

SENIOR SUCCESS VISION COUNCIL
LONG TERM CARE WORKFORCE INITIATIVE¹

**DIRECT CARE WORKFORCE
ORGANIZATIONAL SURVEY
RESULTS 2003-2005**

Evaluation Conducted by:
The Margaret Blenkner Research Institute
Benjamin Rose, Cleveland, Ohio

Project Team:
Farida Ejaz, PhD, Principal Investigator; David Bass, PhD, Co-Principal Investigator; Brenda Peters, Project Manager; Wendy Looman, Senior Research Analyst; Julie Rentsch, Research Analyst; Kelly Lutian, Project Assistant; and Justin Johnson, Project Assistant

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¹Lead Agency, Cuyahoga Community College, Office of Community Continuing Education, Center for Applied Gerontology

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The Initiative and its Evaluation:

The Senior Success Vision Council was convened and funded by the Community Vision Council in an effort to address local direct care workforce issues in long term care. One of the subcommittees of the SSVC was the Long term Care Workforce Initiative (LTCWI). The charge of the LTCWI was to address problems with direct care worker (DCW) recruitment, training, and retention. Cuyahoga Community College, Office of Community Continuing Education, Center on Applied Gerontology was selected as the Lead Agency for directing the activities of the LTCWI.

The Margaret Blenkner Research Institute (MBRI) of Benjamin Rose was hired to evaluate activities of the LTCWI. In the first year of the project, MBRI was charged with helping to develop goals, objectives, and evaluating outcomes of the four LTCWI taskforces (Solutions for Workforce Success, Advocacy, Public Awareness, and Training). Beginning in the second project year, MBRI annually surveyed local long term care (LTC) agencies in Cuyahoga County about their experiences with recruiting and retaining DCWs. The survey pertained to experiences over the three-year project period (2003-2005). This report briefly summarizes results of the survey.

Survey Overview:

The Cuyahoga County Direct Care Workforce Organizational Survey collected organizational experiences with DCW recruitment and retention issues in the long term care industry. DCWs include personal care assistants, nurse aides, and home health workers, who provide care to older adults with health problems and functional dependencies.

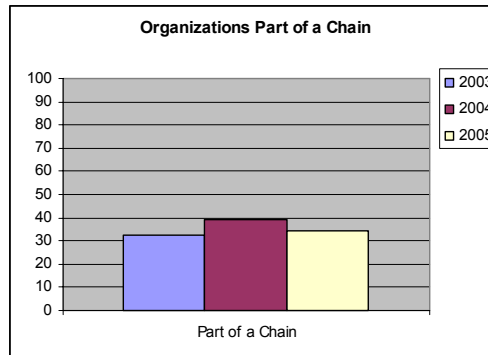
MBRI compiled a sample of all Nursing Homes, Assisted Living Facilities, and Home Care Agencies serving older adults in Cuyahoga County.

- The first (Time 1) of three surveys focused on experiences during 2003 and was mailed to 161 long-term care organizations in the fall of 2004. Sixty-nine organizations (43.4%) responded to the survey.
- The Time 2 survey addressed experiences in 2004 and was mailed to 159 organizations in the summer of 2005 (two organizations from the original sample of 161 were no longer in business). Seventy-five organizations (47.2%) responded to the Time 2 survey.
- The Time 3 survey was about experiences in 2005 and was mailed to the 159 organizations in January 2006. Sixty-four organizations (40.3%) responded to the Time 3 survey

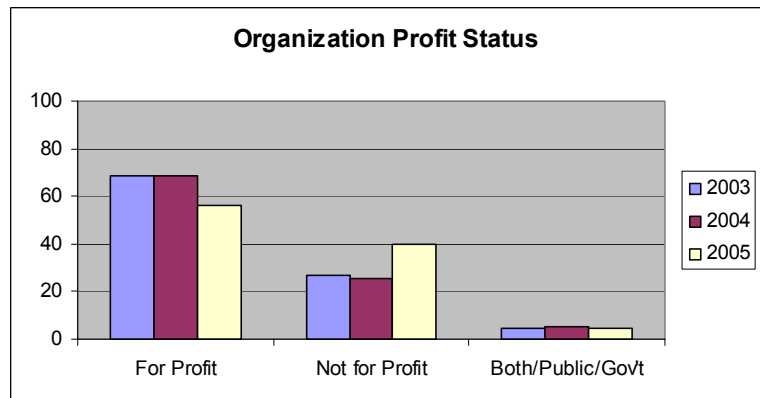
Survey Results:

Organizational Characteristics

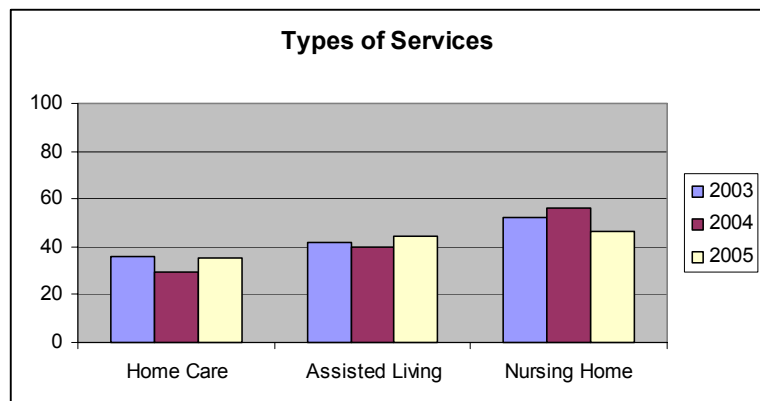
- About one third of responding organizations were part of a chain of long-term care agencies.



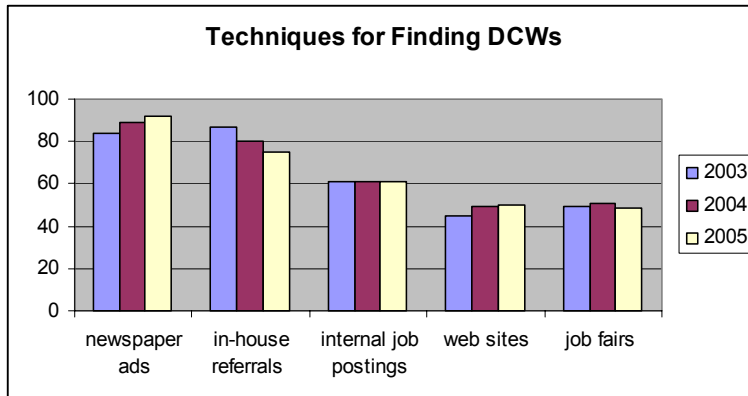
- Two-thirds were for-profit organizations.
- One-third were a not-for-profit and/or government-sponsored organization.



- The majority of organizations were nursing homes, followed by assisted living facilities, and home health agencies.
- Some organizations provided more than one type of service (e.g., both a nursing home and assisted living facility).

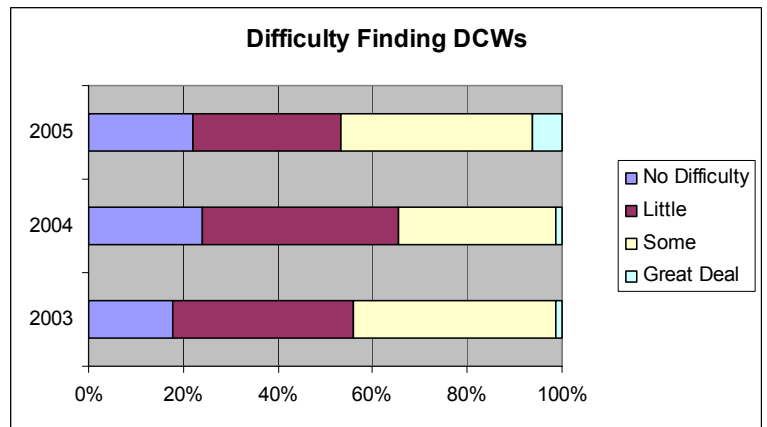


Organizational Recruitment and Retention Strategies:

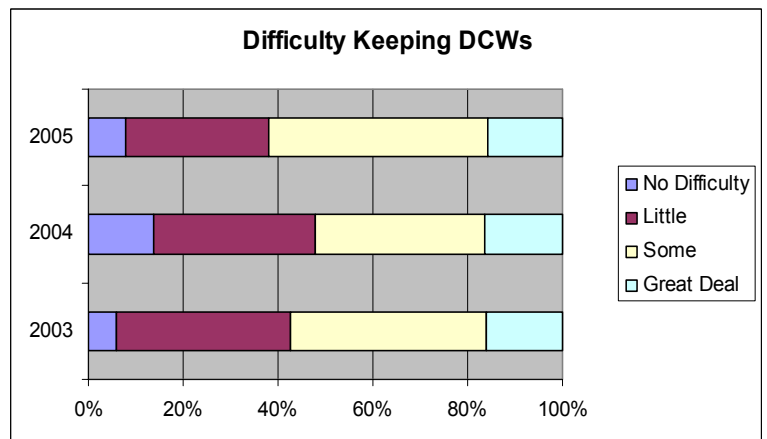


- The most common techniques to recruit DCWs were newspaper advertisements, in-house referrals, internal job postings, web sites postings, and job fairs.

