

March 2008

Legislative Study of the Direct Care Workforce in Vermont



Submitted to:

**The Senate Committees
on Appropriations and
Health and Welfare**

and

**The House Committees
on Appropriations and
Human Services**

Submitted by:

Joan K. Senecal,
Commissioner
Department of Disabilities,
Aging and Independent Living
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Services

Prepared by:

Flint Springs Associates

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Message from the Commissioner



We have a vision for Vermont. We want to make this the best state in which to grow old or to live with a disability, with dignity and independence. State government can not and should not, try to achieve this vision alone. We work along side many consumers, family members, advocates and providers, all dedicated to the same end.

Vermont is a place where people feel they can belong, they can feel safe, they can participate in the life of their communities, but

for many people of all ages, this doesn't come easily. They depend on the assistance and support of direct care workers, the foundation of the diversity of long-term care in Vermont. No matter what direct care workers are called, Personal Care Attendant (PCA), Licensed Nursing Assistant (LNA), Support Professional or any other name, they make an invaluable contribution to a better quality of life and quality of care for thousands of our friends and neighbors.

Seven years have passed since we completed the first study on a portion of the direct care workforce. That study was a good first step, but it was incomplete because it only included PCAs) and Licensed Nursing Assistants (LNAs). Two years ago, the Vermont Legislature agreed that a broader, comprehensive study was needed. In addition to funding from the Legislature, support came from the Better Jobs/Better Care grant managed by the Community of Vermont Elders, from PHI, a national non-profit organization working on behalf of direct care workers and from the Department of Disabilities, Aging and Independent Living. Over 18 months of work, a wonderful group of people have now produced this report that will go to the Legislature and be distributed widely across Vermont.

We cannot achieve our vision for Vermont without a sufficient number of well-trained and adequately reimbursed direct care workers. As the number of older Vermonters increases and the lifespan of younger Vermonters with disabilities continues to rise, the gulf that already exists between the number of people needing care and support and the number of direct care workers available to provide that care and support, will continue to widen.

Continued on next page

There are nine recommendations in this report and all of them deserve your thought and attention. We must now carefully consider how much we can accomplish and how quickly. In these difficult financial times, implementing these recommendations will be challenging. We need to look at either creative funding for, or take an incremental approach to meeting these goals.

I want to thank the dedicated members of the Statewide Advisory Group who spent many hours engaged in spirited discussions, reworking drafts of surveys and reports, and pushing for the best work product possible.

Joan K. Senecal

Joan K. Senecal, *Commissioner*
Department of Disabilities, Aging and Independent Living
Vermont Agency of Human Services



Table of Contents

- Executive Summary** **i**
- Introduction** **1**
- Legislative Study** **2**
 - Context of Study 2
 - Staffing for Study 3
 - Stakeholder Advisory Group 3
 - Defining Study Parameters: Groups to include in study 3
 - Direct Care Workers 4
 - Consumer populations 5
 - Care and support settings 5
- Study Methodology** **7**
 - Study Questions 7
 - Research Design 7
- Key Findings** **9**
 - Preface 9
 - Introduction to the Research Findings 10
 - Research Question #1: What are workforce quantity and availability issues? 11
 - Supply and Demand* 11
 - Recruitment Strategies* 13
 - Research Question #2: What are workforce quality issues? 17
 - Quality of Care: Consumer Satisfaction* 17
 - Quality of Care: Direct Care Worker Skills and Training* 17
 - Satisfaction with Quality of Work and Workplace* 19
 - Research Question #3: What are workforce stability issues? 22
 - Consumer Experience of Worker Stability* 22
 - Employer Report of Worker Stability* 23
 - Workers' Report of Stability* 23
 - Evidence-Based and Promising Practices to Promote Retention* 24
 - Research Question # 4: What are financial issues? 26
 - Wages* 26
 - Benefits* 28

