

LeadingAge Kansas 2022 Candidate Listening Tour

Welcome

 *LeadingAge*[™]
Kansas



I fear for our senior population. I fear communities are going to close. Then what are the counties, states going to do? Where do you go from there?

- Aimee Ouellette
Healthcare Recruiter



Skyrocketing Costs + Reduced Staffing = Reduced Access to Care

Reduced Access to Care = Unmet Needs

Unmet Needs = Diminished Quality of Life

An Overview of Aging Services in Kansas

Nursing

Provides comprehensive nursing, medical, social and rehabilitative care, around the clock.

- There are **304 sites across 97 counties** in Kansas providing essential long-term care and support to as many as 18,000 people.
- Supports around 33,000 jobs in Kansas, including around **23,000 jobs directly** in provider organizations.

Assisted Living

Provides help with everyday things, such as bathing, getting dressed, taking medicine, cooking, shopping, housekeeping, and getting around. An option for people who may require some assistance but do not need nursing care.

- There are around **133 providers** across the state.
- Supports just under **5,000 jobs** statewide.

An Overview of Aging Services in Kansas

Home Care

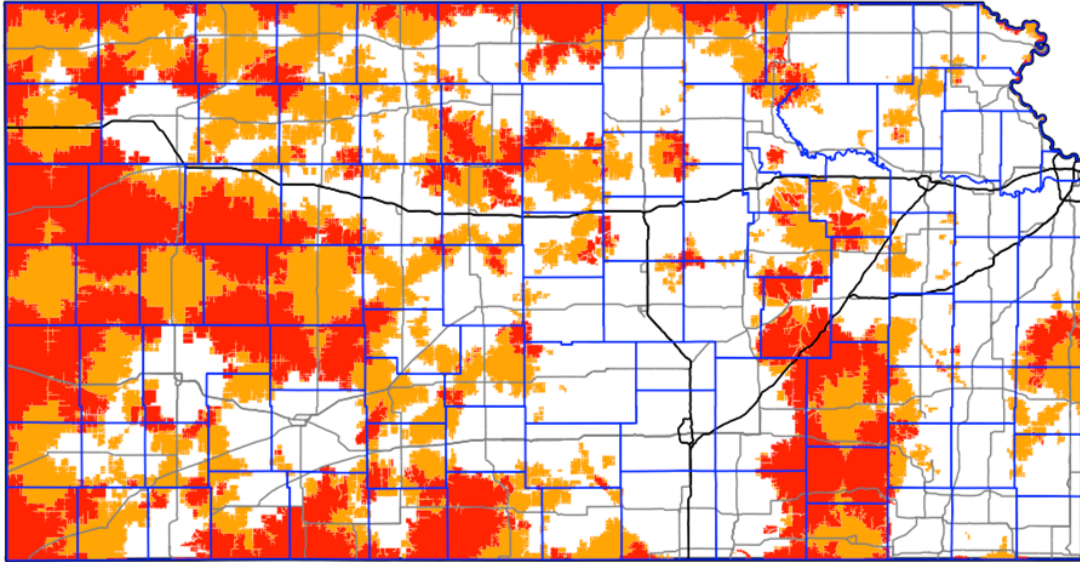
Professional care that allows older adults to age in place by providing specialized services in their home. Services include personal care, chores, meal assistance, and health care.

- There are around **277 providers** across the state.
- These providers support around **10,000 jobs** statewide.

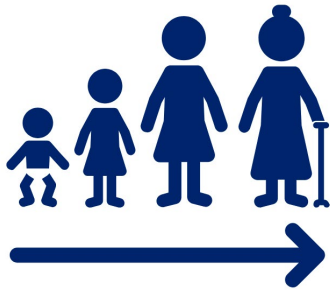
Other Services

A broad range of community-based services, that provide services and supports to older Americans outside their homes. This includes, among other things, PACE and Adult Day services.

Nearly 85,000 Kansans live in areas with only one nursing home within a 30 minute drive...



