Experts: Caregiver crisis coming

By Kristi L. Nelson of the Knoxville News Sentinel
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When Brad Goodson was diagnosed with AIDS in 1987, he knew he wanted to move back to Blount County, where he grew up.

He never expected to be here 29 years later. At that time, AIDS was a death sentence.

"I thought I was going to die," Goodson said.

Better medications and better understanding of the virus that causes AIDS mean Goodson, 56, can live independently in an apartment with his cat, Precious. But because of some related
health problems — such as a cancer diagnosis and treatment, neuropathy and a pinched nerve in his leg, and brain inflammation that left him temporarily paralyzed — he's needed help from time to time. His brother and stepmother often stop by.

But he also relies on direct-care workers from Helping Hands Home Assistance, an agency that serves Knox and surrounding counties. Twice a week, someone comes to help Goodson with light housekeeping, laundry, errands and other tasks.

Without the direct-care workers, "it would just be difficult to get anything done," Goodson said.

He's been happy with Helping Hands and likes his current care provider, Corlisa Arnold, who's been to his house just a few times so far. But he's lost count of the number of providers who have been in and out since he began needing help in 2010.

As an agency owner, "we build trust and relationships with our clients," said Helping Hands CEO Chris Middlebrook, to balance out the inevitable high turnover among the caregivers themselves. Though Goodson pays out of pocket for his services, more of Helping Hands' clients have insurance or Medicare to help with services, and those reimbursement rates affect what the agency can pay.

"The rate is so low" for the type of work they provide, Middlebrook said. "They're always trying to find a higher-paying job."

And there's not a steady supply of qualified people to take their place. Middlebrook said he can hire maybe 20 percent of the people who interview with him for caregiver jobs.

That problem is going to increase as time goes on, said Aaron Bradley, director of the Area Agency on Aging and Disability.

"We're in a direct-care crisis," Bradley said. "It's just not possible to get as many people as these agencies need — and by 2020, we'll need 48 percent more."

Last week, Bradley and local business consultant Bill Tapp called a "meeting of the minds" among businesspeople, nonprofit directors, various agencies and those in the legal profession to discuss a "long-term" plan to address the growing need for qualified caregivers.

Ultimately, they seek a Direct Care Academy, through which caregivers can be trained to a national standard; currently, there's not such an industry standard that signifies what training caregivers have.

At the meeting, they discussed options for training online, as well as a searchable database that would allow consumers to leave reviews of caregivers. Tapp retired from a company that provides that type of services.

"There is a true crisis in disability services, in the way we train folks," Tapp said. "And as the world moves forward, there will be more and more family caregivers. We've overpromised everyone. What we've set up doesn't work anymore."

By 2030, one in five Americans will be 65 or older, said Sandy Markwood, CEO of the National Association of Area Agencies on Aging, and "everybody wants to remain at home or in the community as long as possible."
Dwindling government resources mean a greater role for family caregivers, as well as a need for more paid caregivers to help them.

"Most people are not trained to be caregivers," Markwood said. "You become a caregiver without training."

Bradley hopes the Knoxville group can come up with a standard of training for caregivers, and a way to provide that training that can be replicated nationally. At last week's meeting, they heard presentations about some online training that could be customized for different types of care — such as autism, for example.

Not only would having standardized training increase the pool of qualified workers for agencies and improve quality of life for elderly and disabled people who need care, Bradley said, it would provide opportunities for workers who want to market themselves to have a "seal of approval" that those who need care can trust. It also could help raise caregiver pay rates, he added.

"Direct-care workers need a little more structure — they need more tools," he said. "We have an opportunity in this community to take this to a national scale."