

Long-term Care Paraprofessionals: National and Local Workforce Shortages and Data Needs

Pathways to the Future
Conference

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The Center for Health Workforce Studies at the University at Albany

- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions

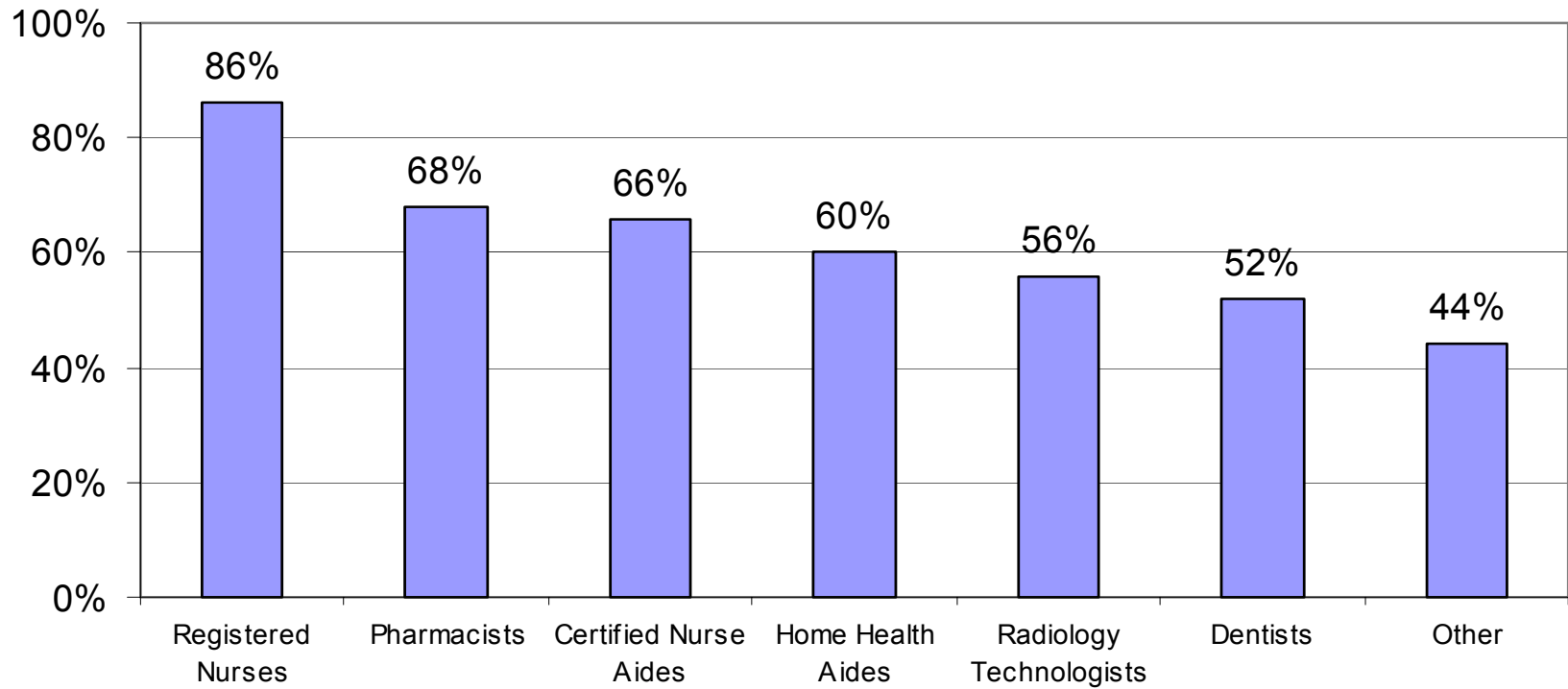
Overview of Presentation

- Background on the health workforce
- Implications of the aging of America on the health care system and its workers
- Long term care paraprofessionals: what do we know?
- Next steps

Current Health Workforce Issues

- Health worker shortages
- The squeeze---few new dollars and the high cost of more workers---limit response options
- Concerns with medical errors and quality
- Worker and management dissatisfaction
- Frustration with paperwork and regulation
- Racial and ethnic imbalances in professions
- Lack of systematic data on supply and demand for health workers

