

Vermont Association of Professional Care Providers Survey

Survey Purpose, Design, Outreach, and Distribution

In response to recommendations contained in Vermont's Paraprofessional Staffing Study of March 22, 2001, the Department of Aging and Disabilities (DA&D) contracted with the Community of Vermont Elders (COVE), a statewide nonprofit policy and program development organization, to coordinate a process of assessing the viability of a professional association of direct care workers and, if feasible, assisting members of the workforce in structuring and making operational such an organization. A crucial component in that process was to determine the level of interest among direct care workers for such an organization, the range of issues that workers would have the organization address, and the capacity of workers to sustain the organization's work over time. This effort was underwritten by a Real Choices Systems Change Grant received by DA&D from the federal Centers for Medicare and Medicaid Services (CMS).

In order to measure interest in and potential support for the association and to identify issues of concern for direct care workers which the association might address, a survey was developed for distribution to the workforce. Pre-test survey questions were taken from the Paraprofessional Staffing Study as well as feedback given at six Town Meetings that were held during the month of July 2003 in Bennington, Newport, Brattleboro, Berlin, Rutland and Burlington. A steering committee of nine direct care workers also reviewed the survey drafts and gave input as did staff of DA&D and COVE.

DA&D staff coordinated additional review of the survey instrument by staff of the Departments of Developmental and Mental Health Services (DDMHS) and Department of Prevention, Assistance, Transition and Health (PATH). COVE staff coordinated review by representatives of home health and adult day services providers. The first version of the survey was a beta-test and was distributed in early November 2003 by members of the direct care worker steering committee and through Area Agencies on Aging (AAA), the North East Area Health Education Center (NEAHEC), and point people for Long Term Care Coalitions throughout the state, as well as COVE board members.

In late December DA&D and COVE staff reviewed the beta-test results and discussed modifications to the survey design and mapped out a distribution process to include direct care and support workers employed in developmental services, attendant services, mental health services, children's services, home health services, adult day services, and in consumer-directed services (paid through the fiscal intermediary Acumen) (see attachment #1). DA&D continued its work with DDMHS and PATH staff on issues of distribution for direct care and support workers in developmental, attendant, mental health, children's and consumer-directed services while COVE focused on distribution of the survey through employer groups representing home health care and adult day services. COVE consulted with Flint Springs Consulting's Joy Livingston, the author of the Paraprofessional Staffing Study, and ultimately subcontracted with her to assist with aspects of survey design and statistical analysis.

In late January 2004 DA&D and COVE staff discussed input received by DA&D from DDMHS and PATH regarding survey design and wording. In order to increase consensus about the survey and its intent and increase the likelihood of distribution by employers, the survey was scaled back to nine questions. Employer comfort with the survey was essential in order to ensure distribution to direct care and support professionals as there was no other viable means of reaching the unlicensed workforce.

Among the concerns raised by employers and the state agencies with which they work about distribution of the survey to direct care and support professionals were:

1. That the professional association to be formed as a result of the survey would become a union with some employers feeling that they were advocates for their workforce.
2. That, given their other day-to-day service and operational responsibilities, the distribution of a survey would be burdensome and costly.
3. That referring to direct care and support workers as “professional” could be confusing and not completely accurate resulting in uncertainty about who should participate in the survey process.

Over the course of 5 months, the survey was delivered to approximately 6,020 direct care and support professionals in all of the long term care and support service categories. Some areas such as consumer directed care, adult day services and home health care saw broad distribution of the survey; other areas had lower distribution despite considerable outreach by staff from COVE, DA&D, and DDMHS (see attachments #4, #5, & #6).

The survey of Licensed Nursing Assistants (LNA), as the only state-certified professionals in the workforce, was identified by DA&D and COVE as the scientifically significant control group within the project. It was so because access to that group was direct and the identities of members of that group were a matter of public record. The Vermont Department of State issues licenses and renewals to LNAs. Accessing the identity of 2000 active LNAs was achieved through the Department’s records. That list of active LNAs was broken down by county and within each county names of individuals were randomly selected to create a statistically accurate sample. By selecting survey recipients by county, the sample was sufficient to identify any regional differences that might exist.

In March surveys and self-addressed postage-paid envelopes were mailed to the statewide sample of 2000 LNAs. Three hundred twenty six responses were received, representing a return rate of 16%. That response rate establishes the group as representing the whole.

Surveying the balance of the workforce was attempted through employers or fiscal intermediaries. As explained, we were not able to obtain participation by all employers within each category of service. (See attachment #2). The surveys (See attachment #3) were distributed by employers in two main ways:

1. Payroll insert; or,
2. Separate from payroll but directly to employee such as distribution at staff meetings, in individual staff mailboxes, etc.

Some employers provided addressed return envelopes and some included postage with the survey while others collected responses and returned them as a group to COVE. A full and final accounting of exactly which employers distributed the survey and to what number of direct care and support professionals could not be finally determined because not all employers responded to requests from COVE staff for the information. In determining response rates, the assumption was made that any employer who did not respond to the request for the number of surveys distributed did not distribute the instrument to any direct care and support staff. (See attachment #2)

From March to August approximately 4,020 surveys were distributed through employers or fiscal intermediaries to direct care and support professionals employed in a wide range of service settings.

