

**REPORT OF THE
WORKFORCE
DEVELOPMENT
WORKGROUP**

May 1999

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Table of Contents

Letter from Workforce Development Workgroup to Joe Leean	
Executive Summary of Workforce Development Workgroup	i
Section I: Workgroup Purpose and Charter	1
Section II: Introduction to Report	2
Section III: Long Term Care Workers	2
Section IV: Problems Specific to Direct Care Workers	3
Section V: Worker Recruitment and Retention in a Managed Care Environment	3
Section VI: Barriers to Recruitment, Hiring and Retaining DCWs in the Current Fee for Service System	5
Section VII: Recruitment and Hiring: Discussion and Solutions	5
Section VIII: Retention: Discussion and Solutions	7
Retention: Compensation	9
Retention: Education and Training	11
Retention: Administration and Supervision	13
Retention: Co-workers and Teamwork	15
Retention: Consumer Relations	16
Retention: Worker Autonomy and Self-Direction	17
Section IX: Recommendations	18
Section X: References:	18
Section XI: Appendices	20
Table 1: Barriers to recruiting, hiring and retaining workers	
Table 2: What makes a good long term care worker	
Table 3: What makes workers stay?	
Workforce Development Workgroup Charter	
Workforce Development Workgroup Members	

August 23, 1999

Joe Leean, Secretary
Department of Health and Family Services
1 West Wilson Street, Room 650
P. O. Box 7850
Madison WI 53707-7850

Dear Secretary Leean:

The Workforce Development Workgroup respectfully submits this report for your consideration and approval. We thank you for the opportunity that you have provided us, as outlined in your speech at the Long Term Care Committee meeting in April of 1999, to meet as a workgroup of providers and concerned citizens. This opportunity allowed us to thoroughly analyze the problem of the Direct Care Worker shortage and make strong recommendations to address the problem of hiring and retaining an effective and competent workforce.

This paper contains suggestions for action in recruiting, hiring, and retaining Direct Care Workers based on our experience as service providers, research findings, and the response of focus groups. The suggestions are divided into two categories: actions that can be taken now at the local level and those actions that require a state response to implement. We have addressed this important issue from a global perspective as well as from a managed care perspective because of the current widespread concerns about the shortage of Direct Care Workers.

Thank you, again, for this opportunity to share our experience and ideas with you. We look forward to hearing from you regarding our recommendations.

Sincerely,

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EXECUTIVE SUMMARY OF THE WORKFORCE DEVELOPMENT WORKGROUP REPORT

The Workforce Development Workgroup met for four full day meetings. The following report represents the work of that workgroup and the results of focus groups conducted with direct care workers across the continuum of Wisconsin's long term care system. Our recommendations are on page 19 of this report.

The shortage of Direct Care Workers caring for Wisconsin's long-term care population has reached crisis proportions. The statistics are chilling for long term care consumers in both the areas of quality and choice. In Wisconsin there is a 75% turnover rate of newly recruited direct care long term care workers; 14% of the positions statewide are vacant; the retention rate of employees who have been working in the field for less than one year is 37%; and there is a general turnover rate of 129%. Research clearly shows that quality is related to both worker experience and training and the relationships between the direct care workers and the consumers of those services. These statistics indicate that Wisconsin's long-term care system is imperiled and that the success of the new redesigned long term care system--Family Care--is at risk.

Governor Thompson has issued a proclamation declaring 1999 as the Year of the Long Term Care Worker. In the spirit of that proclamation this Workgroup offers this report to the Department of Health and Family Services as a working document to begin a dialogue between the State of Wisconsin and the provider agencies in order to establish a partnership for improving the quality of health and long term supports of our frail elders and people with disabilities. At the same time we want to establish that the choice of a career in health care is a viable one for Wisconsin's direct care work force.

REPORT OF THE WORKFORCE DEVELOPMENT WORKGROUP

Section I: Workgroup Purpose and Charter

This workgroup was convened by the Department of Health and Family Services in relation to the redesigning of the long-term care system. The Department recognizes that without a strong DCW workforce the redesign effort will be less than successful, and that the current DCW workforce is reaching a crisis. The Department solicited names of interested providers, consumers and advocates to be part of the workgroup, late in 1998. This list was augmented, at the Secretary's request, for representation from the State Long Term Care Committee that advises the Department on long term care issues. A list of the workgroup members and their affiliation are listed in the Appendix. The Charter for the Workforce Development Group was developed by Department staff from the guiding principles developed for long term care redesign, and synthesized with a variety of concerns expressed by consumers, advocates and providers in a variety of other long term care redesign meetings. The Charter is listed in the Appendix. Department staff supported the workgroup and the group convened in March 1999 and ended in late April.

The Department would like to take this opportunity to thank all of the workgroup members for the extensive amount of time they donated to this workgroup, and the enthusiasm with which they approached the monumental task of analyzing the problem and crafting recommendations.

The workgroup determined eight general outcomes:

1. Decrease the negative impact of state and federal regulations on the ability to recruit and hire staff for the provision of care to the elderly and persons with physical or developmental disabilities.
2. Improve the ability of providers to recruit, hire and retain qualified candidates.
3. Improve relationships among consumers, workers, and families.
4. Increase training opportunities for staff.
5. Increase organizational support for employees.
6. Enhance the public image of consumers and the workers.
7. Improve benefits for workers.
8. Improve wages for workers.

In the following pages the workforce under discussion will be identified and defined; barriers to recruitment, hiring and retention will be explored; and some strategies to improve recruitment, hiring and retention will be provided. An in-depth discussion of retention will include compensation, education and training, administration and supervision, co-workers and teamwork, consumer relations, and worker autonomy and self-direction. Implications for Family Care and the workgroup's recommendations will be presented.

Section II: Introduction to Report

There is a general shortage of workers in the United States (U. S. Department of Labor) and in Wisconsin (Wisconsin Department of Workforce Development). At the same time our population is aging and more elderly persons and persons with disabilities are choosing to stay in their own homes. This demographic shift will require more workers in the health care field, particularly in home health and nursing assistants (Burbridge, 1993; Center on Wisconsin Strategy, 1999; Crown et al., 1995; Feldman, 1998; Kennedy-Malone, 1996; Silvestri, 1997; Wilner & Wyatt, 1998). Feldman (1998) describes a 1992 report by the House of Representatives Select Committee on Aging as saying "...by 1996 the nursing home and home health industries already employed more nursing assistants and aides than were projected for the year 2020." The U. S. Department of Labor predicts that there will be a need for more than 378,000 additional home health workers between 1996 and 2006 (Silvestri, 1997). The problem in Wisconsin is particularly acute in the shortage of health care workers in nursing homes and in home care. Citations for short staffing in nursing homes in Wisconsin have tripled in the last two years. Some are no longer taking any new residents (*Milwaukee Journal Sentinel*, March 21, 1999).

The Center on Wisconsin Strategy (1999) found that among the twelve home health agencies in Dane County that responded to their survey, eight stated that their turnover rate was 25-50% of their total workforce. Nursing homes in Dane County reported a turnover rate of 100% or more. In Wisconsin, according to the Bureau of Quality Assurance, the turnover rate for full time CNAs is 54% and 78% for part time CNAs in nursing home settings.

Section III: Long Term Care Workers

Wisconsin's Long Term Care system utilizes a wide range of direct care workers to provide the hands-on care needed for thousands of frail elders and people with disabilities. For purposes of this paper, we are referring to this workforce as Direct Care Workers (DCW). This definition includes:

- **Certified Nursing Assistants (CNA), Home Health Aides, and Hospice Aides** working in nursing homes, home health agencies, substitute care settings such as CBRFs and adult family homes;
- **Personal Care Workers (PCW)** working in substitute care settings, and in private homes and supported apartments, working for sub-contract agencies that provide workers for counties for Home and Community Based Waivers and Personal Care programs, or working as the employee of the consumers under a fiscal agent arrangement; and
- **Supportive Home Care Workers (SHC)** providing care in consumers' homes, apartments and some substitute care settings.

