Legislative Committee on Aging

Department of Aging and Disability Services
Deputy Commissioner Jon Weizenbaum
April 26, 2012
## Age 60+ With Disabilities - 2010

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>Number By Age Group</th>
<th>PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>281,000</td>
<td>24%</td>
</tr>
<tr>
<td>65-74</td>
<td>455,000</td>
<td>31%</td>
</tr>
<tr>
<td>75-84</td>
<td>418,000</td>
<td>51%</td>
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<tr>
<td>85+</td>
<td>237,000</td>
<td>76%</td>
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<tr>
<td>TOTAL 60+</td>
<td>1,390,000</td>
<td>36%</td>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Number Age 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>301,000</td>
</tr>
<tr>
<td>2012</td>
<td>315,141</td>
</tr>
<tr>
<td>2020</td>
<td>374,000</td>
</tr>
<tr>
<td>2030</td>
<td>530,000</td>
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<tr>
<td>2040</td>
<td>944,000</td>
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Source: Texas State Data Center at the University of Texas at San Antonio
Informal Caregiving

• Informal caregivers are defined as relatives and friends who provide unpaid care.

• Informal caregivers save the state an estimated $3.2 billion to $12.6 billion in Medicaid institutional spending annually.

• Behavioral Risk Factor Surveillance Study - conducted in 2010 by the Centers for Disease Control and Prevention

  ➢ Approximately three million adult Texans provided “…regular care or assistance to a family member or friend who is older, has a long-term illness, or disability…” in the month preceding the survey.

  ➢ Most individuals receiving care were related to the caregiver:
    ▪ most often as parent (32%),
    ▪ spouse (14%); or
    ▪ parent in-law (11%).

  ➢ 17% were not related to the caregiver.
Informal Caregiving

The American Psychological Association’s (APA) “Stress in America” survey in 2011 focused on family caregivers and found caregivers are more likely to report:

- feeling overwhelmed
- doing a poor/fair job at managing healthy behaviors
- an increase in their stress level in the past 5 years
- personal health concerns are a significant source of stress
- they get sick five times a year or more
Caregivers and Respite

• Respite provides temporary relief to caregivers from their duties.

• Numerous state and federally funded programs offer respite services. These include:

  - All DADS Medicaid 1915(c) waivers
  - STAR+PLUS
  - Older Americans Act services administered by AAAs
Texas Lifespan Respite Care Program

• Established in 2009, the program was funded by:
  ➢ H.B. 802, 81st Legislature, Regular Session, 2009
  ➢ a grant from the U.S. Administration on Aging (AOA)

• H.B. 802 – funded a direct service component to expand the availability of respite services for caregivers of individuals of any age with any chronic health condition or any disability, who are not eligible for respite services through other programs.

• AoA – funded the creation of the Texas Respite Coordination Center (TRCC) to:
  ➢ compile and update the Texas Inventory of Respite Services
  ➢ create media and best practices toolkits for respite providers and a training toolkit for caregivers
  ➢ hold a series of respite care stakeholder forums throughout the state to share best practices and discuss challenges in providing respite care
H.B.802 Community Partners

DADS contracts with six community partners to implement the direct services component of the program to:

- develop volunteer and emergency respite resources; and
- use consumer-directed service model where possible.
Take Time Texas (www.taketimetexas.org) was developed in response to caregivers need for streamlined access to education, support and respite resources and includes:

• resources for professionals and caregivers including:
  ➢ self-assessments
  ➢ tips and tools
  ➢ health and disease-specific topics

• electronic and printable media toolkits and best practices;

• links to other important resources and news about respite stakeholder forums; and

• the Texas Inventory of Respite Services.
Texas Inventory of Respite Services

The Texas Inventory of Respite Services is a searchable database, which provides:

• a comprehensive listing of respite care services in Texas, which are available through federal, state and local resources;

• data entry capability for local respite providers to enter their agency and/or respite program information into the on-line inventory; and

• search capability by county, program, or agency name to enable users to locate respite services in their area.
Community-Based Direct Service Workforce
Council’s 2009 Charge:

• Review the current and anticipated need in Texas for home and community-based services (HCBS) and workforce available to meet this need.

• Identify and study direct-support workforce issues, including wages and benefits, turnover, recruitment, training and skill development, and retention of personal attendants.
Demand vs. Growth of Core Female Labor Supply

Projected increase in employment demand, 2008-18

- Home Health Aides: 50%
- Personal Care Aides: 46%
- Nursing Aides, etc.: 19%
- All DCWs: 35%
- All Jobs: 10%

Growth rate of female population, aged 25-54

- 1988-1998: 14%
- 1998-2008: 6%
- 2008-2018: 2%

PHI National 2011
Direct Service Workforce Challenges

- Among the country’s lowest paying jobs
- Inadequate health care coverage
- High injury rates
- Unpredictable hours, often part time
Texas: Median Hourly Wages for Direct Service Workers, 2009

- Personal Care Aides: $7.50
- Home Health: $8.21
- Nursing Aides: $10.21
- All Occupations: $14.83
Sources of Health Coverage for Direct Service Workers by Setting, 2009

- Hospitals: 78% Employer sponsored, 5% Public insurance, 3% Other private
- Nursing & Residential Care: 52% Employer sponsored, 16% Public insurance, 7% Other private
- Home Health Care: 32% Employer sponsored, 27% Public insurance, 4% Other private
Rate of Injury/Illnesses for
Home Health Aides and Personal Care Aides, 2006-2010

(incidence rate for nonfatal occupational injuries and illnesses involving
days away from work, per 10,000 FT workers)

General Industry = 25 days per 10,000 workers

Reasons for Part-Time Work by Aides in the Home Health Care Services Industry, 2009

- Could only find part-time job: 43.2%
- Slack: 17.3%
- Wanted part time: 21.8%
- Other: 17.8%

"Involuntary part-time work"
Turnover Is Expensive

• National turnover estimates: 40 – 75% annual turnover

• Cost of Turnover:
  ➢ Ads
  ➢ Screening
  ➢ Interviews
  ➢ Overtime for other staff
  ➢ Staff training
  ➢ Background checks

• The direct cost of turnover is estimated to be at least $2,500 per new hire.
2010 HCBS Workforce Council Recommendations

- Raising wages equitably across programs
- Base wage floor of $10 per hour
- Implement a health benefit buy-in pilot
- Collect data to inform policy
- Educate consumers and DSWs on roles and responsibilities
- Training resources for DSW supervisors
- Broad-based voluntary training curriculum
- Establish a training organization or mechanism
- Automated job matching database
- Direct Service Worker Resource Centers
- Direct Service Workers Week
- Web site to provide information
Summary — Reframing the Way We View Direct Service Work

Home care workers are uniquely embedded in the lives of the people they support.

• They are deployed every day in several million homes and in hundreds of thousands of facilities and day programs around the country.

• Eight of every ten hours of paid services delivered to people who are aging or have a disability are provided, not by a doctor or nurse, but by a direct service worker.

• They are extremely well situated for observing and reporting changes in their clients’ conditions and for catching problems early.

• They are ideally positioned to work in care teams, to interface with family caregivers, and to support positive health-related behaviors.