- Organizations reported less difficulty finding DCWs than retaining them on the job. About 60% of organizations reported “Little” or “No Difficulty” recruiting DCWs. About 40% reported “Some” or a “Great Deal” of difficulty.



- About 40% of organizations reported “Little” or “No Difficulty” retaining DCWs on the job. About 60% reported “Some” or a “Great Deal” of difficulty retaining DCWs on the job.



- Filling an open DCW position took an average of three to four weeks; and about two thirds of DCWs stayed longer than three months.

	2003	2004	2005
Weeks to fill a DCW position	3	3.3	4.8
Percent of hired DCWs stayed longer than 3 months	68.5%	70.7%	63.5%

Home Care Agencies:

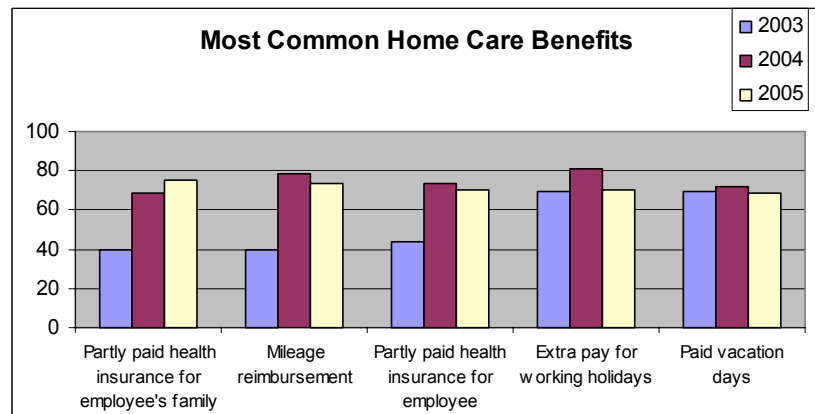
- Average minimum and maximum wages increased over the study period, but this difference was not statistically significant.
- The majority of DCWs are members of a minority group.

- DCWs had to work 25 to 29 hours to be eligible to receive some benefits.

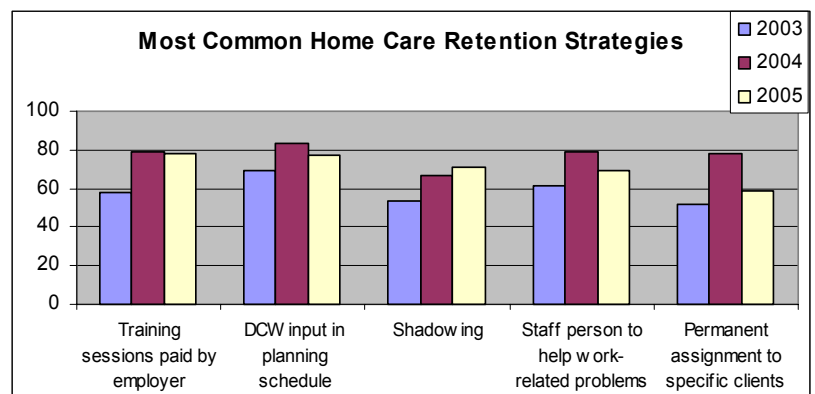
- Less than 15% of home care DCWs belonged to a union.

	2003	2004	2005
Average <i>minimum</i> wage	\$8.85	\$8.96	\$9.24
Average <i>maximum</i> wage	\$11.67	\$12.47	\$14.48
Percent minority DCWs	64.4%	71.3%	69.5%
Hours per week to be full time	35.8	32.6	35.4
Hours per week for benefits	29.3	26.5	25.3
Percent DCWs receiving benefits	65.4%	56.5%	49.7%
Organizations with union DCWs	15.0%	14.3%	13.0%

- Benefits most commonly offered to home care DCWs were partly paid health insurance for the employee and his/her family, mileage reimbursement, extra pay for working holidays, and paid vacation days.



- DCW retention strategies most frequently used in home care included: training sessions paid for by employers; getting DCW input into planning his/her work schedule; shadowing during training; designating another worker to assist DCWs with work-related problems; and permanent assignment of DCWs to specific clients.