The funding for DCWs comes from a variety of sources. Primary sources of long term care funding are: Wisconsin Medicaid, (for MA Home Health and Personal Care, Home and Community Based Waiver services, and Nursing Home services); Community Options Program monies; county tax levy; and Community Aids Block Grant monies. Medicare funding is quite limited for long term care. Reimbursement provides only rehabilitation in a nursing home and some limited home health.

Section IV: Problems Specific to Direct Care Workers

Nationwide there is a recruitment and retention problem for DCWs in long term care. A myriad of national studies has been conducted, indicating that many of the problems are similar regardless of location of care, or geographical region. A booming economy, an increasing elderly population and very low unemployment figures compound the problems in Wisconsin. The primary reasons for difficulties with recruitment and retention in Wisconsin and in the nation are:

- low wages and inadequate or no benefits;
- difficult work and working conditions;
- shift work requiring regular evening and weekend hours;
- working in isolation without a feeling of backup and being part of a team;
- lack of supervisor support;
- feeling as if the work is not valued by the community or the agency;
- child care and transportation difficulties;
- negative cycle of not enough workers which means existing workers cover more tasks and work more hours.

Because women have traditionally provided unpaid long term care in families, this kind of work is not always viewed as a profession (Burbridge, 1993). The average personal care worker is a minority, middle-aged female, often without a high school degree, who is frequently the primary wage earner in her family (Burbridge, 1993; Feldman, 1993). In a national study, Wilner and Wyatt (1998) found that 93% of home care workers are women with an average age of 47. About 40% are married; most are heads of their households. Low wages coupled with lack of full time work often puts the DCW below the poverty level (See page 9 on compensation).

Section V: Worker Recruitment and Retention in a Managed Care Environment

Although Family Care, as a managed care program will not be tied to the current Medicaid reimbursement schedules for specific programs such as home health aide and personal care attendant, there will still be a recruitment and retention problem in the current environment. Many of the solutions offered in this paper can be applied in managed care either by the Care Management Organization (CMO) or its network of providers. In addition, the CMO will have the flexibility to negotiate rates and are expected to develop outcome-based contracts with their provider network. Below is a list of solutions developed by the workgroup specifically for a CMO.

Solutions in a Managed Care Environment:

Include in the contract:

1. Require QA mechanisms that measure turnover rate of DCWs and how this affects service quality and consumer satisfaction, (e.g. consumers relocated to institutions, abuse and neglect increases, etc.)
2. Require the CMO to develop, in partnership with their provider network, a strategic plan on recruitment and retention of DCWs.
3. Require that the CMOs have agreements with providers to have a contingency plan and process for DCW emergencies that affect quality of care.
4. Require QA mechanisms for measuring DCW job satisfaction throughout the network that will be submitted to both the CMO and DHFS.
5. Require that the CMO integrate survey results into CMO/network development plan.
6. Establish a DCW task force in the CMO/RC district - which includes DCWs across all settings, providers, and disabilities. In the current system, this task force could be associated with the county LTC committee. The responsibilities of the task force would be:
 - A. Develop strategies to improve the image of DCWs (public awareness campaign, coalitions with DWD or DPI).
 - B. Recommend planning and access to training, recruitment, and career advancement opportunities.
 - C. Identify continuing education needs.
 - D. Identify local resources and support services for DCWs where gaps exist.
 - E. Identify best practice ideas for worker recruitment and retention (what works, what does not-on local level).
7. Require that the CMO review salaries and benefits of DCWs in their network for the following:
 - A. Adequacy of wages and benefits to enhance worker recruitment and retention (e.g. comparison within network of providers, comparison with fee for service providers, and analysis of percent of required hours actually filled per contract).
 - B. Effective prevention of turnover that adversely affects quality of care/services to consumers.
 - C. Analysis of network audits and CMO audits to identify excess profit, administrative costs, cost shifting, in order to justify changes in capitation rates to the Department
8. Analyze the number of evening, weekend, and overnight care hours provided to CMO members that require a shift differential payment.

Section VI: Barriers to Recruitment, Hiring and Retaining DCWs in the Current Fee for Service System

Discussion:

Table 1 in the Appendix compares barriers cited in the research, barriers cited in focus groups, and barriers cited by the Workforce Development Workgroup.

Low wages and lack of benefits are common barriers across the United States to the hiring and retention of home care workers and Certified Nursing Assistants (Burbridge, 1993; Crown, et al, 1995; Feldman, 1993 and 1998; Garland, et al., 1988; Gilbert, 1991; MacAdam, 1993; Wilner & Wyatt, 1998). An additional barrier for some home care workers who wish to work full time is the lack of a guaranteed number of hours, which leads to very low wages. These findings should not, however, lead to the conclusion that if higher wages and better benefits were provided alone, there would be an improvement in recruitment, hiring and retention of workers. Feldman (1998) states that pay and benefits need to be coupled with an opportunity for workers to be involved in decision making and to interact positively with consumers and colleagues. In her study of home care workers in Massachusetts, Gilbert (1991) found that working conditions were the main reason workers leave their jobs, followed by salary and benefits. Her findings were not, however, statistically significant in supporting the hypothesis that home care workers left their jobs for reasons other than salary and benefits.

Other reasons for DCWs leaving their positions are lack of training, inadequate supervision, government reimbursement policies, negative public perception about the workers and the consumers served and the nature of long term care work itself. These reasons were cited in the research and in focus groups.

Some barriers can be addressed without any state or federal government intervention such as organizational support and changes in recruitment and hiring practices. Other barriers will need government support, and in some cases could involve a change in laws and regulations. For example, if the immigration laws were changed to categorize home care as skilled work rather than unskilled work, a larger pool of workers would be available through immigration.

Possible actions that can be taken to address these barriers will be discussed in the next sections.

Section VII: Recruitment and Hiring: Discussion and Solutions

Discussion:

The Workforce Development Workgroup (1999) identified several barriers in the recruitment and hiring of DCWs. Among those barriers are: competition with industries that pay more for less demanding work, limited number of people willing to make this work a career choice, and a small labor pool, especially when unemployment is low.

Coleman (1988) encourages the long term care industry to establish a number of cooperative partnerships with educational institutions in order to inform a potential pool of employees for

direct care work. Some of her solutions are discussed below. Cudahy High School, in southeastern Wisconsin, offers a 114 hour CNA course taught by Diversified Nurse Consultants in Cudahy. Of the 15 students who successfully completed the course in 1998, four are presently working as CNAs and four are enrolled in college in health care professions-three are in nursing programs.

As a way of addressing staff shortages, the Trempealeau County Health Care Center has developed a shared employee pool of CNAs who will provide home care services. These CNAs are in the federal registry and are trained to be "universal" workers who can provide supportive home care, personal care and home health aide levels of care. Home care agencies can access a "shared employee" as a temporary, gap filling service as they recruit and hire a permanent worker.

The Monroe County Department of Human Services had insufficient staff to provide in-home chore services and at the same time were short of employers to provide supported employment for their consumers with disabilities. The county has been able to match their supported employment consumers with persons needing primarily chore services. A job coach accompanies the worker and transportation is provided. This program has been particularly helpful in providing needed services in outlying areas of the county.

Once recruitment has ended, the hiring process begins. The challenge for the supervisor is to hire persons with the attributes listed in Table 2 in the Appendix and who will choose to stay in the position. Kennedy-Malone (1996) proposes using a structured interviewing process based on factors that are key to job satisfaction for DCWs.

