The 2010 survey of Area Agencies on Aging was conducted through a partnership of the National Association of Area Agencies on Aging (n4a) and Scripps Gerontology Center at Miami University in Oxford, Ohio under a grant from the U.S. Administration on Aging (AoA). This brief survey was designed to describe the capacity of the current AAA workforce and the activities undertaken by AAAs to build their future workforce capacity to meet the needs and service demands of older adults and caregivers within the Aging Services Network. Abigail Morgan was the primary author for this report, with assistance from Jo Reed, Helen Eltzeroth and Sandy Markwood.

Development of the survey, data collection, data analyses and figure development represented in this report was conducted by Jane K. Straker, Ph.D, Abbe E. Lackmeyer, MGS, and Suzanne R. Kunkel, Ph.D from Scripps Gerontology Center, Miami University in Oxford, Ohio and submitted to n4a as AAA Workforce Survey Results, February 2010.[1]

n4a and Scripps would like to thank and acknowledge AAA key informants who provided critical input to ensure the relevancy of the survey and our project leads at the U.S. Administration on Aging, Robert Hornyak, Robert Logan, Michelle Washko and Valerie Cook, for their guidance and support.

Copies of this report along with other project materials can be found at: www.n4a.org/programs/annual-survey/ and www.scripps.muohio.edu/research/publications/aaaworkforce.html

INTRODUCTION

The rapid rise in the aging population presents opportunities and challenges to the nation’s Aging Services Network, and in particular to Area Agencies on Aging (AAAs). AAAs represent the “front line” of the Network, which includes the federal Administration on Aging, State Units on Aging, and a multitude of direct service providers. Established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans age 60 and over, local AAAs provide a range of options that allow older adults to choose the home and community-based care and living arrangements that best suit them. In this way, AAAs make it possible for older adults to live with independence and dignity in their homes and communities for as long as possible.

The “Age Boom,” characterized by unprecedented growth in the size and diversity of the older adult population, requires the network to expand and enhance its internal operations to meet the needs of both older persons and their caregivers for home and community-based long-term services and supports. In response, AAAs are strengthening their workforce in communities across the country. To support this expansion, AAAs are leveraging additional dollars from multiple funding streams, cultivating new and diverse partnerships, and investing in leadership and training opportunities.

AAAs are diverse organizations in terms of the services they provide, the individuals they serve and the professionals they employ. The AAAs that responded to this survey reflect the diversity of the communities they serve. The findings of this survey confirm their commitment to maintain and expand a qualified, resourceful workforce that is strategically positioned to address the significant opportunities and challenges ahead.
The Survey

In January 2010, n4a and Scripps Gerontology Center released a web-based survey to the 629 AAAs across the country. The goal of the survey was to develop a greater understanding of the activities undertaken by AAAs to build their workforces for the needs of tomorrow. The questions focused on characteristics of the local AAA workforce, activities undertaken by AAAs to build their capacity to meet current needs and future service demands, and the workforce challenges faced by AAAs. The web-based survey was available for three weeks. A total of 363 AAAs responded for a final response rate of 57.7 percent.

“…We are beginning to discuss workforce issues and future training possibilities. We would like to get a small grant to [reach out] in 23 of our rural towns to find seniors who can, through short re-trainings, re-enter the workforce.”
Findings

The Current AAA Workforce

AAA survey respondents vary in size and organizational structure[2].

- Respondents have, on average, 40 full-time staff and 20 part-time staff, although half of AAAs have fewer than 22 full-time and six part-time employees.

- Over one-third of respondents (35.7 percent) are independent, non-profit agencies. Over one-quarter are part of a council of government/regional planning and development area (27.6 percent), and the same proportion are part of a local county government (27.6 percent). Almost three percent of agencies are part of city government.

The AAA workforce brings considerable experience to its organizations. “On average, AAAs estimated that over seven out of ten (72.9 percent) of their employees had been with their organization for more than three years. Nearly one-quarter estimated that at least 90 percent of their staff had been with the AAA for longer than three years” (Straker, Lackmeyer, & Kunkel, 2010, p.1).

