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## Home and Community-Based Services for Older Adults: Workforce Shortage

**T**he services provided by home health care agencies and nursing home facility workers are a critical component of the health care and long-term care industries. While the need for these paraprofessional workers — home health aides, nursing home aides, unlicensed assistance personnel, certified nursing assistants, personal aides, personal assistants, and home health assistants — is increasing, current recruitment and retention efforts are not sufficient to overcome shortages and secure minimum needed personnel. Employers continue to face high turnover rates and lack of available staff. This coincides with a demand for personal care and home health aides that is projected to grow by 58 percent between 1998 and 2008, according to the U.S. Department of Labor, Bureau of Labor Statistics.

### Issue Background

**T**here are several significant factors that contribute to the scarcity of paraprofessional personnel who provide direct care to the frail and elderly in their homes or nursing facilities. The high turnover and shortage of paraprofessional personnel results from such factors as low pay and status, poor benefits, high emotional demands, few options for training, high proportion of young and part-time workers, and limited potential for advancement.

Paraprofessional personnel often have burdensome workloads and too many patients to be able to provide adequate care. Chronic under funding by Medicaid and Medicare and a regulatory system that focuses on fines and penalties, often for failing to provide adequate personnel, also contribute significantly to the workforce shortage. The pool of younger workers for entry-level positions continues to diminish while at the same time seniors are living longer and their numbers are increasing.

The nursing home and home health industries are not providing sufficient and appropriate wages, benefits and training for paraprofessional personnel positions. In 1998, according to the Bureau of Labor Statistics, home health and personal care aides made a median wage of \$7.58 an hour, while nursing home aides made a median wage of \$7.99 an hour. A year later, the median wage of home health care aides was \$9.77 an hour, and the bottom 25 percent of home health aides earned just \$8.12 an hour, according to the National Association of Home Care/Hospital and Healthcare Compensation Service's *Homecare Salary & Benefits Report 2000-2001*.

Making the picture even worse is the fact that home health aides normally do not receive pay for their travel time between jobs. And, while nursing home aides may receive benefits, home health aides usually do not. Moreover, although some employers give slight pay increases with experience and added responsibility, training options and advancement opportunities are undefined and inadequate.

### **Consequences of Shortages**

**O**f all staff caring for patients, paraprofessional personnel have the most contact with clients and provide most of their care. They are responsible for bathing, feeding, hydrating, and ensuring that patients do not acquire bedsores and other conditions stemming from poor mobility. In some cases, paraprofessional personnel are the only or main source of human contact. In this demanding environment, staff shortages can contribute to quality of care issues and circumstances in which workers may become prone to neglectful and abusive behavior.

## **Policy Issues**

**A** number of states are now tackling the shortage of paraprofessional personnel in various ways. Some states are experimenting with new programs to establish increased wages and benefits, such as health insurance and payment for transportation costs, and improved training designed to recruit new workers to the ranks of paraprofessional personnel. For example, as of November 2000, 16 states have implemented “wage pass-through” legislation that requires that some portion of Medicaid payment increases to long-term care providers be used to increase wages and benefits for nursing aides.

- **Introduce comprehensive guidelines to encourage home health care agencies and nursing homes and their paraprofessional staff to meet and exceed minimum quality assurance standards; and**
- **Promote recognized safety guidelines for paid caregivers and their clients.**

## **Policy Recommendations**

**W**hile state efforts to develop a more qualified, stable frontline workforce are encouraging, decisive federal action must be taken to effectively address the national workforce shortage which will likely worsen over time as demand continues to increase.

**n4a urges policymakers to:**

- **Establish basic training in nursing skills and require the successful completion of a competency test for all paraprofessional personnel;**
- **Encourage employers to provide higher wages and improved benefits for all paraprofessional staff through incentive programs;**
- **Support research and demonstration programs to find solutions to the paraprofessional workforce shortage, and assess the feasibility of applying successful state efforts at the national level;**
- **Train paraprofessional personnel in ethnic sensitivity, addressing language barrier issues, and ethical care and compassion;**