Introducing the Washington Eldercare Workforce Assessment Project

Five years ago the Institute of Medicine (IOM) reported that the U.S. was not prepared to meet the health care and social support needs of its growing elder population. It was just a few years earlier that the first of the 78 million Americans born during the post-World War II baby boom had begun to enter their 70th decade. Now, this great wave of older adults moving steadily into their elder years – a *silver tsunami,* or *the age wave* – continues to gather force and grow: more is yet to come.

The Eldercare Workforce

The people who provide health care and social services to our country's older adults include physicians, nurses, direct-care workers, psychologists, social workers, pharmacists, and physical therapists – as well as family caregivers. According to the IOM, this **eldercare workforce** is neither sized nor trained even now to meet demand. What can be done?

- How will we meet the burgeoning demand for eldercare workers?
- Which kinds of workers will we need most?
- What are the training needs for current and future workers?
- Can we create new jobs with appropriate compensation, job security, and career advancement?

Our Project

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

- Types of eldercare providers in our state
- Current and anticipated demand for this workforce over the short and long term
- Current and anticipated gaps in capacity
- Policy approaches to address capacity gaps

Phase I We envision the baseline study as the first phase in a larger endeavor. What we learn in Phase 1 will help us design future phases to fill in data and information gaps, examine areas of stakeholder conflict and consensus, convene stakeholders for listen-and-learn sessions, and ultimately design and facilitate a process that supports stakeholders in assessing whether to create a statewide, coordinated, collaborative effort to address eldercare workforce capacity concerns.

The Jargon, Explained

Eldercare Workforce Physicians, nurses, direct-care workers, psychologists, social workers, pharmacists, and physical therapists who focus on care for people age 65 and above, as well as family caregivers who receive reimbursement for their services.

Direct-Care Workers Nursing assistants and nursing aides, home health aides, and personal care aides who provide hands-on, long-term care and personal assistance to those who are elderly or living with disabilities or other chronic conditions.

Workforce Capacity The composition, size, skills, and resources of a workforce that allow it to meet demand and accomplish its work.

Eldercare Workforce

University Network for Collaborative Governance Our project team also is participating in an initiative of the University Network for Collaborative Governance (UNCG) to launch similar eldercare workforce capacity assessment efforts in other states. Initially, UNCG will convene a national colloquium of eldercare experts to generate a collaborative outline of the issues, along with guidelines and best practices for assessing the eldercare workforce within a state.

The number of Washingtonians age 65 and older will increase by 42,000 people each year for the next five years – reaching 1 out of 6 people by 2018

Progress to Date

Our work for Phase I includes data and information gathering, a literature review, interviews with key stakeholders, and a vigorous dissemination of findings. To date, we have:

- Hired a first-year graduate student in economics at Washington State University to partner on the project research
- Developed research protocols for gathering data and information, and begun our online search
- Began to identify key stakeholders to contact to generate richer data and information gathering opportunities
- Created a project communication and dissemination plan, including designing visual branding and defining the types of products and services we will generate

What's Next?

Over the next quarter we will move deeper into our research, with a literature review and key informant interviews coming up. We have proposed conducting a panel presentation at the UNCG Annual National Conference in early June, and we will be meeting with organizations with an interest in eldercare in three cities this year: Los Angeles, Washington, DC, and Chicago. We also are forming an informal advisory group of professionals interested in our research, including faculty from the Schools of Medicine and Law at the University of Washington, the School of Economic Sciences at Washington State University, and the North Carolina State University Cooperative Extension.

Washington Eldercare Workforce Assessment	Apr	May	June
Collect and analyse data and information			
Design and implement literature review protocol			
Begin key informant interview protocol			
Implement Communication & Dissemination Plan			
Track Washington State legislation			
Plan for Phase II			