

Vermont Consumer Advocates Align the Stars for Direct Care Worker Advances

Betsy Davis' schedule on a sunny day in June was typical for the consummate advocate for older adults. After driving an hour from her home in Burlington, she met with the policy committee of the Vermont Better Jobs Better Care coalition to assess this year's legislative actions on long-term care workforce issues.

Before the meeting concluded, Davis dashed off to work on Vermont's application to qualify as a site for the program of all-inclusive care for the elderly (PACE), which provides comprehensive care to frail older adults using Medicare and Medicaid funds. If the proposal is approved by the federal government, Vermont would be the nation's first rural PACE site.

Davis then headed to the Visiting Nurse Association of Chittenden and Grand Isle Counties, one of numerous community organizations on whose boards she sits. She was the Executive Director of that organization for many years and returned as an active volunteer. There, she attended back-to-back meetings of a fundraising committee and the Board of Directors.

Since retiring as the Executive Director of the Visiting Nurse Alliance of Vermont and New Hampshire at the end of 2002, Davis has worked tirelessly on behalf of Vermont's older adults. Davis is currently board president of Community of Vermont Elders (COVE), the lead agency for the BJBC grant project in the state. Why does she do it?

"From the beginning of my 40 year career in home care, I developed a passion for

change. Our health and social service systems are not tied together enough to deal with the needs of the most frail, chronically ill people. I came back to Vermont from New York because I think we have a great partnership between the state and private organizations here. And, to make change, you've got to have that collaboration."



Betsy Davis

According to Davis, COVE's record of success in advocating for older adults is no accident. "COVE really listens to its constituency," she says, "and they are dedicated to improving their lives. COVE's strength lies with its members. COVE volunteers

spend days in the state capitol during the legislative session. And their policy agenda has yearly and three-year goals to achieve their long-term vision."

2004 Legislative Session Yields Wins for Direct Care Workers

COVE's advocacy during the state's recent legislative session produced big payoffs for direct care workers. Among its achievements: testimony by COVE's Executive Director, Timothy Palmer, before the House and Senate Health and Welfare Committees that brought a new sense of urgency to solving the direct care workforce crisis; \$7 million in extra funding to support nursing home payment "rebased" that will augment funds for direct care staff; and, enhanced protection for workers who act as

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Reflections on Pathway to the Future: *How Workforce Development and Quality Jobs Can Promote Quality Care*

On May 24 and 25, the U.S. Department of Health and Human Services and the Department of Labor jointly sponsored the first national symposium focusing specifically on the direct care workforce in long-term care.



Robyn I. Stone

Organized by the Institute for the Future of Aging Services, in partnership with the Lewin Group and the Paraprofessional Healthcare Institute, it sought to bridge the worlds of long-term care and workforce development to foster better policy and practice in the recruitment and retention of a quality direct care workforce. Participants included federal and state policymakers, long-term care providers, consumer and worker advocates, workforce development professionals, and representatives from the education and training and research communities. Several Better Jobs Better Care grantees attended as well.

The symposium had two major themes. First, the linkages between staffing and quality of care/quality of life are increasingly supported by research, and recognized by providers in the field. While there remain questions about which policies and practices contribute most to a more stable and skilled workforce, there is little doubt that investments in such practices are necessary to improve the quality of care and life for long-term care consumers. Second, long-term care workforce development programs can benefit local communities by promoting job creation, career advancement, and economic development.

The meeting underscored the increasing visibility of the workforce issue at the federal level. The Department of Health and Human Services' Assistant Secretary for Planning and Evaluation, John Hoff, opened the conference and Secretary of Labor Elaine Chao introduced the luncheon speaker, Idaho Governor Dirk Kempthorne. As chair of the National Governors Association, Kempthorne has identified long-term care as a major issue for 2004, including the challenges of creating and maintaining a quality workforce.

