

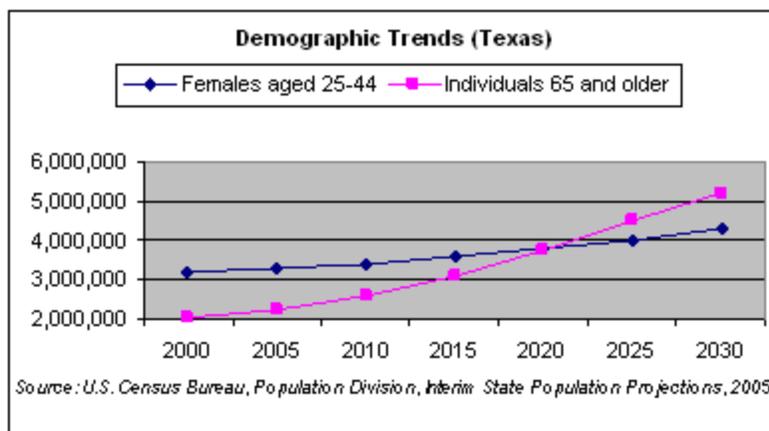
Ensuring Older Texans Can Age at Home through Direct Care Initiatives Gretchen Gemeinhardt, Ph.D., MBA & Christa Atkinson, B.S.

Summary

In the United States, there is a severe shortage of direct care workers, often called personal or home care aides, who are essential lifelines for many elderly and disabled Americans struggling to maintain independent lives in their homes. Aides provide personal care such as bathing, feeding, and dressing, as well as, home making activities, such as doing light housework, preparing meals, and shopping. Recipients of these services are more impaired and frail than most of the over 60 population.ⁱ Without these aides' vital assistance, many elderly and disabled Americans would be unable to remain in their homes. They would be forced into institutional living situations at great expense to the public care system and at the loss of their personal choice and dignity.

Personal care aides are critical components in the home care industry performing physically, mentally, and emotionally demanding jobs with the most vulnerable members of our population. They often are poorly screened, minimally trained or supervised and rarely provided fringe benefits. These critical workers receive some of the lowest wages in the workforce often making less than hotel maids and fast-food workers. Turnover due to difficult working conditions and low wages drives up the cost of elder care while disrupting continuity and eroding the overall quality of care received by older Texans.

Planning must begin now to enhance training and screening and raise wages to competitive levels for personal care aides. Between 2000 and 2030 Texans' age 65 and older who are most likely to need the services of personal care aides will grow from 9.9 to 17 percent of the population.ⁱⁱ As the number of people receiving support at home increases, the shortage of qualified and motivated personnel to perform personal assistance tasks will be magnified. Positive measures taken now will ensure that older Texans will receive the high-quality care they deserve. Without reforms that support our direct care workforce, vulnerable elders will be unable to receive the care they need to remain in their homes, forcing many to live either in unsafe, unhygienic conditions or outside their own homes.



Direct Care Workers: What Do They Do and Who Are They?

Direct care workers, usually referred to as personal and home care aides provide the bulk of paid home care. Personal care aides are unlicensed individuals who provide direct care services in the home as an employee of the client or an agency. They assist with personal care activities such as, bathing, dressing, toileting, transferring, and eating, and home-making activities such as preparing meals, doing light housecleaning, and shopping. These aides are truly essential to the ability of many older and disabled Texans to live as independently and productively as possible.

The need for personal care aides will grow faster than the average of all occupations through 2014. The number of personal care aides needed in the future will grow 47 percent between 2000 and 2010.ⁱⁱⁱ Personal and home care aide is expected to be one of the fastest growing occupations, as a result of both growing demand for home services from an aging population and efforts to contain costs by moving patients out of hospitals and nursing care facilities as quickly as possible.^{iv} Agencies report vacancy rates as high as 35 percent and difficulties finding qualified personal care providers. Few agencies are accepting new clients for personal care services. This means that thousands of elders and people with disabilities are languishing in costly government-funded institutions. In Texas, the average cost of community care is \$15,529 per year compared to an average cost for nursing home care of \$30,882 per year.^v This is a shocking waste of both human capital and public dollars.