Staff Positions

Of the 33 positions listed on the survey (identified as relevant to the agency’s mission), AAAs have, on average, 11 of the positions filled[3]. These positions include paid and volunteer staff positions, either full or part-time (see Figure 1).

Core “access” services of the Older Americans Act are strongly represented within the AAA workforce. Information & Referral (I&R) Specialists are employed by 84.4 percent of AAAs; Case Managers by 73.5 percent; Caregiver Program Coordinators by 72.3 percent; Planners by 39.4 percent; Caregiver Trainers by 23.5 percent and Transportation Coordinators/Mobility Managers by 23.2 percent.
Additionally, the concentration of certain staff positions reflects a commitment to and room for growth in community services that promote health and wellness for older adults. Of note are current staffing levels of State Health Insurance Program (SHIP) Coordinators/Benefits Counselors (employed by 70.4 percent of AAAs), Emergency Preparedness Coordinators (33.8 percent) and Evidence-based Program Coordinators (26.8 percent). See Appendix A for a complete list of current staff positions and projections for adding new positions in the next five years.

Direct service positions (i.e. homemaker, personal care attendant, home health aide) are least commonly filled by AAAs (less than 10 percent). Individuals holding these positions are more likely to be employed by the direct service providers contracted by the AAAs.
Qualifications and Competencies

AAA staff members hold a number of professional qualifications (see Figure 2), and are working on standardizing and formalizing staff qualifications and competencies. “Over half (57.0 percent) of respondents have defined core competencies for at least some of the positions and nearly nine out of ten (85.7 percent) have met staff position requirements imposed by their state (see Figure 3)” (Straker et al., 2010, p.5).

Licensed social workers and nurses are employed by over half (64.1 and 52.0 percent respectively) of AAAs, and almost half of AAAs employ staff members who hold a degree or certificate in Gerontology (46.6 percent).
In addition to these qualifications for providing access services (e.g. Licensed Social Worker, Registered or Licensed Practical/Vocational Nurses, AIRS Certified I&R Specialists), AAAs are also employing staff with a degree or certificate in business (52.3 percent), CPAs (20.4 percent) and Certified Human Resource Professionals (11.5 percent). See Appendix B for a complete list of current staff qualifications within AAAs and projections for future qualifications and competencies.

Non-Paid Workers

“Many AAAs have large pools of volunteers. The average number of volunteers employed by AAAs was 207, although half had 65 or fewer. In general, AAAs benefit from state and national employment programs such as the Title V Senior Community Service Employment Program (SCSEP). Over four out of ten (41.3 percent) have at least one Title V participant working in their AAA. Of those who have Title V participants, the average number of participants is five” (Straker et al., 2010).
Additionally, “just over 14 percent of respondents indicated they have employees who are paid by Americorps, VISTA or another state or national employment program. Of the AAA respondents that do employ participants from these programs, the average number of participants per agency is six” (Straker et al., 2010, p.4).

Another way AAAs involve non-paid workers includes hosting high school or college interns. Seventy-six percent of AAAs use this strategy as well as others for recruiting and training volunteers (see Figure 4).
Maintaining the Current Workforce

There are a number of strategies used by AAAs to maintain a qualified paid workforce. These range from offering competitive benefit packages to assessing employee satisfaction through surveys and allowing employees to telecommute (see Figure 5). One-third to one-half of respondents used merit/performance-based wage increases, career ladders/promotion opportunities and employee recognition programs to maintain their workforce. See Appendix D for a complete list of strategies.
Benefits

Many AAAs offer competitive benefits packages (see Figure 6). On average, AAAs offer 12 benefits for their full-time employees (from a list of 19).

AAAs exceed the national average of employers that provide a range of benefits to full-time employees, including paid vacation, holidays, sick leave and personal days, transportation reimbursement, counseling services (Employee Assistance Programs), and wellness programs. AAAs rank well above the national average of private and state/local government employers that offer health insurance (98.9 percent of AAAs compared to 71 and 88 percent respectively for private and state/local government).

