



E-NEWS

Eldercare Workforce Alliance

Greetings!

As you know, the Eldercare Workforce Alliance has joined together to address our nation's worsening eldercare crisis. The Alliance works to build a caring and competent eldercare workforce, joining in partnership with older adults, their families and other unpaid caregivers to provide high-quality, culturally-sensitive, person-directed, family-focused care, and improve the quality of life for older adults and their families.

In this, our first E-News bulletin, you'll see that we will highlight recently released research or a news story, as well as present an opinion piece written by members. This monthly newsletter will provide a glimpse of what can be found on our website at www.eldercareworkforce.org.

Thank you!

Steven Dawson & Nancy Lundebjerg, EWA Co-Conveners

Member Insight

My Grandfather's Care

Caitlin Connolly, Eldercare Workforce Alliance

By 2030 experts are predicting the population of Americans over 65 years of age will explode to 70 million. Ninety percent of them will have at least one chronic condition and 20 percent will have five or more chronic conditions. People with these conditions - diabetes, heart disease, arthritis, to name just a few - require a coordinated team of providers specially-trained to care for older adults.

My grandfather was one of these people. He served in the Marine Corps, was a respected community businessman, a loving family man, and a proud grandparent to eighteen adoring grandchildren. He had multiple chronic conditions - diabetes, congestive heart failure, and arthritis, to name just a few. His own father died in a hospital, with one leg, because of

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Strengthening
Eldercare Occupations
Can Drive Long-Term
Economic Growth

Washington, DC
September, 2011

An effective job creation program must address the growing need for support and services for the

complications from diabetes. He swore he would die at home with all of his limbs; until attendance at his granddaughter's forthcoming wedding would only be possible if his foot was amputated.

He was able to live his last years the way he wished because he had a team of doctors, visiting nurses, occupational and physical therapists, home health aides, and family caregivers (his eight children cared in shifts), who allowed for him to remain independent and in his home. He met with a psychologist after his amputation who explained "phantom leg syndrome" and a social worker came to his home to discuss accessibility, safety, and community resources. This coordinated care meant he could smoke cigars from his motorized wheel chair in his driveway while greeting family and talking with neighbors. Despite the odds, he lived to see the Red Sox win not one, but two World Series titles. And he loved nothing more than eating dinner together, while retelling stories and sharing memories of my late grandmother. His life was full and his death peaceful.

However, this care will be impossible to provide by the time boomers age and account for 20 percent of our population. We simply do not have enough people entering into the field of geriatrics and gerontology, nor enough people trained in the unique ways of caring for older adults. And we must address this now if we are going to allow our parents and grandparents to receive quality, well-coordinated care.

As America's population ages, the need for a well-trained eldercare workforce will continue to rise. Unfortunately, doctors, psychiatrists, nurses, psychologists, physical therapists, pharmacists, social workers, and direct-care workers trained in the unique care of older adults are already in dangerously short supply.

The statistics are startling. It is estimated that 3.5 million additional health care professionals will be needed by 2030, including more than one million additional direct-care workers who will be needed by 2018. Only 7,029 certified geriatricians practice in the US - roughly half the number needed, and the numbers continues to shrink. By 2020, the nursing workforce is expected to drop 20 percent below projected requirements. Only 3 percent of practicing psychologists devote a majority of their practice to older adults and less than 5 percent of social workers are specifically trained in gerontological social work.

Because of these demands, the Institute of Medicine, in its landmark report, *Retooling for an Aging America*, projected eldercare be the fastest-growing employment sector within the health care industry. Strengthening the eldercare workforce is not only vital to our social infrastructure and improving the quality of care, but also has the potential to drive long-term economic growth.

The cost of doing nothing will quickly outpace investments in the recruitment, retention, and training of all providers. Without these measures, unnecessary incidences of re-hospitalization, drug interactions, falls, and nursing home admissions will further bankrupt our system and fail our elders. And we cannot allow family caregivers -43.5 million who provide care annually to someone over 50 years old - to shoulder the care burden. The estimated economic value of family caregivers' unpaid care was approximately \$450 billion in 2009. Yet 20 years from now, older adults will have fewer offspring to provide that care and families will increasingly rely upon elder care providers, greater expertise, and more support and training opportunities.

We all care about our parents, grandparents, relatives, and neighbors. But caring alone will not help to solve this looming crisis. It is time for our nation and policymakers to recognize the need to build a well-trained workforce that understands the complex needs of older adults. Investments must be made now to ensure that families are not overstrained and that our elders can have the same peace and comfort afforded to my grandfather.

Caitlin Connolly is project manager of the Eldercare Workforce Alliance.

increasing older adult population, according to two new issue briefs released today by the Eldercare Workforce Alliance (EWA). Citing the Bureau of Labor Statistics, the briefs note that the health care labor market is expected to generate more than 3.2 million new jobs by 2018, largely due to the rapid growth in the elderly population.

As Congress and the Administration consider options to reduce the deficit while expanding jobs, the Alliance is calling for investments in [Title VII and VIII programs](#), as well as training opportunities, and [quality jobs](#) for all members of the interdisciplinary team that is needed to care for older adults.

[Read full story](#)

Member Research

PHI Website Hosts First State-by-State Data Center on the Direct-Care Workforce

Member: [PHI](#)
September, 2011

PHI launched the [PHI State Data Center](#), the first, web-based tool to provide comprehensive, state-by-state profiles of the direct-care workforce-the largest and fastest-growing workforce in the nation.

The new, user-friendly [PHI State Data Center](#) profiles the direct-care workforce - nursing home aides, home health aides, and personal care assistants (including direct support professionals) in every state.

Take Action

Congress and the Administration must resist the temptation to balance the budget through cuts to safety-net programs. The Eldercare Workforce Alliance supports solutions to the current budget crisis that ensure we continue to provide for our frailest and most vulnerable citizens.

[Click HERE to send a letter to Congress.](#)

It provides easy-to-read, state-by-state charts with up-to-date, key direct-care workforce statistics, which can be easily downloaded and reproduced, featuring information on:

- workforce size and projected employment growth
- trends in wages for each direct-care occupation, and
- information on health insurance coverage rates and reliance on public assistance.

State data on wages, benefits, and occupational growth are compared to "all occupations" in that state.

[Read full story](#)

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