Survey Results:

These results are based upon a total of 980 direct care and support professionals who responded to the survey with an average return rate of 18% (See attachment #4). Please note that not all questions were answered in each survey returned to COVE.

The data should be considered with the following points in mind:

1. The only scientifically selected and managed category of professionals for the survey is Licensed Nursing Assistants (LNA). LNA was the only category in which direct contact could be achieved by using information from the Department of State.
2. This survey did not test issues within the broad category of health insurance such as level of coverage, and out-of-pocket expenses like deductibles and co-pays. Typically nursing homes and home health agencies provide or offer some level of individual health insurance coverage and smaller employers and fiscal intermediary payroll organizations may not.
3. Many different types of direct care and support professionals working in the entire spectrum of long term care and support services were surveyed. The nature and type of their professional responsibilities differ greatly as do their employment settings and expectations.
4. Fiscal intermediaries such as Acumen and ARIS are subcontractors of different departments within state government providing payroll services primarily for different types of consumer-directed care and support. The Attendant Services Program is administered by the Department of Aging and Disabilities (DA&D).
5. All home health agencies, adult day programs, developmental services agencies, mental health agencies, and children's service agencies who distributed the survey are nonprofit organizations. Some, but not all, nursing homes are nonprofit organizations.

Scientific Data:

LNA (Licensed Nursing Assistants) 324 surveys returned or 16% response rate

Non Scientific Data:

Acumen	359 surveys returned	or	23% response rate
Adult Day	40 surveys received	or	30% response rate
ASP (Attendant Services Program)	53 surveys received	or	18% response rate
Developmental Services (Includes ARIS)	66 surveys received	or	10% response rate
Children’s Services	16 surveys received	or	uncertain return rate
Home Health	95 surveys received	or	11% return rate
Mental Health	27 surveys received	or	28% return rate

Question #1: What is your gender?

91% of respondents were women indicating that the direct care and support professional workforce is predominately female.

Question #2: What is your age?

22-30 years	17%
31-40 years	18%
41-50 years	28%
51-60 years	20%

Average age of those surveyed was 43, which indicates an older workforce. Attendant Services Program workers are significantly older than other groups with an average age of 53. Mental Health and Children’s Services are significantly younger with average ages of 38 and 40 respectively.

Questions #3: What is your job title?

Since there is no standard title for direct care and support professionals, this question reflects the wide diversity and responsibilities in this workforce.

42%	Licensed Nursing Assistants
40%	Personal Care Attendants
7%	Activities director, Activities Assistant, Activities Coordinator, Companion or Caregiver, Direct Support Worker, Respite Care Worker or Provider.
11%	other or no response

Question #4: Who do you work with most often?

76% answered with one response
23% answered with more than one

This question was asked to find out if direct care providers or direct support professionals are working with just one type of consumer or many types of consumers at any given time. In both response categories,

One response results:

49%	elders
24%	physically disabled adults
8%	developmentally disabled adults
8%	developmentally disabled children
6%	children or adolescents with emotional or behavioral disorders
4%	adults with psychiatric disabilities
3%	physically disabled children

Multiple response results:

38%	elders
25%	physically disabled adults
10%	developmentally disabled adults
7%	adults with psychiatric disabilities
6%	developmentally disabled children
5%	physically disabled children
1%	children or adolescents with emotional or behavioral disorders

- Within the LNA group, 79% worked with elders, while 14% worked with physically disabled adults.
- In home health, 75% work with elders, and 23% work with physically disabled adults.
- Additional information from direct care and support professionals that are paid through Acumen is that 33% work with physically disabled adults, and 29% work with elders.

- Within the ASP program, 65% work with physically disabled adults and 33% work with elders.

Within less traditional service types like Acumen and ASP, more direct care provider or direct support professionals are working a more diverse group of needs when helping consumers. This is significant data to help analyze training needs of direct care professionals or direct support professionals.

Question #5: Who do you work for?

90% of those surveyed gave one response to this question. The results were:

- 28% Consumer /Family
- 18% Nursing Home
- 18% Home Health/Visiting Nurse
- 8% Community mental health provider
- 5% Developmental services agency
- 5% Residential care home
- 5% Adult Day Program
- 5% Self Employed
- 3% Hospital

- Within the LNA group, 52% work for nursing homes, 17 % work in home health, 10% in a hospital, 6% in a residential care home, with 3% working with consumers/family, and 3% are self employed.
- Within home health agencies, 94% work only with a home health agency.
- Within the group paid through Acumen, 59% work for a consumer, 8% work in nursing homes, 8% are self-employed, 7% for a home health agency, 6% for a developmental services agency, and 3% work for a community mental health provider.
- Within the ASP, 57% work for a consumer or family all others are evenly distributed among other service provider types.

Question #6: What would you like the association to work on?

