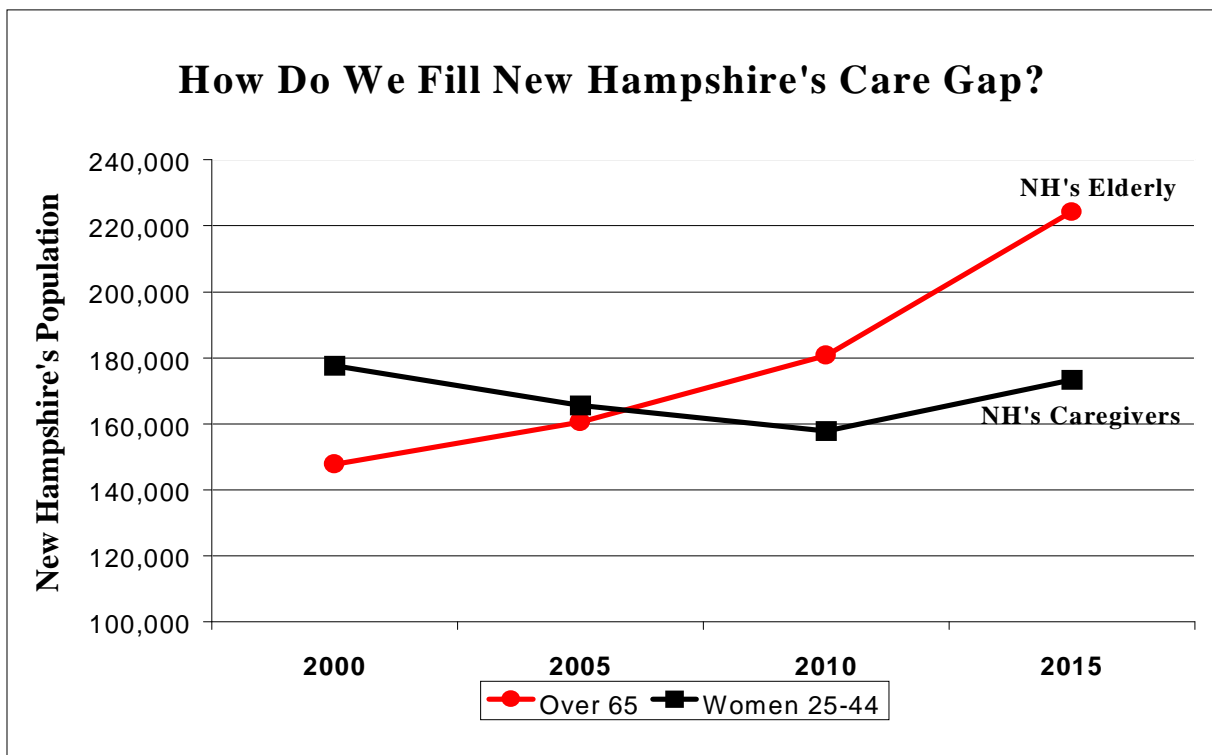


New Hampshire's Care Gap

The Healthcare Workforce Shortage



Paraprofessional Healthcare Initiative
New Hampshire Community Loan Fund
February, 2001

The Paraprofessional Healthcare Initiative New Hampshire Community Loan Fund

The mission of the New Hampshire Community Loan Fund is to serve as a catalyst, leveraging financial, human and civic resources to enable traditionally under served people to participate more fully in New Hampshire's economy. The Loan Fund works to improve traditionally low-wage jobs as well as provide access to affordable housing, child care and other services.

The Paraprofessional Healthcare Initiative serves to improve the quality of direct-care jobs and enhance the caregiving profession in New Hampshire, thereby ensuring a strong workforce to provide high-quality care for long-term care consumers.

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To place the issue of the direct-care worker crisis within a national context, read:

"Direct Care Health Workers: An Unnecessary Crisis in Long-Term Care"

By Steve Dawson and Rick Surpin of the Paraprofessional Healthcare Institute

Published by the Domestic Strategy Group of the Aspen Institute, Washington, D.C. Jan., 2001

Available from National Clearinghouse on the Direct Care Workforce, Bronx, New York,
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New Hampshire's Care Gap

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Executive Summary

New Hampshire residents feel the impact of the healthcare workforce shortage every day. Consumers endure rushed or delayed care and a steady stream of new caregivers every day whom they do not know. For the elderly and individuals with disabilities, new faces make them feel less safe. Turnover rates of 35-100 %¹ increase the likelihood that medical needs will go undetected because caregivers are unfamiliar with their clients. Families who provide most of the care themselves are stretched to the limit, without sufficient assistance. The quality of care in New Hampshire is at risk.

Most people believe that we have a shortage of paid caregivers because of our current booming economy. Today, caregivers can find higher-paying jobs, sometimes with benefits, at the local fast food restaurant. However, without new strategies to attract and retain new caregivers, we will not have the workforce needed to take care of our elderly and disabled in the coming years **even if** the economy turns and better-paying jobs become scarcer.

According to state planners, the elderly population will grow by 34% by 2015 to over 220,000. At the same time, the entry-level traditional caregiver population (women, ages 22-44) will decrease by approximately 2.5 %²

In a less-robust economy, an increase in wages and benefits for caregivers would likely expand the pool of applicants for these jobs. However, it is difficult for providers of care (including nursing homes and home care agencies) to increase wages and benefits because they are so dependent on public funding (Medicare and Medicaid) for revenues. Seventy-seven percent of all nursing home patients in New Hampshire rely on Medicaid or Medicare and New Hampshire's home care industry relies on Medicaid or Medicare for over 50% of its revenues.³ This dependency on public funds and low unemployment have caused a severe shortage. As our population ages, the workforce shortage will increase.

The industry can not attract the number of workers needed to care for our elderly and people with disabilities due to insufficient wages and benefits and the low value we place on caregiving. They can not retain workers because paraprofessionals are unappreciated, overworked and the low wages and lack of benefits force experienced caregivers to leave the profession. Eleven thousand certified nursing assistants have let their licenses lapse since 1993.

To ensure high-quality care for the elderly and individuals with disabilities in New Hampshire we must create quality jobs for those giving the care.

Quality Jobs Within Four Years

The solution to the direct care workforce shortage lies in a commitment to a series of incremental actions over time. There is no "quick fix". Working together, policy makers, providers, consumers and caregivers can create jobs that will attract and retain a committed, trained and experienced healthcare workforce. To reach this goal we must provide:

1. Competitive Wages
2. Health Insurance & Other Competitive Benefits
3. Opportunity for Professional Advancement
4. Positive Public Image
5. Supportive Work Environment

¹ New Hampshire Hospital Association, Vacancy & Turnover Survey 2001 and the Office of the Executive Director, NH HealthCare Association

² New Hampshire Office of State Planning, 2000

³ New Hampshire Health Care Association and Home Care Association of New Hampshire, 2001

New Hampshire's Care Gap The Healthcare Workforce Shortage

Introduction

New Hampshire's healthcare system faces a startling reality because of our evolving demographics. The elderly population requiring care in New Hampshire is growing every day and will increase 34% by 2015.⁴ At the same time, a lack of direct-care paraprofessional workers⁵ is creating an instability that threatens the quality and availability of health care services for thousands of New Hampshire citizens who are ill, elderly or living with disabilities.

