

How will long-term care workforce demand be impacted by changes in demographics and utilization patterns?

Joanne Spetz, PhD Laura Trupin, MPH Timothy Bates, MPP Janet Coffman, PhD University of California, San Francisco This study was supported by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS) under the Cooperative Agreement for a Regional Center for Health Workforce Studies (Grant No. U81HP26494). The information or content and conclusions of this article are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS, or the US government.



The looming long-term care crisis

- By 2030: More than 70 million people 65 years and older
 - 20% of the population
- By 2050: Number needing long-term care will more than double
 - 8 million in 2000 to 19 million in 2050
- Who will care for those with long-term care (LTC) needs?
 - IOM projects 3.5 million additional workers by 2030
- This study examines how changing demographics and service use might affect future LTC worker demand



Long-term care settings and workforce

- Settings for LTC
 - 25% institutions
 - Nursing homes
 - Assisted living
 - 75% home and community based services (HCBS)
- Workers
 - Within institutions: mostly RNs, LPNs, CNAs
 - HCBS: mostly unlicensed direct-care workers



Changing patterns of LTC use?

- General trend toward more HCBS use
- Demographics
 - Growing Hispanic & Asian populations
 - Traditionally use fewer LTC services
 - Growing Black population
 - Traditionally uses more LTC services
- New programs supporting HCBS
 - ACA made \$4.3 billion available through multiple programs



Methods

- 1. Measure use of 4 types of LTC services by age/ethnic/gender
- 2. Extrapolate future use based on population projections
- 3. Measure employment by occupation in each LTC service sector
- 4. Extrapolate future worker demand by occupation using data from steps 2 & 3

(Yes, this is a giant spreadsheet exercise!)



Data sources: A hunting expedition

- National Health and Aging Trends Survey (NHATS) 2011
 - Nursing home
 - Residential care (assisted living and continuing care communities)
- Medical Expenditures Panel Survey (MEPS) 2009-2011
 - Home health services (ratio of users/population)
- National Study of Long-Term Care Providers (NSLTCP) 2013
 - Adult day care center clients/population
- Census Bureau: Population estimates 2010 & projections

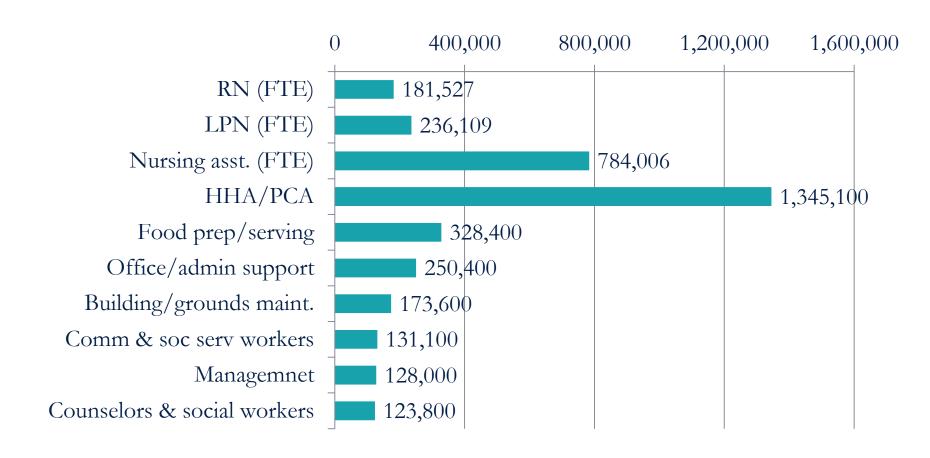


Employment data

- National Study of Long-Term Care Providers
 - Nursing FTEs for RNs, LPNs, and nursing assistants
 - Data reported for each type of setting
- BLS National Employment Matrix
 - Matched to settings using NAICS codes
 - Combined home health aides & personal care aides

