

## **Appendix A**

**Legislation Authorizing Study of Direct Care Workforce:**

**H 881 (Section 271)**

## Appendix A

### Legislation Authorizing Study of Direct Care Workforce:

#### H 881 (Section 271)

8) \$40,000 to department of disabilities, aging, and independent living to fund a needs assessment as follows:

(A) The commissioner of disabilities, aging, and independent living shall perform a needs assessment regarding present and future workforce issues of direct care workers in Vermont. The assessment shall focus on potential problems regarding quantity, quality, stability, and availability of workers, specifically as they apply to long-term care services and supports provided to Vermont's elderly and disabled populations. At a minimum, the assessment shall identify the potential problems and opportunities projected through 2030 and shall include recommendations for addressing these problems in the near and long term. In preparing the assessment, the commissioner shall consult with representatives of the community of Vermont elders (COVE), AARP Vermont, Vermont association of professional care providers (VAPCP), Vermont center for independent living (VCIL), Vermont health care association (VHCA), Vermont association of adult day services (VAADS), Vermont assembly of home health agencies (VAHHA), northern New England association of homes and services for the aging Vermont (NNEAHSA), the workforce development partners (WDP), parent to parent of Vermont (P2PVT), Vermont Refugee Resettlement Program (VRRP) or a similar organization representing Vermont's refugee and immigrant workforce, the state long-term care ombudsman, developmental service providers, and the commissioner of labor.

(B) The commissioner shall submit a report on the results of the needs assessment and recommendations to the house committee on human services and the senate committee on health and welfare no later than December 30, 2007. No later than January 15, 2007, the commissioner shall submit an interim report to the committees, including an assessment of existing needs and recommendations for short-term strategies to address these needs.

## **Appendix B**

**Direct Care Workforce Study Advisory Group**

## Appendix B

### Direct Care Workforce Study Advisory Group

Suzanne Braunegg  
Direct Care Worker

Maria Mireault  
Department of Disabilities, Aging  
and Independent Living

Peter Cobb  
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Agencies

Joan Senecal  
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Mary Shriver  
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Vermont Association of Professional  
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Alex Olins  
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Kathy West  
LEADS Project, Community of  
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Jean Mankowsky-Upham  
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Eligibility Committee

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## **Appendix C**

Key Informant Response Summary Chart

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**Key Informant Response Summary Chart**  
**September 10, 2007**

<b>Research Question</b>	<b>Common Responses</b>	<b>Unique Responses</b>
<p>2. What is the <b>demand</b> for workers:</p> <p>Specifically:  How have consumer needs changed over the past 10 years? What changes do you expect to see in the coming 10 years?</p>	<p>Needs and conditions of consumers more acute, complex –living longer become more frail, mental health, autism, dementia, safety risk (corrections), TBI, trauma, stress, depression (elder refugees), behavioral issues, aggression –</p> <p>Increased desire to stay in home and community settings with acute, complex needs who used to be in NH and/or hospitals</p> <p>Changing face of consumers - more knowledgeable, independent, demanding higher skill levels and demanding different kinds of services – more social, quality of life, not just medical – wanting assistance versus care – Self-advocacy movement – consumers want to be involved in system design, direct care – implications for staff training, skills</p> <p>DCW roles changing - require higher skill level, knowledge, training (on above issues), provide supervision of correctional clients, outside of NH's need 1-1 supervision with memory loss</p> <p>VAADS - MH services maxed out putting pressure on DCW's/caregivers and ADS settings to deal with cases that fall between the cracks</p> <p>PHI – consumers will want more help navigating the system</p> <p>TBI – need expansion in case management services – organizational assistance, paperwork, handling money, remembering tasks, appointments, etc</p> <p>Need support systems for families</p> <p>Financial pressures requiring family members to work, not stay at home, or to lose jobs – burnout</p> <p>Increased need for overnight care which is not reimbursed</p> <p>Need for housing options</p> <p>VT is a state that is aging more rapidly (including refugee population increasing) - reimbursements and staffing haven't kept pace with growing demand - - means many won't have family members who can care for them (don't have immigrant population that other states have to provide caregiving)</p>	<p>Consumers living at home w/ elderly parents due to funding cuts</p> <p>More people w/o benefits (not rich or poor) struggle to pay for care, often in worst shape</p> <p>DS service model change requiring more supervision</p> <p>Private – encourage people in 40/s – 50's to buy LTC insurance – over next decades willingness to pay for services at home</p> <p>DCW - Drug use among today's younger generation will have later effect on brain functioning.</p>

Research Question	Common Responses	Unique Responses
<p>4. What <b>recruitment and retention strategies</b> are currently in use?</p> <p>Specifically: What are the most effective strategies for recruiting DCWs? What is most effective for retaining DCWs? What are the barriers for improving recruitment and retention?</p>	<p>Barriers: decreasing funding/reimburse rates &gt;burnout, isolation, &gt;different needs and expectations of younger generation (pay, schedules, advancement) clash with values of older workers/supervisors &gt;medical model (old style management and supervision, hierarchy vs team – part time workers, shift moving) &gt;low pay for increasingly higher skill and educational levels – competition means can work in less emotionally demanding places for same/more \$\$, and flexibility &gt;work not valued, populations stigmatized</p> <p>Recruitment: through family (essential for refugee elders), personal and community networks, word of mouth (with other consumers or agencies), try to identify personal connection, &gt;offer higher pay, medical benefits, mileage &gt;caregiver list or registry &gt;news paper ads (mixed reviews) &gt;build public awareness about value and meaningfulness of work (make a difference) – campaign, one-on-one, instill pride in workers &gt;Older workers – easier to recruit to work with elders, more understanding of elder needs (not just babysitting), don't have to pay medical b/c have medicare</p> <p>Retention: higher pay (liveable wage), health insurance &gt;other benefits – mileage, paid vacation, retirement &gt;rotation of assignments/consistent assignments &gt;address isolation by connecting to agency (team meetings, newsletter, supervision, respectful environment) &gt;supervisors with low caseloads to provide more support &gt;Team - decision making, support &gt;Mentoring, shadowing for new workers acknowledgement &gt;Training – in-service and off-site &gt;Advancement – specialties, teaching peers, pay for conferences, continuing ed, more pay for specialty</p>	<p>Barriers: parents depending on college students need to constantly recruit and retrain Lack of professional training for LNA Few advancement opportunities HH – cars break down, reliability low, people don't call in</p> <p>Recruitment: develop coop of self-managed people to advertised more broadly Open house, paid trainings VAADS – not a problem b/c of flex schedules, hours (VAHHA) Refugee – training in materials – on program, benefits, rules, regs, policies, rights - in order to translate to consumer</p> <p>Retention: rotation, (VCDR) ability to watch 2 kids at same time, legal ability to supplement pay Job sharing Critical incident stress debriefing (VAADS) Private – assign one DCW to 2 clients – if one client leaves/dies worker still has employment and check – or DCW's are working for more than one agency to ensure paycheck</p>

Research Question	Common Responses	Unique Responses
<p>3. What are the <b>gaps</b> between supply and demand?</p> <p>Specifically: What factors influence the time it takes to fill a DCW position?</p>	<p>Funding cuts requiring more family care giving leading to parental/caretaker burnout</p> <p>Poor wages, Money and benefits (gas prices)</p> <p>Takes between 30 to 90 days to fill</p> <p>Complex, multiple consumer needs – overwhelming to potential worker</p> <p>Immediate need for care</p> <p>Rural locations – dirth of potential workers for families, difficulty of getting to home, lack of services outside of Chittenden, etc</p> <p>Advertising all the time (HH) – takes time to place ads</p>	<p>Whether there is dedicated person in agency to hire</p> <p>Flexible schedules</p> <p>Family members – interview, screen</p> <p>Overnight care</p> <p>Home settings - Demanding or non-compliant consumer – wears down DCW and agency - requires training, team approach, proper matching</p> <p>Difficulty describing in length of ads what is needed in order to find right person</p> <p>Reputation of facility</p> <p>Reputation of not re-hiring people who have left</p> <p>Needed child care for DCW's – not available</p> <p>TBI – transportation to services</p>

Research Question	Common Responses	Unique Responses
<p>3. What are the <b>gaps</b> between supply and demand?</p> <p>Specifically: How well do staffing patterns meet consumer needs?</p>	<p>In home situations - Need for overnight, evenings, weekends difficult to fill – consumer needs not just 40hr/wk, consumers end up making compromises Situations that combine 2 PT positions don't meet consumer needs, limits choice and flexibility for consumer and DCW</p> <p>NH – state mandates don't address rising acuity levels</p> <p>VAADS – levels vary but consensus there is never enough</p> <p>VAHHA – notes need to have seasoned, experienced workers for difficult cases</p> <p>All – not enough workers in any setting – leads to stress on part of workers not being able to meet needs, give enough time, address specific care issues</p> <p>New models of care (patient centered) and consumer knowledge will require more caregivers – individualized and social, vs medical models</p>	<p>Res care – generally able to meet needs – acuity of residents influences adjustment of staff</p> <p>Private – generally able to meet</p>

Research Question	Common Responses
<p>13. To what extent do <b>employers</b> experience <b>stability</b> in workforce?</p> <p>Specifically: How do you calculate retention rates? What have been your DCW retention rates over the past year? In what other ways would you assess work force stability?</p>	<p>Retention rates: Very mixed depending on the care sector, individual care setting and the consumer – some don't track at all – aggressive, assaultive clients will have lower retention – need good supervision and support to address</p> <p>Formulas – VHCA NH uses QIO, HH uses formula, RC and VAADS varies</p> <p>Private agencies – wide variation</p> <p>Stability: Satisfaction surveys of consumers and DCW's – concerns with increased COL, health insurance</p> <p>Team model</p> <p>Quality of care to consumer – worker needs to be around</p> <p>Flexibility in scheduling, responsive to worker illness</p> <p>Address worker isolation, create community of caregiver – develop specialized peer networks for supporting care to difficult clients such as consumers</p>

Research Question	Common Responses	Unique Responses
<p>13. To what extent do <b>employers</b> experience <b>stability</b> in workforce?</p> <p>Specifically: What do you think contributes to DCW turnover? What aspects are within your control?</p>	<p>Low pay/poor benefits</p> <p>Not enough guaranteed work/hours/pay</p> <p>Working conditions - Unappealing physical/home environments</p> <p>Weather/driving</p> <p>Can't get consistent schedule</p> <p><u>Aspects within control</u>: - creating respectful environment</p> <p>Team approach – involvement of DCW's in meetings and decisions</p> <p>Acknowledgement – monetary and non-monetary</p> <p>Money to programs for recognition similar to Gold star</p>	<p>DS – calculate turnover – 10 – 50%</p> <p>- notes that lower turnover not always good if there are strong unions/weak management</p> <p>Difficult clients</p> <p>Lack of respect (other staff viewing a new worker as just another warm body)</p> <p>Unappreciative attitude toward worker by consumer</p> <p>DCW personal inadequacies – feeling of intimidation</p> <p>Home-based settings – not enough work available</p> <p>BIA – finding case managers, burnout, no training, not good knowledge about BI, pay</p> <p><u>Within control</u> – training to supervisors on skills/attitudes</p> <p>Cross-training</p> <p>Licensure</p> <p>Good pay</p> <p>PHI - Pay for performance</p>

Research Question	Common Responses
<p>8. What <b>skill sets and training</b> are expected of DCWs?</p> <p>Specifically: What are job descriptions and required qualifications for DCWs?</p> <p>How does the Nurse Practice Act impact on DCW job descriptions?</p>	<p><b>Job Desrp/Quals:</b>  <u>DS</u> – 18, HS diploma (can be waived) driver’s license, background check  Special needs consumer – difficult to address with persons with minimum quals but who need special skills  <u>VCDR</u> – no formal job description/quals  <u>AAA</u> – don’t hire, but suggest the following quals: - flexible around meaningful tasks, can make decisions on feet vs follow flow sheet  <u>NH</u> – similar quals for LNAs, descriptions for LNA 2  Job descriptions may vary across homes in terms of responsibility. Senior aides do some supervision, assignments, etc  <u>VAADS</u> – written job descriptions, different in each setting  HS/GED – other degrees if required by position (ex: program specialist, LNA, RN)  <u>VAHHA</u> – LNA for some  Physical exam required by some programs – should be required as a screening tool by all, but \$\$ is issue – would prevent losses and turnover due to injury  <u>Res Care</u> – have job descriptions, 18 or more, reading comprehension required b/c administering meds under RN license  <u>Private</u> – 1)good driving record, reference, felony, abuse/neglect checks  2) – written job description - serious screening/interview – non-medical therefore don’t require prior training/ed, they provide, background checks  <u>Champoux</u> – for PCA’s there is no statute on “scope of practice” – may not be negative, viewed as the “social model” where consumer is directing – sees this as an evolving scope of practice – notes that PCA’s can do what LNA’s can’t and they can respond to consumer without the limitations of a license. VAPCP developing voluntary course for PCA’s on core skills.  <u>Refugees</u> – qualifications should require some knowledge of language and culture of consumer being assisted.  <u>TBI</u> – under contract with case mgrs  <b>Nurse Practice Act:</b>  <u>DS</u> – nurses concerned about putting license at risk by delegating medication admin – skirt act by having MD delegate special procedures – need for and lack of supervision is issue  <u>VAADS</u> – NPA has no impact  <u>Res Care</u> – depends on personalities of RN and DCW as RN provider training and supervision  <u>Champoux</u> – verifies above that interpretation of NPA varies by individual and agencies (“this is on <b>my</b> license”), no consistency, lot’s of tension around this  <u>Swartz/AHEC</u> – feels LNA’s can easily exceed their level of legal care as they are often asked to give opinions/advice about meds</p>

<b>Research Questions</b>	<b>Common Responses</b>
<p>8. What <b>skill sets and training</b> are expected of DCWs?</p> <p>Specifically: How is initial and ongoing training provided? What topics are covered? What are turnover rates during/following training?</p>	<p><b>Provision of Trg</b> - see individual interviews:  <u>DS</u> – state required pre-service trg across all agencies  Annual in-service trg in each agency  Offer additional trainings, respond to staff trg requests  <u>VCDR</u> – individually determined – families provide, PT, schoos  <u>DDAS</u> – should be individualized and based on consumer/dcw situation, believes that teams are way to exchange information  <u>AAA</u>- suggested trg, safety, injury prevention, setting boundaries  <u>VHCA</u> – Voc. ctrs LNA training, all provide orientation, some mentoring, in-service, some person centered care, videos, liked BJBC on-site resources  <u>VAADS</u> – all have orientation – some do in-service - Expense of off-site travel and training, replacing staff are barriers. Professional trg offered by nursing homes make DCW's feel demeaned, doesn't apply to what's needed.  See list training wanted by staff  <u>VAHHA</u> – varies by agency – have in-services, different and specialized topics  <u>Res Care</u> – 2 week orientation, range of in-services on range of topics  <u>Private</u> – 1)80 hr training program – has house as a training ctr - how to cook, made beds, track meds, walkers will let people go. Also specialized trg on alz, other conditions  2) have 3 different programs, basic and advance guides, special conditions, alz – is required, take home materials/tests  <u>PHI</u> – provides resources for this – see notes, states with minimum requirements  <u>Champoux</u> – nothing uniform yet for PCA's  <u>Refugees</u> – see above  <u>BIA</u> – state TBI does some trg with providers  <u>Swartz, AHEC</u> – feels most are not comfortable with basic 70 – 80 hr trg  Sees mentoring as desirable way to train  <u>VAPCP</u> – everything from being thrown into job, to extensive orientation by staff  CPR, Communication Skills, Safety, LNA course  <b>Impact on turnover</b>  <u>DS</u> – satisfaction higher due to trg, but no impact on t/o b/c of low wages &amp; benefits  <u>Swartz, AHEC</u> – believes mentoring reduces turnover  <u>VAPCP</u> – would like tier advancement, ability to work towards credentials</p>

Research Question	Common Responses
<p><b>5. Can technology and equipment</b> be used to bridge gaps between supply and demand?</p> <p>Specifically: To what extent can equipment and technology reduce the need for DCW care/support? What are the barriers to using technology &amp; equipment? Might technology be helpful to reduce paperwork demands on DCWs?</p>	<p>Reduce need for DCW? Monitoring devices could reduce need for constant on-site presence Lifts, vans, etc could reduce injury which would reduce need to recruit/replace Electronic records increase shared information, better decisions, share in care planning Many low cost memory loss technologies can take stress away from DCW or allow DCW to spend more time and attention on other things if not fearing consumer will wander off</p> <p>DS – yes, through phone, computer monitoring technologies PHI - telemedicine VCDR – technologies like computers (games, interactive experiences, learning tools) may improve social existence of consumer – not sure this addresses need for DCW, suggests change in quality of interaction, lift vans provides access to community for consumer Emphasis is on how technologies would improve quality of life of consumer and need to think about how that would impact need for DCW – may change need as well as in some settings reduce it. Front loading washers/dryers would reduce need for some dcw NH fine line between observing w/o invading privacy – question how CMS would view use of different technologies in this regulatory era</p> <p>Barriers to using – expense of, lack of benefits for lifts, vans, lightweight wheelchairs etc, knowledge to use – need to train in use of computers – older workers may find this stressful Rural nature of VT may limit use of effective telecommunications as cell service, high speed lines not available everywhere.</p> <p>Reduce paperwork demands – unclear if electronic record keeping will reduce demands, mixed opinions – value, however is in easier ability to share important information would help provide better care, better decisions within and between departments (ex: recording of diets, serving food)</p>

Research Question	Common Responses
<p>9. How do care and support setting address <b>cultural issues</b></p> <p>Specifically: What specific skill sets, attitudes and knowledge should DCWs have with regard to cultural diversity? What are the cultural diversity issues for consumers, DCWs? What type of training is offered?</p>	<p><b>Needed:</b> Translators for refugee needed Poverty – socio-economic issues require good fit between worker and consumer, want interactions to be intelligent, stimulating, not just babysitting and have same values Address class differences, prejudices, education to build tolerance Racial intolerance – of residents and consumers towards DCWs of different race Communication skills to be able to relate, interact effectively with different cultures, demands knowledge of those cultures Course on successful aging, on sexuality and aging, generational issues – know how we asexualize older people Language barriers need to be addressed Training for all levels of staff in agency – identify whole range of cultures Question about importance of experience and how to teach/build cultural competence. Listed whole range of cultures Learn how to cook favorite food of consumers</p> <p><b>Type of training offered?</b> Very little – responses were very extensive (see above) to what is needed Should note Cathedral Square curricula developed through BJBC and Resource manual for health care providers from NW AHEC (see interview with Deb Emerson) – being revised and updated – chapters specific to refugee populations – do some workshops in cultural competency generally geared to refugees and their health care needs</p>

