

Older Workers in Direct Care: A Labor Force Expansion Study

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Operation ABLE of Michigan



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Older Workers in Direct Care: A Labor Force Expansion Study

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Chapter 1: Introduction

Two converging dynamics in our society point to the critical importance of finding ways to attract older workers to jobs in long term care. First, labor shortages in the long term care industry are already apparent and are reaching crisis levels.¹ Second, America is graying and many older Americans are confronting serious economic problems.² This study examined whether the older worker is a ready but untapped source to alleviate the shortages in the long term care workforce. This study examined the kind of work older workers are suited for, and if they want to do paraprofessional work in nursing homes and home health agencies when certain conditions are met.

The fastest growing segment of the U.S. population is individuals age 45 to 64. In 1900, 4% of Americans were 65 years or older. Today, 12.5% are 65 or older. By 2040, projections are that 25% will be older than 65.³

According to the U.S. Census figures, the 45 to 64 population grew by 34% from 1990 to 2000. In contrast, the 25-44 year age group grew by only 2%. Economic projections indicate that a workforce at least the same size of today's or larger will be needed over the next decade.⁴ These statistics reveal the sobering fact that the 25-44 year old population is not growing sufficiently to replace those who will soon be retiring. It will be critical that older workers remain engaged in the workforce to help offset the low replacement numbers. Employers must begin to seriously rethink hiring policies and strategies for retaining workers as they have to increasingly turn to older Americans to fill the gap in labor supply.⁵

While the number of older Americans is growing, so are their economic problems. In 2000, the mean income for persons 65 years and older who reported having an income was \$16,088.⁶ For the 43 million elderly reporting incomes in 1999, 34% reported less than \$10,000 and only 23% reported an income of \$25,000 or more.⁷ For many adults, staying employed or returning to employment is increasingly becoming a necessity rather than a choice.

Indications are that poverty among the elderly in America will continue to increase.⁸ AARP conducted a national study of 2,518 workers aged 45 to 72 which revealed that 69% of this workforce intends to work after they retire from their current jobs.⁹ The study also revealed a variety of motivations for working after the age of 45, including: to earn income, to maintain or obtain health care coverage, to contribute to society, to help people, and to continue to have a sense of belonging and community.¹⁰

¹ The Robert Wood Johnson Foundation and The Atlantic Philanthropies (2003).

² National Commission on Retirement Policy (1998); U. S. Bureau of the Census (2000).

³ National Commission on Retirement Policy (1998).

⁴ U.S. GAO (2001).

⁵ U.S. GAO (2003).

⁶ U.S. Census (2000a).

⁷ U.S. Census (2000a).

⁸ U.S. Census (2000a).

⁹ Montenegro et al. (2002).

¹⁰ Montenegro et al. (2002).

While there is an expanding group of mature workers willing or needing to work, the need for paraprofessional workers in the long-term care industry is reaching a crisis level. Employee turnover has long plagued this industry but now, employee availability is increasingly becoming the first concern.¹¹ There is a clear need to find available and qualified persons willing to take jobs offered by nursing homes and home health agencies. What is not known is whether the older workforce represents a viable pool of job candidates for these jobs.

This study aimed to develop a deeper understanding of the needs, wants and concerns confronting older workers' choices about working or not, particularly within the context of long term care. An examination of how the "willing to work" mature workers view direct care employment in nursing homes and home health agencies can significantly contribute not only to recruitment strategies and workforce designs to attract and retain older workers, but also to policy and program development that affects training and subsidized employment dollars.

Many employers have concerns about hiring or retaining older workers.¹² Their concerns are diverse: fears regarding loss of productivity, concern for higher employee health insurance costs, fear that absenteeism will rise, and in some cases, simple ignorance regarding the abilities and potential of older workers.¹³ What is not known is whether employers in long term care have these same perceptions of older workers. This study aimed to develop a deeper understanding of the perceptions that long term care employers have about older workers, and how they might translate into recruitment methods, training programs, retention strategies and public policy.

Employers interested in hiring older workers can take advantage of federal dollars to help offset their training costs. Two federal streams of dollars are potentially available to assist low income older adults. Nationally, a portion of the Senior Community Service Employment Program (SCSEP) can be used for training adults age 55 and older who are at or below 125% of the poverty level. Also, the federal Workforce Investment Act (WIA) provides employment and training dollars through one stop career centers for individuals at all income levels and various age groups. This study examined the extent to which long-term care employers access these public workforce development dollars.

Working will soon cease to be an option for a large number of older workers. But necessity alone is a poor basis for attracting committed and trustworthy employees to the work place. This study examined workers' attraction to various types of long term care jobs with the intention of helping to shape U.S. employment training and aging policy in the future. Study results generated information regarding the factors that might facilitate and impede mature workers getting jobs in the long term care industry. It also provides a better understanding of the organizational and job structures needed to successfully retain older workers in nursing homes and home health agencies.

¹¹ The Robert Wood Johnson Foundation and The Atlantic Philanthropies (2003).

¹² U.S. GAO (2001).

¹³ Barth, McNaught and Rizzi (1996).

Report Organization

The following chapters describe the study and its results. Chapter 2 presents the research design and describes the study participants. Chapter 3 is a synthesis of eight key findings. Chapter 4 presents the detailed results organized by the ten study questions. Chapters 5 and 6 provide recommendations stemming from the study as they relate to employment and training organizations and to policy makers. Chapter 7 discusses future research that can be pursued to flesh out in more detail the key lessons revealed through this study. Data collection instruments are included in the appendix of this report. A separate technical appendix contains the statistical results for each of the three surveys.

Many people and organizations provided insights for this study. However, the conclusions and recommendations presented in this report are those of SPEC Associates and the seven Operation ABLEs that made up the study's advisory group. Interpretations contained in this report are not meant to represent the opinions of any other individual or organization affiliated with this study.

Chapter 2: Research Methods

This study addressed ten questions about the feasibility of using mature workers in frontline work in nursing homes and home health agencies:

- (1) What recruitment strategies work best in attracting older workers to long-term care?
- (2) What conditions are necessary in the work situation to retain older workers?
- (3) Do long-term care employers have, or are they willing to create, organizational structures, job structures, work settings and/or incentives attractive to older workers?
- (4) Are there possibilities for mentor relationships with younger workers and would this relationship add value for employers or employees?
- (5) What unique attributes can older workers bring to long-term care jobs?
- (6) What are the income needs of older workers who are willing to work in long-term care settings?
- (7) What aspects of direct care work in long-term care appeal to older workers and why?
- (8) What are the training issues and physical challenges unique to hiring older workers?
- (9) What do employment and training providers need to do to meet the training requirements of the long term care industry?
- (10) How can long-term care employers coordinate with publicly funded workforce programs to support the employment of older workers?

Study Design

The core design of this study consisted of telephone surveys in seven states with:

- (a) the population of low-income mature workers, aged 40 and older, who were in recent or current training programs of seven Operation ABLE organizations, and
- (b) employers representing nursing homes and home health agencies.

