



NY-SAAN

NEW YORK
SOUTHERN AREA
AGING NETWORK

Dedicated to addressing issues affecting
older persons and the workforce serving them
in the Southern Area of New York State

Sizing up the Workforce for the Elderboom

This report was funded with support from
the Bronx-Westchester Area
Health Education Center



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***Report Prepared for the
2008 NY-SAAN Northeast Area Aging
Network Conference***

***This report was funded with support from the
Bronx-Westchester Area Health Education Center***

September 2008

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**New York Southern Area Aging
Network (NY-SAAN)
Website**

<http://www.ny-saan.org>

NY-SAAN New York Southern Area Aging Network

Dedicated to addressing issues affecting older persons and the workforce serving them in the Southern Area of New York State

Dear Friends:

Who will care for the burgeoning aging population as it continues to spike in volume at an unprecedented rate? Does our current workforce in aging services have, at their disposal, the tools necessary to provide skillful, appropriate and quality service? Equally important, have we struck the balance between supply and demand as it relates to client-patient/worker ratio? These are some of the questions the New York Southern Area Aging Network (NY-SAAN) asked in 2006 when it formed as an organization. They are also the overarching issues needed to be addressed as we find ourselves in the eye of a workforce development storm.

The New York Southern Area Aging Network presents the Sizing up the Workforce for the Elderboom Report so that you may have a better understanding of the complex issues we presently face in aging services. This organization believes that it can play a major role in helping to develop solutions that will address these imperatives. With nearly 2.2 million people 60 years of age and older, living in southern region of New York State, we know all too well about the social, cultural and economic impact this dearth of workers has presented.

In order to know where we are going, it is important to know where we are, and where we have come from. This rich report represents the past, present and future trends in the workforce. The authors have carefully examined workforce data, in the southern region of New York, in the state and in the nation. This report provides you with demographic background, information on a broad cross-section of disciplines in aging services and a good look at the shortages in those areas. NY-SAAN is committed to working on these future considerations, while it will also continue to be a resource for education, training and advocacy. We must develop a strategic plan to recruit, retain and retool the workforce and address this deficit.

With sincere appreciation we wish to acknowledge the authors from Fordham University's Ravazzin Center on Aging, who have put together a rich, informational summary of the status of the workforce in aging services. We also thank the Bronx-Westchester Health Education Center for their generous support, which has made this publication possible. As you turn the pages of this report, please keep in mind that the New York Southern Aging Network is deeply appreciative of the information that each page holds. As an organization we must work at an accelerated pace to respond to the challenges. You are welcome to join us in achieving this mission and please use the Sizing up the Workforce for the Elderboom Report as a tool to strike a balance between supply and demand in workforce for aging services.

Sincerely



Mae Carpenter
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Westchester County Department of Senior Programs
and Services



Edwin Méndez- Santiago
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for the Aging

Bronx-Westchester Area Health Education Center

This project is funded by the Bronx-Westchester Area Health Education Center (BWAHEC). The Center was established in July 2001 and is the first of three New York City AHECs. The Bronx Westchester Area Health Education Center is a partner in the New York State Area Health Education Center (AHEC) System, a workforce development initiative established in 1998 as a long-term, comprehensive response to the uneven distribution of health professionals and the under representation of racial and ethnic minorities in the state's health workforce.

Through nine AHECs based in communities across the state (Buffalo, Bronx-Westchester, Brooklyn-Queens-Long Island, Canton, Cortland, Glens Falls, Highland, Manhattan-Staten Island, and Warsaw), the New York State AHEC System works with health care institutions, practicing professionals and educators at all levels to promote careers in health care, especially with underserved populations. The AHEC's long-range goals are to cultivate a workforce that more closely matches the state's population in diversity, to assure that each community has enough practitioners in the right categories, particularly primary care, and ultimately to improve access to quality health care for everyone.

BWAHEC serves the entire regional area of the Bronx which has a population of approximately 1.4 million, and the underserved communities of Westchester County which has a population in excess of 900 thousand. BWAHEC is committed to improving the health and healthcare outcomes of underserved communities in the Bronx and Westchester areas through recruitment, retention and enrichment for the healthcare workforce.

Through collaborative relationships with partnering healthcare facilities, academic institutions, government agencies and a variety of community based organizations, the BWAHEC:

- Encourages youth to pursue health careers through student internships and school programs
- Creates community-based health professional training opportunities and public health programs
- Strengths community networks to increase minority representation in all healthcare professions
- Builds partnerships to increase the quality and accessibility of healthcare in underserved communities
- Facilitates the ongoing development of community partnerships to eliminate health disparities and achieve common goals.

The New York State AHEC System is funded through the federal Department of Health and Human Services (Bureau of Health Professions), New York State's Health Care Reform Act of 2000 and local community support.

The New York State AHEC System is a member of the National AHEC Organization (NAO), representing AHECs in almost every state and the District of Columbia.