Research Question	Common Responses
<p>14. How do <b>wages</b> compare across waivers, programs and services?</p> <p>Specifically: How do you define the total compensation package for DCWs? What is included? What is the range between starting workers and those with varied years of service?</p>	<p>Comp package – got few responses</p> <p>VAADS – pay rate varied from \$8 to 14 depending on whether was LNA or no “initials after name, on experience, on specialty</p> <p>VAHHA – varies also (see notes) Some cafeteria style benefit packages</p> <p>Res Care – health insurance, retirement, earned time off/ can sell vacation time for cash) can earn up to 6 wks off – if don’t use full benefits, DCW will be given extra amount in wage, tuition reimbursement of \$1000/yr, extra for evening/overnight, weekend work. More for shift leader, cash awards for perfect attendance, worker’s comp.</p>

Research Question	Common Responses	Unique Responses
<p>16. What <b>wages (and benefits)</b> must caregivers receive to maintain a viable workforce?</p> <p>Specifically: What level of compensation is needed to retain DCWs? What are sources of competition for DCWs?</p>	<p>Rate above the liveable wage – opinions varied on exact amount, sensitivity to geographic location of programs</p> <p>VAADS – goal of \$15/hr</p> <p>Private – 1) goals of \$17/hr, prefer salary to wage and have them on-call 2) – could retain with \$10-11/hr plus health benefits</p> <p>Health and dental insurance</p> <p>Benefits for 20hr/wk</p> <p>Retirement</p> <p>Mileage</p> <p>Vacation - time off</p> <p>Tuition reimbursement</p> <p>Dedicated training days</p> <p>Family friendly environment/policies</p> <p>Guaranteed wage increase</p> <p>Child care – on-site would help welfare worker take a job</p> <p>Cafeteria style benefits</p> <p>For NH’s ability to compete with hospital packages which are higher</p>	<p><u>DS</u> – state should allow home providers to form association giving them access to health care insurance, same benefit as agency employees</p> <p>Champoux – need to stop talking about “entry level” this is hierarchical, medical model – have to pay them well</p> <p>Refugee - Gift certificates to grocery stores</p> <p>VAPCP – shoes, yoga/relaxation session, discount to gym, retirement account is a way to reward longevity, reimbursement of out of pocket expenses</p>

<b>Additional Thoughts</b>	<p>DS – system has gone from staff to contract, more difficult to monitor quality</p> <p>VCDR - \$\$ for training – would keep workforce interested Need for parent training on what it takes to be effective employer</p> <p>VCDR – need financial support to enable consumers to participate in design and monitoring of care system – mileage, per diem</p> <p>Private agencies - once trained will leave for other place, may form team, think they can do the work, but not skilled/supervised adequately</p> <p>VHCA – state should mandate that PPD is higher – leading to higher staffing levels and coverage</p> <p>Swartz – training needed on elder abuse, skin care, grooming and prevention, pharmacological issues, normal and abnormal reactions to meds, physical and emotional self-care</p>
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## **Appendix D**

Summary of Structured Group Interview Responses

## Appendix D

### Summary of Structured Group Interview Responses

Research Question	Common themes across groups	Themes particular to groups
<p>2. What is the <b>demand</b> for workers?</p> <p>Specifically:            What do consumers need to live as full a life as possible?            What type of support/care is needed?</p>	<ul style="list-style-type: none"> <li>• Consistent caregivers to provide assistance</li> <li>• Flexibility to allow for spontaneity, recreational &amp; social activities</li> <li>• Flexibility to allow use of funds to give DCW raise, mileage, or cover other needed supports/services</li> <li>• Societal/community support &amp; involvement -- including value caregiving</li> <li>• Traits/type of support/care provider needed:               <ul style="list-style-type: none"> <li>○ Safe (no criminal record)</li> <li>○ Known person (relative or friend)</li> <li>○ Reliable, trustworthy</li> <li>○ Connect with consumer &amp; family, able to establish relationship</li> <li>○ Respectful, listen to needs/desires of consumer/family, do tasks as requested</li> <li>○ Able to communicate (including speak consumer's language)</li> <li>○ Compassionate, "caring heart"</li> <li>○ Pleasant, good sense of humor, "cheery"</li> <li>○ Open-minded, tolerant, understand elders/persons with disabilities</li> <li>○ Physically able to provide care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Residential programs for young adults with complex needs (Families of adults with developmental disabilities and parents of children receiving personal care services)</li> <li>• Opportunities to attend skill building conferences (TBI)</li> <li>• PCA's coordinate care since not one caregiver able to address all needs (TBI)</li> <li>• Provide annual budget or allotment of hours to cover situation if lose DCW and not able to find replacement quickly (parents)</li> <li>• Traits identified by specific consumer groups:               <ul style="list-style-type: none"> <li>○ Flexible (VCIL)</li> <li>○ Past experience with person with disability (families)</li> <li>○ Mellow, know how to handle aggression (parents)</li> <li>○ Motivator, empathetic (TBI)</li> <li>○ Able to maintain confidentiality (self-advocates)</li> </ul> </li> </ul>

Research Question	Common themes across groups	Themes particular to groups
<p>3. What are <b>gaps</b> between supply and demand?</p> <p>Specifically: What factors influence time to fill positions? Are allocated hours used?</p>	<ul style="list-style-type: none"> <li>• Screening, background checks take time</li> <li>• Low wages, lack of benefits</li> <li>• Travel to remote locations (without mileage reimbursement, or access to 4 wheel drive vehicle)</li> <li>• Many do not use allocated hours because:               <ul style="list-style-type: none"> <li>○ Cannot find DCWs</li> <li>○ Finding, screening, training new workers is too much work</li> <li>○ Juggling schedules to match needs takes time and effort, not always successful</li> <li>○ Needed service not covered by funding source</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to find DCW willing to live-in (VCIL) or overnight care (TBI)</li> <li>• Difficult to find DCW willing to work with complicated, demanding needs (families of children, adults with developmental disabilities, and adults with Alzheimer's)</li> </ul>
<p>4. What <b>recruitment and retention strategies</b> are currently in use?</p> <p>Specifically: What are most effective strategies for recruiting DCWs? What retention strategies have been most effective? What are barriers to recruitment and retention?</p>	<ul style="list-style-type: none"> <li>• Agency recruits DCWs (varied levels of satisfaction with skills of DCW recruited by agency)</li> <li>• Consumer recruitment relies primarily on word-of-mouth; sometimes use ads, in wide variety of settings (e.g., schools, coop, church, gym)</li> <li>• Background checks and screening critical: sometimes consumers able to conduct reference checks, often say don't know how/where to conduct background checks</li> <li>• Some consumers unsure of where to look for DCWs, want a list and coordinator to screen &amp; match</li> <li>• Primary barriers: low wages, lack of health care benefits, not sick leave or time off, no mileage reimbursement</li> <li>• Additional barrier: time and energy to screen &amp; training workers</li> <li>• Establish a list (registry), match DCW with consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Establish clear training requirements and certification for all DCWs to create professional standing in community and thus dignity for workers (elders)</li> <li>• Introduce specific tasks through incremental training (little by little) (parents)</li> <li>• Flexibility in hours and funding (e.g., offer room &amp; board) (parents)</li> <li>• Show appreciation for workers' lives and "really hard work" (elders)</li> <li>• Conduct thorough needs assessment to create good match (TBI)</li> </ul>

Research Question	Common themes across groups	Themes particular to groups
<p>5. Can technology and equipment be used to bridge gaps between supply and demand?</p> <p>Specifically: What types of technology and equipment are in use? What could help reduce the need for DCWs? What are barriers?</p>	<ul style="list-style-type: none"> <li>• Many consumers do or would use simple technology (e.g., tub rail, walking stick, grabber, Palm Pilot) to allow for increased independence</li> <li>• Lifts and tracks for home and cars would be useful</li> <li>• Primary barrier: cost, also waiting time to receive modifications</li> </ul>	<ul style="list-style-type: none"> <li>• Service dogs (VCIL)</li> <li>• Clearinghouse on technology &amp; equipment resources would be helpful (families)</li> <li>• Technology for cognitive assistance (e.g., alarms, wireless key boards, computers) (TBI)</li> <li>• Consistent use of technology and equipment between home &amp; school (parents)</li> </ul>
<p>8. What <b>skill sets and training</b> are expected of DCWs?</p> <p>Specifically: What are required qualifications? Initial training requirements? Ongoing training requirements?</p>	<ul style="list-style-type: none"> <li>• Understand working with consumer/family as team</li> <li>• Understand how to provide personal care, including body mechanics, with attention to consumer's dignity</li> <li>• Training must include families, parents</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to follow family's instructions (families of elders)</li> <li>• Specific knowledge about disabilities (TBI, parents)</li> <li>• Basic safe care for children (parents)</li> <li>• Basic food preparation skills (VCIL)</li> </ul>
<p>9. How do care and support settings address cultural issues?</p> <p>Specifically:  What are the cultural diversities of consumers? What sort of culture differences must be addressed for DCWs, consumers?</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• People with disabilities perceived as simple-minded (VCIL)</li> <li>• Speak common language, understand food (Refugees)</li> <li>• Understand gender issues, family cultural issues (build relationships, trust) (TBI, refugees)</li> <li>• Respect for choices (religion, sexual preference) (self-advocates)</li> </ul>
<p>12. To what extent do consumers experience a stable workforce?</p> <p>Specifically: Number of different DCWs providing care? Reliance on students as DCWs?</p>	<ul style="list-style-type: none"> <li>• Many different people provide care when work with agency – need for consistency to build trust, learn routine, allow for consumer's dignity (especially important for persons with Alzheimer's and autism)</li> <li>• With many different caregivers, exhausting for consumers &amp; family members to train</li> </ul>	<ul style="list-style-type: none"> <li>• TBI survivors may prefer different caregivers providing different care</li> </ul>

## **Appendix E**

Direct Care Worker Survey

## Appendix E

### Direct Care Worker Survey

Thank you for taking a few moments to complete this important survey. Results will help Vermont address the concerns of workers who provide needed care and support services. Your completed survey will be forwarded to and only opened by the independent research team conducting the study, Flint Springs Associates. They will treat your responses confidentially and report results in aggregate so that no individual will be identifiable.

***Please return completed survey by November 9, 2007.***

For more information about the study, please see the accompanying cover letter, or contact Joy Livingston, Flint Springs Associates, (802)482-5100, [joy@madriver.com](mailto:joy@madriver.com).

1. In what county do you live?
 

A. <input type="checkbox"/> Addison	F. <input type="checkbox"/> Grand Isle	K. <input type="checkbox"/> Rutland
B. <input type="checkbox"/> Bennington	G. <input type="checkbox"/> Franklin	L. <input type="checkbox"/> Washington
C. <input type="checkbox"/> Caledonia	H. <input type="checkbox"/> Lamoille	M. <input type="checkbox"/> Windham
D. <input type="checkbox"/> Chittenden	I. <input type="checkbox"/> Orange	N. <input type="checkbox"/> Windsor
E. <input type="checkbox"/> Essex	J. <input type="checkbox"/> Orleans	
  
2. Are you:
 

A. <input type="checkbox"/> Male	B. <input type="checkbox"/> Female
----------------------------------	------------------------------------
  
3. What is your age? \_\_\_\_\_ years old
  
4. What level of school have you finished?
 

A. <input type="checkbox"/> Currently attending school (what type of school? _____, level? _____)
B. <input type="checkbox"/> Less than high school
C. <input type="checkbox"/> High school diploma or GED
D. <input type="checkbox"/> Some college
E. <input type="checkbox"/> Technical school
F. <input type="checkbox"/> Bachelor's degree
G. <input type="checkbox"/> Advanced degree (Master's, Ph.D.)
  
5. How many jobs do you currently hold?
 

_____ Number of direct care worker jobs
_____ Number of jobs that are NOT direct care work (describe: _____)
  
6. Which of the following jobs or positions do you **currently** hold? *Check all that apply.*

A. <input type="checkbox"/> LNA	H. <input type="checkbox"/> Activity aide
B. <input type="checkbox"/> PCA	I. <input type="checkbox"/> Respite provider
C. <input type="checkbox"/> Direct support professional, community or employment support worker	J. <input type="checkbox"/> Hospice care
D. <input type="checkbox"/> Developmental home/foster care provider	K. <input type="checkbox"/> Privately paid caregiver
E. <input type="checkbox"/> Resident assistant/aide	L. <input type="checkbox"/> Other, please describe: _____
F. <input type="checkbox"/> Homemaker	
G. <input type="checkbox"/> Geriatric aide	

7. How many hours a week do you work as a direct care worker? \_\_\_\_\_
8. How many hours a week do you work in other jobs that are NOT direct care work?  
\_\_\_\_\_ Hours per week in non-direct care work job  
\_\_\_\_\_ Do not work a job other than as direct care worker
9. To which of the following populations do you **currently** provide care/support?  
*Check all that apply.*
- A.  Older adults
  - B.  Adults and/or children with physical disabilities
  - C.  Adults and/or children with developmental disabilities
  - D.  Adults and/or children with traumatic brain injuries
  - E.  Persons with dementia and/or Alzheimer's disease
  - F.  Other, please describe: \_\_\_\_\_
10. Which of the following best describe your **current** work setting?  
*Check all that apply.*
- A.  Client homes, hired by client
  - B.  Client homes, hired by agency
  - C.  My home
  - D.  Nursing home
  - E.  Assisted living residence
  - F.  Residential care or group home
  - G.  Adult day center
  - H.  Community or client workplace
  - I.  Other, please describe: \_\_\_\_\_
11. How many miles per day do you have travel to your direct care work? \_\_\_\_\_
12. How long have you worked as a direct care worker? \_\_\_\_\_ months or \_\_\_\_\_ years
13. How long have you worked with your current employer/contractor?  
\_\_\_\_\_ months \_\_\_\_\_ years
14. Do you have any plans to retire in the next five years?
- A.  Yes
  - B.  No
  - C.  Not sure
15. What is the **one most important** reason you provide direct care or support?
16. What did you receive when you first started your **current** position as a direct care worker?  
*Check all that apply.*
- A.  No orientation at all, just started to work
  - B.  A brief orientation to the work provided by \_\_\_\_\_
  - C.  Formal orientation program, including instruction & materials such as a manual
  - D.  Opportunity to shadow a more experienced worker to "learn the ropes"
  - E.  Other, please describe: \_\_\_\_\_

17. Since working in your current position, what type of training have you received?  
*Check all that apply.*
- A.  Learn "on-the-job"
  - B.  In-service programs at the job site
  - C.  Courses at school paid by my employer
  - D.  Courses that I have paid for
  - E.  Attend conferences or workshops paid for by my employer
  - F.  Attend conferences or workshops at my own expense
  - G.  Other, please describe: \_\_\_\_\_
18. What is the **one most important** area of training you feel is needed for direct care workers?
19. Do you currently work: (*check all that apply*)
- A.  Nights
  - B.  Weekend
  - C.  Weekdays
20. Would you be willing/able to work: (*check all that apply*)
- A.  Nights
  - B.  Weekend
  - C.  Weekdays
21. What do you currently earn as a direct care worker?  
\$\_\_\_\_\_/hour or \$\_\_\_\_\_ monthly stipend
22. Do you expect to receive pay raises in your current direct care worker position?
- A.  No
  - B.  Yes
  - C.  It depends, please explain: \_\_\_\_\_
23. What unreimbursed expenses do you pay for?
- A.  Travel time (how much time do you travel each week? \_\_\_\_\_ hours)
  - B.  Mileage (number of miles traveled weekly? \_\_\_\_\_ miles)
  - C.  All my expenses are reimbursed
  - D.  I do not have any unreimbursed expenses
  - E.  Other costs, describe: \_\_\_\_\_
24. What would you have to earn to continue working in direct care/support?  
\$\_\_\_\_\_/hour \$\_\_\_\_\_ monthly stipend
25. Which of the following benefits do you receive as a direct care worker? *Check all that apply*
- A.  Health insurance
  - B.  Time off (including vacation days, sick leave, personal leave, or combined time)
  - C.  Mileage reimbursement
  - D.  Reimbursement for expenses such as supplies, program fees
  - E.  Tuition reimbursement
  - F.  On-site child care or reimbursement for child care costs
  - G.  Retirement
  - H.  Do not receive any benefits
  - I.  Other benefits, please describe: \_\_\_\_\_

26. How much money do you have to pay for health care insurance?
- A.  I don't have health insurance
- B.  I don't pay anything, my employer covers the whole premium
- C.  I pay \$\_\_\_\_\_/month through my employer
- D.  I have health insurance through a job other than direct care
- E.  I have health insurance through my spouse or family

27. How satisfied are you with the following aspects of your job as a direct care worker?

*Circle the number on each item that comes closest to your feelings.*

	<b>Not at all satisfied</b>	<b>Neutral</b>	<b>Very Satisfied</b>
Training and preparation to provide direct care/support	1	2	3
Reliable number of work hours each week.	1	2	3
Stable work days and scheduling.	1	2	3
Consistent assignment to clients/consumers/residents	1	2	3
Clear communication and expectations from supervisors	1	2	3
Support and respect from supervisors	1	2	3
Team work with co-workers	1	2	3
Feeling part of a community of direct care workers	1	2	3
Specific and clear expectations of the job	1	2	3
Time to provide needed care/support	1	2	3
Time I have to build relationships with clients/consumers	1	2	3
Time I have to complete paperwork	1	2	3
Flexibility to meet clients'/consumers' social needs	1	2	3
Availability of tools to ease work demands & reduce injury	1	2	3
Workplace attention to cultural differences	1	2	3
Opportunities for pay raises	1	2	3
Opportunities for advancement	1	2	3

28. What do you like the **best** about direct care/support work?

29. What do you like the **least**?

30. What is the **one most important** factor you believe could improve recruitment and retention of direct care workers?

Thank you for your valuable input!  
**Please return by November 9, 2007**  
 in the stamped self-addressed envelope to:  
 State of Vermont; 1078 US Route 2; Montpelier VT 05602-9808

## **Appendix F**

Employer Survey

## Appendix F Employer Survey

Thank you for taking a few moments to complete this important survey. Results will inform strategies for attracting and keeping workers providing critical direct care and support services. Your responses will be forwarded to and only opened by the independent research team conducting the study, Flint Springs Associates. They will treat your responses confidentially, reporting results in aggregate form so that individual organizations will not be identifiable.

***Please return the completed survey by November 9, 2007.***

For more information about the study, please refer to the accompanying cover letter, or contact Joy Livingston, Flint Springs Associates, (802)482-5100, [joy@madriver.com](mailto:joy@madriver.com).

