

CAREGIVER NEEDED:

How the Nation's Workforce Shortages Make it Harder to Age Well at Home



*Impact Data from
Area Agencies on Aging*

USAging

Leaders in Aging Well at Home

A Demographic Reality: More Older Adults, Many Requiring More Complex Care

The United States is a rapidly aging nation. From 2020 to 2030, the number of older adults in the U.S. is expected to increase by a staggering 33 percent from 56 to 74 million. By 2030, one in five Americans will be 65 and older, a historic high for our nation.¹ Area Agencies on Aging (AAAs), local leaders that plan, coordinate and deliver services and programs that enable older adults to live at home and in the community with dignity and independence, are already experiencing the acute impacts of this demographic shift. Based upon the findings from a recent poll:

94 percent of AAAs are seeing an increase in the number of older adults requesting help or services, and 95 percent of AAAs report an increase in the complexity of older adult needs.

This demographic shift is having tremendous effects across society, including on the health and long-term services and supports systems, which need major investments in staffing and services to respond to the rising numbers of older adults and the increasing complexity of need. An American turning 65 today has a nearly 70 percent chance of needing long-term services and supports.² The vast majority (88 percent) of older adults wish to remain living in their homes for as long as possible as they age.³ A robust continuum of long-term services and supports—and a workforce to deliver those services—is required for the growing numbers of older adults to live independently and thrive at home.

However, like many industries, the Aging Network is experiencing workforce shortages and labor challenges. Workforce challenges are already creating significant problems for older adults and their families seeking a range of home and community-based services such as in-home care, home-delivered meals and transportation, all of which AAAs are experts in coordinating and providing. If not addressed swiftly and meaningfully, current and projected workforce shortages will result in widespread negative outcomes for older adults and communities across the country.

An Economic Reality: Severe Caregiving Workforce Shortages, Creating a Crisis of Care

Not only is living at home the preferred choice of most older adults, but the home and community-based services which support living at home are less costly for individuals, families and society at large than institutional care. Long-term support services are by their very nature person-centered and labor intensive. These direct care jobs—personal care assistance, homemaker, home health, respite for family caregivers and more—are physically and emotionally demanding and critical to aging well at home, yet they remain undervalued despite their important and life-sustaining role.

In 2020, there were approximately 3.5 million home health and personal care aide jobs in the U.S., and the Bureau of Labor Statistics estimates that the country will add an additional 1.1 million jobs by 2030.⁴ A report released before the COVID-19 pandemic identified high rates of turnover in the direct care workforce with more than half of workers leaving the job within the first year. Additionally, there are decreasing applicant pools to replace these critical positions due to low wages, limited or no benefits, lack of advancement opportunity and uncertain hours.⁵ In fact, one in five home care aides lives in poverty and the median wage for home health and personal care aides was \$14.15, an increase of just \$1.75 per hour over the past decade.⁶ Many direct care workers who lost or left their jobs during the pandemic are not returning to the profession. With a nationwide labor shortage, these undervalued workers are finding jobs in other sectors that pay more and have less emotional and physical stress.

In addition to direct care workers, many AAAs and their community partners face difficulties recruiting and retaining other aging professionals such as social workers, case managers and program specialists.

AAA Directors Say:

“ Direct care workers in our community can make more money flipping burgers. Those that stay are facing burnout due to being overworked. ”

Area Agencies on Aging: Local Leaders in Aging Well at Home

For nearly 50 years, AAAs have been the local leaders on aging responsible for planning, developing, funding and implementing local systems of coordinated home and community-based services. AAAs both employ staff directly and contract with local providers to deliver a range of person-centered services to older adults and caregivers and—increasingly—to younger adults with disabilities. AAA services include information and referral/assistance, in-home care, congregate and home-delivered meals, adult day care, case management, transportation, legal services, caregiver support and more.

When an older adult or caregiver needs support at home, their first call is to the local AAA. The AAA provides an in-home or telephone assessment to create a personalized plan of home and community supports to enable older adults to live well at home. The AAA case manager sets up and coordinates services delivered by AAA staff and/or contracted provider partners. Some services also rely on the support of volunteers, such as delivering meals at home. The AAA may contract with a home health agency to provide in-home personal care to assist with the activities of daily living, such as bathing or dressing, or provide medication management and light housekeeping. Home-delivered meals are another service that the AAA sets up, funds and coordinates for their clients; most commonly, a AAA-contracted provider, supplemented by volunteers, then delivers the meal. As this example illustrates, the network of AAA staff, contracted providers and volunteers are all critical to ensuring the older adult can continue living at home.