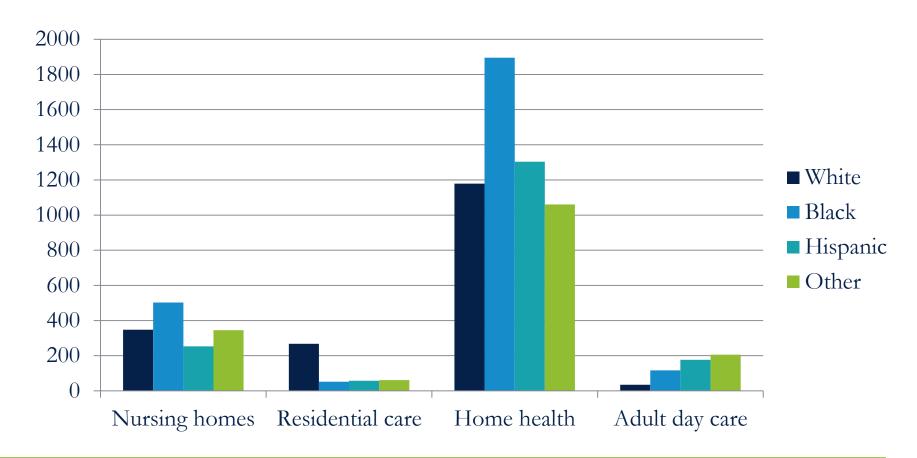


Jobs/FTEs in long-term care





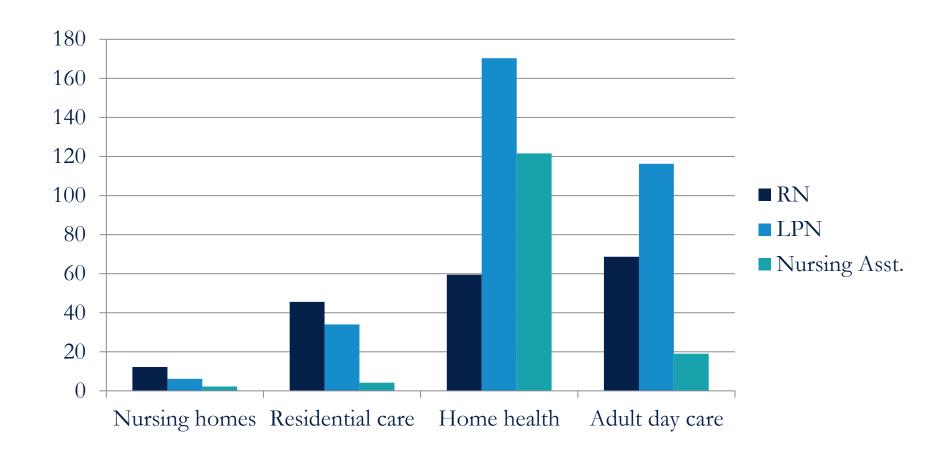
Use of services by women 75-84 years



Women use nursing homes, residential care, and home health at higher rates than men.



Users of LTC service per FTE worker





Other patterns of employment

- Home health & personal care aides
 - More in residential care, home health, adult day care
- Food prep & serving, Building & grounds maintenance
 - More in nursing homes & residential care
- Office & administrative support, Community & social services workers, Counselors & social workers, Management
 - More in adult day services



Projected job/FTE growth: 2010-2030

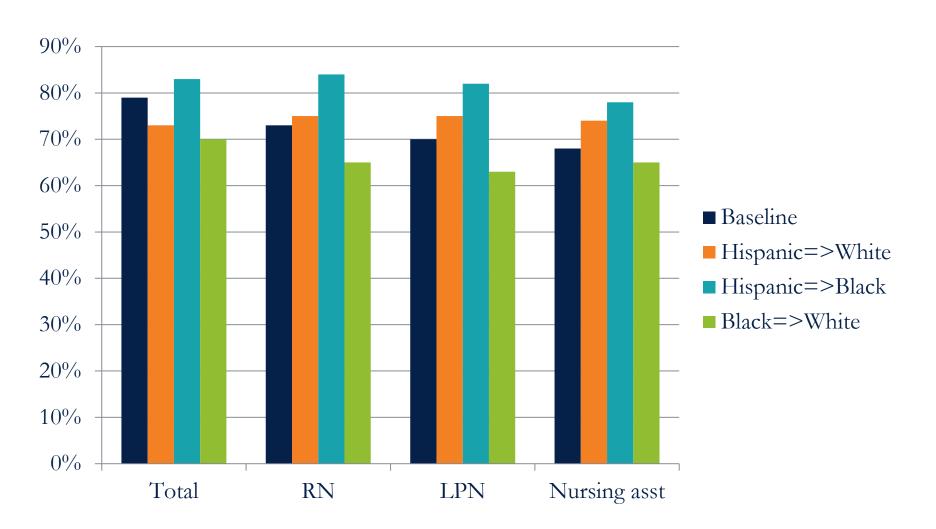
Occupation	New jobs	Growth
RN (FTE)	132,869	73%
LPN (FTE)	166,242	70%
Nursing assistants (FTE)	534,548	68%
HHA/PCA	1,188,897	88%
Food prep & serving	219,457	67%
Office & admin support	196,416	78%
Building & grounds maint.	119,715	69%
Comm & soci serv	121,700	93%
Management	99,827	78%
Counselors & soci work	116,171	94%
Total (jobs+FTE)	2,895,842	79%