Who is taking these jobs? Nine out of ten personal care aides are women approximately 40 years old and nearly half are people of color. These women often are the sole providers for their own households.^{vi} Many personal care aides earn incomes below the federal poverty level with many workers or their children qualifying for public assistance programs.^{vii} Individuals work as aides for a variety of reasons but characteristically because they care and know they are making a difference for the clients they serve.^{viii} Yet, they leave direct care for a living wage. Indeed, compensation is a key factor in aide turnover according to a health and human services-funded study.

Why Is There a Shortage of Direct Care Workers?

Despite the current need and growing demand for personal care aides, high turnover rates plague the industry, ranging from 25 to 50 percent in home health care.^{ix} The majority of that turnover occurs in the first three months of employment. High turnover rates lead to poor quality of care, disruption of continuity of care and reduced access to service for older Texans who depend on these services.

High turnover rates also increase the costs for providers. High turnover and vacancies mean that providers must spend relatively large amounts on recruitment and training costs, an estimate of at least \$2,500 per lost employee.^x This reduces funds available for aide compensation, thereby creating a cycle of further high turnover and vacancies. The reasons for high turnover require attention now to improve recruitment and retention of this workforce, thus allowing vulnerable elderly and disabled individuals to continue to receive the quality care they deserve.

What Are We Asking Direct Care Workers to Do?

Direct care work is physically, mentally and emotionally challenging requiring workers to observe, interact with and problem solve on behalf of their clients. Transferring dependent

patients and performing personal care tasks are physically demanding and sometimes dangerous work. Direct care work has one of the highest workplace injury rates of any occupation (10.1 per 100 full time workers compared to 6.8 per 100 workers in construction).^{x1} The physical demands of the job are a primary cause of workers leaving the field.

When performing these physical tasks, both the health and safety of the worker and the patient is at risk, yet these aides receive little formal training. While Texas requires training for crossing guards, cosmetologists, dog groomers and child caregivers, the training requirements for personal care aides in Medicaid agencies are not specified.^{xii} Child caregivers, for example, are required in Texas to receive a minimum of 8 hours pre-service training and at least 15 hours of annual training while the regulations for personal care aides simply require a general orientation by a supervisor in the client's home. This orientation can be conducted over the telephone. Each new aide is initially unfamiliar with the needs of a particular client. With high turnover, elders or their families constantly have to retrain aides. This training period means that everything takes longer. Moreover, high vacancy rates means that clients may not receive the number of hours of service needed in order to maintain safe and independent living.

“One mixed the peas with the applesauce. She did not seem to know any better. Another asked if she needed to turn on the stove in order to cook dinner.”

Direct care work is not routine and mechanized, but requires mental processing and problem solving. By themselves, aides provide care for needy, vulnerable, elderly and disabled individuals with varying levels of health and mobility. Often times they are the only contact that these individuals have with the outside world for long periods. Personal care aides must be able to accurately assess vital signs, operate a patient's equipment, and assess changes in a patient's condition, such as bruises or open wounds. They must be able to problem solve if the environment in which they find themselves is not conducive to providing the level of care they had planned and know what to do in emergencies. They must prioritize care to be provided if a patient's situation warrants it.

Compared to direct care workers in nursing or personal care homes, aides providing home care are often provided little supervision or support in the home health care arena, yet working relationships are important in overall job satisfaction.^{xiii} Typically supervision occurs only with changes in client needs and it may be by phone rather than face-to-face. Lack of support, respect, and acknowledgement of a job well done from supervisory staff, is a problem frequently faced by direct care workers that negatively affects job satisfaction.

Third, direct care work is emotionally taxing. The most frequently reported motivation for becoming a personal care aide is a desire to help others. Attendants often form strong bonds with their frail, vulnerable clients, yet they are forced to witness and deal with the deterioration and death of cherished patients, neglect and abandonment of patients by family, not enough time to provide all the care that is needed by the patient and the loneliness and isolation often experienced by these populations. These experiences can be frustrating, heartbreaking and emotionally draining for workers who receive minimal training and support and have limited peer interaction due to the solitary nature of their work.