Continued on next page

Table of Contents, continued

Recommendations	29
#1: Increase direct care worker wages	30
#2: Increase access to health insurance through group health plans	32
#3: Create accessible and affordable orientation, training, and professional development for direct care workers and their employers	33
#4: Recruit direct care workers from new sources	35
#5: Continue support for the development and full implementation of the Direct Care Worker Registry	37
#6: Promote recruitment and retention through the use of evidence based tools and promising approaches	38
#7: Create standardized and portable career ladders for direct care workers	40
#8: Establish a workgroup responsible for developing protocols and methods for collecting needed direct care workforce data	41
#9: Establish a group that is charged with directing, implementing and monitoring progress on the recommendations	43
Conclusion	44
Appendices	45
A. Authorizing legislation	A-1
B. Direct Care Workforce Study Advisory Group	A-3
C. Key Informant Response Summary Chart	A-5
D. Summary of Structured Group Interview Responses	A-18
E. Direct Care Worker Survey	A-22
F. Employer Survey	A-27
G. Consumer/Surrogate Survey	A-32
H. Direct Care Worker Survey Results	A-37
I. Employer Survey Results	A-68
J. Consumer/Surrogate Survey Results	A-79
K. Supply of Workers	A-93
L. Demand for Direct Care	A-99
M. Quality of Care: Consumer Satisfaction Surveys	A-103
N. Evidence-based and promising practices	A-106
O. List of Acronyms	A-112

Executive Summary

Introduction

Many of us are able to accomplish activities of daily living on our own. We get out of bed in the morning, go to the bathroom, take a shower, dress, eat our breakfast, take care of our families, and make our way to work, school or other activities. Throughout the day, we attend to our tasks and take care of our personal needs. At day's end, we follow our night-time rituals, prepare for bed and climb in for another night's sleep.

But not all of us are able to perform these *activities of daily living*, or ADLs, on our own. Some of us need help getting out of bed, attending to our personal hygiene, eating and other personal care tasks. Some of us need help with instrumental activities of daily living, or IADLs, such as doing laundry, shopping for food or getting to work in the morning. And, some of us need support communicating with others, remembering our tasks, or engaging in meaningful activities.

Direct care is the hands-on help and support one person gives to assist another in negotiating the tasks of daily living. Sometimes this direct care is provided by a family member or friend. However, not all of us have family or friends to give us direct care and support; and families or friends cannot do it all. In these instances, we rely on direct care workers—who may come into our homes, take us into their homes, or staff our adult day centers, assisted living, residential care and nursing homes; and, they provide support in work and community settings—for the most basic human needs; without them, many of us would not be able to get out of bed in the morning, let alone make it through the day.

However, Vermont faces a growing crisis: the number of us who need direct care and support is outpacing the growth of the direct care workforce. Baby boomers are aging; the number of children diagnosed with cognitive disabilities such as autism is growing; those of us with physical disabilities seek more independence; and, medical advances continue to enable us to live longer, manifesting more complex needs.

Simply said, we do not have enough direct care workers to meet current and future needs for care and support. As a result, Vermont is challenged to identify and implement effective ways to attract (recruit) and keep (retain) a high quality and stable direct care workforce.

Legislative Study

The Legislative Study of the Direct Care Workforce was funded by the Vermont Legislature and directed the Commissioner of the Department of Disabilities, Aging and Independent Living (DAIL) to gather information and develop informed policies and practices to address the workforce shortage. The legislature, in authorizing this study, required that the Commissioner appoint an advisory group to:

- Provide advice on planning and implementing the study
- Develop recommendations based on the study's findings

The authorizing legislation (see Appendix A) identified organizations representing a wide range of stakeholders to participate in the Advisory Group which was formed and met regularly between September 2006 and January 2008.

Four questions drove the research:

1. What are workforce **quantity and availability** issues across care and support settings and consumer populations?
2. What are workforce **quality** issues across care and support settings and consumer populations?
3. What are workforce **stability** issues across care and support settings and consumer populations?
4. What are **financial** issues across care and support settings and consumer populations that will need attention?

The research design that emerged from the deliberations of the Advisory Group incorporated three strategies to address the research questions:

- Qualitative data collection—*interviews were conducted with direct care workers, individual consumers of direct care or their surrogates, employers of direct care workers, and other "key informants"*
- Quantitative data collection—*direct care workers, , individual consumers of direct care or their surrogates who employ direct care workers, and agency employers of direct care workers responded to surveys*
- Review of relevant literature—*additional research conducted within and beyond Vermont was examined*

Research Results

The Legislative Study of the Direct Care Workforce generated findings to the research questions, which are detailed in the full report. Our research data clearly tells us the following:

- Wages and benefits are central to attracting and retaining direct care workers.
- The people who do this work value their relationships with the people they care for and support, and have a deep commitment to helping and making a difference in others' lives.