We face numerous challenges...



Aging Population



Workforce Shortage



Skyrocketing Costs

...that risk older Kansans' access to essential care.

The country as a whole is rapidly aging...

Population by Age Group: Projections 2020 to 2060

The population is projected to reach 404 million by 2060.
(In millions)

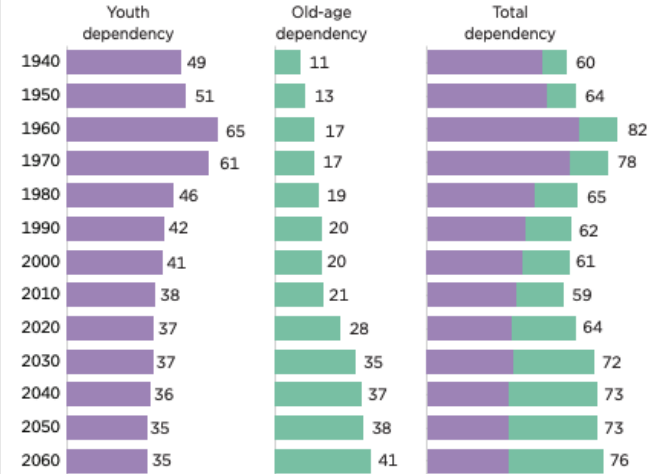
Characteristic	Population						Change from 2016 to 2060	
	2016	2020	2030	2040	2050	2060	Number	Percent
Total population	323.1	332.6	355.1	373.5	388.9	404.5	81.4	25.2
Under 18 years	73.6	74.0	75.7	77.1	78.2	80.1	6.5	8.8
18 to 44 years	116.0	119.2	125.0	126.4	129.6	132.7	16.7	14.4
45 to 64 years	84.3	83.4	81.3	89.1	95.4	97.0	12.7	15.1
65 years and over	49.2	56.1	73.1	80.8	85.7	94.7	45.4	92.3
85 years and over	6.4	6.7	9.1	14.4	18.6	19.0	12.6	198.1
100 years and over	0.1	0.1	0.1	0.2	0.4	0.6	0.5	618.3



By 2034, there will be more older Americans than children for the first time in history.

Figure 2.
Dependency Ratios for the Population: 1940 to 2010, Projected Ratios 2020 to 2060

By 2020, there are projected to be two dependents for every three working-age adults.



Note: Dependency ratios are a measure of potential burden on the working-age population.
Youth dependency ratio = (population under 18 / population aged 18 to 64) * 100.
Old age dependency ratio = (population aged 65 and older / population aged 18 to 64) * 100.
Source: U.S. Census Bureau, 2017 National Population Projections, 1940-2012 Population Estimates.

Kansas is no exception...

- By 2036, the 65+ population in Kansas will grow by 208,000. By 2066 it'll grow by 306,000.
- The 85+ population, the age group most likely to need aging services, is expected to grow 260% by 2064.

Figure 3.1a. Population Projections by Total Population, Age Group and Race/Ethnicity in Kansas, 2016–2066

Kansas	2016	2036	2016–2036 % Change	2066	2016–2066 % Change
Total Population	2,907,289	3,220,161	10.8%	3,637,037	25.1%
Age Group					
Age 14 and under	595,053	627,855	5.5%	694,996	16.8%
Age 15 to 24	417,031	424,321	1.7%	472,809	13.4%
Age 25 to 64	1,458,212	1,523,208	4.5%	1,728,517	18.5%
Age 65 and over	436,993	644,778	47.5%	740,715	69.5%
Race/Ethnicity					
White, Non-Hispanic	2,254,581	2,118,722	-6.0%	1,765,981	-21.7%
Black, Non-Hispanic	192,710	235,597	22.3%	271,921	41.1%
Other/Multiple Races, Non-Hispanic	121,517	185,141	52.4%	289,622	138.3%
Hispanic, Any Race	338,481	680,701	101.1%	1,309,513	286.9%

Source: 2016 Kansas Population Projections by Race and Ethnicity, Center for Economic Development and Business Research at Wichita State University.