Figure 1: Seven States Included in the Study

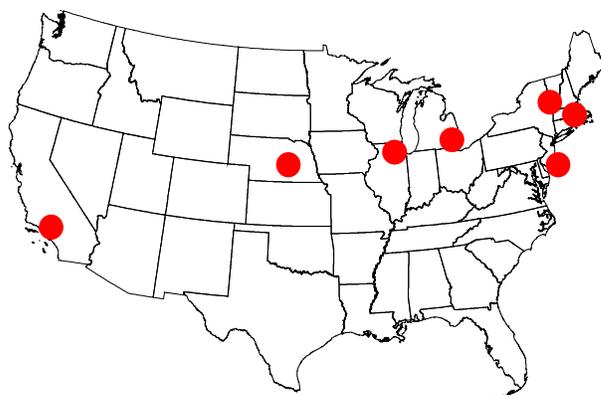


Figure 1 shows the seven states included in the study.

Table 1 shows the number of survey respondents from each group from each state.

**Table 1
Survey Samples by State**

STATE	HOME HEALTH CARE AGENCIES		NURSING HOMES		WORKERS	
	Count	%	Count	%	Count	%
California	79	19%	80	13%	57	5%
Illinois	88	21%	96	16%	336	31%
Maryland	26	6%	92	15%	36	3%
Massachusetts	71	17%	84	14%	96	9%
Michigan	95	23%	100	16%	180	16%
Nebraska	41	10%	126	20%	180	16%
Vermont	10	2%	37	6%	206	19%
Total	410	100%	615	100%	1,091	100%

Prior to designing the survey instruments, focus group interviews were conducted in Michigan, Nebraska and California with a total of nine representatives of nursing homes, 17 representatives of home health agencies, and 40 low income mature workers from Operation ABLEs. The purpose of these focus groups was to identify the issues relevant to the ten research questions that should be addressed on the survey questionnaires.

After the completion of the surveys, focus groups were conducted in Vermont, Illinois, Massachusetts and Maryland with 12 representatives of nursing homes, 12 representatives of home health agencies and 48 Operation ABLE participants. The purpose of these focus groups was to obtain insights about the interpretation of the survey results. The interview guides are included in the appendix for both the survey design and result interpretation focus groups.

Survey Questionnaires

To develop the survey questionnaires, the research team used information obtained in the preliminary focus groups, and reviewed several survey questionnaires and publications related to frontline workers in long term care.¹⁴ Feedback was sought on various drafts of the

¹⁴ Documents reviewed during the design of the survey instruments include: Hams, M., Herold, N., Lee, M. and Worters, A. (2002); Health Care Association of Michigan. (2000); Bell, H.S.(2001); Knowledge Systems and Research, Inc. (undated); Medical Expenditure Panel Survey (February 1998); Mathematica Policy Research, Inc. (2003); Paraprofessional Healthcare Institute (2000); Paraprofessional Healthcare Institute (2002a, 2002b, 2003a, 2003b, 2003c); State of Wyoming, Department of Health (2003); Straker, J.K. and Atchley, R.C. (1999); and Livingston, J. (2001).

questionnaire from professionals knowledgeable about workforce issues in long term care.¹⁵

The questionnaire for nursing home and home health agency representatives was essentially equivalent and covered the following topics:

- Description of their direct care workforce (number, certification, age, tenure)
- Description of their agency (profit status, organizational structure)
- How often they recruit direct care workers and places they use to recruit
- Whether the agency targets recruiting specifically for workers aged 55 and over and, if so, the success of these efforts
- Whether the agency would consider advertising that explicitly uses terms such as “retirees” or “senior citizens” or “mature workers”
- Health insurance, financial benefits, other fringes, work structure, and management practices related to direct care workers at the agency, and willingness to improve any of these in order to retain direct care workers
- Experiences with mentor programs at their agencies
- Whether the agency differentially assigns work based on physical strength or other characteristics of the direct care worker
- Perceptions of direct care workers who are 55 years or older in terms of personal characteristics, work on the job, relationships with others, cost to the organization, reliability, ease of hiring and turnover
- Union representation for direct care workers
- Hourly starting pay for a full-time, certified/non-certified direct care worker
- Frontline job positions at the agency other than nurses aide, such as feeding assistant, rehab aides and activity aides (only asked in the nursing home survey)
- Perceptions of training issues, training quality and/or physical challenges unique to direct care workers who are 55 or older
- Experiences with receipt of public money to support recruiting, training or retaining direct care workers

The survey questionnaire for Operation ABLE participants paralleled the areas of inquiry on the employer surveys when appropriate, and included questions about:

- Where respondents were likely to go or what they read when looking for a job
- Whether they would be more likely to apply for a job if the notice used phrases such as “retirees welcomed,” “mature worker,” or “senior citizen”
- Whether they would be more or less likely (or it wouldn’t matter) if the job offered various characteristics or benefits
- If they have health insurance coverage for themselves, including Medicaid or Medicare, and if the coverage is through their spouse or partner’s job
- If they ever cared, on a regular basis, for an infant/small child, or someone physically disabled, mentally impaired or seriously ill
- If they rely on public transportation to get to and from a job

¹⁵ Hollis Turnham from the Paraprofessional Health Institute and the other applied research grantees from the Better Jobs Better Care Initiative were most helpful in this regard.

- Health conditions that limit the kind of work they can do, such as diabetes, heart problems or back problems
- Perceptions of their functional abilities such as walking about a mile, standing for about an hour, stooping, reaching and using their fingers to pick up things
- Current work status and pay
- Preferences for work hours and minimum expected starting pay for a job caring for a physically disabled or mentally impaired person
- Days of work missed at their current or previous job because of health problems, transportation, caring for someone who was sick, or lack of child care
- Which of several types of caregiving jobs would be of interest to them by type of task (hands on, supervisory, emotional support) and by job title (direct care worker, feeding assistant, medication assistant, activity aide, rehab aide, bathing assistant)¹⁶
- Work setting preferences including someone's own home, and nursing home or other institutional setting
- Willingness to attend a 75-hour training program to become certified to work as a direct care worker, and whether they would expect to be paid for attending training

The exact wording of each question can be found on the survey questionnaires that are contained in the appendix of this report.

Mature Worker Sample

Operation ABLEs are employment and training organizations specializing in recruiting, training and redeploying mature workers (40 years old and older) into the workforce. Seven Operation ABLEs from around the U.S. participated in this study:

1. Operation ABLE of Michigan
2. Operation ABLE of Greater Boston
3. Operation ABLE of Southeast Nebraska
4. Vermont Associates for Training and Development (an Operation ABLE serving Vermont)
5. National ABLE Network (representing Chicago and some of Los Angeles and Vermont)
6. Jewish Council for the Aging (JCA) of Greater Washington (a unit of JCA functions as an Operation ABLE serving Maryland)
7. Career Encores (an Operation ABLE in Los Angeles)

Many Operation ABLE job seekers are lower income people actively seeking to be retrained and redeployed in the workforce. Thus, the Operation ABLEs were a logical context for a study focusing on aligning the employment needs of lower income mature workers with the needs and requirements of lower paying jobs in the long term care industry.