There are three groups of players in this story. Staff turnover rates of 30% to 100% coupled with staff vacancy rates of 16% to 25%⁶ among direct-care workers make it difficult for the elderly and individuals with disabilities, **the consumers** and their families, to find quality care. **The providers**, including nursing homes and other assisted living facilities, home care agencies and residential settings for people with disabilities, cannot attract enough new caregivers. Paid caregivers, **the workers**, leave the profession because of poor wages and benefits and lack of appreciation for their work. Those workers who do stay face dangerous workloads and insufficient support to provide high quality care.

⁴ NH Office of State Planning, 2000. This figure includes the elderly only and does not include projected growth among individuals with disabilities.

⁵ Direct-care paraprofessional workers include certified nursing assistants, home health aides, homemakers, personal care attendants, personal care service providers and program aides. There are many different names given to the non-degreed caregiver for the elderly and individuals with disabilities.

⁶ NH Hospital Association Vacancy and Turnover Rate Survey (1/00-6/00) and the Office of the Executive Director, New Hampshire Healthcare Association, 2001

The Consumers

"Mary, I'm not taking off my nightgown for another new person!"

Rachel is 90 and lives with her daughter, Mary, and her husband. She has Parkinson's Disease and relies on a wheelchair and walker for mobility. Five years ago when Rachel came to live with her, Mary sought assistance with bathing and care for her mother from a local home care agency. She experienced many last minute cancellation calls at her work when caregivers cancelled and replacements could not be found. At one point her neighbor, who was a certified nursing assistant (CNA), helped her, but stopped when she became pregnant with her first child. Mary tried Adult Care Services - taking her mother to a nearby senior center. It wasn't the right fit for her mother who found many of the participants to have a significant level of dementia. They returned to individual care at home and are now limping along, with whatever assistance the local home care agency can provide. Mary says,

"The search for quality home care for my mother brought me closer to a nervous breakdown than any of my efforts to find adequate child care when my children were young."

Rachel's help isn't consistent. In one week seven different CNAs came to her home in six days. Rachel has become increasingly uncomfortable with all the new faces.

"I'm not asking people to take over my burden. I realize that Caiti is my responsibility, but boy, it would be nice to be able to count on things, to know we have somebody who will be here."

These are the words of a mother of a severely disabled, nonverbal six-year-old with seizure disorder, requiring twenty-four hour care. Her physician has prescribed 30 hours of Medicaid-reimbursed home care per week but Caiti typically receives only six per week because of the worker

vacancies. Occasionally she is lucky enough to get an additional four hours on a weekend.

The Providers

"Among our nursing home members, average spending on caregiving temporary workers has increased 94% in the first nine months of 2000 over 1999 and we still have employee vacancy rates of 16%"

-John Poirier, NH Health Care Assn

"We're looking at applicants now we would never have considered before"

-Residential Care Provider

The Workers

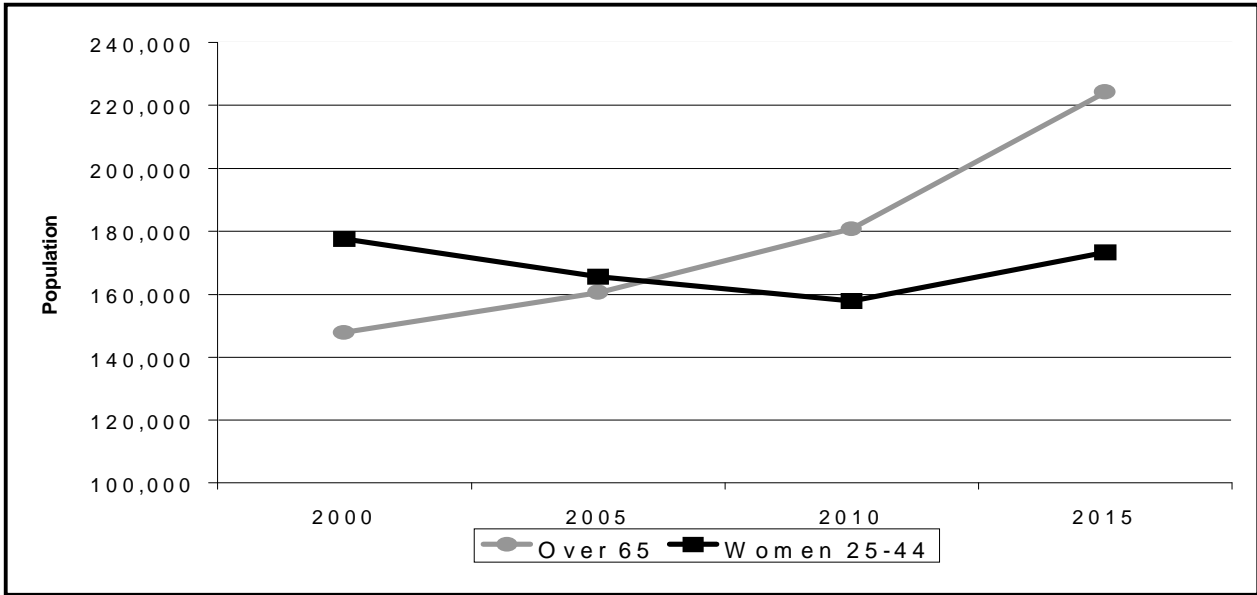
"You can go ahead and plan your day and maybe they can tell you that this should take you three minutes, and this should take you six minutes and then the ending procedure should take you nine. And, so it really should only take you a total of eighteen minutes to do this procedure. Well, that's all fine and well in theory, but if three lights go off and then your resident throws up in the middle of the bed bath or is incontinent again half way through, or your nurse calls you because she's trying to transfer somebody and they've fallen or the resident in the next bed is complaining about something, that they're hungry or it doesn't take you eighteen minutes, it takes you forty-five. So, that is a frustration. Lack of time to do your job right and lack of enough staff to help everyone."

-CNA Focus Group Participant, 2000⁷

⁷ In 2000 the New Hampshire Community Loan Fund organized and sponsored focus groups of current and former CNAs in Dover, Nahsua, Manchester and Lancaster. The NH Department of Health and Human Services' Director of Policy facilitated the group meetings.

Demographics of the Care Gap

Most people believe we have a caregiver shortage because of our current booming economy. Today, caregivers can find higher-paying jobs with benefits at the local fast food restaurant. However, without new strategies to attract and retain new caregivers, we will not have the workforce needed to take care of our elderly and disabled in the coming years **even if** the economy turns and better-paying jobs become more scarce. The growth of our aging population coupled with the decrease of available caregivers is creating the care gap.



**The NH Elderly Population and Women of Caregiving Age
2000 - 2015**

Currently 148,000 of our state's 1.2 million citizens are over 65. According to state planners, this elderly population will grow 34% by 2015 to over 220,000. At the same time, the entry-level traditional caregiver population (women, ages 22-44) will decrease by approximately 2.5%.⁸

Dynamics of Health Care Labor Market Forces

Demand for caregivers exceeds the supply of direct-care workers. Based on past activity and the expected growth of the elderly population, the NH Bureau of Employment Projections has identified Personal Care Aides and Home Health

aides to be among the ten fastest growing occupations in New Hampshire.⁹

In the private business world, when the demand for staff exceeds the supply of workers, businesses can increase wages and benefits to entice more people into the workforce. They can choose to cover the increased payroll with price increases or make less profit. We see this currently in the private sector. Despite a minimum wage rate of \$5.15/hour, fast food restaurants have increased their starting wages and are offering benefits when they never did before.

