# How Do Workforce Challenges and Strategies Vary Across Area Agencies on Aging?

#### The Issue

Workforce shortages negatively impact the ability of older adults to access supportive services that can help them live independently where they want to age—in their own homes and communities.

A 2022 USAging report, Caregiver Needed: How the Nation's Workforce Shortages Make It Harder to Age Well at Home, 1 showed that high proportions of the nation's AAAs experienced numerous challenges related to workforce shortages, impacting their ability to deliver services to older adults.

These workforce challenges are coming at a time of increased need: 94 percent of AAAs reported that they are seeing an increase in the number of older adults requesting help or services, and 95 percent reported an increase in the complexity of needs from their older adult clients.

#### **The Question**

Do workforce challenges and mitigation strategies vary based on agency structure, size and/or service area?<sup>2</sup>

#### **The Bottom Line**

Regardless of AAA structure, size or area served, nearly all AAAs are facing workforce shortage issues. USAging found few differences in workforce challenges based on AAA structure, size or geographic service area. However, the strategies that AAAs employ to address these challenges vary based on agency structure and size.

# A Closer Look: Workforce Challenges by Agency Characteristics

USAging analyzed the workforce poll data to uncover differences in workforce challenges based on AAA structure, size and service area. Table 1 shows the proportion of AAAs in each group reporting specific workforce challenges.

**Organizational Structure:** USAging took a closer look at three categories of Area Agencies on Aging—standalone nonprofit agencies, AAAs that were part of a city or county government, and AAAs based in a council of governments/regional planning development agency (COG/RPDA)—and found only small differences in the proportions reporting each type of workforce challenge.



- 1 USAging, Caregiver Needed: How the Nation's Workforce Shortages Make It Harder to Age Well at Home, March 2022, https://www.usaging.org/Files/Workforce-Issues\_508.pdf.
- 2 Methodology: USAging's workforce poll was disseminated via email in March 2022 to 614 AAA directors and received a response rate of 29 percent (n=178). Rural service area was defined as a combination of the "predominantly rural" and the "predominantly remote/ frontier" geographic categories, and non-rural service areas comprised a combination of predominately urban, predominately suburban, and a mix of urban/suburban/rural categories. AAA size was defined by annual budget: for this study, small AAAs had annual budgets of less than \$2.5 million, medium had \$2.5 to \$10 million budgets and large AAAs had more than \$10 million.

# **RESEARCH INSIGHT**

Regardless of agency structure, 74 percent or more of AAAs in each category reported that staff were **burnt out** and that they **lacked strong applicant pools**. One statistically significant difference surfaced when looking across agency types: fewer AAAs based

in a COG or RPDA experienced challenges in offering competitive wages (66 percent), compared with 81 percent of nonprofits and 76 percent of AAAs based in a city or county government.

Table 1: Proportion of AAAs Reporting Specific Workforce Challenges, By Agency Characteristic

		Organizational Structure			Agency Size			Area Served	
	AAAs Overall (n=178)	Nonprofit (n=84)	County or City Gov't (n=44)	COG or RPDA (n=47)	Small (n=36)	Med (n=64)	Large (n=48)	Non-Rural (n=104)	Rural (n=73)
Staff feeling overwhelmed or burnt out due to workload	79%	79%	81%	77%	86%	70%*	83%	81%	77%
Having strong applicant pools	78%	77%	74%	81%	69%	78%	88%	75%	84%
Offering or maintaining competitive wages	75%	81%	76%	66%*	72%	78%	77%	77%	74%
Staffing shortages	74%	77%	75%	66%	61%	67%	85%*	76%	73%
High staff turnover/ low retention	46%	51%	41%	43%	33%	42%	60%*	49%	41%
Recruiting staff with required licenses or certifications	46%	52%	41%	38%	39%	36%	56%*	52%*	37%*

Note: Top challenge for each agency characteristic is in **bold**.

<sup>\*</sup> denotes group proportion is significantly different from the other groups combined in paired t-tests



Agency Size: USAging also found that large AAAs tended to report more challenges than medium and small AAAs. Large AAAs reported higher numbers of workforce challenges such as high staff turnover/low retention (60 percent of large AAAs compared with 33 percent of small AAAs and 42 percent of medium AAAs) and recruiting staff with required licenses/professional certifications (56 percent of large AAAs compared with 39 percent of small and 36 percent of medium AAAs).

**Area Served:** Generally, the proportion of rural and non-rural serving AAAs facing various workforce challenges was similar. Rural-serving AAAs were slightly more likely to report challenges in having strong applicant pools. The only statistically significant difference was that rural-serving AAAs were less likely to report challenges recruiting staff with requisite licensure or certification.

