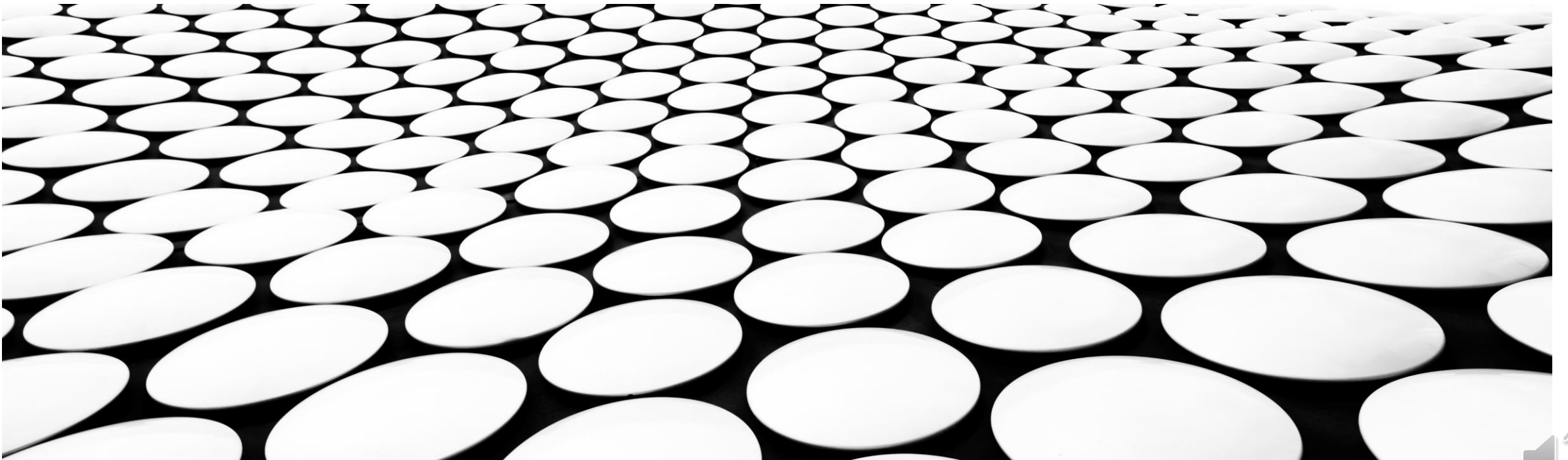

THE CAREGIVING EXERCISE SPECIALIST

Hartmut Broring
M.S. – Physio-Therapy
Founder & President
Back In Form Inc.

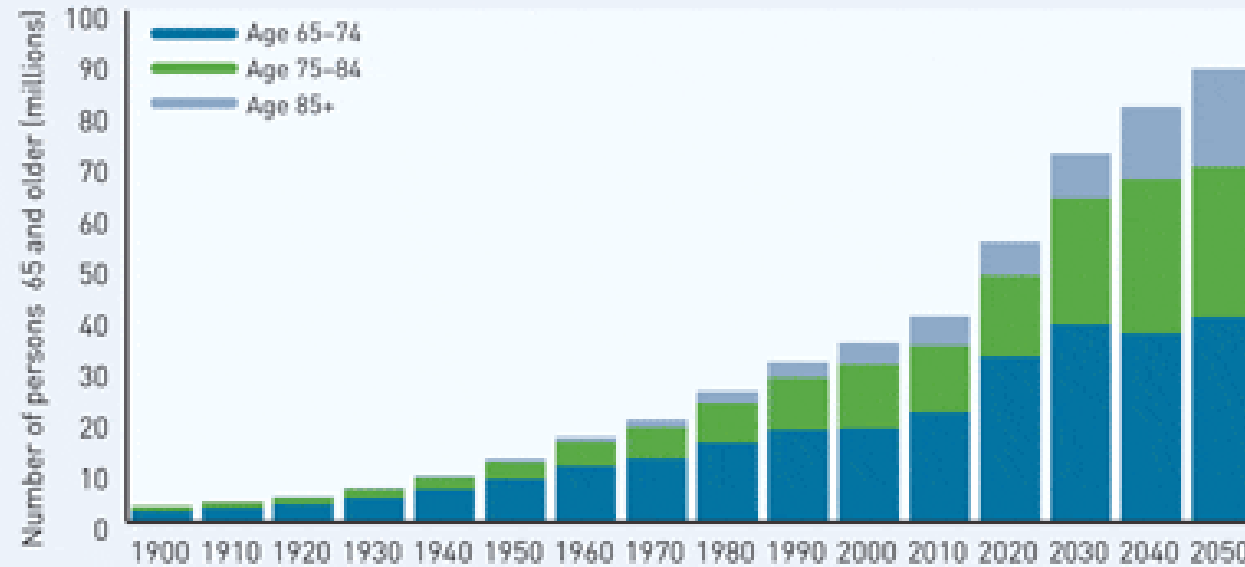


THE CAREGIVING EXERCISE SPECIALIST

WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”



The Number of 65-Plus Americans Is Projected to Grow Rapidly |
POPULATION 65 YEARS AND OLDER, 1900-2050



Source: U.S. Census Bureau, compiled by the U.S. Administration on Aging, 2008.

