

Washington State Eldercare Workforce Assessment Project What We've Learned Thus Far

Washington's Age Wave

Did you feel it? Back in 2011, the front line of the baby boom generation finally reached age 65 and the great age tsunami hit our state. Now with each passing year this wave of boomers steadily and mightily pushes forward into age 65 and beyond. One out of seven Washingtonians today is age 65 or older. By the time 2013's newborns reach their Sweet 16th year, that number will be one out of five...

...and still growing. And as they age, these mature adults will continue to receive health care services just as they do now – or many of them do. Except the services won't be the same: just as a teenager needs a different kind of health care than does a toddler, an older adult needs a different kind of care than a teen.



Can our ability to provide appropriate health care services to older adults keep up with the growing demand? Here are some things we've learned in our research.

At what age are you considered an elder?

It depends. In our health system, the most common age at which someone is considered an elder is 65. But the starting age is mutable, and depends on who's talking. Here are some examples:

- AARP advocates for people age 50 and older
- The U.S. Census Bureau defines an *older population* age 55+, and an *elderly population* age 65+
- Medicare is available to those age 65 and older
- The U.S. Social Security Administration has bumped the age of full retirement from 65 to 67

The age at which someone becomes an elder is important to think about because that age delineates *who* is providing services and *to whom*, *what* services are provided, and *how* they are financed.

Our Research Project

The William D. Ruckelshaus Center and the University of Washington Health Policy Center have partnered to create a baseline assessment of the capacity of the eldercare workforce in Washington State to meet current and future demand. We are discovering, assessing, and aggregating generally available information and data about:

- Types of eldercare providers in Washington State
- Current and anticipated demand over the short and long term
- Current and anticipated gaps in capacity
- Policies to address capacity gaps

We will complete this first phase of our work in June 2014.

Who provides care to elders?

Many types of professionals, with an array of skills, working in a variety of settings. They include health care and social service providers and their employers, both public and private, as well as employees and contractors of organizations who are there to coordinate services to ensure clients receive appropriate care.

- **Providers** – Physical and mental health care providers, such as primary care physicians and nurse practitioners; allied health care professionals, such as physical therapists and medical assistants; and direct-care workers, who provide personal care services.
- **Employers** – Facilities such as nursing homes and adult family homes; agencies that provide in-home services; specialty facilities (e.g., for dementia care); and daytime programs located within community-based settings, such as a senior center.
- **Administrators** – Employees of government agencies and private-sector organizations who are responsible for care monitoring and case management, and public agency administrators who regulate facilities and their employees who provide health and social services to elders.

Do we have enough eldercare providers?

Yes and no. Subsets of the eldercare workforce cannot meet demand for their services now, and stakeholders predict that without changes in training, compensation, retention, and career advancement, these and other subgroups won't be able to meet future demand. These gaps in capacity may be measured by:

- **Type of provider** – For example, there aren't enough direct-care workers to meet demand right now. Primary care and specialty physicians specifically trained in care for elders are in short supply, as are registered nurses. And there aren't enough primary care providers who accept Medicare or Medicaid enrollees.
- **Geography** – For example, rural areas and some metropolitan fringes have a limited supply of health care professionals, and an insufficient or non-existent supply of direct-care workers.
- **Cultural and ethnic representation** – For example, there is a limited supply of health care providers who can provide linguistically and culturally appropriate care to specific ethnic or racial populations.
- **Care coordination** – For example, our state needs case managers, social workers, and nurse case managers who provide care coordination and system navigation for older adults and their caregivers.

Who is working on eldercare workforce issues?

Our state has passionate and active eldercare advocates across the health system. Two state-level efforts strive to address the issues they raise:

- **The Health Care Personnel Shortage Task Force** addresses shortages of health care personnel by working on statewide training, recruitment, retention, and collaboration among stakeholders.
- **The Washington State Council on Aging** and Governor Jay Inslee recently convened a statewide Aging Summit to discuss strategies for preparing for the “demographic shift” in age within our population.

www.wtb.wa.gov/HCTFIntro.asp

www.altsa.dshs.wa.gov/professional/hcs/scoa

Will the Affordable Care Act (the ACA) affect the eldercare workforce?

Yes. When health insurance coverage for Washingtonians who are newly insured begins in January 2014, a lot of people will be looking for health care services, many for the first time in years. This will exacerbate existing shortages in health care providers of all types, but especially primary care. Policy makers and health system stakeholders are focused on understanding and responding to these kinds of outcomes of the ACA. If we want attention paid to the eldercare workforce, we need to make this topic a key part of the larger ACA conversation.

Key Resources

- » WA State Office of Financial Management, State Population Forecast, Data Tables www.ofm.wa.gov/POP/stfc/default.asp
- » WA State Department of Social and Health Services, Aging and Long-Term Support Administration, Washington State Plan on Aging 2010-2014 www.altsa.dshs.wa.gov/about/documents/Washington%20State%20Plan%20on%20Aging.doc
- » Skillman SM, Fordyce MA, Yen W, Mounts T, WWAMI Center for Health Workforce Studies, Washington State Primary Care Provider Survey, 2011-2012 http://depts.washington.edu/uwrhrc/uploads/OFM_Report_Skillman.pdf.

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