

**4/27/04 Call Summary  
Challenges of Evaluation**

Better Jobs Better Care Grantees, RWJF and Atlantic Philanthropies  
Direct Service Community Workforce Grantees, CMS

**Facilitated** by Debra Lipson, Institute for the Future of Aging Services and  
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**Topic introduction** by John Sherlock of Western Caroline University and Farida Ejaz of  
the Margaret Blenkner Research Institute at Benjamin Rose

**Topic Introduction: John Sherlock**

North Carolina's CMS Direct Service Workforce grant is implementing three interventions within five provider agencies, some very small and some with over 100 employees. The interventions are subsidized health insurance, a career ladder (with several components including an employee assistance program) and a merit based recognition program.

There are limitations to their evaluation that they have had to accept from the beginning. For example, there is no consistency in how the insurance intervention is being offered across the participating agencies. Each agency is offering some kind of subsidized benefit, but some offer mini-med and some major-med.

The impact of the employee assistance component of the second intervention also will be challenging to evaluate because it will be difficult to control for other factors. For example, some workers may not take advantage of it even if offered; others may use it many times in different ways. Additionally, the agencies are using different strategies of marketing the benefit to their workers, some with greater enthusiasm and intensity than others.

They have developed worker surveys, adapted from previously validated surveys. The survey now has 58 questions. As they add new interventions, the survey grows so they must be careful about keeping it from getting too long. They were able to do pre-testing and focus groups with the survey, to make sure respondents understood the questions. All the surveys are administered centrally and mailed back to the graduate assistant directly - not given back to the agencies. This has worked well because the agencies are really too busy to administer the survey. Their first survey had a 58% response rate, the second one a 38.4% response.

Measuring the major dependent variable, turnover, has also been a challenge. The agencies were used to reporting workforce data for the state's annual licensing renewal requirement using ratios that were different from those CMS wanted for the reporting requirements. They have had to adapt to meet the agencies' need for greater simplicity in reporting.

It is important to note that all their agencies know how lucky they are to be participating in this grant program, and are working hard, doing their best to meet the needs of the evaluators.

**Topic Introduction: Farida Ejaz**

With their BJBC research grant, they undertook an ambitious task of surveying 750 workers in 46 long term care facilities (nursing homes, home care agencies and assisted living centers) in five counties in northeast Ohio. They are looking to measure how organizational racial composition – i.e., the convergence of race between worker and clients – affects job outcomes, particularly job satisfaction and the intent to stay on the job. Organizational racial congruence is defined as 55% or more of direct care workers and their clients/residents belonging to the same race (be it minority or non-minority). Organizational racial incongruence occurs when less than 55% of direct care workers and clients/residents belong to the same race.

They started with a pre-survey of all workers in northeast Ohio, which helped them to classify sites based on organizational racial congruence (minority or non-minority) or incongruence. Then they developed a proportionate random sampling strategy that resulted in 46 sites being chosen in the study. They began site recruitment in August of 2004 and now have 24 of the 46 sites on board.

One challenge they did not anticipate was how much time it takes between the selection of a site and when that site comes on board. This has been taking between a week and four months after the site receives the introduction letter. It seems that the sites are not as excited about being selected as the researchers are about selecting them.

Once a site comes on board, the second challenge is in trying to recruit workers to participate. The site provides a list of names and contact information, but often the telephone numbers are incorrect. In March, they had completed 186 interviews – for which interviewers had to make 4.2 contact attempts each to complete an interview. They had 68 no shows of in-person or telephone interviews. After trying up to 4 times to reschedule, 31 of the 68 completed interviews.

They realized if they continued this way, they would never finish – so they changed protocols. They hired three more interviewers and started limiting their follow-up of no shows to just one attempt. They also relaxed the method of providing respondent replacement names. Previously interviewers made numerous attempts to contact a respondent before they contacted the field office for the name/telephone of a replacement respondent. So each respondent that was not contactable was replaced one at a time. Now they give interviewers back up random lists so interviewers can use their discretion to contact a replacement worker.

They also hired an ex-nursing home administrator to help recruit sites who was very effective at talking with the administrators and who made many site visits. Unfortunately, she has gone back to nursing home administration now.

Overall, the recruitment process has been slow because of the resistance they have encountered at the sites and from the workers. In terms of site recruitment, agencies receive at least a \$150 payment to participate and it requires very minimal effort is required on their part, only that they fill out an organizational survey and assist in providing contact information. But agency staff are busy and they are afraid that the research project will open up a kind of Pandora's box, make workers aware of problems or stir up employee dissatisfaction.

The feedback they get from workers is that they are too busy to be interviewed - not enough time even if they are willing to do the interview any time of day. Workers are paid \$20 for the 45-60 minute interview. Some say that helps, especially younger workers, but others do not seem to care.

One lesson learned: if you can go on site and conduct surveys during work time, the process is much smoother. Some sites have allowed them to do this, even while workers are on their work schedule. Some sites have kept the money for respondents if the interview was conducted on work time. Others have let the worker keep the money even though the interview was conducted on work time. But getting workers off the floor for 45-60 minutes when they're busy can be difficult. Only four of the 24 sites have allowed them to conduct interviews on site at work time.

