

# **The Aging Tsunami and Addressing Eldercare Workforce**

## **5-Year Tactical Plan - 2010 - 2014**

### **Kupuna Education Center, Kapiolani Community College**

#### **I. Background and Tactical Strategies**

Kapiolani Community College's Kupuna Education Center has its origins in 2003 when it convened a statewide conference on the "Role of Community Colleges in an Aging Society". Since then, drafts of Kapiolani Community College's plans for its Aging and Long-term Care Training Initiative were presented to the State Legislature for consideration. As a result of strong community support, the Hawaii State Legislature and the Governor authorized the formation of a new gerontology program at Kapiolani Community College effective July 2006. While the process was had its detractors, it's approval was surprisingly fast and today, the KCC Kupuna Education Center represents the University of Hawaii's only community college-based gerontology center. Clearly, its role and mission to address Hawaii's rapidly growing elderly population and its need for practical training is significant.

The Center uses the "Aging Tsunami" as a metaphor to convey the magnitude of the challenge and the urgency of addressing the needs of Hawaii's frail and disabled senior population. This "Aging Tsunami" will require an expanded workforce, more financing and more services. To that end, the Kupuna Education Center proposes principally address the workforce issue via four tactical approaches.. The first is the development of paraprofessional training. There is a call to review the existing credit and non-credit course curriculum for revisions, additions and/or integration to strengthen the college's ability to provide gerontological training for new or incumbent paraprofessionals in various specialties. Our college's efforts however important will probably not suffice to meet the overwhelming demand for services.

Thus, a first defensive backup plan (i.e. the second tactical strategy) calls for the development of Family Caregiver Training. The college has an well-recognized knowledge-base that can be simplified and shared with the community quickly by training families in classroom settings, news print and television media. Family Caregiver training is seen as an important way to assist the community's need to prepare families since many will wish to supplement paid professional and paraprofessional help with their own unpaid assistance. This tactical strategy while critical will probably not suffice. The Age Wave will be too large in the first few decades of the 21<sup>st</sup> Century.

The next defensive backup plan (i.e. the third tactical strategy) calls on an effort to address the active retirees to reduce the demand for long-term caring. Active Aging programs and/or continuing education offerings are viewed as a way to moderate the demand for the long-term care workforce by engaging active retirees in the multi-faceted aspects of wellness. Again, this strategy by the KCC Kupuna Education Center alone will probably not suffice in face of this statewide demographic change.

Finally, our fourth tactic calls for the KCC Kupuna Education Center to support the other 6 community colleges within our University of Hawaii system to build their respective aging and long-term care programs as well. In this way, KCC hopes to be able to address the rapid demand for services with a coordinated response over the next decade with new paraprofessional, trained families, active engaged older adults and a statewide approach through the UH community college system.

## **II. Current Situation**

### **External Environment Scan**

Demographic Trends: Hawaii had a population of approximately 1.3 million in 2009. Of this, the population of Oahu represents approximately 70 percent. Over the past decade, the population of Hawaii has grown at a slower rate in part due to significant outmigration to the U.S. mainland. Nevertheless, the population of those over 65 elderly has consistently grown between 2.5 to 3 times faster than the rest of the U.S. as a whole with only 4 states in the union with faster elderly growth rates. Consider these other social trends related to Hawaii's senior population:

- The most frail elderly – 85 years and older – represents the fastest growing age cohort. Between 1990 and 2000, this cohort grew by 69 percent. This indicates that the demand for long-term care will dramatically increase over the next decade.
- New family trends are challenging government's basic assumptions of their viability for elderly support. Reduced family size, fewer multi-generational households, increased separation by geographic mobility, smaller living quarters, increased variations in family structure among other trends suggest that family caregiving may have limits. Families may be experiencing unprecedented and pervasive stress levels that may impact elder abuse and neglect trends in the future.
- Nevertheless, more older adults in Hawaii live with families compared to other parts of the U.S. Thus, where the national average of older adults living alone is 28%, it is only 16.5 percent in Hawaii (the lowest).
- An increasing proportion of the elderly will be better educated with high school and college degrees. Seniors will be more articulate and skillful in demanding services.
- Hawaii's ethnic diversity is its hallmark characteristic that sets it apart from the rest of the nation. Among its various ethnic groups, Hawaii's elderly will be predominantly characterized by those of Japanese (35%), Caucasian (23%), Filipino (15%), Chinese (8%) and Native Hawaiian – Pacific Island (5.5%) ancestries.
- KCC is situated in an area of Oahu with the state's highest concentration of seniors. Areas such as Kapahulu, Palolo, Kaimuki, Waikiki, St. Louis and Kahala may be considered naturally occurring retirement communities with a super-high concentration of seniors.
- Hawaii's infrastructure for the aging and long-term care program development has been faced with significant problems seriously affecting