“Of those AAAs offering health insurance to full-time employees, 64.2 percent share the cost of premiums with the employee, while over one-third (34.5 percent) cover the full cost of the premiums” (Straker et al., 2010, p.3). This level of coverage is
also more generous than the national average for employers (75 percent of which require cost-share and 25 percent of which cover the full cost)\(^6\). Many AAAs also offer a wide range of non-traditional benefits. Some of those benefits less commonly offered include college or university tuition reimbursement (34.7 percent), wellness programming (30 percent), paid parental leave (25.6 percent), and domestic partner benefits (21.8 percent). See Appendix C for a complete list of benefits offered by AAAs.

**Training**

Ongoing staff training and development is the leading strategy AAAs utilize to retain staff members (85.6 percent). Eighty-one percent of AAA respondents conduct in-house training programs for all AAA staff, and 78.5 percent collaborate with other organizations in joint-training programs. Additionally, AAAs use a number of other strategies to ensure their employees receive adequate training (see Figure 7).
Eight out of ten respondents (80.6 percent) “indicate that all of their staff receive training while 19.4 percent indicate that only some positions receive training” (Straker et al., 2010, p.4). The most common topics include aging (health issues, policies) human resources (communication, customer service, harassment), and emergency preparedness planning.

**Recent Changes**

It is important to recognize that the AAA workforce is evolving. The timing of this survey corresponds to a period of rising unemployment, increased demand for community-based services, and shrinking availability of state funding, offset partially by modest increases in funding (such as American Recovery and Reinvestment Act—ARRA funds) for particular sectors of aging services. Almost forty percent of respondents (38.8 percent) increased the size of their staff in the past year to meet
the needs of their communities. Over the same period, twenty-two percent laid off staff and 21.5 percent cut positions from full to part-time. As of November 2009, the unemployment rate in the counties where respondents were located was 8.9 percent—close to the national rate at the time (9.1 percent) [7].

AAAs made other changes in order to accommodate recent budget restrictions as well. Nearly half of the respondents restructured their organizations (see Figure 8).

**Workforce Concerns**

Looking ahead at future needs within their communities, the number one concern for AAAs is their ability to build capacity for future service demands with current funds (66.8 percent). AAAs are concerned about having adequate resources to meet their current training needs (39.2 percent) and their ability to keep staff appropriately and adequately trained (37.7 percent). As AAAs begin to develop succession plans and assess their current workforce for coming retirements, they are also concerned about recruiting staff that can replace their current workforce’s aging and/or disability expertise (34.1 percent). See Appendix E for a complete list of workforce issues.

“We are currently undergoing a major strategic plan...that will involve significant changes in how we serve Boomers. It will require major adjustments in staffing.”
Planning for the Future

Clearly, the populations served through AAAs are expanding, bringing increased demands for assistance. At the same time, major national policy initiatives are being launched or renewed that offer fresh opportunities for AAAs to play a leading role in the provision of home and community-based services. Key among these are the recent enactment of the Patient Protection and Affordable Care Act (PPACA) and the upcoming reauthorization of the Older Americans Act in 2011. Both initiatives will influence how AAAs move to address the complex challenges and opportunities ahead. For example:

- Additional staff and resources will be needed to educate consumers on how new laws affect them
- Service delivery will need to be integrated into a more comprehensive model of care
- Partnerships will need to be initiated or expanded that continue to assist communities in preparing well for the Age Boom underway

The survey findings show that AAAs are aware of the opportunities and investment needed to be able to address their workforce issues in this changing environment.

