

## **Without Care: Maine's Direct Care Worker Shortage**

*Highlights*

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*Full report at: <http://www.mecep.org>*

### **Who are direct care workers and what do they provide?**

- These paraprofessional workers in Maine's long-term care system include certified nursing assistants (CNAs), personal care attendants (PCAs), and home health aides who work in nursing facilities, residential and assisted living facilities, and home care.
- Together they provide eight out of every ten hours of paid care received by elders and people with disabilities needing long-term care.
- Their services range from feeding, bathing, dressing, administering medications, and rehabilitation, to helping people with in-home daily living tasks. They provide emotional support, companionship, and a lifeline to the outside world for some of our most vulnerable citizens.

### **The demand for direct care workers is growing but supply will not meet demand**

- The Maine Department of Labor estimates that there were over 18,000 direct care workers employed in 2001. The numbers are likely higher since self-employed workers in private pay arrangements are difficult to track.
- Maine's population is aging even more rapidly than the rest of the nation, and the elderly population is projected to increase 77% from 2000 to 2025.
- The need for home health aides and personal care attendants in Maine is expected to increase by 50% from 1998-2008. Home health aides are projected to be the seventh fastest growing job opportunity in Maine during this time period.
- Demographically, the number of women who traditionally have worked in these positions – aged 24-54 – will fall behind the number needing long-term care services over the next 20 years.

### **Providers are already experiencing severe worker shortages**

- The turnover rate in some elder care positions in Maine was more than 56% in 2001.
- Three quarters of nursing homes report having CNA vacancies.
- For every ten CNA jobs in a nursing home or boarding home in Maine, there are five departures and new hires every year.
- Turnover and vacancy costs – including recruitment and training costs, increased management expenses, and lost productivity – range from \$1,400 to \$4,300 per direct care worker.
- More than a third of hospital affiliated nursing facilities in Maine has had to use temporary staffing agencies, to fill vacant RN and CNA positions. In 2000, the incidence of Maine’s contract labor usage among these facilities was nearly twice the national average for both RNs and CNAs. The costs for paraprofessional contract labor are high - typically \$20-\$25 per hour – which drives up providers’ costs.
- In Maine, Medicaid pays for 72% of the long-term care services in nursing homes and 67% of care in assisted living and residential care facilities in Maine. Nationally, it is estimated that about 35% of all Medicaid funding goes to long-term care needs. In Maine, approximately two-thirds of Medicaid costs support the one-third of beneficiaries who are elderly and disabled for both acute and long-term care.
- Providers report being unable to raise wage rates to compete for labor due to inadequate Medicaid reimbursement rates.

### **Long-term care consumers bear the brunt of the worker shortage**

- Without adequate staffing, good care is compromised by hurried workers or no workers at all. In a survey of Maine hospital-affiliated nursing homes in 2001, 15% believed that the direct care worker shortage was connected to admission waiting lists and 10% said it was linked to reduced beds staffed.
- Maine home care providers indicate that the worker shortage reduces continuity and quality of care, and efficiency and intimacy with patients, and threatens their overall ability to stay in business.
- In a 2002 home care services consumer satisfaction survey in Maine, respondents noted they did not receive the hours they were supposed to get and expressed concern that they will lose their service because of the staffing shortage. Many respondents indicated how distressing it was to deal with so many different workers from week to week.

## **Workers struggle because of low wages, difficult working conditions, and staff shortages.**

- Over one-third of direct care workers are single parents.
- Over half of CNAs and two thirds of PCAs have household income less than \$20,000. The average annual income for a PCA in 2001 (\$17,480) was 133% of the federal poverty level for a family of three (\$14,630), and was only 60% of a basic needs budget in Maine for a family of three in 2001 (\$29,018).
- Many are not offered health insurance by their employer or are not able to afford the co-pays of the employer's health insurance plan. Most home care workers do not have guaranteed hours and thus, do not receive health insurance or paid time off.
- Many rely on public assistance to get by because of their low income. CNAs working in home health agencies and nursing homes are twice as likely to receive public benefits – specifically food stamps and Medicaid – than workers in other job categories.
- With an average hourly wage of \$8.69 for all direct care workers in 2001, many workers are leaving the field, able to find far safer, less physically and emotionally demanding, and potentially more stable work at similar or higher pay in other sectors.
- The 2000 occupational injury rate for these workers in Maine (at 6.9 incidences per 100 workers) is over twice as high as the rate for all occupations (at 3.0 incidences per hundred workers).
- While most direct care workers report liking their work with clients, they do not like the lack of career advancement opportunities, inadequate supervision and support, and the stress of staff shortages that compromises their ability to offer quality care. These important factors are also driving workers away from direct care.

## **Key recommendations of the report include:**

- Coordinate state efforts to address the worker shortage through establishment of a Direct Care Workforce Committee.
- Increase public funding to enable employers to provide livable wages, and ensure benefits for all direct care workers.
- Develop a coordinated training system, career pathways, and workplace culture changes.