Hawaii's ability to plan and prepare for the future. The presence of numerous and a growing number of entities attempting to provide leadership is indicative of a leadership vacuum. For example, the following are some of the politically active groups involved with aging issues at this time: Executive Office on Aging, Legislature's Kupuna Caucus, State's Long-term Care Commission, Family Caregiver Coalition, Aging-in-Place Task Force, AARP – Hawaii, Kokua Council, Policy Advisory Board of Elderly Affairs (PABEA), Aging and Disability Resource Center (ADRC) Initiative among others.

National and State Planning: One of the greatest challenges facing senior care is the significant and growing national debt that exceeded \$8.8 trillion in 2007 and has now exploded to 12.4 trillion in early 2010 with the massive expenditure of stimulus funds in 2009. While the most significant size of the debt is still associated with present and past military spending, other major contributors include the fixed and growing obligations of Social Security (23%), Medicare (12%), Medicaid (7%) together with other national entitlements and federal retirement programs (13%). National policy direction in response to the national debt have called for the increased relegation of the federal elderly care responsibilities to the state, county and the families themselves. New policy initiatives have resulted in the tightening of federal spending with Medicare and Medicaid reimbursements to providers and professionals. We have also seen a growing interest in strengthening family caregiver support and training and the growth in programs that shifts eldercare focus from institutional to home and community-based caring. While consideration time and effort was spent in 2009 on new health care legislation, little or no federal attention has focused on stemming the cost of long-term care yet.

At the state level, we are also witnessing some significant challenges to address the growing numbers of elderly and their need for a larger workforce. The University of Hawaii at Manoa has a Center on Aging Research and Education (CARE) has transferred from the School of Medicine to the School of Social Work and now to the office of the Vice President of Academic Affairs without adequate funding to support a director. Consequently, the Certificate in Aging offerings for graduates and undergraduates has been suspended until further notice given present uncertainties. Concomitantly, the Executive Office on Aging's remained with an Executive Director for an entire year in 2007 and the new director has seen significant turnover, budgetary cutbacks and a scaled back plan. The change has resulted in loss of momentum and uncertainly regarding the direction of the present administration in this area.

In the service sector, there has been noticeable increase in the number of private duty home care and home health care agencies. Other services that have seen expansions include private pay assisted living and adult day programs. Conversely, the nursing home bed supply has remained stable due to low Medicaid reimbursement rates that discourage developers from further expansions. In lieu of this trend, the state has promoted the expansive use of small care homes and adult foster homes for nursing home care at great financial savings to the Medicaid program. Questions still exist as to

whether quality of care in these residential care settings is adequate. On the financing front, federal and state cutbacks may have contributed to the rapid growth of long-term care insurance and reverse mortgage sales.

Workforce statistics is most available for the nursing profession. As with most other states, Hawaii has experienced a continued shortfall in meeting its nursing workforce needs. While there is every reason to believe that the demand for long-term care professionals and paraprofessionals will continue to increase over time, it is not clear how that need will be adequately met. Probably one of the most marketable paraprofessional training is for nurse aides. Nurse aides are sought by nursing home, assisted living facilities, care homes, adult day care and Medicare certified and private duty home care agencies.

### **Internal Environment Scan**

Kapiolani Community College has an enrollment of approximately 8500 matriculated students in its various associate degree programs in 2008. Enrollment has grown significantly over the past few years due to the cost of higher education, interest in employment opportunities and better integration of the community college system with the main UH Manoa campus. In addition, approximately 25,000 others participate in its continuing education programs annually. The following are some of the strengths and limitations of our existing programs:

1. KCC has a strong and positive reputation as an accredited institution with a particularly exemplary standing in its health, nursing and culinary programs. In addition, KCC has received a number of national recognition over the years in international education and service learning among other areas of excellence.
2. KCC's nursing program trains students in its Associates degree Nursing, LPN, Nurse Aide and Adult Residential Care Home programs. There continues to be a shortage of nurse instructors which limits in the Nurse Department's nursing students into the ADN program to 60 students per year. After years of attempting to produce more ADNs, KCC's graduates are now finding it difficult to be employed as new RNs by hospitals. The economic downturn, tightening reimbursements and organizational changes have resulted in reduced need for RNs without experience. The LPN program is now operating at two colleges and produce about 40 graduates per year. KCC's Nurse Aide program remains either a non-credit or credit based on 150 hours of training tailored for institutional long-term care. The Adult Residential Care Home program is a credit-based program requiring clinical and business skill above and beyond the nurse aide course work. This program continues to represent an important service to providers needing the training for certification and licensure to serve the frail elderly in a care home setting.
3. KCC's Health Sciences program trains students in at least 10 health career tracks including but not limited to occupational therapy assistant, physical therapy assistant, massage therapist and respiratory care practitioner.

