PRESENTERS

Lisa Gurgone, Executive Director
Hayley Gleason, Assistant Director
Home Care Aide Council
Patricia Yu, Director of Policy and Research
Executive Office of Elder Affairs
Leanne Winchester, Project Director
Direct Care Workforce Development, EOHHS/ELD,
UMMS, MassAHEC
PRESENTATION OUTLINE

• Background
  • Changing demographics
  • Growth of the Direct Care Workforce
  • Massachusetts’ Direct Care Workers
  • Massachusetts’ Workforce Initiatives

• Recruitment and Initial Training Initiatives
  • Lowell Project
  • HEART Project & Healthcare Workforce Pipeline Project

• Career Latticing Initiatives
  • ABCs to NA Bridge
  • DHE Scaling Efforts
GROWTH IN THE 65+ POPULATION NATIONALLY

[Graph showing the growth in the 65+ population from 1900 to 2050, with projections for 2020 and 2030 indicated.]

US Census Bureau, 1900-2010, National Population Projections, 2012
Growth in the 85+ Population Nationally

US Census Bureau, 1900-2010, National Population Projections, 2012
At Least 2/3 of Those over 65 Will Require Long-Term Care
DIRECT CARE WORKFORCE

Definition: Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions.

Growth Outlook: Direct-care workers are one of the largest and fastest growing workforces in the country.
NATIONAL WORKFORCE NUMBERS (IN MILLIONS), ANTICIPATED 2024

US Department of Labor (DOL) estimates, 2016
NATIONAL WORKFORCE GROWTH, ANTICIPATED 2014-2024

US Department of Labor (DOL) estimates, 2016

- Direct Care Workers: 26%
- Registered Nurses: 16%
- Elementary School Teachers: 5.80%
- Waiters and Waitresses: 2.80%
- Retail Salespersons: 6.80%
WORKFORCE STATISTICS- NATIONAL DEMOGRAPHICS

Home Care Workers

- 89% of Home Care Workers are Female
- Median age = 45 years old
- 54% have a high school diploma or less
- 42% are White, 28% are African American, 21% are Hispanic/Latino
- 72% are U.S. Citizens, 15% are Citizens by Naturalization
WORKFORCE STATISTICS

Massachusetts Direct Care Workers total 107,800

- Home Health Aides/Hospice Aides (HHAs) = 27,020
- Personal and Home Care Aides = 42,190
- Certified Nursing Assistants = 38,590

Estimates of Increased demand in MA by 2024

- 37.5% increase in the number of HHAs
- 24.7% increase in the number of personal care aides
- 9.9% increase in the number of CNAs

US Department of Labor (DOL) estimates, 2016
## Massachusetts Training Standards

<table>
<thead>
<tr>
<th>Type of Worker</th>
<th>Employer</th>
<th>Training Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
<td>Agency</td>
<td>3 hour orientation plus 37 hours of training</td>
</tr>
<tr>
<td>Personal Care Homemaker (PCHM)</td>
<td>Agency</td>
<td>40 hours of homemaker training plus 20 hours of personal care training by an RN, 3 hours of which is a practicum</td>
</tr>
<tr>
<td>Personal Care Attendant (PCA)</td>
<td>Consumer-Employer</td>
<td>3 hour orientation for new PCAs within 6 months of initial notification. No training requirements</td>
</tr>
<tr>
<td>Home Health Aide (HHA)</td>
<td>Agency</td>
<td>75 hours, includes a 16 hour practicum</td>
</tr>
<tr>
<td>Nursing Assistants (CNA)</td>
<td>Facility</td>
<td>75 hours, includes 21 hours of clinical hours/ supervised practical training</td>
</tr>
</tbody>
</table>
HOURLY WAGE & INITIAL TRAINING OF MA HOME CARE WORKERS

- PCA: Hourly Wage: $14.57, Initial Training Requirement: 3 hours
- Homemaker/Personal Care Homemaker: Hourly Wage: $13.59, Initial Training Requirement: 60 hours
- Home Health Aide: Hourly Wage: $14.04, Initial Training Requirement: 75 hours
- CNAs: Hourly Wage: $14.88, Initial Training Requirement: 75 hours

Legend:
- Hourly Wage
- Initial Training Requirement (hours)
WORKFORCE ACTIVITIES IN MA