Assessing for Future Growth

In spite of concerns noted previously, AAAs are very involved in preparing for tomorrow’s workforce needs. “About one-third of AAAs (32.8 percent) have calculated the proportion of staff who are within five years of retirement” (Straker et al., 2010, p.5). Among AAAs that track this information, about one in five staff members are within five years of retirement. As AAAs continue to evaluate these impending changes, they are also calculating future community needs (see Figure 9). Over one-third of respondents (36.1 percent) have made plans for new types of positions. Over one in five (21.5 percent) have made staff projections based on projected demands for services.
Expanding Opportunities through Positions and Qualifications

Respondents were asked to identify which positions and qualifications they will need to add or increase if their organization moves in the direction they envision over the next five years. The planned expansion for positions and qualifications providing access to services highlights AAAs’ commitment to and knowledge of the increased need for core Older Americans Act services (see Figure 10). Case Managers and AIRS Certified I&R Specialists are the most popular positions and qualifications for which respondents see an increased need in staffing. While only 12.6 percent of AAAs currently employ staff who are Certified Geriatric Case Managers, this is the third highest qualification AAAs plan to expand within the next five years (20.4 percent). The additional planned expansion of SHIP Coordinators/Benefits Counselors (21.5 percent) and Evidence-based Program Coordinators (23.7 percent) further indicates the commitment to expand health and wellness programming.
Strengthening Financial Foundations

Fulfilling rapidly growing responsibilities will require that AAAs create a sound financial base, adding to the multiple income streams that already increasingly define their budgets. As AAAs continue to expand their certifications of staff members in access service positions, they will also be able to highlight these qualifications by offering services that can potentially build revenue (e.g. transition planning services, home assessments, evidence-based programs).

Survey findings show that AAAs plan to expand staff positions in resource development, indicating a broader development of business-savvy practices within the network. Given current staff certifications in business and the percentage of respondents who plan to expand positions in fundraising (20.4), grantwriting (19.3) and public relations (17.9), it is apparent that AAAs will be taking necessary steps to invest in and build the capacity of the network in the future.
Recruiting New Workers

Many AAAs (43.1 percent) expressed concern about their ability to select qualified staff from applicant pools. When asked to rate their competitiveness with respect to their ability to recruit qualified staff, on average, respondents rated themselves 3.5 out of five (with five being “very competitive”).

The majority of AAAs (67.2 percent) cultivated relationships with colleges or universities and over one quarter (27 percent) of respondents have strategies or programs in place to employ older workers. AAAs are poised through these relationships with colleges and universities to benefit from these newly qualified individuals entering the workforce. Moreover, employment strategies to attract older workers can bring a wealth of knowledge and experience to the workforce investments already being made by AAAs.

Implications for the non-paid workforce

Over half of AAAs (55.2 percent) are concerned about maintaining appropriate staff workloads. One area where AAAs can help alleviate burgeoning staff responsibilities is through effectively utilizing the diverse skill-set of a volunteer workforce. Over one-third (38.3 percent) of respondents currently employ a volunteer manager and almost one quarter (23.4 percent) utilize a training or mentoring program for volunteers. As AAAs look to the future and anticipate incorporating non-paid employees/volunteers in their work, they plan to expand their staff to include additional volunteer managers (14.8 percent). Such plans underscore the increasing importance placed on their capacity to recruit, train and retain volunteers. More information is needed to be able to fully characterize the organizational capacity of AAAs with respect to volunteer management. Sharing best practices through volunteer recognition programs and additional training and technical assistance will support the network’s ability to effectively and creatively utilize a growing field of volunteers and other non-paid workers.
Training and Support

While 12.7 percent of AAAs have increased the proportion of their budget allocated to training, almost one quarter (24 percent) of the respondents have had to reduce this portion of their budget. Some AAAs (15.2 percent) have developed local partnerships for dedicated training or scholarship funding.

Given their concerns for appropriate and continuous staff training, there are many opportunities for AAAs to maximize or expand their current workforce strengths. The use of Mentor/Buddy programs (currently used by 8.6 percent of respondents), development of succession plans based on projected retirements (22.6 percent), systemized career ladders (36.7 percent) and comprehensive plans (used by 21.2 percent) all provide excellent examples as AAAs build the experience and expertise levels of staff members working with older adults, caregivers and persons with disabilities. Additional resources and support will be needed as AAAs look to fund their training needs in the future.