4. There are other programs at KCC that may have some affiliation with aging programs. Namely this includes Exercise and Sports Science Program, the Gerontology course in Sociology particularly in relations to Service Learning, Business Marketing, Culinary, Tourism & Hospitality and the Para-legal Programs.
5. There are a number of issues related to aging and long-term care program development that need to be addressed. While there are others to consider, the following are some of the major issues identified to date:
  - a. Articulation – to what extent can entry level program tracks (e.g. nurse aide, companion aide) be articulated with more advanced program tracks (e.g. CNA, LPN, ADN)? Similar issues exist with health sciences programs and baccalaureate degree coursework.
  - b. Demand for Training – Should certain programs be considered for significant modifications if student interest and employment opportunities wane? There are about 40 professional associations that have created their own certificate programs in aging. Should KCC develop or offer these specialty certificate program in aging in conjunction with these national professional organizations?
  - c. New Emerging Programs – How does KCC monitor and rapidly ramp up to provide the necessary training for newly emerging occupations in aging and long-term care? For example, there is no specialized training for certified nurse aides for the home and community-based setting yet. Should KCC develop training to meet that void?
  - d. Gerontology Certificate – Should KCC develop a gerontology certificate to assure core competencies in elderly care, skills and knowledge? What should its requirements entail? Should there be sub-specialties for the gerontology certificate? Should certifications ascribe to national standards to the Association for Gerontology in Higher Education (AGHE) or to other group if any exist? How should it be integrated with the Health Sciences, Nursing and other departmental programs?
  - e. Credit vs. Non-Credit – There continues to be questions regarding the value of the credit vs non-credit route for course offerings. There have been courses offered both ways for certain certificates such as the CNA. Is it possible to offer credit to all non-credit offerings to encourage and support aging and long-term care workforce development effort?
  - f. Online vs Classroom – Should KCC expand its access to turnkey Online course offerings in aging, develop its own or concentrate on the traditional classroom approach?
  - g. Targeting Seniors Effectively: How should KCC target active retirees for classroom instructions, effective learning and behavior change? To what extent should instruction take advantage of ‘group membership’ as a tactic for learning and behavior change.

There is reason to believe that much more can be done to expand KCC's focus in aging and long-term care. Significant changes are taking place in the existing health and nurse training arena. There are also new pedagogical methods that are being applied to the later learner. With the demographic transition resulting in the aging of America, it is anticipated that the average age of KCC's student population will climb; our students will be increasingly represented by older adults. As a consequence, it is expected that KCC students graduating from each and every one of our training programs will be serving clients, patients, customers or other end-users who more likely than not will be older adults. Thus, the KCC Kupuna Education Center hopes to infuse the campus curriculum across all disciplines with a gerontological theme. Doing so will enhance our graduates to properly prepare to meet the demands of the senior market in the culinary, business, legal, nursing, exercise & sport science and the hospitality industries or professions.

Kupuna Education Center: While the Center was officially funded by the Hawaii State Legislature in June 2006, several years of work preceded that milestone. One of the most important of these was the 2003 Role of Community Colleges in an Aging Society Conference at KCC. Arguably, that may have been one of the first such conferences to address the role of among community colleges for our aging community in the U.S. (see [http://www.kupunaeducation.com/documents/KCCAggingConfAug03\\_000.pdf](http://www.kupunaeducation.com/documents/KCCAggingConfAug03_000.pdf)). What follows is a brief overview of the accomplishments of the Kupuna Education Center since June 2006:

1. Name Adoption: The program was officially renamed the KCC Aging & Long-term Care Training Initiative to the Kupuna Education Center.
2. Website Hosted: A new website called [www.kupunaeducation.com](http://www.kupunaeducation.com) was created and hosted by an outside vendor and linked to the KCC website. The website is continuously marketed

### **Mission Statement**

One of Kapiolani Community College's primary missions is to meet Hawaii's workforce needs. This aging and long-term care training initiative is attempting to address that need for that population using a multi-prong strategy.