But the symposium was not just a bunch of "talking heads". Amidst the speeches, several small group sessions brought participants together to

share perspectives and the results will likely produce the symposium's most important impact. The discussions stimulated ideas for collaborative projects and helped to create networks for designing and testing new models of education, training and support to direct care workers. It also gave participants a better understanding of how different partners can marshal their collective resources and expertise to build a stronger long-term care workforce.

Particularly impressive was the large number of nursing assistants, home health aides and home care workers in attendance. These individuals served as "reality checks" for each of the small groups, reminding program planners that policies and practices will not be effective unless they respond to what direct care workers need and want in these jobs.

Instead of the usual dinner speaker, attendees viewed a video entitled "Heartworks", an abridged version of a musical play developed and performed by five home care aides from Philadelphia who use drama to tell their story. A question and answer session with one of the performers that followed the screening brought to life the challenges and opportunities of being a caregiver.

The Better Jobs Better Care program hopes to build on the networks and energy that emanated from the meeting. A critical mass of people in the public and private sector must appreciate the importance of investing in the long-term care workforce and their role in making it happen. We look forward to the next national symposium on the direct care workforce in long-term care to assess our progress.



Robyn I. Stone

Director, Better Jobs Better Care and Executive Director, Institute for the Future of Aging Services

A summary of the symposium will be available soon on ASPE's website. Check the "What's New" section at <http://aspe.hhs.gov/daltcp/wbatsnew.shtml>



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Independent Providers:

What Makes Home Care A “Good” Job?

When Arnold Schwarzenegger became Governor of California in January 2004, his first task was figuring out how to reduce the state’s massive \$15 billion budget deficit.

To pay off short-term debt, he proposed a bond issue, which was approved by voters in March. To fix the long-term budget problems, he proposed more than \$7 billion in program cuts and other shifts in funding. Targeted for about \$500 million in cutbacks was the In-Home Supportive Services (IHSS) program. IHSS provides attendant and personal care services to about 325,000 poor and disabled children and adults throughout the state, about half of whom are older adults over 65 years of age. The services enable these consumers to remain safely in their own homes, as an alternative to institutional care. The cuts would also cause job losses for home care workers who provide in-home services to disabled people.



In April, 2004, Candace Howes, Associate Professor of Economics at Connecticut College, and project investigator for a Better Jobs Better Care Applied Research and Evaluation grant, testified before the state Senate Health and Human Services Budget

Committee on the potential effects of the proposed cutbacks. She said that the Governor’s proposal to limit the state’s share of wages to the minimum wage, “would lead to a huge decline in the retention rate of providers in counties now paying above the minimum wage and continued shortages and high turnover in counties that pay low wages.”

Now, some California counties pay independent home care providers wages just over \$10 per hour, and many others paying somewhat below that. The state currently pays a portion of wages up to \$9.50 an hour. Schwarzenegger wanted to stop the state subsidy for any amount the workers earn above the state minimum wage of \$6.75, a move that would reduce wages unless counties were willing to make up the difference.

Howes warned legislators that they should not count on family caregivers to fill the gap, a

theory she said isn’t supported by research. Family caregivers, who comprise roughly half all paid providers in the IHSS program, often become IHSS independent providers because of better wages and benefits. If wages paid to IHSS workers were reduced, Howes predicted that these family caregivers would have to return to higher paid jobs outside the home. For example, in Yolo County where IHSS workers earn \$9.10 an hour and providers are eligible to receive health benefits, middle class parents are able to quit other jobs and stay at home to care full-time for their severely disabled children. One parent who spoke at the hearing said that if the IHSS wage fell and health insurance were dropped, she would have to get another job and possibly institutionalize her child.

BJBC Study Focuses On Impact of Wage/Benefit Improvements

Howes’ opinions are based on her previous research in San Francisco and Alameda counties, in which she studied how wage and benefit increases affect supply and turnover rates among home care workers. In one study, she examined the effects on the supply of the home care workforce over four years when wages doubled from \$5 to \$10 an hour and health and dental benefits were added. She found that the size of the San Francisco county independent provider workforce grew at twice the rate of the state-wide IHSS workforce, and turnover fell by 35 percent. According to Howes, “As the wages increased, more consumers found providers that they preferred, such as family members, neighbors and members of their own ethnic group. The length of time providers stayed with the same consumer increased.”