Staff from the Operation ABLEs approached eligible workers inviting them to participate in the study. At each Operation ABLE, staff used a standard set of recruitment materials and consent

¹⁶ Note that descriptions of these tasks and titles were read to the worker during the interview.

forms, which had been approved by an Institutional Review Board for protection of human research subjects. Interested workers completed and signed a consent form which was faxed to SPEC Associates. A total of 1,291 workers consented to be interviewed, and 1,091 interviews were completed. This represents an 85% response rate.

The 1,091 Operation ABLE survey respondents were aged 40 or older and had incomes less than or equal to 125% of poverty. Of these, 696 (64%) were 55 years or older and were the focus of the analyses reported here. While the 40+ population is the official government designation for the “protected class” of workers under the Age Discrimination in Employment Act, the interest of consumer organizations such as AARP is on the 50+ population, and SCSEP targets workers 55+. Therefore, the decision was made to focus this report on the 55+ population.

Of the 696 Operation ABLE survey respondents aged 55+:

- 72% are female
- 93% have High School/GED or higher education:
 - 5% GED is their highest grade
 - 27% reported that a high school diploma is their highest grade
 - 61% have more than high school diploma
- Reported ethnicity:
 - 65% White
 - 29% Black

Table 2
Comparison of Survey Sample with Survey Respondents

Characteristic		Nursing Homes	
		Sample (N=891)	Respondents (N=615)
Census: Medicaid	Minimum	1	1
	Maximum	534	534
	Mean	90.2	86.6
	Median	84	81.5
	St. Deviation	56.4	53.2
# of Residents/Clients	Minimum	0	0
	Maximum	342	342
	Mean	57.2	54.5
	Median	48.5	45.5
	St. Deviation	44.9	41.1
Characteristic		Home Health Agencies	
		Sample (N=583)*	Respondents (N=369)*
# of Unduplicated Admissions	Minimum	0	0
	Maximum	82,510	82,510
	Mean	1509	1666
	Median	376	386
	St. Deviation	4,923	5,692
Readmissions as a percent of Unduplicated Admissions	Minimum	0%	0%
	Maximum	1325%	1325%
	Mean	25%	27%
	Median	14%	15%
	St. Deviation	63%	77%
# of Total Discharges	Minimum	0	0
	Maximum	20,413	17,804
	Mean	1,047	1,125
	Median	300	320
	St. Deviation	2,246	2,260
% of Discharges to a Hospital	Minimum	0%	0%
	Maximum	100%	100%
	Mean	12%	12%
	Median	9%	9%
	St. Deviation	13%	13%
% of Discharges to a Nursing Home	Minimum	0%	0%
	Maximum	89%	30%
	Mean	3%	3%
	Median	2%	2%
	St. Deviation	7%	4%
% of Discharges to having Met Goals	Minimum	0%	0%
	Maximum	100%	100%
	Mean	79%	80%
	Median	83%	84%
	St. Deviation	18%	17%
% of Discharges due to Death	Minimum	0%	0%
	Maximum	100%	100%
	Mean	5%	5%
	Median	2%	2%
	St. Deviation	11%	12%

* The home health agency figures in this table exclude Nebraska data, as agency level data were not available for this state. Also, discharge data for one home health agency were not included, as it appeared to be invalid.

- 3% Asian/Pacific Islander
- 2% Latino
- 2% Other

Nursing Home Sample

A total of 615 representatives of Medicaid/Medicare certified nursing homes participated in the survey. For the most part, these individuals were administrators or directors of human resources at their respective agencies.

The respondents came from a sample of 891 nursing homes that was drawn from the Centers for Medicare & Medicaid Services' (CMS) publicly available list of certified nursing homes. This represents a 69% response rate. Table 2 compares the characteristics of the survey respondents with the characteristics of the random sample drawn from the CMS list.

Operationally, respondents described their nursing homes as:

- 47% are part of a chain
- 40% are independently owned and operated
- 13% are part of a larger system of health care services

They described their profit/non-profit status as:

- 57% for profit
- 37% non-profit
- 5% publicly owned

In terms of their work force, 99% of direct care workers are hourly employees. Nineteen percent said that they have unions representing direct care workers.

Home Health Agency Sample

A total of 410 representatives of Medicaid/Medicare certified home health agencies participated in the survey. Typically, they were the owner or director of human resources at the agency. These respondents came from a sample of 642 home health agencies that was drawn from the Centers for Medicare & Medicaid Services' publicly available list of certified home health agencies. This represents a 64% response rate. Table 2 above compares the characteristics of the survey respondents with the characteristics of the random sample drawn from the CMS list.

Operationally, respondents described their home health agencies as:

- 8% are part of a chain
- 43% are independently owned and operated
- 45% are part of a larger system of health care services

They described their profit/non-profit status as:

- 40% for profit
- 53% non-profit
- 5% publicly owned

In terms of their work force, 81% said that they employ predominantly certified direct care workers; and 86% have only hourly direct care workers. Five percent said that they have unions representing direct care workers.

Data Analysis¹⁷

Frequency distributions and other descriptive statistics were the analyses used for this study. When comparisons are made between nursing homes and home health agencies, “meaningfulness” was the criteria used to identify major differences rather than inferential statistics. The reason for this choice is that, given the large sample sizes in each group, even small differences of a few percentage points would be likely to attain the level of “statistical significance.” The study team believed it more important to set a concrete standard for representing differences that were “meaningful” to the reader rather than to beset the study with numerous reportings of statistical significance. The research team decided that a difference between groups of 10% or greater would constitute a meaningful difference worthy of note in this report. Differences noted in this report that were 10% or higher were also tested and did, in fact, achieve statistical significance. Results from the statistical significance tests are included in the Technical Appendix.

For the home health agency survey, the research team realized during pilot testing the questionnaire that many organizations employ both certified and non-certified direct care workers, and there could be differences between them in terms of wage scales and other characteristics. So as not to over-complicate the interview by asking the same questions twice (once in relation to certified and again in relation to non-certified), the research team decided to ask home health agencies how many direct care workers they had in each group. Then, the interviewer was instructed to ask the survey questions relative to the predominant type of direct care worker employed by the home health agency. If the number of certified and non-certified direct care workers was equal, the interviewer was instructed to ask the questions relative to non-certified workers. This was to assure that there would be enough home health agencies in the “non-certified” group to compare wage rates between certified and non-certified direct care workers. Certain questions (e.g. about certification training) were asked specifically about certified direct care workers regardless of their predominance at the agency.

¹⁷ The grant proposal stated that statistics would be provided by state. This analysis is included in the Technical Appendix.