- There is clearly the need to develop a quality workforce with its existing programs. Each of the respective departments - namely Nursing, Health Sciences, Culinary, Business Education, Legal Education, Hospitality and Travel among others are important players. Given the growth of the senior population and the finite capacity of the college, the community's workforce demand is anticipated to far overshoot KCC's resources.
- KCC envisions that family caregiver training can and will play a supplemental role.
- KCC also envisions the need to support and promote active aging types of programs specifically directed at the active retiree cohort. Doing so may moderate the demand for long-term care services and workers.
- Given that KCC represents just one of 7 community colleges in the University of Hawaii system and given the role that community colleges can play to addressing senior needs, KCC envisions working and coordinating with the other colleges

to collectively strengthen Hawaii's ability to address the aging tsunami by 2013 when the first post-war baby boomers begin retiring.

Thus, the mission of KCC's Kupuna Education Center is:

**To promote eldercare in Hawaii by promoting its workforce needs by (1) creating a quality and committed particularly paraprofessional workforce, (2) training family caregivers (3) promoting active aging and (4) coordinating with the other UH Community Colleges.**

### **III. Goal Achievement 2010 -2014**

#### **IV. Strategic Goals**

- a. Goal 1: Create an effective multi-disciplinary gerontology program integrated with the various departments at KCC for new and incumbent workers
- b. Goal 2: Create a effective family caregiver training program that is responsive, accessible and practical
- c. Goal 3: Establish a multi-disciplinary Active Aging Program for wellness and fitness
- d. Goal 4: Support the other UH Community Colleges with their aging and long-term care training initiatives
- e. Goal 5: Promote Inter-agency Collaborations, Networking and Promotions to communicate KCC's commitment to meet the aging and long-term care training needs of Hawaii

#### **V. Tactical Plans**

- a. **Goal 1 – Create a effective multi-disciplinary gerontology program integrated with the various departments at KCC for new and incumbent workers**
  - i. Objective 1 – Establish a Aging and Long-term Training Initiative Program Office
  - ii. Objective 2 – Conduct a systematic national review of existing aging and long-term care training programs at other community college
    1. Review the structure of overall gerontology training programs at the community college level
    2. Review OTA training programs – determine alternative models to organize this service
  - iii. Objective 3 – Develop a multi-disciplinary Gerontology Certificate Program of core competencies
    1. Adopt the AGHE principles of Core Competencies

2. Adopt the AGHE Code of Ethics
3. Review the National Association of Professional Gerontologists plan for certification and credentialing
- iv. Objective 4 - Support the expansion of new programs and/or specialized courses at the departmental level related to aging and long term care
- v. Objective 5 - Identify and create new training initiatives proposed by the aging and long-term care industry and/or incumbent workers
  1. Develop new programs and apply for requests for proposals based on opportunities and community interest and expressed need
- vi. Objective 6 - Conduct Needs assessments and policy reviews as they relate to issues aging and long-term care workforce
  1. Participate on state and local commissions or task forces to address work force issues related to aging and long-term care
- vii. Objective 7 – Establish a Advisory Group for on-going input and direction
- viii. Objective 8 – Create linkages and articulation agreements between the KCC- Associates Degree program in aging –long-term care with the University of Hawaii at Manoa and other 4 year educational institutions

**b. Goal 2 - Create a effective family caregiver training program that is responsive, accessible and practical**

- i. Objective 1 – Review existing course curriculums for family caregiver training
- ii. Objective 2 - Implement an accessible, practical and responsive Family Caregiver Training program
- iii. Objective 3 – Implement the Kupuna Connections TV Program
- iv. Objective 4 – Establish an Aging and Long-term Care website with the ability to retrieve archieval programs for caregivers

**c. Goal 3 - Establish a multi-disciplinary Active Aging Program for wellness and fitness**

- i. Objective 1 – Conduct a review of national and international models of active aging programs in higher education
- ii. Objective 2 – Create training programs that target older learners interested in 2<sup>nd</sup> careers
- iii. Objective 3 – Create an Active Aging Program with a lifelong learning emphasis

- d. Goal 4 – Strengthen the collaboration between the UH Community Colleges to support the expansion of aging and long-term care training initiatives on a statewide basis.**
  - i. Objective 1 – Create multiple methods of linking the Community Colleges to foster collaboration and information sharing
  - ii. Objective 2 – Conduct joint ventures and projects
  - iii. Objective 3 - Promote the expansion of aging and long-term care training initiatives throughout the UH Community College system
  
- e. Goal 5 - Promote Inter-agency Collaborations, Networking and Promotions to communicate KCC’s commitment to meet the aging and long-term care training needs of Hawaii**
  - i. Objective 1 – Maintain representation of KCC at appropriate statewide or countywide aging and long-term care planning to identify training needs
  - ii. Objective 2 – Promote aging and long-term care issues via community lectures, presentations and exhibits to convey KCC’s on-going commitment to this field.