CONCLUSION

AAAs are clearly demonstrating the value of investing in infrastructure to meet future service needs. The AAA workforce strongly embodies the core mission of the Older Americans Act and provision of access services through qualified I&R Specialists, licensed social workers and nurses. Additionally, their current staffing and planned workforce expansion indicate growing investment in health promotion and wellness programming. By offering multiple retention strategies and competitive benefits packages to employees, AAAs are supporting their current workforce and present attractive options for potential employees in the future.
Opportunities exist to capitalize on the investments AAAs have made in the area of training capacity. The wide use of collaborative and joint-training programs with other organizations allows AAAs to cross-train with community partners and represents a potential cost-saving strategy for AAAs that have reduced training budgets. Still, more resources and support are needed to assist the network as AAAs increase their capacity and grow as community leaders providing long-term services and supports.

Some AAAs have calculated turnover rates and costs and have evaluated recruitment and retention strategies, and more will benefit from doing so as experienced staff members enter retirement. Expanding staff training, mentoring and promotion programs will strengthen the position of AAAs as they maintain and grow a dynamic workforce.

While AAA directors express significant workforce concerns, survey responses indicate promising opportunities to resolve them. Revealed here is a workforce solidly rooted in its mission, employing smart recruitment and retention strategies and planning well for evolving staff needs. These preparations offer potential means for AAAs to stretch training funds and build additional revenue that will support the direction and growth they envision for their organizations. With increased resources and access to best practices, AAAs will be able to fulfill their training requirements to maintain a qualified and dynamic workforce, and thereby ready themselves to address future demands for services.
Appendix A

STAFF POSITIONS - Current
%
84.4 Information/Referral Specialist
73.5 Case Manager
72.3 Caregiver Program Coordinator
70.4 SHIP Coordinator/Benefits Counselor
67.3 Accountant/Finance Professional
55.9 Intake Assessor/Screener
53.6 Billing/Claims staff
45.0 Information Technology Manager/Specialist
39.4 Planner
39.3 Volunteer Manager
38.3 Provider and/or Contractor Relations Manager
36.0 Nutritionists/Dietician
33.8 Emergency Preparedness Coordinator
33.2 Public Relations/Outreach/Marketing Specialist
30.4 Quality Assurance/Improvement Coordinator
30.4 Human Resources Specialist
26.8 Evidence-based Program Coordinator
24.0 Grantwriter
23.5 Caregiver Trainer
23.2 Transportation Coordinator/Mobility Manager
20.7 Wellness Coach/Program Coordinator
18.2 Website/Social Media Specialist
16.5 Clinical Manager/Specialist
16.5 Fund-raising/Development Professional
15.9 Government Relations/Legislative Affairs
15.6 Staff Trainer
14.5 Program Evaluator/Statistician/Research Methodologist
12.0 Other
9.8 Attorney
7.8 Behavioral (Mental) Health Professional
5.0 Personal Care Attendant
4.2 Homemaker
4.2 Other
3.9 Home Health Aide
1.4 Attorney

STAFF POSITIONS - Next 5 years
%
41.9 Case Manager
32.4 Information/Referral Specialist
26.5 Intake Assessor/Screener
23.7 Evidence-based Program Coordinator
21.5 SHIP Coordinator/Benefits Counselor
20.4 Fund-raising/Development Professional
19.3 Grantwriter
17.9 Public Relations/Outreach/Marketing Specialist
16.2 Wellness Coach/Program Coordinator
15.1 Quality Assurance/Improvement Coordinator
14.8 Volunteer Manager
14.0 Information Technology Manager/Specialist
13.1 Planner
11.2 Website/Social Media Specialist
11.2 Program Evaluator/Statistician/Research Methodologist
10.3 Behavioral (Mental) Health Professional
10.3 Caregiver Program Coordinator
10.1 Transportation Coordinator/Mobility Manager
9.5 Caregiver Trainer
8.7 Accountant/Finance Professional
8.7 Billing/Claims staff
8.1 Human Resources Specialist
8.1 Nutritionists/Dietician
8.1 Emergency Preparedness Coordinator
7.3 Provider and/or Contractor Relations Manager
7.3 Staff Trainer
5.3 Government Relations/Legislative Affairs staff
5.3 Clinical Manager/Specialist