So, we would expect the wages and benefits of direct-care workers to increase in these times -

⁸ NH Office of State Planning, 2000

⁹ NH Employment Security - Economic & Labor Market Information Bureau, 1998 NH Occupational Employment & Wages

and they have somewhat. In 1998 the average starting salary for a CNA was \$7.36. Currently starting wages (with and without benefits) range between \$8 - \$10. But healthcare is not a free market industry where price can be increased in direct response to increased personnel costs.

It is not so simple to increase the "price" of healthcare to cover increased wages and benefits when it is funded primarily by public funds.

While the consumers are our family members, it is state and federal government, through Medicaid and Medicare, that pays most of the bills. Sixty-nine percent of all nursing home patients in New Hampshire are Medicaid beneficiaries and an additional 7.5% receive Medicare benefits. These numbers closely resemble the national figures for Medicaid and Medicare participation.¹⁰ The New Hampshire home care industry relies on Medicaid and/or Medicare for over 50% of their revenues.¹¹

The solutions to the paraprofessional healthcare workforce shortage are not simple. We need to have a clear understanding of the forces at work for consumers, providers and the workforce so together we can begin to create solutions.

In Section One (Page 5), this paper describes the care experience for our citizens and their families, the providers who deliver care and the front-line caregivers who help our elderly and individuals with disabilities every day. Section Two (Page 19), summarizes the problems in our system and Section Three (Page 20), recommends steps of action to solve the instability threatening the quality of care in New Hampshire.

¹⁰ American Health Care Association, Facts & Trends, The Nursing Facility Sourcebook, 1999 Keynotes, Vol. 4 #1, June, 1998

¹¹ Office of the Executive Director, Home Care Association of New Hampshire

SECTION ONE

NEW HAMPSHIRE HEALTHCARE CONSUMERS

The Elderly

Over 11,000 elderly are currently residing in long-term care facilities in New Hampshire. Approximately 6,500 residents live in for-profit or not-for-profit nursing homes, over 3,000 are cared for in residential or assisted living facilities and approximately 1,700 live in county nursing homes.¹² According to home care industry leaders, nearly 20,000 additional seniors receive some level of care in their homes.¹³

Ironically, technological progress has increased the demand for care-giving staff in non-hospital settings. Medically-advanced hospital beds, ventilators and other devices help individuals manage their own illnesses and disabilities outside hospital-based settings - but paraprofessional help is still needed to assist with daily tasks.

Almost all elderly consumers of care depend on Medicaid and/or Medicare at some point in their lives. Statewide, 70% of nursing home residents rely on Medicaid funding to pay a portion of their healthcare needs. Almost all nursing home patients have Medicare benefits, but it runs out after 100 days, consequently it is a relatively small contributor to nursing home care. Most county nursing home residents rely on Medicaid or Medicare funding for their services. Although the county homes are an option for any New Hampshire resident who meets the needs-based eligibility requirements, very few of these residents are private-pay.¹⁴

New Hampshire's home care providers have a higher dependency on Medicare than the

¹² NH Department of Health, Human Services, Bureau of Health Facilities Administration, 2000

¹³ Office of the Executive Director, Home Care Association of New Hampshire, 2000

¹⁴ Private pay consumers include those who have private insurance and those who pay for care out-of-pocket with their own family resources.

national average. In our state, Medicaid pays for 12% and Medicare pays for 55% of home care.¹⁵ Among consumers cared for in a home setting nationally, 15% of the care is paid for by Medicaid while Medicare pays for 40% and 32% pay for their insurance privately.¹⁶

The Non-Elderly

In addition to the elderly, there are over 8,000 children and adults with disabilities who make up the "non-elderly" long-term care consumer in New Hampshire including those who are physically disabled and individuals with chronic diseases such as Multiple Sclerosis and AIDS.¹⁷ The closing of New Hampshire state facilities for the developmentally disabled in the early 1990's created an increased need for paraprofessional caregivers to assist people with disabilities living in community home settings and in their own family homes.

There will continue to be demand for caregivers in residential settings to care for people with disabilities. The recent Olmstead Federal Court decision regarding care for the disabled interpreted Title II of the American with Disabilities Act and its regulations to oblige states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Consumers in their own homes may be certified for Medicaid-reimbursed care; others look for assistance and pay for the service privately. In New Hampshire nearly two thirds of home care agencies reported recently that Medicaid covers over 50% of special needs children's home health care¹⁸.

¹⁵ Office of the Executive Director, Home Care Association of New Hampshire, 2000

¹⁶ Health Care Financing Administration, Office of the Actuary, National Health Expenditures Projections, 1998-2008

¹⁷ Office of the Director, NH Office of Developmental Services, Department of Health & Human Services, 2000

¹⁸ "An Examination of In-Home Support for NH Children with Special Health Care Needs", Institute for Health, Law & Ethics, Franklin Pierce Law Center, 2000

The paraprofessionals providing this care include home care assistants, personal care assistants, personal care service providers and certified nursing assistants.

Reliance on Medicare and Medicaid

As indicated above, consumers rely heavily on Medicaid and/or Medicare to help pay for their care. The rules and regulations regarding these programs are not easy to understand and they change frequently. Consumers find the requirements duplicative and confusing. Family members of an elderly woman who is attempting to receive home care services noted that the two state-required visits by a social worker and nurse were repetitious.

"While they were both polite and caring with my mother, they asked the same exact questions and they both reviewed her medications. After she is approved by the state, a nurse for the agency who is providing her care will also have to visit my mother to make a care plan."

-Son of Medicaid consumer

Medicare

Medicare, which is completely funded by the federal government, is our federal health insurance program for people over age 65, some people under 65 with disabilities and others requiring dialysis treatment. By design, it provides coverage for acute care-assistance for relatively short-term, intensive medical care as well as hospice care for the terminally ill. Medicare support for long-term, chronic conditions is limited.

Medicaid

Medicaid is a combined federal/state funded program that provides medical assistance for certain individuals and families with low incomes and resources. Within national

guidelines provided by the federal government, each state establishes its own eligibility standards, determines the type, amount, duration and scope of services. Each state sets the rate of payment for services and administers its own program.

Services that are covered by both programs will be paid by Medicare first and the difference by Medicaid, up to the state's payment limit. Medicaid also covers additional services such as skilled nursing care beyond the 100 day Medicare limit, prescription drugs, eyeglasses, and hearing aids.

Medicaid "Spend Down"

Since Medicaid is intended for very low-income individuals, states require that an individual have both a limited income and few assets. Assets include cash and cash equivalents, an automobile or any other items that could be sold easily for cash. An individual's home is exempt. New Hampshire requires that an individual have no more than \$2,500 in assets before applying for Medicaid and therefore long-term care clients must "spend down" any savings before becoming eligible.

The Medicaid Home and Community-Based Care Waiver for the Elderly and Chronically Ill (HCBC-ECI)

Instead of entering a nursing home, individuals who require "nursing home level of care" and are financially eligible may receive community-based services including home care and other mid-level care under the HCBC-ECI waiver program. The numbers of HCBC-ECI waivers have steadily grown in the past five years. Approximately 1,500 New Hampshire residents are currently served by the HCBC-ECI waivers, including 80 each in residential and assisted living facilities.¹⁹

¹⁹ Office of the Director, NH Department of Elderly and Adult Services, NH Department of Health & Human Services, 2000

Consumers' Major Concerns

1. Elderly and children turned away every month

Although the elderly and other long-term care consumers usually prefer to stay in their homes as long as possible, individual home care agencies report having to turn away eight to ten clients each month because of the lack of available caregivers. Due to lack of staffing, four nursing homes in the last year have removed over 100 beds that used to be available for Medicaid clients.²⁰ Consumers with disabilities who have been prescribed hours of care in their homes by their physician cannot receive the care because of the scarcity of caregivers.

