

Home Alone in New Hampshire

Baby Boomers and their parents want to age in their own homes and communities, but they'll need help. Will the Granite State have the workforce they'll need?

AGING AT HOME

Mary Lea Kendall's week revolves around the caregivers she hired after her mother had a stroke. Mary Lea¹ does a lot of caregiving herself, but she also pays two direct-care workers. Three days-a-week, a home health aide helps Mary Lea's mother bathe, exercise, and get to physical therapy appointments. On the other two days, a personal care services provider (PCSP)² from a different agency fills in.

"I work and I can't leave Mom home alone," says Mary Lea. "We have these two wonderful caregivers who help get Mom out of bed. Without them, she'd lose her mobility. But it unravels easily. One has to work several jobs to make ends meet and the other has a lot of car problems. It is hard to find someone to fill in for them."

Like Mary Lea and Jean Holt, thousands of New Hampshire families juggle their resources to help loved ones age in their own homes and communities. When these families need help, they call on direct-care workers.

SURGING DEMAND FOR PROFESSIONAL CAREGIVERS

The State of New Hampshire projects the number of senior citizens will nearly triple in the next two decades. By 2030, there will be twice as many citizens 85 and over, creating a surging demand for direct-care workers. Between 2004 and 2014, demand for home health aides will



Jean Holt and her mother laugh as 94-year old Edith reveals her key to independence- three daughters and a direct-care worker named Jenn. "Jenn helps me dress so I'm not still tying my shoelaces at noon-time," chuckles Edith. Despite poor eyesight, Edith lives on her own in Nashua.

grow faster than for any other occupation in New Hampshire.

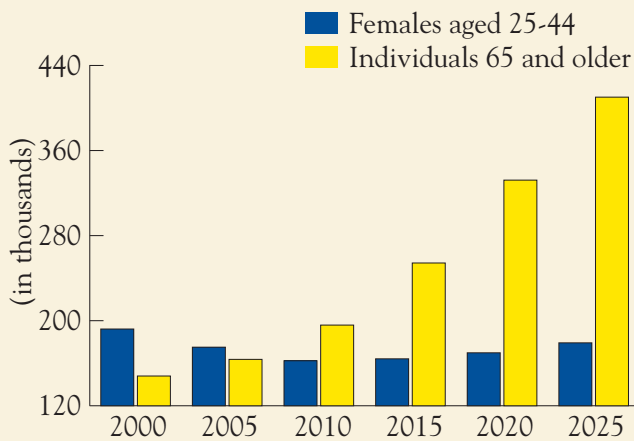
SHRINKING SUPPLY

Despite the surge in demand for direct-care workers, New Hampshire can also expect a 6% drop in the number of women 25-44 years old in the next two decades. In the past, most direct-care workers have come from this age group. To make things worse, many current workers are nearing retirement and others are discouraged by low wages and harsh working conditions. **This paper tells you what makes direct-care workers leave their jobs and why we must act.**

¹ This woman's name and other details have been changed to protect the family's privacy.

² The term "direct-care worker" is used here to refer to PCSPs (Personal Care Services Providers), Home Health Aides, LNAs (Licensed Nursing Assistants), CNAs (Certified Nursing Assistants), Home Care Aides, Personal Care Attendants, Home Companions, and Homemakers.

SUPPLY AND DEMAND Direct-Care Workers—New Hampshire



Workforce Shortage – New Hampshire

Change in 65+	177%
Change in females 25-44	-6.7%

Source: New Hampshire Office of State Planning
Population Projections, September 2004

WHO RELIES ON DIRECT-CARE WORKERS?

Three groups rely most heavily on direct-care workers: elderly people, people with disabilities, and families of both groups. In just five years, the first Baby Boomers will turn 65. In ten more years, Baby Boomers and a growing population of younger people with disabilities will need more in-home services.

WHO ARE DIRECT-CARE WORKERS?

Direct-care workers are responsible for 8 out of every 10 hours of direct service contact with older citizens in their homes, as well as in nursing facilities, adult day programs, and assisted living facili-

ties. Besides family members, these workers provide most of the support and assistance for elders. It is common to hear these essential workers speak about their jobs as “heart work” because the intimate care and practical assistance they provide makes such a difference in the lives of people who are elderly or disabled.

QUALITY CARE

Experience and compassion make a big difference in the quality of direct care. If a direct-care worker has a close relationship with her client, she knows the client’s personal habits, favorite foods, and normal behavior. She can help the older person avoid incontinence, dangerous weight loss, infections, and falls. She can alert a professional or a family member when something seems “wrong.” The experienced direct-care worker can measurably improve the quality of an elderly person’s life and also lower costs.

To make a difference in the quality of care and support, direct-care workers must exhibit maturity and possess strong communication and decisionmaking skills. This means it is important to recruit the right people for the job, provide them with ongoing training, and retain them long enough to develop skill and confidence in their work.

WHY DO WORKERS LEAVE?