Chapter 3: Key Findings

A wealth of information was obtained about each of the ten research questions, which is presented in the next chapter. This chapter summarizes the key findings that emerged from a synthesis of all of the data. Eight key findings are supported by the data:

- #1: Mature (55+) workers are interested in paraprofessional health careers
- #2: Employers in nursing homes and home health agencies have very positive perceptions of mature workers
- #3: There are real and perceived deterrents to hiring mature workers
- #4: Frontline jobs in home health agencies are more conducive to the needs and interests of mature workers than are direct care jobs in nursing homes
- #5: Employers wanting to hire mature workers should consider new avenues for recruiting
- #6: Frontline work of greatest interest to mature workers seem to be the least plentiful job positions in nursing homes
- #7: Stereotypes about physical capacity should not dissuade long term care employers from looking at mature workers for frontline work
- #8: Employment and training organizations can reduce technological barriers to employing mature workers in nursing homes and home health agencies

The remainder of this chapter presents the data supporting each of these findings.

#1: Mature (55+) workers are interested in paraprofessional health careers

A large percent of mature workers expressed an interest in direct care work and want to work at least 30 hours a week. The majority said that they would attend a 75-hour certification training program and almost all are interested in career advancement opportunities. More than half are interested in working in a nursing home or other institutional setting, and more than two-thirds would like to work in someone's own home.

Specific data from the worker survey are that:

- 43% are interested in direct care work
- 60% want to work 30 or more hours a week
- 55% would attend a 75-hour certification training to become a direct care worker
- 57% would like a nursing home or other institutional setting (not necessarily in direct care)
- 69% would like to work in someone's own home (not necessarily in direct care)
- 86% are interested in career advancement opportunities

#2: Nursing homes and home health agencies have very positive perceptions of mature workers

Except for their perceived willingness to use new technology, the majority of employers reported positive differences between their direct care workers who are 55 years or older, compared with younger workers. When asked whether workers 55+ were more, less, or as likely as younger workers to display various work-related characteristics, 50% or more of the nursing home and/or home health agency employers said that mature workers were “more likely” to (see Figure 2):

- Be loyal to employers
- Be independent, self-directed or self-disciplined
- Have practical knowledge and skills
- Understand clients’ situations
- Be patient with clients
- Be a team player
- Be motivated to do a good job
- Solve problems independently
- Desire to care for the sick, elderly or disabled
- Gain the trust of clients
- Communicate well with clients

Fifty percent or more of the nursing home and/or home health agency employers said that mature workers were “less likely” to (see Figure 3):

- Leave within 10 days of training
- Leave within 90 days of hire
- Be willing to use the computer, palm pilot, etc.
- Have background check problems
- Have care giving responsibilities that interfere with work
- Be absent from work
- Leave to take a job with higher pay or benefits

Figure 2: Employers say Workers 55+ are MORE LIKELY to ...

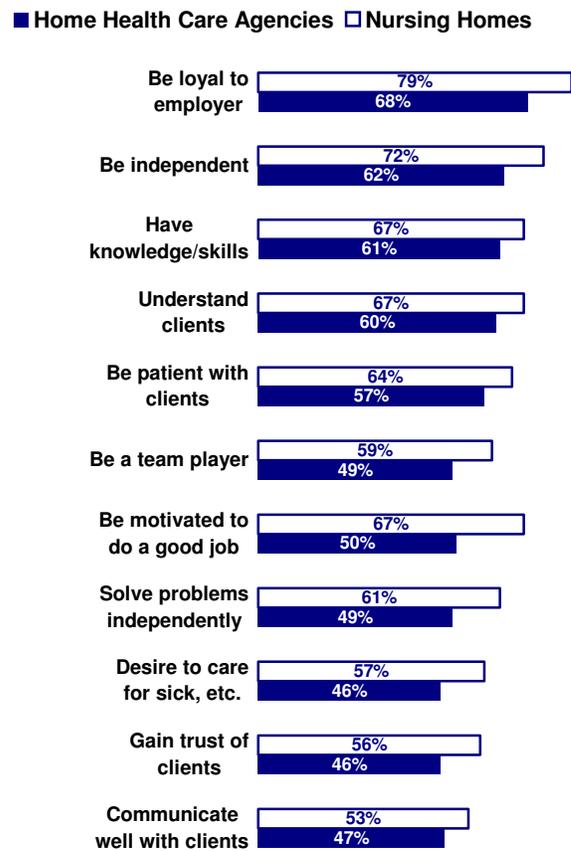
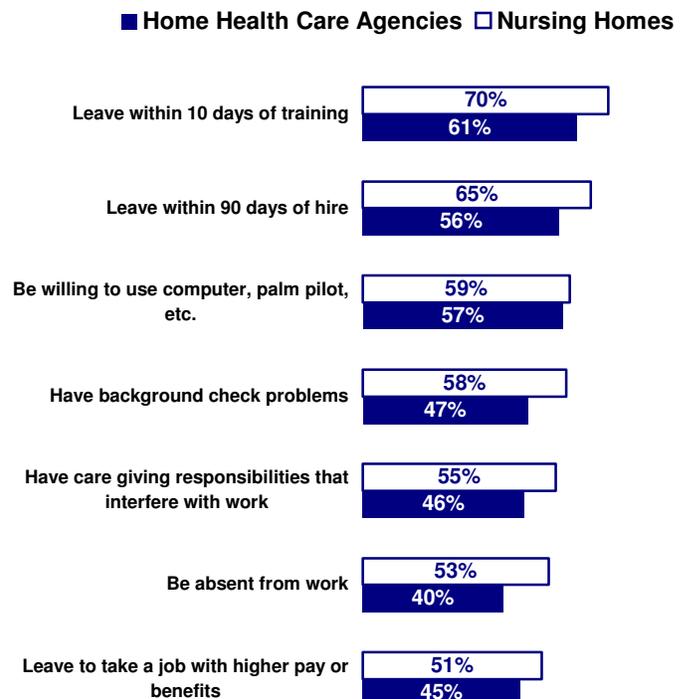


Figure 3: Employers Say Workers 55 or Older are LESS LIKELY to ...