Alternate scenarios

- 1. Demographic scenarios
 - A. Hispanics at same rates as Whites
 - B. Hispanics at same rates as Blacks
 - C. Blacks at same rates as Whites
- 2. LTC settings
 - A. Nursing home use is 10% lower, shifts to home health
 - B. Nursing home use is 20% lower, shifts to home health
 - C. Nursing home is 10% lower, shifts to residential care

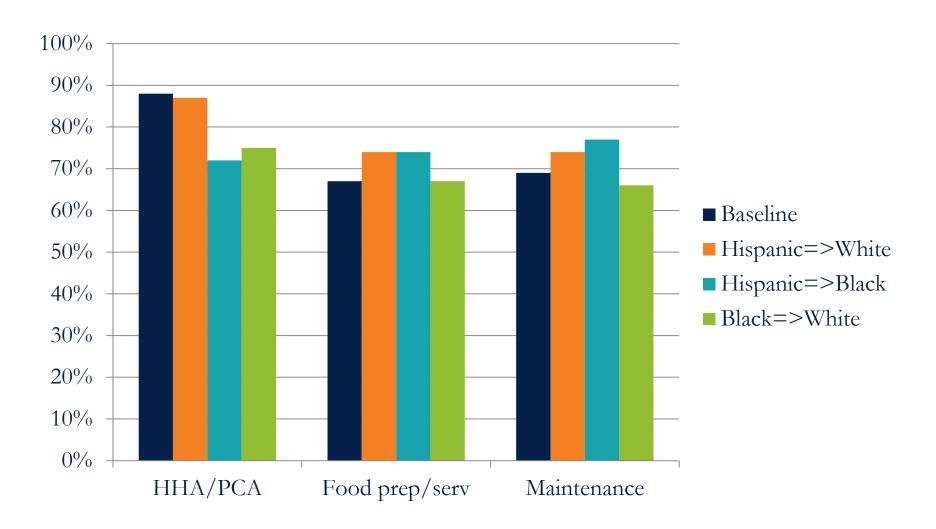


Demographic scenarios



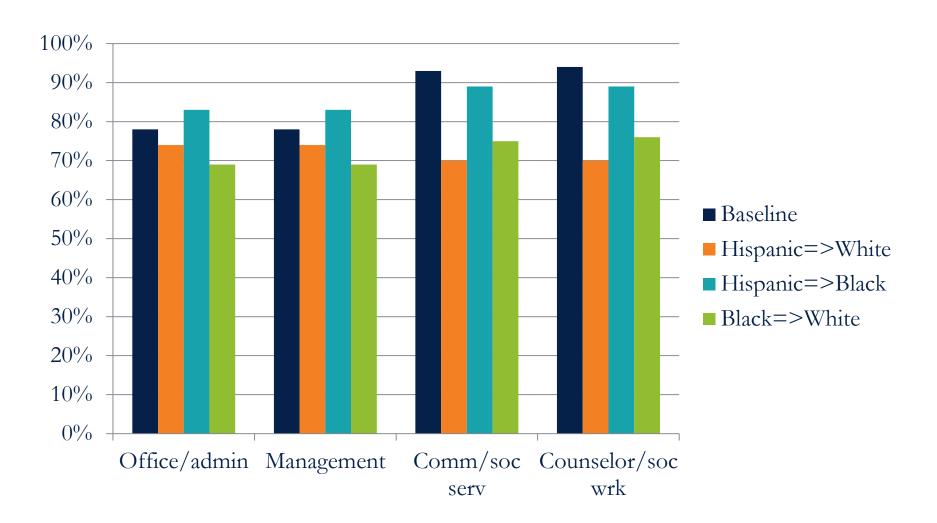


Demographic scenarios



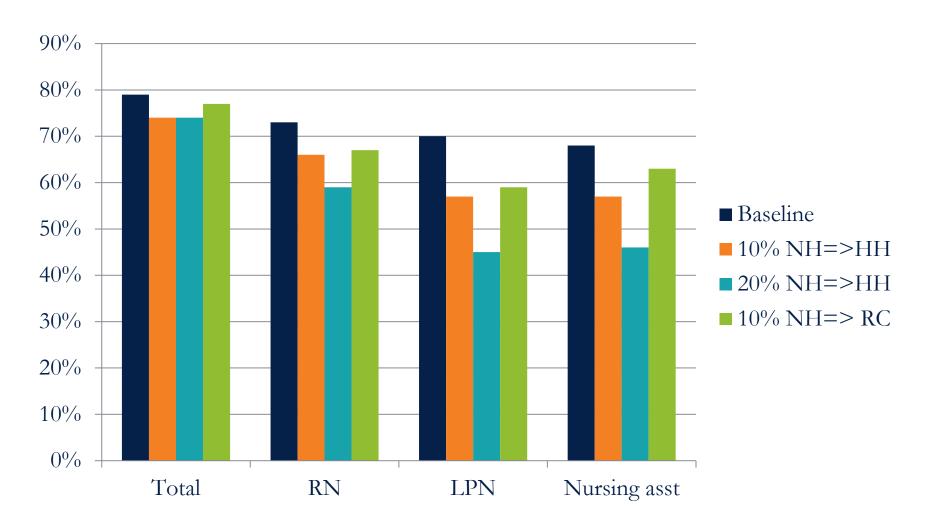


Demographic scenarios



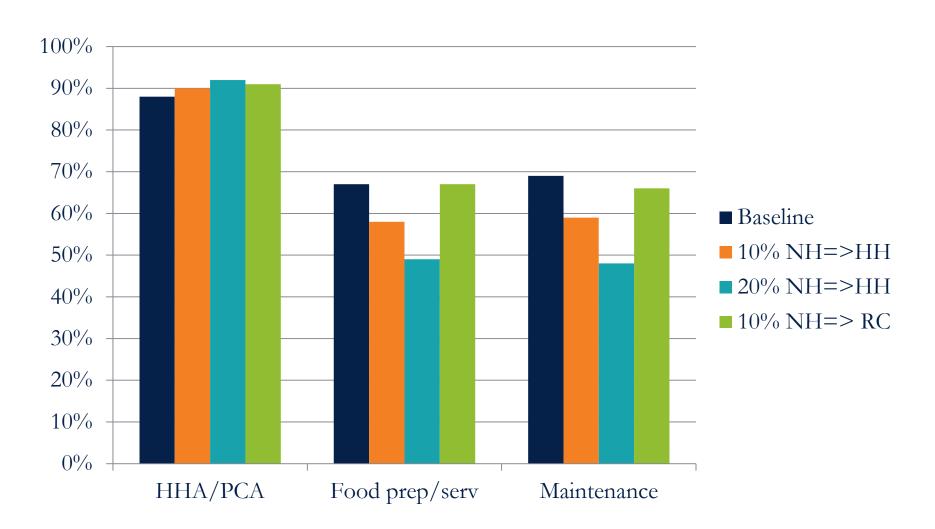


Utilization scenarios



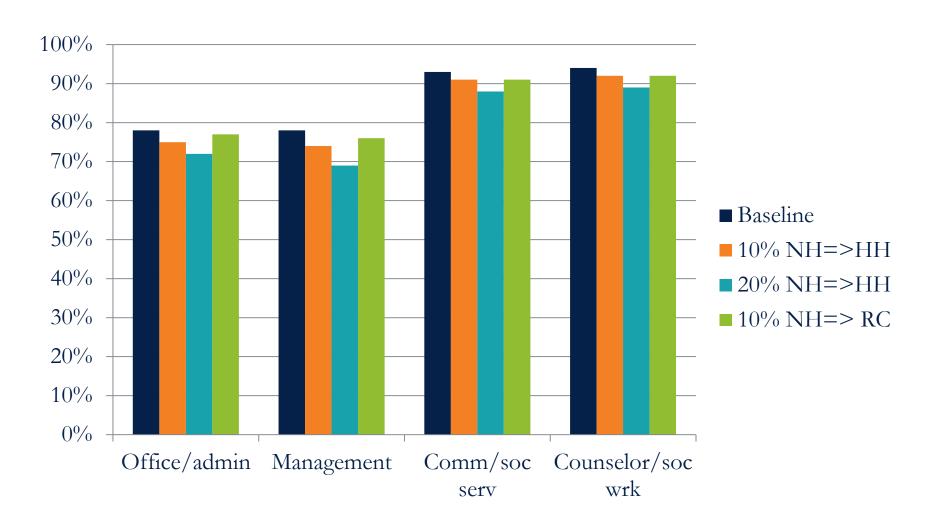


Utilization scenarios





Utilization scenarios





Limitations

- Not a microsimulation model
 - Not a dynamic model
- Only considered older population
 - Young adults and children are 1/3 of LTC population
- Some services are not measured
 - Unlicensed home health agencies
- Could not disaggregate Asians & "other" ethnic groups
- Had to estimate some age-gender-ethnicity cells



Policy implications

- Demographic change could affect job growth for specific occupations, but overall job growth for LTC doesn't change much
- Greater use of home health (and less of nursing homes) will have small effects unless the shift in setting is large
- Expansions of HCBS will be needed ACA investments are not enough
- Need to consider:
 - Training requirements for PCAs and HHAs
 - Strategies to reduce turnover
 - Making sure these are not poverty-level jobs