Howes’ prior research also suggests that the impact of wage increases and added benefits varied with the characteristics of the home care worker. “Providers’ perceptions about what make home care a good enough job vary by ethnic group and this seems to be related to the alternative jobs that are available to each group,” she says. “Latinos left the field for food service jobs, Chinese left for factory jobs, and African

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“whistleblowers” when calling attention to patient abuse.

They also won increased funds to raise state payments for assistive community care services (ACCS) in residential care homes. These Medicaid services support vulnerable older adults who cannot live at home and need help with activities of daily living. Says Palmer, “In previous years, we focused on provider taxes for nursing homes to generate extra funds to go towards staff. We also set a floor of \$10 per hour for personal care attendants in the consumer-directed waiver program. Both made it harder for the ACCS homes to compete for direct care workers.”

When state advocates agreed that all personal care attendants should earn at least \$10 an hour, the lack of wage parity across long-term care settings became obvious. ACCS rates increased somewhat in 2003. But the BJBC Executive Committee, which has representatives from all of the state’s long-term care provider organizations, agreed that ACCS rates were still too low to pay workers a decent wage and pushed for further increases this year. Advocacy by COVE and BJBC partners led to a five percent increase in ACCS rates to \$50 per day.

Because state payments to adult day centers are also lagging, licensed nursing assistants in those settings are paid just under \$10 per hour. Advocates and the BJBC policy committee are urging the state to target some one-time-only budget surplus funds this year to adult day centers.

How Did They Do It?

Like most legislative victories, the achievements for direct care workers did not happen overnight. It took years of effort by COVE, its coalition partners, and state officials. In 1999, the state Department of Aging and Disabilities, now called the Department of Aging and Independent Living (DAIL) created a task force to help key stakeholders reach consensus on solutions to the direct care workforce crisis. It was charged with developing an action plan “for creating a stable, valued and adequately reimbursed workforce to provide quality care.”

Joan Senecal, Principal Assistant to the Commissioner of DAIL, recalls the breakthrough that triggered the plan. In 1999, Vermont policymakers realized that if the state wanted to move more patients out of nursing homes into home and community-based care, it would need more

direct care workers. “We were building an unsustainable system of care on the shoulders of the direct care workforce. Without more and better qualified workers, the quality would suffer in all settings. We simply weren’t doing enough to recruit and retain a quality workforce.”

To inform task force deliberations, staff and consultants gathered data about Vermont’s licensed nursing assistants (LNAs) and personal care assistants (PCAs), projected demand for long-term care services over the next 10 years, and surveyed the workforce. The group, which became known as the Long-Term Care Workforce Council, produced 32 recommendations in four categories: wage and benefit improvements; reimbursement policy; training and career development; and working conditions.

Senecal remembers presenting the proposals to Patrick Flood, Commissioner of DAIL, and asking which of the recommendations he wanted to implement since funds were very limited. “‘All of them are important’, he told me, ‘so we’ll just have to take them one by one until we address them all’.”

A succession of grants and initiatives followed. In October 2001, Vermont was awarded a Real Choices grant from CMS, which had workforce development as a major component. The grant funded the start-up of an association of direct care workers, with support and initial sponsorship from COVE. In 2003, COVE and its partners wrote a successful proposal for a Better Jobs Better Care grant. Subcommittees of the Workforce Council were matched to the workplan for Better Jobs Better Care. At the same time, Flood called for a “Gold Star Employer” program to encourage best practices and culture change in nursing homes to improve direct care worker recruitment and retention. “The stars are aligned,” says Senecal. “Achieving all of those 32 recommendations doesn’t seem so unlikely now, and this year’s legislative session reflects how far we’ve already come.”