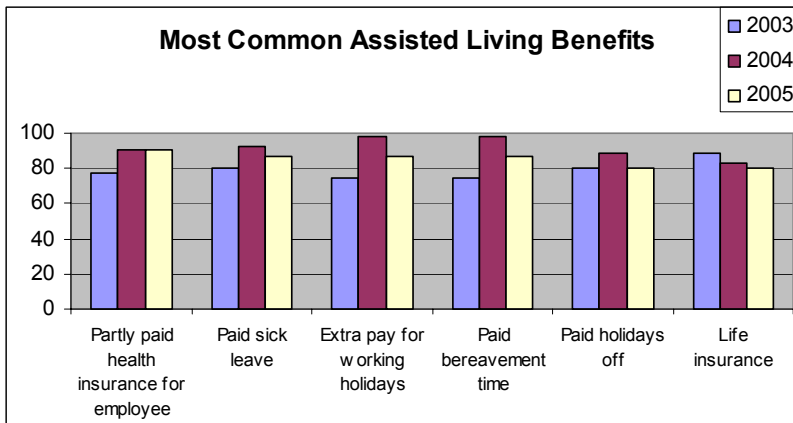
Assisted Living Facilities:

- Average wages for assisted living DCWs remained fairly stable over the study period.

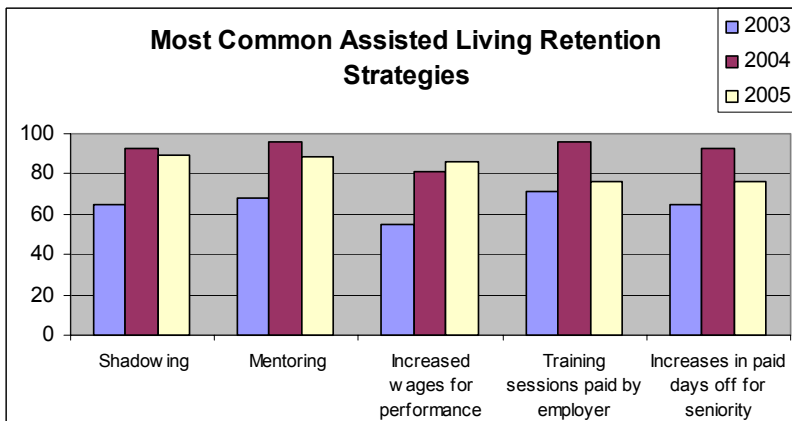
	2003	2004	2005
Average <i>minimum</i> wage	\$8.00	\$8.13	\$8.33
Average <i>maximum</i> wage	\$13.10	\$13.26	\$13.15
Percent minority DCWs	18.6%	36.1%	34.4%
Hours per week to be full time	34.8	32.9	32.3
Hours per week for benefits	27.5	24.2	21.9
Percent DCWs receiving benefits	69.3%	67.8%	76.4%
Oganizations with union DCWs	7.7%	7.1%	6.9%

- About one third of assisted living DCWs were members of a minority group.
- DCWs had to work between 22 and 28 hours to be eligible for some benefits.

- Over three quarters of DCWs in assisted living settings were receiving benefits in 2005.



- Benefits most commonly offered to DCWs working in assisted living facilities included: partially paid health insurance; paid sick, bereavement, and holiday leave; extra pay for working holidays; and life insurance.



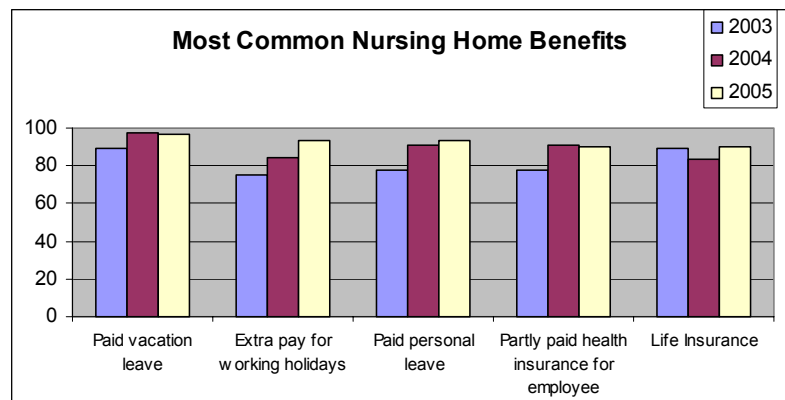
- Retention strategies most commonly used in assisted living facilities were shadowing of staff, mentoring, increased wages for performance, paying for training sessions, and increased paid leave for seniority.