Table of Contents

	<u>Page</u>
I. Background	1
II. Context for Framing Workforce Issues	2
A. Soaring Older Adult Population	2
B. Racial and Ethnic Diversity	3
C. Life Expectancy/Longevity Challenges	4
D. Financial Patterns	4
E. Service Systems	5
F. Economic Issues	6
III. Labor Force Trends: Recruitment, Retention & Retooling	7
A. Physicians and Surgeons	9
B. Chiropractors	10
C. Nurses	10
D. Social Workers	11
E. Psychologists and Counselors	12
F. Direct Care Workers (DCWs)	13
G. Physical Therapists, Occupational Therapists, Respiratory Therapists, and Speech-Language Pathologists	13
H. Geriatric Care Managers	14
I. Vision and Hearing Occupations	14
J. Oral Health Occupations	15
K. Diet, Nutrition, and Medication Occupations	15
IV. Education and Training	16
V. Future Considerations	19
A. Recruitment, Retention, & Retooling	19
B. Service Systems	20
A Sample Listing of Web Sites on Workforce Issues	21
Works Cited	22

I. Background

The New York Southern Area Agency Network (NY-SAAN) is a consortium of more than 40 organizations comprised of area agencies on aging, community-based organizations, long-term care facilities, academic institutions and businesses, serving over 2 million seniors over the age of 60¹ across eight areas in the southern region of New York State. The Area Agencies on Aging include the following:

- Dutchess County
- Nassau County
- New York City
- Putnam County
- Rockland County
- Suffolk County
- Ulster County
- Westchester County

Fact: Almost two-thirds of seniors in NYS live in the southern New York region. (Source: Derived from US Census Bureau, 2008a)

NY-SAAN focuses on workforce development including retention, retooling, training and policy/advocacy as its primary mission. NY-SAAN was formed in March 2006 through the creative vision of two Commissioners from different geographic regions of New York State: Mae Carpenter, Commissioner, Westchester County Department of Senior Programs and Services, and Edwin Méndez-Santiago, Commissioner, New York City Department for the Aging. The commissioners recognized the need for collaboration after the 2005 White House Conference on Aging and reached out to colleagues throughout the region to help form NY-SAAN.

The goal of NY-SAAN is to advocate for the development of policies, programs, legislation and resources in response to the workforce crisis and other issues affecting the quality of life of older adults throughout the southern tier of New York. Strategic workforce development to assure a good quality of life and independence for the increasing older adult population is needed. Numerous reports have deemed the workforce shortage to be a “crisis.” The older adult population has outpaced the workers who can serve them. The Institute for the Future of Aging Services (2007) has referred to the imbalance between supply and demand the “*emerging care gap*.”

NY-SAAN works to bring conferences and training opportunities for the aging service network to the southern tier of New York State and the region. The workforce is our greatest asset. NY-SAAN represents the collective voices needed to advocate for new strategies, policies and legislation to address the growing workforce shortage in the health and human service industries. This report summarizes core issues regarding workforce development while highlighting pertinent facts about the southern New York area.

¹ This report draws on a range of sources. Often the data are reported by different age groups (e.g., 60+, 65+) and therefore different age cohorts are reflected throughout this report.

II. Context for Framing Workforce Issues

A. Soaring Older Adult Population

In 2000, persons age 65 and older represented 12.4% of the U.S. population (US Census Bureau, 2000a). By 2050, this cohort is expected to reach 20.2% of the total population (US Census Bureau, 2008b). In 2010, the oldest-old – people 85 years and over – are estimated to represent 14.3% of the population age 65 and older. However, by 2050, the oldest old are projected to represent 21.5% of older adults in the United States (US Census Bureau, 2008b). While this trend is documented nationally, both New York State and the southern New York area are expected to experience even more striking growth. According to the 2007-2011 NYS Plan on Aging, the workforce issue is all the more dramatic because New York has a high net out-migration of young adults. Indeed, Census figures show that the number of people in the 23-34 age group declined in New York State, while the number of persons age 65 older increased in the last ten year period. The impact of losing potential entry-level workers, coupled with the increase in older adults in NYS, “has significant implications for New York’s future workforce” (New York State Office for the Aging, 2007b, p.4). In the southern New York area, regional variation should be noted. Refer to Table 1 for more detail on the southern New York area population.

Almost one in every five individuals in Westchester County is over the age of 60. (US Census Bureau, 2008a)

The burgeoning numbers of older adults give rise to a real concern: there may ultimately not be enough individuals in the workforce to meet the growing needs of this older adult population. The workforce may be unable to sustain the demands placed upon it. Moreover, as Americans live into advanced old age, there will be increased need for services which address the complexities of maintaining individuals’ health, social, and psychological well-being.

Table 1: 60 + Population Estimates for Southern New York Area

County/Region	2008 Age 60 + Population Estimates	2008 % of Total Population
Dutchess County	49,701	16.8
Nassau County	263,041	19.8
New York City Region	1,355,707	16.5
Putnam County	15,852	15.8
Rockland County	53,988	18.3
Suffolk County	254,440	17.3
Ulster County	33,618	18.4
Westchester County	178,588	18.8
Total	2,204,935	17.2

Source: Derived from US Census Bureau. (2008a, August 7). Annual Estimates of the Resident Population by Age, Sex, Race and Hispanic Origin for Counties: April 1, 2000 to July 1, 2007. Retrieved August 19, 2008 from <http://www.census.gov/popest/counties/asrh/CC-EST2007-alldata.html>.

B. Racial and Ethnic Diversity

The numbers and proportions of older people of diverse racial and ethnic origins in the United States are increasing. By 2042, the US Census Bureau projects that the ethnic and racial minorities will comprise a majority of the US’s population (2008b). Some of the reasons for the change are immigration and higher birthrates. The increase in racial and ethnic minorities is also occurring in the 65+ population. “In 1990, ethnic minorities represented 13% of the population age 65 and older – a percentage that rose to 16% in 2000 and is projected to increase to 23% by 2020 and to 36% by 2050” (AARP, 2005, p.1).

Fact: In 2006, nearly 49% of persons age 65 and older in New York City were members of minority groups, compared to 43% in 2000 and 35% in 1990. (New York City Department for the Aging, 2008)

Language is also an important consideration for planning for diverse older adults. According to NYS, “Eighteen per cent (3.2 million) of New Yorkers of all ages report that they do not speak English ‘very well.’ ” (New York State Office for the Aging, 2007b, p.4). A bilingual workforce will become more critical to meet the needs of diverse older adults.