Suggested strategies to improve recruitment and hiring:

At the local level:

- Target a wider labor pool for recruitment. Specific target groups include immigrants, those persons receiving public assistance, youth and men (Burbridge, 1993; Workforce Development Workgroup, 1999).
- Develop a strategic plan at the county or provider agency level for recruitment and hiring (Workforce Development Workgroup, 1999).
- Develop a packet of information for local school boards that includes possible resources for career days and shadow days (Coleman, 1988).
- Develop partnerships with cooperative education programs in the middle and high schools (Coleman, 1988).
- Provide work experience for high school students (Coleman, 1988).
- Make your own recruitment commercials with current workers providing testimonials Use a variety of media and techniques when promoting and recruiting for workers in long term care such as public service announcements on radio and television, billboards, advertising on city buses, public access channels on cable TV, newspaper stories as well as ads, and connections with local schools (Coleman, 1988; Workforce Development Workgroup, 1999).
- Develop non-traditional ways of getting staff, such as temporary employment agencies, employee leasing agencies and a shared employee pool like the one established in Trempealeau County (Workforce Development Workgroup, 1999).

- Create a consortium of long term care employers in the community to recruit, train, and place home care workers and develop retention strategies such as in Kenosha and Manitowoc (Wilner & Wyatt, 1998; Workforce Development Workgroup).

At the state level:

- Have certification classes for CNAs offered as an elective course at high schools (Coleman, 1988).
- Promote value and acceptance of the direct care worker, at the Department level, in the same general way as the Department promotes and recruits foster and adoptive parents (Workforce Development Workgroup, 1999).

At the local and state level:

- Develop a curriculum on aging and persons with disabilities for elementary schools. Conduct field visits to residential facilities. Have DCWs speak to students about their work (Coleman, 1988; March 1999 focus group).
- Collaborate with the Department of Public Instruction when working with local schools on curriculum and career issues (Workforce Development Workgroup, 1999).
- Develop a 6-9 week curriculum for middle school in long term care professions as an elective course. Have workers and consumers in the field present the curriculum (Coleman, 1988).
- Develop marketing strategies that promote DCW work as a profession:
 - With a future (career ladder, seniority rewards)
 - That makes a difference in people's lives.
 - With prestige/honor/value.
 - Where the worker can be part of a team.
 - Where the organizational culture supports the worker.
 - That is a stepping stone to other health-care related jobs. (Workforce Development Workgroup, 1999).

Section VIII: Retention: Discussion and Solutions

Discussion:

The turnover rate in nursing homes and home health sectors exceeds 50% (Feldman, 1998; MacAdam, 1993). With a decreasing workforce to fill the number of available jobs, employers of all sizes and in most industries say that their biggest issue is recruiting and retaining good workers (*Milwaukee Journal Sentinel*, January 31, 1999). The article states that "(e)mployees can pick and choose where they want to work. In some cases they are going to the highest bidder or to a place that meets their other needs." The article quotes a recent study in the *Wall Street Journal* in which persons who had changed jobs were asked what factors were most important in their decision to leave their old jobs. The factors, listed in order from most important to least important, were:

- Open communication
- Nature of the work
- Control over work content
- Job security

- Stimulating work
- Fringe benefits
- Flexible work schedule
- Advancement opportunity
- Salary/wages
- Size of the organization

In comparison to this survey, a 1946 survey asked ten thousand employees in the U. S. across several industries to rank ten factors relating to their jobs in order of importance. Their ranking was:

- Full appreciation of work done
- Feeling of being in on things
- Sympathetic help on personal problems
- Job security
- Good wages
- Interesting work
- Promotion and growth in the company
- Personal loyalty to employees
- Good working conditions
- Tactful disciplining (Boyd, 1976)

The list from 1946 shows that not much has changed in terms of job satisfaction among a wide variety of workers. Both lists are very similar to what long term care workers have said are important retention issues to them. This report has found that compensation and fringe benefits are much higher on the list for home health workers and nursing assistants because these tend to be inadequate. In comparing the responses to the *Wall Street Journal* survey, the 1946 survey, and Table 3 in the Appendix of this report, it is apparent that DCWs want the same things from their jobs as other workers but they also need to be able to support their families while doing this work.

Feldman (1993) found that work life improvements led to greater worker retention in her four demonstration sites. Those improvements included: supplemental training; supplemental support and/or supervision; wage increments; supplemental benefits such as health insurance, vacation and/or sick leave; increased job stability with guaranteed hours and/or full-time work; status enhancements such as badges, uniforms, and job titles; and promotional opportunities. Unfortunately cost was a barrier to implementing these improvements.

Table 3 in the Appendix summarizes employee retention factors based on selected research and focus groups. Content of the job, salaries, benefits, levels of staffing, flexibility, training and working conditions and environment are some of the reasons workers remain in their positions (Bowers & Esmond, 1996; Coleman, 1988; Feldman, 1998; Gilbert 1991; Kennedy-Malone, 1996; Packer-Tursman, 1996).

There were many commonalities across all these sources: compensation, education and training, administration and supervision, co-workers and teamwork, and worker autonomy. These specific issues will be described in more detail below.

Retention: Compensation

Discussion:

An adequate wage and a reasonable benefit package are crucial in recruitment, hiring and retention of DCWs. The research overwhelmingly supports this (Burbridge, 1993; Crown et al., 1995; Center on Wisconsin Strategy, 1999; Feldman, 1998; Kennedy-Malone, 1996; MacAdam, 1993) Two of the biggest barriers to providing adequate compensation are government funding for long term care services and government regulations (Feldman, 1998; MacAdam, 1993; Workforce Development Workgroup, 1999). In Wisconsin Medicaid-Personal Care reimbursement rates do not allow for substantial pay increases for DCWs. Agencies are required by state statute to conduct criminal background checks on employees, a process that is time consuming and costly for which the agency is not reimbursed. Ongoing or initial training requirements for CNAs are mandated by the state via licensing but not reimbursed by the state.

According to the U. S. Bureau of Labor Statistics the average hourly rate for nurses aides in Wisconsin is \$8.54 with an average yearly income of \$17,750. The average hourly wage of home health aides is \$7.52 an hour with an average annual income for full time work of \$15,640. These positions are often part time with no benefits. Personal Care workers are often the primary wage earners in the their family, therefore, placing the family below the poverty level (Burbridge, 1993; Feldman, 1993; Wilner & Wyatt, 1998). The federal poverty rate for a family of four is \$16,700.

A nursing home in Pewaukee addressed their labor shortage by providing bonuses for all employees, offering a starting wage of \$8.50 per hour for CNAs, and offering van service for all their Milwaukee workers (*Milwaukee Journal Sentinel*, March 21, 1999).

The Center on Wisconsin Strategy (1999) found that the Dane County nursing homes with the lowest turnover rates were those that provided above average salaries and the most comprehensive benefit package.

MacAdams (1993) gives examples of how some states have addressed the issue of low wages and benefits. Massachusetts has a rate setting committee that sets minimum wages and benefits for all services purchased by the state. Illinois requires that 73% of the reimbursement rate increases be passed on to workers. Pennsylvania uses worker wages and benefits as part of their bid price in contracting.

In Wisconsin the Coalition for Quality Nursing Home Care is calling for the legislature to enact a 7% nursing home employee wage pass-through proposal. The pass-through funds could be used for wage increases, staff increases, fringe benefits and to offset nursing home rate cuts. The Department of Health and Family Services would monitor the pass-through funds to ensure that the money was being spent as intended. The Coalition is comprised of labor union and nursing home industry representatives. Similar legislation was passed in Minnesota in 1998.

Possible actions that can be taken to improve compensation:

At the local level:

- Adopt a "living wage" ordinance as in Milwaukee and Madison (Workforce Development Workgroup, 1999).

- Increase collaboration between purchasing agencies and provider agencies to assure adequate wages and benefits for contracted workers (MacAdam, 1993; Workforce Development Workgroup, 1999).
- Build in incentives for workers to stay a minimum number of years such as increased pay, bonuses, awards, and gifts (Workforce Development Workgroup, 1999).
- The workers could unionize, as in California (Workforce Development Workgroup, 1999).
- Develop a business relationship between the county agency and the workers that would significantly decrease the effect of the administrative cost of the sub-contract agency and its infrastructure that eats into the unit rate (Workforce Development Workgroup, 1999).