Nursing Homes:

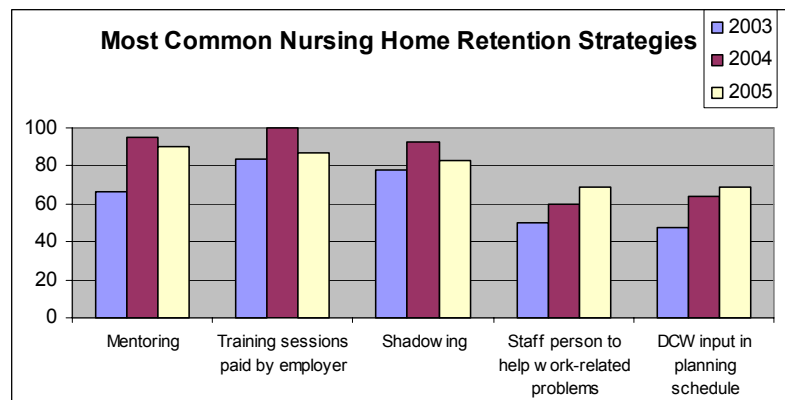
- Average wages for DCWs in nursing homes increased slightly over the study period but this was not statistically significant.
- About two-thirds of nursing home DCWs were members of a minority group.
- DCWs had to work between 23 and 26 hours to receive some benefits.
- About a quarter of nursing homes had unions representing their DCWs.
- In about three-quarters of nursing homes, DCWs received benefits.

	2003	2004	2005
Average <i>minimum</i> wage	\$8.63	\$8.87	\$9.29
Average <i>maximum</i> wage	\$14.85	\$16.63	\$13.68
Percent minority DCWs	71.7%	60.7%	64.1%
Hours per week to be full time	33.9	34.1	32.9
Hours per week for benefits	26.4	28.2	23.3
Percent DCWs receiving benefits	72.7%	76.0%	79.0%
Organizations with union DCWs	26.7%	28.2%	25.8%

- Benefits most commonly offered to nursing home DCWs included: life insurance; partially paid health insurance; paid personal and vacation leave; and extra pay for working holidays.



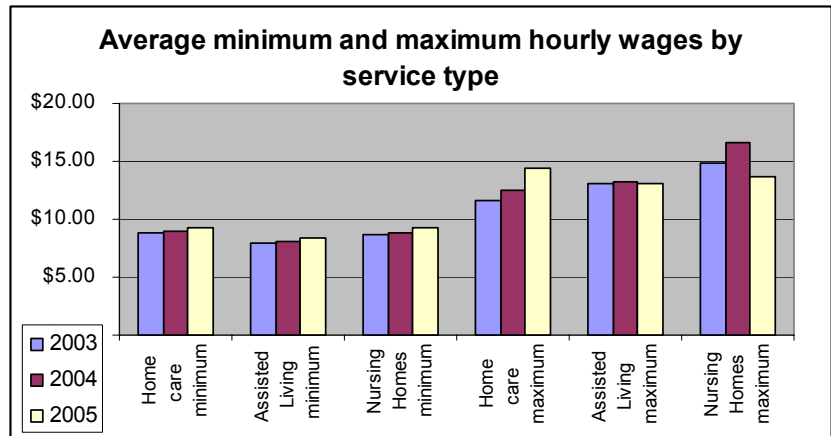
- Retention strategies most commonly used in nursing homes were shadowing another worker, mentoring, having a staff person to help DCWs with work-related problems, employer-paid training sessions, and soliciting DCW input into planning work schedules.



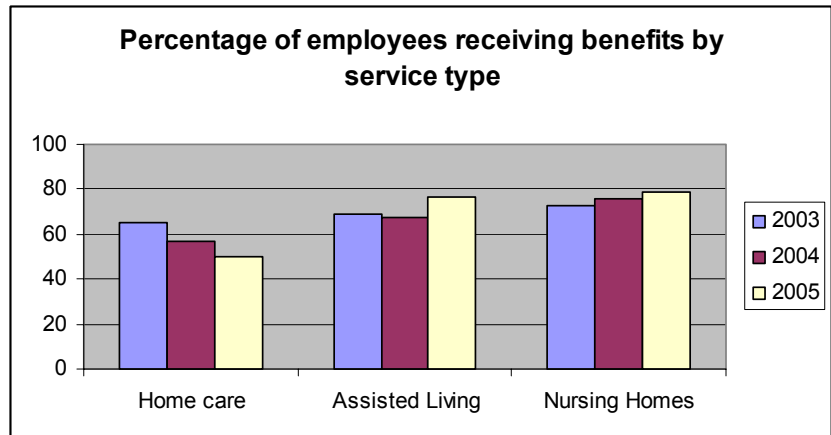
Comparisons Between Long-Term Care Settings:

To some extent, the three types of long term care settings included in this survey – home care, assisted living, and nursing homes – compete for the same pool of potential employees. Potential employees may compare salaries and benefits when selecting among the three settings. The following section of this report compares salaries and benefits across the three types of settings.