Most of this growing number of older Americans will need aging services...

70%

The odds an American turning 65 today will need long-term services and support

20%

The number that will need care for over 5 years of their life.

The workforce must meet this fast growing demand...

Growing Needs

1.2

Million new direct care jobs needed between now and 2030 to keep up with rising demand.

6.9

Million existing direct care jobs that will need to be filled by 2030 as workers leave the field.

Fewer Workers in Kansas

Aging Services Overall -10%

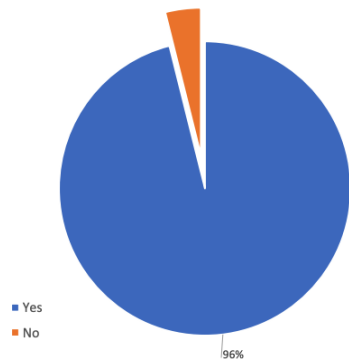
Assisted Living -14%

Residential Care -13%

Home Care -1.7%

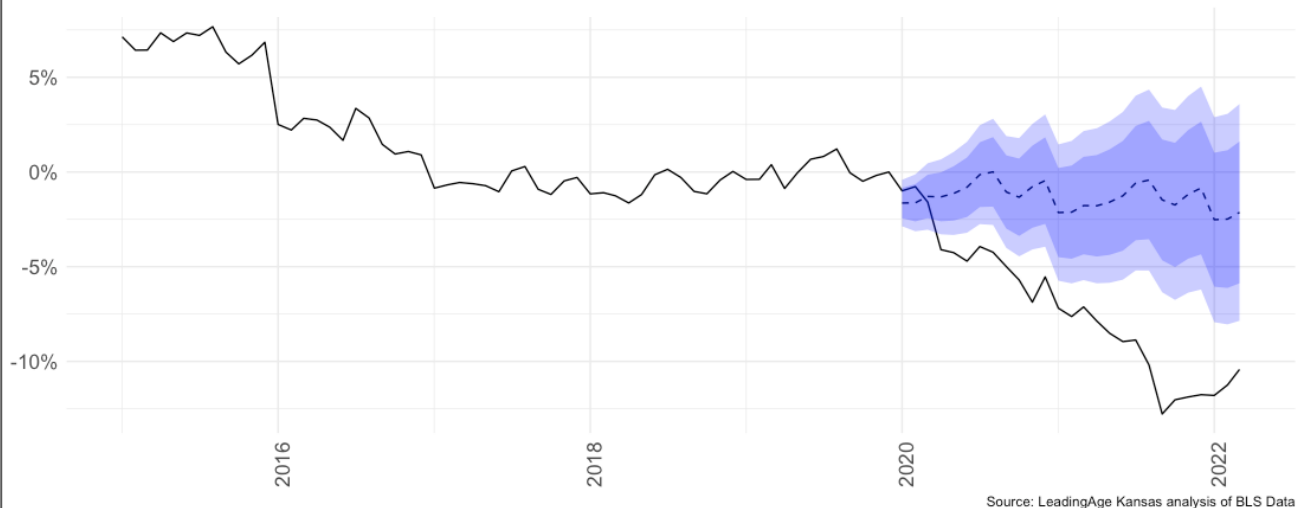
Workforce is a challenge everywhere...

96% of Providers Experiencing Staffing Shortages



Wave 44 responses were collected from July 25 to August 21, 2022
Source: NIC Executive Survey Insights

Aging Services Staffing in Kansas is 10.4% Lower Than in Dec. 2019



...the pandemic has made it worse in Kansas

We've averaged probably 18-20 open CNA positions all of this year/most of 2021. It's very disheartening because those are our direct caregivers and we need them.

- Heather Pilkinton
Administrator



We're accustomed to coming in on a Monday and having a hundred applications that applied over the weekend. Now, we're lucky if we get maybe 20, and after you do the vetting process and reach out, you're down to maybe eight, and half of those won't even show to the interview.