Percent of States Indicating a Shortage in Selected Health Occupations, 2002



Factors Contributing to Health Workforce Shortages

- Short term factors
 - Competition for workers and the economy
 - Growing demand
 - Increased intensity and complexity of services
 - Educational system cycles and response lags

Factors Contributing to Health Workforce Shortages, continued

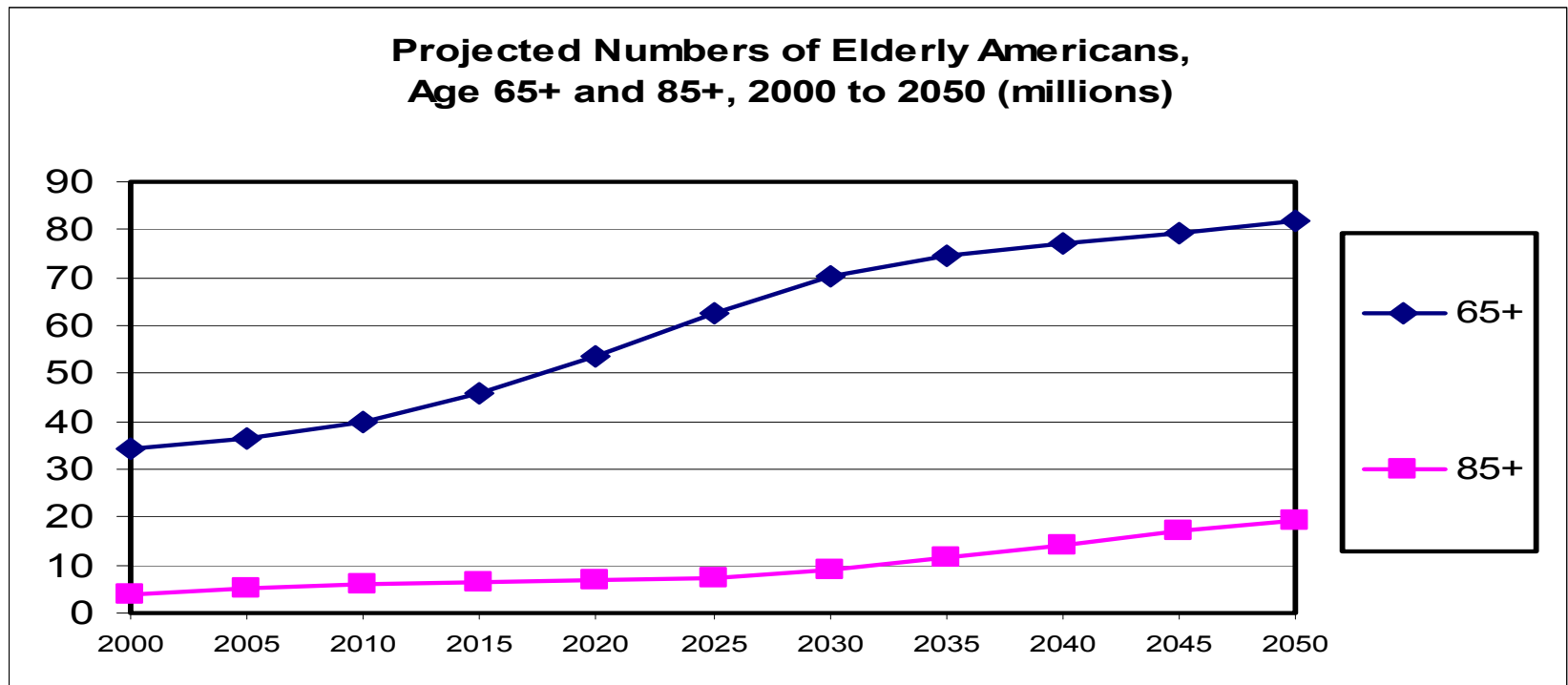
- Long term factors
 - Changing racial/ethnic mix in the US
 - Expanded career choices for women
 - The economy and public expectations
 - Increases in credential requirements
 - The aging of America: increase in demand
 - The aging of America: decrease in supply of workers