2. Inconsistency of caregivers

Some long-term care facilities and home care agencies can meet their staffing needs with their own workers. Many, however, do not have enough workers and they fill in with temporary help. There is little consistency of caregivers when this occurs. Having new caregivers everyday is distressing to the elderly and individuals with disabilities; it also increases the risk that medical needs will go undetected because staff is unfamiliar with the people for whom they are providing care.

3. Need for well-trained, efficient staff

A national study of nearly 500 nursing homes residents indicated that the quality of the staff was the most important factor in achieving good quality care: well-trained, efficient staff, with positive attitudes.²¹ The residents emphasized the need for staff training in human relations and psychological skills so staff members could communicate better with residents.

A statewide training provider has increased the number of hours of training given to CNAs, in part, because they know that new workers are not getting as much orientation as they used to

²⁰ Office of the Director, NH Healthcare Association, 2000

²¹ "Paraprofessional on the Front Lines: Improving their Jobs - Improving the Quality of Long-Term Care", The Paraprofessional Healthcare Institute, Bronx, NY, 1998

when nursing homes and home care agencies were adequately staffed. The impact of the vacancies snowballs - with insufficient support staff, LPNs and RNs burn out and worry about the level of care provided under their supervision.

4. The array of options for long-term care not always presented to consumers

The state of New Hampshire's policy is to encourage alternatives to nursing homes such as home care and respite care for unpaid family caregivers. However when family members talk with state Medicaid representatives, they are not always told about these alternatives or how to access them. Too often, nursing home care is the only option discussed.

In addition, the application process for home care through the Medicaid HCBC-ECI waiver can involve delays of up to eight weeks or longer, while nursing home placement can be achieved within days once a bed is located. Those who meet the need criteria can not always wait months for home care to become available.

In sum, fully-staffing our state's health care system with caring, trained and experienced caregivers will be increasingly difficult as growing numbers of consumers place increasing pressure on the demand for both paraprofessional and professional caregivers.

NEW HAMPSHIRE HEALTHCARE PROVIDERS

Long-term care in New Hampshire is provided by several types of providers: nursing homes for those needing the most care, residential and assisted living facilities for the less acute and home care agencies serving clients in their family homes. Shorter term care is also available through respite and adult day programs.

Individuals with disabilities who receive public funds are primarily cared for in small, residential settings - the majority are in homes one-on-one with caregivers. There are a few, small private institution/school settings for people with disabilities available in New Hampshire. These programs serve both New Hampshire and out-of-state residents.

Family Members Providing Care

In addition to these organized care providers, many family members care for their relatives or friends in their homes. While it is difficult to find exact numbers of informal, family caregivers, a recent study indicates that 26% of the adult population in the United States has been involved in caregiving in the past twelve months.²² A second study found 13% of the national workforce is providing special assistance informally to someone 65 or older.²³ Both of these studies found that family caregiving has become less of a daughter's domain. Men were found to be involved in caregiving 44% of the time. Forty-three percent of the caregiving families earned less than \$30,000 annually.²⁴ For these sons, daughters, nieces, nephews and grandchildren, affordable "respite care" is crucial to provide them with support and a break from the drain and stress of continual care.

²² National Family Care Givers Association, 2000

²³ *National Study of the Changing Workforce*, Family and Work Institute, 1997

²⁴ National Family Care Givers Association, 2000

Nursing Homes

Ownership

Fifty-two percent of the 88 nursing homes in New Hampshire are for-profit, thirty-two percent are not-for-profit and fifteen percent are government owned. Together they provide 7,992 beds. With an average number of 97 beds, they have an average total direct-care staff of 60.²⁵ Sixty-eight percent of typical nursing care staffs are paraprofessionals.

One third of the nursing homes in New Hampshire that receive Medicaid or Medicare reimbursements have filed for bankruptcy. This is the third highest rate of nursing home bankruptcy in the nation.²⁶ These homes, in various stages of bankruptcy, may leave creditors unpaid and create uncertainty about the long-term availability of care for their residents.

The county nursing home system began in the mid-twentieth century to ensure that all New Hampshire citizens would have care available. There are eleven county homes in New Hampshire, serving over 1,700 residents.

Staffing Ratios

The National Citizens' Coalition for Nursing Home Reform (NCCNHR) recommends that there be a minimum of 4.5 hours of nursing staff care (including RN, LPN and CNAs) per day for each resident. New Hampshire's current ratio of hours of care to resident is 3.7, lower than the NCCNHR recommendation. It is slightly higher however, than the 3.5 ratio identified in a Health Care Financing Administration (HCFA) study²⁷ as the level below which harm is likely to occur. These hours of nursing care include many administrative tasks, not just resident direct-care.

²⁵ NH Bureau of Health Facilities, NH Dept of Health & Human Services, 2000

²⁶ Office of the Executive Director, NH HealthCare Association, 2000

²⁷ HCFA is the federal agency within U S Dept of Health and Human Services responsible for managing Medicare and Medicaid. "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Report to Congress, 2000"

While New Hampshire does not have state mandated ratios, our current ratio of 3.7 is higher than the mandated ratio of several states. Mandatory staffing ratios of caregivers to residents are set by state legislatures in 37 states.²⁸

Despite an effort to maintain adequate staffing levels, in 1998-1999, 10% of New Hampshire nursing homes received deficiencies for insufficient staffing. This is the fourth highest percentage in the nation.²⁹ One newly trained and licensed CNA, age 18, was left to work alone with nine patients on her first night in a nursing home.

It is also interesting to note that New Hampshire's rate of deficiencies for unnecessary drugs is 19% while the national average is 11%.³⁰ While the reason New Hampshire received an unusually high deficiency rate in this area is not known, often inconsistent staffing can lead to a dependency on drugs to control residents. In a well-staffed facility with consistent caregivers, the staff knows their residents and would not be as likely to resort to drugs to control them.

Increased Use of Staffing Agencies

Providers are relying more and more on temporary staff hiring from agencies to make up for the missing staff. The use of non-employee, agency "temp" workers multiplied by over 200% among New Hampshire nursing homes in 2000. In 1999, nursing homes used, on average, 2,617 hours of temporary nursing care hours per home, per year. In the first nine months of 2000, that average had grown to over 9,000 hours.³¹

In one county home, 50-70% of the workers on any day or weekend are contracted agency workers, not employees of the nursing home. While not all contracted caregivers are

²⁸ National Citizens' Coalition for Nursing Homes Reform (NCCNHR), 1999

²⁹ HCFA, "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Report to Congress", 2000

³⁰ American Health Care Association: Nursing Facility Sourcebook, 1999

³¹ Office of the Executive Director, NH Health Care Association, 2000

temporary, if the agency workers are revolving and only temporary, they can not give consistent care to the residents; they do not know them.