The Newest Star

COVE and several BJBC partner organizations worked hard over the last year to bring to life Flood’s vision for the Gold Star Employer program. Starting in 2005, Gold Stars will be awarded annually to nursing homes that institute best practices in recruitment and retention during the previous year (see box). The Gold Star Council selected the best practices based on evidence of their positive effect on recruitment and retention.



Vermont Gold Star Employer Best Practices

Staff recruitment, e.g. honest depiction of job duties and expectations, involvement of direct care workers in interviewing

Orientation and training, e.g. well-developed orientation, hands-on training and mentoring for new employees

Staffing levels and work hours, e.g. flexible scheduling, worker control over hours, safe work loads

Professional development and advancement, e.g. career lattices, mentoring opportunities, training in specialized care

Supervision training and practices, e.g. training for all supervisory staff, accessible supervisors, respect for all workers

Team approaches, e.g. involvement of direct care staff in care planning, permanent assignments for patient care, regular communication among team members

Staff recognition and support, e.g. reward years of service with pay increases or opportunities for advancement, counseling resources, strategies to express appreciation and respect

To win a Gold Star, nursing homes must conduct a self-assessment on their use of best practices and develop goals for at least two of them. After one year, a Council review team will review the nursing facility's progress. Because the program wants to reward effort, Gold Star recognition may be awarded even if the goals are not achieved.

The Gold Star awards will not qualify nursing homes for additional Medicaid reimbursement. However, to win one of five annual Quality Awards of \$25,000, nursing homes will be required to gain Gold Star recognition starting in 2005. This adds a new requirement for homes to be eligible for the awards; winners must still conduct a state-endorsed resident satisfaction survey and have no substantial quality of care or safety problems. The state expects facilities to publicize

Gold Star awards in their marketing to potential new employees and to consumers.



Mary Helen Bentley says that while all nursing facilities can participate in the Gold Star program, Better Jobs Better Care staff will work closely with three nursing homes to develop tailored recruitment and retention strategies. Besides a Gold Star self-assessment, the facilities will initiate additional best practices and collect data on retention and turnover rates. "There is more that is expected of them," says Mary Helen Bentley, Project Director of the BJBC project at COVE, "but we're prepared to wrap our arms around them in support." BJBC Vermont also plans to adapt the Gold Star best practices to community-based long-term care.

BJBC Project's Significance

"Better Jobs Better Care has become the thread that ties all of Vermont's direct care workforce initiatives together," says Palmer. "With BJBC staff support for the Workforce Council committees, COVE sponsorship of the new Vermont Association of Professional Care Providers, BJBC partner involvement in the Gold Star program, and continued use of Real Choices funds for workforce development, we think BJBC will help everyone take some big steps forward."

Davis, COVE's Board President also believes the BJBC project strengthens the state's direct care worker initiatives. "The support of two major national foundations adds stature and credibility to everything else we are doing to improve the supply and skills of caregivers for older adults."

Could Vermont's approach be a model for other states? Patrick Flood believes it can. "Better Jobs Better Care is not just a grant. When viewed together with all of our other plans to ensure everyone who needs long-term care can be served in their homes or in the community, we think we can show the rest of the country how long-term care can be totally reorganized."

For further information, contact Tim Palmer or Mary Helen Bentley at COVE, 802-229-4731 or visit their website at www.vermontelders.org.



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Americans would leave for other direct care jobs in healthcare and childcare. The opportunities in these different work areas will influence an independent provider's decision whether to remain in home care."

Through the Better Jobs Better Care applied research and evaluation grant, Dr. Howes will expand her research into what constitutes a "good" home care job based on the perspective of independent home care workers. She will examine whether the positive effects of higher wages and better benefits identified in two California counties will occur elsewhere in the state. The findings could also have national significance because of growing interest in developing consumer-directed home care programs, which rely on independent home care workers. IHSS is the largest such program in the country.

Howes' study will examine the effect of different wage and benefit enhancements, and other factors, on recruitment, retention and hours of

increased or benefits added ("low-wage counties"). The research will compare workers in the eight counties to identify the most influential factors for recruiting and retaining a stable workforce.

