



The Indispensable Caregiver: An Assessment of the Personal Care Workforce Shortage in the Area Agency on Aging Dayton, Ohio Program Region

Care delivery is so extraordinarily complicated and piecemeal that the term “system” is hardly appropriate, conveying as it does a misleading impression of order and logic. The system’s complexity makes any reform difficult to implement.

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August 2019 – August 2022



Area Agency on Aging

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Del Mar Encore Fellowship 2019-2022

The Area Agency on Aging PSA 2 requested a Del Mar Encore Fellow from The Dayton Foundation to independently define, measure and develop sustainable strategies to address long-term care workforce shortages in our region. The Fellowship began in August 2019 and concluded in August 2022. During this time, three objectives were pursued:

1) **Determine the scope of long-term care workforce issues among the AAA provider network and the consumers it serves.** This involved research and analysis of gaps in provider capacity, consumer care, and long-term care workforce shortage issues within the region and how it relates to those in the state, nationally and their trends.

2) **Survey the broader landscape.** This involved research and analysis of current long-term care workforce shortage issues (and trends) within the region, state, nationally as well as their trends and identifying others' best practices.

3) **Create a set of recommendations for sustainable interventions/initiatives** that the AAA and its provider network can use to combat long-term care workforce shortage issues.

PSA 2 serves a nine-county area (Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble and Shelby counties) in west central Ohio. In 2018 it served, on average each month, over 6,000 individuals receiving long-term services and supports to enable older adults and people with disabilities to stay safe and independent in their own homes. A study of the issues surrounding the home health aide/personal care aide workforce shortage in this area began with a look at demographic and financial numbers before proceeding to surveys and interviews with system stakeholders:

- Area Agency on Aging leaders and case managers;
- owners and office managers of home care agencies within the Agency's provider network;
- aides working for those agencies;
- customers of those agencies -- the consumers themselves.

While the number of individuals served is known, the number of personal care aides providing this in-home care is difficult to confirm. Studies find that aides often work more than one job (which may be at another home care provider); a new aide at one provider agency may have just left another agency; and aides may provide services by mechanisms other than through an agency. An existing workforce shortage was exacerbated by the Covid-19 pandemic, and increased the number of consumers approved for care either waiting for service or going under-served.

During the course of this Fellowship, the global Covid-19 pandemic developed as particularly virulent for elderly adults, changing the landscape of their daily life and care options. This caused the Fellowship to pivot to accommodate a new reality resulting from the pandemic, ensuing government relief efforts, and changes in labor and economic markets. This report covers all work conducted during this Fellowship.

Introduction

Home health aides are the unsung heroes that help older adults continue to live and thrive in their homes as they age and struggle with daily living. Although they earn less than workers at fast-food restaurants, they're required to have 75 hours of mandated training and testing, and are background-checked at their own expense before their first day of work. They utilize a variety of skills to work alone up-close-and-personal with older adults, many who live with serious health issues. Without these aides, older adults could be in nursing homes, readmitted to hospitals, living with stressed-out relatives, or dangerously alone.

Home care costs substantially less than full-care nursing facilities, and is largely preferred over institutionalized care. Higher wages, benefits, training, transportation, and building a career pathway are steps that states can incorporate to build respect for the work as a profession and attract the staff needed to support our aging population.



Background

The U.S. Census Bureau reports that the age group increasing the fastest – growing by one third since 2019 - is age 65 and older. By 2060, this sector of the population in the United States will nearly double to 94.7 million. The number of individuals aged 85 and older is predicted to triple to 19 million.

The 65+ population will double over the next 20-30 years as will demand for care, especially of home- and community-based services (HCBS). This need dovetails with a shrinking pool of family caregivers that traditionally relied on middle-aged women. Fewer family members are available to tend to aging parents and grandparents that results in greater reliance on paid home health services.

Scope of Workforce Shortage Issues

Home health services rely on staff called either home health aides or personal care aides to provide in-home non-medical help that older adults need to accomplish ADLs. Home-care workers are:

- predominantly female (85%);
- people of color (63%);
- born outside of the United States (31%);
- have a high school education or less (53%).

As salaries remain low and stagnant with no advancement opportunities, benefits or paid mileage, this field experiences increasingly substantial turnover as individuals leave for fast food, retail, and warehouse positions that offer substantially higher wages.

In the Dayton area, LeadingAge Ohio data indicated that nearly 70% of health care providers working with them in 2019 had unfilled STNA positions available throughout Southwest Ohio. There were nearly 2,000 STNA job openings in Warren and Montgomery counties between January and October 2019.



Local Issues for Recruiting Aides

- Aides in the Dayton area earn \$9-\$17 per hour (the lower end is Medicaid- or levy-funded, and the higher end is either private pay or post-hospital Medicare funded); most earn \$10-12/hour.
- Competition for workers is fierce. Hospitals and nursing homes pay more for STNAs, and fast food, retail, and distribution companies advertise wages of \$13-\$15 per hour. Providers must aggressively recruit and formerly successful recruitment methods no longer work. Greater recruitment costs therefore attract fewer potential hires.
- The need to provide competitive wages, limited Medicaid reimbursement rates, and significant non-reimbursed costs are especially challenging for companies that handle predominantly AAA consumers. Margins for these companies are slim, although larger companies and those with diversified businesses appear better positioned. Some companies are intentionally moving away from AAA consumers and toward private pay clients. This translates to longer wait lists for services to Agency consumers. Delay can contribute toward increased illness and quicker decline forcing full nursing-home care on people who prefer to stay home for their own peace of mind and finances.