C. Life Expectancy/ Longevity Challenges

Life expectancy is at a record high in the United States, according to preliminary death statistics released by the Center for Disease Control’s National Center for Health Statistics (NCHS, 2008). Life expectancy at birth in 2006 was 78.1 years (NCHS, 2008). The available breakdown is as follows: white males, 76; black males, 70; white females, 81; and black females 76.9. The NCHS projects that life expectancy will continue to rise and older adults will generally be healthier than previous cohorts.

This trend is anticipated to continue in the future because individuals are focusing on healthier lifestyles and disease prevention. Advances in new technologies and expanded medical practices will also impact life expectancy. Butler (2008) states, “the advent of possible means to delay aging and extend longevity and the growing encouragement of health promotion/disease prevention converge to offer a strategy that could be adapted by individuals and by society in the 21st century” (p.13).

Anderson and Horvath (2004) state the increase in life expectancy is coupled with issues of chronic conditions and that almost four out of five health care dollars are spent on these conditions. They indicate that approximately 80% of older adults suffer from at least one chronic condition (Anderson, 2003). While many older adults are not limited by their chronic condition, others many have increasing need for care. Based on the nature of chronic illness, the type of home an older adult lives in, the availability of the community’s services, and the geographic area, an individual may experience difficulty in accessing services. While the southern New York area is perceived as an accessible metropolitan region, many outlying areas of Dutchess, Putnam, and Suffolk Counties are still considered rural. Access and delivery of care in these areas are often fraught with challenges.

D. Financial Patterns

There are many older adults who are at risk of depleting their financial resources due to medical and social needs. As workers age and withdraw from the workforce many rely on Social Security, pensions, and personal savings. While the percentage of older adults in the United States in poverty has fallen since the advent of Social Security, the number of poor elderly nationally has remained relatively constant since the mid-1970s (Congressional Research Service, 2006). On one hand, wealth patterns among older adults indicates that real and liquid assets may increase (Knickman, Hunt, Snell, Alexcih, & Kennell, 2003), which may ultimately change the way that some older adults use services. On the other hand, poverty among older adults in 2004 was the “highest among women, minorities, single persons, those with less education, and the

very old” (Congressional Research Service, 2006, p. 34). Clearly, there remains a gap between different groups.

Fact: Between 1990 and 2006, New York City’s older adults have experience a 22% increase in poverty. (NYC Department for the Aging, 2008)

E. Service Systems

Older adults may need a range of services, including hospital and nursing home care, as well as home and community-based care. Delivery of care for older adults has focused on acute, long term, rehabilitative, maintenance, and community support services. Service delivery is also shaped by a range of factors including: demographic changes, complex medical needs of older adults, mental health needs, changing medical and technological practices, the expanding industry, and reimbursement. Access to appropriate care is essential to ensuring that older adults have a range of options that meet their particular needs. The push for community-based care continues to be a core concern at the national, state and local level. However, access to services is often hampered by a fragmented system, multiple funding sources, shortage of health care workers, and financial eligibility criteria.

Much of the system relies on direct care workers – nursing assistants, home health and home care aides, personal care workers, and personal service attendants – to provide services (Stone & Dawson, 2008). It is also important to recognize that family caregivers are the backbone of the long term care system. The cost of informal caregiving should not be underestimated; it is a significant expense both in terms of dollars (Gibson & Houser, 2007) and in terms of its emotional/physical toll on the caregiver.

A range of models of care delivery have been highlighted in the 2008 Institute of Medicine report. Some of the features of the models discussed in the Institute’s report include:

- Interdisciplinary team care – professionals from a range of disciplines collaborate and communicate to provide care;
- Care management – coordination of a range of services by professionals familiar with the service system;
- Pharmaceutical management – information and advice about medication is provided by pharmacists to consumers; and
- Caregiver education and support – provision of a range of services for informal caregivers.

F. Economic Issues

Our country is experiencing dramatic shifts in the economy. Unemployment is a concern and the types of jobs are changing. Jobs that once provided a lifetime of employment with health and pension benefits are being replaced by jobs with high turnover and few benefits (National Employment Law Project, 2004). The federal unemployment rate rose from 5.7% to 6.1% in August 2008 (Bureau of Labor Statistics, 2008b); New York State has also seen a steady rise in unemployment, reaching 5.4% in July 2008 (Bureau of Labor Statistics, 2008c). For older adults themselves, the employment picture slightly improved between 2005 and 2007; “employment in 2007 was up for the aged 55 and older population, and more older workers were employed full-time” (AARP, 2008, p. 1).

Federal, state, and local budgets are undergoing cuts, resulting in both job and service cuts. This trickle down effect has reached agencies serving older adults. Other aspects of the economy are adding to the crisis. A survey conducted by the National Association of Area Agencies on Aging (2008) found that more than half of the agencies had to cut back on delivery of home care and other services due to fuel costs. Participants in this study were also asked about whether increasing expenses limited what they can do; over 90% of the agencies strongly agree or agreed with the statement. Furthermore, at a time when budget cuts are occurring, it is difficult to talk about expanding services and developing incentives to educate and train workers in the field of aging.

III. Labor Force Trends: Recruitment, Retention, & Retooling

Each year the Bureau of Labor Statistics reports patterns and trends in their Occupational Outlook Handbook. Selected occupations from 2008-2009 are summarized below in Table 2. Information based on the number of workers retiring, educational trajectories and salary are used to help project occupational patterns.