At the state level:

- Evaluate the reimbursement policies for Medicaid as they have an impact on DCW salaries. Change policies that would allow for more competitive salaries (Burbridge, 1993; Workforce Development Workgroup, 1999). Actions that could be taken include:
 - Support the proposed pass-through legislation that would lead to an increase in salaries for nursing home staff (Workforce Development Workgroup, 1999).
 - Award a MA - PC catch-up increase of \$4.00 per unit that would translate into \$8 per hour plus benefits: (health insurance, vacation, shift differential). Apply a system for additional funds that limits administrative costs and profit.
 - Provide pass-through funding increases to agencies that only want to provide increased wages and maintain/increase benefits and who provide proof of pass-through to the Department. For example, in MA/capitated LTC Programs, i.e. PACE, WPP, rates should reflect adequate wages and benefits for direct care workers paid by the agency. A pass-through proof would be required. In the COP/W and CIP money, set aside dollars in the annual target allocation for pass-through to provider agencies. Counties would have to apply separately, outlining the amount of direct care worker wage increases or new benefits to be awarded to their subcontract agencies DCWs.
- Increase collaboration between the Department of Workforce Development and the Department of Health and Family Services and, at the local level, between purchasing agencies and W2 to assure adequate wages and benefits for DCWs (Workforce Development Workgroup, 1999).
- Educate counties about the need to contract for Supportive Home Care Services through COP/W at a financial level that allows the provision of benefits for employees by the subcontract agency (Workforce Development Workgroup, 1999).
- Collaborate with DHFS and DWD to expand the "companion care" clause to allow per diems based on availability and type of task. (Sleep vs. regular awake tasks; intermittent vs. ongoing) (Workforce Development Workgroup, 1999).
- Remove the barrier for earnings for workers in the 62-70 age group so that older workers will not be penalized for working (Workforce Development Workgroup, 1999).
- Remove housing barriers-allow persons to earn more and still qualify for subsidized housing where housing for single parents and retired individuals would be an employment issue (Workforce Development Workgroup, 1999).

At the local and state level:

- Explore the possibility of LTC providers forming coalitions to purchase health insurance as a large group. The state could take the lead and develop a state cooperative for health care. Badger Care may be an option (Workforce Development Workgroup, 1999).

At the state and federal level:

- Increase the state and federal minimum wage (Burbridge, 1993; Workforce Development Workgroup, 1999).

Retention: Education and Training

Discussion:

Education and training are both factors in recruitment and hiring qualified personnel and in retaining qualified personnel. Peter Drucker (1990) has written that "(a)ny organization develops people; it has no choice. It either helps them grow or it stunts them. It either forms them or it deforms them (p. 147)". Yet, there are often limited funds for training or the training needed is not available. Training is often a factor in whether a worker stays in a position or looks elsewhere. Tuition reimbursement is also a factor in retention (Center on Wisconsin Strategy, 1999; Walter, 1996). Since the turnover in DCW staff is high in the first few months on the job (Banaszak-Holl & Hines, 1996; Bowers & Becker, 1992), orientation needs to be a well-planned and structured process. CNA respondents in the Iowa Caregivers Association (1999) survey emphasized that orientation should be longer than just a few days and individualized based on the employee's past experience and training. Bowers and Becker (1992) found that nursing assistants in a nursing home setting were given an orientation to the job but were not taught how to integrate what they were learning into the daily tasks of the job and how to organize the work itself. Ninety percent of the new workers in their study quit within the first few weeks. They found that "(o)ne of the most obvious differences between the long stayers and the new workers was their ability to integrate multiple and simultaneous demands. More experienced aides were likely to integrate several tasks for several residents at once (p. 363)" A veteran DCW needs to be part of new employee orientation in order to discuss the reality of the job that needs to be done and how best to organize the work. (Bowers & Becker, 1992; Iowa Caregivers Association, 1999)

The workers interviewed in a local focus group in March 1999 in Madison suggested that training in general be provided by a peer; someone who knows the work and has done the work. This was also a finding of the Iowa study of CNAs (Iowa Caregivers Association, 1999).

There are several efforts in Wisconsin to provide training for workers. In Kenosha County a Long Term Care Staffing Task Force provides community wide in-services for CNAs, PCWs and Home Health Aides. A group of counties in northwestern Wisconsin have developed a collaborative relationship with UW-Superior to provide training for staff who work with the elderly. The Wisconsin Aging Education Consortium (WAEC) promotes cooperation, collaboration and effective use of resources to advance geriatrics and gerontology education in Wisconsin.

Possible actions that can be taken to improve education and training:

At the local level:

- Provide peer training for DCWs (Bowers and Becker, 1992; Focus Group, March 1999; Iowa Caregivers, 1999).
- Provide additional pay to peer trainers for the number of hours that they are involved in training new employee (Focus Group, March 1999).
- Provide a career ladder for workers, with specific steps, and salary increases for each step (Gilbert, 1991).
- Engage consumers in leading in-service training sessions or in conducting one on one training with the worker in the home (Workforce Development Workgroup, 1999).
- Provide opportunities for health care workers to advance through education and training to more advanced roles in the system (Gilbert, 1991; Workforce Development Workgroup, 1999).
- Provide tuition reimbursement that enables individuals to seek higher education while working as a DCW (Workforce Development Workgroup, 1999).
- Provide skill building training videocassettes to be available at low or no cost to agencies and individuals providing services (Workforce Development Workgroup, 1999).
- Develop individualized employee training plans at the time of the employee performance evaluation based on the employee's needs (Workforce Development Workgroup, 1999).
- Provide informal in-services or brown bag lunch programs. Invite community experts to share their knowledge. Several agencies in a community could organize these meetings and take turns hosting (Workforce Development Workgroup, 1999).
- Promote partnering of agencies with common training needs to avoid replication (Workforce Development Workgroup, 1999).
- Provide trainer exchanges between agencies so that training can be less expensive (Workforce Development Workgroup, 1999).
- Mandate, at the state level, the number of hours of training for all DCWs per year. Also develop a core curriculum for DCWs. Build in a reward for those that exceed the minimum (Workforce Development Workgroup, 1999).
- Hold agencies accountable for providing the required 12 hours of continuing education. CNAs who have not received the required training should be placed on inactive status (Workforce Development Workgroup, 1999).

At the state level:

- Evaluate the availability of the Department of Workforce Development support for training programs to be run at local levels for DCWs such as the availability of W2 funds to pay for attendance at these training sessions and to provide childcare for individuals participating (Workforce Development Workgroup, 1999).

At the local and state level:

- Allow for payments to the individual or the agency for up to 12 hours of training per year (Workforce Development Workgroup, 1999).
- Develop a partnership between educational institutions (UW, private colleges, technical colleges), the counties, the state, and local nonprofit organizations to develop competencies, curriculum, and training for DCWs (Workforce Development Workgroup, 1999).

Retention: Administration and Supervision

Discussion:

Little contact with peers and with supervisors is a barrier for retention of home health workers (Eustis et al., 1993). The Iowa Caregivers Association (1999) study concluded that the "(r)elationship with supervisors appears from this study to be a key factor in retention of CNAs. Role modeling by the administrator also appears to be a factor, e.g. administrator demonstrating by what she/he says and does that she/he expects excellent care (p. 33)." Management literature and research regarding health care workers has long held that administration and supervision are key indicators in the retention of employees (Drucker, 1990; Feldman, 1998; Garland et al., 1988; Iowa Caregivers Association, 1999; Wilner and Wyatt, 1998).

