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Family Caregiver: **BALANCING** Home and Work

by Terry Lochhead
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Jean Holt engages in a daily balancing act: She not only has a job as a health-care professional but also is her mother's primary caregiver. Holt lives in Hollis, New Hampshire, not far from her mother, Edith, and two sisters who also help out. The person who makes it possible for Jean to continue working is Jennifer Craigue, a licensed nursing assistant, or LNA.

According to the Center on an Aging Society, one in three American workers cares for an elderly relative. Typically, caregivers are middle-aged adults who rely on paraprofessional direct-care workers to help them balance their jobs with their caregiving.

As Baby Boomers move into these dual

roles, they and their employers face a gap in support. The elderly population is growing; the supply of direct-care workers is not.

Workforce Shortage

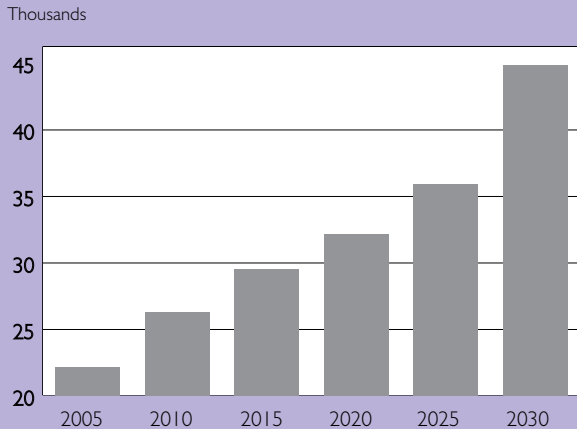
The coming challenge is especially clear in New Hampshire, where the senior population is growing faster than most other states. In 2006, N.H. Employment Security (www.nhes.state.nh.us) predicted that between 2004 and 2014 demand will grow faster for home health aides than for any other occupation in the state. If nothing is done to attract more people to direct-care work, NHES foresees a workforce shortage that could hurt employers as much as employees.

Aging Population

The people most likely to need care are frail seniors 85 years and older. By 2030, New Hampshire expects to have twice as many frail elderly as it did in 2000. (See the exhibits "Individuals 85 and Older" and "Supply and Demand.")

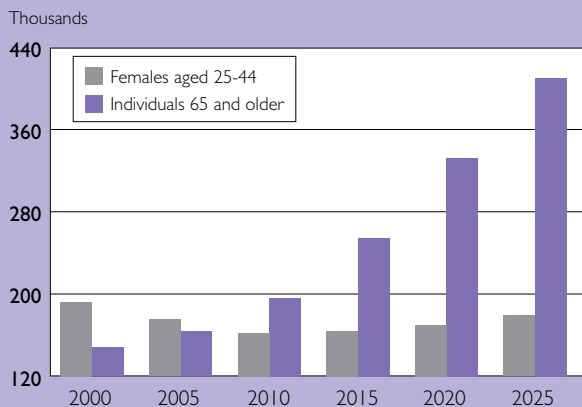
Unfortunately, the number of people who normally care for the elderly—25-to-44-year-old women—is heading in the other direction. New Hampshire's Office of Planning and Energy expects this group to shrink by about 6 percent between 2000 and 2025 if trends continue. Without LNAs, homemakers, and personal care assistants, long-term care services will be in short supply. Nursing homes, hospitals,

Individuals 85 and Older New Hampshire



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

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.

home care, and personal support services rely on these workers, who provide eight out of every 10 hours of care and support services to the elderly and people with disabilities. Some workers provide medically related services to clients who have been discharged from the hospital; others provide nonmedical services, such as transportation, light housekeeping, and companionship.

Direct care is physically demanding work, often involving lifting and transferring clients from bed to chair or bath. According to the Service Employees International Union, nursing facility workers are injured at almost three times the rate of coal miners.

Strong, young workers are needed in the field, but supply is not responding to demand.

Wages and Benefits

The opportunity to make a difference in the life of an elderly person attracts some young people, who call it *heart* work. Others just call it *hard* work—and underappreciated work at that. The field is characterized by low wages, meager benefits, and few if any career options. Supervision techniques rooted in the past are common, and hours of work are seldom steady. The conditions can make fast food jobs look good. A national study conducted by BDO Seidman in 2002 found that wages for fast-food workers were growing more rapidly than wages for personal and home-care aides—and benefits were worth 3.5 times more. (See “Percentage Increase in Hourly Wages, 1992-2000.”)

As of this writing, the average entry-level wage for personal and home-care aides in New Hampshire is \$7.40 per hour. LNAs begin at \$9.04 per hour. That is low. Consider that a 2006 study by the University of New Hampshire and the North Country Council found that a single person in New Hampshire needs a wage of \$10.42 per hour just to live

from paycheck to paycheck. If two parents with a child both work, they each need slightly less to get by: \$10.10 an hour, about a dollar more than an entry-level LNA receives. No wonder that Michael Hill, president of the New Hampshire Hospital Association, calls New Hampshire’s living wage a “survival” wage. It doesn’t let people save for a rainy day or access education that could advance their family’s earning capacity.