Table 2: Selected Occupations Outlook, United States, 2006-2016

Selected Occupation	Employment by Year (in Thousands)		Percent Increase
	2006	2016	
Physicians and Surgeons	633	723	14.2
Chiropractors	53	60	14.4
RNs	2,505	3,092	23.4
LPNs and vocational nurses	749	854	14.0
Nursing aides, orderlies, and attendants	1,477	1,711	18.2
Home health aides	787	1,171	48.7
Personal and home care aides	767	1,156	50.6
Social workers	595	727	22.0
Psychologists	166	191	15.3
Mental health counselors	100	130	30.0
Physical therapists	173	220	27.1
Occupational therapists	99	122	23.1
Respiratory therapists	102	126	22.6
Speech-language pathologists	110	121	11.0
Dentists	161	176	9.1
Dentists hygienists	167	217	30.1
Dental assistants	280	362	29.2
Optometrists	33	36	11.3
Dietitians and nutritionists	57	62	8.6
Pharmacists	243	296	21.7

Source: Bureau of Labor Statistics 2008a

These workforce projections are important to identifying the different occupations that may be affected in the future. For other professions, information is available in the Bureau of Labor's *Occupational Outlook Handbook, 2008-09*. Table 3 illustrates how selected industries looked on an area-wide basis in 2006.

Table 3: Civilian Employed Population 16 Years and Over for Selected Industries/Occupations in 2006 by area*

	Educational services, and health care and social assistance	Community and social services occupations	Healthcare practitioner and technical occupations	Healthcare support occupations	Personal care and service occupations
Dutchess County	43,161	2,609	8,897	3,580	5,189
Nassau County	159,765	8,989	44,665	10,766	17,806
New York City	925,494	75,263	167,783	157,490	177,762
Rockland County	39,151	3,461	9,506	3,090	2,979
Suffolk County	169,878	9,921	37,593	16,643	23,067
Ulster County	25,248	2,071	5,364	2,762	3,154
Westchester County	115,882	7,669	27,196	6,630	16,632

* Putnam County data cannot be displayed because the number of sample cases is too small.

Source: U.S. Census Bureau, 2006 American Community Survey. Table B24050 (Industry by Occupation for the Civilian Employed Population 16 Years and Over) and Table B24060 (Occupation by Class of Worker for the Civilian Employed Population 16 Years and Over). Retrieved September 3, 2008 from http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2006_EST_G00_&state=dt&mt_name=ACS_2006_EST_G2000_B24050&_lang=en&_ts=238512626631 and http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2006_EST_G00_&state=dt&mt_name=ACS_2006_EST_G2000_B24060&_lang=en&_ts=238512705897

Experts agree that it is critical to train more professionals to provide services to the growing older adult population. In an effort to promote more comprehensive geriatric education a number of nationwide initiatives in different disciplines have been developed. Some of the major contributors are: John A. Hartford Foundation, Brookdale Foundation, the Atlantic Philanthropies and New York Academy of Medicine. These entities encourage physicians, nurses, and social workers to practice in the field of aging and have fostered interest in this growing and diverse healthcare sector.

There are three Geriatric Education Centers (GECs) in New York State which are funded by the Federal Bureau of Health Professions: The Consortium of New York Geriatric Education Centers, the Long Island Education Geriatric Center, and the Finger Lakes Education Geriatric Center. Hundreds of individuals are trained each year

through programs geared to increase capacity to serve older adults. These centers are part of the National Association of Geriatric Education Centers (NAGEC). Geriatric training is also provided to physicians, dentists, and behavioral and mental health professionals through the GTPD Program which awards grants to eligible institutions to support fellowships and other training efforts. In addition, the Geriatric Academic Career Award Program (GACA) established in 1998 helps to increase the number of junior faculty at accredited schools of allopathic and osteopathic medicine.

A range of professions serve older adults and their families. Other professions not included here make important contributions to older adults and their families. The discussion that follows highlights the workforce outlook in the following selected professions:

- Physicians and Surgeons
- Chiropractors
- Nurses
- Social Workers
- Psychologists and Counselors
- Direct Care Workers
- Physical Therapists, Occupational Therapists, Respiratory Therapists and Speech-Language Pathologists
- Geriatric Care Managers
- Vision and Hearing Professionals
- Oral Health Occupations
- Diet, Nutrition and Medication Occupations

A. Physicians and Surgeons

For older adults, general practitioners often provide the first point of contact, by serving as the traditional family doctor. Geriatricians, who specialize in working with older adults, are trained to specifically address the complexity of care for older persons.

The demand for physicians and surgeons is expected to rise in the United States. This increase may be attributed to a constellation of factors, including the demand for the latest technology and the growing older adult population. Overall, the employment of physicians and surgeons is projected to grow 14.2% from 2006-2016 (Bureau of Labor Statistics, 2008a).

Programs have developed nationally in response to increasing need for geriatricians. Warshaw et al. (2003) found that in the past 10 years 27 new geriatric fellowship programs opened, for a total of 119 programs. The authors note that the challenge in recruiting in this specialty is related to the lack of incentives. According to Armstrong and Forte (2008), the number of graduates in geriatrics peaked in 2003. Moore (2008) suggests that the growing demand in other states could affect New York's ability to

attract physicians to practice and stay in the state; therefore, the state should consider strategies to attract and retain physicians.

Attention continues to focus on educating physicians about working with older adults. In July 2007, the American Association of Medical Colleges (AAMC) and the Hartford Foundation hosted a National Consensus Conference on Competencies in Geriatric Education. At this meeting, the group agreed on a minimum number of competencies that graduating medical student must meet to assure competent care to older patients. These address the following areas: cognitive and behavioral disorders; medication management; self-care capacity; falls, balance, gait disorders; atypical presentation of disease; palliative care; hospital care for elders, and health care planning and promotion.