The network of AAA staff, contracted providers and volunteers are all critical to ensuring that older adults can continue to live with optimal health, well-being, independence and dignity in their homes and communities.

Poll Methodology

USAgging conducted a poll to hear directly from AAAs about the workforce challenges they and their contracted providers face and the impacts these have on service delivery and ultimately the well-being of older adults. Workforce includes agency staff, contracted providers and volunteers.

The poll was disseminated via email on March 2, 2022, to directors of Area Agencies on Aging (n=614). The survey closed on March 28, 2022, with a response rate of 29 percent. Results are reliable to within +/- six percent at the 95 percent confidence level.

Top Workforce Challenges Facing Agencies and Providers

USAgging asked AAA directors which workforce challenges applied to their agency and which challenges they believed applied to their contracted providers.

In the face of increasing numbers of older adults requesting services and the rising complexity of their needs, 74 percent of AAAs are facing staffing shortages within their agencies and 91 percent report that their contracted service providers are as well. More than 70 percent of agencies shared that key workforce challenges included staff burnout, high turnover at contracted providers and the inability to provide competitive wages. Additional challenges are shown in Tables 1 and 2.

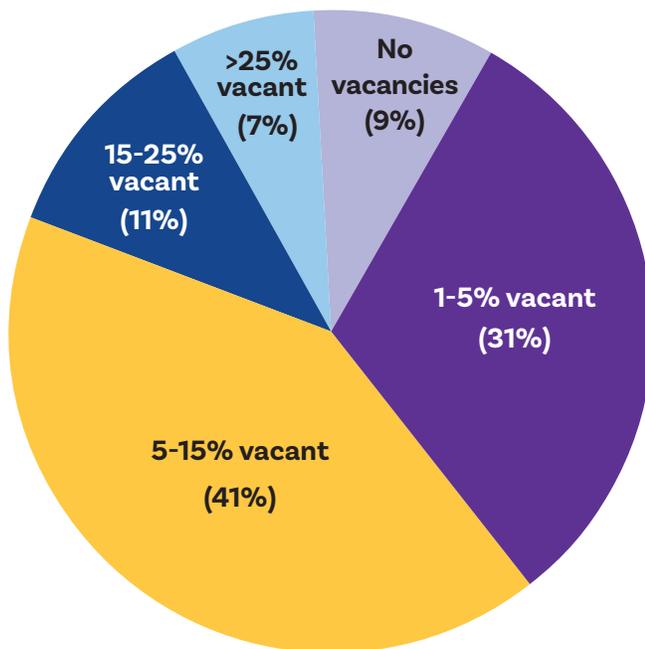
Challenge	Percent (n=178)
Staff feeling overwhelmed or burnt out due to workload	79%
Having strong applicant pools	78%
Offering or maintaining competitive wages	75%
Staffing shortages	74%
Recruiting staff with aging and/or disability expertise	74%
Maintaining appropriate staff workloads/caseloads	67%
Coverage issues due to staff illness or quarantine	53%
High staff turnover/low retention	46%
Recruiting staff with required licenses/professional certifications	46%

Challenge	Percent (n=178)
Staffing shortages	91%
Offering or maintaining competitive wages	81%
High staff turnover/low retention	80%
Staff feeling overwhelmed or burnt out due to workload	71%
Having strong applicant pools	67%
Providing competitive benefits	61%
Coverage issues due to staff illness or quarantine	60%
Maintaining appropriate staff workloads/caseloads	57%
Recruiting staff with aging and/or disability expertise	53%

AAA Staff Vacancies

Figure 1 shows the proportion of AAA staff positions that were vacant at the time of the poll. Forty-one percent of AAAs had between five and 15 percent of agency positions vacant. Eighteen percent of AAAs reported that more than 15 percent of positions were vacant.

Figure 1. Staff Positions Vacant at AAAs
(n=176)



AAA Directors Say:
“The biggest issue we have is competing with the private sector, which can offer employees higher wages, incentives and bonuses. The funding we receive, including Medicaid reimbursement rates, has not changed or kept up with cost of living to enable us to remain competitive in the workforce.”

A Declining Volunteer Workforce

Due to limited federal funding and the need to leverage additional resources to effectively address the needs of older adults, AAAs depend heavily on volunteers to help provide Older Americans Act (OAA) programs and services. In 2019, AAAs had more volunteers than paid staff with the median number of volunteers being 50 and the median number of full-time staff being 21.⁷ A separate study showed that AAAs had 27 percent more full-time equivalent (FTE) volunteers than FTE paid staff.⁸

The COVID-19 pandemic dealt a critical blow to the AAA volunteer force. Sixty-four percent of AAAs report that they face a shortage of volunteers and 62 percent perceive that this is also a challenge for their contracted providers.