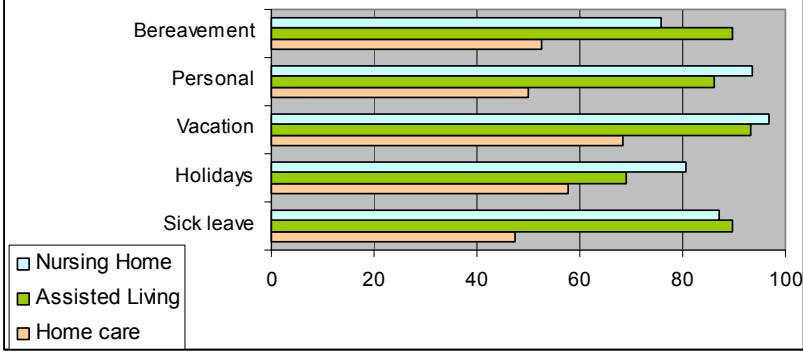
- Average minimum and maximum wages were fairly similar across service types.



- Residential care facilities – assisted living and nursing homes – reported a higher percentage of their DCWs received at least some benefits compared to home care agencies.

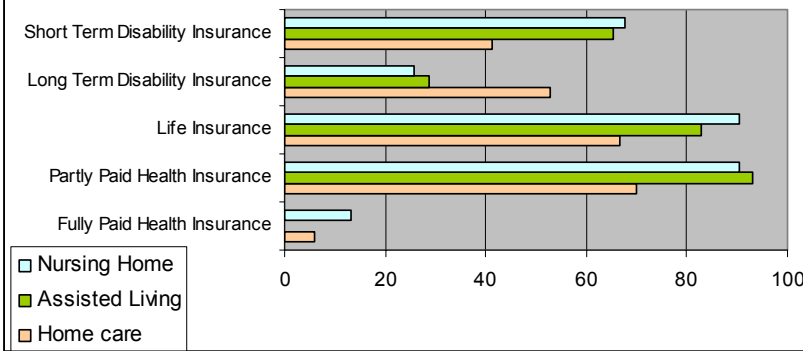


DCW benefits 2005: Paid time off by service type



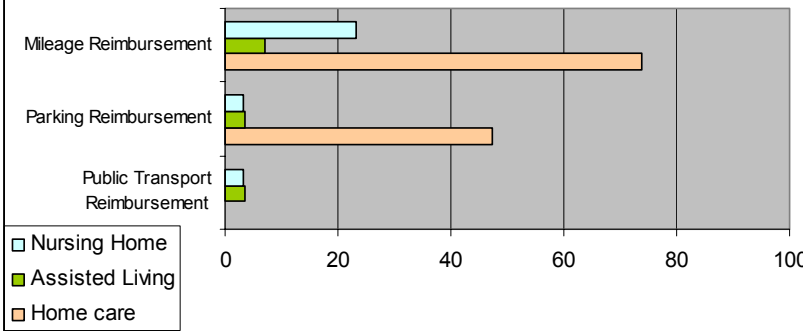
- Home care agencies tended to offer less paid time off to DCWs than assisted living or nursing homes. The latter two residential care settings tended to offer similar paid time off.

DCW benefits 2005: Insurance by service type



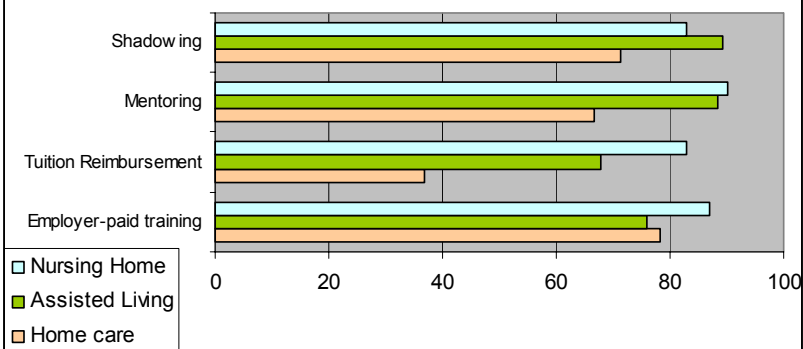
- Home care agencies tended to offer less insurance to DCWs (except long term disability) than assisted living and nursing homes. Assisted living facilities and nursing homes were similar in the types of insurances offered.