As mentioned earlier, the Geriatric Academic Awards Program (GACA) helps to provide financial incentives to junior faculty to pursue academic careers in geriatrics.

B. Chiropractors

Chiropractors diagnose and treat patients with musculoskeletal system problems by using manipulative treatment to restore alignment. Employment is expected to rise between 2006-2016 by 14.4%. (Bureau of Labor Statistics, 2008a). According to the Bureau of Labor Statistics, “the rapidly expanding older population, with its increased likelihood of mechanical and structural problems, also will increase demand for chiropractors” (p.3).

Wolinsky et al. (2007) found in their study of a nationally representative sample of Medicare beneficiaries aged 70 and over, that approximately 10% had visited a chiropractor at least once during the study period. According to the researchers chiropractic use is “most common among Whites, those reporting pain, and those with geographic, financial and transportation access” (p.12).

C. Nurses

The nursing profession faces high numbers of shortages. Registered Nurses (RNs) often select a specialty or specific treatment area. They may also work with specialized populations, such as pediatrics or geriatrics. According to the Bureau of Labor Statistics, RNs held 2.5 million jobs nationwide and 59% of the RNs worked in hospitals (2008a). Employment of RNs is expected to grow by 23.4% and a considerable portion of this growth will be due to the growing numbers of older persons (Bureau of Labor Statistics, 2008a). There is also a projected need for 105,000 more LPNs between 2006-2016, representing a 14.0% increase (2008a).

In the United States, the shortage of registered nurses is anticipated to be as high as 500,000 by 2025 (Buerhaus, Staiger, & Auerbach, 2009). Nursing is needed in a range of settings. A report released by the American Hospital Association (2007) found that hospitals in the United States have a RN vacancy rate of 8.1%, which varies geographically. The National Center for Health Workforce Analysis (2004) contracted

with the Center for Health Workforce Studies to obtain a profile of nurse practitioners in NYS. They found that 57% work directly in patient care. In addition, they found that the most common specialty was family health.

Recent studies on recruitment and retention of nurses found that burnout, unappealing work, lack of job satisfaction, and lack of support have been cited as reasons why the profession's demands exceed supply. A study of nurses conducted by the New York State Area Health Education Center (AHEC) found that it was important for all programs to: 1) recruit diverse minority, rural and disadvantaged students, 2) attract and retain nurses in rural and underserved areas and 3) develop collaborative liaisons with community and statewide organizations (Brewer, 2005).

Fact: In NYS, only 3.6% of nurse practitioners had certification in the field of gerontology. (Center for Health Workforce Studies, 2004).

There is also a declining number of nursing educators which creates a further problem. Therefore, efforts to increase aging content in nursing education are essential. Past and recent work supports the development of a set of competencies for older adult care and geropsychiatric competencies (John A. Hartford Foundation, 2008).

D. Social Workers

Social workers receive training through bachelors-level (BSW) or master-level (MSW) programs. Data indicates that the employment of social workers is expected to grow by 22% during the 2006-16 decade (Bureau of Labor Statistics, 2008a). Part of the demand is attributed to the growing number of older adults. The medical and public health arenas are expected to be the fastest growing sectors in social work. It should be noted that some agencies are expected to restructure services and hire more social and human service assistants, at lower salaries, in lieu of social workers (Bureau of Labor Statistics, 2008a). "The National Institute of Aging estimates the nation will require 70,000 trained, "aging savvy" professional social workers by 2020, though fewer than 3% of social work students currently specialize in aging" (New York Academy of Medicine, 2008).

New York State is among the states with the highest ratios of licensed social workers per 100,000 population (Wing, Cohen, McGinnis, & Whitaker, 2006). While growth is anticipated for social workers as a whole, having sufficient numbers in the field of aging remains a concern.

Fact: Only 9% of social workers list aging as their practice area. (Whitaker, Weismiller, & Clark, 2006).

As with physicians and nurses, initiatives to increase the number of social workers trained to practice with older adults are underway. Some of these initiatives include the Social Work Leadership Institute (New York Academy of Medicine, funded by the Atlantic Philanthropies and the John A. Hartford Foundation), the Council on Social Work Education Gero-Ed Center (funded by the Hartford Foundation), and the Institute for Geriatric Social Work (funded by the Atlantic Philanthropies).

One approach to drawing students already in professional programs to focus on aging has been used by the Social Work Leadership Institute (SWLI) of the New York Academy of Medicine. Through its Hartford Partnership Program for Aging Education (HPPAE), the SWLI has been supporting university social work programs around the country to develop “high quality, aging-rich field experiences for MSW students” (Sisco, Volland, & Gorin, S. 2005, p.346) in conjunction with community based agencies. Some hallmarks of the HPPAE program (formerly known as the Practicum Partnership Program) include: integrated student fieldwork rotations across several sites along the continuum of service, joint responsibility of agency and university to design, implement and evaluate the placements for relevance to the “real world” of community needs, and focused recruitment of students to a specialization in aging (Sisco et al., 2005).

E. Psychologists and Counselors

Employment of psychologists is expected to rise 15.3% between 2006-2016 (Bureau of Labor Statistics, 2008a), with clinical psychologists constituting the largest specialty. For clinical psychologists, areas of specialization may include neuropsychology, health psychology and geropsychology. According to the Bureau of Labor Statistics (2008a), “the emergence and growth of these specialties reflect the increasing participation of psychologists in direct services to special patient populations” (p.3).

Employment of counselors is also expected to rise. Specifically, the number of mental health counselors, who work with psychiatrists, psychologists, social workers to help address and treat mental and emotional problems, is expected to rise 30.3%. In addition, employment of substance abuse and behavioral disorders counselors is expected to rise.