Direct care work is poorly compensated despite the importance, difficulty and demands of the job. The United States median hourly wage for personal and home care aides is \$8.34.^{xiv} A living wage in Houston for one adult and one child is \$11.75 per hour.^{xv} However, the Texas median hourly wage for personal and home care aides is only \$6.32.^{xvi}

	One Adult	One Adult, One Child	Two Adults	Two Adults, One Child	Two Adults, Two Children
Texas Median Wage (per hour) Personal and Home Care Aides	\$6.32	\$6.32	\$6.32	\$6.32	\$6.32
U. S. Median Wage (per hour) Personal and Home Care Aides	\$8.34	\$8.34	\$8.34	\$8.34	\$8.34
Houston Living Wage (per hour)	\$5.89	\$11.75	\$9.15	\$13.64	\$17.33

According to Dr. Robyn Stone, Executive Director of the Institute for the Future Aging Services of the American Association of Homes and Services for the Aging in Washington D.C., it is ironic that:

“while these workers are delivering essential care to some of the most vulnerable segments of our population, their peers flipping burgers at McDonald’s make more, have more financial security, and are treated with much more respect.”^{xvii}

An estimated 45 percent of personal care aides are uninsured.^{xviii} These inadequate wages and benefits become even more striking when it is taken into account that 25 percent of these workers are single mothers with children- the sole provider for their family.^{xix}

How Are Vulnerable Older and Disabled Persons Currently Being Protected?

The high turnover rates and demanding working conditions can make recruitment and retention of direct care workers challenging for many providers. With direct care workers constantly in demand, employers often perform the minimal background screening required by law and employ minimal selection processes when hiring direct care workers. Yet, these workers work unsupervised in the homes of the most vulnerable members of our society.

Personal security is an issue in an occupation, such as direct care work, with high turnover rates. Personal care aides may have a key to the home and the car, access to bank accounts and the telephone. In the worst of all cases, the caregiver relationship can create a situation where the older person is vulnerable to abuse but remains silent to ensure continued services.

Medicare participating organizations are required to run background checks on prospective employees, but these are often far from comprehensive and vary greatly from state to state. The Texas Health and Safety Code require that home care agencies obtain a criminal history record

from the Department of Public Safety on all prospective employees. Home care agencies may not employ anyone convicted of one of 14 listed offenses, such as criminal homicide, kidnapping, and sexual assault that bar employment.^{xx} Individuals who have been convicted for theft or forgery of a financial instrument, however, could be hired to work in an elder's home. Even with this safeguard, elderly and disabled persons may still be in jeopardy, as this criminal background check is far from comprehensive. The databases used to check backgrounds in Texas are about 50% complete meaning that many offenses go undetected^{xxi}. More needs to be done to investigate the criminal histories of those working for our most vulnerable populations.

What Needs to Be Done?

Efforts must be concentrated in areas that will enhance screening, promote retention and reverse high turnover rates for direct care workers. First, enhanced screening methods that provide comprehensive criminal record and applicable registries checks must be mandated by state law. The Centers of Medicaid and Medicare Services (CMS) currently has a pilot program underway that is encouraging as it mandates state and national criminal record checks that use state of the art technology in conjunction with the FBI, and should serve as a model for revised state regulations.^{xxii}

Adequate and ongoing training of personal care aides must be required by state law. The current training requirements have not kept up with the increased demands placed on direct care workers and methods used are often ineffective. Mandated training must be required and training hours should emphasize issues that affect the quality of care. Training should help aides develop skills for transferring and lifting, showering, dressing and preparing meals for older adults, as well cultural sensitivity, punctuality and general people skills. The content needs to provide more practical up-front training and orientation for new hires to prepare individuals to work with increasingly frail, cognitively altered elders. In addition, ongoing continuing education for those that remain in the field is essential to ensuring continued high quality care.

Programs must be established to provide support and positively reinforce current workers. Direct care workers rate lack of respect and support from supervisory staff as a significant cause of job dissatisfaction. Programs must be established that enhance support networks, such as increased supervisory contact and improved supervisor training. Programs directed at creating greater respect and recognition, such as rewards and recognition programs and career ladders, are also essential in providing support and positive reinforcement.