1. Which of the following best describes your organization? *Please check one.*
  - A.  Nursing home
  - B.  Home health agency
  - C.  Private duty agency
  - D.  Residential care home
  - E.  Assisted living
  - F.  Adult day program
  - G.  PACE program
  - H.  Developmental services provider
  - I.  Other type of organization, please describe: \_\_\_\_\_
  
2. What counties do you serve? \_\_\_\_\_
  
3. Which of the following populations do you serve? *Check all that apply.*
  - B.  Older adults
  - C.  Adults and/or children with physical disabilities
  - D.  Adults and/or children with developmental disabilities
  - E.  Adults and/or children with traumatic brain injuries
  - F.  Persons with dementia and/or Alzheimer's disease
  - G.  Other, please describe: \_\_\_\_\_
  
4. For each of the populations you serve, please estimate the number of persons served on September 1, 2007.

Population served	Estimated Number served on September 1, 2007
A. Older adults	
B. Adults and/or children with physical disabilities	
C. Adults and/or children with developmental disabilities	
D. Adults and/or children with traumatic brain injuries	
E. Persons with dementia and/or Alzheimer's	
F. Others	
G. Total number of persons receiving direct care/support (if you do not use above categories)	

5. Please estimate the number of DCWs (by type outlined below) employed by or contracted with your organization on September 1, 2007.

Type of DCW	Number Employed on 9/1/07
A. Licensed Nurse Assistant (LNA)	
B. Personal Care Attendant (PCA)	
C. Direct support professional, employment or community support worker	
D. Foster care or developmental home provider	
E. Resident assistant or aide	
F. Homemaker	
G. Geriatric aide	
H. Activity aide	
I. Other, please describe:	

6. When you seek to fill DCW positions, on average how many weeks does it take to fill the position?

Type of DCW	Average Number of Weeks to Fill Position
A. Licensed Nurse Assistant (LNA)	
B. Personal Care Attendant (PCA)	
C. Direct support professional, employment or community support worker	
D. Foster care or developmental home provider	
E. Resident assistant or aide	
F. Homemaker	
G. Geriatric aide	
H. Activity aide	
I. Other, please describe:	

7. Do you track turnover or retention rates?

A.  No

B.  Yes If yes, how do you track rates, please describe: \_\_\_\_\_

What were retention and/or turnover rates in the last year?

Type of DCW	Retention	Turnover
A. Licensed Nurse Assistant (LNA)	%	%
B. Personal Care Attendant (PCA)	%	%
C. Direct support professional, employment or community support	%	%
D. Foster care or developmental home provider	%	%
E. Resident assistant or aide	%	%
F. Homemaker	%	%
G. Geriatric aide	%	%
H. Activity aide	%	%
I. Other, please describe:	%	%

8. Whether or not you calculate retention rates, what do you estimate is the average annual retention rate for direct care workers in your organization? \_\_\_\_\_% retention
9. In your organization, on average, how many years of continuous service do direct care workers provide?

Type of DCW	Average Number of Years of Service
A. Licensed Nurse Assistant (LNA)	
B. Personal Care Attendant (PCA)	
C. Direct support professional, employment or community support worker	
D. Foster care or developmental home provider	
E. Resident assistant or aide	
F. Homemaker	
G. Geriatric aide	
H. Activity aide	
I. Other, please describe:	

10. What is the **one** most **important** training need among direct care workers employed or contracted by your organization?

11. As of September 1, 2007, what were starting and maximum hourly wages for direct care workers in your organization?

Type of DCW	Starting Hourly Wage	Maximum Hourly Wage
A. Licensed Nurse Assistant (LNA)	\$	\$
B. Personal Care Attendant (PCA)	\$	\$
C. Direct support professional, employment or community support worker	\$	\$
D. Foster care or developmental home provider	\$	\$
E. Resident assistant or aide	\$	\$
F. Homemaker	\$	\$
G. Geriatric aide	\$	\$
H. Activity aide	\$	\$
I. Other, please describe:	\$	\$

12. Does the organization provide scheduled increases in wages for direct care workers?

*Check all that apply.*

- A.  No, there are no type of scheduled wage increases
- B.  Yes, DCW's receive regular cost of living (COLA) increases
- C.  Yes, wages are increased commensurate with years of services
- D.  Yes, we have merit wage increases
- E.  It depends on the type of DCW, please describe: \_\_\_\_\_

13. Which of the following benefits does your organization provide to direct care workers?

*Check all that apply*

- A.  Health care insurance
- B.  Time off (including paid vacation days, paid sick leave, paid personal leave, or combined time off)
- C.  Mileage reimbursement
- D.  Reimbursement for DCW expenses such as supplies, program fees
- E.  Tuition reimbursement
- F.  Childcare on-site or reimbursement for child care costs
- G.  Retirement
- H.  Other benefits, please describe: \_\_\_\_\_

If benefits vary depending on type of DCW, please describe:

14. How many hours a week must DCW's work to be eligible for most benefits?

\_\_\_\_\_ hours/week

Please describe any variance by type of DCW or benefit:

15. If your organization offers health insurance, what percentage of the premium do you cover?

\_\_\_\_\_ % of health insurance premium covered by agency

\_\_\_\_\_ Agency does not provide health insurance

\_\_\_\_\_ Other, please describe: \_\_\_\_\_

16. What is the one most important factor you believe could improve recruitment and retention of direct care workers?

17. Anything else you would like to add?

Thank you for your valuable assistance!

**Please return by November 9, 2007**

in the stamped self-addressed envelope to:

State of Vermont, 1078 US Route 2, Montpelier VT 05602-9808

## **Appendix G**

Consumer/Surrogate Survey

**Appendix G**  
Consumer/Surrogate Survey

Thank you for taking a few moments to complete this important survey. Results will help efforts to attract and keep workers who provide critical direct care and support services. Your completed survey will be forwarded to and only opened by the independent research team conducting the study, Flint Springs Associates. They will treat your responses confidentially, reporting results in aggregate so that individuals will not be identifiable.

For more information about the study, please refer to the accompanying cover letter, or contact Joy Livingston, Flint Springs Associates, (802)482-5100, [joy@madriver.com](mailto:joy@madriver.com).

***Please return completed survey by November 9, 2007.***

1. Which of the following best describes you? *Please check one.*
  - A.  I receive care or support from a direct care provider
  - B.  I am completing this survey for a family member or friend who receives direct care or support
  - C.  Other, please describe: \_\_\_\_\_
  
2. In what county does the person receiving care/support live?
 

A. <input type="checkbox"/> Addison	F. <input type="checkbox"/> Lamoille
B. <input type="checkbox"/> Bennington	G. <input type="checkbox"/> Orange
C. <input type="checkbox"/> Caledonia	H. <input type="checkbox"/> Orleans
D. <input type="checkbox"/> Chittenden	I. <input type="checkbox"/> Rutland
E. <input type="checkbox"/> Essex	J. <input type="checkbox"/> Washington
F. <input type="checkbox"/> Grand Isle	K. <input type="checkbox"/> Windham
G. <input type="checkbox"/> Franklin	L. <input type="checkbox"/> Windsor
  
3. The person receiving care/support is:
 

H. <input type="checkbox"/> Male	B. <input type="checkbox"/> Female
----------------------------------	------------------------------------
  
4. What is the age of the person receiving care/support? \_\_\_\_\_ years old
  
5. Does the person receiving care/support have any of the following?  
*Please check all that apply.*
  - A.  Physical disability
  - B.  Developmental disability
  - C.  Dementia or Alzheimer's disease
  - D.  Traumatic Brain Injury
  - E.  Other type of need for direct care, please describe: \_\_\_\_\_
  
6. In an average week, how many different paid caregivers provide direct care/support?  
\_\_\_\_\_ number of different people per week
  
7. On average, how long do paid caregivers stay in your employ?  
\_\_\_\_\_ months or \_\_\_ years
  
8. Generally, how long does it take to find and hire a direct care worker?  
\_\_\_\_\_ weeks or \_\_\_\_\_ months

9. Of the direct care workers you hire, how many of them attended college while working for you?  
 A.  None      B.  All      C.  Some (\_\_\_\_\_% of workers)
10. What is the **one** most **important** skill you look for when hiring a direct care worker?
11. If there were a registry listing the names and contact information of direct care workers, would you use it to hire workers?  
 A.  Yes      B.  No      C.  Don't know
12. What do you think would be **most important** for a registry to include?  
*Select the 3 top items: Mark the most important with a "1", the next most important with a "2" and the third most important with a "3".*
- H.  Type of training  
 I.  Years of experience  
 J.  Type of experience  
 K.  Only list workers that have gone through a screening process  
 L.  Other, please describe: \_\_\_\_\_
13. Do you have access to background check information for direct care workers you might hire?  
 A.  Yes, in Vermont only  
 B.  Yes, for anywhere in the country  
 C.  No  
 D.  Don't know
14. How do you cover the costs of direct care workers pay?  
*Please complete as much as possible.*

What covers the cost?	How much of the cost is covered?
Choices for Care	% of cost
Attendant Services Program	% of cost
Children's Personal Care Services	% of cost
My own money	% of cost
Other source, describe:	% of cost
I don't know	

15. If you receive money through a government program (such as Choices for Care or Children's Personal Care Services) to pay for direct care workers, about what percent of the allocated hours are you able to use?  
 \_\_\_\_\_% of allocated hours are used

16. If you cannot use all the allocated hours, why not?  
*Select the top 3 reasons: Mark the most important with a "1", the next most important with a "2" and the third most important with a "3".*
- A.  Can't find workers at all
  - B.  Can't find anyone to work at the wage available through the program
  - C.  Can't find anyone to work at needed times (such as weekends, evenings, vacations)
  - D.  The program won't pay for evening and/or weekend hours
  - E.  Other, please describe: \_\_\_\_\_
17. On average, how much of the direct care workers pay is "under the table" or "off the books" so that you can pay a high enough wage?
- A.  None
  - B.  \_\_\_\_\_%
  - C.  Don't know
18. Are you able to give direct care workers a raise in their hourly wages?
- A.  No, there is no source of funds to allow for raises
  - B.  Yes, I give workers cost of living raises using my own money
  - C.  Yes, I give workers raises for years of service using my own money
  - D.  I don't know if there are funds available for raises
  - E.  Other, please describe: \_\_\_\_\_
19. Which of the following benefits do direct care workers in your employ receive?  
*Check all that apply*
- A.  Health insurance
  - B.  Time off (including vacation days, sick leave, personal leave, or combined time)
  - C.  Mileage reimbursement
  - D.  Reimbursement for expenses such as supplies, program fees, movies
  - E.  Tuition reimbursement for training or education related to this work
  - F.  Pay for time spent training
  - G.  Reimbursement for child care costs
  - H.  Retirement
  - I.  They do not receive any benefits
  - J.  Other benefits, please describe: \_\_\_\_\_
20. What is the **one most important** factor you believe could improve your ability to recruit and retain direct care workers?
21. Right now, are the direct care workers who provide care/support for you:
- A.  Employed by me only (self-directed only)
  - B.  Some are employed by me, some are employed by an agency such as Home Health
  - C.  Don't know

22. Which of the following are the most important reasons for hiring direct care workers on your own? *Select the top 3 reasons: Mark the most important with a "1", the next most important with a "2" and the third most important with a "3".*

- A.  It was the only way I could get funding through the government program
- B.  Prefer to select my own direct care worker rather than have an agency do so
- C.  I can get the hours of the day or days of the week I want
- D.  There are more hours of care allocated when I use the self-directed program
- ~~E.~~  I can pay workers more money
- F.  Workers can do the things I want them to do, the way I want them to
- G.  More likely to have the same people providing care/support over time
- H.  I can pay a family member or friend to provide care
- I.  I like how caregivers I hire treat me and/or talk to me
- J.  I can find someone with the skills I need
- K.  I was not satisfied working with an agency
- L.  I can get care much more quickly than if I used an agency
- M.  Other reason, please describe: \_\_\_\_\_

23. Which of the following reasons might be most important for having an agency, such as Home Health, hire your direct care workers?

*Select the top 3 reasons: Mark the most important with a "1", the next most important with a "2" and the third most important with a "3".*

- A.  Easier for the agency to find people to hire
- B.  Prefer to have agency screen possible workers
- C.  Prefer to have agency provide training
- D.  We get more care hours when we use an agency
- E.  Workers receive a higher rate of pay with an agency
- F.  Prefer the type and range of care/support workers are able to provide
- G.  Agencies are better able to find people with the skills I need
- H.  More likely to have the same people providing care/support over time
- I.  I like how caregivers hired by an agency treat me and/or talk to me
- J.  I can get care much more quickly working with an agency than hiring someone myself
- K.  I do not like using the self-directed program
- L.  I don't know as I have never used an agency
- M.  Other reason, please describe: \_\_\_\_\_

24. If all things were equal, would you prefer agency or self-directed care?

- A.  Agency
- B.  Self-directed
- C.  Don't know

Please explain:

Thank you for your valuable input!

**Please return by November 9, 2007** in the stamped self-addressed envelope to:

State of Vermont

1078 US Route 2

Montpelier VT 05602-9808

## **Appendix H**

Direct Care Worker Survey Results

## **Appendix H**

### **Direct Care Worker Survey Results**

The Direct Care Worker Survey was designed to gather input from direct care workers serving in a variety of settings. The survey was distributed in October 2007 using three strategies:

- Vermont Association of Professional Care Providers (VAPCP) provided mailing labels for all members
- Mailing labels were produced from the list of all direct care workers employed through state programs (i.e., Choices for Care, Attendant Services Program, and Children’s Personal Care Services Program)
- Survey packets were sent to employer organizations, including: nursing homes, residential care facilities, assisted living programs, home health agencies, adult day programs, and developmental service providers. Employers were asked to address and mail the survey packets to their direct care employees and/or contractors

The Department of Disability, Aging and Independent Living (DAIL) was responsible for creating distributing surveys directly and to employer organizations. Each survey included a cover letter from DAIL’s commissioner explaining the survey and a self-addressed stamped return envelope. The cover letter explained the purpose of the survey and ensured respondents that responses would be treated confidentiality, no individual identities would be revealed in reported results. Return envelopes were delivered to DAIL; FSA gathered the envelopes, opened them and sorted out the entry forms and surveys. FSA was responsible for overseeing data entry and completing data analysis.

### **Survey Respondents**

Approximately 7,850 surveys were distributed to direct care workers (DCWs). A total of 1699 DCW surveys were returned and analyzed, for a response rate of 22%.

DCW respondents represented every county in Vermont, and a few respondents worked in Vermont but lived in neighboring states.

**Table H1: DCW Survey Respondents' County of Residence**

County of residence	Frequency	Percent
Unknown	26	2%
Addison	132	8%
Bennington	116	7%
Caledonia, Essex, Orleans	223	13%
Chittenden	281	17%
Franklin/Grand Isle	154	9%
Lamoille	58	3%
Orange	74	4%
Rutland	240	14%
Washington	164	10%
Windham	96	6%
Windsor	104	6%
Outside of Vermont	31	2%
Total	1699	100%

The vast majority of respondents (n=1525, 90%) were women, averaging 44.9 years of age. Age ranged from 16 to 86 years; 64% of respondents were over 40 years of age.

**Table H2: DCW Survey Respondents' Age**

Age	Frequency	Percent
16 to 21	104	6%
22 to 29	238	14%
30 to 39	248	15%
40 to 49	365	22%
50 to 59	457	27%
60 to 69	204	12%
70 and over	58	3%
Total	1674	100%

Most all DCWs had completed high school, and half had attended at least some college. Among DCWs currently attending school, the majority of respondents were attending college; 9 respondents were currently in high school and 3 were in graduate school.

**Table H3: DCW Respondents' Educational Level**

<b>Educational Level</b>	<b>Frequency</b>	<b>Percent</b>
Currently attending school	109	6%
Less than high school	81	5%
High school diploma or GED	648	38%
Some college	450	27%
Technical school	129	8%
Bachelor's degree	220	13%
Advanced degree	53	3%
<b>Total</b>	<b>1690</b>	<b>100%</b>

The survey asked how many “direct care worker jobs” and “jobs that are NOT direct care work” respondents currently hold. Three quarters of the respondents held one DCW job. More than one-quarter of the sample (29%) held non-DCW jobs as well; nearly all of respondents who held a non-DCW job (81%) held one such position.

**Table H4: DCW Survey Respondents -- Number of Current DCW Positions**

<b>Number of DCW jobs</b>	<b>Frequency</b>	<b>Percent</b>
None	11	1%
One	1275	78%
Two	248	15%
Three	74	5%
Four or Five	13	1%
more than 5	9	1%
<b>Total</b>	<b>1630</b>	<b>100%</b>

**Table H5: DCW Survey Respondents -- Number of Non-DCW Jobs**

<b>Number of non-DCW jobs</b>	<b>Frequency</b>	<b>% of sample</b>	<b>% of DCWs with other jobs</b>
One	395	23%	81%
Two	73	4%	15%
Three	15	1%	3%
Four or more	6	0%	1%
<b>Total</b>	<b>489</b>	<b>29%</b>	<b>100%</b>

Respondents who held non-DCW jobs described an array of other positions.

**Table H6: Most Frequently Cited Non-DCW Jobs**

<b>Non-DCW jobs</b>	<b>Frequency</b>	<b>Percent</b>
Para educators and aids	54	11%
Office/clerical	44	9%
Retail & sales	36	7%
Cleaning & janitorial	36	7%
Teachers	29	6%
Food services	27	6%
Child care/pre-school	25	5%
Self-employed	20	4%
<b>Total</b>	<b>271</b>	<b>55%</b>

The survey asked respondents to identify the type of DCW position they currently held. The sample included representation from all types of positions. While 644 respondents said they held at least two different types of DCW positions, only 427 said they worked in more than one setting. Cross tabulations indicated a number of confusions, such as DCWs working in nursing homes identifying themselves as direct support professionals (a term which generally applies only to DCWs serving persons with developmental disabilities in the community).

**Table H7: Type of DCW Position Currently Held**

<b>Current DCW position</b>	<b>Frequency</b>	<b>Percent</b>
LNA	554	33%
PCA	428	25%
Direct support professional	205	12%
Developmental home/foster care provider	74	4%
Resident assistant/aide	318	19%
Homemaker	322	19%
Geriatric aide	103	6%
Activity aide	94	6%
Respite provider	340	20%
Hospice care	78	5%
Privately paid caregiver	164	10%

**Table H8: Number of Different type of DCW Positions Held**

<b>Total number of DCW positions currently held</b>	<b>Frequency</b>	<b>Percent</b>
One	946	59%
Two	381	24%
Three	149	9%
Four	69	4%
Five or more	45	3%
<b>Total</b>	<b>1590</b>	<b>100%</b>

Respondents provided care and support for persons with a range of needs, often multiple needs.

