

Testimony for the Pennsylvania House of Representatives  
Aging and Older Adult Services Committee

Direct Care Worker Issues

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Harrisburg, PA

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on behalf of the  
Pennsylvania Direct Care Workers Association

Good morning. My name is Brenda Nachtway. I have been professional direct care worker for 25 years and now serve the co-chair of the 700-member (and growing) Pennsylvania Direct Care Workers Association. Currently, I work as a nurse aide with a hospital-based hospice in Lewisburg where I have been employed for over 20 years. I was a nurse aide in a long-term care facility for six years before that. I have done private duty nurse aide work on and off for the last 25 years. I now do private duty care for two seniors after my full-time job, Monday through Friday until 8pm every evening.

I am thankful for the opportunity to be here to discuss why the health and wellbeing of direct care workers is so critical to providing high quality care and supportive services to older Pennsylvanians and younger persons living with disabilities.

Direct care workers provide an estimated 80 percent of the hands-on long-term care and personal assistance received by Pennsylvanians. We help consumers bathe, dress, and eat, among other daily tasks. We are a literally a lifeline for consumers as well as families struggling to provide quality care.

Last year, thanks to the assistance of CARIE (the Center for Advocacy for the Rights and Interests of the Elderly), I and another board member from our association visited with Senator Casey in his Washington office to speak about our concerns for direct care workers in Pennsylvania and how their training and wellbeing affects our seniors. Then in June 2007 Senator Casey spent a day with me visiting my clients and witnessing firsthand the importance of well-trained direct care workers.

Senator Casey's interest in this topic from Washington is welcomed and appreciated, but long-term care is mostly a state and local issue, so we need *local* interest as well. I want to take this opportunity to invite anyone on the committee to spend time with me on one of my jobs -- to experience for yourself the challenges of this work and gain your support for ACTION to invest in Pennsylvania's direct care workforce.

I'd like to share a personal story with you. Thelma was raised on a farm during the Depression with her own team of horses that she plowed the fields with. She had a milk cow that she milked for her mom and grandparents. She has experienced a lot giving, pain, and hard times in her life. Over the years Thelma would experience even more pain with two broken hips, broken arms, a fractured pelvis, breast cancer and many other health issues. Each time she would call me to help rehabilitate her in my own home. This took place over 12 years. On Dec. 29, 2006, I once again received a call from the emergency room to come pick up Thelma - she had fallen and broken her shoulder.

Thelma is a frail 87 year old woman with dementia who now lives with me permanently. Because of her failing health, she is now a hospice patient in my home. She receives wonderful care in my home by a group of dedicated direct care workers, all of whom are employed in long-term care facilities and in need of additional work. My concern about the care that Thelma *wouldn't receive* in a nursing home is why we chose to make my home her home.

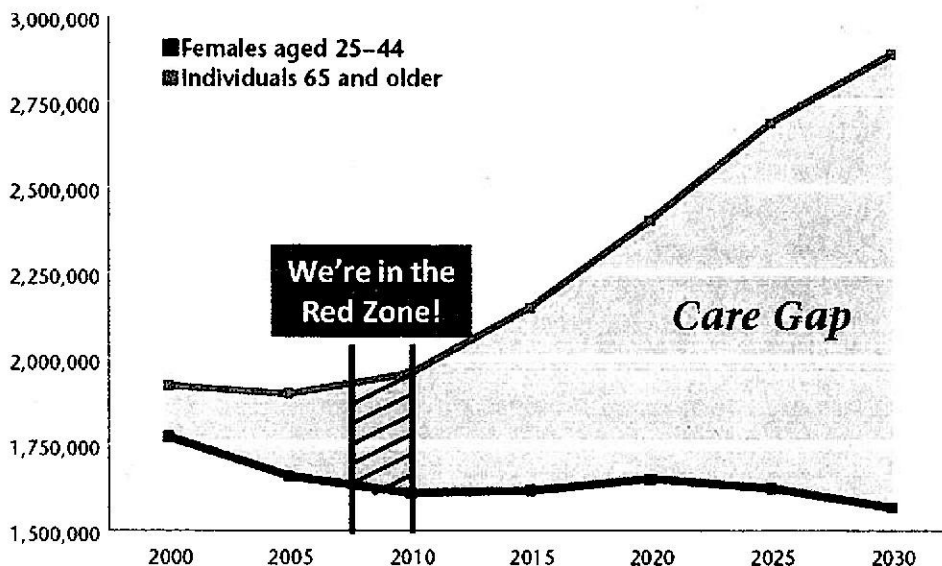
The Pennsylvania Direct Care Workers Association would like to see an investment in the right kind of training for direct care workers – training that is relationship-based, adult-learner centered and focused on how to communicate with and respond to the individual needs of elders.