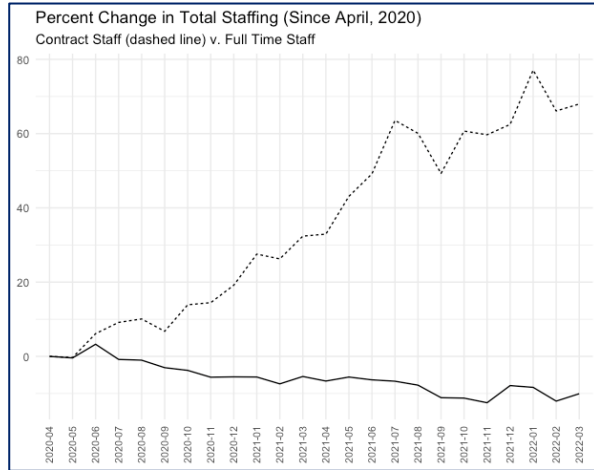
- Lisa Orsheln
Director of Human Resources

It's always one step forward/two steps back. I might hire a staffer, but two might leave, for various reasons.

- Aimee Ouellette
Healthcare Recruiter



Costs are skyrocketing...



Ageing services jobs filled by contract staff up nearly 70% since April, 2020.

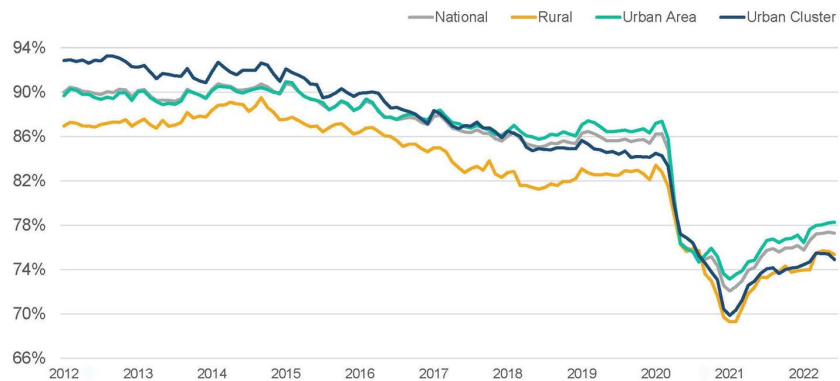
Change in Total Hours/Labor Costs 2018-2021

	RN	LPN	CNA	CMA	Total Labor	Contract Labor
2018 - 2021 Hours Increase / (Decrease)	(222,545.00) -5.49%	(503,647.00) -12.25%	(2,095,093.00) -15.98%	(730,714.00) -23.67%	(3,551,999.00) -14.58%	1,174,361.00 139.82%
2018 - 2021 Labor Increase / (Decrease)	11,941,610.00 9.48%	1,763,264.00 1.86%	5,555,181.00 3.12%	(2,567,774.00) -5.92%	16,692,281.00 3.78%	60,314,401.00 206.46%

...driven in part by increased reliance on agency staffing.

Skyrocketing Costs + Reduced Staffing = Reduced Access to Care

Skilled Nursing Occupancy
January 2012 – June 2022



Source: NIC MAP® Data, powered by NIC MAP Vision

Type of Service	% at Least Some Impact on Service	% Major Impact on Service
Personal assistance/personal care	98%	69%
Respite care	97%	59%
Home health	96%	57%
Homemaker	93%	58%
Senior center programming and operations	92%	48%
Adult day service	90%	34%
Transportation	90%	44%
Chore services	89%	41%
Caregiver services	87%	34%
Case management	86%	23%
Congregate meals	83%	47%
Evidence-based programs	82%	36%
Home-delivered meals	75%	23%