WHY DO WE
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The US Population grows older, increasing the number of those who are in need for part- or fulltime care. Projections show that the 65plus population between 2018 and 2060 will nearly double from 52 million in 2018, to 95 million in 2060.



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”



Main Reasons for a Transition to a Care Giving Situation

Safety:

- Falls

Medication:

- Medications are being forgotten or taken too often

Nutrition:

- Seniors forget about eating resulting in malnutrition

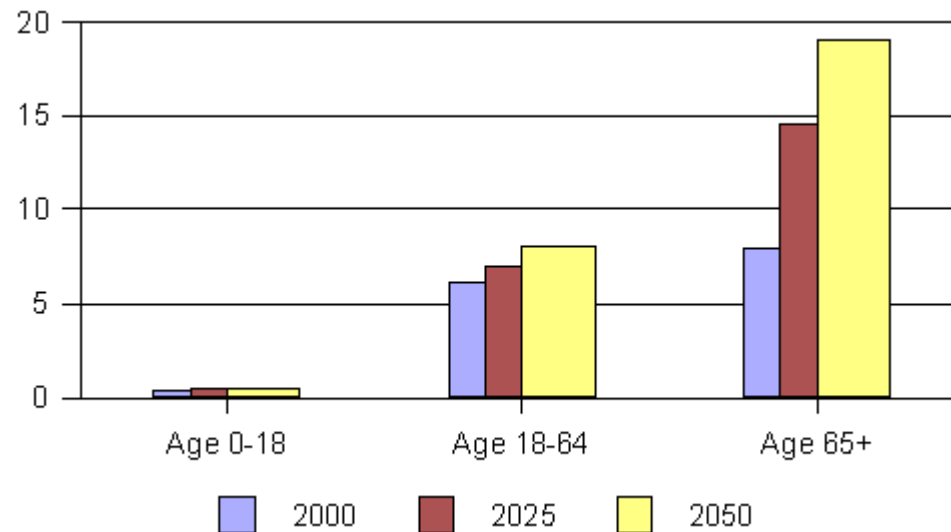
Socialization:

- Seniors lose ability or permit to drive and become socially isolated

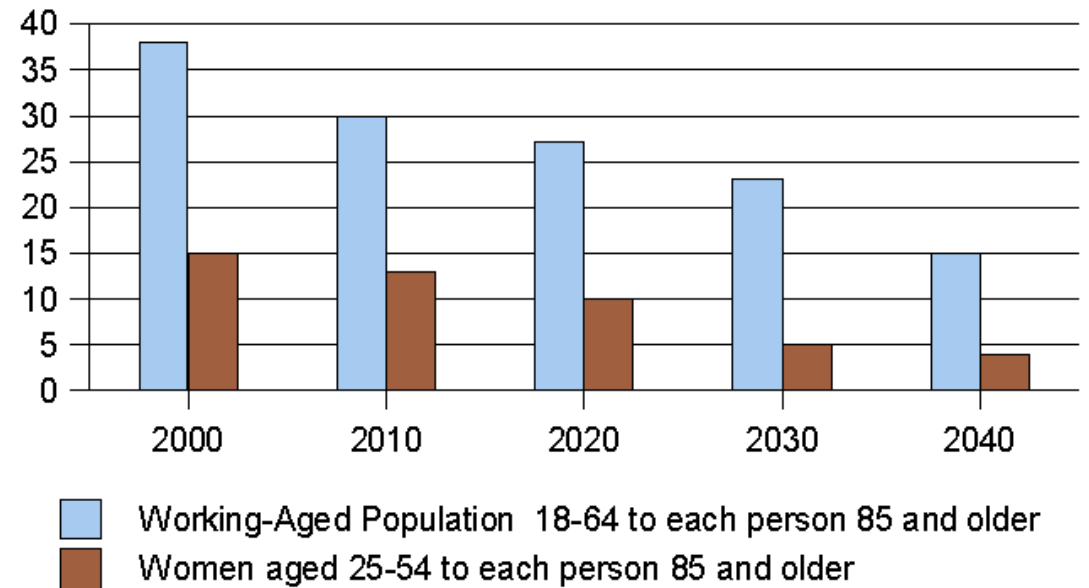


WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

Estimated Need for Care Giving 2000-2050



Decline in Supply of Direct Care Workers



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

The Shortage Of Home Care Workers: Worse Than You Think

“The demand for home care workers — also known as the “direct care” workforce — is expected to increase dramatically in coming years. Government statisticians rank home care as one of the nation’s fastest growing occupations, with an additional million workers needed by 2026; that’s an increase of 50% from 2014. And the number of Americans age 85 and older is projected to more than double in the next few decades, soaring from 1.8% of the population in 2010 to 4.5% in 2050.”