#3: There are real and perceived deterrents to hiring mature workers

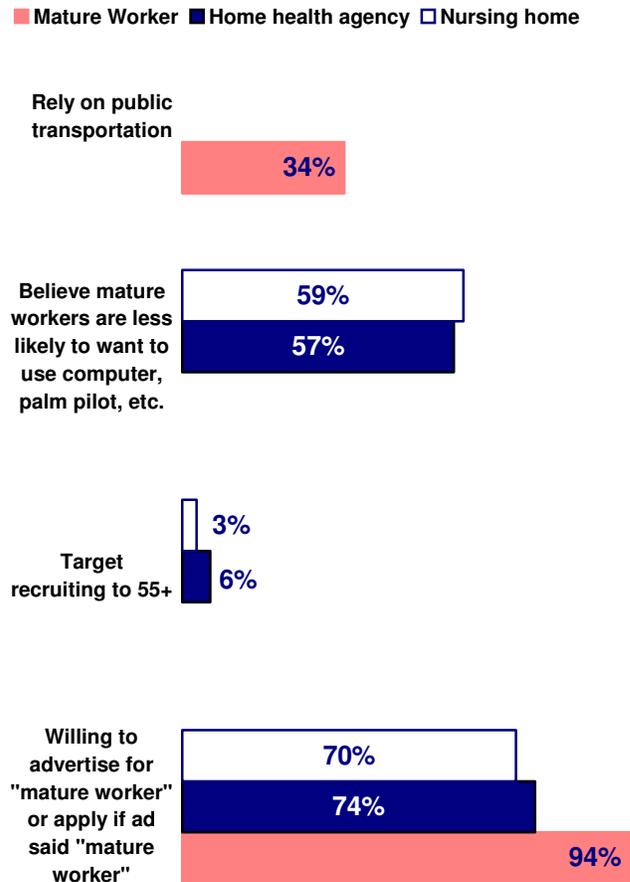
While employers had very positive perceptions of the 55+ direct care workers, inconsistencies in the survey data and comments from the interpretive focus groups suggest that there are real and perceived deterrents to hiring mature workers. The deterrents to hiring mature workers that emerged from this study are: (a) perceptions that health care costs would increase, (b) perceptions that age discrimination laws restrict targeted recruiting, (c) low-income workers' reliance on public transportation, (d) employers' perceptions of technological illiteracy among older workers, (e) workers' worries about the availability or cost of CNA certification training and (f) workers' high wage expectations.

While more than two-thirds of the employers said that they were *willing* to use terms such as "mature worker" or "senior citizen" in their advertising, fewer than 10% of either nursing home or home health agency respondents said that they target recruitment to the 55+ population. When this inconsistency was discussed during the focus groups, employers pointed to two factors that may limit their interest in hiring older workers: health care costs and laws barring age discrimination.

Regarding health costs, during the focus groups, some employers commented that older workers utilize health care to a greater extent than younger workers. Some reported having corporate pressure to hire younger workers because of the increased health insurance costs associated with hiring older workers. In one group of nursing home employers, a participant questioned why their insurance companies claim that health insurance costs more for older employees:

"I don't know if you can believe what insurance companies tell you how they are underwriting. ... They supposedly say you are community rated based on the age and sex of your workers. That is supposedly the only thing they offset for. I can't believe that in the age of computers that they don't have programs that are writing down all the claims they have come in on all the workers in the previous, last year, two years. But you know one of the detriments I think is more general (other than age) ... when you have women of child bearing age that is a costly workforce to afford from a health insurance standpoint and that makes up a large part of our workforce."

**Figure 4:
Deterrents to hiring mature workers**



In another group, employers also reported that age and health care utilization contribute to the calculation of insurance premiums. While the validity of these claims needs further investigation, it is interesting to note that the majority of Operation ABLE participants reported having health care coverage including Medicare or Medicaid and, typically this coverage was not through their spouses' jobs. While the survey did not differentiate whether mature workers' coverage was through Medicaid, Medicare, personal pay or an employer, the data suggest that employers may be able to hire certain mature workers without incurring additional health care costs.

Regarding laws barring age discrimination, employers in both the surveys and the focus groups noted that they have been told by their human resources or legal departments that a phrase such as "mature workers welcomed" would violate Equal Employment Opportunity Commission regulations. Therefore, while they were *willing* to use these terms, their perception was that this would be illegal. Nursing home employers made comments such as:

"Because of our roles in the facility and because of our profession we are sensitive to government regulations, which play into wording that we can use in advertising. So there is a limit as to what it is we can use that would identify groupings of individuals by age in the selection and recruitment process."

"We can't do it, we are prohibited from doing it. I wouldn't do it and if we could, if the regulations were lessened in some way and we could do that, I would do it if we could, yes."

"Equal Employment Opportunity Commission, there are specific guidelines in the EEOC regulations that prohibit an employer from referring to sex and age in the recruitment process."

The validity of these claims needs further investigation, especially since the 55+ worker is in the class protected by the Age Discrimination in Employment Act.

Other deterrents to hiring mature low-income workers are their reliance on and the limited availability of public transportation, the availability and/or cost of CNA training, and the perception that 55+ workers are less technology literate. One-third of the Operation ABLE participants reported that they relied on public transportation to get to and from work, and in one focus group, a nursing home administrator lamented that public transportation was *the* biggest cause for employee turnover, stating:

"Transportation is a huge thing because at my center we are not on a reliable bus transportation system, we have (name of bus route) and it's not reliable because the last bus that leaves our center is at like around seven o'clock. A lot of the shifts are three to eleven and then the bus comes like maybe right at seven o'clock, so it's very difficult to retain employees because the only means of transportation is either rely on another aide or rely on someone else or to catch a cab and the amount of money it costs them to catch a cab is not even conducive to what we pay them an hour...And now they are

contemplating removing our bus line entirely, so that is going to reduce a lot more employees.”

The majority of employers said that all of their direct care workers were already certified when they applied for work. Regarding CNA training, while the majority of Operation ABLE survey participants indicated a willingness to attend a 75-hour training program, some workers in the focus groups commented that they were concerned about the costs of training and some worried that they could not keep up with intensive educational course work. They made comments such as:

“I think it’s scary for some people to have to think that ‘Here I am, at my mature age and you know, I have to get training.’ Now that would be scary, that would be scary.”

“You have to train yourself and you have to pay for your own training”

“Where do you go and what does it mean at the end? That once you are trained there is no guarantee that you can still be employed.”

“If you are earning minimum wage and your hours are twenty hours or less, then Red Cross will pay for your CNA training. ... The total cost of the class is seven hundred dollars and if you make more than minimum wage, you could make five cents more than minimum wage, you would still have to pay seven hundred dollars for the class.”

Specific survey findings related to these deterrents include (see Figure 4):

- 70% of nursing home respondents and 74% of home health agency respondents said that they are willing to advertise for mature workers, but only 3% of nursing home respondents and only 6% of home health agency respondents target recruiting to 55+ workers
- 34% of mature workers in the survey said that they rely on public transportation (compared with only 5% of the 50+ population in a recent AARP research report)¹⁸
- 59% of nursing home employers and 57% of home health agency employers believe that mature workers are less likely than younger workers to be willing to use a computer, palm pilot or other device to record information
- 55+ workers’ wage expectations for direct care work averaged \$10/hour which is more than the average wage of personal care aides (\$8/hour) as reported in a recent AARP study¹⁹

¹⁸ Ritter, A.S., Straight, A and Evans, E. (2002).

¹⁹ Wright, B. (2005).

#4: Frontline jobs in home health agencies are more conducive to the needs and interests of mature workers than are direct care jobs in nursing homes

Older workers reported an interest in job settings both in nursing homes/institutions and in “someone’s own home.” The survey questions about job settings did not reference a particular type of work. When asked about specific job tasks, older workers preferred tasks involving emotional support and supervision of clients over hands on tasks. Home health agencies are more likely than nursing homes to match worker interests and abilities with clients, and may therefore be more suitable for older workers. One home health agency employer commented in a focus group:

“I get a lot of people coming from the nursing home saying that they just can’t do it anymore. The lifting, that it’s too demanding, and they go into home care because it’s less demanding.”