Overall, the information they have gotten back is rich and extremely valuable so they think their efforts are worth it in the end. This is one of the most interesting grants Dr. Ejaz has ever worked on and she feels passionate about the work and the findings. In spite of all the challenges, it is very valuable work and will make a significant contribution to the literature on direct care workers.

### **Comments/ Questions/ General Discussion**

**Rhoda Meador** of Cornell University noted that she pays facilities \$800 to participate, which includes the cost of having staff attend the training they provide - the intervention. She has noticed that things are busier and more overwhelming at facilities now than ever before and that the research is more labor intensive than anticipated. They are doing a CNA questionnaire on work time, but it has not been smooth in all facilities. Having a strong hospitality orientation helps, setting up coffee and donuts when you can but how helpful this is depends on the facility.

**Q:** Have you noticed any correlation between getting administrators on board and getting workers to participate - can you predict how easy it will be to recruit workers based on the effort it took to get site on board?

**A:** **Kathleen Fox** at Benjamin Rose answered that getting buy-in from the agency administrators is very important and that workers will not participate if agency staff do not encourage them to do so. **Kim Pukstas** of Boston University noted that she is working in 10 facilities and has noticed the same thing.

**Farida Ejaz** commented that as researchers they are not very good at marketing themselves. They have considered the idea of giving away little gifts, pins or gadgets,

maybe offering a lottery of \$500 or a gift certificate. They now have the results from the National Nurse Assistant Survey and plan to get copies of the flyers and marketing materials from this effort, to see if those will help their project.

**Dave Pavelchek** of Washington State University noted that these incentives sometimes work, but sometimes not. Sites are very idiosyncratic and perception of the project matters.

**John Sherlock** commented that he applauds the research design of conducting face to face interviews, that he finds it always more enlightening what you can get from an interview than a survey. He also points out that North Carolina's data collection may be simpler, because it is centralized and they do not have to do so much worker recruitment.

**Debra Lipson** of IFAS noted that it is important to keep in mind that there are two different research designs being discussed. In the DSW project, providers are very involved and invested because there are interventions (benefits) being offered by the researchers. The BJBC research grantees must ask providers to participate for the sake of the research itself – for gaining knowledge about issues facing direct care workers so it can be useful in the long-run. Therefore, sites may not see an incentive to participate for the sake of research alone or for the long-term impact of the project. However, there are some BJBC demonstration grants that offer interventions, but with site-specific evaluators, the DSW grantees are better able to feedback interim information from their evaluations to the providers than some of the BJBC grantees who are participating in one centralized evaluation (University of Pennsylvania).

**Rhoda Meador** of Cornell University noted that in addition to their BJBC grant, they are also working on a community based partnership project, working with organizations who serve older people using a community based research paradigm. The difference in the participation of the organizations in the two grant programs is like day and night, and it has convinced her that there should be partnerships in place with the organizations/ providers from the beginning – from conceptualization of the research, through structuring and planning to implementation.

**Farida Ejaz** agreed that getting providers involved in setting the goals of the research from the beginning is a good idea but sometimes it still may not work because providers are so busy and may not see the research as providing immediate feedback. **Rhoda Meador** noted that it would make the findings more relevant to the agencies and minimize the gulf between researchers and agencies.

**Q:** How much time does the community based partnership model take – how many meetings, over what period?

**A: Rhoda Meador** responded that it should really start before the application for the grant, and that it takes time to cultivate well established relationships.

**John Sherlock** responded that they have involved their participating agencies in the design of the survey instruments all along the way. They continue to hold monthly meetings to talk about intervention design and discuss evaluation activities. Some agencies are more interested in the evaluation than others, and they may not want to know all the statistical details but they want to stay informed. He noted that some

agencies have been frustrated at the slow turn out they've had at some of the professional development workshops. They wonder if it has taken too much of their time to advertise and market if no one shows up and they have gotten frustrated if the intervention is taking too much time away from their primary jobs.

**Linda Noelker** of Benjamin Rose noted that they tried having meetings with their participating agencies – breakfast meetings but not many people attended (one was scheduled on the day they had a big snow storm). They plan to go back at some point and present the findings to the long-term community.

**Dave Pavelchek** of Washington State University commented that as they are a new DSW grantee, they are just now banking data and have not had to tackle ratios yet, but that they anticipate reporting workforce data will be a challenge. They plan to consider turnover both from worker and consumer perspective.

**Debra Lipson** responded that Candace Howes from Connecticut College has done some work with California's In Home Supportive Services program looking at turnover in that context. Debra will forward some materials to Dave about Candace's work.

**Lauren Harris-Kojetin** of IFAS commented that in her career as a researcher, she has never had to spend so much time before developing relationships, marketing herself, explaining the value of the Institute's work or why people should care about it. Now she needs to sell the value of applied research, even before you go after funding. She has learned to avoid using the word "research" – opting instead for "informed decision making." They have to try and get providers to see them as consultants, with value added to bring.

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