In a survey of American Psychological Association members, Qualls, Segal, Norman, Niederedhe and Gallager-Thompson (2002) found that “most respondents provided some services to older adults, but typically very little” (p.435). The authors indicate that the services provided are often inadequate to meet the demand.

As part of the GTPD Program, geriatric training is offered to behavioral and mental health professionals through awarding grants to eligible institutions to support fellowships and other training efforts.

F. Direct Care Workers (DCWs)

Home health and home care aides, nursing assistants, personal care workers and attendant are referred to as direct care workers (DCWs). DCWs provide the overwhelming majority of paid long term care (Paraprofessional Healthcare Institute, 2001). From 1999 to 2006, the national median wage, after adjusting for inflation, declined by 4%. In New York State, the real median hourly wage in (1999 dollars) was \$8.03 in May 2006 (Paraprofessional Healthcare Institute, 2008). In 2006, no state (except Hawaii) reported personal and home care aides' wages above 250% of the federal poverty line wage for a single individual. Wages of direct care workers have failed to keep up with inflation in many states (Paraprofessional Healthcare Institute, 2008).

Fact: Overall, the employment of home health aides is projected to grow 48.7% from 2006-2016 and personal and home care aides are projected to grow 50.6%. (Bureau of Labor Statistics, 2008a)

Capacity to meet the needs of older adults will be affected by fewer women in the workforce and rising levels of education. Stone and Dawson (2008) state "...more educated women will be less willing to work in the same low-wage, low-benefit jobs..." (p.9).

A national study of certified nursing assistants (CNAs) found that good basic supervision was one of the most important factors affecting intent to stay in their jobs (Bishop, et al., 2008). Stone and Weiner (2001) underscore the importance of opportunities for advancement including career ladders, as well as adequate compensation and organization support.

According to Stone and Wiener (2001), the success of efforts to recruit and maintain a long-term workforce is based on a number of factors including: workers' perception of how they are valued, health and long-term care policies, and reimbursement policies. Such policies influence workers' wages, benefits, and training.

G. Physical Therapists, Occupational Therapists, Respiratory Therapists, and Speech-Language Pathologists

Physical, occupational, and respiratory therapists, as well as speech-language pathologists play an important role in interdisciplinary teams and consult with physicians, nurses, and other professionals about patient care. The services provided by these therapists help to restore and enable persons with chronic conditions and impairments to achieve the highest level of functioning.

There is an increasing need for therapists to help individuals with a range of medical problems. Overall, the employment of physical therapists is projected to grow by 27.1%, occupational therapists, 23.1%, respiratory therapists, 22.6%, and speech pathologists, 11%. (Bureau of Labor Statistics, 2008a). Approximately one-third of physical therapists and occupational therapists, and over 80% of respiratory therapists, work in hospital settings. While the majority of job openings for therapists are likely to still remain in the hospital setting, there may be new opportunities in home health care, physicians' offices, and consumer-goods rental firms (Bureau of Labor Statistics, 2008a).

H. Geriatric Care Managers

The National Association of Professional Geriatric Care Managers (2008) define geriatric care managers as "health and human specialist who help family members care for their older relatives" (p.1). The geriatric care manager is an individual with a specific focus on aging, who is trained in one of a number of disciplines, such as social work, nursing, psychology. Often geriatric care managers are employed in community-based settings. In 2006, the national association voted to require their members to have one of the following four certification: care manager certification (CMC); certified case manager (CCM); certified advanced social worker in case management (C-ASWCM), and certified social work case manager (C-SWCM). The national association requirement went into effect in January 2008 for new members, but current members have until January 2010 to obtain certification.

For people who have the funds to pay for geriatric care management services, a geriatric care manager can help by assessing the client's and families' needs, planning and arranging for care and services, and monitoring care needs. There is also concern in some states that some individuals call themselves geriatric case managers and are not members of any licensed profession (Stone, Reinhard, Machemer & Rudin, 2002).

I. Vision and Hearing Occupations

Hearing and vision problems for older adults are among the most prevalent chronic health conditions. Crews and Campbell (2004) report that between 9% and 18% of older adults have visual impairments and about one-quarter to one-third have trouble with hearing. The future workforce will be expected to respond to the growing need. For example, the Bureau of Labor Statistics (2008a) reports, "As the population ages, there will likely be more visits to optometrists and ophthalmologists because of the onset of vision problems that occur at older ages, such as cataracts and glaucoma" (p.6). The demand for optometrists is expected to increase 11.3%.

Dual impairments (vision and hearing loss) can significantly affect older adults' functioning. Brennan, Horowitz and Su (2005) reported that individuals with dual sensory loss had greater difficulty with activities like shopping, using the telephone, and preparing meals compared to those with a single impairment. This research underscores

the need for education, outreach, and rehabilitation services for older adults and greater numbers of workers needed to meet this need.

J. Oral Health Occupations

There is projected to be a slight increase (9.1%) in job openings for dentists and a much larger projection of openings for dental hygienists (30.1%) and dental assistants (29.2%) (Bureau of Labor Statistics, 2008a). Two major issues include geographic distribution of dentists and hygienists and concern about shortage of dentists skilled in geriatric care.

Oral health is an important part of older adults' general health and well-being. Although the oral health of older Americans has improved (Vargas, Kamarow & Yellowitz, 2001), there are challenges serving older adults who may have "...dental disease, more complex medical histories, the increased likelihood of multiple, interacting medications, and increased functional limitations" (Dolan, Atchison, Huynh, 2005, p.971). Reimbursement for dental coverage is often limited, creating barriers for many lower income older adults who need dental care.