**Table H9: DCW Survey Respondents' Clients' Needs**

Care Needs	Frequency	Percent
Aging	1051	62%
Physical disabilities	505	30%
Developmental disabilities	551	32%
Traumatic brain injuries	140	8%
Dementia and/or Alzheimer's Disease	664	39%

When asked about their current work settings, 72% (n=1219) of the respondents reported that they worked in one setting; another 20% (n=332) worked in two settings; and the remainder of respondents worked in three or more settings. Most frequent settings included clients' homes, caregivers' homes, and nursing homes. Looking only at the 1219 respondents who worked in one setting, we find a similar distribution of the sample by work setting. About three-quarters of respondents working in nursing homes and adult day centers worked in only one setting; half of respondents in most other settings worked in one setting; about one-third of workers in community or client workplace settings worked in one setting.

**Table H100: DCW Respondents' Work Setting**

Work Setting	Full Sample		Work in one setting		
	Frequency	% of all respondents	Frequency	% of setting	% of work in 1 setting
Client home, hired by client	389	23%	201	52%	16%
Client home, hired by agency	415	24%	217	52%	18%
Caregiver's home	364	21%	202	55%	17%
Nursing home	350	21%	270	77%	22%
Assisted living residence	246	14%	129	52%	11%
Residential care or group home	200	12%	100	50%	8%
Adult day center	53	3%	37	70%	3%
Community or client workplace	166	10%	63	38%	5%
Total	Multiple responses		1219	72%	100%

Some survey respondents listed additional settings in which they worked, most frequently these included schools (n=27); hospitals (n=15); and, acute care/rehabilitation (n=11).

There was a significant difference in age across work settings ( $F(7,1194)=11.6, p<.001$ ): nursing home workers were the youngest (mean = 39.8) while adult day center workers the oldest (mean = 50.2).

**Table H11: DCW Survey Respondents' Age by Work Setting**

Work Setting	Mean	Std. Dev.	N
Client home, hired by client	43.8	15.2	201
Client home, hired by agency	49.2	14.1	214
Caregiver's home	49.4	13.6	200
Nursing home	39.8	14.0	261
Assisted living residence	43.3	15.1	129
Residential care or group home	42.9	14.4	98
Adult day center	50.2	16.0	37
Community or client workplace	44.2	13.0	62
Total	44.9	14.8	1202

Among respondents who work in one DCW setting, DCWs in nursing homes and residential care settings have the most work hours each week ( $F(7,1129)=17.2, p<.001$ ). DCWs working in their own homes and community settings work the most weekly hours in non-DCW positions ( $F(7,417)=4.63, p<.001$ ).

**Table H12: Weekly Work Hours by Work Setting**  
(Respondents with One DCW Setting)

Work Setting	Hours/week as DCW			Hours/week in non-DCW job		
	Mean	Std. Dev.	Number	Mean	Std. Dev.	Number
Client home, hired by client	25.6	16.0	184	23.5	13.9	109
Client home, hired by agency	27.9	14.4	210	21.5	15.8	70
Caregiver's home	28.5	21.7	159	28.5	14.0	110
Nursing home	37.7	12.4	265	20.4	16.7	41
Assisted living residence	34.9	13.1	125	23.2	14.1	36
Residential care or group home	36.8	7.2	95	13.3	14.5	28
Adult day center	28.2	13.0	37	14.8	15.7	8
Community or client workplace	27.1	12.6	62	25.8	16.2	23
Total	31.4	15.5	1137	23.4	15.2	425

### Research Question #1: Quantity and Availability Issues

DCW plans to retire in next 5 years: Within the next five years, might we see a reduction in the supply of workers due to retirement? Retirement will not have a major impact on the workforce supply as the majority of respondents do not plan to retire in the next five years.

**Table H13: DCW Respondents' Report of Plan to Retire in Next Five Years**

Plan to retire in next five years	Frequency	Percent
Yes	127	8%
No	1285	77%
Not sure	248	15%
Total	1660	100%

Not surprisingly, respondents planning to retire were significantly older ( $F(2,1635)=229.70, p<.001$ ), had worked as DCWs significantly longer ( $F(2,1657)=13.08, p<.001$ ) and had been in their current positions significantly longer ( $F(2,1657)=24.85, p<.001$ ). There were no significant differences in reported plans to retire by work setting.

**Table H14: Respondents' Plans to Retire by Age, Years as DCW, and Years in Current Position**

Plan to retire in next five years	Age			Number of years as DCW			Years in current DCW position		
	Mean	<i>std dev.</i>	N	Mean	<i>std dev.</i>	N	Mean	<i>std dev.</i>	N
Yes	58.8	11.3	125	10.2	10.0	127	7.1	8.2	127
No	41.0	13.2	1269	6.7	7.6	1285	4.1	5.2	1285
Not sure	56.5	11.6	244	8.1	9.3	248	6.1	6.7	248
Total	44.7	14.5	1638	7.2	8.1	1660	4.7	5.8	1660

DCW willingness to work evenings/weekends: Nearly all of the DCW respondents currently work during weekdays (82%, 1388); more than two-thirds of weekday workers also have weekend shifts. Of DCWs currently working weekdays, 56% report that they are willing to work weekends and 43% said they are willing to work nights.

**Table H15: Current Weekday DCW Worker's Current and Possible Work Shifts**

Among current weekday workers:	Frequency	Percent
also work weekend	964	69%
also work nights	628	45%
willing work weekend	781	56%
willing work nights	591	43%

Workers willing to work nights and weekends were significantly younger (mean = 43.3 years and 42.3, respectively) than those who did not report an interest in working nights (mean = 46.1 years,  $F(1,1672) = 68.83, p < .001$ ) or weekends (mean = 48.1 years,  $F(1,1672) = 15.43, p < .001$ ).

DCW report attractive and disagreeable aspects of job: In response to open-ended question, DCWs most often report liking relationships with people, giving help, and making a difference in the lives of clients/residents.

**Table H16: DCW Respondents: Like Best about Providing Direct Care**

Like Best about Providing Direct Care	Frequency	Percent of Total Respondents
Relationships with people	522	31%
Giving help and care	308	18%
Making a difference in consumer's and family's lives	230	14%
The work is rewarding and fulfilling	129	8%
Flexibility and independence	95	6%

Similarly, DCWs said they serve as direct care workers because they like to help others and because of their relationships with people.

**Table H17: DCW Survey Respondents: Why they Provide Direct Care**

Reasons Why Respondents Provide Direct Care	Frequency	Percent
Like to help others, give back,	505	30%
Relationships with people	198	12%
Want to make a difference in others' lives	156	9%
Like working with elders, learning from them	155	9%
Work is rewarding, fulfilling	152	9%
Caring for family members	146	9%

DCWs most often report that that what they like least are pay and benefits. Other issues are inadequate staffing and negative work environments.

**Table H18: DCW Survey Respondents: Like Least About DCW Jobs**

Like Least about Direct Care Work	Frequency	Percent
Pay, benefits, compensation	434	26%
Inadequate staffing	233	14%
Negative work environment	174	10%
Emotional stress, attachment to clients, loss	85	5%

Most important to improve recruitment and retention: The DCW Survey included an open-ended question asking respondents to name the “one most important factor you believe could improve recruitment and retention of direct care workers.” Nearly all respondents (82%, 1387) provided a response to this question. Several respondents provided multiple responses.

The far and away most frequent response was financial: improve wages and provide benefits. Additional efforts should focus on supervision practices which are supportive, appreciative and respectful of workers and training/orientation that provides workers with needed skills and information. These results mirror those found in the 2001 Paraprofessional Staffing Study, when workers identified key needs for retention as higher wages, benefits, and training/educational opportunities.

**Table H19: DCW Respondents: How to Improve Recruitment/Retention**

Strategies to Improve Recruitment/Retention	Frequency	Percent
Improve wages/benefits	949	56%
Supervision practices	122	7%
Training/orientation	94	6%
Improve staffing	61	4%
Publicize rewards of job	30	2%

**Research Question #2: Quality Issues**

Orientation and Training: About one quarter of DCWs report they received no orientation, another quarter received only a brief orientation. Workers hired by clients or working in their own homes were least likely to receive an orientation.

**Table H20: DCW Survey Respondents' Reported Receipt of Orientation in Current Position**

<b>Orientation in Current Position</b>	<b>Frequency</b>	<b>Percent</b>
No orientation	392	23%
Brief orientation	413	24%
Formal orientation	712	42%
Shadow experienced worker	711	42%

**Table H21: Orientation Received by Work Settings**

<b>Work setting</b> (respondents work in one setting)	<b>No orientation</b>		<b>Formal orientation</b>		<b>Shadowing</b>		<b>Total</b>	
	<b>Frequenc y</b>	<b>Percen t</b>	<b>Frequenc y</b>	<b>Percen t</b>	<b>Frequenc y</b>	<b>Percen t</b>	<b>Frequenc y</b>	<b>Percen t</b>
Client home, hired by client	93	46%	22	11%	28	14%	201	100%
Client home, hired by agency	36	17%	121	56%	89	41%	217	100%
Caregiver's home	121	60%	29	14%	13	6%	202	100%
Nursing home	15	6%	151	56%	168	62%	270	100%
Assisted living residence	11	9%	61	47%	82	64%	129	100%
Residential care or group home	7	7%	52	52%	62	62%	100	100%
Adult day center	3	8%	18	49%	23	62%	37	100%
Community or client workplace	7	11%	29	46%	32	51%	63	100%
<b>Total</b>	<b>293</b>	<b>24%</b>	<b>483</b>	<b>40%</b>	<b>497</b>	<b>41%</b>	<b>1219</b>	<b>100%</b>

The vast majority of workers received their training “on-the-job,” especially DCWs hired by clients or working in residential care or adult day centers. Half of the respondents said they also had in-service training programs; generally workers employed by nursing homes, adult day centers and assisted living residences. One third of respondents attended conferences or workshops paid for by their employers; these workers most often worked in adult day centers and with clients in community or workplace settings.

**Table H22: DCW Survey Respondents' Report of Training Received in Current Position**

<b>Training in current position</b>	<b>Frequency</b>	<b>Percent</b>
Learn on the job	1241	73%
In-service programs	848	50%
Courses paid by employer	114	7%
Courses paid by DCW	162	10%
Conferences/workshops paid by employer	531	31%
Conferences/workshops paid by DCW	135	8%

**Table H23: Training in Current Position by Work Setting**

<b>Work setting (respondents work in one setting)</b>	<b>Learn on the job</b>		<b>In-service programs</b>		<b>Courses paid by employer</b>	
	<b>Frequency</b>	<b>Percent</b>	<b>Frequency</b>	<b>Percent</b>	<b>Frequency</b>	<b>Percent</b>
Client home, hired by client	173	86%	14	7%	1	0%
Client home, hired by agency	145	67%	119	55%	25	12%
Caregiver's home	143	71%	15	7%	6	3%
Nursing home	188	70%	222	82%	21	8%
Assisted living residence	98	76%	91	71%	5	4%
Residential care or group home	81	81%	67	67%	2	2%
Adult day center	31	84%	31	84%	2	5%
Community or client workplace	42	67%	30	48%	4	6%
<b>Total</b>	<b>901</b>	<b>74%</b>	<b>589</b>	<b>48%</b>	<b>66</b>	<b>5%</b>

**Table H24: Training in Current Position by Work Setting**

Work setting (respondents work in one setting)	Courses paid by DCW		Conferences/ workshops paid by employer		Conferences/ workshops paid by DCW	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Client home, hired by client	23	11%	10	5%	22	11%
Client home, hired by agency	13	6%	84	39%	13	6%
Caregiver's home	20	10%	23	11%	26	13%
Nursing home	23	9%	92	34%	6	2%
Assisted living residence	15	12%	38	29%	5	4%
Residential care or group home	11	11%	41	41%	6	6%
Adult day center	4	11%	27	73%	4	11%
Community or client workplace	0	0%	36	57%	5	8%
Total	109	9%	351	29%	87	7%

Overall, 680 (43%) respondents were very satisfied with the training and preparation they received.

Respondents who did not receive an orientation were significantly less satisfied with training and preparation (mean satisfaction = 2.00) than those who did receive orientation (mean satisfaction = 2.43). Workers were significantly more satisfied with training and orientation when they had received formal orientation, opportunities to shadow, in-service programs, and opportunities to attend courses or workshops paid by their employer.

**Table H25: Satisfaction with Training by Orientation and Training Provided**

Orientation and Training Provided in Current DCW Position	Satisfaction with Training and Preparation		
	Mean	<i>St. Dev.</i>	N
Received no orientation	2.00 <sup>1</sup>	0.62	346
Did receive orientation	2.43	0.63	1219
Received formal orientation	2.54 <sup>2</sup>	0.59	685
No formal orientation	2.17	0.65	880
Opportunity to shadow	2.52 <sup>3</sup>	0.62	690
No opportunity to shadow	2.20	0.64	875
In-service programs	2.49 <sup>4</sup>	0.62	820
No in-service	2.16	0.64	745
Courses paid by employer	2.52 <sup>5</sup>	0.59	108
No courses paid by employer	2.32	0.65	1457
Workshops paid by employer	2.49 <sup>6</sup>	0.61	511
No workshops paid employer	2.26	0.66	1053

<sup>1</sup>  $F(1,1563)=129.84, p<.001$ ; <sup>2</sup>  $F(1,1563)=53.57, p<.001$ ; <sup>3</sup>  $F(1,1563)=37.31, <.001$ ;

<sup>4</sup>  $F(1,1563)=105.07, p<.001$ ; <sup>5</sup>  $F(1,1563)=9.32, p<.01$ ; <sup>6</sup>  $F(1,1563)=18.55, p<.001$

**Most important area of training:** An open-ended question asked DCWs what they felt was the “one most important area of training” needed for direct care workers. Two-thirds of the respondents (1138) provided a wide array of responses ranging from “everything is important” to very specific skills. About 400 responses were so widely divergent they did not reflect any quantifiable pattern. Of the remaining responses, DCWs most frequently identified training that was specifically focused on individual client’s needs, including information about their disability or illness, and training that addressed the need for “soft skills” such as compassion, caring, patience and respect for clients.

**Table H26: Most Important Areas for DCW Training**  
DCW Survey Response to Open Ended Question

<b>Important areas for training</b>	<b>Frequency</b>	<b>Percent</b>
Individualized training about client's needs, information on particular disability	173	10%
Compassion, caring, patience, respect	161	9%
Safety issues, including CPR, first aid	97	6%
Body mechanics, lifting, transferring	68	4%
Basic care giving (e.g., ADLs, hands-on experience)	67	4%
Infection control, hygiene	57	3%
Communication with clients	50	3%
Dealing with difficult behavior	49	3%
Coping with stress	16	1%

DCW work satisfaction: DCW survey respondents were generally satisfied with most aspects of their work and workplaces; workers were least satisfied with opportunities for pay raises and advancement.

**Table H278: DCW Survey Respondents Level of Satisfaction with Work**  
(1=not at all, 3=very satisfied)

Work and Workplace Issues:	Mean	<i>St. Dev.</i>	N
Training and preparation to provide direct care	2.33	0.65	1565
Reliable number of hours each week	2.50	0.66	1605
Stable work days and scheduling	2.48	0.67	1594
Consistent assignment to clients	2.52	0.62	1553
Clear communication and expectations from supervisors	2.31	0.72	1564
Support and respect from supervisors	2.39	0.71	1562
Team work with co-workers	2.32	0.67	1504
Feeling a part of a community of DCWs	2.25	0.69	1541
Specific and clear expectations of the job	2.49	0.63	1575
Time to provide needed care/support	2.35	0.73	1578
Time to build relationships with clients	2.50	0.66	1583
Time to complete paperwork	2.37	0.67	1547
Flexibility to meet clients' social needs	2.35	0.67	1564
Tools to ease work demands & reduce injury	2.30	0.69	1556
Workplace attention to cultural differences	2.37	0.59	1524
Opportunities for pay raises	1.70	0.72	1558
Opportunities for advancement	1.83	0.71	1517

Levels of satisfaction varied significantly across work settings, for most all dimensions. Often, workers employed by adult day programs have highest satisfaction ratings, particularly in terms of training, reliable hours, stable scheduling, workplace culture, and opportunities for pay raises.