DCW benefits 2005: Transportation benefits by service type



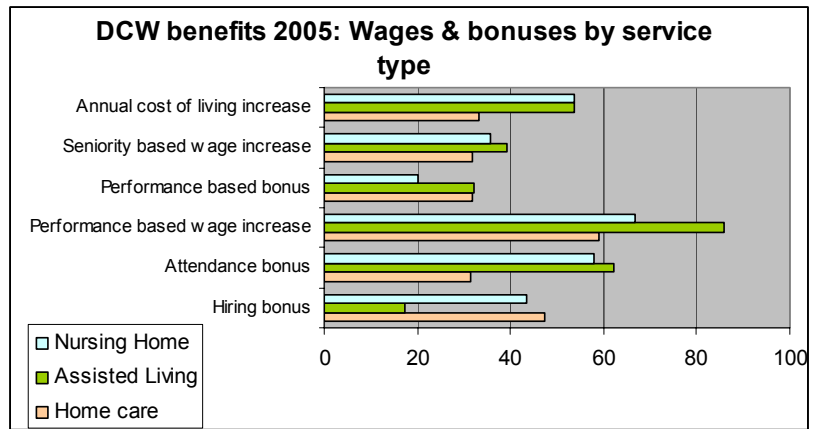
- Home care agencies offered significantly better transportation benefits than assisted living or nursing homes. This finding is expected given that DCWs must go to client's homes.

DCW benefits 2005: Training by service type

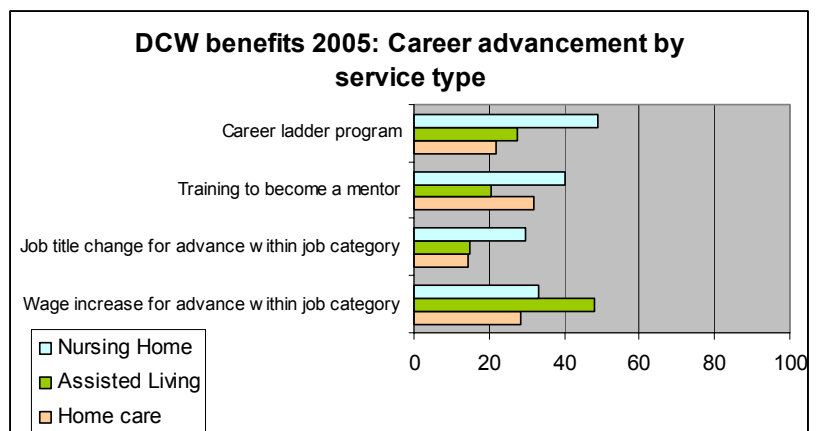


- Nursing homes and assisted living tended to offer the same amount of training benefits; home care lagged behind in paying for training.

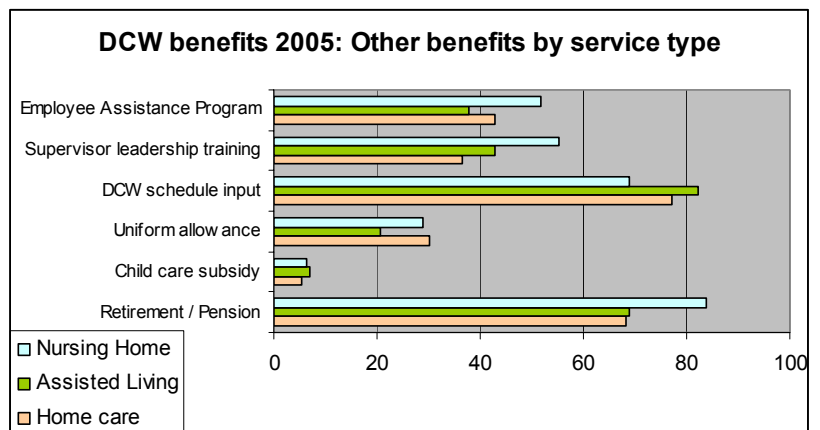
- Residential care facilities offered similar wages and bonuses except for hiring bonuses in which home care and nursing homes were similar.



- Compared to other benefits, few long term care providers offer formal career advancement opportunities to DCWs.



- Long term care providers offer DCWs a variety of other benefits and opportunities. Those most frequently offered were DCWs providing input into their daily schedules and receiving retirement pensions.



Changes during the three year study period:

A primary way of evaluating whether organizations changed over the three year study period is to compare Time 1, 2, and 3 survey responses. Examination of change over time is only possible for organizations that completed the survey in multiple years. This included organizations that completed two surveys (e.g., in 2003 and 2004), and organizations that completed all surveys in all three years (e.g., 2003, 2004, and 2005).

