

[Insightful article from Judith Graham at the New York Times on the caregiver crisis]

## A Shortage of Caregivers

If you want fresh evidence of the caregiving crisis that lies in the not-too-distant future, look no further than the employment projections released by the Bureau of Labor Statistics late last year.

Topping the list of occupations expected to grow between 2012 and 2022 are personal care aides, in the No. 1 slot (580,800 new positions); home health aides, No. 4 (424,200 jobs); and nursing assistants, No. 6 (312,200 jobs).

All these workers provide similar services, helping clients — mostly seniors — bathe, dress, get up in the morning and perform other activities at home or in group homes, assisted living centers, rehabilitation facilities and nursing homes.

Put all three numbers together and you have this eye-opener: More than 1.3 million new paid caregivers will be needed to meet demand over the next decade.

And that may be an underestimate. According to PHI (formerly the Paraprofessional Healthcare Institute), in 2020 the direct care work force — by that point, about 5 million strong — will become the largest occupation in the United States, surpassing the number of retail salespeople.

PHI's projections draw on the Labor Department's figures but include caregivers hired directly by consumers — a group that the government doesn't track.

Where will all these new workers come from? After all, these are low-paid, demanding jobs with high rates of injury and, frequently, no benefits.

“There isn't going to be a big increase in the work force that typically fills these jobs — poorly educated, low income, usually minority women — over the next 10 years,” said Joshua Wiener, director of the aging, disability and long-term care program at RTI International, an independent research institute.

Usually, big demand and a limited supply would drive up prices in the labor market. But in this case, experts question whether that will occur.

One reason: About 75 percent of services provided by home care agencies are paid by Medicaid and Medicare. Financial pressures on both programs are enormous, making it unlikely that significant wage increases are in store.

Another reason wages will likely remain relatively stagnant: Most middle-class families simply can't afford to pay for these services and will do without, experts said.

Nationally, agencies charge a median \$18 an hour for personal care aides and \$19 an hour for home health aides,

according to the latest survey by Genworth Financial. (Aides take home about half that amount.)

Since both the Affordable Care Act and the national Commission on Long-Term Care failed to come up with a national financing program for long-term care, little help is available to most families needing to pay caregivers.

“I don’t get the sense that anyone in Washington feels a great urgency to step back into the long-term care debate and come up with a new solution,” said Steven Edelstein, national policy director for PHI.

What can be done about the impending caregiver crisis? Organizations that represent direct care workers argue that these jobs need to be made more attractive with better supervision and training, more opportunities for advancement, and, yes, higher wages.

The Labor Department’s decision last fall to extend the federal Fair Labor Standards Act to direct care workers — a move that guarantees them minimum wage and overtime pay — is “a step in the right direction” but it doesn’t go far enough, Mr. Edelstein said.

“The direction of Medicaid policy is to provide more services to frail seniors in the home and fewer in institutions,” he said. Yet this won’t be possible unless steps are taken to create a more stable, better trained work force.

Filling paid caregiving jobs with immigrants is another option — indeed, already one in five direct care workers today is foreign born. But there is strong political opposition to increased immigration, which may limit the number of potential caregivers. Cultural and language differences can also complicate the caregiving relationship.

Lynn Feinberg, a senior strategic policy adviser at AARP, has two interesting suggestions. Family members who had previously looked after loved ones could be recruited and trained to become paid caregivers, she proposed. Or retired nurses, social workers and other health care professionals could be encouraged to see this as valuable part-time work once their full-time careers are over.