A good supervisor can serve as a buffer, a person who frees his/her worker from bureaucratic restraints, a person who removes barriers for the worker, a coach, mentor, helper, facilitator, teacher and supporter (Deming, 1986; Drucker, 1974; Kadushin, 1976; Lynch, 1993; Naisbitt & Aburdene, 1985; Peters, 1987; Weil, 1985).

Common among the definitions of a supervisor is the notion of support. Kadushin (1976) describes supportive supervisors as being concerned about getting the job done and also concerned about the psychological well being of their workers. Long term care workers who see their case loads continue to rise without a concomitant increase in additional staff often feel overwhelmed. The supportive supervisor, according to Kadushin (1976) will respond to that employee with "reassurance, encouragement and recognition of achievement, realistically based expressions of confidence, approval and commendation, ... and attentive listening which communicates interest and concern" (p. 202). The supportive supervisor in the human resources model described by Norman (1985) is one who creates an "environment in which workers contribute to the limits of their abilities and are encouraged to participate on all important matters" (p. 88). Supportive supervisors need to be approachable and let their employees know they are available. Bowers & Esmond (1996) heard complaints of middle managers not acknowledging a CNA when passing her/him in the hallway and not remembering the names of the CNAs. The CNAs saw these actions as being disrespectful.

In the Iowa Caregiver Association Study (1999), 94% of the caregivers stated that being treated with respect by the supervisor was very important. 72% of these respondents stated, however, that they currently were not being treated with respect. In addition, 83% of the 359 respondents reported that it was very important for the supervisor to help and support when needed; 82% reported it was very important for the supervisor to let the employee know when doing a good job and help staff organize work as a team. Sixty two percent reported that they were not getting the help and support they needed, 57% were not being informed they were doing a good job, and 51% were not being helped in organizing a team.

Another way of providing support to employees is to provide timely and honest feedback to employees on their performance. Workers in both the Bowers & Esmond (1996) focus group and the March 1999 focus group in Madison stated the importance of supervisors correcting errors of an employee in private. The Madison focus group also gave examples of being praised by supervisors in the presence of co-workers and the positive effect that action had on them.

Feldman (1998) discusses the importance of considering consumer outcomes when judging performance processes. Indicators of positive consumer outcomes can be measured in consumer satisfaction surveys, presence or absence of physical conditions such as pressure sores, and the ability of the consumer to stay in her/his home because of the quality of the care being provided. Evaluating performance primarily on traits such as punctuality and personality will not determine the quality of care provided. Feldman cites such factors as frequency and duration of consumer contact, development of strong personal bonds with consumers that facilitate companionship and support, and the degree to which the paraprofessional is involved in consumer assessment and care planning for determining high quality performance.

Wilner & Wyatt (1998) discuss such quality indicators as consumer safety including freedom from physical abuse and neglect, a safe environment, conflict resolution between worker and consumer, worker reliability; consumer satisfaction; consumer quality of life; and consumer empowerment, including choice, control, and autonomy. They also discuss process measures of performance such as appearance, ability to perform the promised service dependably and accurately; willingness to help consumers and provide prompt service; knowledge of and courtesy toward consumers, as well as an ability to convey trust and confidence; and caring individualized attention.

Organizations can be quite aggressive in providing worker support. Because of the intimate and stressful nature of the job and the low wages and benefits, DCWs are often in need of support in order to continue on the job. Lori Knapp, Inc., a small human services agency in southwestern Wisconsin that contracts with counties, has developed several innovative techniques to provide support to workers. A worker run Endowment Fund provides cash for employees who are going through some difficulties such as an automobile needing repair. Funding is provided by the corporation and from employees. The A Team Coalition, consisting of 6 to 7 workers meets weekly to discuss recruitment and retention issues. Employees have an identification card that entitles them to discounts at local businesses. There are several businesses that provide auto repairs that have agreed to give discounts to the employees.

Tim Case, a senior advisor for quality at the American Health Care Association advocates providing basics for workers in their personal lives (Packer-Tursman. 1996). Examples of what employers can do are: develop an employee-run food cooperative making bulk food available at a reduced price; offer vans for employee carpools; and rent apartments in a building and provide lower rents for employees.

The CNA Career Alliance in Madison offers support services to beginning Certified Nursing Assistant in home health care. During and after an 8 week, 200 hour training program, "wraparound services" are provided that include payment of tuition, books, uniforms and a weekly stipend during training, assistance with childcare and transportation expenses for the first six months of the program, placement in a job with a health-care agency immediately upon graduation, use of a loaner car, if needed, for home care assignments, continuing education and mentoring for three years after graduation, and career advancement assistance after one year's continuous employment. The Alliance is funded through grants.

The Kenosha County Long Term Care Staffing Task Force hosts an annual recognition lunch for DCWs. Each worker receives a carnation; door prizes are awarded; and the county executive presents a certificate to each organization represented.

Possible actions that can be taken to improve administration and supervision:

At the local level:

- Develop a process, at the local level, for supervisors to occasionally accompany workers in the field to provide support and to better understand the nature of the worker's job (Eustis et al., 1993, Workforce Development Workgroup, 1999).
- Develop a process that would allow agencies to nominate exceptional employees for state level recognition (Workforce Development Workgroup, 1999).
- Conduct performance appraisals for each employee at least annually to include process measures (e.g. punctuality, attendance, etc.) and consumer quality measures (e.g. satisfied consumers, presence or absence of physical conditions such as pressure sores, etc.) (Feldman, 1998; Wilner & Wyatt, 1998; Workforce Development Workgroup, 1999).
- Develop a core supervisory training curriculum (Workforce Development Workgroup, 1999).
- Recognize workers annually for a job well done: perhaps a dinner, awards, articles in the local press (Wilner & Wyatt, 1998; Workforce Development Workgroup, 1999).
- Provide transportation support for workers: bus passes, van pools, cab fare, etc. (Workforce Development Workgroup, 1999).
- Develop a used car, low cost, easy terms program with car dealers and an auto school program to get good cars in the hands of the, workers (Workforce Development Workgroup, 1999).
- Develop a cooperative day care center supported by nursing homes, home health agencies, and PC/SHC agencies (Workforce Development Workgroup, 1999).
- Provide "wrap-around" support for DCWs as illustrated at Lori Knapp, Inc. and the CNA Alliance (Workforce Development Workgroup, 1999).

Retention: Co-workers and Teamwork

Discussion:

Retention is also influenced by relationships with co-workers and being able to work in teams. (See Table 3).

Wilner and Wyatt (1998) describe a program called VNS Choice in New York, a managed care program for persons who are nursing home eligible. In that program "(t)he paraprofessional's role is one of team member, detective, reporter, problem solver, and teacher-coach instead of subordinate, companion, listener, custodian, and worker (p. 48)."

The CNAs in the Iowa Caregivers (1999) survey listed the following expectation of co-workers:

- "Mutual help without regard for whose assignment the resident technically is.
- Responsibility for doing one's own job and for showing up on scheduled days so others don't have to cover.
- Being able to take constructive suggestions without seeing it as a personal put-down.
- Being honest about what has and hasn't gotten done, especially at shift change.
- A mentoring program that would designate certain CNAs as mentors for other CNAs to go to with questions or problems (p. 6)."

In the same survey, respondents made the following comments on team work, which they see as crucial in carrying out the shared goal of caring for residents:

- "To be effective, team work must cut across all departments, job classifications, and shifts. Everyone in the facility must be committed to helping everyone else care for residents.
- Supervisors can facilitate teamwork by consistently enforcing policies; getting feedback from all employees, not just a select few; spending time out of the office helping out on the floor; and showing appreciation to all staff.
- CNAs need to be listened to regarding residents' condition and needs because they are frequently closest to the resident (p. 7)."

Possible actions that can be taken to improve teamwork and relationships among co-workers:

At the local level:

- Provide support groups for workers, particularly home health workers who tend to be isolated (Eustis et al., 1993; Wilner & Wyatt, 1999).
- Hold weekly team meetings with peers and supervisors (Walter 1996).
- Develop a mentoring program, placing an experienced worker with a new employee (Bowers & Esmond, 1996; Iowa Caregivers Association, 1999).