Initiatives- State and Federal

• Strong State Department- EOEA- Plus ASAPs
• ECCLI
• PHCAST
  • PCAs and HCAs
• Expanding the Role of Home Care Aides
  • Supportive Home Care Aides- Providing care to clients with Alzheimer’s and mental health diagnoses
  • Elder Abuse Awareness & Prevention
  • PCORI- Working with elders with substance misuse issues

• Department of Higher Education
  • Supervisor’s Training
RECRUITMENT & INITIAL TRAINING

Patricia Yu & Hayley Gleason
WORKFORCE CHALLENGES

- Recruitment & Retention Challenges
  - Wages
  - Career Ladders
  - Training
  - Job Quality
  - Work Stability
CURRENT RANDOM WORKER PATHWAY

- **Employment**
- **Recruitment**
- **Retention Unlikely**

- **Trainings Uncertified**
- **Finding Employment**
- **Navigating Personal Life Challenges**
- **Referrals Random**

The diagram illustrates the pathways and challenges faced by random workers in the current system, highlighting the difficulty in achieving stable employment.
PATHWAYS FOR DIRECT CARE WORKFORCE

Increasing Direct Care Workforce

Incoming
- Focused recruitment and screening
- Job readiness activities
- Accessible training
- Apprenticeship opportunities

Incumbent
- Wraparound services
- Employer engagement for retention efforts

Career Ladder
- Identify early candidates for advancement
- Community partnerships to advance workforce (employers, colleges, CBO, Career Center)
FOCUS ON WORKFORCE COLLABORATIONS

System Design: Workforce Innovation and Opportunity Act funds federal system and state-based system is funded via the Workforce Competitive Trust Fund

EOLWD, 2016 report on employment
LOWELL PROJECT GOAL: SYSTEM ALIGNMENT

**Recruitment**
- Screening motivated individuals
- Select candidates that are a good fit

**Training**
- PCHAST
- Home health aide
- Soft skills

**Retention**
- Wraparound services

**Employer Engagement**
- Advisors of the project
- Hire graduates
- Engage in retention efforts
COHORT MODEL OF RECRUTIMENT & RETENTION

**Recruitment**
- Focused Screening
- Case Management
- Trusted Referral

**Training**
- PCHAST/HHA Training
- Soft Skills Training & Pre-Employment Training
- Job Fair/Employer Engagement

**Retention**
- Wraparound Services

4 weeks → 4.5 weeks → 12 weeks
WORKER SYSTEM ALIGNMENT

- Social Services
- Community College
- Supported Worker
- Government
- Employers
**PROJECT PARTNERS**

- **International Institute**
  - Referral
  - Case management
  - Soft skills training

- **Middlesex Community College**
  - PCHAST training
  - Home health aide training

- **Community Teamworks**
  - Retention services
  - Housing assistance, childcare vouchers, transportation vouchers, etc.

- **Lowell Workforce Investment Board**
  - Lowell Career Center held the job fair

- **Employers**
  - Associated Homecare
  - Intercity Homecare
  - Right At Home
  - Multicultural Homecare
OUTCOMES OF THE PROJECT

• Lowell organizations have formalized their relationship to work together on workforce development.

• Five graduates are employed as home health aides.

• Seven graduates have continued their training into CNA training.

• Middlesex Community College has spearheaded a health care career ladder program.

• Fifteen Lowell health care and long term care employers have developed a regional Allied Health advisory group to advise, support, and hire from the workforce program.
LESSONS LEARNED & NEXT STEPS

• Importance of engaging in diverse communities through community based organizations.

• Systems alignment and coordination of efforts is dependent on front-line staff & case managers.

• Next Step: City of Lynn workforce project, collaboration between Department of Transitional Assistance, Office of Refugees, & community based organizations.
Recruitment, Hiring, & Early Employment Study

Data Collection (N=49):

- Four home care aide focus groups; four supervisor focus groups; three HR interviews and one focus group

Key Findings:

- Recruitment & Hiring
  - Use current workforce for recruitment (people known to applicant)
  - Intensive screening
  - Make hiring process more efficient (get people to work faster)
RECRUITMENT: QUALITIES SOUGHT IN PERSPECTIVE HHAS

- Compassion: 18%
- Interest in the Work: 12%
- Experience: 11%
- Reliability: 10%
- Communication Skills: 9%
HEART HOME HEALTH AIDE TRAINING PROGRAM

2016-2017 Five Cohorts

Target Population: Boston Housing Authority Residents

Recruitment:
- Partnership with BHA
  - Flyers in monthly rent checks
  - Staff Recommendations
  - Flyers at housing sites
- Information sessions plus interviews