Residential and Assisted Living Facilities

There are 143 licensed residential care and supported residential care facilities in New Hampshire.³² Some of these have three to five beds; a few have over fifty. Currently, assisted living facilities are not licensed by the state. According to the New Hampshire Residential Care Association, 95% of residential care is private pay and many residents "spend down" their own resources while at the residential setting. Until recently when a client's funds were exhausted, he or she would have to be moved to a setting that is Medicaid-reimbursable. Beginning this year, Medicaid HCBC-ECI waivers have been extended to residents of residential care homes if their level of need meets the criteria for "nursing home care". This change gives clients more options for care.³³

Residential care homes are staffed almost entirely by paraprofessionals - personal care attendants, certified nursing assistants and other paid caregivers.

Home Care

There are 96 licensed home care agencies throughout New Hampshire.³⁴ Home care agencies provide a wide variety of services including short-term assistance after hospital stays, physical therapy, hospice and assistance with daily needs including bathing and dressing. Although non-profit agencies dominate the home care field, for-profit agencies also provide services in this area particularly for long-term, chronically ill children and adults.

Fewer than half of New Hampshire's home care agencies are Medicare or Medicaid certified.

³² NH Department of Health & Human Services: Bureau of Health Facilities Admin, 2000

³³ NH Department of Elderly & Adult Services, DHSS

³⁴ NH Department of Health & Human Services: Bureau of Health Facilities Administration, 2000

The remaining agencies accept private-pay³⁵ clients only. The Medicare/Medicaid certified agencies provide the bulk of home care services and employ the majority of the home care workers in the state.

It is not uncommon for agencies to "share" their workforce with one another or to turn to staffing agencies when they face vacancies.

Area Agencies - Care for Individuals with Disabilities

The 1970's lawsuit which closed Laconia Developmental Services (formerly the Laconia State School), led to the formation of twelve nonprofit "area agencies" and established a community-based system of care for people with developmental disabilities.³⁶ Eight thousand individuals with developmental disabilities are served by the area agencies.³⁷ Direct-care paraprofessionals provide assistance to these individuals with daily living including bathing, toileting, dressing and mobility. In many cases, these paraprofessionals receive mandated training but they are not required to be licensed. The workers may work directly for an area agency or a private provider which contracts with the area agency.

Respite Care

Respite programs give a much-needed break to the primary caregiver. The caregiver could be an unpaid family member or a paid caregiver opening his or her own home for one-on-one care for individuals with disabilities. Respite care may be day or overnight and is offered by nursing homes, assisted living facilities, home care agencies and adult day service programs.

³⁵ Private pay consumers include those who have private insurance and those who pay for care out-of-pocket with their own family resources.

³⁶ The definition of developmental disabled in NH law includes: mental retardation, cerebral palsy, epilepsy, autism or a specific learning disability which occurs before age 22 with a likelihood of continuing life-long (RSA 171:A)

³⁷ NH Office of Developmental Services, DHSS, 2000

Adult Day Services

Adult day services for people with disabilities and the elderly community provide rehabilitation and therapeutic care. In addition, adult day services enable many elderly to remain at home by providing care and opportunities for socializing during the day. Adult day services are staffed by paraprofessionals - primarily program aides and certified nursing assistants. Nursing supervision is required in day services programs. Like the rest of the care providers in New Hampshire, respite and adult day service providers cannot find or retain enough workers. Fifty-seven percent of the caregivers in one adult service program have been with the provider for less than one year. This turnover rate is common in New Hampshire.

Reimbursement Upheaval – The Balanced Budget Act of 1997

The long-term care industry is faced with the workforce dilemma at the same time they are facing major upheavals in the public funding of both nursing homes and home care. The payment restructuring of the Balanced Budget Act of 1997 (BBA) brought severe reimbursement reductions to the healthcare industry.

The BBA was designed to slow the growth of federal spending and bring nursing home costs under control. Providers used to recover actual costs spent; under the new Prospective Payment System, (PPS) providers are now paid a certain amount for each Medicare patient based on the patient's acuity level. Using a standardized assessment tool based on the level of care required, the pre-determined rate relies on historic costs, not the actual cost of the care delivery - and therefore does not adjust quickly to changes in the marketplace.

It is too early to tell if PPS, which went into effect in October, 2000, will adequately reimburse nursing homes or home care agencies.

Providers' Major Concerns

1. Old Data Drives Current Reimbursement Rates

To calculate payment rates for long-term care providers, state and federal governments analyze the costs of providing care. Typically, 50% to 85% of the payment rate is allocated to labor costs. These costs are calculated by multiplying the amount of staff time required to meet care needs by estimated wage rates. The wage rates are based on previous provider practices, at least two years old. For example, current reimbursement rates are based on 1998 cost reports. With this cost accounting method, reimbursement rates will never reflect the current market and will rarely cover full labor costs.

2. Turnover Costs

Several studies suggest that staff "replacement costs" in the health care industry range from \$3,500 to \$5,000 which represents two to four times the monthly salary of the caregiver employee. These figures include the cost of new staff recruitment and orientation as well as "down time" by current staff involved in staff training.

In 2000 there was an average of 19 separate home care agencies and nursing homes advertising for multiple certified nursing assistants positions each week in New Hampshire's statewide Sunday paper. Nursing homes report spending as much as \$6,000 per month on personnel advertising, and often see little results.³⁸ In addition to these costs, some providers are paying all or a portion of CNA training for new recruits as well as finders' fees, sign-on bonuses and similar incentives.

Data regarding turnover rates is difficult to find and there is a desperate need for a statewide, consistent method to measure trends in this area. However, representatives of the long-term care industry agree that New Hampshire experiences

³⁸ Office of the Executive Director, NH Health Care Association, 2000

rates of turnover similar to the rest of the nation, which have consistently been reported at 30-60% within the home health industry, and between 70-100% within the nursing home industry. New Hampshire providers indicate that even the best-run health care facilities experience a 30%-35% turnover rate.

3. Training Costs/Requirements

Many providers believe federal and state training requirements for certified nursing assistant certification discourage potential paraprofessionals. The state of New Hampshire requires CNAs to complete 100 hours of training, which is 25 hours more than the federal requirement. The cost of the CNA training is \$800 - \$1,200 which many CNAs have to pay themselves. Some nursing homes reimburse for training if the applicant stays for six to twelve months after completing training.

Home care agencies can not receive Medicaid reimbursement for training and currently no licensed home care agency offers CNA training programs.

In addition to the initial training requirements, CNAs must complete 12 hours of in-service training every year to keep their license if they are working in a facility that receives federal funds.

4. Tightened Inspection Policies

Recently the administrator of the Merrimack County Nursing Home submitted his resignation after 10 years of service. He cited growing frustration with "no tolerance" inspection policies that he believes are overly punitive and inconsistent. Many of the deficiencies for which New Hampshire providers are cited can be traced back to high workforce vacancy rates.

"We have a very real shortage of the people who provide direct, hands-on care. You can't get what you don't pay for and, at the same time, the state and federal governments have chosen to increase these standards they ask the institutions to meet. It doesn't add up. If the current funding level is what society and politicians believe they can afford, then we have to relax the standards somewhat."

-John Poirier, NH Health Care Assn

5. Lack of Affordable Housing for Low-Wage Workers

A residential care provider in the Rochester, New Hampshire area notes that there is no affordable housing in his area. Hillsboro, Merrimack and Rockingham Counties have had rental vacancy rates under 2% for the last three years or more.³⁹ The lack of affordable housing, particularly in southern New Hampshire makes attracting new workers difficult.

"People earning \$9-\$12 per hour can not afford to live in this area."