Specific data from the study supporting this conclusion include (see Figures 5 and 6):

- More mature workers reported that they were interested in working both in someone’s own home (69%) and in a nursing home or other institution (57%)
- 76% of mature workers said they were interested in supervisory tasks such as teaching someone how to dress themselves, guiding someone to walk somewhere or reminding someone to take medication
- 69% of mature workers said they were interested in emotional support tasks such as sitting by someone’s side, calming down an upset patient or giving someone a hug or touch for support
- 28% of mature workers said that they were interested in hands on tasks such as bathing, dressing, helping someone eat, clipping toenails or transferring someone from a bed to a wheelchair
- 48% of home health agencies and 19% of nursing homes reported differentially assigning clients based on the physical strength of employees
- 25% of home health agencies and 50% of nursing homes reported differentially assigning clients based on other characteristics

Figure 5: % of mature workers saying they are interested in direct care tasks

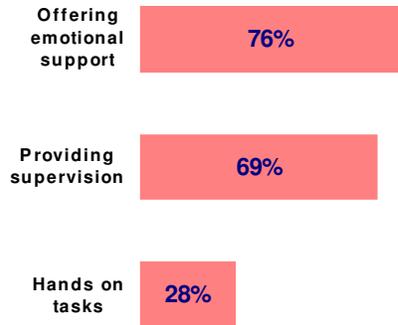
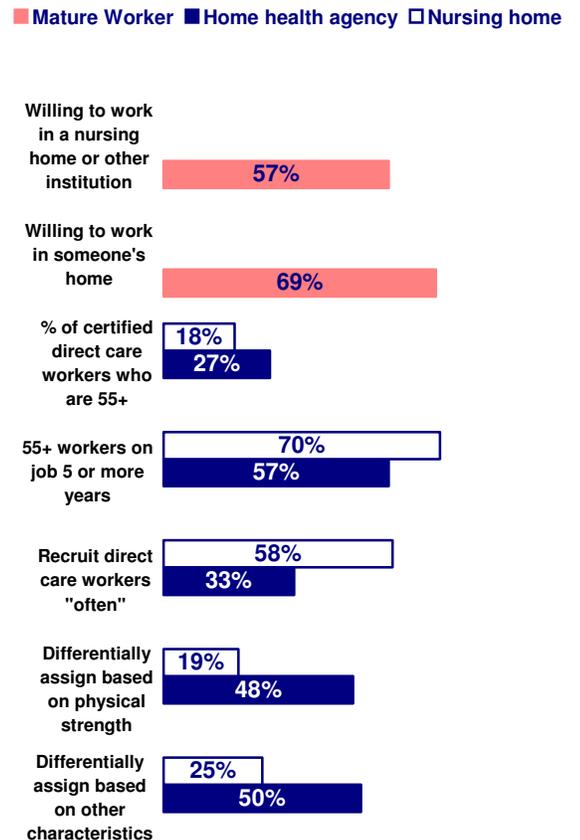


Figure 6: Mature worker preferences for job settings, characteristics of 55+ direct care workers and evidence of job opportunities



- 50% of home health agencies and 25% of nursing homes reported differentially assigning clients based on other characteristics of the workers
- Nursing homes reported employing more than three times as many certified direct care workers (average of 57/respondent agency) than home health agencies (average of 17/respondent agency).
- 18% of the certified workers in nursing homes and 27% of the certified workers in home health agencies are 55+. As a reference, 28% of the 2000 U.S. population was 55+.
- More nursing home employers (58%) said that they “often” recruit direct care workers compared to home health agencies employers (33% “often” recruit)

Nursing homes have much higher turnover rates than home health agencies,²⁰ which may explain why they recruit more often for direct care workers. Also, the Bureau of Labor Statistics reports that home health aide is one of the ten fastest growing occupations.²¹

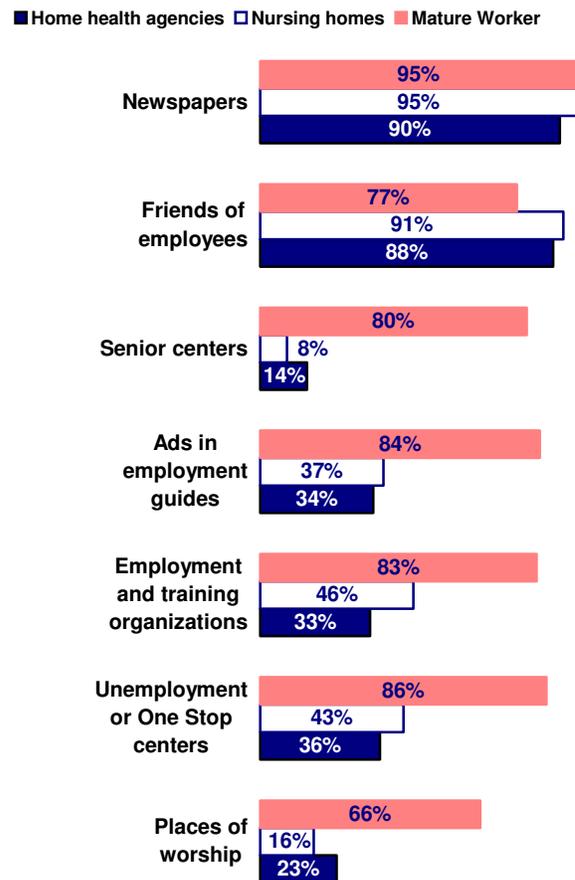
#5: Employers wanting to hire mature workers should consider new avenues for recruiting:

Mature workers seek job opportunities in many of the same places that employers advertise. Mature workers also seek job opportunities in places unlikely to be used by employers such as senior centers, ads in employment guides, employment and training organizations, unemployment offices and places of worship.

That the majority of workers said that they would be likely to look for job openings at senior centers suggests that the centers serve more than socialization functions for seniors. One nursing home employer in the focus groups mentioned that he makes presentations at senior centers, and that they serve two purposes: (1) to educate seniors about the availability of his facility should they need long term care, and (2) to recruit mature employees.

Figure 7 shows the top two places where employers recruit and seniors look for jobs (newspapers and friends of employees). Figure 7

Figure 7: Common places to recruit DCWs and where mature workers look for jobs



²⁰ American Health Care Association (2003).

²¹ U.S. Department of Labor Bureau of Labor Statistics (2004).

also shows the places where a large percent of workers said they were likely to look for jobs, and where a much smaller percent of employers said that they recruit. Employers are least likely to recruit at senior centers or places of worship. On the other hand, 80% of the workers reported being likely to look for jobs at senior centers and two-thirds said they would look for jobs in bulletins from churches, synagogues, mosques or other places of worship.