Some dental schools have included rotations with older adults, as well as added faculty with geriatric dental training to address the need to train dentists skilled in geriatric care. In the community, the American Dental Association (2007) launched an initiative known as OralLongevity which is designed to increase older adults' awareness about oral health. Through an educational DVD and other material, the OralLongevity program hopes to educate dentists and individuals about proper oral care, as well as problems that older adults may encounter. Through initiatives like these and efforts of different organizations, such as the American Society for Geriatric Dentistry (ASGD), commitment to improving the oral health of older adults is at the forefront.

K. Diet, Nutrition and Medication Occupations

Dieticians and nutritionists may play a key role in older adults' health and well-being. Many of these professionals provide nutritional services in acute and long-term care facilities, as well as in community settings. They may advise individuals on healthy eating, meal preparation, and diet modification to deal with chronic conditions such as diabetes and high blood pressure. Employment in these two professions will increase 8.6% between 2006-2016 (Bureau of Labor Statistics, 2008a).

Pharmacists are often a critical link between older adults and the health care system. They "advise their patients, as well as physicians and other health practitioners, on the selection, dosages, interactions, and side effects of medication" (Bureau of Labor Statistics, 2008a, p. 1). Some pharmacists specialize in geriatric pharmacy. From 2006-2016, employment opportunities for pharmacists are expected to increase by 21.7% (Bureau of Labor Statistics, 2008a).

IV. Education and Training

Having an adequate workforce to serve the growing older population depends on appropriate education and training. Misperceptions of older adults and the opportunities for work in this field may negatively influence individuals' career decisions. One way to change perceptions is to integrate material about aging into the elementary through undergraduate curricula. "Such education is important to develop intergenerational awareness and understanding, as well as to prepare young people to be prepared for the aging society in which they will live, grow, and work" (Rosenbaum et al., 2008, p. 15).

Individuals can enter the field of aging through many disciplines, including but not limited to the traditional health care professions. Students who are exposed to aging content in their undergraduate courses may be more interested in working with older adults (Cummings, Alder, & DeCoster, 2005). A descriptive study of undergraduate faculty (N=177) ascertained the extent to which aging content is taught in Westchester colleges and universities (Heyman, Gutheil, White-Ryan, Phipps, & Guishard, 2008). Approximately 43% of the respondents were interested in the field of aging. However, two-thirds of the courses faculty taught seldom or never included aging content. It is critical that efforts be made to help faculty find ways to integrate aging into their courses. In addition to coursework, service learning opportunities are strongly recommended in addition to course work in aging as a way of reducing negative stereotyping of older adults by giving students the chance to interact in a meaningful way with elders (Maiden, Lane, Pimpinella, 2005; Bial, 2005).

Once individuals enter the field of aging, career ladders and other opportunities for satisfactory work lives must be available. NY-SAAN's first conference, held in 2007, "Preparing for the Elderboom: Strategies for Success through Workforce Development and Advocacy," offered an opportunity to survey participants in the aging field. When asked if career ladders were available in their positions, 49% indicated this was not the case (Heyman & Gutheil, 2007). In addition, respondents were asked their opinion about several workforce concerns. Table 4 presents these data.

Table 4: Opinions of NY-SAAN Conference Attendees

<i>Question</i>	<i>% Strongly Agree or Agree with the statement</i>
With the anticipated growth in the number of older adults there will be a serious workforce shortage issue.	89.7%
Educating the workforce about the needs of older adults should be a priority.	98.9%
Frontline workers in the field of aging need more training about the different aspects of aging.	98.4%
Career ladders are available for paraprofessionals in the field of aging.	28.5%
Recruiting younger workers in the field of aging should be a major focus of our efforts.	76.1%
Repayment terms on student loans should be a way to increase the workforce to address shortages in the field of aging.	85.2%
All disciplines need to focus their courses on training individuals in the field of aging.	86.0%

Source: Heyman & Gutheil, 2007.

Specializing in gerontology during one’s professional education and training is one way to insure that professionals have the knowledge and skills to effectively serve older adults. Initiatives that support professionals by providing financial incentives are essential. Loan forgiveness programs are one way to help meet this need. New York State’s recently passed Social Work Loan Forgiveness Program includes aging as a specialty for which practitioners would be eligible for repayment of student loans. At a national level, the *Caring for an Aging America* bill introduced in Congress in March, 2008 by Senator Barbara Boxer (D-CA) would provide loan repayment to physicians, nurse practitioners, social workers and psychologists who complete specialty training in geriatrics or gerontology and who agree to provide full time clinical practice and service to older adults for a minimum of two years. The bill, currently in committee, would also expand the existing Nursing Education Loan Repayment Program to include registered nurses and paraprofessional workers who complete specialty training and provide services in home, community or facility based long-term care settings. This key provision would begin to address the shortage of career ladders.

Finally, the bill would create a Health and Long-Term Care Workforce Advisory Panel for an Aging America to examine workforce data in geriatric health and long-term care, make recommendations for a monitoring structure to track changes in workforce need, and conduct research to identify incentives for recruitment and retention of service providers to vulnerable older adults. New York's Senator Charles Schumer was one of the early co-sponsors of this bill. Advocacy groups such as the National Council on Aging are supporting it.

Gerontological certification among health care professionals is a growing trend. The Association for Gerontology in Higher Education (AGHE) issued a report of its nationwide survey of 395 employees and 51 employers in aging on their views of certification (Howe et al., 2007). Both groups agreed by large margins (over 70%) that national professional certification would help define professional standards of practice and add value to the profession beyond that given by academic credentials. Over half of employees agreed that certification would clarify employee and consumer expectations. Again a majority said it would enable career mobility and create more opportunities. More than three quarters of employers agreed that certification would assure them that a potential employee has knowledge and skills consistent with standards of practice in the field.