(Forbes Magazine 4/18/18, Chris Farrell)



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

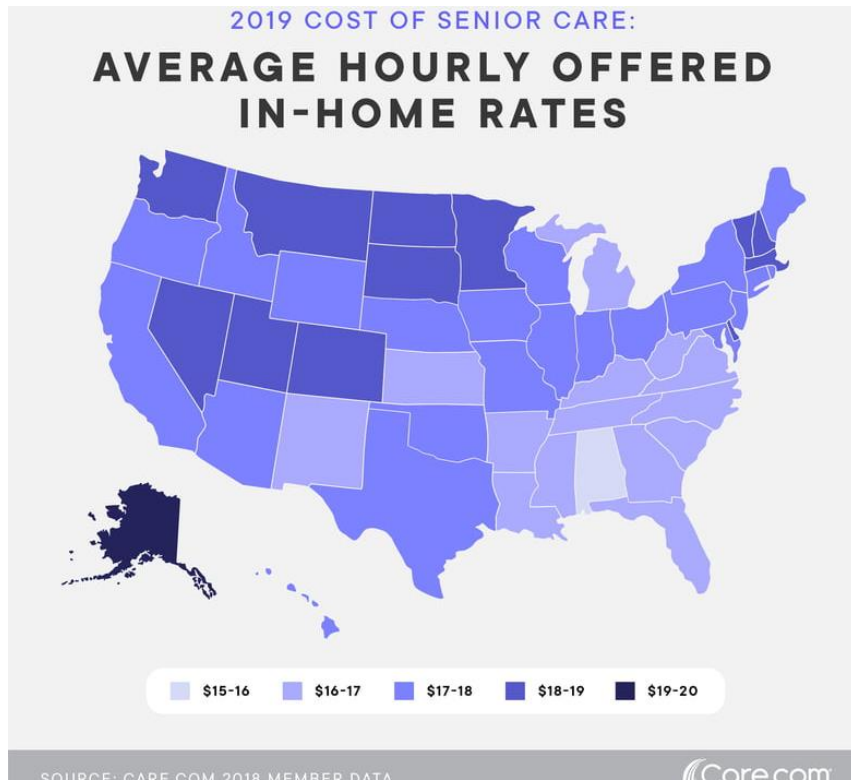
PAY FOR CARE

- There are more than 2.1 million home care workers in the United States.
- The home care workforce more than doubled in size over the past 10 years, from nearly 840,000 in 2007 to over two million in 2017.
- On average, home care workers' wages have barely risen over the past 10 years: inflation-adjusted median hourly wages were \$10.66 in 2007 and \$11.03 in 2017.

Nursing Aides, Orderlies, and Attendants in Facilities:

- Nursing aides typically work in a facility as opposed to in a patient's home or residential care facility. All nursing aides surveyed by the BLS, including those who work in elderly care facilities, earned a median wage of \$24,190 per year or \$11.63 per hour. Those working specifically in care facilities for the elderly earned a mean wage of \$23,530 per year or \$11.31 per hour.





Costs of in-home senior care

According to Care.com data, the average national offered rate for in-home senior care when hired independently was **\$17.32** per hour in 2018. It was \$21–\$22 per hour when hired through an agency, according to [Genworth](#), an insurance company out of Virginia.

WHY DO WE NEED THE
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COST OF CARE
@ HOME



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

COST OF CARE @ FACILITY

TYPE OF CARE	2018	2017	2016	2015
Adult day care	\$72	\$70	\$68	N/A
Assisted living communities (private one-bedroom)	\$132	\$123	\$119	\$118
Nursing home (semi-private room)	\$245	\$235	\$225	N/A
Nursing home (private room)	\$275	\$267	\$253	\$250

Daily cost (national median)

Source: [Genworth Cost of Care Survey 2018](#)



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

CAREGIVER'S MOST COMMON REASONS FOR MISSING WORK

- Exposures—everything from blood borne pathogens and radioactive material to chemicals, waste and drugs
- Stress due to work overload, increase in patient population, limited or insufficient access to technology
- Workplace violence or abuse
- Ergonomic hazards from lifting and repetitive tasks