Retention: Consumer Relations

Discussion:

Wilner & Wyatt (1998) note that many studies have confirmed that "...consumers' perception of the quality of care they receive is deeply rooted in the quality of their relationship with the paraprofessionals who care for them." (p. 22). Consumer relationships are damaged by high turnover. Time is needed to develop relationships in order to provide high quality care. Poor relationships can lead to a risk of abuse and neglect.

Eustis et al. (1993) concluded that the home care workers' relationship with the consumer has an effect on the quality of care. Factors involved in good consumer-worker relationships include adequate compatibility, communications, boundary maintenance, balance of power, commitment and flexibility.

Possible actions that can be taken for improving consumer relations:

At the local level:

- Provide prompt interventions with skilled LTC case managers for DCWs who have difficulty with inter-personal relationships (Workforce Development Workgroup, 1999).
- Provide informed choices to consumers, e.g. mutual responsibilities, expectations (Workforce Development Workgroup, 1999).
- Teach direct care workers some appropriate interventions and communications skills to better manage challenging behaviors (Workforce Development Workgroup, 1999).
- Provide training on ethical challenges and boundary issues to direct care workers and consumers (Workforce Development Workgroup, 1999).

- Promote the concept of "care-partnerships" with consumers, families, and agencies giving all a voice in care planning (Workforce Development Workgroup, 1999).
- Develop a training curriculum related to a model of care based on client preference and choice (Workforce Development Workgroup, 1999).
- Conduct a staff self-assessment of their own attitudes and the language they use when describing their work and their consumers (Workforce Development Workgroup, 1999).
- Provide access for consumers and DCWs to a third party and other supports in resolving conflicts (Eustis et al.; 1993).

Retention: Worker Autonomy and Self Direction

Discussion:

Worker autonomy is the most commonly mentioned issue regarding retention in the literature, after wages and benefits, (Walter, 1996).

While the values of long term care and Family Care center on consumer autonomy and self-direction, these values do not always extend to the employees who provide that care. Banaszak-Holl and Hines (1996) found that turnover in nursing homes was greatly reduced when CNAs were involved in interdisciplinary team meetings.

The Good Shepard Nursing Home west of Green Bay has a waiting list of potential employees. They have been able to raise their retention rates of workers by giving more say to nurse's aides in how care giving is provided. Nurses aides are assigned a group of residents, do their own scheduling and work in teams. This is part of a quality movement known as Wellspring (*Milwaukee Journal Sentinel*, March 21, 1999).

The Bureau on Aging and Long Term Care Resources in the Department has awarded "start-up funds" for DCW recruitment and retention strategies to be implemented at the local level. The Bureau has also been supportive in statewide efforts to form an association for direct care workers. Professional organizations can provide DCWs with the support and knowledge needed to become more confident, autonomous and self-directed.

Possible actions that can be taken for improving worker autonomy and self direction:

At the local level:

- Provide more information to home care workers about consumers and their care plans (Eustis et al., 1993).
- Include DCWs as members of interdisciplinary teams (Banaszak-Holl & Hines, 1996; Workforce Development Workgroup, 1999).
- Involve DCWs in preparing work schedules (Walter, 1996).
- Develop a flextime policy (Walter, 1996).
- Redesign the job in order to give workers more of a say in how the work should be done (Workforce Development Workgroup, 1999).
- Encourage workers to belong to professional organizations (Workforce Development Workgroup, 1999)

Section IX: Recommendations

The Workforce Development Workgroup makes the following recommendations to the Department of Health and Family Services:

1. That the Department adjust the biennial budget for all Long Term Care (LTC) providers using DCWs (e.g. home health agencies, personal care agencies, residential and nursing home facilities, WPP and PACE) so that substantial increases are awarded in the form of "pass-through" funding to be used for DCW wages and benefits and supports accessible training.
2. That the Department assign and fund a statewide task force to develop and implement strategies included in the paper to solve statewide issues of DCW recruitment and retention
3. That the Department promotes paid, timely, accessible training for DCWs, and require that the DCWs receive salaries during the training.
4. That the Department promotes flexible training requirements, flexible certification regulations, and career ladders for DCWs tied to consumer outcomes and DCW identified roles and responsibilities.
5. That the Department promotes DCWs by endorsing the Governor's proclamation and promoting a public multi-media awareness campaign that can be provided to county and provider agencies.
6. That the Department promote collaboration among provider agencies to provide wrap around services at the local level for DCWs using such models as the CNA Alliance of Dane County and Lori Knapp, Inc

Section X: References

Banaszak-Holl, Jane and Hines, Marilyn A. (1996). Factors associated with nursing home staff turnover, *The Gerontologist*, Vol. 36, No. 4, pp. 512-517.

Bowers, Barbara and Becker, Marion (1992). Nurse's aides in nursing homes: The relationship between organization and quality. *The Gerontologist*, Vol. 32, No. 3, pp. 360-366.

Bowers, Barbara and Esmond, Sarah (1996) CNA Recruitment and Retention. Unpublished paper, University of Wisconsin-Madison; School of Nursing

Boyd, Bradford B. (1976). *Management-Minded Supervision, Second Edition*. McGrawHill.

Burbridge, Lynn C. (1993). The labor market for home care workers: Demand, supply, and institutional barriers. *The Gerontologist*, Vol. 33, No. 1, pp. 41-46.

Center on Wisconsin Strategy (1999). *Improving Retention of Frontline Caregivers in Dane County*. Prepared by Laura Dresser, Dori Lange, and Alison Sirkus.

- Coleman, Mary Lou (1988). Solutions to staffing shortages: Are we missing the boat? *The journal of long-term care administration*, Winter 1988, pp. 30-31.
- Crown, William H.; Ahlburg, Dennis A.; MacAdam, Margaret (1995). The demographic and employment characteristics of home care aides, hospital aides, and other workers. *The Gerontologist*, Vol. 35, No. 2, pp. 162-170.
- Deming, W. E. (1986). *Out of crisis*. Cambridge, MA: Massachusetts Institute of Technology Center for Advance Engineering Study.
- Drucker, P. F. (1976). *Management: Tasks, responsibilities, practices*. New York: Harper & Row.
- Drucker, P. F. (1990). *Managing the non-profit organization: Principles and practices*. HarperBusiness.
- Eustis, Nancy N.; Kane, Rosalie A.; and Fischer, Lucy Rose (1993). Home care quality and the home care worker: Beyond quality assurance as usual. *The Gerontologist* Vol. 33, No. 1, pp. 4-73.
- Feldman, Penny Hollander (1993). Work life improvements for home care workers: Impact and feasibility. *The Gerontologist*, Vol. 33, No. 1, pp. 47-54.
- Feldman, Penny Hollander (1998). Work Force Issues and Quality of Long-Term Care (unpublished draft) For the Institute of Medicine Committee on Improving Quality in Long-Term Care. VNSNY Center for Home Care Policy and Research
- Garland, T. Neal; Oyabu, Naoko; and Gipson, Genevieve A. (1988). Stayers and leavers: A comparison of nurse assistants employed in nursing homes. *The Journal of Long-Term Care Administration*, Winter 1988, pp. 23-29.
- Gilbert, Nancy J. (1991). Home care worker resignations: A study of the major contributing factors. *Home Health Care Services Quarterly*, Vol. 12 (1), pp. 69-83.
- Iowa Caregivers Association (January 1999). Certified Nursing Assistant (CNA) Recruitment and Retention Pilot Project. Prepared by Hill Simonton Bell, L. C.
- Kadushin, A. (1976). *Supervision in social work*. New York: Columbia University Press.
- Kennedy-Malone, Laurie (1996). The stay or stray phenomena. *Home Healthcare Nurse*, Vol. 14, No. 2, pp. 103-107.
- Lynch, R. (1993). *Lead! How public and nonprofit managers can bring out the best in themselves and their organizations*. San Francisco: Jossey-Bass.
- MacAdam, Margaret (1993). Home care reimbursement and effects on personnel. *The Gerontologist*, Vol. 22, No. 1, pp. 55-63.