How big is the shortage? **One-third of AAAs have lost at least 50 percent of their volunteers since 2019.** An additional 21 percent of AAAs have lost at least 25 percent of their volunteer force. Many volunteers have traditionally been older adults themselves, so COVID-19 safety issues drastically curtailed the volunteer workforce.

AAAs are focused on efforts to bring back volunteers who took a break due to COVID-19 and to also attract a new cadre of volunteers.

Impact of Workforce Challenges on Agencies' Service Delivery

Workforce challenges are impacting AAAs in many ways. The most common impact, reported by 69 percent of AAAs, is larger client caseloads per staff member. A similar proportion have also had to delay the start of services for new clients or create waitlists for services. Table 3 shows the most common impacts on agencies.

Impact	Percent (n=176)
Larger caseloads per staff member	69%
Looked for new solutions to address workforce/staffing issues	67%
Delayed service start for new service recipients	64%
Unspent funds or underutilized units	61%
Started waitlists or have longer waitlists	60%
Delayed resumption of in-person services that were paused due to COVID-19	53%

Workforce challenges directly impact every service that older adults rely upon to address their health-related social needs. More than half of AAAs reported that workforce challenges have had at least some impact on 28 out of 29 services highlighted in the poll.

Table 4 shows the proportion of AAAs that offer a particular service, and the percentage of those AAAs that report at least some impact and a major impact on services. A large proportion of AAAs report that workforce challenges have had a **major impact** on their ability to deliver or coordinate personal assistance/personal care (69 percent), respite care (59 percent), homemaker (58 percent), home health (57 percent), senior center programming and operations (48 percent), congregate meals (47 percent) and transportation (44 percent).



Table 4. Impact of Workforce Challenges on AAA Services

Type of Service	Of AAAs who offer this service:	
	% at Least Some Impact on Service	% Major Impact on Service
Personal assistance/personal care	98%	69%
Respite care	97%	59%
Home health	96%	57%
Homemaker	93%	58%
Senior center programming and operations	92%	48%
Adult day service	90%	34%
Transportation	90%	44%
Chore services	89%	41%
Caregiver services	87%	34%
Case management	86%	23%
Congregate meals	83%	47%
Evidence-based programs	82%	36%
Home-delivered meals	75%	23%

Shortage of Caregiving Workers Threatens Well-Being of Older Adults

The shortage of caregiving workers is having a real and immediate impact on the ability of older adults to thrive at home. We gave AAAs a list of ways that direct care workforce shortages might negatively impact older adults and caregivers and asked them to indicate how much of a problem, if any, these impacts were in their service areas.

Table 5 shows the proportion of AAAs reporting that an impact was at least somewhat of a problem for consumers. Ninety-nine percent of AAAs reported that older adults in their service area are experiencing social isolation and loneliness as a result of workforce shortages.

Ninety-four percent of AAAs said that workforce challenges resulted in some older adults not receiving the frequency of services they need, and 92 percent said some older adults are not able to receive one or more needed services at all. Ninety-four percent of AAAs replied that family and other caregivers are unable to get the supports they need due to direct care workforce shortages.

Workforce Shortages Make It Harder for Older Adults to Age Well at Home

AAAs report that due to caregiving workforce shortages, some older adults are unnecessarily experiencing:

- Declining health
- Missed medical appointments
- Increased hospitalizations
- Nursing home admissions

Additional harms include unnecessary decline in health status, which was reported as at least somewhat a problem by 79 percent of respondents, missing scheduled medical appointments (76 percent), increased hospitalizations (69 percent) and consumers who would be able to remain at home with supports are entering nursing homes (73 percent).

Table 5. Direct Care Worker Shortage Impacts on Older Adults and Caregivers	
Impact	% of AAAs Reporting At Least Somewhat of a Problem (n=176)
Older adults experiencing social isolation or loneliness	99%
Older adults not receiving the frequency of services needed (e.g., receiving one home care visit per week when three are needed)	94%
Family and other caregivers unable to get the supports they need	94%
Older adults not receiving needed service(s) at all	92%
Older adults unnecessarily experiencing decline in health status	79%
Older adults missing scheduled medical appointments	76%
Older adults who would be able to remain living at home with supports are entering nursing homes	73%
Older adults experiencing increased hospitalizations	69%

AAA Strategies to Address Workforce Challenges

While AAAs are deploying whatever flexibilities and innovations they have to address these workforce challenges, the issue is complicated and not easily remedied. This is true at the local and state level, where AAAs must abide by policies that dictate wages or benefits, as well as nationally, where larger structural changes to improve the way we recognize, support and value the caregiving workforce are desperately needed. However, AAAs continue to adapt to the workforce realities in creative and flexible ways. The top strategies currently used by AAAs are shown in Table 6.