# **RESEARCH INSIGHT**

### A Closer Look: Strategies to Address Workforce Challenges

While there were few differences found in workforce challenges based on agency characteristics, USAging's analysis uncovered statistically significant variations in the strategies AAAs were using to address workforce challenges. These are shown in Table 2 and described below.

**Organizational Structure:** Standalone nonprofits and AAAs based in RPDAs or COGs were more likely to implement specific strategies to address workforce challenges. This may be due to the fact that these governance structures are inherently more flexible than AAAs based in city or county government.

Higher proportions of nonprofit AAAs increased wages for direct service workforce staff (65 percent of nonprofits compared to 43 percent of other types) and provided bonuses or incentives for direct care workers (52 percent compared to 15 percent of other types). Significantly smaller proportions of city or county-based

AAAs provided flexible schedules (41 percent of city or county-based compared to 66 percent of other types) or remote work (49 percent compared to 78 percent).

Agency Size: Small agencies were more likely to partner with public health agencies for wellness checks and assessments as a way to address workforce shortages (31 percent compared with 13 percent of medium and large AAAs) and less likely to have increased the use of virtual services (51 percent compared with 67 percent of medium AAAs and 81 percent of large AAAs) or have a policy permitting remote work (54 percent compared to 69 percent of medium AAAs and 85 percent of large AAAs).

**Area Served:** A majority of AAAs, regardless of area served, increased use of virtual services as one strategy to address workforce challenges, but slightly fewer rural serving AAAs did so (59 percent) compared with non-rural AAAs (76 percent).

Table 2: Proportion of AAAs Reporting Specific Strategies to Address Workforce Challenges, By Agency Characteristic

		Organizational Structure		Agency Size			Area Served		
	AAAs Overall (n=178)	Nonprofit (n=84)	County or City Gov't (n=44)	COG or RPDA (n=47)	Small (n=36)	Med (n=64)	Large (n=48)	Non- Rural (n=104)	Rural (n=73)
Policy permits remote work	71%	79%*	49%*	77%	54%*	68%	85%*	75%	66%
Increasing use of virtual services	69%	70%	66%	72%	51%*	67%	81%*	76%	59%*
Policy allows flexible work hours	61%	67%	41%*	64%	51%	61%	66%	60%	61%
Increasing direct service workforce wages	53%	65%*	37%*	47%	51%	52%	53%	54%	52%
Paying family members for direct care	38%	35%	34%	45%	40%	28%	49%*	38%	37%
Partnering with new groups or orgs for volunteers	38%	44%	49%	19%*	40%	42%	40%	36%	41%
Offering bonuses or incentives	33%	52%*	15%*	19%*	29%	31%	47%*	37%	28%
Dividing job tasks	25%	27%	27%	21%	26%	28%	23%	26%	23%
Outsourcing with new provider types	24%	23%	37%*	17%	37%	23%	19%	24%	23%
Targeted recruiting nontraditional workers	23%	30%*	20%	13%*	34%	19%	23%	27%	18%
Increasing direct service workforce benefits	21%	33%*	7%*	15%	11%	23%	23%	25%	15%
Partnerships with Public Health for wellness checks, needs assessment	15%	17%	20%	9%	31%*	13%	13%	16%	15%

<sup>\*</sup> denotes group proportion is significantly different from the other groups combined in paired t-tests

# **RESEARCH INSIGHT**

#### **Conclusion**

While this analysis uncovered a few variations in prevalence of workforce challenges and solutions by agency structure, size and area served, it is clear that the national workforce crisis is a critical issue impacting all types of AAAs regardless of agency structure, size or area served.

Looking at strategies to address the crisis, larger AAAs were more likely to be able to offer remote work policies, provide incentives or bonuses and increase virtual services. Smaller AAAs with fewer resources were innovative in their strategies partnering with public health, outsourcing with new provider types, and recruiting non-traditional workers for direct care staffing roles.

### **About Area Agencies on Aging (AAAs)**

AAAs across the country work to help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Formally established by the Older Americans Act in 1973, AAAs assess needs and plan, coordinate and deliver a range of long-term services and supports to consumers in their local planning and service areas. Learn more about AAAs at www.usaging.org.

Data in this brief were gathered through USAging's March 2022 Workforce Challenges poll and combined with organizational data obtained through the 2019 and 2022 National Surveys of Area Agency on Aging. See www.usaging.org/research for additional resources.

July 2023





This brief was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$562,397 (or 75 percent) funded by ACL/HHS and \$202,618 (or 25 percent) funded by non-government source(s). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. Government.