Naisbitt, J. and Aburdene, P. (1985). *Re-inventing the corporation: Transforming your job and your company for the new information society*. New York: Warner Books, Inc.

Norman, A. J. (1985). Applying theory to practice: The impact of organizational structure on programs and providers. In M. Weil and J. M. Karls (eds.), *Case management in human service practice*, pp. 72-93. San Francisco: Jossey-Bass.

Packer-Tursman, Judy (1996). Reversing the revolving door syndrome: How to find and keep quality care staff. *Provider*, Vol. 22, No. 2.

Peters, T. J. (1987). *Thriving on chaos: Handbook for a management revolution*. New York: Harper and Row.

Silvestri, George T. (November 1997). Occupational employment projections to 2006. *Monthly Labor Review*. U. S. Department of Labor, Bureau of Labor Statistics.

Walter, Bonnie M. (1996). Building team spirit to avoid employee walkouts. *Home Healthcare Nurse*, Vol. 14, No. 8, pp. 609-613.

Weil, M. (1985). Professional and educational issues in case management practice. In M. Weil and J. Karls (eds.), *Case management in human services practice*, pp. 357-390. San Francisco: Jossey-Bass.

Wilner, Mary Ann and Wyatt, Ann (1998). *Paraprofessionals on the Frontlines: Improving their Jobs - Improving the Quality of Long Term Care*, September 10 -11, 1998. A Conference Background Paper prepared for the AARP Long Term Care Initiative by Paraprofessional Healthcare Institute.

Section XI: Appendices

- A. Table 1: Barriers to recruiting, hiring and retaining workers
- B. Table 2: What makes a good long term care worker?
- C. Table 3: What makes workers stay?
- D. Workforce Development Workgroup Charter.
- E. Workforce Development Workgroup Members.

Table 1

Barriers to Recruiting, Hiring and Retaining Workers

Feldman¹	Wilner anti Wyatt²	Workforce Development Workgroup³	Various surveys and focus groups⁴
<ul style="list-style-type: none"> ▪ Wages and benefits lower in nursing home and home health settings than in acute care settings ▪ Medicaid and Medicare payment constraints ▪ High reliance on self-paying patients with limited financial resources ▪ Profit orientation of many provider organizations ▪ Barriers to unionization ▪ Cost containment efforts of third party payers ▪ Inadequate and perfunctory training ▪ Lack of organizational support systems to help workers cope with job stress ▪ Lack of career ladders 	<ul style="list-style-type: none"> ▪ Lack of industry standards for wages and benefits ▪ Inadequate training ▪ Difficult and demanding job ▪ Abuse, neglect, or misappropriation in the home care industry ▪ Medicare and Medicaid reimbursement rates ▪ Managed care is expected to drive down personal care hours and rates while depressing the salaries and benefits of home care workers ▪ Poor public perception of nursing homes ▪ High turnover rate ▪ Worker shortages ▪ Low unemployment rates ▪ The Immigration Act of 1990 restricting immigration of unskilled 	<ul style="list-style-type: none"> ▪ Low wages ▪ Poor or no benefits ▪ No career ladder ▪ Lack of available or meaningful training; high cost of training ▪ Competition with other industries with less demanding jobs ▪ Limited number of candidates ▪ Few entry level workers willing to make this work a career choice. ▪ Aging population; decreasing workforce. ▪ Expensive advertising. ▪ There is a problem of recruiting and retaining persons who are in the same age cohort as the consumer ▪ Schools often have difficulty in seeing the career progression in this kind of work ▪ Difficult to build a sense of 	<ul style="list-style-type: none"> ▪ Inability of the agency to pay well and to offer benefits ▪ No career ladder ▪ Work is physically and psychologically demanding – less demanding work is available in the community for the same or higher pay ▪ Physical demands of the job increase the likelihood of back injury ▪ The educational system does not promote this kind of work, potential employees don't know that this work exists ▪ Misconceptions and negative stereotypes about the consumers - leads to lack of interest in pursuing these jobs ▪ Staff supervised by people who

¹Feldman, Penny Hollander (1998). Work Force Issues and Quality of Long-Term Care (unpublished draft) For the Institute of Medicine Committee on Improving Quality in Long-Term Care. VNSNY Center for Home Care Policy and Research.

²Wilner Mary Ann and Wyatt. Ann (1998). Paraprofessionals on the Frontlines: Improving their Jobs - Improving the Quality of Long Term Care, September 10 -11,1998. A Conference Background Paper prepared for the AARP Long Term Care Initiative by Paraprofessional Healthcare Institute.

³See Section IV for workgroup description

⁴Focus Group conducted in Madison with Hone Health Workers. CNAs, dietary aides, and nursing home workers on March 24,1999.

An Anthology of Inputs and Ideas from People with Disabilities, Wisconsin Partnership Program at Access to Independence

Certified Nursing Assistant (CAN) Recruitment and Retention Pilot project, December 1998. prepared for Iowa Caregivers by Hill Simonton Bet. L C.

Bowers Barbara and Esmond, Sarah (1996) CNA Recruitment and Retention. Unpublished paper, University of Wisconsin-Madison, School of Nursing.

Feldman ¹	Wilner and Wyatt ²	Workforce Development Workgroup ³	Various surveys and focus groups ⁴
	<p>a nor (home care is currently classified as unskilled labor)</p> <ul style="list-style-type: none"> ▪ Inadequate staffing, supervision and support ▪ Lack of supervisory and management training ▪ For home care workers, lack of supervision and on-site peers. ▪ Staff supervised by people who don't have hands-on experience 	<p>commitment and teamwork when staff is part time.</p> <ul style="list-style-type: none"> ▪ Immigration/naturalization laws ▪ Overnight staffing and wage and hour requirements ▪ Multiple funding sources ▪ Criminal background checks ▪ Little collaboration between the Department of Workforce Development and DHFS, esp. W2. ▪ Lack of worker education on cultural and diversity issues ▪ Lack of worker skills in dealing with aggressive consumers ▪ Lack of understanding of self-directed care ▪ Poorly trained supervisors and managers ▪ Available training may not meet the needs of the worker or it is too costly ▪ Isolation of home care work ▪ Lack of professional status for workers ▪ Public lack of respect for workers and consumers they serve ▪ Lack of consistent number of hours for workers ▪ No pay differential for evening/weekend work ▪ MA reimbursement rates 	<p>don't have hands-on experience</p> <ul style="list-style-type: none"> ▪ Insufficient equipment and supplies to do a good job ▪ Short staffing causing overload on current workers ▪ Inadequate training to do the job well

Table 2

What makes a good long term care worker?

Wilner and Wyatt¹	Workforce Development Workgroup²	Various Surveys and Focus Groups³
<ul style="list-style-type: none"> ▪ Compatible, reliable, capable of properly doing required tasks such as physical transfer or keeping the house clean ▪ Willing to do what the consumer would like to have done, within reasonable limits ▪ Trustworthy and honest ▪ Capable of speaking a language the consumer understands ▪ Patient and understanding ▪ Positive attitude toward the consumer ▪ Sensitivity to consumer and cultural preferences ▪ Positive attitude ▪ Patience ▪ Ability to integrate multiple and simultaneous demands 	<ul style="list-style-type: none"> ▪ Good understanding of diversity issues ▪ Conflict management and negotiation skills ▪ Communication skills ▪ Stress management skills ▪ Flexibility ▪ Respect for consumers ▪ Dependable ▪ Efficient 	<ul style="list-style-type: none"> ▪ Strong family value of caregiving ▪ Honest and trustworthy ▪ Healthy mind and body ▪ Fast and efficient ▪ Enjoys the work ▪ Good communication skills ▪ High energy, enthusiastic ▪ Understands boundaries ▪ Willingness to go above and beyond required duties as needed ▪ Mature and responsible ▪ Attention to detail ▪ Dependable ▪ Compassionate and sensitive ▪ Understanding of the importance of the work ▪ Good negotiation skills ▪ People who like their jobs ▪ Respects independence of the consumer

¹ Wilner, Mary Ann and Wyatt. Ann (1998). Paraprofessionals on the Frontlines: Improving their Jobs - Improving the Quality of Long Term Care, September 10 -11, 1998. A Conference Background Paper prepared for the HARP Long Term Care Initiative by Paraprofessional Healthcare Institute.

