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# AGING Quality Jobs = Quality Care

## Changing demographics, changing workforce

Every day in the United States, 10,000 people turn 65. It's a trend that will continue for the next 20 years. By 2030, the number of people over age 65 in the Greater Washington region will rise to over 1.1 million—representing nearly 16 percent of our total population, compared to only 10 percent today. Source: George Mason University's Center for Regional Analysis

As the population of our region ages, there will be higher rates of individuals living with chronic health conditions, physical disabilities, dementia, and Alzheimer's disease. At the same time, there is an increasing tendency for older adults to remain in their homes and age in place, living as independently as possible.

These trends have created a significant and growing need for high quality, professional care for individuals

living with age-related impairments. It is estimated that by 2020, there will be 1.6 million new direct care jobs added to the 3.5 million that already exist, making it the largest occupational group in the country. Subsets of this group, Home Health Aides and Personal Care Aides, are among the ten fastest growing occupations nationwide.

Source: Occupational Projections for Direct-Care Workers 2010-2020, Paraprofessional Healthcare Institute (PHI), 2013

By 2018, direct care workers (4.3 million) will outnumber K-12 teachers (3.9 million), police officers and public safety workers (3.7 million), and registered nurses (3.2 million).

Source: Dorie Seavey, "Caregivers on the Front Line: Building a Better Direct-Care Workforce," *Generations*, Journal of the American Society on Aging, 2011

## What is a direct care worker?

The direct care workforce encompasses a number of occupations, including certified and uncertified Home Health Aides, Nursing Assistants, Psychiatric Aides, and Personal Care Aides. These workers provide 70-80 percent of paid hands-on caregiving in this country, making them critical to the health and well-being of older adults.

Source: America's Direct-Care Workforce, Paraprofessional Healthcare Institute, 2012

## A profile of direct care workers in the U.S.

- They are 88% female.
- 20% are foreign-born. Many direct care workers in the Greater Washington region are from Africa and Latin America.
- The average age of workers is 42, and growing older. It is estimated that by 2018, about 33% of the direct care workforce will be over the age of 55.
- 46% have some college; 55% have a high school diploma or less.

Source: Seavey 2011; PHI 2012

# Better Training+Better Pay=Better Jobs and Better Care

Over the past few decades, consumer desire to age in place and government desire to lower health care costs have led to changes in the direct care workforce. While direct care workers in the past typically worked in hospitals and nursing facilities, most of today's direct care workers are employed in home and community-based settings. The majority work for home care agencies (increasingly for-profit companies) or for families who privately hire their own aides. These workers often have little or no supervision, and thus have a greater level of responsibility for the care and well-being of older adults.

Despite the critical role direct care workers play in the health of their clients, a number of problems plague this workforce, including:

- extremely low pay,
- inadequate training, and
- high employee turnover.

However, the rapid growth of the "eldercare" sector of the economy offers a unique chance to improve the quality of care for older adults while also improving opportunities for low-income communities in need of good jobs. With employment practices that ensure more and better training, safer and healthier working conditions, and higher pay, direct care workers could take on expanded caregiving roles. According to Dorie Seavey of PHI, better trained caregivers would help create a higher quality of life for consumers by helping reduce hospital readmissions, assisting with transitioning patients between care settings, and providing information to family caregivers. Likewise, given the demand for direct care workers in the coming years, turning these jobs into career-oriented positions with sustainable wages would improve communities currently affected by high unemployment.

Source: PHI 2013; Seavey 2011

## Challenges facing the direct care workforce

- Lowest wages in the healthcare field.
- Nationally, 30% lack health insurance and 47% are enrolled in public benefit programs, like Medicaid or food stamps.
- Unpredictable hours, often making it difficult to work a full 40 hour week.
- High rates of employee turnover.
- Inadequate training requirements. Additionally, training requirements vary across the Greater Washington region, making it difficult to seek jobs in different jurisdictions.
- Limited career ladder opportunities that lead to wage growth, and little financial incentive or support from employers to pursue higher levels of certification.
- Inconsistent and limited supervision.
- Injury and illness-prone work environments.

Today, direct care wages do not provide economic security. The median annual income of direct care workers in the Greater Washington region ranges from about **\$19,000 to \$22,500**. But, a single person with no children must earn from **\$31,656** in D.C. to as much as **\$48,480** in Fairfax, VA, to achieve basic economic security.

Source: Bureau of Labor Statistics; Wider Opportunities for Women

## Evidence shows that employers can improve job quality and reduce turnover by providing:

- Competitive wages and benefits
- Scheduling and staffing practices that support predictable hours and stable incomes
- Improved training and orientation
- Coaching and other supervisory practices
- Enhanced roles and responsibilities that create opportunities for career advancement

## What Funders Can Do

- Support nonprofits that advocate for policy changes that support direct care workers and their clients. Advocacy efforts could include:
  - Improving the quality of training for direct care workers, including standardizing curricula and increasing the number of training hours required
  - Ensuring that training and credentialing processes are transferable between DC, MD, and VA
  - Increasing wages and benefits to meet living wage standards
  - Developing career ladders and continuing education options that lead to higher paying positions
- Subsidize the cost of job readiness programs (such as literacy and English as a Second Language) and direct care training and credentialing programs for low-income and unemployed individuals
- Support employee-owned cooperative home care agency models
- Support nonprofit home care agencies in changing their culture to improve employee job satisfaction
- Support the development of online information sources that educate workers about the direct care field and/or link workers with potential employers