-Area Agency Administrator

In summary, providers find it increasingly difficult to compete with other industries for scarce workers. At the same time, they must deal with tightened standards and inspection policies and limited reimbursement from the state and federal government.

³⁹NH Housing Finance Authority compilation of data from Residential Rental Cost Surveys 1990-1999

NEW HAMPSHIRE HEALTHCARE WORKFORCE

There are between 8,000 - 12,000 paid caregivers working in New Hampshire. These paraprofessionals are the everyday face of healthcare for most patients and consumers. Eight out of every ten hours of care is provided by a paraprofessional.⁴⁰ While 67% of working CNAs are in nursing homes and personal care facilities, these same facilities employ only 8% of working nurses.⁴¹

Home health care is provided primarily by certified nursing assistants, direct support professionals, home health aides, and other paraprofessionals who have training requirements but are not required to be certified by the state.

Who becomes a caregiver?

"...When my grandmother got sick and I was watching my mother and aunts and uncle take care of her, she was dying of cancer, that really kind of triggered, you know, 'I need to give of myself and not just take'".

"I have a heart of gold. It sounds funny, but I do. I have a big heart and I don't like to see people be by themselves, to suffer. I took care of my first husband. When we were 24 and he got cancer and he died...It's a talent I have inside of me. You know, taking care of people...I know what it's like to suffer. I know what it's like to hurt, and it's not a nice feeling. People need to be taken care of."

-CNA Focus Group Participants, 2000

For many, caring for the elderly and individuals with disabilities is rewarding work. Caregivers often create wonderfully rewarding relationships with their clients. Their work is crucial to their clients. How many of us can say our job really

matters every day? Many people, primarily women, go into caregiving because they have taken care of family members and found the work fulfilling.

" There aren't that many jobs where you can get eight thank-yous in a day. I get a paycheck every day and a stipend every two weeks."

-CNA Focus Group Participant, 2000

Workforce Demographics

Nationwide women hold 78% of all health care positions, and women are even more disproportionately represented in direct-care positions.⁴² Ninety-three percent of paraprofessionals are women; 89% are under 55 years of age.⁴³

In New Hampshire about 35% of caregivers are single mothers with two or more children. In many individual facilities as many as 50%-80% of the caregivers are single parents. For these caregivers, insufficient childcare is a major problem that causes them to miss work on a regular basis.

Fewer Entering the Profession; More Leaving

Ten thousand certified nursing assistants are currently registered in New Hampshire. However, an additional 11,000 have let their licenses lapse since 1993 and 800 fewer licenses were awarded in 1999 than in 1997.⁴⁴ There are several explanations for inactive licenses - some leave the state, some CNAs may be working as personal care attendants, a handful may go on to become a licensed practical nurse or registered

⁴² Himmelstein DU, Lewontin JP, and Woolhandler S. Medical Care Employment in the US, 1968-1993: The Importance of Health Sector Jobs for African Americans and Women, American Journal of Public Health, 1996; 86(4) 525-528.

⁴³ Calculated from database available at US Census Bureau, Population Projections Program. "State Population Projections: Every Fifth Year" on the Internet at http://census.gov/population/www/projections/st_yrby5

⁴⁴ NH Board of Nursing, 2000

⁴⁰ Paraprofessional Healthcare Institute, Bronx, NY, 2000

⁴¹ "Nurses in NH", September, 2000, Economic & Labor Market Information Bureau, NH Dept of Employment Security

nurse. It is safe to assume, however, that New Hampshire has lost most of these 11,000 from the caregiving profession. Iowa and North Carolina recently documented their loss of paraprofessionals. In Iowa, 800 paraprofessionals leave active status each month, and, in North Carolina, CNAs still working in the profession hold, on average, 1.9 jobs to make ends meet while those who left the profession are only working one job.⁴⁵

Wages

"I make more money cleaning offices, emptying trash and wiping down exam tables and sinks and mopping floors, than I did taking care of the elderly. And that is a damn shame."

-Former CNA who has left the profession⁴⁶

At a recent conference of caregivers, 65% of those surveyed said they would like to recommend their jobs to their family and friends but could not because of the inadequate pay.⁴⁷ These caregivers who work in residential homes said they love their jobs, but have to be able to afford housing and food for their own families.

While paraprofessional healthcare positions have been predicted to be among the top 10 fastest growing occupations in New Hampshire because of the increased need on the horizon, their wages are in the bottom 25th percentile across the state. The average pay for paraprofessionals in 1998 was \$8.92.⁴⁸ With a consumer price index (CPI) increase of 6%, the average wage in 2000 was estimated to be \$9.45 or \$19,656 per year if the worker can depend on full-time hours. However many workers, particularly those who work in home care or for temporary staffing agencies, can not depend on

⁴⁵ Robert Conrad, University of North Carolina, Chapel Hill, SCHEP Center for Health Professions, 2000

⁴⁶ NHCLF Focus Groups with current and former CNAs, 2000.

⁴⁷ Survey was conducted by the NH Community Loan Fund at the Direct Support Professional Conference convened by the Developmental Disabilities Council in October, 2000.

⁴⁸ NH Employment Security -Economic and Labor Market Information Bureau.1998 NH Occupational Employment & Wages

receiving 40 hours of work each week. The typical home care worker averages only 25 to 30 hours per week, with great variations in hours, and therefore take-home pay also fluctuates.

It should also be noted that these are average salaries, not average starting salaries. A CNA who has worked at a county nursing home for 11 years is making \$11.85 per hour or \$24,648 per year. The average wage for licensed CNAs working in home care in 2000 was \$9.88; the average wage for home care homemakers (unlicensed paraprofessionals) was \$7.20.⁴⁹

Additionally, many home care and temporary agency workers work on a "per diem" basis. They do not receive benefits or "driving time" pay⁵⁰ for transportation to and between clients' homes when working in home care.

⁴⁹ Wage and Salary Report DRAFT, Foundation for Healthy Communities, 2001, sponsored by NH and VT Home Care and Hospital Associations

⁵⁰ "Driving time" is the time spent driving to the homes of home care clients. It is also known as "windshield time"

NH Occupational Employment & Wages⁵¹

1998 Average Wage (add 6% for 2000)

Nursing Aides and Orderlies	\$9.26
Home Health Aides	\$8.21
Health Service Workers	\$8.66
Personal & Home Care Aides	\$7.24

A recent study of the New Hampshire cost of living indicated that a single person would need to earn \$9.01 per hour, 40 hours per week, to be self-sufficient. A single person with two children would need to earn \$18.92 per hour, 40 hours per week.

Livable Wage in New Hampshire⁵²

<u>Family Unit</u>	<u>Hourly Wage</u>
Single person	\$ 9.01
Single person & one child	\$15.72
Single person & two children	\$18.92
Two parents & one child (one parent working)	\$15.45
Two parents & one child (both parents working)	\$ 9.77
Two parents & two children (one parent working)	\$16.74
Two parents & two children (both parents working)	\$11.42

The low income of the majority of paraprofessionals make them eligible for, and dependent upon, one or more state or federal assistance programs including housing subsidies, child care, children's insurance, Food Stamps and the Women, Infants and Children nutrition program.

⁵¹ NH Economic and Labor market Information Bureau, NH Dept of Employment Security, 1998

⁵² Josiah Bartlett Center for Public Policy: New Hampshire Basic Needs and a Livable Wage, 2000. This study used cost figures primarily from 1999. It assumed that all families received employer-provided insurance and included the cost of an average monthly premium when calculating wages required to be self-sufficient.

