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A Graying Population, a Graying Work Force



Ryan T. Conaty for The New York Times

Mary-Lou O'Neill, 73, has been helping Grace Jackson, 101, for four years. "It's developed into a friendship," Ms. Jackson said.

By JOHN LELAND
Published: April 24, 2010

PROVIDENCE, R.I. — One recent morning Antonia Antonaccio, a home care aide, got a call to help an elderly couple whose regular aide could not make it. The regular aide, who is 68 years old, had thrown out her back.

Ms. Antonaccio said she empathized. Sometimes her legs hurt from going up and down stairs. "But it's nothing I pay attention to," she said. "I don't have the time."

Ms. Antonaccio is 73.

In an aging population, the elderly are increasingly being taken care of by the elderly. Professional caregivers — almost all of them women — are one of the fastest-growing segments of the American work force, and also one of the grayest.

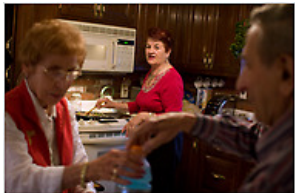
A recent study by [PHI National](#), a nonprofit organization that advocates on behalf of caregivers, found that in 2008, 28 percent of home care aides were over age 55, compared with 18 percent of women in the overall work force.

The organization projects that from 2008 to 2018, the number of direct care workers, which includes those in

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Ryan T. Conaty for The New York Times

Antonia Antonaccio, 73, provides home care for Carmine Spino, 89, and his wife, Mary, 88.

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[nursing homes](#), will grow to 4.3 million from 3.2 million. The percentage of older caregivers is projected to grow to 30 percent from 22 percent.

The average caregiver in Rhode Island from [Home Instead Senior Care](#), the private agency that employs Ms. Antonaccio, is about 60, said Valerie Topp, chief operating officer for the state franchise. Younger aides often do not work out, Ms. Topp said, adding that clients frequently ask that the agency not send over someone too young.

“The older ones came to us after being family caregivers, so they understood the stresses that families were under,” Ms. Topp said. “They came with respect for age. They didn’t see age as a disability.”

Carmine Spino, 89, and his wife, Mary, 88, who are hoping to live out their lives without moving to a nursing home, are two of Ms. Antonaccio’s clients. She often shares stories about growing up in Italy during World War II; Mr. Spino served in the war — a common ground. They know the same music, share the same cultural reference points.

And as Mrs. Spino, who was always quiet, has become more withdrawn with the onset of [dementia](#), Mr. Spino relies on their caregivers for conversation.

“We talk about our experiences,” he said of Ms. Antonaccio. “I don’t look at her as a stranger.”

Caregivers often nurse their own aches and pains, or manage their medications, as they tend to those of their clients, said Dorie Seavey, director of policy research for PHI National. Clients who have to be lifted may not be suited to some older workers, she said.

Linnette Hutchinson, 71, of Tucson, said she often had the same complaints as her clients. “Your eyes are going, and the aches and pains,” she said. “Your back, your legs, your teeth. The aging process sets in.” Ms. Hutchinson has had spinal surgery but still works four hours a day.

For Mara Torres-Rullan, 74, also of Tucson, the big challenge is pain. She started work as a caregiver in 1987 after a divorce; in recent years she has cut her hours because of [arthritis](#).

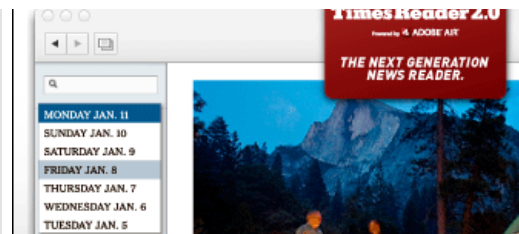
“My last lady, I had to put pantyhose on her,” Ms. Torres-Rullan said. “I thought my back was going to break in half.”

She continues to work because she needs the money, but she refuses any clients who want vacuuming done because the work is too painful.

In Plymouth, Mass., Judy Brueggeman, 68, felt increasingly fatigued last year and had a stress test on her heart. “After three to five seconds on the treadmill, the doctor shut it off and told me to lie down and be quiet,” she said. She had triple bypass surgery in September.

But even so, she is now back on the job, putting in 12-hour weeks. “This is perfect for me,” she said. “I love my clients, and I love my work.” In some ways, Ms. Brueggeman said, the work has gotten easier because she is better at it than when she started, in 1991. “I learned a lot from my clients, especially not to talk too much,” she said. “They want to do the talking.”

But the industry does not have career paths for workers as they get older, putting a strain on them to continue with the most physically demanding aspects of the job, Ms. Seavey said. “If you look at older women as an asset, to train younger workers, they can be valuable,” she said. Ms. Antonaccio worked in the jewelry industry for 40 years before retiring, then went to work as a caregiver after her husband’s death, drawn by the flexible hours. She did not need health benefits because she was eligible for [Medicare](#). She did need a sense of purpose.



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“At 65, I felt my life was ending,” she said. “I took care of my mother, then my mother-in-law, then my husband, then I went into this. And I don’t have any intention to stop.”

Home Instead pays her roughly half the \$19.25 an hour it charges clients in Rhode Island.

Her age, she said, makes her more sympathetic to the needs of her clients.

“They need someone to understand them,” she said. “When I first came, Carmine was in the hospital” — Mr. Spino was having respiratory problems — “and Mary was scared. She didn’t understand what was going on. She woke up and her husband wasn’t there. She wanted to call him every five minutes. I had to say he needs his sleep.”

Grace Jackson, who is 101, said she never wanted a helper at home and resented Mary-Lou O’Neill, 73, when she arrived four years ago at Ms. Jackson’s daughters’ insistence. But as their relationship has grown, “It’s developed into a friendship,” Ms. Jackson said, adding that friends who had younger aides were often offended by their manners or language.

Ms. O’Neill worked as a nurse until she was 66, then found herself restless in retirement. Now, she is one of the large number of Americans in their 70s who are still active and robust, without physical pain or limitations. She works only for Ms. Jackson.

“She’s a role model to me,” Ms. O’Neill said. “When she has physical problems, she doesn’t complain.”

Ms. Jackson said she appreciated having a companion with a wealth of life experiences. Last spring, after hip surgery, she complained in the rehabilitation center that she wanted to die.

“O.K.,” Ms. O’Neill told her, “if you want to die, get better and die at home.”

Ms. Jackson got better. From a younger aide, Ms. Jackson said, she would not have accepted such a challenge.

“Not that I don’t get along well with younger people,” she said. “But I’m not always pleased, I don’t like the way they talk. Maybe that’s what keeps you alive — not accepting everything.”

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