**Table H289: Work Satisfaction by Work Setting**

(1=not at all, 3=very satisfied)

Work setting (respondents work in one setting)	Training <sup>1</sup>	Reliable Hours <sup>2</sup>	Stable scheduling <sup>3</sup>	Consistent assignment <sup>4</sup>
Client home, hired by client	2.15	2.44	2.48	2.62
Client home, hired by agency	2.47	2.33	2.46	2.56
Caregiver's home	2.10	2.32	2.45	2.53
Nursing home	2.42	2.64	2.46	2.37
Assisted living residence	2.50	2.62	2.58	2.55
Residential care or group home	2.33	2.75	2.66	2.71
Adult day center	2.63	2.77	2.77	2.66
Community or client workplace	2.30	2.57	2.48	2.55
Total	2.34	2.51	2.50	2.54

<sup>1</sup> F(7,1115)=9.6, p<.001; <sup>2</sup> F(7,1148)=9.50, p<.001; <sup>3</sup> F(7,1139)=2.4, p<.05; <sup>4</sup> F(7,1106)=4.60, p<.001

**Table H30: Work Satisfaction by Work Setting**

(1=not at all, 3=very satisfied)

Work setting (respondents work in one setting)	Clear communication w/ supervisors <sup>5</sup>	Support from supervisors <sup>6</sup>	Team work with co- workers <sup>7</sup>	Community of DCWs <sup>8</sup>
Client home, hired by client	2.44	2.51	2.31	2.03
Client home, hired by agency	2.44	2.59	2.43	2.32
Caregiver's home	2.42	2.42	2.22	2.03
Nursing home	1.99	2.08	2.24	2.29
Assisted living residence	2.32	2.39	2.40	2.45
Residential care or group home	2.27	2.44	2.27	2.38
Adult day center	2.53	2.67	2.72	2.72
Community or client workplace	2.32	2.46	2.32	2.26
Total	2.30	2.40	2.32	2.26

<sup>5</sup> F(7,1114)=10.53, p<.001; <sup>6</sup> F(7,1114)=11.66, p<.001; <sup>7</sup> F(7,1067)=4.03, p<.001; <sup>8</sup> F(7,1097)=10.38, p<.001

**Table H291: Work Satisfaction by Work Setting**  
(1=not at all, 3=very satisfied)

<b>Work setting</b> (respondents work in one setting)	<b>Expectations of job</b>	<b>Time for care/support<sup>9</sup></b>	<b>Time for relationships<sup>10</sup></b>	<b>Time for paperwork<sup>11</sup></b>
Client home, hired by client	2.51	2.49	2.69	2.48
Client home, hired by agency	2.59	2.58	2.67	2.67
Caregiver's home	2.48	2.41	2.61	2.53
Nursing home	2.42	1.86	2.07	1.98
Assisted living residence	2.55	2.34	2.39	2.39
Residential care or group home	2.52	2.46	2.55	2.48
Adult day center	2.54	2.51	2.62	2.27
Community or client workplace	2.43	2.44	2.65	2.13
<b>Total</b>	<b>2.50</b>	<b>2.33</b>	<b>2.48</b>	<b>2.37</b>

<sup>9</sup> F(7,1122)=23.80, p<.001; <sup>10</sup> F(7,1125)=23.83, p<.001; <sup>11</sup> F(7,1101)=26.06,p<.001

**Table H302: Work Satisfaction by Work Setting**  
(1=not at all, 3=very satisfied)

<b>Work setting</b> (respondents work in one setting)	<b>Meet clients' social needs<sup>12</sup></b>	<b>tools to ease demands<sup>13</sup></b>	<b>Attention to cultural differences<sup>14</sup></b>
Client home, hired by client	2.51	2.23	2.35
Client home, hired by agency	2.51	2.47	2.40
Caregiver's home	2.50	2.25	2.29
Nursing home	1.98	2.18	2.25
Assisted living residence	2.30	2.35	2.43
Residential care or group home	2.41	2.30	2.47
Adult day center	2.48	2.65	2.65
Community or client workplace	2.48	2.29	2.33
<b>Total</b>	<b>2.35</b>	<b>2.30</b>	<b>2.35</b>

<sup>12</sup> F(7,1113)=17.90,p<.001; <sup>13</sup> F(7,1108)=4.77,p<.001; <sup>14</sup> F(7,1085)=3.73,p<.001

**Table H313: Work Satisfaction by Work Setting**  
(1=not at all, 3=very satisfied)

<b>Work setting</b> (respondents work in one setting)	<b>Opportunities for pay raises<sup>15</sup></b>	<b>Opportunities for advancement<sup>16</sup></b>
Client home, hired by client	1.51	1.70
Client home, hired by agency	1.91	2.03
Caregiver's home	1.61	1.82
Nursing home	1.67	1.79
Assisted living residence	1.88	1.91
Residential care or group home	1.86	1.93
Adult day center	1.91	1.97
Community or client workplace	1.71	1.83
Total	1.72	1.85

<sup>15</sup> F(7,1108)=3.43,p<.001; <sup>16</sup> F(7,1071)=3.52,p<.001

As DCW wages increase, DCWs express increased satisfaction with reliable hours, stable scheduling and opportunities for pay raises. There was no significant relationship between wages and satisfaction with opportunities for advancement.

**Table H324: Relationship between Work Satisfaction and Wages**

	<b>Wage in dollars</b>		
	Mean	<i>St. Dev.</i>	N
<b>Reliable number of hours each week<sup>1</sup></b>			
Not satisfied	10.63	1.88	134
Neutral	10.66	1.93	458
Very satisfied	11.15	2.27	881
<b>Stable work days and scheduling<sup>2</sup></b>			
Not satisfied	10.75	2.21	146
Neutral	10.76	2.25	468
Very satisfied	11.11	2.07	850
<b>Opportunities for pay raises<sup>3</sup></b>			
Not satisfied	10.76	2.15	669
Neutral	11.17	2.29	546
Very satisfied	11.14	1.81	216

<sup>1</sup> F(2,1470)=9.65, p<.001; <sup>2</sup> F(2,1461)=4.78, p<.01; <sup>3</sup> F(2,1428)=6.16, p<.01

### Research Question #3: Stability Issues

Years of service as DCW and for current employer: Respondents had served as DCWs for an average of 7.31 years; and in their present position for an average of 4.78 years. About one-quarter of respondents had been DCWs for less than a year and one-third for seven or more years.

**Table H335: DCW Survey Respondents Years of Service**

Time of Service	Number of years as DCW		Years in current DCW position	
	Frequency	Percent	Frequency	Percent
6 months or less	166	10%	268	16%
7 months to 1 year	238	14%	313	19%
2 to 3 years	343	21%	388	24%
4 to 6 years	301	18%	281	17%
7 to 12 years	285	17%	233	14%
13 to 20 years	152	9%	115	7%
more than 20 years	170	10%	45	3%
Total	1655	100%	1643	100%

There were significant differences across work settings in DCW's years of service: respondents working in their own homes, in clients' homes hired by clients and in community/workplace settings had the fewest number of years as DCWs, while respondents in nursing homes had served many more years. A similar pattern was found with years in current position, although much here the largest discrepancy was between DCWs working in clients' homes hired by clients and working in nursing homes; the length of service in the other settings was relatively similar.

**Table H346: Years as DCW and in Current Position by Work Setting**

Work setting (if work in one setting)	Years worked as DCW <sup>1</sup>		Years in current position <sup>2</sup>	
	Mean	<i>Std. Dev.</i>	Mean	<i>Std. Dev.</i>
Client home, hired by client	4.40	6.36	2.76	2.85
Client home, hired by agency	6.28	6.75	4.75	5.20
Caregiver's home	4.89	6.10	4.45	5.61
Nursing home	10.45	10.29	6.58	8.01
Assisted living residence	8.08	9.08	4.46	6.02
Residential care or group home	8.01	8.41	4.54	5.92
Adult day center	8.14	9.46	4.66	4.61
Community or client workplace	4.80	4.97	4.18	4.97
Total	6.98	8.22	4.69	5.96

<sup>1</sup>F(7,1211)=14.04, p<.001; <sup>2</sup>F(7,1211)=7.31, p<.001

DCW satisfaction with stability and reliability of hours: About two-thirds of DCW survey respondents were “very satisfied” with the reliability of their work hours; the stability of their work days and scheduling; and, the consistency of client assignments.

**Table H37: Number of Survey Respondents Reporting Satisfaction with Stability**

	Not satisfied		Neutral		Very satisfied		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Reliable number of hours each week	154	10%	500	31%	951	59%	1605	100%
Stable work days and scheduling	158	10%	506	32%	930	58%	1594	100%
Consistent assignment to clients	103	7%	538	35%	912	59%	1553	100%

Workers hired by agencies and providing care in their own homes were least satisfied with the reliability of their hours; residential care and adult day center workers were most satisfied with reliability of hours. Workers most satisfied with the stability of scheduling work in adult day centers and residential care or group homes. Nursing home workers are least satisfied with the consistency of assignment to clients, while residential care home, adult day center, and client hired workers are most satisfied with the consistency of assignment.

**Table H358: Work Satisfaction by Work Setting**

(1=not at all, 3=very satisfied)

Work setting (respondents work in one setting)	Reliable Hours <sup>1</sup>	Stable scheduling <sup>2</sup>	Consistent assignment <sup>3</sup>
Client home, hired by client	2.44	2.48	2.62
Client home, hired by agency	2.33	2.46	2.56
Caregiver's home	2.32	2.45	2.53
Nursing home	2.64	2.46	2.37
Assisted living residence	2.62	2.58	2.55
Residential care or group home	2.75	2.66	2.71
Adult day center	2.77	2.77	2.66
Community or client workplace	2.57	2.48	2.55
Total	2.51	2.50	2.54

<sup>1</sup> F(7,1148)=9.50, p<.001; <sup>2</sup> F(7,1139)=2.4, p<.05; <sup>3</sup> F(7,1106)=4.60, p<.001

Factors associated with retention:

DCWs worked longer in current job when satisfied with reliability of hours and stable work days and scheduling.

**Table H369: Years in Current Job by Satisfaction with Reliable Hours and Stable Scheduling**

	Not satisfied	Neutral	Very satisfied	Total
Reliable number of hours each week <sup>1</sup>	3.86	4.09	5.05	4.64
Stable work days and scheduling <sup>2</sup>	3.62	4.37	5.00	4.66

<sup>1</sup>  $F(2,1602)=6.1, p<.02$ ; <sup>2</sup>  $F(2,1591)=4.8, p<.01$

Training and satisfaction with training were associated with longer terms of service. DCWs worked longer in current position when satisfied with training and preparation ( $F(2,1562)=4.01, p<.05$ ).

**Table H40: Years in Current Job by Satisfaction with Training & Preparation**

Training and preparation to provide direct care/support	Years in current DCW position		
	Mean	Std. Dev.	N
Not satisfied	3.95	5.71	156
Neutral	4.41	5.49	729
Very satisfied	5.12	6.10	680
Total	4.67	5.80	1565

Years of service were also significantly longer with employer provided training.

**Table H371: Years in Current Job by Employer Provided Training Opportunities**

	Years in current DCW position		
	Mean	Std. Dev.	N
<b>In-service programs<sup>1</sup></b>			
No report of in-service	3.55	4.93	851
Report in-service available	5.69	6.36	848
<b>Courses paid by employer<sup>2</sup></b>			
No report	4.54	5.76	1585
Report available	5.75	6.09	114
<b>Conferences/workshops paid by employer<sup>3</sup></b>			
No report	3.85	5.29	1168
Report available	6.30	6.46	531

<sup>1</sup>  $F(1,1697)=59.69, p<.001$ ; <sup>2</sup>  $F(1,1697)=4.66, p<.05$ ; <sup>3</sup>  $F(1,1697)=67.73, p<.001$

Availability of benefits was also associated with longer terms of service in present DCW position.

**Table H382: Years in Current Job by Employer Provided Benefits**

	Years in current DCW position		
	Mean	<i>Std. Dev.</i>	N
<b>Health insurance<sup>1</sup></b>			
No report	3.89	5.16	1188
Report available	6.30	6.74	511
<b>Time off<sup>2</sup></b>			
No report	3.58	4.85	954
Report available	5.94	6.57	745
<b>Mileage reimbursement<sup>3*</sup></b>			
No report	2.85	3.14	299
Report available	5.47	5.61	182
<b>Retirement<sup>4</sup></b>			
No report	4.03	5.22	1408
Report available	7.45	7.35	291
<b>Do not receive benefits<sup>5</sup></b>			
No report	5.32	6.22	993
Report available	3.63	4.96	706

<sup>1</sup> F(1,1697)=64.31, p<.001; <sup>2</sup> F(1,1697)=72.52,p<.001; <sup>3</sup> F(1,479)=43.17, p<.001;

<sup>4</sup> F(1,1697)=88.34, p<.001; <sup>5</sup> F(1,1697)=36.30, p<.001

\*Only includes DCWs working in clients' homes or community settings

**Research Question #4: Financial Issues**

DCW report of wages: DCW survey respondents report an average current hourly wage of \$10.92 (standard deviation \$2.12) with a range in wages from \$7.25 to \$40.00.

**Table H393: DCW Respondents' Report of Current Hourly Wage**

Hourly wage	Frequency	Percent
\$8.00 and under	105	7%
\$9.00 to \$9.99	209	14%
\$10.00 to \$10.99	671	44%
\$11.00 to \$11.99	203	13%
\$12.00 to \$12.99	149	10%
\$13.00 to \$13.99	82	5%
\$14.00 to \$14.99	42	3%
\$15.00 to \$19.99	64	4%
\$20.00 and over	9	1%
Total	1534	100%

DCW's working in nursing homes, adult day centers, and community/workplace settings report significantly higher wages than workers in other settings, particularly those providing care in their own homes ( $F(7,1105)=18.5, p<.001$ ).

**Table H44: DCW Hourly Wage by Care Setting**

Respondents who work in One Setting

Work setting (work in one setting)	Mean	<i>std.dev.</i>	N
Client home, hired by client	\$ 10.34	1.44	188
Client home, hired by agency	\$ 10.49	1.39	199
Caregiver's home	\$ 10.06	0.83	165
Nursing home	\$ 11.73	2.55	261
Assisted living residence	\$ 11.15	2.02	120
Residential care or group home	\$ 10.84	1.96	91
Adult day center	\$ 11.67	2.32	35
Community or client workplace	\$ 11.53	1.83	54
Total	\$ 10.88	1.94	1113

**Table H45: DCW Hourly Wage by Client Care Need**

Care Needs	Mean	std.dev.	N
Aging	\$11.06	2.35	974
Physical disabilities	\$10.88	1.82	464
Developmental disabilities	\$10.83	1.71	501
Traumatic brain injuries	\$11.40	2.29	132
Dementia and/or Alzheimer's Disease	\$11.28	2.50	619

DCW report expected raises: About half of the DCW respondents expected to receive pay raises in their current DCW position; one third did not expect to receive raises. Respondents who said "it depends" indicated several possible factors including state funding and agency budgets. Many respondents said they "hoped" they would be receiving raises and marked "it depends" as their response to the survey question.

**TableH46: DCW Survey Respondents Reported Expectation of Receiving pay Raise**

Expect raises	Frequency	Percent
No	509	33%
Yes	780	50%
It depends	262	17%
Total	1551	100%

DCWs working with persons with developmental disabilities were least likely to expect to receive pay raises.

**Table H47: Expectation of Pay Raise by Client Care Needs**

Care Needs	Expect Raises	
	Frequency	Percent
Aging	565	58%
Physical disabilities	234	50%
Developmental disabilities	210	42%
Traumatic brain injuries	72	56%
Dementia and/or Alzheimer's Disease	370	59%

DCWs working hired by clients or providing care in their own homes were significantly less likely to expect raises than workers in other settings ( $X^2_{(df=14)}=220.92, p<.001$ )

**Table H48: Expectation of Pay Raise by Work Setting**  
DCWs with One Work Setting

Work setting (if work in one setting)	Expect raises	
	Frequency	Percent
Client home, hired by client	42	23%
Client home, hired by agency	145	58%
Caregiver's home	68	27%
Nursing home	172	61%
Assisted living residence	114	66%
Residential care or group home	113	65%
Adult day center	26	55%
Community or client workplace	82	55%
Total	762	50%

DCW report benefits received: 42% of DCW survey respondents reported that they do not receive any benefits as part of their DCW position. Of those who do report benefits, the most frequently cited benefit is “time off (including vacation days, sick leave, personal leave, or combined time.”

**Table H49: DCW Survey Respondents' Report of Benefits Received**

Benefits	Frequency	Percent of Sample
Do not receive benefits	706	42%
Time off	745	44%
Health insurance	511	30%
Mileage reimbursement	263	41%*
Retirement	291	17%
Expense reimbursement	154	9%
Tuition reimbursement	102	6%
Child care	19	1%

\*41% of 643 DCWs working in clients' homes or community/client workplace

DCWs hired by clients or providing care in their own homes were significantly more likely to report that they do not receive employment benefits ( $X^2_{(df=7)}=390.43$ ,  $p<.001$ ).

**Table H50: No Employment Benefits by Work Setting -- DCWs with One Work Setting**

Work setting (if work in one setting)	Do not receive benefits	
	Frequency	Percent
Client home, hired by client	159	79%
Client home, hired by agency	71	33%
Caregiver's home	165	82%
Nursing home	45	17%
Assisted living residence	29	22%
Residential care or group home	18	18%
Adult day center	5	14%
Community or client workplace	14	22%
Total	506	42%

DCWs working in nursing homes were most likely to receive health care benefits, time off, tuition reimbursement and retirement benefits. Workers in community settings also received health insurance, mileage reimbursement, expense reimbursement and retirement benefits more often than other workers.

**Table H51: Employee Benefits by Work Setting -- DCWs with One Work Setting**

Work setting (if work in one setting)	Health insurance <sup>1</sup>		Time off <sup>2</sup>		Mileage <sup>3</sup>	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Client home, hired by client	5	2%	12	6%	15	7%
Client home, hired by agency	46	21%	76	35%	123	57%
Caregiver's home	7	3%	13	6%	8	4%
Nursing home	158	59%	206	76%	13	5%
Assisted living residence	59	46%	87	67%	9	7%
Residential care/group home	44	44%	72	72%	29	29%
Adult day center	16	43%	30	81%	12	32%
Community/ client workplace	35	56%	43	68%	44	70%
Total	370	30%	539	44%	253	21%

<sup>1</sup>  $X^2_{(df=7)} = 297.9$ ,  $p<.001$ ; <sup>2</sup>  $X^2_{(df=7)} = 450.84$ ,  $p<.001$ ; <sup>3</sup>  $X^2_{(df=7)} = 382.63$ ,  $p<.001$

Work setting (if work in one setting)	Expense <sup>4</sup>		Tuition <sup>5</sup>		Retirement <sup>6</sup>	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Client home, hired by client	7	3%	2	1%	1	0%
Client home, hired by agency	25	12%	14	6%	48	22%
Caregiver's home	3	1%	3	1%	5	2%
Nursing home	12	4%	40	15%	74	27%
Assisted living residence	6	5%	3	2%	27	21%
Residential care/ group home	16	16%	4	4%	24	24%
Adult day center	9	24%	2	5%	7	19%
Community/client workplace	19	30%	0	0%	18	29%
Total	97	8%	68	6%	204	17%

<sup>4</sup>  $X^2_{(df=7)} = 92.05, p < .001$ ; <sup>5</sup>  $X^2_{(df=7)} = 65.28, p < .001$ ; <sup>6</sup>  $X^2_{(df=7)} = 105.97, p < .001$

DCW report of health care insurance: About one-third of DCW survey respondents report paying for their health care insurance premium; very few respondents work for employers that cover the full cost of the premium. On average, DCWs who pay for their health care insurance, pay \$142.72 each month (standard deviation = \$142.11) with workers paying up to \$810.00 monthly.

**Table H52: DCW Survey Respondents' Health Insurance Premium Costs**

Cost of Health Insurance to DCW	Frequency	Percent
Do not have health insurance	424	28%
Employer covers full premium	33	2%
Pay for health insurance premium	437	29%
Insurance through another job	161	11%
Other source (spouse, public program)	453	30%
Total	1508	100%

**Table H53: DCW Monthly Cost for Health Insurance Premium**

Monthly premium paid by DCW	Frequency	Percent
\$50 and less	85	24%
\$51 to \$100	121	34%
\$101 to \$200	83	23%
\$201 to \$300	31	9%
\$301 to \$500	25	7%
\$501 or more	11	3%
Total	356	100%

Relation between wages/benefits and retention: As DCW's reported wage increased, the number of years served in current position increased ( $r=.27$ ,  $p<.01$ ). DCWs report significantly longer length of service in positions that provide benefits than in positions that do not provide benefits ( $F_{(1,1697)}=36.02$ ,  $p<.001$ ). Mean years of service in their current position are significantly higher for DCWs receiving health insurance (mean time in current position = 6.3 years), time off (mean 5.9 years), mileage reimbursements (mean 5.2 years), and retirement benefits (mean 7.5 years) than for DCWs not receiving each of these benefits.