The Broader Landscape

HCBS have grown over the last 40 years and offer significant cost savings over nursing home care: According to Genworth, the 2021 annual median cost for HCBS homemaker services in Dayton, Ohio was \$65,208, while the annual median cost for a semiprivate nursing home care was \$97,090.

States are gradually shifting the balance of Medicaid spending for LTSS to HCBS-based settings in recent decades. Unfortunately, other budget challenges and priorities have resulted in a systematic underfunding of long-term care, few increases in reimbursement rates, and LTSS consumers on waiting lists for service.



A survey to help identify local workforce shortage impact.

Survey interviews showed the following results:

- Moderate-to-severe aide shortage is found throughout the region, but is especially severe in outlying areas (Brookville, Jamestown, Xenia, etc.) where few providers and aides are located. Many aides also do not have their own reliable transportation or are unwilling to increase their own gasoline costs to serve these areas.
- Fewer new consumers can be served and/or lower numbers of service hours provided to individual consumers. New consumers experience long waits for an aide. Sometimes consumers and their families provide back-up when aides do not arrive or leave the provider.
- Quality of service is “hit or miss.” It takes longer for providers to find good staff and they sometimes seem to settle for a “warm body,” as opposed to a caring, well-trained aide. It was noted that even in areas with provider coverage, a new consumer can go through a succession of aides before finding a permanent one.
- Suggestions include providers partnering to improve education and support for home care aides, creating a mentorship program, and recruiting people to use the position as a stepping stone to nursing and other vocations.
- There is consensus that poor pay contributes to staffing shortage. Former aides would no longer recommend the job to others, and it’s noted there is no guarantee that additional funding will translate into higher wages.
- There is evidence of “provider hopping” where aides move from agency to agency. Providers and consumers are sometimes too easy on personal care aides for fear of losing them.
- The number of new providers continues to increase but it is unclear whether they draw new aides or provide new opportunities for existing aides.

Area Agency on Aging Contributions

- Recruiting restaurant, retail, and other workers misplaced by the pandemic for the **Workforce Shortage Initiative** to train as home care workers. The Agency pays a stipend during the training, pays for the training itself, and directs program graduates to positions with contracted home care providers. This program resulted in graduating 155 personal care aides so far.
- Supporting existing family caregivers with wages and waiving training since these individuals have been caring for their loved ones for years already. This **Participant-Directed Support** initiative has helped more than 70 consumers by supporting family caregivers in remaining home to provide care, and additionally frees home health aides to serve other consumers.

Report Recommendations

State Level:

1. A statewide year-long pilot of higher reimbursement rates and aide wages, at least a 50% increase. Conduct a parallel actuarial analysis of what these rates take from AND add to state coffers.
2. A statewide media campaign raising the image of home health aides highlighting their hero status. This campaign would help with recruiting and retention, even if direct care worker wages were \$15-20 per hour. It is especially critical since they are not.
3. A statewide data system for direct care workers: Charter a group to contact other states about their direct-care worker data systems/registries and lessons learned.
4. A statewide analysis of MyCare Ohio contracts to determine the best way Ohio can incentivize managed care plans to address the workforce shortage.
5. Establish a fund to provide transportation support for HCBS workers.
6. A statewide pilot creating career pathways benefitting employers and aides.

Local Level:

1. Publicize the workforce shortage to help potential consumers understand and temper service delivery expectation, and incentivize people to contact state-level elected legislators about addressing this problem.
2. Develop a AAA and provider group alliance representing the full regional provider network to focus on strategic recruiting activities.
3. Recruit members of churches and senior centers to train as aides.
4. Partner with Job and Family Services, United Way, and others to pilot aide mentoring using existing resources toward guidance on navigating benefits, finances, problem solving, etc.
5. Consider being a beta test site for the consumer-directed aide mobile app being developed by the Council on Aging of Southwest Ohio.
6. Seek volunteers who could help family caregivers cope until help arrives. Beyond *Trualta* and respite services, expand offerings for local family caregivers (especially while their older adult is on waitlist for services).

Conclusion

Generations ago, older adults needing help with daily life were cared for by family members, and when there was no one available or health deteriorated to more than family could handle, they entered a nursing home. Societal changes in population, economics, life expectancy and more result in a current and growing discrepancy between care needs and availability of caregivers for home- and community-based services. Two and a half years after the pandemic began, home care agencies in Ohio turn away three out of every four referrals and the number of unserved and under-served consumers in our area grows into the high hundreds. PSA 2 initiatives like the home care aide training program and Participant-Directed Support are a start, but overall and immediate statewide attention with new policies and funding are key to solving this workforce shortage. This vital need for home care support grows daily as more Ohioans reach age 65 and older than ever before. Actions taken immediately to support and grow the field of home health and personal care are critical to support all ages and families, the state budget, and help Ohioans live their final years in the home of their choice. It is absolutely critical to do **NOW** all that is possible in the short and long term to impact this workforce – before it's too late.

For the full report, please see the Area Agency on Aging's Advocacy Page:
info4seniors.org/about/advocacy