A Study of the Impact of Aging on the Health Workforce in the US

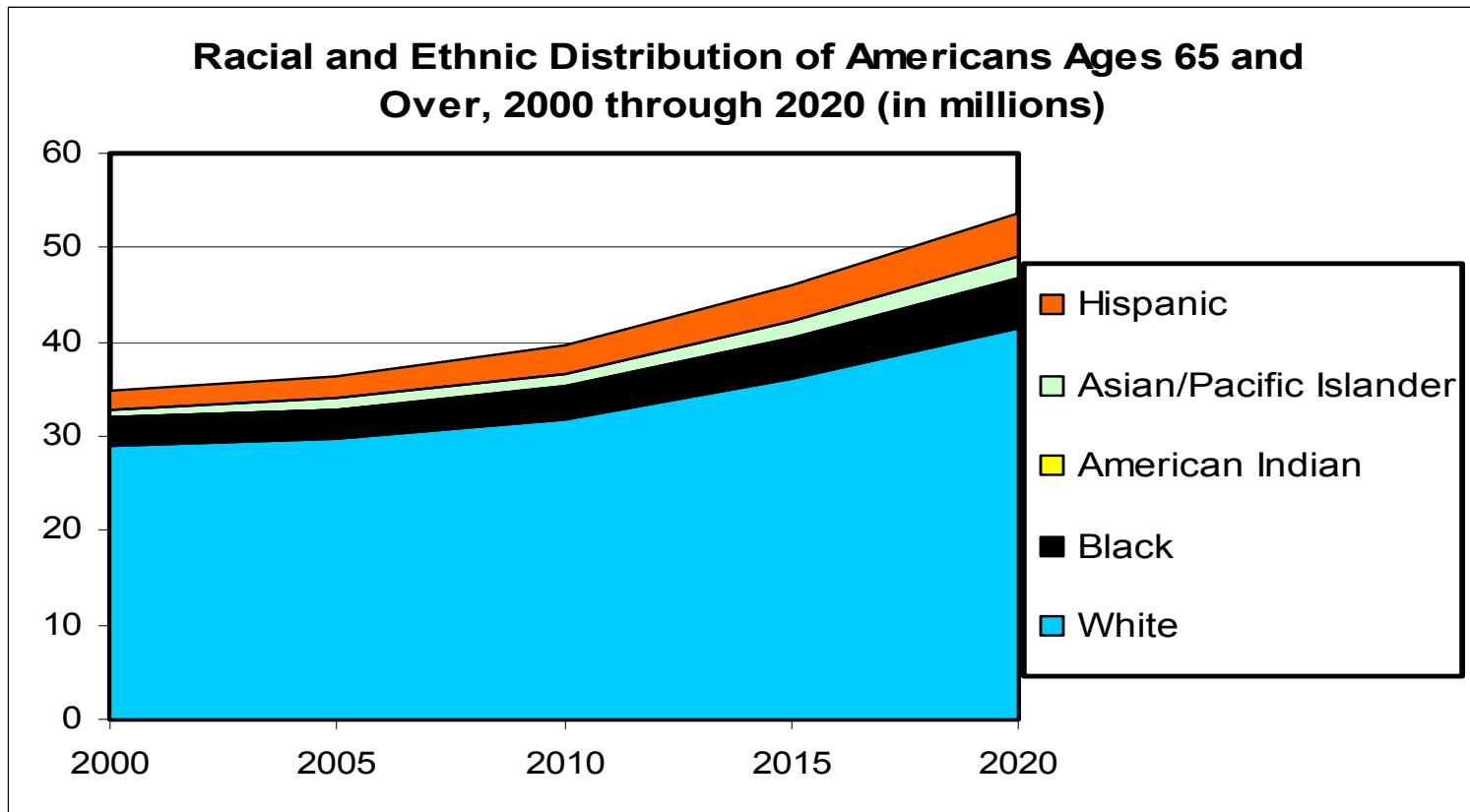
- **Recently completed study funded by HRSA**
 - Aging: Demographics, Models of Care, Family Caregivers, Technology, Reimbursement
 - Profile of the Current Workforce
 - Over 20 Health Professions
 - Services to the Elderly
 - Training, Education, Credentials Related to Aging
 - Supply Trends/Demand Projections & Gap
 - Profession-Specific Issues

The Elderly Population in the US Will Grow Dramatically Over the Next 50 Years

Baby Boomers begin to turn 65 in 2011.