Training:
- Coaching, case management, and additional life skills/job prep added to training
- Link students with community resources
- Job fair at the conclusion with 4-6 local employers
Lessons Learned:

Need transitional support into initial work

Personal life issues are pervasive
• Childcare, other caregiving responsibilities
• Housing, homelessness
• Domestic violence
• Transportation

Issues in training persisted into work
• Select students need pre-training, additional supports
  ▪ Preparation for the intensive training
  ▪ Language barriers
HEALTHCARE WORKFORCE PIPELINE

HEART HHA Training 2.0:
Two cohorts planned for 2017-2018

Target Population: Long-term unemployed or underemployed (3 years) living in BHA

Pre-Training and Training:
• Two-week pre-training includes training preparation, intensive self-assessment, coaching, and job/employment prep
• HHA Training with ongoing coaching
  ▪ Students work as homemakers during the training
• Post-Training
  ▪ Ongoing coaching
HEALTHCARE WORKFORCE PIPELINE

HEART HHA Training 2.0 Major Changes:

Coaching/mentoring more embedded, intensive throughout

• Ongoing- Continues five-months post-training

• Partnership with agency as employer
  ▪ Students work throughout the training
    o Students test out the industry- Get their feet wet
    o Coach and employer can work to solve issues that emerge early

• Pre-training component
  ▪ Two-weeks to help prepare students for the HHA class
    o Time to arrange supports
    o Get acquainted with the team, schedule
    o Work through barriers to training and work
CAREER LATTICING

Leanne Winchester
Direct Care Worker Career Lattice – Wages and Education Requirements in Massachusetts

<table>
<thead>
<tr>
<th>No Education</th>
<th>Training Provided by Employer</th>
<th>High School Diploma or Equivalent</th>
<th>Postsecondary Non-Degree Award</th>
<th>Associate’s Degree</th>
<th>Bachelors Degree</th>
<th>Master’s Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Volunteer</td>
<td>Respite Worker</td>
<td>Community Health Worker</td>
<td>Cardiovascular Tech</td>
<td>Mental Health Counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal Care Attendant</td>
<td>Pharmacy Tech</td>
<td>EMT/Paramedic</td>
<td>Dietitian/Nutritionist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Homemaker</td>
<td>Substance Abuse and Behavioral Disorder Counselors</td>
<td>Radiology Tech</td>
<td>Occupational Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal Caregiver</td>
<td>Personal Care Homemaker*</td>
<td>Surgical Tech</td>
<td>Registered Nurse (RN)</td>
<td>Nurse Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer Specialist</td>
<td>Certified Nursing Assistant</td>
<td>Licensed Practical Nurse</td>
<td>Nurse Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Assistant</td>
<td>Medical Assistant</td>
<td>Nurse Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Health Aide</td>
<td>Home Health Aide</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Medical Interpreter</td>
<td>Medical Interpreter</td>
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<tr>
<td></td>
<td></td>
<td>Medical Transcriptionist</td>
<td>Medical Transcriptionist</td>
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<tr>
<td></td>
<td></td>
<td>Physical Therapy Asst</td>
<td>Physical Therapy Asst</td>
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<tr>
<td></td>
<td></td>
<td>Dental Assistant</td>
<td>Dental Assistant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Dental Hygienist</td>
<td>Dental Hygienist</td>
<td></td>
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</tbody>
</table>


MA PHCAST Grant Project T82HP20323 funded by Department of Health and Human Services (DHHS).
DIRECT CARE WORKFORCE INITIATIVES

Personal & Home Care Aide State Training (PHCAST) (HRSA funded)
• Acquiring Basic Core Competencies (ABCs) for Direct Care Workers

PHCAST to Nurse Aide Bridge Program (State funded)
• Align PHCAST ABCs to state nurse aide training standards

Personal Care Attendant Fundamentals Training (State funded)
• 25-hour pre-employment training

Department of Higher Education Scaling Efforts for Direct Care Workers
• Consortium based project: including six community colleges, two trade associations, workforce investment board
**PHCAST**

**2010-2013**
Acquiring Basic Core Competencies ABCs for Direct Care Worker

**2014**
Continuing Education/Professional Development

Train the Trainer

---

**ABCs to NA Bridge**

**2015-2016**
A 90-hour nurse aide bridge curriculum for PHCAST trained workers

_Pilot Outcomes:_
- Older workers
- LEP
- Traditional

---

**DHE Scaling Efforts**

Priority 1:
Update Core Competencies

Priority 2:
Transferable Training

Priority 3:
Career Lattice/Articulation

Priority 4:
Leadership Training
VALUE OF PHCAST ABCS TO NA BRIDGE

• Provides a portal of entry into the workforce for the students who may not be ready for the complexity of the Home Health Aide/ Nurse Aide job