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

COST OF INJURY AND ILLNESS OF FAMILY CAREGIVERS

- Caregiver absenteeism costs the U.S. economy an estimated \$25.2 billion in lost productivity (based on the average number of workdays missed per working caregiver, assuming \$200 in lost productivity per day.) [Gallup-Healthways. (2011). Gallup-Healthways Well-Being Survey: Caregiving Costs U.S. Economy \$25.2 Billion in Lost Productivity.]
- Single females caring for their elderly parents are 2.5 times more likely than non-caregivers to live in poverty in old age. [Donato, K. & Wakabayashi, C. (2005). Women Caregivers are More Likely to Face Poverty.]
- Caregiving has shown to reduce employee work productivity by 18.5% and increase the likelihood of employees leaving the workplace. [Coughlin, J. (2010). Estimating the Impact of Caregiving and Employment on Well-Being: Outcomes & Insights in Health Management.]



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

FINANCIAL RISKS FOR HIRED CAREGIVERS AT HOME AND INSTITUTIONS

Chart 2: Distribution of nonfatal occupational injuries and illnesses by private industry sector, 2017

Private industry sector	Number of illnesses (in thousands)	Number of injuries (in thousands)
Health care and social assistance	34.7	548.1
Manufacturing	34.3	394.6
Retail trade	9.7	386.0
Accommodation and food services	7.6	275.0
Transportation and warehousing	7.3	208.3
Construction	3.8	194.3
Wholesale trade	3.0	154.9
Administrative and waste services	4.8	112.1
Professional and technical services	2.9	66.8
Other services (except public administration)	2.3	63.7
Arts, entertainment, and recreation	2.7	56.2
Agriculture, forestry, fishing and hunting	3.0	47.2
Educational services	1.5	37.0
Information	1.7	32.0
Finance and insurance	1.7	25.9
Management of companies and enterprises	1.6	19.0
Utilities	0.9	10.3
Mining, quarrying, and oil and gas extraction	0.5	9.8

Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2018



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

FINANCIAL RISKS FOR HIRED CAREGIVERS AT HOME AND INSTITUTIONS

Incidence rates and numbers of nonfatal occupational injuries and illnesses by selected industries, state government, 2017

Industry sector	NAICS code ⁽¹⁾	Incidence rate ⁽²⁾	Number of cases (in thousands)
Nursing and residential care facilities	623	10.9	12.1
Correctional institutions	92214	7.9	31.8
Hospitals	622	7.7	24.2
Police protection	92212	7.2	8.0
Colleges and universities	6113	1.8	22.0

⁽¹⁾ North American Industry Classification System -- United States, 2012.

⁽²⁾ The incidence rates represent the number of injuries and illnesses per 100 full-time equivalent workers.

Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2018



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

WORKERS COMPENSATION COST TO EMPLOYER

Premiums for Workers' Compensation Insurance are calculated by the formula below:

$$\begin{array}{ccccccc} \text{Payroll (per \$100)} & \times & \text{Class Code} & & & & \\ \text{Rate} & \times & \text{Experience Modifier (if} & & & & \\ \text{applicable)} & + & \text{State Taxes \& Fees} & = & \text{Premium} \end{array}$$

Class Code Rates are very high due to the high rate of injury and illness to Formal Home and Institutional Caregivers

MOD typically over 1.0 adding even more to the Premium

High End about 9% of annual payroll (CA)



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

WORKERS COMPENSATION

Company Employed Care Providers

- Workers Comp Insured by Company that employs Caregiver
- Lower Hourly Income
- High Employment Cost to Employer
- Better Income Protection while injured or ill
- Good Rehab Coverage

Self Employed Care Providers

- Often No Workers Comp Insurance or limited Coverage provided through Care Recipient
- Higher Hourly Income
- No or lower Employment Cost to Employer
- No or limited Income Protection while injured or ill
- Limited coverage for Rehab



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

Benefits to Patient/Client (Care Receiver)

- Chance to stay strong, mobile and maximize the level of ADL function at a reduced cost
- Better educated and trained Caregivers provide higher quality of care
- Less personnel changes due to reduced risk at work for the Caregiver. More able patients/clients make for easier and safer transfers.

Benefits to Care Giver

- Additional education increases market value
- More able Care Receiver results in safer working conditions and a reduction in lost work time due to injury and illness
- Lower injury risk could lower Workers Compensation and increase take home pay



WHY DO WE NEED THE “CAREGIVING EXERCISE SPECIALIST”

Benefits to Home Health Care Companies

- Physically more capable clients (care receivers) can lead to a reduction in injuries and illnesses amongst Caregivers and reduced cost for Workers Compensation Insurance and other Personnel Costs