Reduced Access to Care = Unmet Needs

Impact	% of AAAs Reporting At Least Somewhat of a Problem (n=176)
Older adults experiencing social isolation or loneliness	99%
Older adults not receiving the frequency of services needed (e.g., receiving one home care visit per week when three are needed)	94%
Family and other caregivers unable to get the supports they need	94%
Older adults not receiving needed service(s) at all	92%
Older adults unnecessarily experiencing decline in health status	79%
Older adults missing scheduled medical appointments	76%
Older adults who would be able to remain living at home with supports are entering nursing homes	73%
Older adults experiencing increased hospitalizations	69%

Impact	Percent (n=176)
Larger caseloads per staff member	69%
Looked for new solutions to address workforce/staffing issues	67%
Delayed service start for new service recipients	64%
Unspent funds or underutilized units	61%
Started waitlists or have longer waitlists	60%
Delayed resumption of in-person services that were paused due to COVID-19	53%

Unmet Needs = Diminished Quality of Life

What can Kansas leaders do?

Higher Medicaid Reimbursements

Last legislative session, policymakers approved a new Medicaid reimbursement rate which was helpful but still does not fully cover the cost of care.

A provider in Lindsborg, Kansas, for example, calculated their cost for care of 70% of their residents who use Medicaid are \$50 more a day than their reimbursement rate. That provider draws down reserve funds raised from the faith community in their area to cover the daily deficit, but says this is unsustainable.



Costs went up, but we get paid the same from Medicare/Medicaid. They're not increasing their reimbursement, but the spending is more

- Ramandeep Dulku
Director of Nursing

We can't afford to spend that much on agency staff. I just hope it doesn't shut us down. We've been there for our community for a long time. I've seen bad and good years, but this time it's scary because I've not seen it like this ever, and I'm worried.



- Tiffani Green, RN

Reign In Staffing Agencies

We need accountability for healthcare staffing agencies who continue to charge Medicaid providers more than triple the going wage for essential healthcare workers during a horrendous workforce shortage. Staffing agencies frequently restrict workers' freedom to join a provider full-time.

Without new oversight and reforms, the out-of-control costs and restrictive practices of temporary staffing agencies will continue to drain taxpayer dollars and the assets of elderly people in Kansas, while delivering inferior care compared to full-time mission-driven staff and further destabilizing a healthcare system in crisis.



Almost every other agency has a clause in their contract that you have to buy out the contract to bring someone on full-time. Can be \$10k. So we can't afford to hire people who want to work for us.

- Ramandeep Dulku
Director of Nursing

It's really affecting us having agency staff canceling last minute, or not showing up—it impacts care, it impacts morale, and makes the community more tense. And we still have to pay them for the shift.



- Esther Nganga
Assistant Director, Health

Workforce Friendly Policies

Long term care providers need the legislature's help to invest in more workforce-friendly initiatives such as:

- Expansion of health care training programs, tuition assistance,
- Child care assistance
- Investment in rural communities and infrastructure,
- Removing unnecessary regulatory barriers that hinder the expansion of health care services, child care services and worker certification and licensure programs.

Being able to provide the best care for our residents, and being able to find and attract the best people. That's what we have to focus on right now.

- Lisa Orsheln
Director of HR



Taking care of people 24/7 under intense regulation is already difficult, and when you add in the heightened regulation from the pandemic...when the workforce could get jobs outside of this field altogether without the regulatory stifling...it fuels a mass exodus.

- Heather Pilkinton
Administrator

Engage, Listen and Learn



Policy makers need to know that we're 24/7 caring for human beings. This is their last journey. It's very difficult when you come up to the Amazons and Targets of the world who are paying the same kind of money you are here. We're living and breathing this 7 days a week. We don't go home and turn it off.

- Lisa Orsheln
Director of Human Resources

Nursing, the profession itself, isn't just the knowledge/skills you get in school. It's the dedication, the patients, the love of humanity. It's more of a calling to me.

- Esther Nganga
Assistant Director, Health





I worry this will be the end of small town nursing homes.
And if we have to shut down because we can't afford staff,
they're out of a home.

- Tiffani Green, RN



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