Benefits

Health Insurance

A recent survey of home care agencies serving the disabled community found that only four out of twenty-four agencies offered any employee benefits and the extent of those benefits was unknown.⁵³ Many home care workers, particularly those serving the disabled population, are per diem workers and are not eligible to participate in their employer's insurance program.

At a recent professional conference, 42 workers providing care to New Hampshire citizens with disabilities were recently surveyed and only two had health insurance from their employers. Although most of their employers offered health insurance, the cost to the employee with an average wage of \$8-\$10 is prohibitive.⁵⁴

Data regarding benefits for paraprofessional healthcare workers is not collected in any consistent form; there is no dependable record of how many healthcare workers are without health insurance. Many providers report that the children of their employees are often eligible for New Hampshire's Health Kids Insurance program for low-income families because of their parents' low wages.

There is a special irony that those who provide health care around the clock, every day, every week in New Hampshire are unable to obtain health care insurance for themselves and families. It is not offered to per diem workers and the employee-contribution required by most employers is prohibitively expensive. Insurance industry leaders note that anyone who can not afford the contribution required by an employer will also be unable to afford the premiums under any of the very few self-insured programs available in the state.

⁵³ "An Examination of In-Home Support for NH Children with Special Health Care Needs" Institute for Health, Law & Ethics, Franklin Pierce Law Center, 2000

⁵⁴ Survey was conducted by the NH Community Loan Fund at the Direct Support Professional Conference convened by the Developmental Disabilities Council in October, 2000.

Benefits to Entice Workers

Employers, nursing homes and hospitals in particular, are now using other benefits to try to attract workers. Signing bonuses are becoming common for paraprofessionals in New Hampshire but their long-term value is questionable. The fine print often includes stipulations that the employee must have perfect attendance for several months and only then receives the bonus in increments. One residential care provider tried sign-on bonuses for a four-month period in 1999 but discontinued them because there appeared to be no lasting value. Of the ten employees hired with the bonus, six left within six months and therefore did not qualify for the bonus; two others were not in good standing because of excessive absenteeism. Only two actually received the bonus and one of those left within the year.

Many employers believe that signing bonuses encourage workers to jump from employer to employer - in the end only adding to increased turnover rates and inconsistent care for the elderly and ill.

Recruiting Immigrants as Caregivers

It has been suggested that we look overseas for new healthcare workers. The net increase of foreign immigration into New Hampshire for the five years between 1994-1999 was 1,687.⁵⁵ While these numbers may not capture those immigrants who first land in the United States outside New Hampshire, the numbers of immigrants and refugees in New Hampshire are still small. The International Institute of Manchester has sent a small number of refugees to CNA training with some success, but most have language and skill barriers that prohibited smooth job placements.

The federal government has created the H 1-B Visa program to enable employers to hire foreign professionals. This program has been

⁵⁵ US Bureau of Census, Estimates Branch, 2000

used to bring approximately 50 professional nurses into New Hampshire from the Philippines in the past two years. There is an effort to extend the federal H1-B program to nonprofessionals including CNAs. Current attempts to hire CNAs under this program have failed.

Availability of Individuals Receiving Public Assistance

In New Hampshire, the number of individuals receiving government cash assistance has dropped by 50% since 1994; there are currently only 4,000 adults receiving cash assistance through the Temporary Aid to Needy Families (TANF) program.⁵⁶

Some individuals on public assistance have faced resistance when trying to receive training required to become a healthcare worker. The welfare reform of the mid-90's emphasized moving recipients off welfare and into jobs. It has succeeded in returning many to the world of work. However, recipients have lost the opportunity to receive pre-employment training that would open opportunities for jobs with better pay and more opportunity for advancement.

Those who could easily move into the workforce have already entered the working world. Therefore the people remaining on public assistance now are likely to have relatively greater difficulty succeeding in the workforce. Multiple issues including lack of adequate child care, limited transportation, domestic violence, substance abuse and poor work history and skills will continue to plague some people receiving public assistance. Individuals with multiple issues or "barriers to employment" become very costly for employers to hire and costly to retain.

Care Gap not confined to New Hampshire

New Hampshire is not alone with our workforce challenges. In Massachusetts the vacancy rate

⁵⁶ Office of Family Assistance, DHHS, 2000

for paraprofessional positions is estimated to be 11%⁵⁷ and across the nation vacancy rates are estimated to range from 5% in urban areas with relatively high rates of immigration, to 25% in some very rural areas.⁵⁸

Dangerous Working Conditions

Nationally, there are 18.2 injuries per 100 workers in nursing homes, compared to 6.2 injuries among coal miners, 10.6 among construction workers and 13.8 among the same number in the trucking industry.⁵⁹ Caregivers routinely have to move and lift immobile individuals and therefore back injuries are common. Staff are also at risk of exposure to infections. Working conditions become more dangerous when there is an insufficient number of caregivers available on individual work shifts. In home care, caregivers are routinely working without assistance.

Workers' Major Concerns

1. Lack of appreciation

"You can be elbow deep in poop cleaning somebody and have the director of nursing come to see you and say, 'Come here, I want to ask you a question.' You're covered in feces. Okay, what? She'll take you to a room and point and say, 'What's wrong with this picture?' Gee, I don't know. I'm working short, I've got afternoon rounds to do. I've got a person covered in diarrhea, and you're taking me out of that room to show me that the call light's on the floor. Pick the fucking call light up, put it on the bed and then bring it to my attention afterwards. It's asinine."

"I never had a job that was more battering to self-esteem than CNA work. I don't mean patient-wise, I am talking management, it is a killer."

-CNA Focus Group participant, 2000

⁵⁷ "Healthcare Workforce Issues in Massachusetts", The Massachusetts Health Policy Forum, Schneider Institute for Health Policy, Brandeis University, 2000

⁵⁸ The Paraprofessional Healthcare Initiative, 2000

⁵⁹ Service Employees International Union, *Caring til it Hurts: How Nursing Home Work is becoming the Most Dangerous Job in America* Washington, DC 1997

While workers say that wages are important, it is poor working conditions that more often drive them to leave the profession. Too often, insensitive and poorly trained managers and medical personnel leave direct-care workers feeling completely unappreciated and unsupported.

2. Inadequate Pay

"I like my work but I don't want to always depend on help from the government to make ends meet."

-CNA Focus Group participant, 2000

More and more, caregivers are asking, "Why do I have to leave what I like doing to make a living?" Paraprofessional caregiver wages are inadequate for those who have no additional sources of income. Attracting significant numbers of new caregivers will be impossible with the current pay structures.

3. Poor Benefits

"The best benefit package I ever had was at a hospital. At the home care agency we have no benefits, you have no mileage, you are running your car to the ground. You don't get paid in between visits. If you visit at one home for two hours and need to travel to another home you are paid only for the time spent with a patient. Not on the road."

-CNA Focus Group participant, 2000

The availability of benefits for health care workers, both in home care and facility-based care is inconsistent. Health insurance, if it is offered, is usually too expensive. Other benefits such as vacations, retirement, etc., are rarely offered.

4. Dead End Job

"I haven't seen a pay raise in fifteen years."

- Direct Support Professional, DDC Conference, 2000

The lack of opportunity for advancement, either financially or professionally, has made caregiving a dead end job. For the most part, workers have no opportunity for advancement, financially or professionally. To advance, you either have to go into management or move into the nursing profession (LPN, RN).