Table 6. Top Strategies Used by AAAs to Address Workforce Challenges

Strategy	Percent (n=176)
Having a policy that permits remote work options (e.g., work from home)	71%
Increasing use of virtual services for activities such as assessments, care coordination and delivery of behavioral health	69%
Having a policy that allows flexible work hours	61%
Increasing direct service workforce wages	53%

Developing solutions for workforce challenges is long overdue and demands both innovation and investment in new models. Below are examples of some of the emerging strategies AAAs are employing:

- Dividing job tasks among multiple workers or providers. For example, instead of a home care aide doing personal care and housekeeping, now the aide covers personal care only and other providers cover laundry and/or cleaning.
- Outsourcing with new provider types, for example using cleaning services for chore services.
- Targeted recruitment of non-traditional workers (e.g., older workers, men, family caregivers) or workers displaced from other sectors during COVID-19.
- Increasing direct service workforce benefits, such as offering partial benefits to part-time workers, or increasing value of benefits for all workers.
- Bringing direct care workers on board as agency staff members rather than solely contracting with home care agency providers.



Examples from the Field:

AAAs Create Rapid Response Positions to Fill Labor Gaps

The most critical time for an older adult's long-term health can be when they newly require services or to meet a temporary need during a transition back home from the hospital. Direct care workforce shortages within AAAs and at provider partners can result in delays in the provision of critical services, which may result in further health complications and hospital readmission. The following are examples of two AAAs that have addressed this issue by adding new positions to their agency staff.

Connections AAA in Iowa has created a **Rapid Response Specialist** position. This person works closely with care transition coaches and a community interventionist to provide in-home services to consumers as they transition from hospital to home. The AAA also uses Rapid Response for case management and caregiver clients as a temporary bridge to provider-based services. The rapid response specialist is able to perform their job with maximum flexibility to not only meet the consumer's need, but meet the agency's need for staff who can perform a wide array of tasks on an emergency and short-term basis. This has helped ensure that clients in need can get some assistance even if workforce shortages have created delays in receiving longer-term direct care support. The AAA uses OAA funds and state funding to support the new position.

The **Ohio District 5 Area Agency on Aging, Inc.** administers a Care Coordination Program (CCP) which provides an array of services to support older adults living at home. Due to direct care provider shortages, some CCP clients were unable to receive services in a timely manner, so the AAA created a **Community Care Specialist** position to fill this gap. This role is filled by certified nursing assistants who provide both short-term (less than 60 days) and extended personal care and homemaker services to CCP clients unable to be served by providers. The AAA continues to refer CCP clients to providers when provider capacity allows. This position is supported by flexible county levy funds earmarked for services for older adults. In addition, the AAA received an emergency waiver to use OAA Title III B, III E and Alzheimer Respite funds for personal care and homemaker services.

Conclusion

The Aging Network has shown creativity and resilience in the face of workforce challenges, but AAAs and their provider partners cannot meet the growing need for services without additional investment and new solutions. USAging's poll of AAA workforce challenges demonstrates demographic shifts combined with labor shortages and other workforce challenges have already begun to negatively impact the nation's older adults and the agencies that serve them. Without investments in funding and new policy solutions to strengthen the capacity of the aging services workforce—such as expanded investment in Older Americans Act and Medicaid home and community-based services programs—states, AAAs and other providers will be unable to compete for workers at a time when millions more direct care workers will be needed, jeopardizing the ability of millions of older adults to age well at home.

Endnotes

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- ⁴ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Home Health and Personal Care Aides, <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>.
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- ⁶ Liz Donovan and Muriel Alcorón, Long Hours, Low Pay, Loneliness and a Booming Industry, New York Times, Sept. 25, 2021, <https://www.nytimes.com/2021/09/25/business/home-health-aides-industry.html>.
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- ⁸ Administration for Community Living Office of Performance and Evaluation, Volunteerism Final Study Report, July 2021, https://acl.gov/sites/default/files/programs/2021-08/ACL%20Volunteerism%20Study_Final%20Study%20Report%20August%202021.pdf.

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