

SOCIAL WORK IN LONG-TERM CARE AND AGING: DECREASED HEALTH CARE COSTS, INCREASED QUALITY OF LIFE

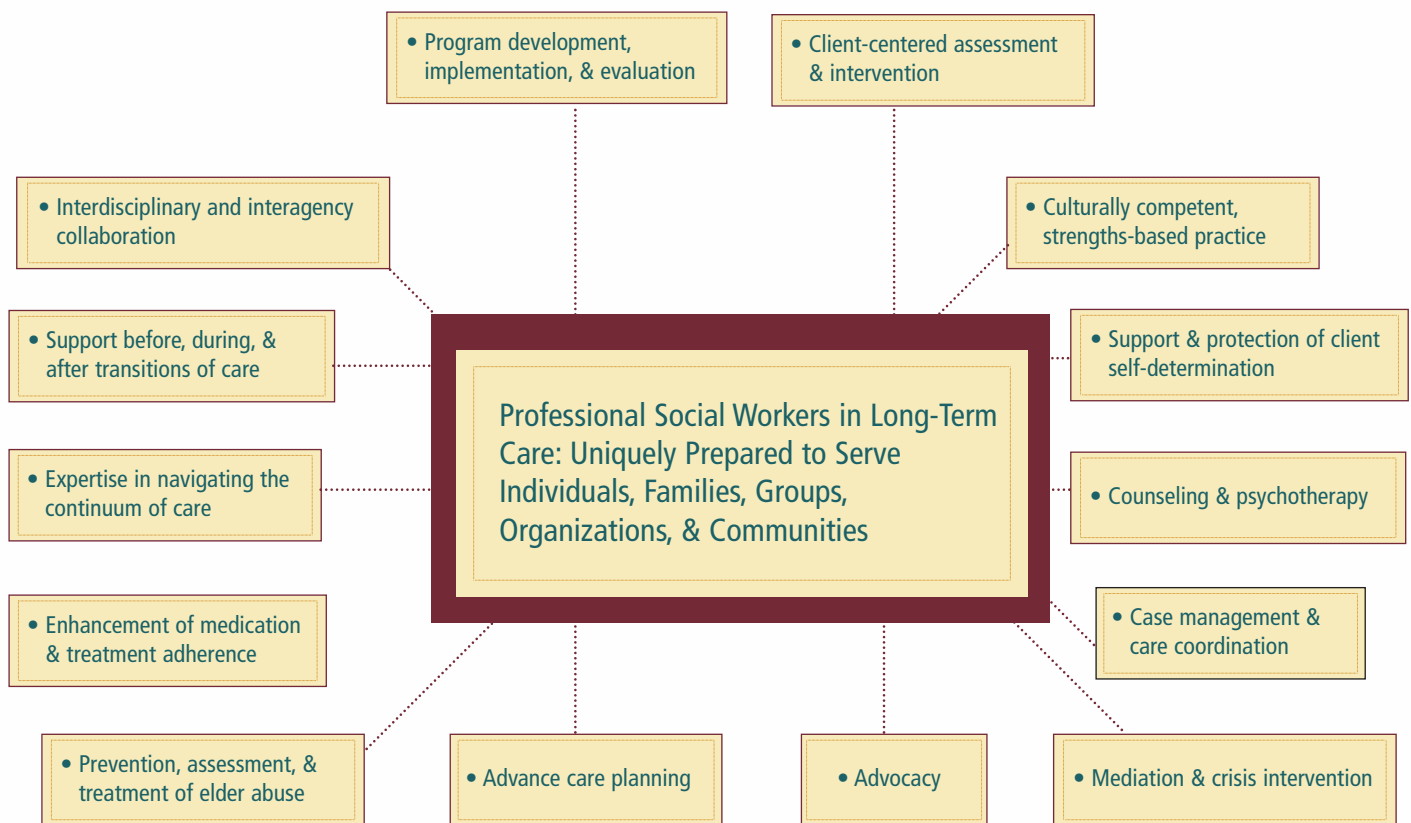
A review of studies of the cost-effectiveness of social work services in aging (Rizzo & Rowe, 2006) indicates that social work services decrease health care costs, increase quality of life for older adults, and enhance the effective use of health care services among older adults.