#6: Frontline jobs of greatest interest to mature workers seem to be the least plentiful job positions in nursing homes

Mature workers tend to be more interested in the job positions of activity aide, medication assistant or rehab aide (see Figure 8). Unfortunately for these workers, apparently there is *only one* staff person with these job positions in nursing homes. One exchange between employers at a focus group made this point:

(Employer #1) “Feeding Assistants we are just barely able to start doing that because the State’s finally given us a way to be able to do that. Activity Aide that’s not in the nursing department per se.”

(Employer #2) “It is at the nursing home though.”

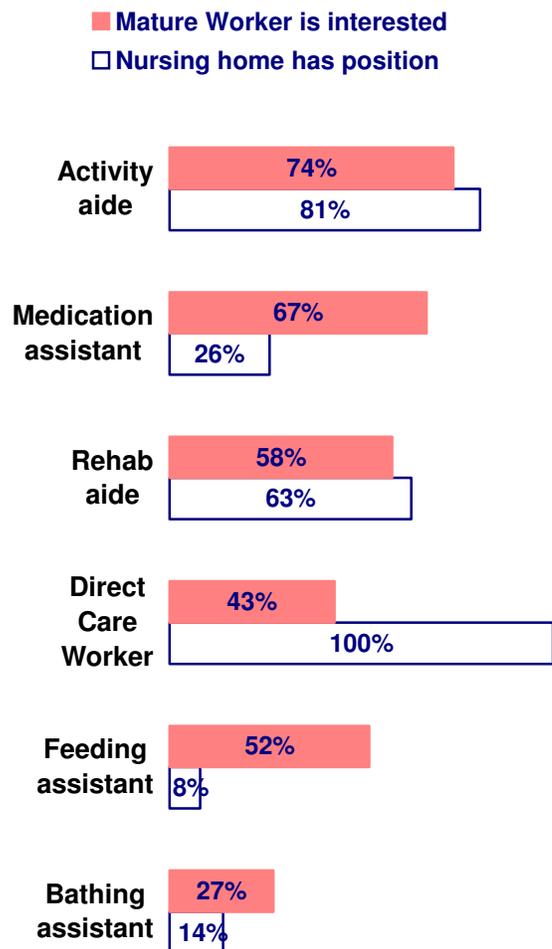
(Employer #1) “It is at the nursing home but there’s maybe only like one person that’s a paid position.”

Employers in focus groups also reported that these job positions are often given as “perks” to frontline workers who have seniority.

Specific data from the surveys supporting this key finding are:

- 74% of mature workers reported that they would be interested in a job as an activity aide, described in the questionnaire as someone who plays games, does crafts with people and helps the activity director prepare and conduct special events
- 67% of workers reported that they would be interested in a job as a medication assistant, described as helping people only with their medicine, giving it to them or helping them take it

Figure 8: Mature worker interest and % of nursing homes having job position



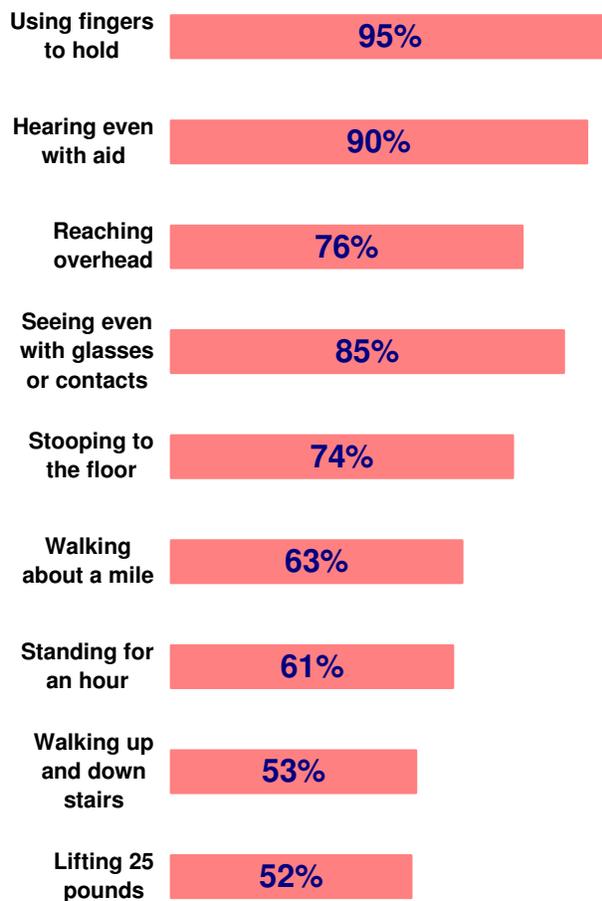
- 58% of workers reported that they would be interested in a job as a rehab aide, described as someone who helps people only with physical therapy like practice walking or exercising
- 52% of workers reported that they would be interested in a job as a feeding assistant, described as working in a nursing home or other institutional setting, only helping people to eat or feeding people who are unable to feed themselves
- 27% of workers reported that they would be interested in a job as a bathing assistant, described as helping people only with bathing when they cannot bathe themselves
- The majority of nursing homes have job positions for activity aide (81%) and rehab aide (63%)
- Very few nursing homes have job positions of medication assistant (26%), bathing assistant (14%) or feeding assistant (8%)

#7: Stereotypes about physical capacity should not dissuade long term care employers from looking at mature workers for frontline work

Employers in the focus groups indicated that age is not the major criteria that they use when assessing the functional abilities of potential direct care workers. Rather, they look at characteristics regardless of age, such as obesity, as one nursing home employer explained:

“You see a lot of the older folks that are doing these jobs that are overweight and also contributes to the concerns about their day to day function. And if we were to go about employing older workers, especially for that kind of work, um there would be, I would pay attention whether the individual was overweight. ... a lot of the day to day to functionality of the role requires various activities that are physical in nature...washing individuals, stooping, moving people, there is a lot of moving people, pushing wheel chairs, so there is a high amount of time they

Figure 9: % of 55+ Workers Reporting NO DIFFICULTY



spend on a day to day basis where they are doing physical type work where if someone is over weight the demands that are placed upon them tends to be of a greater concern.”

Some employers indicated that they do a functional assessment of potential employees prior to making the hiring decision. There were variations among focus group employers in how extensive their functional assessment was, or whether the assessment had been validated.

The majority of workers reported being able to do functions needed in direct care work (see Figure 9). However, one employer noted that the survey data appear to be liberal estimates of the capacities of mature workers. The “real” question is if a worker could do these functions for extended periods of time, day in and day out.

Employers in focus groups said that many functional limitations could be minimized with the appropriate use of mechanical devices. They noted that training, retraining and enforcing the use of mechanical devices are very important. While they noted that mechanical devices are expensive, the cost might be offset by savings related to work injuries. Employers also talked about the importance of mechanical devices for the safety of the employee. Comments from nursing home employers in two different focus groups are illustrative:

“The mechanical devices that are available for use in a given facility and the facility’s enforcement of those ... if those devices are available and the individuals are required or forced to use them through some reasonable protocols, then that in itself should play into the lessening of concerns about how those individuals create wear and tear in their bodies and I think reduces concerns about age in some respects.”