Pay and benefits are so very important to all direct care workers. Most direct care workers will say that they don't do this for the pay (at an average wage of \$10 per hour that should be self-evident). We do it because we love our jobs, we love the seniors. We are caring and compassionate people. But we also need to be valued, respected, and yes paid what we are worth.

Many direct care workers have second and third jobs because the pay is so low. We are just like everyone else – we have the American Dream, to own and call something our own, to be able to send our children to college, to be able to take our child to the doctor and not look at something and have to decide which item to give up so we can buy the medication we need for our child. I am fortunate that my employer offers health insurance, but when 2 out of every 5 direct care workers don't have health insurance, how can we be expected to return, day in and day out, to care for those seniors that need us so much?

We are at a crisis point in Pennsylvania. We need to make this profession look and feel like it is a career that others want to pursue. How many Pennsylvanians are aware of the huge "Care Gap" that we are facing? The number of available caregivers is expected decrease just as the number of elders begins to increase dramatically in the next few years.

## Care Gap: Pennsylvania



Between 2000 and 2030, the number of Pennsylvania elders will increase by 51 percent. During the same period, the number of women aged 25 to 44 — the group from which most direct-care workers have traditionally come — will decrease by 12 percent.

We are in the "Red Zone" now – the time to act and invest in the direct care workforce is NOW, not five or ten years in the future when it will be too late.

I am sure each and every one of you sitting in front of me today wants a well-trained, well paid, well respected, healthy direct care worker caring for you or your loved one in your final days of your life. That is what you deserve.

But it is not going to "just happen" because we wish for it. We need to ACT, to invest in new training for direct care workers that offers them an opportunity for a career lattice, and to work with our employers in home care, assisted living and nursing homes to invest in direct care workers – to reimburse those employers in such a way that they get rewarded for the right kind of training and workplace supports for their direct care workers.

In closing, I would like to thank all of you for your time, and to say that I do what I do because I have a big heart. I care for the seniors, but I care just as much for my co-workers and those who are looking to come into this profession. We need your help to invest in the direct care workforce, however that may be. The Pennsylvania Direct Care Workers Association will be at your side helping in any way we can.

One final statement -- this is a saying I live by every day, and I hope after today you will join me as well: "The world needs dreamers and the world needs doers, but above all the world needs dreamers who do..." Thank you.

### ***The direct-care worker at a glance***

#### ***Gender***

*Nine out of ten direct-care workers are women.*

#### ***Age***

*The average age of workers is 37 in nursing homes and 41 in home care.*

#### ***Race/Ethnicity***

*Slightly more than half of direct-care workers are white and non-Hispanic. About one-third are African American; the remainder are Hispanic and other ethnicities.*

#### ***Marital Status and Children***

*A quarter of the direct-care workers in home care and nearly a third of those in nursing homes are unmarried and living with children, compared to 11 percent of the total U.S. workforce.*

#### ***Education***

*Two-fifths (41 percent) of direct-care workers in home care and half of those in nursing homes completed their formal education with a high school diploma or a GED. Another 38 percent of those in home care and 27 percent of those in nursing homes attended college.*

#### ***Immigration\****

*While the vast majority of direct-care workers are U.S. natives, 24 percent of home care aides and 14 percent of aides working in nursing homes are foreign-born.*

Source: William J. Scanton, GAO Testimony: Recruitment and retention of nurses and nurse aides is a growing concern (General Accounting Office, May 2001).

\*Rhonda J. V. Montgomery et al. "A Profile of Home Care Workers from the 2000 Census: How It Changes What We Know." *Gerontologist* (2005) 45: 593-600.