Recommendations: Call to Action

The Legislative Study of the Direct Care Workforce generated findings to the four research questions that provide a strong foundation for strategic planning and action targeted at building and maintaining an adequate, quality, stable direct care workforce for Vermonters into the coming years. The members of the Stakeholder Advisory Group reviewed and considered the research findings. Nine consensus recommendations emerged from their deliberations which are presented below with their supportive findings.

I love it and I love helping other people that need help.

—Direct Care Worker

Pay them what they deserve. It is the most satisfying thing I've ever done. You just can't pay the bills doing it.

—Direct care worker

Recommendation #1: Increase direct care worker wages.

Our research indicates that if Vermont could do one thing toward insuring the desired quantity, availability, quality and stability of the direct care workforce, it would be to improve direct care worker wages.

- Ensure that direct care workers who are employed, and perform similar functions, in self-directed settings such as Choices for Care and Attendant Services Program, enjoy wage parity and receive adequate pay for their service.
- Provide direct care workers with regular cost of living adjustment (COLA) wage increases.
- Create opportunities and incentives for direct care workers to receive merit raises to recognize good quality care.
- Provide adequate reimbursement rates to organizations such as home health agencies, nursing homes, residential care facilities and other provider agencies that hire direct care workers, and earmark reimbursement increases to cover the cost of increased wages for direct care workers.

Since raising our hourly rates and the frequency of merit raises, our retention has significantly increased. Thus our hourly average pay exceeds \$11/hr. This makes us “struggling”; would need adjustment of \$20 or more per day just to catch up.

—Employer

Research findings and rationale that support recommendation #1:

To find and keep direct care workers, wages must be improved. We found that:

- Inequities exist 1) in the reimbursement rates received by agencies that hire direct care workers, and 2) in the wages paid to direct care workers who perform similar work across different work settings.
- Employers, consumers and direct care workers all agree that increased wages will, by far, have the greatest impact on attracting and keeping workers. When asked to name the most important step Vermont can take to increase recruitment and retention of direct care workers, survey respondents overwhelmingly identified increased wages.

- Vermont's direct care workers earn an average of \$11.00 per hour, not even a livable wage for a single adult.
- The research showed a strong and statistically significant correlation between length of stay in a job and wages ($r = .27, p < .01$). The higher the wage, the longer direct care workers stayed in one position.
- In Wyoming increased state funding to increase direct care workers' compensation led to a dramatic drop in turnover rates, from an average of 52% to 32%¹. San Francisco County nearly doubled the wages of home care workers over a 52-month period. In that time, annual turnover went from 70% to 35%².
- Only half of the 1700 direct care workers who responded to the survey expect to receive pay raises. Absent cost of living adjustments, inflationary pressures mean that direct care workers in Vermont will lose income by staying in their jobs at current wages.
- Employers report that they are unable to pay increased wages to direct care workers because reimbursement rates do not cover the cost of providing care.
- Merit raises represent a common mechanism for increasing wages by rewarding quality work performance. While merit raises are standard practice in many work settings, low reimbursement rates prohibit their inclusion in direct care worker compensation strategies.

I need health benefits but it is hard to make ends meet when you have to put a large chunk of your income towards health insurance.

—Direct care worker

¹ Lynch, R., Fortune, J., Mikesell, C. and Walling, T. (2005) "Wyoming demonstrates major improvements in retention by enhancing wages and training." Links, Vol. 35, No. 9. Available at: http://www.directcareclearinghouse.org/download/WY_2005_Wage.pdf

² Howes, C (2006). *Building a High-Quality Home Care Workforce: Wages, Benefits and Flexibility Matter*. A Better Jobs Better Care Research Study available at: <http://www.bjbc.org/grantpage.asp?projectID=9§ionID=4>

Recommendation #2: Increase access to health insurance through group health plans.

- Ensure that direct care workers and their advocates are included in all formal efforts to improve access to health care.
- Continue to explore the possibility of making the Vermont state employee health insurance program open to direct care worker enrollment.
- Ensure that all Green Mountain Care outreach target direct care workers.

Research findings and rationale that support recommendation #2:

- Provision of benefits, including health insurance, ranked second, only to increased wages, as important to attracting and keeping direct care workers.
- Retention rates for direct care workers who receive health insurance are higher than for those who do not. On average, workers with health insurance remain in their jobs 2.5 years longer than those without health insurance benefits.
- Only one-in-three direct care workers reported that they receive health insurance as an employment benefit.