**Table H54: Years in Current DCW Position by Receipt of Benefits**

Receive Benefits	Mean Years of Service	Std. Dev.	N
Do receive benefits	5.3	6.2	993
Do not receive benefits	3.6	5.0	706
Total	4.6	5.8	1699

Wages caregivers must receive to maintain a viable workforce: The survey asked DCWs, “What would you have to earn to continue working in direct care/support?” Of the 1699 survey respondents, 1092 answered this question. The average wage needed was \$13.84 per hour (standard deviation \$3.32).

DCWs working in adult day centers need a significantly higher hourly wage than other settings ( $F(7,776)=5.5, p<.001$ ).

**Table H55: Needed Hourly Wage by Work Setting**  
DCWs with One Work Setting

<b>Work setting (if work in one setting)</b>	<b>Mean</b>	<b><i>std.dev.</i></b>	<b>N</b>
Client home, hired by client	\$ 13.36	3.07	145
Client home, hired by agency	\$ 13.02	3.02	139
Caregiver's home	\$ 13.03	2.97	94
Nursing home	\$ 14.48	3.09	194
Assisted living residence	\$ 13.07	2.32	81
Residential care or group home	\$ 13.56	3.24	66
Adult day center	\$ 15.81	8.43	20
Community or client workplace	\$ 14.77	3.50	45
<b>Total</b>	<b>\$ 13.67</b>	<b>3.33</b>	<b>784</b>

There was a very strong relationship ( $r=58, p<.001$ ) between DCWs' current and desired wage. On average, there was a \$2.97 difference (std dev \$2.70) between DCWs' reported current wage and desired wage; with no significant differences among work settings.

## **Appendix I**

### Employer Survey Results

## Appendix I

### Employer Survey Results

The Employer Survey was designed to gather input from long-term care organizations that employ direct care workers. In October 2007 the survey was distributed to nursing homes, residential care facilities, assisted living programs, home health agencies, adult day programs, and developmental service providers. The Department of Disability, Aging and Independent Living (DAIL) distributed surveys. Each survey was sent with a cover letter from DAIL's commissioner explaining the survey, a copy of the survey, and a self-addressed stamped return envelope. The cover letter explained the purpose of the survey and ensured that confidentiality of responses would be respected so that no one organization would be identifiable in reported results. Return envelopes were delivered to DAIL; FSA gathered the envelopes, opened them and sorted out the entry forms and surveys. FSA was responsible for overseeing data entry and completing data analysis.

#### Survey Respondents

Employer surveys were sent to 210 organizations employing direct care workers. A total of 54 organizations responded to the survey, representing a 26% response rate. Nursing homes and developmental service agencies had the highest response rates.

**Table I40: Employer Survey Respondents by Types of Organization**

Type of organization	Frequency	Of Population
Nursing home	20	48%
Residential care home	23	21%
Assisted living	2	33%
Home health agency	3	23%
Adult day	3	20%
Developmental services	6	40%

Survey respondents were from throughout Vermont.

**Table I41: Employer Survey Respondents by Counties Served**

<b>Counties served</b>	<b>Frequency</b>	<b>Percent</b>
Addison	6	11%
Bennington	5	9%
Caledonia	2	4%
Chittenden	6	11%
Essex	2	4%
Franklin	6	11%
Grand Isle	3	6%
Lamoille	3	6%
Orange	2	4%
Orleans	4	7%
Rutland	9	17%
Washington	5	9%
Windham	6	11%
Windsor	6	11%

Organizations served from 4 to 750 individuals, averaging 77.4 persons served. Most organizations served multiple populations.

**Table I42: Employer Survey Respondents by Needs Organizations Serve**

<b>Needs of Persons Served</b>	<b>Frequency</b>	<b>Percent of Survey Respondents</b>
Elder care	47	87%
Physical disabilities	18	33%
Developmental disabilities	21	39%
Traumatic brain injuries	13	24%
Dementia &/or Alzheimer's	40	74%
Adults with mental illness	3	6%

### **Research Question #1: Quantity and Availability Issues**

For most DCW positions, employers report it takes from 2 to 4 weeks to fill the position; less time for homemakers and aides than for LNAs. Developmental services providers report that it takes an average of 9 weeks to find foster care or developmental home providers.

**Table I43: Number of Weeks Employers Report it Takes to Fill DCW Position**

<b>DCW Positions</b>	<b>Number of responses</b>	<b>Minimum number of weeks</b>	<b>Maximum number of weeks</b>	<b>Average number of weeks</b>
Foster care or developmental home	4	6	12	9.0
Direct support professional	6	3	5	4.2
Licensed Nurse Assistant (LNA)	34	2	12	3.9
Personal Care Attendant (PCA)	17	1	5	2.8
Resident assistant or aide	12	1	4	2.6
Activity aide	16	1	8	2.4
Geriatric aide	4	1	3	2.3
Homemaker	1	2	2	2.0

Employers were asked to name the “one most important factor you believe could improve recruitment and retention of direct care workers.” Employers overwhelmingly identified the need for increased wages. In addition, some employers spoke of the need to address reimbursement rates in order to allow for higher wages.

**Table I44: Most Important to Improve Ability to Recruit and Retain DCWs**

<b>Factors listed by employer survey respondents</b>	<b>Frequency</b>	<b>Percent of all Respondents</b>
Increase wages	27	50%
Offer benefits	12	22%
Positive image/respect for DCWs	6	11%
Increase reimbursement rate to allow higher wages	5	9%
Career ladder/opportunities for advancement	2	4%

## Research Question #2: Quality Issues

Employer survey respondents were asked, in an open-ended question, “what is the one most important training need among direct care workers employed or contracted by your organization?” Employers identified learning how to treat residents/clients and professionalism as the two top training needs.

**Table I45: Employer Survey Respondents Identified Training Needs for DCWs**

<b>Needed Training</b>	<b>Frequency</b>
How to treat residents/customer service	9
Professionalism, showing up on time	5
Medication administration	2
Lifting, safety mechanics	2
Education regarding specific disabilities, needs	2

Examples of employer responses include:

*Dealing with challenging residents with empathy and compassion*

*How to be good to the residents they care for, each other, and themselves*

*Work ethic, professionalism, boundaries, value to an organization serving vulnerable people of staff coming to work, not calling in*

*Ongoing education programs with enough time for them to attend*

### **Research Question #3: Stability Issues**

Retention rates and years of service: Interviews found that calculations vary among care sectors, and individual providers. Employer survey respondents were asked if they track retention or turnover rates; 53% reported that they do track one or both. Residential care homes were least likely to report that they track turnover, while all three home health agencies reported that they tracked turnover. About two-thirds of the nursing homes reported that they tracked turnover rates; however, according to Vermont Health Care Association, all nursing homes are required to track turnover rates. We also know from the Vermont Assembly of Home Health Agencies (VAHHA) that all VAHHA member agencies also track turnover. Our survey response data, then, is not clearly reliable in providing a picture of the number of organizations that do gather turnover data.

**Table I46: Employer Survey Respondents Reporting that they Track Turnover by Type of Organization**

<b>Type of organization</b>	<b>Frequency</b>	<b>Percent</b>
Nursing home	12	63%
Home health agency	3	100%
Residential care home	6	32%
Assisted living	0	0%
Adult day	1	50%
Developmental services	4	80%
<b>Total</b>	<b>26</b>	<b>53%</b>

Employer survey respondents were asked to estimate their retention rates, whether or not they actually tracked this information. On average, respondents estimated a 66% retention rate across all categories of DCWs, ranging from 10% to 100%.

Of the 26 (43%) employer respondents that do track turnover or retention, reported rates varied across types of DCWs. Given small numbers it is difficult to generalize, but it appears that retention is lowest and turnover highest among LNAs and direct support professionals.

**Table I47: Employer Survey Respondents Report of Retention and Turnover Rates among DCWs**

<b>Retention Rates</b>	Number of responses	Minimum Rate	Maximum Rate	Average Rate
Personal Care Attendant (PCA)	1	100%	100%	100.0%
Resident assistant or aide	3	80%	100%	90.0%
Activity aide	11	1%	100%	89.5%
Licensed Nurse Assistant (LNA)	13	20%	100%	69.8%
Direct support professional	3	20%	84%	61.3%
<b>Turnover Rates</b>				
Foster care or developmental home	2	11%	11%	11.0%
Activity aide	8	0%	77%	11.8%
Personal Care Attendant (PCA)	4	0	36%	17.4%
Geriatric aide	1	23%	23%	23.0%
Licensed Nurse Assistant (LNA)	21	0	82%	34.5%
Resident assistant or aide	3	10%	100%	43.3%
Direct support professional	7	16%	100%	45.4%

Employer survey respondents reported that activity aides, developmental home and direct support professionals had the longest terms of service.

**Table 48: Employer Survey Respondents Report of Average DCW Years of Service by Type of DCW**

<b>Years of Service</b>	<b>Number of Responses</b>	<b>Minimum Number of Years</b>	<b>Maximum Number of Years</b>	<b>Average number of Years</b>
Activity aide	13	1.38	36	8.6
Foster care or developmental home	3	6.5	8	7.5
Direct support professional	8	4	9	6.1
Licensed Nurse Assistant (LNA)	31	0.5	9.57	4.4
Resident assistant or aide	13	0.5	14	4.3
Personal Care Attendant (PCA)	13	1.5	9	4.1
Geriatric aide	2	1	5.1	3.1

**Research Question #4: Financial Issues**

Employer report of DCW wages: Employer survey respondents were asked to report wages by type of DCW position. Starting wages averaged from \$7.50 to \$10.00 an hour and maximum wages averaged from \$10.50 to \$14.00 per hour.

**Table I49: Employer Survey Respondents Report of DCW Average Hourly Wages**

<b>Starting Hourly Wage</b>	<b>Number of responses</b>	<b>Mean</b>
Direct support professional	6	\$10.33
Licensed Nurse Assistant (LNA)	36	\$10.09
Activity aide	14	\$ 9.48
Personal Care Attendant (PCA)	14	\$ 9.12
Geriatric aide	4	\$ 8.69
Resident assistant or aide	13	\$ 8.49
<b>Maximum Hourly Wage</b>		
Direct support professional	3	\$14.67
Licensed Nurse Assistant (LNA)	31	\$13.47
Activity aide	12	\$12.63
Personal Care Attendant (PCA)	9	\$12.46
Resident assistant or aide	9	\$10.94
Geriatric aide	1	\$10.50

Employer report of wage increases: Employer survey respondents were asked, in a forced choice question, if they provided scheduled increases in wages for DCWs. Multiple responses to this question were possible. Only 22% of respondents said they did not provide any scheduled wage increases for DCWs.

**Table I50: Employer Survey Respondents Report of Scheduled Wage Increases**

<b>Increases in Wages for DCWs</b>	<b>Frequency</b>	<b>Percent of Respondents</b>
No scheduled wage increase	12	22%
COLA increases	21	39%
Wages increased with years of service	14	26%
Merit wage increases	26	48%

Employer report of DCW benefits: Nearly all employer survey respondents reported that they provided DCWs with time off and health insurance.

**Table I51: Employer Report of Benefits Provided to DCWs**

<b>Benefits</b>	<b>Frequency</b>	<b>Percent of Respondents</b>
Time off	52	96%
Health insurance	45	83%
Mileage reimbursement	39	72%
Retirement	32	59%
DCW expense reimbursement	23	43%
Tuition reimbursement	20	37%
Child care on site/reimbursed	7	13%

Organizations least likely to offer health care insurance were residential care homes, often the smallest organizations responding to the survey.

**Table I52: Employer Survey Respondents Offering Health Care Insurance to DCWs by Type of Organization**

<b>Organizations offering health insurance</b>	<b>Frequency</b>	<b>% of these employers</b>
Home health agency	3	100%
Assisted living	2	100%
Adult day	3	100%
Nursing home	19	95%
Developmental services	5	83%
Residential care home	13	65%
<b>Total</b>	<b>45</b>	<b>83%</b>

On average, employers covered 70% of health care insurance premiums.

**Table I53: Employer Report of Percent of Health Care Insurance Premium Covered by Organization**

<b>Percent of health care insurance premium covered by employer</b>	<b>Frequency</b>	<b>Percent</b>
None	1	2%
50%	10	24%
51 - 75%	13	32%
76% - 95%	12	29%
100%	5	12%
<b>Total</b>	<b>41</b>	<b>100%</b>

On average, employees must work 27.5 hours to be eligible for benefits.

**Table I54: Employer Report of Hours Per Week DCW Must Work to be Eligible for Benefits**

<b>Hours per week</b>	<b>Frequency</b>	<b>Percent</b>
<20 hrs	8	17%
20 – 30	24	50%
>30	16	33%
<b>Total</b>	<b>48</b>	<b>100%</b>

Relation between wages/benefits and retention: The employer survey requested data on wages and retention by specific category of DCW (e.g., LNA, PCA, etc.). Given the number of categories, and small sample size, for most categories of DCW it was not possible to conduct meaningful analyses. However, most respondents did employ LNAs, so we can examine the question in terms of this one specific category of DCW.

There was one significant relationship between wages and retention for LNAs: as maximum hourly wages increased, turnover significantly decreased ( $r=-.56$ ,  $p<.05$ ). There were no statistically significant relationships between retention or turnover and starting hourly wages.

Nearly all respondents reported that they provided benefits for DCWs so we did not have the ability to compare retention rates between employers that did and did not provide benefits.

## **Appendix J**

Consumer/Surrogate Survey Results

## Appendix J

### Consumer/Surrogate Survey Results

The Consumer/Surrogate Survey was designed to gather input from consumers, or their surrogates, who hired their own direct care workers. The survey was distributed in October 2007 to all recipients of Vermont's self-directed programs including: Choices for Care, Attendant Services Program, and Children's Personal Care Services Program. The Department of Disability, Aging and Independent Living (DAIL) was responsible for creating mailing labels, based on the data bases for each of the programs. Each recipient received a cover letter from DAIL's commissioner explaining the survey, a copy of the survey, and a self-addressed stamped return envelope. The cover letter explained the purpose of the survey and offered respondents an opportunity to enter a raffle for one of ten \$50 grocery gift certificates. Survey respondents who wanted to participate in the raffle completed a separate entry form and could choose to return the form with their survey or in a separate envelope.

Return envelopes were delivered to DAIL; FSA gathered the envelopes, opened them and sorted out the entry forms and surveys. FSA was responsible for overseeing data entry and completing data analysis.

#### Survey Respondents

A total of 655 persons responded to the survey out of 2,584 distributed, for a 25% response rate. The survey asked respondents if they were completing it for themselves or "for a family member or friend who receives direct care or support." The majority of respondents (61%, n=402) said they directly "receive care or support from a direct care provider;" while 36% (n=235) said they were completing the survey as a surrogate.

Consumer respondents ranged in age ranged from 1 to 103 years, with an average age of 38.8 years. Half of consumer/surrogate survey respondents represented consumers under age 21.

**Table J55: Consumer Age Reported by Consumer/Surrogate Survey Respondents**

Consumer Age	Frequency	Percent
21 and younger	342	53%
22 to 64	116	18%
65 and older	192	30%
Total	650	100%

Consumers were equally distributed by gender: female (49%) and male (50%) across the full sample. When examined by age and gender, about one third of consumers under 21 years of age were male while about three quarters of consumers 65 and older were female.

**Table J56: Consumer Age by Gender Reported by Consumer/Surrogate Survey Respondents**

Gender	Age of Consumer			Total
	21 or younger	22 to 64	65 or older	
Female	111	68	137	316
Male	228	48	52	328
Total	339	116	189	644

About half of the survey respondents represented consumers with developmental disabilities and the remaining half of consumers had physical disabilities, dementia or Alzheimer's disease or TBI. Note that consumers may have had multiple care or support needs.

**Table J57: Care or Support Needs as reported by Consumer/Surrogate Survey Respondents**

Care/Support Needs	Frequency	Percent of all responses
Physical disability	285	44%
Developmental disability	316	48%
Dementia and/or Alzheimer's	62	9%
Traumatic Brain Injury	37	6%
Other care needs (excluding above)	52	8%

The majority of consumers with developmental disabilities represented in the survey sample were under age 21. Since the survey was only sent to consumer/surrogates who employ their own DCWs through a self-directed option, and most adults with developmental disabilities do not use self-directed funding options, this is not surprising. Among the other care/support needs, consumers of all ages were equally represented.

**Table J58: Consumer Age by Care/Support Needs as reported by Consumer/Surrogate Survey Respondents**

Care/Support Needs	Age of Consumers			Total
	21 or younger	22 to 64	65 or older	
Physical disability	108	105	155	368
Developmental disability	279	17	18	314
Dementia or Alzheimer's	0	5	57	62
Traumatic Brain Injury	17	12	8	37

Since half of the respondents represented consumers under age 21, it is not surprising that nearly half of the survey respondents reported that Children's Personal Care Services provided funding for DCWs. Some respondents reported receiving funding from multiple sources.

**Table J59: Consumer/Surrogate Survey Respondents Report of DCW Funding Source**

Source of Funding for DCW	Frequency	Percent of all Respondents	Average % of Costs Covered
Choices for Care	181	28%	91.75
Attendant Services program	103	16%	85.27
Children's Personal Care Services	293	45%	90.61
Own money	114	17%	27.14
Other funding source	33	5%	48.98
Don't know funding source	29	4%	

Consumer/surrogate survey respondents represented all counties within Vermont.

**Table J60: Consumer/Surrogate Survey Respondents County of Residence**

County	Frequency	Percent
Unknown	3	0%
Addison	40	6%
Bennington	36	5%
Caledonia	51	8%
Chittenden	114	17%
Essex	11	2%
Franklin	57	9%
Grand Isle	10	2%
Lamoille	20	3%
Orange	39	6%
Orleans	39	6%
Rutland	88	13%
Washington	40	6%
Windham	58	9%
Windsor	49	7%
Total	655	100%

### **Research Question #1: Quantity and Availability Issues**

Time to fill DCW position: On average, consumer/surrogates report that it takes 2.65 months to find a DCW – ranges from 1 week to two years.

**Table J61: Time for Consumer/Surrogate to File DCW Position**

<b>Months to find DCW</b>	<b>Frequency</b>	<b>Percent</b>
Less than 1 month	103	29%
One to two months	123	35%
Two to six months	107	30%
More than six months	22	6%
total	355	100%

It takes significantly longer for consumers under 21 years of age to find DCWs ( $F(2,348) = 6.28, p < .01$ ).