² See Section N for workgroup description

³ Focus Group conducted in Madison with Home Health Workers, CNAs, dietary aides, and nursing home workers on March 24, 1999. An Anthology of Inputs and Ideas from people with disabilities, Wisconsin Partnership Program at Access to Independence Certified Nursing Assistant (CAN) Recruitment and Retention Pilot project, December 1998, prepared for Iowa Caregivers by Hill Simonton Bell, L. C. Bowers, Barbara and Esmond. Sarah (1996) CNA Recruitment and Retention. Unpublished paper, University of Wisconsin-Madison, School of Nursing.

Table 3

What makes workers stay?

Garland, Oyabu, Gipson ¹	Feldman ²	Wilner and Wyatt ³	Workforce Development Workgroup ⁴	Various Surveys and Focus Groups ⁵
<ul style="list-style-type: none"> ▪ Fairy positive attitude toward nursing homes in general ▪ Very positive attitude toward nursing home where they are employed ▪ High value on job security ▪ High value on intrinsic, relationship-oriented rewards connected with their jobs ▪ Good relationship with the consumer ▪ Family feels positive about the job ▪ Good relationship with co-workers 	<ul style="list-style-type: none"> ▪ Adequate pay and benefits ▪ Quality of worklife improvements such as participation in decision making and an opportunity to interact positively with consumers and colleagues ▪ Training opportunities ▪ Career advancement opportunities ▪ Respect from the administration ▪ Recognition from the organization ▪ Opportunity to manage workload and schedule 	<p><u>In home workers:</u></p> <ul style="list-style-type: none"> ▪ Satisfaction from taking care of people who need them ▪ Expressions of appreciation from consumers and family members ▪ Achieving outcomes that are meaningful to them ▪ Adequate wages ▪ Good benefits ▪ Stability ▪ Adequate training ▪ Compatible clients and families ▪ Good working relationships with consumers and families 	<ul style="list-style-type: none"> ▪ Adequate pay and benefits ▪ Career advancement opportunities ▪ Positive public perception of the job and of the consumers ▪ Compatible consumer-worker match ▪ Good supervision ▪ Meaningful training ▪ Feeling of being valued ▪ Respect from the organization ▪ Adequate staffing level 	<ul style="list-style-type: none"> ▪ Adequate pay and benefits ▪ Good teamwork ▪ Good supervision. ▪ Respect from the organization ▪ Well managed organization. ▪ Recognition for a job well done. ▪ Adequate staffing level ▪ Career advancement opportunities

¹ Garland, T. Neal; Oyabu, Naoko; and Gipson, Genevieve A. (1988). Stayers and leavers: A comparison of nurse assistants employed in nursing homes. The Journal of Long Term Care Administration, Winter 1988, pp. 23-29/

² Feldman, Penny Hollander (1998). Work Force Issues and Quality of Long-Term Care (unpublished draft) For the Institute of Medicine Committee on Improving Quality in Long-Term Care. VNSNY Center for Home Care Policy and Research.

³ Wilner, Mary Ann and Wyatt, Ann (1998). Paraprofessionals on the Frontlines: Improving their Jobs - Improving the Quality of Long Term Care, September 10 -11, 1998. A Conference Background Paper prepared for the HARP Long Term Care Initiative by Paraprofessional Healthcare Institute.

⁴ See Section IV for workgroup description

⁵ Focus Group conducted in Madison with Home Health Workers, CNAs, dietary aides, and nursing home workers on March 24, 1999. An Anthology of Inputs and Ideas from people with disabilities, Wisconsin Partnership Program at Access to Independence Certified Nursing Assistant (CNA) Recruitment and Retention Pilot project, December 1998, prepared for Iowa Caregivers by Hill Simonton Bell, L. C. Bowers, Barbara and Esmond. Sarah (1996) CNA Recruitment and Retention. Unpublished paper, University of Wisconsin-Madison, School of Nursing.

Garland, Oyabu, Gipson ¹	Feldman ²	Wilner and Wyatt ³	Workforce Development Workgroup ⁴	Various Surveys and Focus Groups ⁵
<ul style="list-style-type: none"> ▪ Good relationship with supervisor ▪ Positive feelings about taking care of people who are ill 	<ul style="list-style-type: none"> ▪ Good physical working environment ▪ Adequate staffing level ▪ Role clarity ▪ Opportunity to establish meaningful relationships with the consumer ▪ Increase in job responsibility 	<ul style="list-style-type: none"> ▪ Safe and clean working conditions ▪ Recognition and support from the consumer and the agency ▪ Communication from the agency ▪ Opportunities for upgrading skills and jobs ▪ Sense of belonging ▪ Good supervision ▪ Flexible hours <p><u>Nursing Home Workers:</u></p> <ul style="list-style-type: none"> ▪ Satisfaction from feeling valued by administration and co-workers and from having the opportunity to make suggestions and participate in resident care planning and unit management. ▪ Greater opportunity for increased participation in and control over their responsibilities. ▪ Peer recognition for work skills ▪ Good supervision ▪ Ability to integrate multiple and simultaneous demands 		

CHARTER FOR WORKFORCE DEVELOPMENT WORKGROUP

1/14/99

DRAFT

Charter:

Convene a group of provider agencies, and stakeholders, including nursing facility, home health and county agencies that provide or monitor long term care to discuss the current workforce problems for recruitment and retention of direct care workers in long term care. Hold a series of focus groups with direct care workers from different providers to determine the reason for turnover. Review available research literature on work force development problems in the health care field. Complete an analysis of the current shortage of direct care worker in the health care and related supportive home care industry. The study would include all direct care worker categories in the current system, including nursing facility aides, home health aides, personal care workers, supportive home care workers and chore service workers.

Make recommendations to counteract current shortages in this employment field, including, as necessary, changes in current worker requirements, salary ranges, benefits, and processes to recruit and retain workers. Make recommendations regarding worker shortages for Family Care.

Product:

A paper that describes the problems and presents recommendations to the Department for solutions, including recommendations for Family Care, the new managed long term care program currently being designed by Wisconsin Department of Health and Family Services.

Timeline:

Total of three 4 hour meetings in February and early March 1999.
Research components on-going from January to March 1999 Paper will be produced by April 1999.

Suggested Workgroup Members

Alice Mirk (facilitator and group coordinator) DHFS/CDS

Judy Sikora (chief writer and researcher) DHFS/CDS

External:

- Jean Rumachik, supervisor and workforce development lead for Society's Assets
- Bob Deist, recruitment and retention lead for Community Living Alliance
- Peter Leidy, direct care staff coordinator for Options In Community Living
- Tom Stratton, Manager of LTC Programs Outagamie County (WCHSA REP)
- Donald Knapp, CEO for LKI, member of Private Industry Council workforce Development Committee
- Linda Morrison. WI Alzheimer's Institute
- Mary Ann Drescher, WAHSA representative (member of Statewide COP/LTC Committee)
- Sue Gilson, Brown County WSA Representative (member Statewide COP/LTC Committee)

Internal:

- Mary Green, DHFS/DCTF
- Sharon Beall DHFS/BALTCR (alternate: Judy Zitske, BALTCR)

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