SECTION TWO

The Current Reality and Consequences for the Future

There is common agreement among consumers, providers and workers about the current reality and the consequences for the future if the care gap is not reversed.

1. The quality of care in New Hampshire is at risk. Consumers who receive care must endure:

- **rushed or delayed care** - exhausted workers do not have enough time with people to take care of them, and are sometimes forced to ignore even the most basic needs
- **loss of continuity, sense of safety and security** - with high worker turnover, people receive care from a parade of new caregivers unfamiliar with their individual needs
- **loss of experienced caregivers** - health care is losing too many experienced workers, no longer available to guide and mentor others.

2. The industry can neither attract nor retain the number of workers needed to care for our elderly and people with disabilities due to:

- **insufficient wages** - paraprofessionals are paid such low wages that they must often rely on public assistance and work multiple jobs to provide for their families.

- **lack of affordable health insurance** - this is true particularly when jobs are only part-time or employer health plans are too costly
- **costly training and lack of career advancement opportunities** - required training is not attainable for many low-wage workers and there are few opportunities for skill-building or promotion
- **poor management and supervision practices** - industry practices render paraprofessionals unappreciated, overworked and poorly utilized; their supervisors are unprepared or inadequately trained to offer needed support for paraprofessionals.

SECTION THREE

Recommendations

Quality Jobs within Four Years

As we have discussed, there is no "quick fix" to the direct-care workforce shortage. Progress will be made with small steps over time. Policy makers, consumers, providers and workers will have to work on several fronts to create a paraprofessional healthcare workforce that attracts and retains quality caregivers. We outline several recommendations for action to reach the goal of creating a quality job within four years:

Recommendations For State Action

1. Reimbursed Wage Increases for Direct-care Workers

Current wages make it impossible to attract the numbers of direct-care workers that are needed to serve New Hampshire's long-term care population. Attention in both the short and long-term must be given to this most basic problem.

Wage Pass Throughs - An immediate response to the problem of insufficient wages is to increase Medicaid reimbursement for wage increases to direct-care workers. This will enable providers to increase wages without reducing their already-stretched administrative reimbursement dollars. Reimbursement wage-pass throughs have been used in over 22 states. New Hampshire is in a good position to learn from these states' earlier actions and create wage increases that are directed to all paraprofessionals in the long-term care industry.

Use current market indicators to set rates - Raise direct-care wages to a higher earnings bracket in a stepped fashion over time and index wages to current labor market indicators rather than data that is two or more years old. This change in wage setting would ensure that health care wages remain competitive in the labor market.

2. Health Insurance

Many health care employers offer health insurance but workers cannot afford the premiums. A program that expands health insurance without assisting with premiums will not have a significant impact on access.

Identify how many health care workers are without health insurance for themselves and/or family members - In order to consider assisting with premiums for those uninsured, New Hampshire must identify how many are currently without insurance.

Explore creation of a pool to subsidize premium co-pays for caregiving workforce - Assistance with premium payments could enable workers to access health insurance plans offered by their employers.

Explore expansion of the use of Medicaid Insurance for health care workers - In 1998, the state of Rhode Island guaranteed health insurance for all in-home child care providers by expanding its Medicaid insurance program. New Hampshire could also explore the expanded use of the Medicaid insurance program for health care workers.

3. Training for Direct Caregivers and Managers

The workforce vacancies have caused some to consider reducing training requirements, in order to get workers into the field earlier and at less cost. This would only encourage a poorer quality of caregiving. Instead, support for employee training should be available to both providers and workers directly.

Explore all sources for training funds including the New Hampshire Workforce Opportunity Council which recently replaced the New Hampshire Job Training Council and Temporary Aid to Dependent Families (TANF) which replaced AFDC in 1996.

Increase access to training for welfare recipients - The welfare reform of 1996 gave states great flexibility in how block grants could be spent. New Hampshire's welfare and workforce development policy should include support for training for paraprofessional healthcare jobs. This policy must be embraced not just by the Department policy makers but also by every state social worker and employment caseworker in the state.

Direct-caregivers often say that it is the lack of appreciation by their managers that is the leading factor in "burn-out." Healthcare managers need more opportunities to learn management and supervisory skills.

Develop management & leadership training –Relevant skills include staff communication, conflict management, staff mentoring, rewards and recognition strategies and team building.

Create models of successful work environments – Provide opportunity for providers to create a supportive and attractive atmosphere for healthcare workers in which their commitment and ability is recognized and respected.

4. Collect Workforce Data in a Consistent Manner

Data regarding turnover rates, numbers leaving the profession and availability of affordable health insurance collected in a systematic method would enable policy makers and industry leaders to monitor the progress of efforts to enhance the care-giving profession.

5. Create a Health Care Workforce Commission

A commission of consumers, providers, workers, state agency representatives and legislators, established by the New Hampshire Legislature, would serve to monitor progress toward our commitment to enhance the caregiving profession. Commission responsibilities could include:

Tracking progress in recruitment and retention of caregivers. Compare vacancy rates, turnover rates, and earning levels in direct-care positions with rates and earnings in other comparable jobs, using quarterly wage reports to provide trend information about comparative wages.

Reviewing and making recommendations to simplify the multiple funding and regulatory mechanisms that fragment not only healthcare services but the health care labor market as well.

Recommending methods to coordinate the state's workforce and welfare policies in the healthcare industry.

Recommendations for Action by Providers

1. Create Professional Advancement Opportunities

Many CNAs prefer to stay in direct caregiving where they work side-by-side with their clients each day. Others aspire to new positions including LPN, RN. For those who wish to

remain at the paraprofessional level, new opportunities and financial rewards must be created so they can afford to stay in the profession.

Create recognition for longevity -

Develop career steps or levels with financial incentives that reward those that stay in the profession and provide critical experience to others coming into the profession. This will require a reimbursement system re-structured to recognize these longevity rewards.

Create opportunity for professional

growth - Create curriculum and competency evaluations for career "steps" within the reach of caregivers. CNA steps could include Entry CNA, CNA mentor and CNA/Med Tech. Specialty care programs enabling paraprofessional caregivers to develop expertise could include such topics as Dementia Care, Rehabilitation, Depression and End-of-Life Care.

2. Recognition for Best Practices

Successful programs and good ideas for service delivery and management should be shared. There are providers who are creating a positive work environment and their efforts need to be recognized. Examples include:

- An innovative, employee-centered staffing agency offers a counselor to help workers with life issues that often prevent them from performing well on the job.
- A home care agency offers career ladders within their agency, giving their staff opportunity for professional advancement.

3. Enhance Image of the Caregiving Profession

As a society, we do not value caregiving professions, whether it is health care workers, youth care workers or elder care workers. Caregiving must be elevated to a respected,

appreciated profession. In 2000, industry leaders created a highly successful "NH Nursing Assistant Day" which gave public recognition to over 100 exemplary nursing assistants across New Hampshire. This activity and more like it will help elevate the profession of caregiving.

Recommendation for Action **by Workers**

Create a Voice for the Caregiver

Caregivers should be encouraged to create a professional association that will represent workers' concerns at industry meetings, the Legislature and other professional forums.

In Conclusion

At the heart of all efforts to enhance the caregiving profession is the belief that quality jobs for caregivers will ensure high-quality care for the elderly and individuals with disabilities of New Hampshire. When caregiving jobs offer competitive pay and benefits, when the contribution of caregivers is recognized and rewarded, quality care will be a secure reality for all our citizens.