California has one of the most ethnically diverse populations in the U.S. Howes notes that in California, as elsewhere, "consumers tend to choose providers of the same ethnicity because of cultural compatibility, proximity and the fact that family providers comprise half of the workforce." The study will look at supply and demand, measure the adequacy of the workforce in each county, and assess whether it is diverse enough to meet consumer needs.

To produce a complete picture of the home care workforce in the five counties, the research team will conduct a two-tiered mail and telephone survey of 5,000 IHSS providers and analyze data from the state's Caseload Management, Information and Payroll System (CMIPS) database for the IHSS program. The survey will gather information on worker characteristics, work history prior to becoming an IHSS provider, importance the worker places on various enhancements, and worker preference for full or part-time work. The CMIPS database will provide data on the number of consumers each provider cares for, provider's income, the entry and exit date of each provider, and the longevity of service. It can also provide measures on the size of the workforce and number of hours worked, the average turnover rate of the workforce, and the length of match between the consumer and provider. Turnover measures will be calculated both for "natural turnover" because the consumer no longer needs the service and "bad turnover", due to the provider quitting or the consumer firing the worker.

Howes is joined by research colleagues Laura Reif, Professor Emeritus of the UCSF School of Nursing, Linda Delp, of UCLA's Center for Labor Research and Education, as well as Lea Grundy and Carol Zabin of the Center for Labor Research and Education at the University of California, Berkeley. The surveys of independent home care providers will be carried out with the help of trained surveyors employed by SEIU Local 250, the Homecare Worker Training Center in Los Angeles, and the Nevada-Sierra Public Authority. Surveyors will include people who can speak

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work of IHSS home care workers. She will also examine how these factors vary in importance among people with different demographic and socio-economic characteristics, such as age, gender, rural or urban residence, household income, ethnicity, immigrant status, and family or non-family relationship.

Howes will conduct the study in eight California counties, including two large urban counties, five rural counties, and a county with both urban and rural areas. Two of the counties have granted large wage and benefit increases ("high-wage counties"), one has raised the wage just above the state minimum, but added health insurance, and the other five have not had wages



NEW RESOURCES & EVENTS

Systems Change Grants for Community Living: Direct Service Workforce Activities

(April 2004)

Since 2001, the federal Centers for Medicare and Medicaid services have awarded Real Choice Systems Change (RCSC) grants to state agencies. The purpose of RCSC grants is to help design and implement “effective and enduring improvements in community long term support systems to enable children and adults of any age who have a disability or long term illness to live and participate in their communities.” In FY 2001, 20 states proposed initiatives to reduce the shortage of direct service workers available to work in home and community-based settings by improving their recruitment and retention.

A new report by RTI International for CMS, called, *Systems Change Grants for Community Living: Direct Service Workforce Activities*, describes the workforce initiatives of the 20 states. Five types of initiatives were found: 1) recruitment strategies such as public awareness campaigns and worker registries; 2) extrinsic rewards, which focus on increased wages and benefits; 3) training and career ladders; 4) culture changes to improve work environments and relationships with supervisors; and 5) systems administration and planning to project supply or demand and track progress.

The report includes case studies of initiatives in six states: Arkansas (two programs), Kentucky, Montana, New Hampshire, North Carolina, and Vermont. The last two have since received Better Jobs Better Care grants that build on RCSC activities. The states were selected for in-depth study because they made workforce issues as a major focus of their RCSC grants and reportedly made progress in this area. The case studies provide a detailed description of state activities, problems encountered, evaluation of the initiative’s success, and recommendations for other states. For example:

■ **Arkansas** is developing a statewide standardized training for new workers, a web-based worker registry, and exploring a worker-owned cooperative in which workers own the provider agency and are able to redirect some

of the profits to cover health benefits for workers.

■ **New Hampshire** is providing backup coverage for workers by recruiting college and graduate students in social service fields, who would be paid through Medicaid or the federal work-study program. The state also is considering providing health benefits by having employers contribute toward a package of services for workers through local community health centers (CHCs).