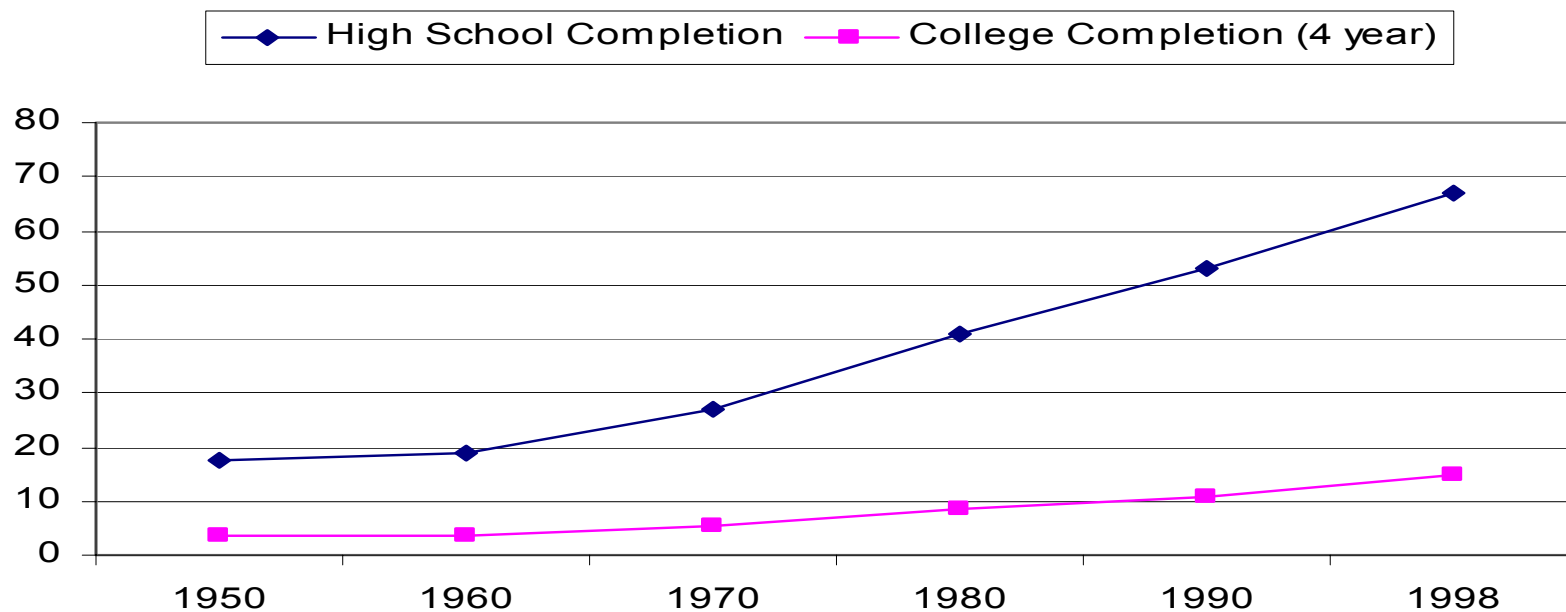


The Elderly Population in the US Will Grow Increasingly Diverse Over the Next 20 Years