Finally, and most importantly, wages must be raised to a competitive level for these positions. A Wisconsin study found that facilities that paid direct care workers higher wages had lower turnover rates.^{xxiii} A study of wage increases for home care workers in San Francisco was associated with an increase in the number of workers and a decline in turnover.^{xxiv} Many states have taken action to address the effective recruitment and retention of paraprofessionals by implementing a wage pass-through via Medicaid reimbursements. In 2000, 18 states had approved or implemented some form of wage pass-through for direct care workers.^{xxv} Improving wages and benefits for personal and home care aides are essential in recruiting and retaining a direct care workforce that will be available to meet the needs of our most vulnerable populations.

Why Should I Care?

Regardless of your race, gender, or politically ideology, this is an issue that will affect us all, as we will all continue to grow older and age. As we age, many of us will require some type personal care assistance in our home, whether short or long term.

*If I was caring for you, how important would it be that:
I take your blood pressure accurately?
How important would it be to you...that if you were incontinent...that I handled it in a
compassionate way?
If you had a stroke and could not speak... how important would it be that I offer you a
drink and understand the difficulty you may have swallowing?
If you could not respond, would you still want someone to talk to you, encourage you and
care?
We as direct care workers must be viewed as professionals within our field of direct care.
Our wages and benefits should reflect the importance of our jobs. A high priority should
be placed on our training and continuing education. And we MUST have enough help to
give good care.*

Lin Salasberry, past President of Iowa Caregivers

The time to address the current and future shortage of direct care workers is now. Initiatives such as increased wages, access to benefits and increased training and support, have effectively reduced attendant turnover rates by 11 to 44 percent in home health care.^{xxvi} We want to recruit and retain the highest quality, best prepared, most diligent individuals for this important job of caring for our most vulnerable, dependent populations- older and disabled Texans.

ⁱ Highlights from the Pilot Study: Second National Survey of Older Americans Act Title III Service Recipients.

ⁱⁱ <http://uts.cc.utexas.edu/~bobprp/group2.html> accessed July 4, 2006.

ⁱⁱⁱ Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2000-2010. The Center for Health Workforce Studies. School of Public Health, University of Albany.

^{iv} Wright, B. (2005) Direct Care Workers in Long-Term Care. AARP Public Policy Institute.
http://www.aarp.org/research/work/issues/dd117_workers.ht accessed May 30, 2006.

^v <http://www.dads.state.tx.us>.

^{vi} Stone, R.I. (2001). Research on Frontline Workers in Long-Term Care. *Generations*,xxv, (1) 40-57.

^{vii} Caregivers Without Coverage. Health Care for Health Care Workers: An initiative of the Paraprofessional Healthcare Institute.

^{viii} Wright, B. (2005)

^{ix} Ibid

^x Ibid

^{xi} Ibid

^{xii} Texas Department of Family and Protective Services. Retrieved from
http://www.dfps.state.tx.us/Documents/Child_Care_Standards_and_Regulations/final746.pdf.

^{xiii} Care for Elders Quality & Workforce Initiative results (unpublished)

^{xiv} U.S. Department of Labor Bureau of Labor Statistics.<http://www.bls.gov/oes/current/oes399021.htm>

^{xv} <http://www.livingwage.geog.psu.edu/results.php?location=32245>.

^{xvi} <http://www.texasindustryprofiles.com/apps/win/eds.php?geocode=4801000048&indclass>.

^{xvii} Stone, R.I. (2001).

^{xviii} Wright, B. (2005.)

^{xix} Ibid.

^{xx} Texas Health and Safety Code. Chapter 250. Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities. Retrieved June 22, 2006 from <http://www.capitol.state.tx.us/statutes/docs/HR/content/htm/hs.004.00.000250.htm>

^{xxi} <http://www.window.state.tx.us/etexas2001/recommend/ch11/psc08.html> accessed August 7, 2006

^{xxii} Center for Medicare and Medicaid Services (2005). CMS Background Check Pilot Program: Evaluating Screening for a Quality Workforce.

^{xxiii} Hattan, E. & Dresser, L. (2003). Caring About Caregivers: Reducing Turnover of Frontline Health Care Workers in South Wisconsin. University of Wisconsin-Madison, The Center on Wisconsin Strategy.

^{xxiv} Stone, R. (2004). The Direct Care Worker: A Key Dimension of Home Care Policy. *Home Health Care Management and Practice*, 16, 5. 339-349.

^{xxv} Ibid.

^{xxvi} Ibid.