**Table J62: Time for Consumer to Find DCW by Age of Consumer**

<b>Consumer Age</b>	<b>Months to find DCW</b>		<b>Number</b>
	<b>Mean</b>	<b>Std. Dev.</b>	
21 or younger	3.02	2.99	229
22 to 64	2.52	2.92	53
65 or older	1.64	2.32	69
Total	2.67	2.90	351

Consumer/surrogate report use of allocated hours: On average, consumers use 84% of their allocated hours of DCW service. Consumers under 21 years use significantly fewer allocated hours ( $F(2, 518) = 8.11, p < .001$ ).

**Table J63: Percent of Allocated Consumer/Surrogate Directed Hours Used by Consumer Age**

<b>Age groups</b>	<b>Percent of allocated hours used</b>		<b>Number</b>
	<b>Mean</b>	<b>Std. Dev.</b>	
21 or younger	80.4%	29.1	312
22 to 64	89.8%	26.4	76
65 or older	90.6%	24.9	133
Total	84.3%	28.0	521

Consumers in Choices for Care use the largest proportion of allocated hours ( $F(2,472) = 10.94, p < .001$ ).

**Table J64: Percent of Allocated Consumer/Surrogated Directed Hours Used by Funding Source**

Funding Source	Percent of allocated hours used		Number
	Mean	Std. Dev.	
Choices for Care	93.0	20.9	152
Attendant Services Program	85.6	31.8	50
Children's Personal Care Services	80.5	28.0	273
Total	85.0	26.9	475

The primary reason consumers do not use allocated hours is because they cannot find DCWs to work at the times needed, such as weekend, evenings, and vacations). Secondly, consumers can't find "workers at all" and "can't find anyone to work at the wage available through the program." Other reasons for not using allocated hours include scheduling issues with DCWs (n=15); inability to find DCWs with needed skills (n=14) and limitations of funding such as not covering evening hours or two DCWs at same time (n=12). Ten respondents reported that they did not need the hours allocated.

**Table J65: Number of Consumer/Surrogate Survey Respondents Rank Why Not Use Allocated Hours**

Reasons for not using allocated hours	Rank 1	Rank 2	Rank 3	Total Frequency
Can't find workers for needed time	105	74	24	203
Can't find workers at all	68	37	34	139
Can't find workers for available wage	53	44	35	132
Program doesn't allow evening/weekend hours	16	10	11	37
Other reason don't use allocated hours	54	11	28	93

DCW Registry: About half of consumer/surrogate survey respondents report that they would be interested in using a DCW registry; a bit over one-third of respondents don't know if they would use a registry

**Table J66: Consumer/Surrogate Survey Respondents Interest in DCW Registry**

<b>Use of registry</b>	<b>Frequency</b>	<b>Percent</b>
Yes would use registry	326	51%
No, wouldn't use registry	61	10%
Don't know	249	39%
Total	636	100%

Consumer/surrogate survey respondents ranked screening as the most important element for a DCW registry, with information on the DCW's type of experience as second most important. Other important information respondents also wanted to see in a registry: references (n=13); worker's location and access to transportation (n=8); and, worker's reasons for wanting to be a DCW (n=6).

**Table J67: Number of Consumer/Surrogate Survey Respondents Ranking Registry Elements**

<b>Information to include in registry</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>	<b>Total Frequency</b>
Only list screened workers	225	53	81	359
Type of experience	106	203	127	436
Type of training	103	135	128	366
Years of experience	85	103	129	317
Other information for registry	31	16	27	74

The consumer/surrogate survey asked if respondents had “access to background check information for direct care workers you might hire.” Only 8% of respondents said they could get background check information for anywhere in the country; and, 20% said they had no access to background checks.

**Table J68: Consumer/Surrogate Survey Respondents' Reported Access to Background Checks on DCWs**

<b>Access to Background Checks:</b>	<b>Frequency</b>	<b>Percent</b>
In Vermont only	288	45%
For anywhere in country	48	8%
No access	129	20%
Don't know	175	27%
<b>Total</b>	<b>640</b>	<b>100%</b>

College Students: Consumer/surrogate survey respondents were also asked “of the direct care workers you hire, how many of them attended college while working for you?” About 27% of respondents said they had hired DCWs who were college students at the time of their employment.

**Table J69: Consumer/Surrogate Survey Respondents Employment of DCWs who are College Students**

<b>Caregivers are college students</b>	<b>Frequency</b>	<b>Percent</b>
Unknown	33	5%
None of caregivers are students	445	68%
All caregivers are students	33	5%
Some caregivers are students	144	22%
<b>Total</b>	<b>655</b>	<b>100%</b>

Of the 144 respondents that said some of their DCWs were college students, 125 provided more detail on the percentage of DCWs in their employ that were college students. Of these 125 respondents, on average they reported that 35% of their DCW employees were in college.

**Table J70: Percent of Consumer/Surrogate Directed DCW Workforce Composed of College Students**

<b>Percent college students</b>	<b>Frequency</b>	<b>Percent</b>
1 to 25%	49	39%
30% to 50%	61	49%
51% to 85%	15	12%
<b>Total</b>	<b>125</b>	<b>100%</b>

**Research Question #2: Quality Issues**

Consumer/surrogate survey respondents were asked, in an open-ended question, “what is the one most important skill you look for when hiring a direct care worker?”

**Table J71: Consumer/Surrogate Survey Respondent Report of Most Important DCW Skill**

<b>Skills listed by respondents</b>	<b>Frequency</b>	<b>Percent of all Respondents</b>
Compassionate, kind, caring	130	20%
Competence, knowledge, experience	128	20%
Reliable, responsible, dependable	89	14%
Compatible, able to connect/relate	63	10%
Honest, trustworthy	59	9%
Patient	52	8%
Flexible, willing to learn	24	4%
Understand, able to care for need	27	4%
Personality	20	3%
Follow directions	12	2%
Physical ability to provide care	12	2%
Respect, dignity	12	2%

### Research Question #3: Stability Issues

Length of Service: Consumer/surrogate survey respondents report that DCWs stay in their employ for an average of 2.7 years, ranging from 1 month to 37 years.

**Table J72: Average Length of DCW Service Reported by Consumer/Surrogate Survey Respondents**

<b>Average time employed</b>	<b>Frequency</b>	<b>Percent</b>
Less than 1 year	98	21%
One year	119	26%
Two years	88	19%
Three to five years	103	23%
More than five years	49	11%
<b>Total</b>	<b>457</b>	<b>100%</b>

DCWs serving consumers under 21 years of age had significantly shorter terms of service than did DCWs serving older consumers ( $F(2,450) = 9.67, p < .001$ ).

**Table J73: Average Years of DCW Service by Consumer Age, Reported by Consumer/Surrogate Survey Respondents**

<b>Consumer Age</b>	<b>Average Years DCW Employed</b>		<b>Number</b>
	<b>Mean</b>	<b>Std. Dev.</b>	
21 or younger	2.18	2.29	260
22 to 64	3.99	4.19	76
65 or older	3.09	4.44	117
<b>Total</b>	<b>2.72</b>	<b>3.39</b>	<b>453</b>

DCWs serving consumers through ASP have significantly longer terms of service than through other programs ( $F(2,390) = 14.55, p < .001$ ).

**Table J74: Average Years of DCW Service by Funding Source, Reported by Consumer/Surrogate Survey Respondents**

<b>Funding Source for Consumer</b>	<b>Average Years DCW Employed</b>		<b>Number</b>
	<b>Mean</b>	<b>Std. Dev.</b>	
Choices for Care	2.4	2.3	117
Attendant Services Program	4.7	6.2	59
Children's Personal Care Services	2.2	2.3	217
<b>Total</b>	<b>2.7</b>	<b>3.3</b>	<b>393</b>

Number of care/support providers over time: In structured group interviews, consumers discussed the difficulties they face with many different people providing care. All respondents to this survey received at least some of their care through self-directed programs, not primarily through agency or other community-based programs; and, none of the respondents received care in residential care, assisted living or nursing home settings.

Results from the survey, which should not be generalized to consumers who do not hire their own direct care workers, indicate that half of the consumers receive care from an average of one DCW each week while another quarter of respondents report receiving care from an average of two DCWs per week.

**Table J75: Consumer/Surrogate Survey Report of Average Number DCWs Providing Weekly Care/Support**

Number paid caregivers in one week	Frequency	Percent
Unknown	5	1%
Report "0"	20	3%
One	343	52%
Two	172	26%
Three	72	11%
Four	18	3%
Five to Eight	23	4%
More than eight	2	0%
Total	655	100%

There were no differences in the average number of caregivers by consumer age or type of care/support need.

**Table J76: Consumer/Surrogate Report of Average Number of DCWs Providing Care/Support by Age of Consumer**

Number paid caregivers in one week	21 or younger		22 to 64 years		65 or older	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
One	190	58%	60	53%	91	49%
Two	89	27%	27	24%	53	28%
Three	32	10%	18	16%	22	12%
Four	8	2%	2	2%	8	4%
Five or more	7	2%	6	5%	12	6%
Total	326	100%	113	100%	186	100%

**Research Question #4: Financial Issues:**

The consumer/surrogate survey asked respondents if they were “able to give direct care workers a raise in their hourly wages.” The majority of respondents said that they had no source of funds to allow for raises. Of the respondents who marked the “other” category, 34 (5% of all respondents) said that it was not up to them to provide raise, and 16 (2%) said they provided bonuses or covered DCW expenses out-of-pocket.

**Table J77: Consumer/Surrogate Survey Respondents Report of Ability to Give DCWs Pay Raises**

<b>Able to give workers raises</b>	<b>Frequency</b>	<b>Percent of all Respondents</b>
No source of funds to allow for raises	392	60%
Give workers COLA from own funds	21	3%
Give workers years of service raise from own funds	18	3%
Don't know if funds are available	129	20%
Other	63	10%

In another question, consumer/surrogate survey respondents were asked to identify “which of the following benefits direct care workers in your employ receive.” By far, the most frequent response across all types of funding programs was that DCWs do not receive any benefits. Several respondents marked the “other” category and reported that DCWs receive workman’s compensation insurance (n=18), and expense reimbursement from consumer/surrogate’s own funds (n= 12).

**Table J78: Consumer/Surrogate Survey Respondents Report of Benefits Provided to DCWs**

<b>Benefits provided to DCWs</b>	<b>CFC</b>	<b>% of CFC</b>	<b>ASP</b>	<b>% of ASP</b>	<b>CPCS</b>	<b>% of CPCS</b>
No benefits	139	77%	75	73%	211	72%
Health insurance	3	2%	1	1%	6	2%
Time off	11	6%	7	7%	16	5%
Mileage reimbursement	14	8%	6	6%	28	10%
Expense reimbursement	11	6%	5	5%	37	13%
Tuition reimbursement	0	0%	0	0%	2	1%
Training time paid	2	1%	6	6%	19	6%
Child care reimbursed	0	0%	1	1%	4	1%
Retirement	1	1%	2	2%	1	0%

## **Appendix K**

Supply of Workers

## Appendix K Supply of Workers

Estimating the number of individuals currently employed as direct care workers is a complex task. First, the information needed comes from multiple sources which collect information differently and analyze it through a variety of lenses and methods. Second, different care and support settings give different titles to direct care workers who may be engaged in similar work. As stated earlier, over time, titles change as the work changes. Third, direct care workers may, and often do, hold more than one job in more than one setting. Indeed, our Direct Care Worker Survey found that about one-quarter of workers hold more than one direct care position. In most record keeping systems, there are no mechanisms to account for this possible duplication in counting workers.

Tables 1, 2 and 3 present current data on the number of direct care workers employed. More detailed discussion of these data follows.

**Table K1: Vermont Department of Labor Statistics:  
Job Count for Persons Employed as Direct Care Workers**

DOL/BLS Job Category	2004 Data (number of jobs)	2005 Data by Setting (number of Jobs)					Total 2005
		Nursing Home	Communit y Care for Elders	Other Residentia l Care	Individu al & Family Services	Voc Rehab Services	
Home Health Aides	3,372	173	295	37	1,934	13	2,452
Nursing Aides, orderlies, and attendants	2,934	1,629	348	0	5	0	1,982
Personal and Home Care Aides	1,278	1	0	0	535	10	546
<b>Total</b>	<b>7,584</b>	<b>1,803</b>	<b>643</b>	<b>37</b>	<b>2,474</b>	<b>23</b>	<b>4,980</b>

**Table K2: Direct Care Workers Employed in Community-Based Settings through State Funded Programs (2006)**

<b>DAIL Administered Programs</b>	<b>Number DCWs</b>
Choices for Care (consumer/surrogate directed)	956
Attendant Services Program (all funding sources)	332
Developmental services	2,521
Children's Personal Care Services – self manage	1,336
<b>Total of All DAIL administered programs</b>	<b>5,145</b>

Source: DAIL and ARIS

**Table K3: Other Sources of Data on Number of DCWs Employed**

<b>Additional sources of data</b>	<b>Number of DCWs</b>
VHCA -- number LNAs in nursing homes (2005)	1,433
VAHHA -- number PCAs in home health (2006)	604
Board of Nursing -- number LNAs registered (2007)	3,825*
Non-medical providers – number DCWs employed (2006)	554

\*This count includes hospital-based LNAs

## Department of Labor DCW Data

The Vermont Department of Labor (DOL) 2004 statistics estimate there were 7,584 direct care jobs in hospitals, home health, nursing homes, community care, and residential settings (see Table 1). DOL's 2005 data indicate that 4,980 direct care workers were employed across settings consistent with some of the care and support settings identified on page 6.

The Vermont DOL statistics use the U.S Bureau of Labor Statistics (BLS) direct care worker categories for:

- "home health aides"<sup>1</sup>
- "nursing aides, orderlies, and attendants"<sup>2</sup>
- "personal and home care aides"<sup>3</sup>

It's important to understand that the BLS/DOL job categories and definitions are not the same job descriptions and titles used in the field of long-term care. For example, orderlies are not defined as direct care workers. On the other hand, the DOL data do not track or report developmental service support workers (including contracted home providers and community support providers) as direct care workers.

Therefore, BLS data becomes problematic for both Vermont and the rest of the nation, as it currently cannot provide a reliable count of direct care workers. In order to develop useful data sets that are in concert with evolution of the long-term care direct care workforce, this reality will require attention and changes at the national level. .

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<sup>1</sup> BLS definition: "Provide routine, personal healthcare, such as bathing, dressing, or grooming, to elderly, convalescent, or disabled persons in the home of patients or in a residential care facility. Include: Respite Workers; Exclude 'Geriatric Aides' for skilled nursing care facility sites"

<sup>2</sup> BLS definition: "Provide basic patient care under direction of nursing staff. Perform duties, such as feed, bathe, dress, groom, or move patients, or change linens. Excludes 'Home Health Aides' Include: LNA (Licensed Nurse Assistant); Patient Transporter; Transporter; OR Assistant; Patient Support Tech/Lifter; Hospital Aide; Assistant, Operating Room; Attendant Nurse; Attendants; Baby Nurse; Birth Attendant; First Aid Attendant; First Aid Nurse; Gericare Aide; Health Aide; Health Care Aide; Helper, Ward; Hospice Entrance Attendant; Hospital Aide; Hospital Attendant; Hospital Corpsman; Hospital Orderly; Infirmary Attendant; Institutional Aide; Medical Aide; Medical Attendant; Medication Aide; [Midwife]; New Patient Escort; Nurse Sitter; Nurse's Aide; Nursery Attendant; Nursing Aides; Nursing Aides, Orderlies, and Attendants; Orderlies; Orderly; Patient Care"

<sup>3</sup> BLS definition: "Assist elderly or disabled adults with daily living activities at the person's home or in a daytime non-residential facility. Duties performed may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. Includes: homemakers for home health agency: perform personal care and housekeeping duties at client's home. Caregiver; Blind Escort; Geriatric Aide. Strictly NON-medical; no health care needs." (Vermont DOL, 2006)

## State Funded Programs' Data on DCWs

Another approach to estimating the number of persons employed as direct care workers is through figures generated by DAIL. A variety of programs administered through DAIL provide direct care and support services to elders and adults with disabilities in their homes and communities. These programs are outlined in Table 2.

### *Home and Community Based Programs*

Participants in the Choices for Care Medicaid Waiver program may choose to employ their own direct care workers; other Choices for Care participants rely on nursing homes, residential care homes, or home health agencies to hire and coordinate their direct care workers. Attendant Services Program (ASP) participants hire their own direct care workers; a small portion of total 316 ASP participants are funded through Medicaid, while the remaining participants receive funding through General Funds.

An independent organization, ARIS Solutions, handles payroll for the Medicaid funded direct care workers hired by individuals, their surrogates or family members. Based on the last full employment quarter in FY2006, DAIL estimated that about 956 workers were on the ARIS payroll for Choices for Care (see Table 2). In addition, there were 332 attendants providing care through ASP; 82 under Choices for Care and 250 under General Funds.

### *Children and Adults with Developmental Disabilities*

DAIL administers programs that employ direct care workers to provide community, work, and home supports, as well as respite, to adults and children with developmental disabilities. DAIL also contracts with developmental home providers to provide support. Across these programs, 2,521 direct care/support workers were recorded as employed or under contract in 2006.

### *Children's Personal Care Services*

Children's Personal Care Services provide income eligible families with direct care for children under age 21 with disabilities that need assistance with activities of daily living. Very young children, regardless of whether or not they have a disability, need assistance with activities of daily living. The Children's Personal Care Services (CPCS) program assumes that pre-school age and younger children are primarily cared for by family members. Many of the families served by CPCS self-manage care, which means the family hires direct care workers. At present, DAIL reports that there are 1,336 workers providing direct care to children through self-managed CPCS (that is, on the ARIS payroll). There were 179 children that received CPCS through an agency; at a minimum of one worker per child this would add 179 more DCWs to the CPCS total, for a total of at least 1,515 workers.

Taken together, these data indicate that there were 5,145 direct care workers providing care and support through DAIL administered community-based programs during 2006.

### Self-employed DCWs

At present, no resources exist to count the number of direct care workers who are self-employed and therefore provide care and support directly to, and are compensated directly by, individuals who have no formal relationship to an agency or state funded program. For example:

- A direct care worker is hired by a woman to help her mother with daily activities.
- The wife of a man with disabilities hires a friend to help out three mornings a week so the wife can take a class.

Vermont does not have any mechanisms for counting these self-employed workers, leaving us to look, for the present to national research data which indicates that 29% of home-care workers are self-employed<sup>4</sup>.