The report is available from the Community Living Exchange Collaborative at:

http://bcbs.org/moreInfo.php/nb/doc/716/direct_service_workforce_activities_of_the_systems

Nursing Aides, Home Health Aids, and Related Health Care Occupations—National and Local Workforce Shortages and Associated Data Needs (February 2004)

Better documentation of direct care worker shortages could assist states and institutions to develop targeted initiatives to address the problem. This report finds that current data systems have significant limitations and identifies ways to make workforce data more useful. For example, it suggests upgrading and augmenting existing state CNA registries, which are described in an extensive appendix. It also urges standardizing data collection systems across states and provider types. The federal Health Resources and Services Administration commissioned and published this study, prepared by the Center for Health Workforce Studies at the State University of New York, Albany. Available at:

<http://bhpr.brsa.gov/healthworkforce/reports/nursinghomeaid/nursinghome.htm>

Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care (June 2004)

According to this article by Vincent Mor and colleagues, nursing homes are divided into a two-tier system; the lower tier consists of nursing homes with primarily Medicaid residents. These homes are more likely to be understaffed and

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have fewer registered nurses compared to upper-tier facilities, although there were no significant differences between the two types of facilities for licensed practical nurses. African-Americans are overrepresented and four times more likely than Caucasians to live in a lower-tier facility. In addition, the lower-tier facilities are disproportionately located in the poorest counties and residents have more health-related deficiencies. The report is available at:

www.milbank.org/quarterly/8202feat.html

Getting to Work: A Report on How Workers with Limited English Skills Can Prepare for Good Jobs (May 2004)

Immigrants seeking work are often faced with the obstacle that they have limited English proficiency (LEP) and low educational attainment in their native language. This report examines eight programs that seek to help workers with LEP get and keep good jobs. It examined common challenges to the training programs that serve these workers and ways to resolve them. The authors provide recommendations both for providers and the

workers with LEP. The AFL-CIO Working for America Institute published the report with support from the Joyce Foundation.

www.workingforamerica.org/documents/PDF/GTW50704.pdf.

Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003 (May 2004)

This paper reviews and discusses the significance of empirical research findings on the frontline long-term care (LTC) workforce since 1999, in both home and community-based and nursing home settings. The paper, published by DHHS' Office of Disability, Aging and Long-Term Care Policy and written by staff of the Institute for the Future of Aging Services/AAHSA, focuses on what has been learned from interventions designed to improve LTC direct care workforce recruitment and retention. This paper helps to create a framework for future evidence-based policy, practice, and applied research initiatives to address LTC direct care workforce shortages.

<http://aspe.hhs.gov/daltcp/reports/insight.pdf>

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Chinese, Spanish, Russian, and Armenian, in addition to English.

IHSS Program Remains Intact—For Now

For a while this past spring, Howes was concerned that the Governor's proposed cuts to the IHSS program would endanger the research project. If the cuts had been approved, they would have disqualified independent providers who are parents or spouses of the IHSS consumer, reduced benefits for people who only receive help with domestic tasks, and made it optional for counties to establish public authorities that serve as the employer-of-record for independent providers. The cumulative effect of these changes would have drastically altered the make-up of the home care workforce and threatened services for an estimated 75,000 people on the program.

In late April, however, Governor

Schwarzenegger backed off from his proposed cuts. Instead, his administration will ask the federal government to subsidize costs for these consumers, who have been supported with state-only funds. The federal government has permitted Medicaid funds to be used to pay for personal care services delivered by close relatives in other states. As of early July, the state's current contribution to IHSS worker wages and benefits appeared to be safe as well.

Says Howes, "The wage cuts would have been devastating to a program that has become a national model." If consumers could not find independent providers willing to work for lower wages, some would be forced to seek home care through more expensive agencies and some might have entered nursing homes, which cost as much as six times more than home care.

For further information on the study, contact Candace Howes, at chow@conncoll.edu.