Respondents were asked to put a “1” by most important, “2” next the second most important and so on to rank the most important choices. There were a total of 16 items to rank. The results were:

What was ranked as #1?

What is the most important for the association to work on?

- 32% Wages
- 15% Health Insurance

- LNA’s listed wages as most important at 35% and staffing levels at 12%.

- Acumen-paid respondents listed health insurance right behind wages at 19%. Wages were reported as most important 23% of the time.
- Among Attendant Services Providers 13 out of 49 or (26%) listed health insurance right behind wages at 33% as most important.
- Other results indicated wages as most important with adult day 31%, developmental services 42%, home health agencies 47%, family providers 37%, mental health providers 67%
- Children’s Services professionals reported health insurance at 15% and wages at 37%.
- Developmental Services professionals reported health insurance at 22%, and wages at 42%.

What was ranked as #2?

What is the second most important that the association should work on?

- 17% Wages
- 12% Health insurance

- LNAs reported health insurance at 17% and wages at 13%.
- Acumen-paid professionals reported vacation and holiday time at 14% with wages at 20%.
- Adult day professionals reported training at 17% and level of respect at 17% and wages at 14%.
- ASP professionals reported health insurance at 27%, with vacation/holiday time at 18%, and wages at 11%.
- Developmental Services professionals reported health insurance at 19%, and wages at 20%.

What was ranked as #3?

- 34% Wages
- 8% Communication
- 8% Health Insurance
- 7% Training
- 7% Vacation/Holiday time

- LNA’s responded wages at 34%, communication 9%, health insurance 7%, level of respect 7%, and working conditions 7%.
- All other categories of respondents listed wages at an average rate of 34%

Questions #7: Would you join an association if it focused on these issues?

YES 68%

NO 21%

- Within the LNA’s 73% replied yes, and 19% replied no, 3% maybe, 6% no response.
- All other categories reported “yes” with rates at:

Family Services	72%
Mental Health	70%
ASP	66%
Home Health	63%
Adult Day	60%
Developmental Services	59%

If yes, what do you think would be fair yearly dues?

\$15-\$24 (or 666) survey respondents	65%
\$24-\$30 (or 202) survey respondents	26%

- In the LNA category:
 - \$15-\$24 65%
 - \$24-\$30 23%
 - \$35-\$50 11%

All other categories reported the \$15-\$24 amount with a high of 72% among children’s services providers and a low of 56% among developmental services professionals.

Question #8: Do you think employers should be a part of the association?

Yes	72%
No	17%
No response	11%

- In the LNA category 80% replied “yes”, 14% replied “no” and 6% “no response.”
- In all other categories “yes” was reported with a high of 93% among home health professionals and a low of 58% among adult day professionals.

“Yes” open ended feedback included responses that fit category:

1. Education for employers might contribute to changes and support (125 responses)
2. All voices should be heard, all input valuable (84 responses)

3. All should work together as a team (70 responses)
4. Improve communication (30 responses)

“No” open ended feedback included responses that fit the category:

1. Focus on employees only (48 responses)
2. Different Interests/concerns (34 responses)

Question #9: Do you think consumers or clients should be part of this association?

Yes	62%
No	27%
No response	11%

- In the LNA category, 65% reported “yes” and 27% reported “no” and 7% no response.
- All other categories “yes” were reported with a high of 68% among adult day professionals to a low of 53% among mental health professionals

“Yes” open ended feedback included responses that fit the category:

1. Everyone should be involved and have input. (142 responses)
2. Opportunity for consumer to express their needs, care is for them. (134 responses)
3. Provide opportunity to educate consumers. (59 responses)

“No” open ended feedback included responses that fit the category:

1. Association should focus on health providers/professionals only (57 responses)
2. Clients don’t often have the physical, mental, or financial capability. (34 responses)
3. Different concerns/interests. (18 responses)

Consensus Statement:

Based on the results of this survey, the subject professional association of direct care and support workers (currently operating under the name “Vermont Association of Professional Care Providers”) will need to address many issues of importance to direct care and support professionals. They are:

1. Continue outreach to and fully integrate direct care and support professionals from developmental services, children’s services, and mental health fields into the organization.
2. With the nine out of ten direct care and support professionals being women and the average age of this workforce being 43, the Vermont Association of Professional Care

Providers (VAPCP) needs to address the challenges of a predominantly female and older workforce, as well as a workforce who work in different types of settings.

3. Work to build relationships with service delivery systems across funding sources and service delivery models in order to meet the needs of the consumer.
4. Since direct care and support professionals are working with a variety of consumers, VAPCP should continue to work on the commonalities among all direct care and support professionals to meet their diverse needs, especially in training.
5. Work on creating “core competency” training and job description for direct care and support professional to address the fragmentation of job titles among caregivers and support workers.
6. VAPCP must work towards policy solutions to increase wages in tandem with health insurance needs as key components in building and retaining a skilled professional workforce.
7. Membership dues from direct care and support professionals will not be high enough to sustain the activities of the organization, and VAPCP will have to look at other funding sources.
8. There is a mandate to include employers and consumers into VAPCP in a way that will encourage and support direct care and support professionals.