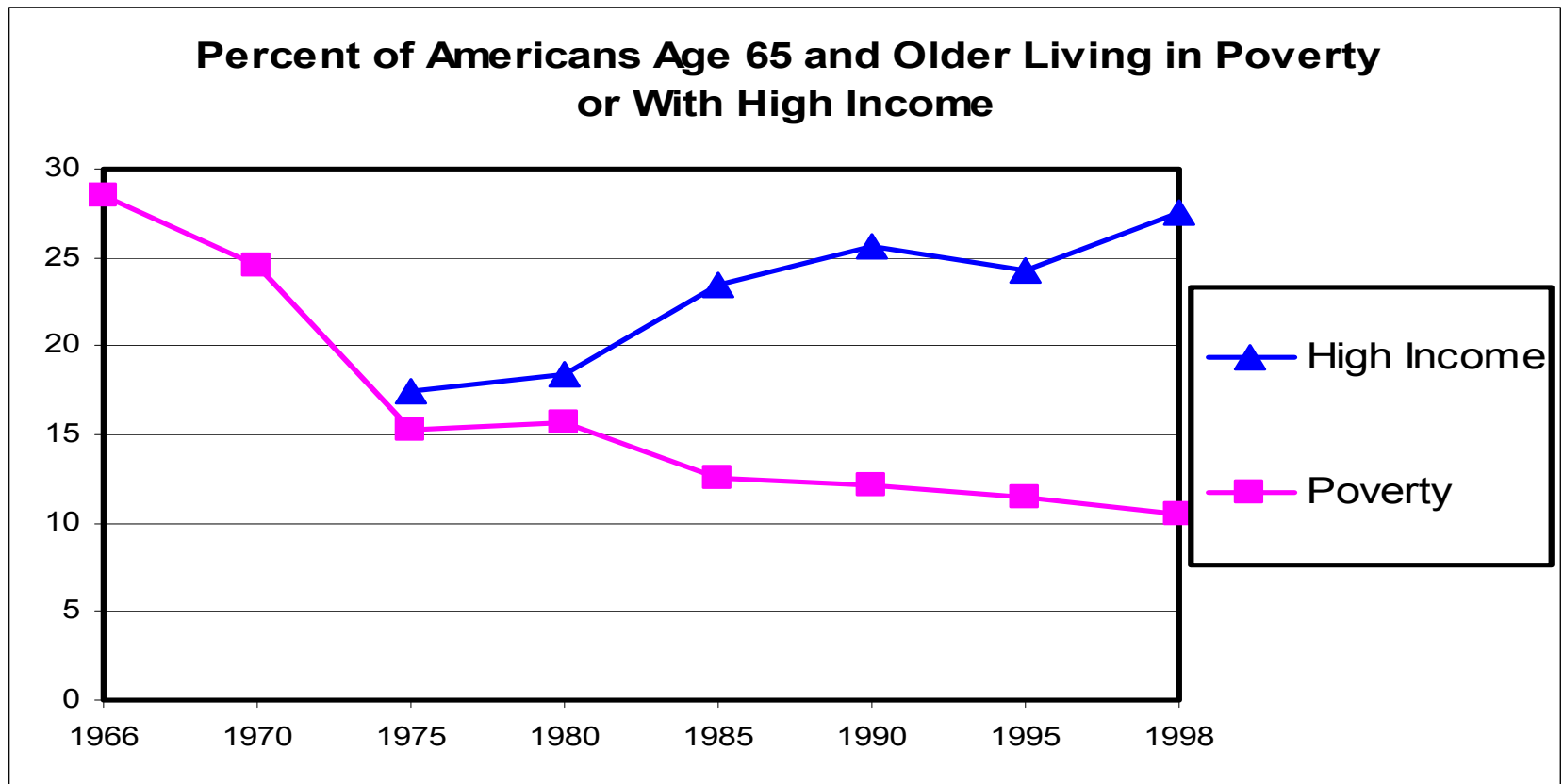


The Elderly Are Better Educated Than in the Past

Percentage of the Population Age 65 and Older with High School Diploma and Bachelor's Degree or Higher, 1950 to 1998



The Elderly Are Less Likely to be Poor Than in the Past



The Growing Elderly Population Will Have a Small Pool of Potential Family Caregivers

- Compared to the current elderly, the growing cohort of aging Americans:
 - have had fewer children than their parents
 - are more likely to be divorced
 - are more likely to live alone as they enter old age.

Impact on Health Services Delivery System

- The elderly consume more health care services than younger age groups
- The elderly have different health care needs than younger age groups
- The elderly will have a greater range of health care models to choose from than in the past
- Access to care will be a greater issue for the elderly

Impact of the Aging of America on the Health Workforce

- **Many health professions and occupations do not offer formal credentials focused on the needs of the elderly**
- **When such a credential is offered, the number of workers with the credential is typically very small**
- **A majority of health care workers in most settings deal with substantial numbers of elderly people whether or not they are specialists**

Impact of the Aging of America on the Health Workforce

Many Health Professions Are Rapidly Aging

Median age	1989	1999	Change 1989- 1999
Dentists	40.7	44.0	+ 3.3
Dietitians	38.3	40.0	+ 1.7
Health records technologists and t	35.3	40.3	+ 5.0
Radiologic technicians	34.3	38.0	+ 3.7
Registered nurses	37.3	42.7	+ 5.4
Respiratory therapists	32.3	38.0	+ 5.7
Social workers	38.7	40.3	+ 1.7
Speech therapists	35.7	40.7	+ 5.0
Pharmacists	36.7	41.3	+ 4.6
Total civilian labor force	35.7	38.7	+ 3.0

Source: Bureau of Labor Statistics, Current Population Survey - Annual Demographic Supplement, 1988-2000.

