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,
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-experienced workers, 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 Craigue 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 stream for most providers. Currently, private insurance and family savings supplement Medicare and Medicaid, and the influence of the consumer has yet be 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...
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-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.

_Terry Lochhead_ is the program coordinator for the Direct Care Workforce Initiative at the New Hampshire Community Loan Fund in Concord. The Loan Fund is a state partner in the Paraprofessional Healthcare Institute's Northern New England LEADS (Leadership, Education, and Advocacy for Direct Care and Support) Institute, a demonstration project.