• Allows individual to develop professionalism and gain valuable work experience

• Trained workers can apply their learned skills, knowledge and experience towards advanced certification

• Education to career latticing provides an opportunity for non-traditional direct care workers to achieve success in the long-term care sector
DIVERSITY AND WORCESTER COUNTY

- Among people at least 5+ years of age living in Worcester in 2015, 37.1% report speaking a language other than English at home.
- 39.8% of those speaking a language other than English at home report they speak English less than “very well”.

<table>
<thead>
<tr>
<th>Age</th>
<th>% reporting they speak English less than “very well”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 5 -17 years old</td>
<td>25.6%</td>
</tr>
<tr>
<td>Age 18 – 64 years old</td>
<td>42.4%</td>
</tr>
<tr>
<td>65 years old and over</td>
<td>76.3%</td>
</tr>
</tbody>
</table>
PRIORITY 2: TRANSFERABLE TRAINING

- Review current training models for providing workforce training to limited English speakers.
- Identify methods within existing state models by which current training could be enhanced to provide support for ESOL population.
- Add a mentoring and success coaching component to existing Bridge to Health Care Careers program to remove academic and life barriers that prevent students from enrolling in three key health care degrees and certificates: Nurse Assistant, Medical Assistant and Licensed Practical Nurse (LPN).
ESL AT QUINSIGAMOND COMMUNITY COLLEGE

QCC’s Center for Workforce Development & Continuing Education assessed approximately 500 LEP individuals. Students were assessed and, if appropriate, were placed into one of four programs of study:

1. DESE Funded ESL Program - Levels 1 - 4
2. Bridge to Healthcare
3. MICHW – Bilingual English/Spanish
4. Credit Based ESL Program
BRIDGE TO HEALTH CARE WITH SUCCESS COACH

Quinsigamond Community College Pilot Project

Demographics

- 100% female with average age 35
- 100% Hispanic/Latino
- Education: HS Diploma/GED to post-secondary education in their native country
- 100% living below Federal poverty level
- Most working part-time
- Majority single parents residing in Central Worcester Community

N=14
SUCCESS COACH
TAKEN FROM UTX AUSTIN - LEARNING AND STUDY STRATEGIES INVENTORY (LASSI) MODEL

**Goal:** To remove academic and life barriers that prevent students from enrolling in three key degree and certificates: NA, MA, LPN


Success coach is introduced during admission; weekly 1:1 meetings over 10-12 month period
OUTCOMES

Following Completion of the Bridge to Healthcare/Success Coach Program:

10 women completed the Bridge to Healthcare Program (71% completion rate)

• Two (20%) went into an LPN Program
• One (10%) entered a Medical Assistant Program
• Four (40%) Students entered CNA program
• Three (30%) didn’t advance to a program due to personal issues (Immigration, sick family member, became homeless and needed to enter the workforce directly)
LESSONS LEARNED

The depth of issues and supports needed for students, such as homelessness, domestic abuse, and immigration exceeded the expectations of the success coach

- Students need sustainable tools to become self-sufficient and to get to where they want to be

The Benefit Cliff is a BIG hurdle

- Students receiving state benefits fear losing benefits before they are able to earn a living wage. Students need an opportunity to be weaned off of benefits to avoid falling back into the system
- A recent DTA pilot resulted in individuals not wanting workforce training because of the fear of losing benefits
- Career pathways is a problem with the potential loss of benefits
Entering into the college program through a non-credit program alleviates fears of most non-traditional students. Students experiencing success in programs, such as CNA gives students confidence to progress to credit based programs. Students need to be supported to enter into non-credit programs, become successful and be offered the opportunity to articulate the work toward get college credits.

- Learning needs to be offered by a team: instructor, success coach, and wrap around services
- Students need sustainable tools to become self-sufficient and to get to where they want to be
- Community College Workforce Development divisions need to be sufficiently supported to offer alternative educational gateways
- The “Benefit Cliff” has to be addressed if we are to prepare the Direct Care Workforce of the future
QUESTIONS?
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Patricia Yu - Patricia.Yu@state.ma.us
Leanne Winchester - Leanne.Winchester@state.ma.us

THANK YOU!