Psychosocial Needs of People Receiving Long-Term Services and Supports

- Sixty-three percent of people with long-term care needs are 65 years or older (Rogers & Komisar, 2003).
- Long-term care is generally defined as “the array of medical, social, personal care, and related services designed to meet the needs of people living with chronic health problems that limit their ability to perform everyday activities” (Department of Health and Human Services [DHHS], 2006). The psychosocial aspects of long-term care tend to be overlooked or minimized, however—thereby decreasing older adults’ quality of life and increasing their risk for a multitude of problems.
 - **Abuse, Neglect, and Other Forms of Elder Mistreatment:** affect one to two million older adults in the U.S.; for every reported case of elder mistreatment, experts estimate another 13 go unreported (National Center on Elder Abuse [NCEA], 2005).
 - **Depression:** the most common late-life mental health condition (Administration on Aging [AoA], 2004), frequently associated with suicide (National Institute of Mental Health [NIMH], 2007).
 - **Misuse of Alcohol, Drugs, and Prescription & Over-the-Counter Medications:** growing problem among older adults and common cause of physical and mental health problems, especially for older men (American Geriatrics Society [AGS], 2005a).
 - **Suicide:** higher completion rates among older adults than the overall population—14.3 vs. 11 per 100,000; more common among men 75 years and older than any other age/gender group (Centers for Disease Control and Prevention [CDC], 2007).
 - **Hoarding:** especially common among people with dementia (Steketee, Frost, & Kim, 2001); may threaten physical safety of people receiving long-term services and supports in home and community-based settings (Yagoda, 2003).
- Social isolation, chronic illness, physical or mental disability and dependence, and other stresses associated with aging increase the risk for late-life behavioral health problems (AGS, 2005; CDC, 2006; National Alliance for Mental Illness [NAMI], 2003; NCEA, 2005).
- Such behavioral health conditions frequently go undetected and untreated due to the complexity of older adults’ health conditions and care; ageism among health and long-term care providers; and older adults’ inability to recognize or reluctance to report these problems (AGS, 2005a, 2005b).
- Poverty, which affects almost one in ten adults aged 65 and older (and disproportionately affects older people who are Alaska Native, American Indian, Black, or Latino, and women of all racial and ethnic groups, U.S. Census Bureau, 2007a, 2007b), adds to the psychosocial stresses of aging and presents additional barriers to accessing long-term services and supports.

Role of Professional Social Work in Long-Term Care

Professional social workers help older adults and family caregivers maintain well-being, overcome problems, and achieve their maximum potential—physical, psychological, social, and economic.



Social workers provide long-term services and supports to older adults and family caregivers in a variety of settings:

- Area Agencies on Aging and “one-stop” Aging and Disability Resource Centers (ADRCs);
- Skilled nursing, rehabilitation, nursing, assisted living, and independent living facilities;
- Adult day centers and senior centers;
- Home health agencies and other home-based services;
- Adult protective services;
- Family and social service agencies;
- Geriatric care management;
- Mental health agencies and private practice;
- Employee assistance programs; and
- Hospice and palliative care.

Shortage of Professional Social Workers in Long-Term Care and Aging

- Although professional social workers provide an important safety net of services to the most vulnerable older adults (such as those 85 years and older, living in rural areas, covered by Medicaid, and living with chronic disease or physical disability), social work employers often fill professional jobs with untrained workers in high-need practice areas such as long-term care (Whitaker, Weismiller, & Clark, 2006a).
- According to a 2006 DHHS report, approximately 36,100 to 44,200 professional social workers were employed in long-term care settings, which were defined as nursing facilities, other residential care (e.g., assisted living, group, or congregate living facilities), home health, and selected community-based settings (e.g., adult day health and multipurpose senior centers). The report anticipated that approximately

110,000 social workers would be needed in long-term care settings by 2050. This number will likely increase as home and community-based long-term care options grow.

