Health and Long-Term Care for Aging Populations: Are International Workers the Solution?

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The Issue

- OECD long-term care survey found “staff shortages and staff qualifications” were by far the most frequently mentioned concerns.
- Nurse shortages are predicted worldwide in almost all developed countries.
- Many African countries have <20 nurses per 100,000 (>1,000 in Norway and Finland).
- Disproportionate numbers of migrating healthcare workers are in LTC settings.
Social, Economic, and Demographic Features

- Demographic Factors
- Skill Levels and Working Conditions
- Gender and Race
- Historical and Geographic Relations
Demographic Factors in Developed Countries

• Number of very old increasing
• Number of working age decreasing
• Italy and Japan, the percentage of people age 80 and older is projected to more than triple, from 5 percent to nearly 17 percent by 2050; however, the number of working age people (age 15–64) is projected to decline by 38 percent during that period.
Skill Levels and Working Conditions

- High skill market – The UK and the US each licensed more than 15,000 foreign-trained nurses last year.
- Lower skill market – Over half of foreign-born LTC aides in US come from Latin America and the Caribbean islands.
- Gray market – Half a million international workers, mostly irregular, provide supportive services to older people in their homes in Italy.
Gender and Race

Figure 2: Race/Ethnicity of Foreign- and Native-born Nurses in Long-Term Care Settings, 1980–2000

- Foreign-born, 1980: 9% Hispanic, 29% Asian, 16% Black, 45% White
- Foreign-born, 1990: 14% Hispanic, 29% Asian, 24% Black, 33% White
- Foreign-born, 2000: 9% Hispanic, 38% Asian, 30% Black, 18% White
- Native-born, 1980: 10% Hispanic, 88% Asian, 3% Black, 1% White
- Native-born, 1990: 13% Hispanic, 84% Asian, 4% Black, 0.2% White
- Native-born, 2000: 15% Hispanic, 81% Asian, 3% Black, 0.2% White

Legend:
- Other/Mixed*
- Hispanic
- Asian
- Black
- White
Historical and Geographical Relations

Figure 4: Initial Overseas Admissions to the UK Nurse and Midwifery Council Registry by Country, 1998–2004
Policy Decisions

• Long-Term Care Financing Policies
• Immigration Policies
• Education and Credentialing
• Worker Recruitment
Long-Term Care Financing Policies

• Higher percentage of public spending for LTC, professional services – Scandinavia
• Moderate public pay, cash benefits – Germany, Austria
• Moderate public pay, means-tested – UK, US
• Low public pay, strong family responsibility – Italy, Spain
Immigration Policies

- **Unilateral** – e.g., special visa incentives for healthcare workers, UK and US
- **Multi-lateral** – e.g., EU expansion, though labor markets remained restricted
- **Bi-lateral** – e.g., UK/South Africa agreement
Education and Credentialing

Figure 5: Years of Education, Nurse Aides in Long-Term Care Settings in the U.S., by Place of Birth, 2000

- Philippines: 8% < High School, 22% High School, 33% 1-3 Years of College, 37% 4+ Years of College
- Africa: 4% < High School, 46% High School, 36% 1-3 Years of College, 14% 4+ Years of College
- All Foreign Born: 20% < High School, 20% High School, 42% 1-3 Years of College, 11% 4+ Years of College
- Native Born: 20% < High School, 28% High School, 49% 1-3 Years of College, 3% 4+ Years of College
Worker Recruitment

- Many codes of ethics from governmental, international agreements, and NGOs, but...

- Study found “support systems, incentives and sanctions, and monitoring systems necessary for effective implementation and sustainability are currently weak or have not been planned”

- For example, one in four overseas nurses qualified in the UK in 2002–2003 was from a country on its proscribed list
Japan

• Old age dependency ratio – 30 people 65+ for every 100 15-64; will rise to 77 by 2050
• Number needing LTC – will rise from 2.8 million to 5.2 million in 2025
• Percent GDP spent on LTC – 0.83%
• Percent of country foreign – 1%, only 110 foreign “medical service” workers
• Percent opposed to allowing foreign workers – 83%
• Recent agreement with Philippines allows 100 nurses in first year, but opposed by Japanese Nurses Association
Scandinavian Countries

- Old age dependency ratio – Sweden, 26 will rise to 68 in 2050; Norway, 23 will rise to 42
- Percent of GDP spent on LTC – Sweden, 2.89%; Norway, 2.15%
- Percent of population foreign – Sweden, 12.0%; Norway, 7.3%
- Both taking steps to increase foreign workers, mostly from Eastern Europe
Italy

• Old age dependency ratio – 30 projected to rise to 75 in 2050
• Percent of population foreign – 2.5%
• Percent 65+ in institutions – 2.2%
• Percent domestic workers who are foreign – 80%
• Number of foreign domestic workers serving older persons – Roughly one half million
Austria

- Old age dependency ratio – 25 projected to rise to 55 in 2050
- Older persons receiving institutional care – 3.6%
- Percent receiving LTC allowances for home care – 15%
- Percent of population foreign-born – 12.5%
- Many short-term in-home workers from Central and Eastern Europe
United Kingdom

- Old age dependency ratio – 24 projected to rise to 38 in 2050
- Percent of GDP spent on LTC – 1.37%
- Percent of population foreign-born – 8.3%
- Percent of newly licensed nurses foreign-trained (2003/04) – 43.8%
- Percent of newly licensed nurses from developing countries – approx. 80%
United States

- Old age dependency ratio – 15 projected to rise to 32 in 2050
- Percent GDP spent on LTC – 1.29%
- Percent population foreign-born – 12.3%
- Percent of newly licensed RNs foreign-trained – 15%
- Percent of nurses in LTC settings who are foreign-born – 16% (up from 6% in 1980)
Conclusions

No one solution fits all situations

• Different migration patterns
• Different labor needs in developed countries
• Different needs in the developing countries that are the source of long-term care workers
• Different skill levels reflect different needs
• Different policy areas and objectives

Call for different types of engagement between developed and developing countries
Contact Information

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