingly unattractive within health care and relative to other industries. State-operated health care facilities and private hospital and health care systems, such as Duke Health [27] and Novant Health [28], pay a minimum of $15 per hour and tend to offer more comprehensive benefits. Outside of health care, many retail and other sectors pay $15 per hour or more for entry-level positions that require no training. That's significantly higher than the median wage of $11.44 per hour earned by frontline long-term caregivers [17].

**How Can We Address This Problem?**

We must begin treating these individuals like the health care professionals they are. That involves marked improvement in at least four areas.

***Wages.*** First, wages must be materially increased, and improved benefits—including sick leave and paid time off—should be more widely offered. This is not something long-term care employers can do without increased government funding.

Clifton Larson Allen (CLA)'s 2020 analysis of data collected by the federal Centers for Medicare and Medicaid Services (CMS) through 2019 showed at least half of North Carolina nursing homes have been operating at a loss every year since 2017 [29]. More than 100 facilities, which care for approximately 25% of the state's nursing home residents, have had operating margins worse than -5.3% over each of those three years [29]. SNFs have increased nominal wages each year despite the losses [30]. The ability to pay higher wages and remain in business doesn't exist without additional government support. The largest payer by volume of patient days is North Carolina Medicaid, which pays for two out of every three days of nursing home care provided in North Carolina [31]. Nationally, those payments do not cover the cost of care [32].

According to a North Carolina Health Care Facilities Association analysis, data show that each year North Carolina nursing homes collectively spend $172 million more than the state pays them to care for residents enrolled in the Medicaid program. That translates into an average shortfall of $20.54 per day, resulting in an average facility shortfall of nearly $413,000 per year (NC Health Care Facilities Association, Medicaid Rate Shortfall Analysis of Information Produced By the North Carolina Division of Health Benefits [the NC Medicaid Agency], May 2020. On file with author). This shortfall is growing.[b]

Sadly, North Carolina continues to rank last among all Southeastern states in Medicaid funding for nursing home care. When compared to its immediate neighbors, North Carolina's reimbursement rate for daily nursing home care (non-COVID) lags 15.5% behind South Carolina, 10.4% behind Tennessee, and 7.2% behind Virginia (Table 1). Increasing Medicaid reimbursement rates so they are at least on par with surrounding states is the first step in improving pay and benefits for long-term caregivers.

***Legal immigration.*** Policy makers should prioritize long-term caregivers for professional visas. Today, 98% of North Carolina's long-term caregivers are US citizens, with 95% being citizens by birth, compared to 17% of Florida's caregivers being noncitizens [33]; Georgia and Virginia also have greater portions of noncitizen long-term caregivers, at 6% and 9%, respectively [34]. North Carolina should take steps to appeal to immigrants and new citizens, including helping with access to employment and wraparound services to make settling in North Carolina seamless.

Legislation recently filed in Congress, the Healthcare Workforce Resilience Act, would allow nurses and physicians to access otherwise unused visas to enter the United States during the COVID-19 national emergency. This bill is

**TABLE 1.**
**Southeast United States – Medicaid Reimbursement Rates Pre-COVID Figures for Daily Nursing Home Care**
North Carolina pays, on average, a net rate of $181.89 per day.

| State | Percentage Above North Carolina Net Rate |
|---|---|
| South Carolina | 15.5% |
| Mississippi | 13% |
| Tennessee | 10.4% |
| Kentucky | 6.0% |
| Florida | 15.1% |
| Alabama | 12.3% |
| Virginia | 7.2% |
| Georgia | 0.5% |

Source. Georgia Health Care Association, Summary of Southeast Region Medicaid Rates FY 2021 (using data reported by those states' Medicaid agencies), January 2021. On file with author.

[b] Compare $20.54 per day shortfall in May 2020 analysis to $17.10 per day shortfall reported in 2018.

a good step, but it should be expanded to include long-term caregivers (e.g., nurse aides), and it should be a permanent priority, not just a temporary COVID-era measure.

***Educational reform.*** We must create better pathways into long-term caregiving, linking those interested in this profession with prospective employers and offering more employer-sponsored training. The existing education requirements for nurse aides present obstacles for recruiting new caregivers. They often involve waiting for a scheduled course at a community college, traveling some distance, experiencing a period of nonemployment, and receiving a generalized health care education.

More onsite training and apprentice programs that allow prospective caregivers to receive on-the-job training in the setting in which they will provide care, with those with whom and for whom they will care, would be a big step forward. The Temporary Nurse Aide [35] program employed following the onset of the COVID-19 pandemic is a model that should be expanded, and the outdated law that prevents many SNFs from offering their own nurse aide training programs should be revised, consistent with legislation filed repeatedly over the past several years [36].

While the COVID-19 pandemic may lead many to call for additional training requirements, that is not what is needed. Instead, we must reduce barriers to entering this profession and increase the number of individuals trained and providing care in this setting. That will lead to improved quality of care by reducing turnover and increasing staffing levels.

***Respect for long-term caregivers.*** Finally, society at large should recognize these professionals as the integral part of the frontline health care workforce they are. At the start of the pandemic, many health care workers and other frontline essential workers were hailed as heroes—and rightly so—on television newscasts, billboards, and yard signs. But long-term caregivers were often overlooked, or worse, blamed.

Consider the contrast between these two headlines from the New York Times: "'They're Death Pits': Virus Claims at Least 7,000 Lives in U.S. Nursing Homes," regarding long-term caregivers [37] and, "Meet the Heroes Fighting on the Front Lines Against Covid-19. Watch the doctors and nurses trying to save us from the coronavirus as they risk their own lives—and those of their families," about caregivers in other settings [38]. They are emblematic of the way caregivers in long-term care settings were portrayed during the COVID-19 pandemic. Media reports often placed blame on long-term care facilities and caregivers for COVID infections, combing through historical documents in an attempt to link new cases to some past action. Yet, research found the most significant factors affecting COVID cases in nursing homes were the prevalence in the community and the size of the facility [39, 40].

Throughout the COVID-19 pandemic, frontline long-term caregivers have continued to provide intimate medical and personal care, while simultaneously implementing a constantly evolving set of regulations and guidance documents designed to protect residents and treat those infected with the disease. These same long-term caregivers have also taken on new responsibilities, becoming the primary source of human interaction and emotional support for residents unable to receive visitors. In short, they have spent months working long hours and providing care that has taken a physical and emotional toll.

These long-term caregivers in nursing homes, assisted living facilities, and other residential care settings continue to successfully navigate a once-in-a-lifetime global crisis and have helped nearly 50,000 North Carolinians so far successfully recover from COVID.

These are the actions of health care heroes, and all North Carolinians should recognize them as such.

Meaningful progress in these four areas will treat long-term caregivers as the health care professionals they are and enable North Carolina to mitigate the crisis in its long-term care workforce. With the number of North Carolinians aged 85 and older projected to more than double over the next two decades [41], this is truly an imperative.

## Conclusion

Navigating current and future challenges in long-term care requires attracting thousands of new long-term caregivers. North Carolina must develop a well-paid, more stable workforce of caregivers by increasing funding, opening new career pathways, reforming educational requirements, and providing a renewed sense of respect and appreciation for the difficult and important work these professionals provide to our state's most vulnerable individuals. NCMJ

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