This section compares survey responses for organizations that completed at least two surveys in consecutive years. Sixty five organizations had at least two surveys and were included in these analyses.

Some of the differences indicated there were improvements in the work conditions of DCWs, while others showed deteriorating conditions.

Improvements in work conditions for DCWs, 2003-2005:

More organizations reported offering:

- ① Paid personal time off
- ① Extra pay for working holidays
- ① Hiring and attendance bonuses
- ① Increased benefits based on seniority
- ① Wage increases or bonuses based on performance
- ① Title changes or wage increases for advancement within a job category
- ① DCW input into planning the work schedule
- ① Policies to include DCWs in client care planning
- ① Shadowing of experienced workers as a training mechanism
- ① Training to become a mentor

Deterioration in work conditions for DCWs, 2003-2005:

Fewer organizations offered:

- ② Fully paid health insurance
- ② Assistance with child care expenses

Stability in work conditions for DCWs, 2003-2005:

- Wages did not change
- Many benefits did not change, such as bereavement or sick leave
- Many retention strategies did not change, such as EAPs or annual cost of living adjustments

Comments:

Responding organizations had the opportunity to make additional comments about DCW recruitment and retention. Comments are summarized below.

Reimbursement limits

Many organizations were frustrated with the limits of reimbursement for care and the resulting lack of funds to compensate staff:



- *“Many of our clients receive services through Medicaid/Passport. There has not been an increase in reimbursement for years. This negatively affects wage/benefits for direct care workers, recruitment and retention.”*
- *“... mandatory costs have to be paid first ... leaving wages and benefits last. If the agency receives no increase ... how can the employees receive any?”*
- *“...we wanted to do more with workers benefits but our workers comp went up 100% and took all the money.”*

Hiring

A number of respondents had concerns about finding dedicated, dependable, high quality employees:

- *“We find it difficult to find workers [who] follow company policies/rules regarding the way they dress, the jewelry they wear and being motivated to work on their own.”*
- *“We spend money getting physicals, drug tests, and background tests only to have them turn out to be a no call-no show.”*
- *“Somehow the applicants think they should be paid to stand around or that they can get away with doing little as possible.”*

Organizational climate

Some respondents emphasized the importance of maintaining an organizational environment that values its DCWs:

- *“...the key ... is treating employees fairly ... how you would like to be treated.”*
- *“...by creating a pleasant work environment, staff ... provide quality care with a sense of commitment to the facility.”*

Professional staff

Some respondents indicated difficulties with recruitment and retention of professional staff were as great, or greater, than that for DCWs:

- *“We have virtually no problem retaining direct care staff - wish I could hire and retain professional staff as well!”*

Discussion:

A number of items improved over the three-year study period. Although wages did not change, there were significantly increased financial incentives for DCWs such as paid personal time off, extra benefits with seniority, and bonuses. Organizations appeared to focus on improving the quality of their staffs and offered more training opportunities, such as increased shadowing and mentoring opportunities and increased DCW involvement in client care planning.

It is impossible to know whether activities of the LTCWI caused the observed improvements. However, these changes are consistent with LTCWI activities. For example, members of the LTCWI Training Taskforce developed training guides and curricula to enhance the skill set of incumbent workers. These products may have been instrumental in changing organizations. Observed improvements also are compatible with other community initiatives to address problems in retention and recruitment of DCWs such as the culture change movement supported by Ohio KePro (Ohio’s quality improvement organization), and the State of Ohio’s Governor’s Health Care Workforce Shortage Taskforce

In our evaluation, we observed that no organization offered every benefit asked about in the survey, nor used every retention strategy. Thus, organizations have many strategies to explore. Increased use of low- or no-cost enhancements -- such as shadowing, mentoring, and including worker input -- shows an interest in improving DCW conditions. Organizations could also collaborate to centralize routine tasks such as background checks, and for obtaining external funding for enhanced training and career advancement of their DCWs.

Despite some positive changes during the three-year study period, a large number of retention strategies and benefits did not change over the course of the three-year evaluation. For example, base wages did not significantly improve. The loss of fully paid health insurance is particularly troubling. These trends are likely to increase DCW turnover rates. Increased financial burdens and fewer resources for DCWs also increases absenteeism. As discussed in the ‘Comments’ section, current reimbursement rates from Medicaid and Medicare do not allow much room for improving DCW wages in nursing homes and certified home care agencies. Thus, there is a need to advocate for increasing reimbursement, which would make it more likely that DCW wages and benefits would improve.