Quality Jobs and Quality Care

To attract more young people and retain experienced workers that can mentor new-

comers, stability is needed. As every family caregiver knows, when an elderly parent has to deal with one stranger after another, havoc is likely. Ninety-four-year-old Edith, for example, finds it exhausting to tell new workers repeatedly where the broom is and where the clean towels go.

As daughter Jean says, “We need someone who will take the initiative to look around and see what needs to be done.... It works better when it’s the same person every time.” She says Edith would rather stay alone than have strangers come to help her.

Elderly clients commonly refuse to allow newly hired direct-care workers into their homes. When one shows up, the elderly person may telephone the adult offspring at work and describe the new hire as a stranger breaking into the home. Or the call may be from a distressed home-care worker trying to talk to the adult child over the noise of a screaming parent in the background.

In response to the problem, one home-care employer, Quality Care Partners in Manchester, New Hampshire, has begun to provide “the same person every time.” QCP guarantees a consistent team of direct-care workers. For example, it sends LNA Craigie to visit Edith four days a week and supplements her visits with just one other caregiver, someone Edith has met. But can QCP fulfill this guarantee if a workforce shortage materializes?

In other sectors, market demand alone might be enough to drive up wages so that experienced employees would stay on, but in long-term care, low government reimbursements form the primary revenue stream for most providers. Currently, private insurance and family savings supplement Medicare and Medicaid, and the influence of the consumer has yet been felt in the labor market.

Care jobs do not have to remain low-wage and low-opportunity. As patient care has changed over the years, nurses have assumed higher levels of responsibility and so have direct-care workers—but wages haven’t risen in tandem. Meanwhile, elderly patients are being discharged from the hospital with more serious care needs. Direct-care workers require increased support in the field. To meet the need, New Hampshire could consider offering direct-care workers training in peer mentoring and in clinical specialties they are likely to encounter in the elderly—chronic obstructive



Photograph by Geoff Forester

Adult children who want to continue participating in the outside workforce rely on home-health aides to make it possible.

care worker who visits that day. They also need to know that the direct-care worker is well-qualified and well-supervised—and that the service is affordable, so that Jean can continue to be an active participant in New Hampshire’s economy.

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pulmonary disease, diabetes, dementia, and congestive heart failure, among others.

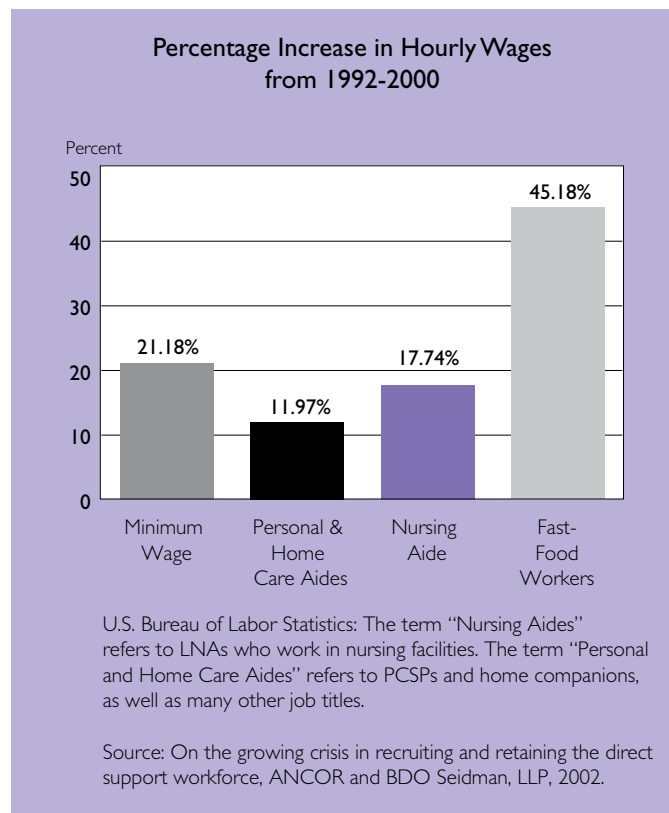
The Future

Staff retention is an even bigger problem in nursing facilities than in home care. Pay is low and turnover is high—about 80 percent annually in New Hampshire. It is difficult to avoid routine, impersonal care when inadequate staffing saddles the remaining employees with heavy workloads.

Genesis HealthCare is one organization that is attacking turnover head-on. Based in Pennsylvania but with facilities throughout New England, the company has a dual corporate goal: become employer of choice and offer elderly residents facilities where they can be sure of quality care. Genesis recognizes that the path to quality care is paved with quality jobs.

Managers in the 22 New England facilities are trying out new forms of supervision. They are learning to move beyond discipline-focused management and instead to coach workers to become problem solvers. This high-energy approach requires tackling workplace culture from top to bottom. Managers must let go of strategies they have used their entire careers and embrace a more supportive, collaborative, and problem-solving model of supervision.

The state of New Hampshire will also need a high-energy approach if it wants to develop a workforce capable of providing a



range of quality, long-term care services. To stabilize and build the workforce needed, it will have to ensure that direct-care workers have good benefits and reasonable wages as well as a clear career path. When Jean Holt leaves for work in the morning, she and her employer need to be assured that 94-year-old Edith will recognize the direct-