### VAPCP Estimate of DCWs in Vermont

Table 3 outlines other data sources through which we can count DCWs currently employed in Vermont. The Vermont Association of Professional Care Providers (VAPCP) reviewed these data, along with data provided by DAIL, and estimated that between 8,000 and 13,000 direct care workers were employed in Vermont in 2006. This figure does not include developmental home providers or respite workers.

### Estimating the Number of DCWs Currently Employed

So, here is the conundrum - if we total the number of reported workers from the range of information sources just described (i.e., DOL, DAIL, VHCA, VAHHA and private providers), the count reaches about 16,000 workers. We know there is duplication in this number; for example, workers counted by VHCA may also have been counted by DOL. Moreover, workers may be counted more than once if they work in multiple jobs. And we know this number does not include self-employed workers unaffiliated with any established program.

The Advisory Group grappled with these factors and agreed that a reasonable estimate to use in the short term is that **11,000** individuals currently are employed as direct care workers in Vermont.

Nevertheless, in order to effectively project what type and size of workforce will be needed, future efforts to develop reliable data must be pursued.

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<sup>4</sup> Leon, J. and Franco, S. (1998) *Home and community based workforce, final report*. Bethesda, MD: Henry J. Kaiser Foundation Project Hope. Reported in: *Caregiving in America* (2006) International Longevity Center-USA and Schmieding Center for Senior Health and Education

## **Appendix L**

Demand for Direct Care

## Appendix L

### Demand for Direct Care

Estimating the demand for workers, that is the number of individuals in need of care and support, is no less complex than estimating the supply of workers. Once again, data sources are numerous and not comprehensive leaving research to draw incomplete conclusions.

US Census Bureau data provided most of the information used to address this question. To paint as broad a picture as possible we examined the data for:

- Persons with disabilities
- Older adults in need of support
- Individuals with developmental disabilities (both children and adults)
- Children with personal care needs
- Individuals with traumatic brain injuries

#### Persons with Disabilities and Older Adults in Need of Support

A key source of data on the number of Vermonters with disabilities is DAIL's annual report: *Shaping the Future of Long Term Care and Independent Living 2006-2016* (Wasserman, 2007)<sup>5</sup>. Wasserman conducts a point-in-time analysis of the number of Vermonters age 18 and over with long term care (LTC) needs; that is, "requiring the help of another person to perform two or more ADLs." Based on 2000 Census and other data sources<sup>6</sup>, Wasserman reported that 4,559 Vermonters with LTC needs were living in the community in 2006. Community living included one's own home as well as residential care or other non-institutional community-based settings (e.g., assisted living, congregate housing with supports). As shown in Table L1, the majority of these Vermonters were age 65 and older.

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<sup>5</sup> Wasserman, J. (2007) *Shaping the Future of Long Term Care & Independent Living 2006-2016* Vermont Department of Aging and Disabilities

<sup>6</sup> Sources used by Wasserman (2007): Vermont-specific data on broad disability and population characteristics from the 2000 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; county-level data on income and population characteristics from the 2000 Census; and assumptions about disability and institutionalization trends entered on the Assumptions Sheet of the report.

**Table L1: Number of Vermonters Living in the Community\*  
with LTC Needs\*\* (2006)**

Age Groups	Number of Persons with LTC Needs
18 to 64	1,283
65 and older	3,276
Total	4,559

\* Community living includes homes, residential care, or congregate care with supports

\*\* Long Term Care (LTC) needs defined as needing the help of another person to perform two or more ADLs, excludes persons with developmental disabilities

In addition, 3,158 Vermonters were living in nursing facilities during the same time period. The vast majority of persons living in nursing homes (93%) were age 65 and older.

Taken together, there were a total of **7,717** Vermonters in need of direct care during 2006. This total does not include persons with developmental disabilities.

#### Individuals with Developmental Disabilities

DAIL reports that an unduplicated total of **3,224** people were served through publicly funded developmental services programs in FY 2006. This number includes children and adults with developmental disabilities. Of this total number of persons, the following counts refer to the number of children and adults that received specific types of supports:

- Home supports = 1,359
- Employment support (including Vocational Rehabilitation) = 1,447
- Community support = 1,320
- Respite/in-home family supports =1,453
- Flexible Family funds which can be used for direct support = 891

It is important to note that these data reflect the number of individuals served through publicly funded programs, not necessarily the total number of Vermonter children and adults with developmental disabilities that need and/or use supports.

### Children with Personal Care Needs

The 2001 National Survey of Children with Special Health Needs<sup>7</sup> reports that 22.9% of Vermont families say their children's special health needs consistently affect daily activities, often a great deal. Using population estimates, the CHSHN projects that there are 5,216 children with this level of need in Vermont.

In FY 2006, **1,700** children received direct care through the Children's Personal Care Services program. This Medicaid program serves income eligible children under age 21 with disabilities who need assistance with activities of daily living.

### Individuals with Traumatic Brain Injury

Each year 80,000 persons nationally experience a TBI that results in a long-term disability<sup>8</sup>. At present we do not have a clear sense of how many Vermonters have sustained a traumatic brain injury that requires the assistance of direct care workers. We do know that the Traumatic Brain Injury Waiver program currently serves 62 participants, with eight persons on the waiting list; however this represents a small fraction of the number of individuals with TBI. Services through the TBI Waiver are limited to individuals who meet a strict set of criteria.

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<sup>7</sup> National Survey of Children with Special Health Care Needs (2001) Maternal and Child Health Bureau, U.S. Department of Health and Human Services

<sup>8</sup> Brain Injury Association of Vermont (2007)

## **Appendix M**

Quality of Care: Consumer Satisfaction Surveys

## Appendix M

### Quality of Care: Consumer Satisfaction Surveys

Results from several surveys conducted among consumers in Vermont's programs to provide direct care indicate high levels of satisfaction with the quality of care. Specifically:

Attendant Services Program (ASP) recipients, responding to a survey in 2005 provide these findings:

- 83% report program satisfaction with services;
- 88% say their attendant provides "high quality services;"
- 14% of respondents say their need for services could be reduced by assistive technology, adaptive equipment or home modification.

DAIL periodically conducts a client satisfaction survey, the most recent of which was completed in 2002 (an update will be available in March 2007). The study found:

- 86% of respondents over all programs were satisfied with "quality of assistance" (ASP – 88%; Homemaker – 85%; Waiver – 93%; Adult Day – 88%)
- 92% of respondents over all programs were satisfied with the respect and courtesy shown them by professional caregivers (ASP – 93%; Homemaker – 94%; Waiver – 96%; Adult Day – 94%)

The Children's Personal Care Services Program Status Report (June 2005) includes responses to a family survey which showed that:

- 74% said personal care workers were respectful to their family and family life
- 85% said personal care services made a positive difference
- 88% said personal care services were helpful to their family's well being

DAIL's Division of Disability and Aging Services (DDAS) conducted a Survey of Adults Receiving Developmental Services in the summer of 2005. Results showed that nearly all persons surveyed were satisfied with the support they received in the community (94%) and at their jobs (95%).

The Vermont Health Care Association contracts with Press Ganey on an annual basis to conduct nursing home satisfaction surveys. Vermont scores, since 1999, have been consistently higher than national or even New England, averages. Most recent scores from March 2007<sup>9</sup> indicate that residents are particularly satisfied with the quality of care from "nurse's aides" (see Table M1).

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<sup>9</sup> Press Ganey Satisfaction Measurement, Spring 2007, Vermont Nursing Home Reports

**Table M1: Percent of Residents Reporting Satisfaction with Nurse's Aides**

<b>Area of satisfaction:</b>	<b>Vermont Average</b>	<b>National Average</b>	<b>New England Average</b>
Friendliness of Aides	89.1%	83.3%	84.6%
Technical Skill of Aides	85.7%	79.8%	81.8%
Adequacy of information from aides	82.1%	75.2%	76.8%
Aides responsive to ideas	82.0%	76.2%	77.6%
Aides explanation of care	83.6%	76.0%	78.0%
Aides treat resident with dignity	87.0%	80.7%	82.7%
Aides respond to call lights	76.6%	67.8%	71.0%

## **Appendix N**

Evidence Based and Promising Practices

## Appendix N Evidenced-based and Promising Practices

Several sources provide summaries of evidenced-based and promising practices linked to improving retention of direct care workers. For example:

- The American Association of Homes and Services for the Aging (AAHSA) publishes a monthly magazine focused on best practices, *FutureAge*, available at: [www.aahsa.org/pubs\\_resources/futureage/default.asp](http://www.aahsa.org/pubs_resources/futureage/default.asp)
- PHI has a National Clearinghouse on the Direct Care Workforce Best Practices with an extensive database available at: <http://www.directcareclearinghouse.org/practices/index.jsp>

We have highlighted seven specific practices in the body of the report. The following provides more detailed information about each:

### Vermont's Gold Star Employer Program

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) partnered with the Vermont Health Care Association (VHCA) to develop a "Gold Star" initiative intended to recognize nursing homes that utilize recruitment and retention methods identified and accepted by the profession as "Best Practice". Through research, deliberation and discussion with members of the state's nursing home profession, a Retention Best Practices Committee identified seven categories of Best Practice:

- Staff recruitment
- Orientation and training
- Staffing levels and work hours
- Professional development and advancement
- Supervision training and practices
- Team approach
- Staff recognition and support

The Committee designed a voluntary process through which interested nursing homes could gain Gold Star recognition. The steps of the process require that nursing homes:

- Conduct a Best Practice self-assessment
- Complete a Best Practice work plan
- Document progress towards self-identified goals

The Nursing Home Gold Star Employer Program was launched in 2004. A Gold Star Council was established to provide ongoing oversight and management of the Gold Star Employer Program. Designation as a Gold Star employer serves as one criterion toward a nursing home receiving the DAIL annual Quality Award of \$25,000.

In 2006, the Vermont Assembly of Home Health Agencies (VAHHA) adapted the above model to create a Gold Star Employer program for its member agencies. The home health agency program is similar in that participation is voluntary. Again, interested agencies must:

- Conduct a Best Practice self-assessment
- Complete a Best Practice work plan
- Document progress towards self-identified goals

In 2007, Reback and Livingston<sup>10</sup> conducted an evaluation of the nursing home Gold Star Employer Program in which the experiences of 14 nursing homes that had participated in the program in 2004 and 2005 were examined. The evaluation found that the majority had built and actively involved a team of personnel from different departments and job rankings to implement the Gold Star program. Employees reported these teams made a positive impact on the workplace culture. Indeed, the evaluation found that in both years, Gold Star nursing homes experienced lower LNA turnover rates (58%, 65%) than non-Gold Star nursing homes (72%, 79%).

### Retention Specialist

The Cornell Institute for Translational Research on Aging, Cornell University, developed and tested a retention specialist model designed to improve retention of certified nursing assistants (CNAs) in nursing home settings<sup>11</sup>. Key features of the retention specialist model included:

- Participating nursing homes designated a staff person to serve as the Retention Specialist, including allocation of at least 20% of time for retention activities over one year
- Retention Specialist attended a three-day intensive training institute to review an organizational assessment (using tool provided by program); diagnose their facility's specific retention issues; review possible evidence-based intervention strategies; and, develop a site specific retention plan for their facility.
- Retention Specialist had ongoing access to technical assistance including web site, telephone contact and print material for information on retention activities

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<sup>10</sup> Reback and Livingston (2007) *Nursing Home Gold Star Employer Program: Status Report* Berlin, VT: Vermont Health Care Association Gold Star Council

<sup>11</sup> Pillemer, K. and Meador, R. (2006). *The Retention Specialist Project*. A Better Jobs Better Care Research Study. Available at [www.bjbc.org](http://www.bjbc.org)

- Retention Specialists received information about community resources such as educational materials and contact information for support on personal issues such as financial well-being, healthy lifestyles, parenting, transportation, and childcare to share with their employees.

Cornell compared 16 nursing homes using the Retention Specialist with 16 comparison nursing homes, all located in New York and Connecticut. Research results indicated that statistically significant improvements in retention among nursing homes with the Retention Specialists. Over one year, turnover rates remained constant in the comparison nursing homes, but declined from 21% to 11% in the Retention Specialist nursing homes.

### Coaching Supervision

PHI has developed a training curriculum, *Coaching Supervision*, that targets and trains supervisors of direct care workers to promote communication skills such as active listening, problem solving, and an environment of mutual respect within the work place. In contrast to a punitive approach, *Coaching Supervision* emphasizes the supervisor's role in working with direct care workers to develop problem-solving skills. It teaches the importance of setting clear expectations, requiring accountability, and at the same time encouraging, supporting, and guiding each worker.

This training curriculum has been used successfully in Vermont as well as elsewhere in the country. Researchers at the University of North Carolina, in testing a continuing education program for direct care workers, attribute *Coaching Supervision* as critical to the success of their training program<sup>12</sup>.

### Worker involvement in care planning

As PHI<sup>13</sup> has often demonstrated, direct care workers feel devalued and their job commitment undermined when their skills and expertise are not acknowledged and employed through organizational policies and practices. Several efforts have been made to include direct care workers, across all types of work settings, as active participants in care planning and other decision-making. In one study, for example, researchers found that increased direct care workers involvement in decision making and care planning was associated with lower retention problems and decreased turnover<sup>14</sup>.

<sup>12</sup> Konrad, T. and Morgan, J (2006) *STEP UP NOW for Better Jobs and Better Care: The Evaluation of a Workforce Intervention for Direct Care Workers* A Better Jobs Better Care Research Study. Available at [www.bjbc.org](http://www.bjbc.org) and Brannon, D. and Barry T. (2006) *A Demonstration Project to Determine the Effect of Supervisory Training of Line Supervisors on the Retention of Paraprofessional Staff in Long-Term Care Facilities*. Lancaster County Workforce Investment Board

<sup>13</sup> PHI (2007) *Elements of a Quality Job for Caregivers: Key Research Findings* June 2007 available at: [www.PHInational.org/clearinghouse](http://www.PHInational.org/clearinghouse)

<sup>14</sup> Leon, J., Marainen, J. and Marcotte, J. (2001) *Pennsylvania's Frontline Workers in Long Term Care: The Provider Organization Perspective*. A Report to the Intergovernmental Council on Long Term Care. Polisher Research Institute at the Philadelphia Geriatric Center. Available at: [http://www.abramsoncenter.org/PRI/documents/PA\\_LTC\\_workforce\\_report.pdf](http://www.abramsoncenter.org/PRI/documents/PA_LTC_workforce_report.pdf)

## Peer-mentoring programs

Peer-mentoring training programs are offered on-site or through community colleges for experienced direct care workers across nursing home and home health settings. These programs teach leadership and foster mentoring skills. Experienced direct care workers provide mentoring to newly-hired direct care workers. Mentors provide ongoing orientation and support during the initial employment period. Moreover, mentors not only benefit from training and skills development, they also generally receive increased wages to compensate for increased responsibility. Research on peer-mentoring programs has shown them to have positive impact on both mentors and mentees and to improve retention<sup>15</sup>.

## Northern New England LEADS (Leadership, Education, and Advocacy for Direct-care and Support) Institute<sup>16</sup>

This PHI sponsored project provided a range of training and activities designed to work with providers to improve supervisory relationships, implement peer mentoring programs and provide direct care workers with leadership and growth opportunities. PHI staff worked with the Community of Vermont Elders (COVE) and with long-term care and community-based providers in Maine, New Hampshire and Vermont, beginning in 2005. Providers in Vermont included: the VNA of Chittenden/Grand Isle Counties; the Rutland Area Visiting Nurse Association and Hospice; Mt. Ascutney Nursing Home; and Woodridge Nursing Home. LEADS staff worked with these providers to implement Coaching Supervision and Peer Mentoring, and to implement more person-directed care practices, and to involve direct care workers more closely in organizational decision-making. LEADS staff also worked to advance public policy issues in Vermont (and Maine and New Hampshire) on behalf of care-givers, consumers, and employers. PHI is currently seeking funding for phase II of this project.

A final evaluation of the impact of the LEADS Institute will be available at the Directcare Clearing House, <http://www.directcareclearinghouse.org/index.jsp>, by the end of June 2008.

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<sup>15</sup> Richardson, B and Graf, N (2002) *Evaluation of the Certified Nurse Assistant Mentor Program*. Program Evaluation Summary, Des Moines, IA: Iowa Caregivers Association. Available at: <http://www.directcareclearinghouse.org/download/CNAMentorEval.pdf>

<sup>16</sup> Barrett, J. (2007) *Leadership stories from Maine: The voices of direct-care workers in culture change*. A Project of the Paraprofessional Healthcare Institute. Available at: <http://www.directcareclearinghouse.org/download/LEADS7-07.pdf> and McDonald, I and Kahn, K. (2007) "Respectful relationships: The heart of Better Jobs Better Care." *FutureAge*, Vol. 6, No. 2 available at: [http://www.bjbc.org/content/docs/FA\\_FEAT\\_RespectfulRelationshipsHeartofBJBC\\_V6N2.pdf](http://www.bjbc.org/content/docs/FA_FEAT_RespectfulRelationshipsHeartofBJBC_V6N2.pdf)

### Continuing Education Programs for Professional Development

The Northeastern Vermont Area Health Education Center offers annual series of workshops and seminars that are not site-specific. Since 2002, 26 programs have been attended by over 1,000 direct care workers in Vermont.

## **Appendix O**

### List of Acronyms

## Appendix O

### List of Acronyms

<b>Acronym</b>	<b>Organization or Term</b>
ADL	Activities of Daily Living
AHEC	Area Health Education Center
ASP	Attendant Services Program
BJ/BC	Better Jobs/Better Care
BLS	Bureau of Labor Statistics
CMS	Centers for Medicare and Medicaid Services
CCV	Community College of Vermont
COVE	Community of Vermont Elders
DAIL	Vermont Department of Disabilities, Aging and Independent Living
DCW	Direct Care Worker
DOL	Vermont Department of Labor
DS	Developmental Services
FSA	Flint Springs Associates
IADL	Instrumental Activities of Daily Living
LEADS	Leadership, Education and Advocacy for Direct Care and Support
LNA	Licensed Nursing Assistant
NNEAHSA	Northern New England Associates of Homes and Services for Aging
P2P	Parent to Parent
PCA	Personal Care Attendant
PHI	Formerly known as Paraprofessional Healthcare Institute
RFP	Request for Proposal
TBI	Traumatic Brain Injury
VAADS	Vermont Association of Adult Day Services
VAHHA	Vermont Assembly of Home Health Agencies
VAPCP	Vermont Association of Professional Care Providers
VCDMHS	Vermont Council of Developmental and Mental Health Services
VCIL	Vermont Center for Independent Living
VHCA	Vermont Health Care Association