Appendix B

STAFF QUALIFICATIONS - Current
%
64.1 Licensed Social Worker
52.3 Degree or Certificate in Business (any level)
52.0 Registered or Licensed Practical/Vocational Nurse
47.4 AIRS Certified Information & Referral Specialist
46.6 Degree or Certificate in Gerontology (any level)
44.8 Personnel with other licenses, degrees, or certification
29.6 Registered Dietician
20.4 Certified Public Accountant
12.6 Certified Geriatric Case Manager
11.5 Certified Human Resources Professional
9.5 Certified Nutrition Specialist
6.3 State-tested or Certified Nursing Assistant
5.7 Certified Health Education Specialist
4.9 Degree or Certificate in Disability/Rehab studies (any level)

STAFF QUALIFICATIONS - Next 5 years
%
26.1 AIRS Certified Information & Referral Specialist
25.9 Licensed Social Worker
20.4 Certified Geriatric Case Manager
18.7 Registered or Licensed Practical/Vocational Nurse
14.9 Degree or Certificate in Gerontology (any level)
Appendix C

Benefits

%  
98.9 Paid vacation  
98.9 Paid holidays  
98.6 Paid sick leave  
98.3 Health insurance  
95.9 Retirement plan (401K, pension)  
88.7 Dental insurance  
87.9 Transportation/mileage reimbursement  
86.5 Life insurance  
71.3 Disability benefits (either short or long-term)  
66.9 Vision insurance  
59.8 Paid personal days  
49.6 Counseling services/ Employee Assistance Program (EAP)  
48.8 Paid family medical leave  
37.7 Paid continuing education units (CEUs)  
34.7 College or University tuition reimbursement  
30.0 Wellness programming (e.g. fitness memberships)  
25.6 Paid parental leave  
21.8 Domestic Partner benefits

Appendix D

Strategies to Keep Employees

%  
85.6 Ongoing staff training/development  
82.3 Competitive health insurance  
71.3 Competitive pension plan  
70.2 Increased number of paid days off based on longevity  
69.9 Formalized grievance procedures  
65.7 Cost of living wage increases  
61.6 Comprehensive new staff orientation  
55.0 Flexible hours, days  
53.3 Competitive base salaries  
45.6 Employee days/events  
42.8 Merit/Performance-based wage increases  
41.7 Mechanisms for employee input  
41.4 Longevity wage increases  
38.4 Longevity Recognition program  
36.7 Career ladders/promotion opportunities  
33.4 Recognition for service/volunteer participation  
32.3 Other kinds of employee recognition and/or awards programs  
22.4 Monitoring of employee satisfaction through surveys  
17.7 Telecommuting  
14.9 Elder care resources  
11.3 Family caregiving assistance  
11.0 Provision of increased resources for doing the work  
10.2 Employee motivation programs  
9.9 Agency-wide bonuses  
8.8 Promotions based on seniority  
8.6 Mentor/Buddy programs  
4.4 Employee support groups  
4.4 Bonus for good attendance  
4.4 Job-sharing/rotation  
3.3 Hiring bonus after a specific service time  
2.5 Other  
1.7 On-site child care

Appendix E

Workforce Issues

%  
66.8 Building Capacity for future service demands with current funds  
62.0 Maintaining competitive wages  
55.2 Maintaining appropriate staff workloads/caseloads  
43.1 Selecting good staff from applicant pools  
39.2 Having adequate resources to meet your current training needs  
37.7 Keeping staff appropriately and continually trained  
34.1 Recruiting staff with aging and/or disability expertise  
28.7 Providing competitive benefits  
23.1 Determining workforce needs of the future  
19.4 Recruiting staff with required licenses/professional certifications  
8.5 Determining future training needs  
5.6 High staff turnover  
2.0 Other
ENDNOTES


[3] It is important to note that many AAAs indicated that there are several instances where one staff member fulfills multiple positions within the organization.


[8] Participants were asked to identify whether they will need to add staff positions and staff with specific credentials if their organization moves in the direction they envision over the next five years. These staff additions are contingent upon future funding for the organization.