Notes: Figures presented are averages of three years' data. Civilian labor force only.

Impact of the Aging of America on the Health Workforce

Demand for health care professionals to serve the elderly will be affected by:

- Medicare reimbursement policies
- New technologies
- New models of care
- Changes in profession-specific scope of practice focused on the needs of the elderly

Long Term Care Paraprofessionals: National and Local Workforce Shortages and Associated Data Needs

- **Study Funded by HRSA's Bureau of Health Professions**
- **Objectives of Study**
 - Review Existing Sources of Data for States
 - Compile Latest Data
 - Identify Strengths and Weaknesses of Sources
 - Suggest Ways to Improve the Data
- **Full report is posted to HRSA's website:**
[http://bhpr.hrsa.gov/healthworkforce/reports/nursingandhomeaide.
htm](http://bhpr.hrsa.gov/healthworkforce/reports/nursingandhomeaide.htm)

What is the Problem?

- Shortages of front-line workers serving the elderly, the chronically ill and the disabled
 - Service reductions due to shortages
 - Use of temporary workers at higher hourly rates
- Shortages impact both quality of care and quality of life
- Between 2000 and 2010, more than 1.2 million long term care workers will be needed to fill new jobs and to replace those leaving the field

Workforce Shortage Issues

- Supply
 - Demanding work
 - Jobs often not well designed or supervised
 - Low pay
 - Lack of career ladders
- Demand
 - Aging of population
 - More types of providers
 - New technologies

Need for Better Data

- Workforce planning
- Policy formulation
- Patient safety
- Quality improvement
- Program evaluation
- Consumer information

Approximately 120,000 Organizations Used Long-term Care Paraprofessionals in 1998

- Long term Care Providers Include:
 - Nursing homes
 - Intermediate care facilities for the mentally retarded
 - Residential facilities for adults or aged
 - Residential facilities for non-aged
 - Adult day care centers
 - Home health agencies (certified or licensed)
 - Hospice organizations (certified or licensed)
 - Assisted living facilities

Recipients of LTC in the U.S., 1995

Age Group	Setting of Service		All Settings Combined
	Nursing Home	Home or Community	
65 or Older	1.3 million	5.1 million	6.4 million
Under 65	0.2 million	5.5 million	5.7 million
All Ages	1.5 million	10.6 million	12.1 million

Workers by Industry Group in 2000

Occupational Category	Industry Group				
	Home Health Care	Nursing and Personal Care	Residential Care	Other	Total
Home Health Aides	32.9%	5.4%	22.3%	39.4%	100%
Nursing Aides, Orderlies, and Attendants	2.7%	51.9%	4.5%	40.9%	100%
Personal and Home Care Aides	30.8%	3.5%	24.1%	41.6%	100%

Nine Sources of Data

- **Bureau of Labor Statistics (BLS)**
 - Occupational and Employment Statistics (OES)
 - Current Population Survey (CPS)
 - CPS March Supplement
 - National Compensation Survey (NCS)
 - Employment Projections
 - Survey of Occupational Injuries and Illnesses
- **OSCAR (CMS system)**
- **Decennial Census**
- **State CNA Registries**

Limitations of the Data

- Data Exclusions
 - Lack of detail about states or counties
 - Incomplete coverage of facilities and/or occupations
- Inconsistencies in definitions
 - Excessively broad categories
- Self-reported and unaudited
- Delays in availability

Options for the Future

- Upgrade CNA Registries
 - Cover other providers in addition to nursing homes
 - Add variables relevant to workforce planning
 - Demographics
 - Workload
 - Add other workers
 - Coordinate with background checks
 - Require annual workforce snapshots on a single day

Options, continued

- Encourage compatible state-level systems
 - Facilitate sharing
 - Provide bases for comparisons
- Involve provider associations
 - They have additional information
 - More and better data is positively correlated with better outcomes

In Conclusion

- Informed workforce planning is needed to
 - better understand current shortages
 - assess impact of present and future initiatives to balance supply and demand
- Current data systems were limited in their ability to assist in such planning efforts
- Better data on both providers and workers are needed by planners and policy makers