Recommendation #3: Create accessible and affordable orientation, training, and professional development for direct care workers and their employers.

- Research and inventory effective orientation, training and professional development opportunities and programs.
- Provide funding to pay workers for their time to attend orientation, training and professional development programs.
- Fund the development and delivery of orientation and training programs, including professional development programs that support career ladders
- Utilize a variety of strategies that widen accessibility to training and orientation modes such as: class-room instruction, web-based learning, and peer-mentoring.

I like that there are always plenty of work options and I will never face unemployment.

–Direct care worker

Research findings and rationale that support recommendation #3:

- When direct care workers do not receive the formal orientation and on-going training, they are more likely to abandon their positions sooner and more frequently, leaving providers, and particularly consumers who hire them directly, without needed care.
- Direct care workers provide significantly longer years of services when employers offer:
 - In-service training (5.7 vs 3.6 years)
 - Funding for courses (5.8 vs 4.5 years)
 - Funding for conferences or workshops (6.3 vs 3.9 years)
- Direct care workers stay in their jobs longer when they are satisfied with the preparation and training they received. Workers that report satisfaction with the preparation and training provide significantly more years of service (5.1 years) than workers who are not satisfied with the preparation and training received (4.0 years)
- Only 42% of workers overall receive formal training; 11% of workers hired by consumers receive formal training. In-service training is available to only 50% of workers overall; 7% of workers hired by consumers receive in-service training.

Recommendation #4: Recruit direct care workers from new sources.

- Create public awareness about the value of direct care work.
- Develop and disseminate messages that attract people to this work.
- Target recruitment efforts at young workers, mature workers, family caregivers and new Americans.

Research findings and rationale that support recommendation #4:

- Because the population of Vermonters is aging, and both elders and persons with disabilities can choose their settings for care, the growing need for direct care workers in a range of settings renders this work “recession proof” and not vulnerable to changes in economic conditions.
- The need to engage in and expand recruitment targets is clear; the current supply of workers does not meet the demand, and the gap between supply and demand is expected to grow.
- The direct care workforce is aging along with our entire population. At present, 64% of direct care workers surveyed are over age 40. As these workers approach retirement age and begin to leave the workforce, there will not be an equal population of younger workers to replace them.
- Recent research from AARP and Operation ABLE indicate that older workers intend to work at least part-time in their retirement and would be interested in direct care.
- National research indicates that in addition to mature workers, new Americans and paid family caregivers represent potential pools of workers.

And there have to be safeguards put into place too. Sure, you can have them come to your house. You can interview them and they're going to be nice. And what happens when you're not there. She can't talk; she can't walk. She is blind in one eye. She's at their mercy.

—Consumer Surrogate
using Choices for Care

Recommendation #5: Continue support for the development and full implementation of the Direct Care Worker Registry.

- Explore changes in policy and practice that would enable background checks to be conducted prior to offers of employment so that pre-screened workers can become a feature of the Registry.

Research findings and rationale that support recommendation #5:

- Vermont law currently does not allow pre-screening of workers; background checks can only be conducted with an offer of employment.
- Consumers want the registry to include only workers on whom a background check has been done.
- In response to a survey question, 51% of consumers report they would use a registry to hire direct care workers, 39% might, and only 10% would not use it.
- Consumers who say they would use the Registry rank screening potential employee backgrounds as the feature most important to them.

(A direct care worker) is someone who will work for a minimum wage, but has the skills of a PhD and the strength and endurance of a lion.

—Consumer

Recommendation #6: Promote recruitment and retention through the use of evidence based tools and promising approaches.

- Continue and expand the Gold Star Employer Program in nursing homes and home health agencies
- Provide Coaching Supervision training for supervisors
- Involve direct care workers in care planning and organizational decision-making
- Promote the widespread use of Peer-Mentoring programs

Research findings and rationale that support recommendation #6:

- Within Vermont and nationally, evidence-based research indicates that specific evidence-based and promising practices make a positive difference in finding and keeping direct care workers.
- Vermont nursing homes that have earned Gold Star Employer awards have lower turnover rates among their direct care workforce. Gold Star nursing homes reported 49% turnover compared to 60% turnover in non-Gold Star facilities.
- Lower turnover rates are associated with adoption of Coaching Supervision programs that teach supervisors to set clear expectations, while encouraging, supporting and guiding direct care workers.
- Involving direct care workers in care planning improves retention: 51% of providers that highly involve direct care workers in care planning report that they have no job vacancies and only 10% report serious staff retention problems.
- Peer-mentoring programs provide supportive orientation and hands-on training for new workers and are associated with increased worker retention rates: up to 81% retention for mentors and 67% for mentees.