- In its 2004 benchmark study of licensed social workers across the U.S. (Whitaker, Weismiller, & Clark, 2006a), NASW's Center for Workforce Studies found that only nine percent (or 30,000) of respondents reported their primary practice area as aging, although the majority (73 percent) provide some services to adults 55 and older. The National Institute on Aging (1987) projected that up to 70,000 social workers would be needed by 2010 to serve the growing population of older adults (as cited in Institute of Medicine [IOM], 2008).
- NASW's study also found that social workers serving older adults face greater challenges than other social workers—including lower pay, higher caseloads (especially in nursing facilities and case management agencies), a greater proportion of tasks below their skill levels, and a lack of peer networks and agency support—thereby hindering their satisfaction and retention in the field (Whitaker, Weismiller, & Clark, 2006b). In the report's conclusion, NASW highlighted the recruitment and retention of social workers, especially those interested in working with older adults, as the primary challenge facing the profession (Whitaker et al., 2006a).
- In its 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, the IOM reaffirmed the growing need for gerontological social work and the low level of interest among social workers, especially those at the master's level, in working with older adults—despite several initiatives to promote education and training in gerontological social work.

NASW-Supported Legislation: Social Work, an Essential Part of the Long-Term Care Workforce

Please encourage your Member of Congress to cosponsor the following pieces of legislation.

Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act – H.R. 5447 / S. 2858

Sponsors: Representative Ed Towns (NY) and Senator Barbara Mikulski (MD)

H.R. 5447/S. 2858 establishes the Social Work Reinvestment Commission to provide independent counsel to Congress on policy issues associated with the recruitment, retention, research, and reinvestment in the profession of social work. Areas of analysis include aging, health, and mental and behavioral health and disability. The Act also funds demonstration grants related to workforce issues affecting social workers in education, practice, policy, and research. **NASW urges Members to work actively to ensure passage of H.R. 5447/S. 2858 during this Congress.**

Caring for an Aging America Act – S. 2708 / H.R. 6337

Sponsors: Senator Barbara Boxer (CA) and Representative Carolyn Kilpatrick (MI)

S. 2708/H.R. 6337 amends the Public Health Service Act to attract and retain trained social workers, other health care professionals, and direct care workers dedicated to providing quality care to the growing population of older adults.

Clinical Social Work Medicare Equity Act – S. 1212

Sponsor: Barbara Mikulski (MD)

Residents of skilled nursing facilities deserve the same access to professional mental health services as do older adults living in home and community-based settings. Clinical social workers are the largest group of providers of outpatient mental health services to Medicare beneficiaries. S. 1212, which is scored by the Congressional Budget Office (CBO) at no cost, amends Title XVIII of the Social Security Act to permit direct payment under the Medicare program for clinical social worker services provided to residents of skilled nursing facilities.

Teri Zenner Social Worker Safety Act – H.R. 2165

Sponsor: Dennis Moore (KS)

According to the Occupational Safety and Health Administration (OSHA, 2004), 48 percent of all nonfatal injuries from occupational assaults and violent acts occurred in the fields of health care and social services. Gerontological social workers who visit clients in their homes are among those at greatest risk. H.R. 2165 establishes a grant program to assist in the provision of safety measures to protect social workers and other professionals who work with at-risk populations.

Strengthen Social Work Training Act – S. 64

Sponsor: Daniel K. Inouye (HI)

S. 64 amends Title VII of the Public Health Service Act to ensure that social work students or social work schools are eligible for support under certain programs to assist individuals in pursuing health careers and programs of grants for training projects in geriatrics.

National Center for Social Work Research Act – S. 106

Sponsor: Daniel K. Inouye (HI)

S. 106 amends the Public Health Service Act to provide for the establishment of a National Center for Social Work Research. Among other provisions, S. 106 supports research in social work care for individuals and families affected by chronic illness.

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