Although many direct-care workers are dedicated to their jobs, it is challenging to recruit and retain these women in the current labor market. Wages remain low despite high demand. Benefits are meager, working conditions are often harsh or lonely, and turnover in New Hampshire is already a problem in many settings. Without a stable workforce, maintaining quality of care becomes an uphill battle.

“Direct-care workers are responsible for 8 out of every 10 hours of direct service contact....”

Turnover: About 80% of licensed nursing assistants (LNAs) in New Hampshire nursing facilities leave their jobs every year. Labor shortages mean they often receive no orientation in the facility and find themselves caring for a dozen elderly people on the first day of work. Short-staffed and pressed for time, the worker is too busy to chat or help the older person exercise and stay independent.

Employment in home care is very appealing to these workers because it offers the chance to focus on one client at a time. However, wages and hours are undependable for some workers. For others, the work is lonely and frustrating because they receive little training and support from their agencies.

Wages and benefits: A national study by BDO Seidman (2002) found that wages for fast-food workers are rising more rapidly than wages for personal and home care aides. In New Hampshire, the average entry-level wage for personal and home care aides is \$7.40/hour. LNAs begin at \$9.04/hour. A crossing guard makes more than both. Some



Home Health Aide Jenn Craigue reads to Edith at breakfast, then starts the laundry. “We need someone who will take the initiative to look around see what needs to be done,” says Edith’s daughter.

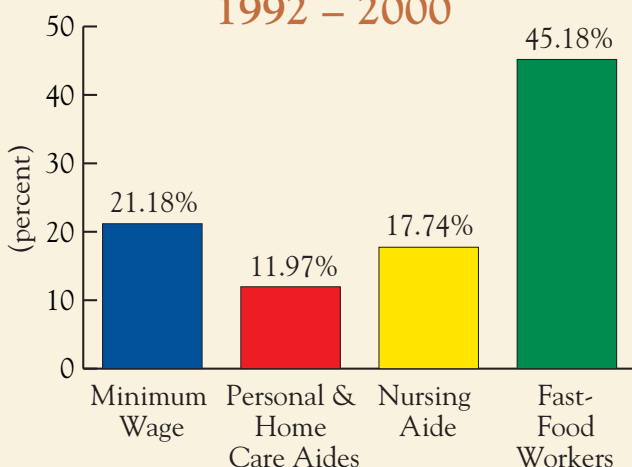
home care workers also see their hours and income suddenly shrink when a client enters the hospital or passes away.

The same national study found that benefits offered to fast-food workers are worth three-and-a-half times more than benefits available to direct-care workers. Some New Hampshire employers do offer direct-care workers benefits but these often include health plans that require an employee contribution which is unaffordable for low-wage workers.

Working Conditions: Direct care takes a toll emotionally and physically. Compassionate caregivers tend to develop strong bonds with their clients, but then they have to watch as the older person declines. Many workplaces do not allow time for grieving and do not include direct-care workers in care planning for their own clients.

Debilitating on-the-job injuries are also commonplace. The likelihood of injury and frequent emotional loss mean employers must try to hire physically strong, psychologically resilient, mature adults who are skilled communicators. Once hired, these essential workers still find little of the support, training, and career opportunities that would reward them for making a career of direct care.

PERCENTAGE INCREASE IN HOURLY WAGES FROM 1992 – 2000



U.S. Bureau of Labor Statistics: The term “Nursing Aides” refers to LNAs who work in nursing facilities. The term “Personal and Home Care Aides” refers to PCSPs and home companions, as well as many other job titles.

Source: On the growing crisis in recruiting and retaining the direct support workforce, BDO Seidman, LLP. 2002.



“It works better for Mom if it’s always the same [direct-care worker],” says Edith’s daughter. “It’s hard for her to establish new relationships. It’s exhausting to explain where the broom is, where to put the laundry. Mom would rather stay home alone than tell a stranger what to do.”

RECOMMENDATION: QUALITY JOBS

In 2005, New Hampshire citizens paid over 10,000 direct-care workers to provide care and support to people who are elderly and disabled. But many more workers will be needed in the next two decades. To attract these workers, New Hampshire needs to improve the quality of direct-care jobs.

In the future, job descriptions, wages, and benefits need to reflect the strengths and skills these positions require. On the job, direct-care workers need to receive support. Their supervisors need to be trained as coaches. Experienced direct-care workers should be trained as peer mentors to support workers in isolated settings. Direct-care workers know their clients well, so it makes sense to include them in care planning for those clients and in workplace planning.

If New Hampshire improves the quality of direct-care jobs, the impact will reach far beyond the workforce. Quality jobs will help stabilize the workforce, reduce the high cost of turnover for employers, and improve outcomes for in-home care and support services. Elderly and disabled consumers will have reliable support so they can live safely in their own homes and neighborhoods, while family caregivers can remain active participants in the workforce and the community.

Do you have a story about your experience with direct-care workers?

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