Recommendation #7: Create standardized and portable career ladders for direct care workers.

- Create a range of options through which direct care workers can assume leadership responsibilities within their current jobs.
- Encourage direct care workers to become specialists in care areas of particular interest (for example, developmental disabilities, dementia care, palliative care, nutrition, diabetes care).
- Allow direct care workers to “carry” credentials such as an LNA II that they have earned in one setting to any other setting in which they carry out the same or similar responsibilities.
- Provide recognition for direct care workers who complete professional development and continuing education programs.
- Create and deliver standardized curricula that are associated with particular career ladders such as LNA II or PCA II.

Research findings and rationale that support recommendation #7:

- In response to survey questions, direct care workers reported only one other area of dissatisfaction beyond low wages; the lack of opportunities for advancement.
- No standardized LNA II or PCA II curriculum and credentialing exists in Vermont. Each organization provides its own training curriculum and the LNA II designation is not transferable from one nursing home to another. As a result, direct care workers are consigned to limited options for advancement within their profession and those exist primarily within their current work setting.
- Career ladders provide workers with recognition and advancement while enabling them to continue within the direct care worker profession.

Recommendation #8: Establish a workgroup responsible for developing protocols and methods for collecting needed direct care workforce data.

The workgroup would be charged with:

- Developing standard definitions that delineate and describe the various types of direct care workers and the different categories of direct care provided based on actual job functions and work settings.
- Designing a method for collecting raw data that captures the number of direct care employees in the workforce (full time and part time), the number of direct care employee hires and terminations, vacancy rates, and wages and benefits provided to direct care employees.
- Gaining compliance from employers (i.e., nursing homes, home health agencies, residential care facilities, assisted living programs, adult day services, and development services) to use the data collection method.

Research findings and rationale that support recommendation #8:

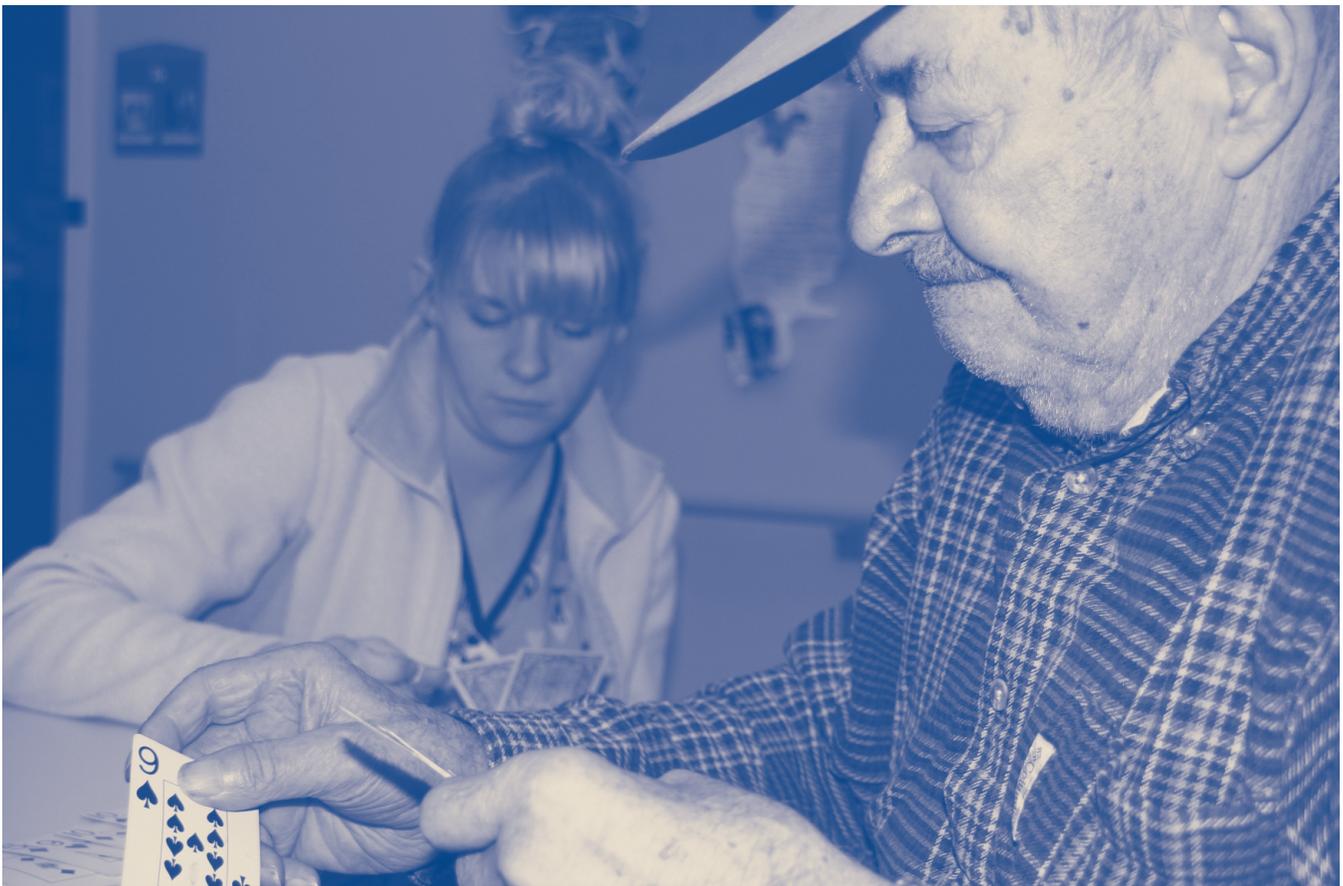
- Within Vermont, standardized data needed to accurately describe the direct care workforce in terms of retention, turnover and adequacy of supply does not exist.
- The U.S. Bureau of Labor Statistics' employment categories used by the Vermont Department of Labor (DOL) do not accurately reflect the direct care workforce. The categories do not capture all direct care work jobs, and collapse direct care work into categories that include distinctly other jobs (e.g., hospital orderlies)
- Not all direct care employers collect and report employee data. Moreover, employers that do track turnover use a variety of formulas to do so, resulting in diverse data sets that lack comparability across employers or settings.

Recommendation #9: Establish a group that is charged with directing, implementing and monitoring progress on the recommendations.

- The membership should include representation from state government (DAIL, DOL, and Department of Education (DOE)), consumers, direct care workers, advocates, and providers.
- Model the group on successful examples such as the Blue Ribbon Commission on Nursing which was convened between 2000 and 2001.

Research findings and rationale that support recommendation #9:

- Successful efforts to improve recruitment and retention of direct care workers require collaborative efforts of an organized, multi-disciplinary group that is staffed, resourced and representative in its membership of key stakeholder interests.



Conclusion

Individuals who provide direct care to help us negotiate the tasks of daily living answer a calling: they come to work each day to help others. These workers care deeply for those of us who live with developmental disabilities, physical disabilities, or the challenges brought on by aging. To insure that the growing need for direct care is met, Vermont must develop effective strategies for attracting and keeping direct care workers.

First and foremost, direct care workers must earn a livable wage. Second, workers should receive some degree of employment benefits. Beyond that, provisions such as training, quality supervision and opportunities for advancement can improve workers' satisfaction and willingness to stay in this profession. The findings from this Vermont study are supported by findings from other research initiatives conducted here and across the country. What we learned in the 2001 *Paraprofessional Workforce Study* remains constant: direct care workers engage in this profession because they want to work with, help, and make a positive difference in other's lives.

The 2001 *Paraprofessional Staffing Study* recommended the formation of a direct care worker organization or association to support workers and further the development of this vital workforce. The Vermont Association of Professional Care Providers (VAPCP) has since been established and become essential in raising awareness about the profession, providing training opportunities for all direct care workers, advocating for direct care workforce issues, and supporting opportunities for leadership development. This study is another critical step in the process of understanding and strengthening the direct care workforce in Vermont. The Vermont Association of Professional Care Providers (VAPCP), if resourced and supported, will continue to serve as a sustainable vehicle for workforce development.