For many, continuing education may be one of the best ways to offer individuals information and material about important topics. Rosenbaum et al. (2008) recognize the need for "exploring and fostering continuing education opportunities including on-site and off-site, on-line and in-classroom training for paraprofessionals and professionals on the job" (p.16).

V. Future Considerations

The findings in this report suggest that further work must be done if we hope to achieve the vision of a future that is responsive to the growing older population. NY-SAAN plans to target its strategies for improvement in the areas of recruitment, retention, retooling, and service systems. NY-SAAN has worked to build partnerships to achieve success.

A. Recruitment, Retention and Retooling

Below are core initiatives that NY-SAAN can focus on in order to address workforce issues in the southern New York area:

- **Build Capacity** - Work with other organizations to ensure an adequate number of trained and qualified professionals in the field of aging. Provide direct care workers with the training needed to serve older adults. Because the literature points to the importance of providing quality supervision and development of career ladders as essential to both recruitment and retention of frontline workers, efforts to achieve these ends are crucial.
- **Enhance Professional Training** - Work with colleges and universities to increase professional training in the field of aging. This includes helping students develop the competencies to work with an older adult population.
- **Build Community Partnerships** - Build partnerships with colleges, universities, service providers, consumers, unions, and employees to work together to find solutions to workforce issues.
- **Integrate Aging Information in Education** - Work with colleges and universities in order to help them integrate information about aging across the curriculum. Providing information across the full spectrum of studies may help students understand the range of opportunities in this field.
- **Expand Community Education** - Provide educational programs for younger and older adults to learn more about different careers in aging. These programs should focus on a broad array of workplace opportunities in the field.
- **Encourage Intergenerational Programs** - Promote intergenerational programs that build relationships between elders and young people. This strategy is widely believed to reduce misconceptions and stereotypes about older adults while potentially laying the groundwork for future interest in work with older adults. Awareness and understanding, when achieved through personal connections, can lead to lifelong interest and appreciation between generations.
- **Support Informal Caregivers** - Support training and education for informal caregivers through federal, state and local efforts. A range of organizations in communities can provide education and training for these individuals, making every attempt to reasonably accommodate time and location of the caregiver.

- **Encourage Older Workers** - Recognize that older adults themselves are resources, and support older workers in the field of aging. Older workers may be either continuing in their profession or embarking on a new career.
- **Develop Professional Competencies** - Develop professional competencies in the field of aging. Offering affordable seminars, conferences and symposia on the local level will promote easier access to vital information and developing trends. Moreover, such occasions provide a venue for collaborative exchange and collegial dialogue, both of which are vital to the sense of mission.

B. Service Systems

NY-SAAN has already begun to build alliances across agencies and organizations and hopes to continue to work together to address service system issues:

- **Promote Funding** - Encourage the federal government to support geriatric academic programs. While authorization and funding of programs are critical, the resources necessary for continued research in this field are needed as well.
- **Develop and Coordinate a Range of Comprehensive Services** - Ensure a comprehensive range of institutional, community and home-based services that can meet the needs of older adults and their families. As part of the service delivery system it is also necessary to ensure that services, such as transportation, are accessible and available.
- **Expand Information Sharing** - Establish mechanisms for sharing information and data on workforce issues with policy makers. Reports to policy makers from local and regional organizations can provide documentation of the scope of the problem.
- **Broaden Advocacy Work** - Broaden the advocacy base and expand efforts to support policies designed to address workforce issues. Organizations can collaborate on and support legislation that will ease the workforce burden in all areas including health, mental health, well-being, and caregiving.
- **Support Evidenced-Based Research** – Continue to review the research in order to understand the evidence to make practice and policy decisions to meet the needs of older adults and their families.
- **Provide Incentives** - Provide substantive incentives to attract workers to careers in the field of aging. This includes developing viable policies for loan forgiveness, family leave pay, quality training, financial incentives, increased salary scale, and career ladder programs that will attract the interest of students and workers seeking career options.

These initiatives are first steps toward NY-SAAN's goal of addressing workforce issues for older adults. Although myriad challenges lie ahead, a sustained collaborative effort will help find solutions.

A Sample Listing of Web Sites on Workforce Issues

Administration on Aging
<http://aoa.gov>

Association for Gerontology in Higher
Education
<http://www.aghe.org>

Area Health Education Centers
<http://bhpr.hrsa.gov/ahec>

Bronx-Westchester Area Health
Education Center
<http://www.bwahec.org>

Bureau of Labor Statistics
<http://www.bls.gov>

Center for Workforce Studies
<http://chws.albany.edu>

Center to Champion Nursing in America
<http://www.championnursing.org>

Consortium of New York Geriatric
Education Centers
<http://www.nygec.org>

Hartford Institute for Geriatric Nursing
<http://www.hartfordign.org>

Institute for the Future of Aging Services
<http://www.futureofaging.org>

Institute of Medicine
<http://www.iom.edu>

Long Island Geriatric Education Center
<http://www.hsc.stonybrook.edu/centers/ligec>

National Association of Area Agencies
on Aging
<http://www.n4a.org>

National Association of Social Workers.
<http://www.socialworkers.org>

New York Academy of Medicine
<http://www.nyam.org>

New York State Office for the Aging
<http://www.aging.ny.gov>

New York Southern Area Aging Network
<http://www.ny-saan.org>

Paraprofessional Healthcare Institute.
<http://phinational.org>

State Society on Aging of New York
<http://www.ssany.org>

The Sloane Center on Aging & Work
<http://agingandwork.bc.edu>

The John A. Hartford Foundation
<http://www.jhartfound.org>

National Association of Geriatric Education
Centers (NAGEC)
<http://www.nagec.org>

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