THE DIRECT CARE WORKFORCE IN HOME CARE

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Direct Care Staff in Home Care

- Subsumes several categories of workers
  - Home health aides
  - Home care aides/personal care attendants
  - Hospice aides
Roles/Responsibilities of Direct Care Staff in Home Care

- Personal care/activities of daily living assistance (e.g. eating, bathing, dressing)
- Assistance with instrumental activities (e.g. housekeeping, meal preparation)
- Eyes and ears of system
- Emotional support; one-on-one relationship
- Liaison with family caregivers
United States: Occupational Growth Projections, 2010-2020

- Personal care aides: 70%
- Home health aides: 69%
- Nursing aides, orderlies & attendants: 20%
- All Direct-care workers: 48%
- All occupations: 14%

Source: PHInational.org
Characteristics

- Largely non-Hispanic, middle-aged women
- ½ white, 35% black
- Low wages-stagnant over 10 years
- Great variability in benefits
- High proportion employed part-time
Hospice Aides Fare Better

- Higher wages – 32% higher than homecare aides; 8% higher than home health aides
- More likely to have access to employer-sponsored health insurance
- More likely to receive benefits
  - Paid sick leave
  - Pension
  - Travel reimbursement
- More likely to be employed FT
- Less likely to quit
Training Requirements

- Medicare/Medicaid certified home health and Hispanic aides – federally mandated 75 hours and competency exam
- Home care/personal care
  - No federal requirements
  - Minimal state requirements, tremendous variability
- Consumer-directed workers
  - Training is a concern
Implications for Employers and Consumers

- Lack of competent staff
- High turnover and churning
- Lack of consistency in care
- Heavy workloads for other workers
- Effects on quality of care, quality of life
- Costs to employers, system as a whole
Factors Influencing Workforce Recruitment and Retention

- Local Economy
- Industry Stereotypes
- Pay and Benefits
- Poor Working Conditions

Recruitment and Retention
Solutions for Developing this Workforce

- Competency-based training (basic clinical placements, orientation and in-service)
- Better supervision (coaching & mentoring)
- Career advancement (Lattices, not just ladders!)
- Worker empowerment
- Attention to wages and benefits
Special Issues for Training Home Care Workforce

- Multiple co-morbidities/multiple meds
- Functional decline
- High risk for depression, social isolation
- Dementia
- Significant family involvement
- Cultural competence
Examples of Workforce Development

- PHCAST – North Carolina Program
- EWA’s Advances Direct Care Worker
- Washington State Home Care/Personal Care Worker Apprenticeship
Long-Term Trends

- The emerging “care gap”
- Shift from institutional to in-home and community based settings
- More ethnically/racially diverse older adults and staff
- More highly educated, demanding older adults
Long-Term Trends cont.

- Greater disparity between “haves” and “have-nots”
- Expansion of consumer-directed service systems
- Impact of new technologies
Expanding the Pipeline

- High school students
- Older workers
- Redeployment of unemployed workers
- Former family caregivers
- Technology to help reduce demand
Goals for Developing Workforce

- Strengthen incumbent workforce
- Expand supply of personnel entering field
- Create more competitive positions through wage and benefit increases/redesign
- Improve working conditions/quality of jobs
Goals for Developing Workforce cont.

- Make larger/smarter investments in formal and continuing education of the workforce
- Train workforce around new models of service organization and delivery
- Moderate the demand for LTC personnel