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**Testimony of Dr. Tara A. Cortes, Executive Director of  
The Hartford Institute for Geriatric Nursing (HIGN)**

before

**The New York State Senate and  
The New York State Assembly**

**July 27, 2021**

**Nursing Home, Assisted Living, and Homecare Workforce – Challenges and Solutions**

Good Morning Committee Chairs and all Members of the Legislature present. My name is Dr. Tara A. Cortes and I am Executive Director for The Hartford Institute for Geriatric Nursing (HIGN), the geriatric hub of New York University (NYU) Rory Meyers College of Nursing. Thank you for the opportunity to submit testimony.

The pandemic and its catastrophic impact on frail older people receiving long term care services has put a spotlight on nursing homes, assisted living and long-term home care services. Many of the issues contributing to this perfect storm are long-standing and will necessitate both immediate response and a long-term strategy. Initial responses during the pandemic included an emphasis on infection control infrastructure in long term care and crisis management. Many states, including New York, stepped up their surveillance of infection control practices along with the fines for noncompliance. The Trump administration established a commission to make recommendations to improve the quality and safety of care in nursing homes. However, quick fixes and reports that have no resources to enable implementation of recommendations will only go so far. The biggest challenge in the long-term care industry is the recruitment and retention of an adequate and well-prepared workforce. This has been a challenge for years and COVID-19 exacerbated turnover as staff were out sick with the virus and others fled the workplace in fear of getting sick and infecting those with whom they lived. There are many reasons, personal and professional, why people leave jobs, but job market research has shown that most often turnover is related to 1.) compensation and benefits, 2.) education to do the required work, in this case to work with a very complex population, and 3.) leadership to foster an environment of respect and professional growth.

Setting standards for minimal staffing in nursing homes as New York State has done is one step forward to ensuring a quality standard of care for this vulnerable population. But to regulate staffing without a payment system that 1.) supports it at competitive market rates, 2.) ensures educational preparation that addresses the important role of the nurse and the direct caregiver in long-term care, and 3.) establishes standardized competencies for long-term care leadership sets up the industry for another catastrophic scenario. It is time to recognize that long-term care is an essential component of the healthcare system, and that care has become much more complex over the last several decades. There needs to be a systematic strategy to support the workforce with an appropriate financial model.

Funding of long-term care is one of the primary factors that impacts recruitment and retention of



an adequate workforce. To recruit and retain staff you need to pay at least market rate. Historically, compensation and benefits in nursing homes have been inferior when compared to hospitals. The median salary for RNs in long-term care is \$29.29/hour with a high range of \$36/hour, while nurses in hospitals have a median salary of \$32.10 with a high range of \$44/hour.<sup>1</sup> Most hospitals offer tuition aid to nurses to complete their bachelor's or master's degree in nursing while few nursing homes provide that benefit.

Direct care givers in NYS have an average annual income of \$34,500 with an average hourly income of ~\$14. A NYC Community Board 10 Testimony on *Area Median Income Calculation and Its Impact on Affordable Housing* reported that the area median income of \$68,720 for a family of four is considered low income in NYC. These direct care workers who are often the eyes and ears of the residents—are vastly undervalued and they are often forced to work one or two other jobs just to make a living wage. Unless competitive and livable wages are provided to the long-term care workforce, recruitment and retention will continue to be a challenge.

Another factor in the inability to recruit a prepared workforce to long-term care is educational preparation. Nursing educational programs emphasize the acute care of hospitalized patients reflecting the hospital-centric, disease-focused paradigm of healthcare in this country. Very often, the first clinical experience nursing students have is in a nursing home, presumably to learn how to give bed baths and take vital signs. Nursing students are not prepared to interact with people with dementia at this point of their education, with the result that they are afraid, feel inadequate and never want to go into a nursing home again. The direct care staff is at a similar disadvantage. The minimal standard of 75 hours of education needed to become a CNA in long-term care was established in 1987 and has not changed although the complexity of the care needed by the residents over the past 34 years has changed dramatically. Unless we prepare the workforce to embrace the opportunity to provide person-centered care for a diverse population with complex care needs, recruitment and retention of staff will remain elusive.

Reform must focus on ensuring that appropriate financial support is provided to pay for an adequately prepared workforce to care for people in long-term care. The prospective payment system allowed agencies to retain the difference between the rate and what they actually spend. However, as the state controls that rate, payment fluctuates with state priorities and long-term care never seems to be a state budget priority. Most often, this rate has not changed sufficiently over the years to keep up inflation, and consequently, long-term care direct services have been reduced.

Additionally, policy must address education of nurses, direct caregivers and long-term care leaders to sufficiently prepare them to understand the multi-dimensional processes of aging and to provide age-sensitive support and care across the healthcare continuum. Curricula preparing professional nurses must provide appropriate educational opportunities that encompass the care of older adults whether they are in the hospital, the community or in long-term care. Direct caregivers must have adequate training to provide the right care at the right time and promote

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person-centered care. The importance of well-prepared leadership and its correlation to recruitment and retention of staff, as well as quality of person-centered care must be recognized. Policy needs to standardize the required education and competency for leadership in long-term care.

With the impetus of increased public awareness about the challenges of providing long-term care in this country, there is additional money and resources being directed to home and community-based services. We need to ensure long-term care providers - nursing homes and assisted living centers as well as home and community based services, have an adequate workforce with strong leadership and appropriate financial support to provide care to our aging and disabled populations.

Thank you for the opportunity to submit testimony. We welcome any additional questions the Committees may have. (Please contact Konstantine Tettonis, NYU Government Affairs, kt1249@nyu.edu)