

ISSUE BRIEF

# 8 Signs the Shortage in Paid Caregivers Is Getting Worse

BY ROBERT ESPINOZA

What will happen when we can't find a paid caregiver to care for an ailing parent, a grandparent too frail to care for herself, or a child with functional limitations who requires 24-hour support? What will we do when home care providers and nursing homes can't recruit enough workers to fill vacancies or obtain enough state funding to keep their doors open? What will happen when we can't manage our own care—a chronic condition, a debilitating health scare, a disability, an end-of-life scenario? Who will take care of us during our most difficult hours? These questions haunt us as people and families, especially if we've experienced what it means to offer substantive care to someone we love. In response, long-term care leaders ask: what must we do as a country to ensure we can all age in our homes and communities?

For starters, we must ensure we have enough direct care workers—home health aides, nursing assistants and personal care aides—willing to take jobs that assist frail elders and people with disabilities with daily tasks such as bathing, dressing, and eating.

Yet at PHI, our research and consulting experiences with providers nationwide routinely show that this workforce isn't strong enough to meet demand — and it affects the entire system of caregiving. Families can't find home care workers, so relatives quit their jobs and deplete their savings to care for a loved one. Workers leave emotionally fulfilling caregiving jobs because they can't afford to live on \$10 an hour (in turn, 24 percent live below the federal poverty level) or because they see few opportunities to advance in their careers in this occupation. Home care agencies, nursing homes, and managed care plans struggle to find workers willing to take these jobs, and they feel strapped by the paucity in state Medicaid funding.

Sound ominous? Well, it's getting worse. Here are eight signs that the shortage in direct care workers has become a crisis.

## **1. The population of older adults in the U.S. continues to rapidly age, igniting demand for long-term services and supports.**

The population of people age 65 and older will more than double between 2015 and 2050—from 47.8 million to 88 million. Over the last few decades, as the baby boom generation matured, the long-term care system also changed, moving away from nursing homes as the preferred setting and increasingly to home and community-based services. Today, 52 percent of people age 65 and older require some form of long-term care.

## **2. A sizable growth in elders and people with disabilities means a growing demand for paid caregivers: home health aides, nursing assistants, and personal care aides.**

According to the Bureau of Labor Statistics, by 2024 we'll need roughly one million new jobs in direct care, which includes home health aides, nursing assistants, and personal care aides. And it's not just frail elders who need long-term care; people with disabilities regularly rely on direct care for assistance with daily living. Of the 8.4 million people receiving long-term services and supports, 37 percent are under the age of 65.

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PHI, the country's premier expert on the direct care workforce, has launched a two-year, national public education campaign to identify 60 policy and practice ideas that can begin addressing the growing shortage in direct care workers. From improving wages and benefits, to creating advanced roles and improving training opportunities, to reconfiguring how we finance and structure the entire long-term care system, and much more, PHI has committed itself to finding solutions that can gradually improve the quality of care we receive as elders and people with disabilities—and the quality of jobs for people who provide that care. This content appears on [60CaregiverIssues.org](#).

### **3. The primary labor pool for direct care workers isn't keeping pace with these national trends, raising concerns about the broad appeal of this occupation.**

Women are the primary labor pool for direct care workers, making up 89 percent of home health care workers and 91 percent of nursing assistants. Yet research shows that the pool of women ages 25 to 64 will grow by less than one percent in the same time frame, or 1.9 million workers. Unless this sector can attract a wider diversity of candidates, while vastly improving the quality of these jobs, more positions will be left vacant and more consumers will be left without care.

### **4. Direct care workers are leaving this occupation in droves, often within a year, dissatisfied with low wages, marginal benefits, and limited opportunities to advance.**

Research shows that one in two direct care workers leaves her job within 12 months, often citing low wages as the primary reason. (More broadly, new research reveals that more long-term care workers are leaving this sector than entering it, often becoming unemployed.) Other reasons for high turnover among direct care workers? Poor supervision, thin benefits, strenuous travel schedules and workloads, and few opportunities to move up the career ladder. In some areas of the country, these workers find better paying jobs in other industries, such as fast food.

### **5. The workforce shortage in paid caregivers might be affecting areas of the country differently.**

Our experience at PHI shows that rural areas in particular are grappling with shortages in workers, since those areas are often characterized by a dearth in health care and long-term care resources. Additionally, workers in rural areas have longer travel times between clients and fewer public transportation options than what's available in urban settings. Given the differences in Medicaid funding across states, we also assume that the stock of paid caregivers differs across states, region to region. More research is desperately needed.

### **6. Policymakers, long-term care providers, and the general public are hampered by the lack of available data and research on the direct care workforce.**

Few states and municipalities track data on the direct care workforce, including workforce turnover, staffing statistics, and vacancy rates, among other figures. Without this data, it's difficult to identify where the shortages are severe, or the variety of reasons for the shortage. It's also difficult for researchers and program evaluators to empirically study broader questions and craft interventions related to the direct care workforce and long-term care.

## 7. Home care providers and other long-term care entities cite the workforce shortage as a top concern for delivering quality care.

According to a 2015 study of administrators from more than 700 private home care agencies, 60 percent of respondents identified caregiver shortages as one of their top three "threats to the future growth of [their] business in 2015." At PHI, we hear regular stories of providers who struggle with recruiting and retaining enough workers, forcing them to reduce their censuses, close units, and remove staff from important training sessions. In turn, people are denied important care.

## 8. The shortage in workers extends beyond long-term care—and is garnering public attention.

In the broader health care field, leaders and practitioners report the challenges in finding physicians, nurses, and other primary care professionals, especially in rural parts of the country. Increasingly, the workforce shortage has captured the attention of journalists, leading to in-depth profiles in Michigan, Minnesota, and Wisconsin, among others. The public overall is overwhelmingly concerned that we will soon run out of primary and long-term care professionals who can assist our families with their basic health needs. We're at a critical tipping point—and we must act.

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*Robert Espinoza is Vice President of Policy at PHI.*

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works—and what doesn't—in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care; and
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

For more information, visit our website at [www.PHInational.org](http://www.PHInational.org).

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