“If older workers are to be retained, public policy might suggest, that public money should be spent on better approaches to ergonomics and other tools that will let them do their jobs more safely.”

#8: Employment and training organizations can reduce technological barriers to employing mature workers in nursing homes and home health agencies

Employment and training organizations such as Operation ABLEs specialize in technology training. Given employers’ perceptions that mature workers are less willing to learn technology, Operation ABLEs and similar employment and training organizations could become the training ground for teaching mature workers technology skills needed in nursing home and home health care settings.

Another interesting finding from this study is that very few employers were aware of the Operation ABLE in their localities. Even fewer reported having received public money in the past five years to support recruiting, training or retaining of direct care workers. And, as shown in Figure 7 above, the majority of employers are not likely to advertise with employment and training organizations. Taken together, these results suggest that much might be gained by connecting long term care employers to employment and training organizations.

Specific data supporting this finding (as shown in Figure 10) include:

- The majority of employers, both from nursing homes (59%) and home health agencies (57%) said that their 55+ direct care workers are less willing to use a computer, palm pilot or other device to record information

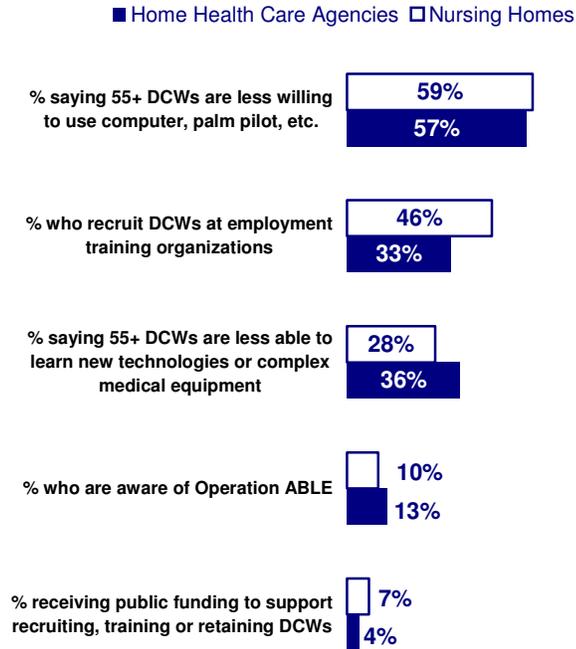
- About one-third of the employers, both from nursing homes (28%) and home health agencies (36%) said that their 55+ direct care workers were less likely to be able to learn new technologies or complex medical equipment such as pagers or mechanical lifts

- Fewer than half of the employers, both from nursing homes (46%) and home health agencies (33%) said that in the past five years they recruited direct care workers for permanent employment at employment and training organizations

- Only 10% of nursing home representatives and 13% of home health agency representatives said that they are aware of the Operation ABLE in their area²² as a source for recruiting direct care workers

- Only 7% of nursing home representatives and only 4% of home health agencies reported having received public money in the past five years to support recruiting, training or retaining direct care workers

Figure 10: Gaps that employment and training organizations can fill in increasing mature workers in direct care work



²² The actual name of the Operation ABLE organization was used in the survey questionnaire.

Chapter 4: Answers to the Ten Research Questions

This chapter presents detailed information from the three surveys related to each of the ten study questions. Some of the data reported in Chapter 3 are also repeated in this chapter as it is by answering the ten research questions that insights were gained about the eight key findings.

Before addressing the ten research questions, the following survey data are presented that provide a perspective on the 55+ direct care workforce in nursing homes and home health agencies.

On average, there are more than three times as many 55+ certified direct care workers per organization in the sampled nursing homes (57/respondent) than in the sampled home health agencies (17/respondent).

As shown in Table 3, 27% of certified direct care workers in home health agencies are 55+ compared with 18% of direct care workers in nursing homes. As a reference, U.S. census data show that roughly 28% of the U.S. population was aged 55 or older in 2000.

Many of the 55+ direct care workers in nursing homes may have aged in place at their jobs. As shown in Figure 11, nursing homes report that 70% of their 55+ direct care workers have been on their jobs more than five years. This compares with only 57% of 55+ direct care workers in home health agencies (see Figure 12).

Nursing homes are more likely to be actively recruiting for direct care workers than are home health agencies. As shown in Table 4, 58% of the nursing home respondents reported that in the past five years they “often” recruited direct care workers, in contrast to 33% of respondents from home health agencies. As referenced above, however, nursing homes have much higher turnover rates for direct care workers than do home health agencies.

Table 3
Number and % of
Direct Care Workers who are 55+

	Nursing Home	HHA Certified	HHA Non-Certified
Total # of Direct Care Workers	33,996	5,570	3,051
# who are 55+	6,127	1,479	650
Percent who are 55+	18%	27%	21%
Avg #/agency who are 55+	57	17	10
Valid N	596	304	47

Figure 11:
of Years Direct Care Workers
55+ Have Been with
Nursing Homes
(N=517)

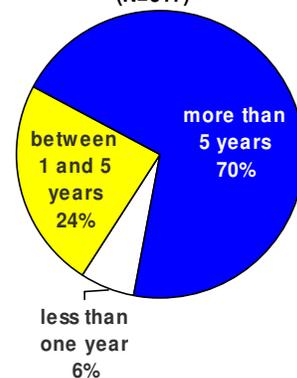


Figure 12:
of Years Direct Care Workers 55+ Have
Been with
Home Health Agencies
(N =250)

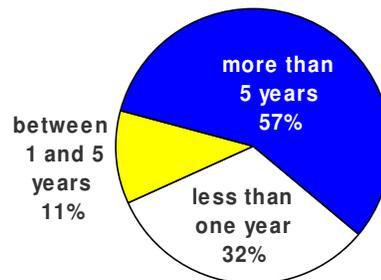


Table 4
How Often the Agency/Home Actively Recruited Direct Care Workers in Past Five Years

	OFTEN		OCCASION-ALLY		NEVER		DON'T KNOW/ NO ANSWER		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%
Home Health Care Agencies	126	33%	196	51%	49	13%	14	4%	385	100%
Nursing Homes	350	58%	217	36%	35	6%	0	0%	602	100%

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Research Question #1: What recruitment strategies work best in attracting older workers to long-term care?

Organizations that offer flexibility in certification level, or in job duties may be the most successful in attracting mature workers.

Home health agencies are more likely to differentially assign clients based on the physical strength or other personal characteristics of the direct care workers. As shown in Table 5, 48% of employers from home health agencies reported that they differentially assign clients based on the physical strength of the worker, and 50% said they differentially assign clients based on other characteristics of the worker. On the other hand, only 19% of employers from nursing homes said that they differentially assign clients based on the physical strength of workers, and 25% said they differentially assign clients based on other characteristics of the worker. These results suggest that *mature workers with limited physical strength may be more likely to obtain jobs in home health agencies than in nursing homes.*

Table 5
Differential Assignment of Direct Care Workers

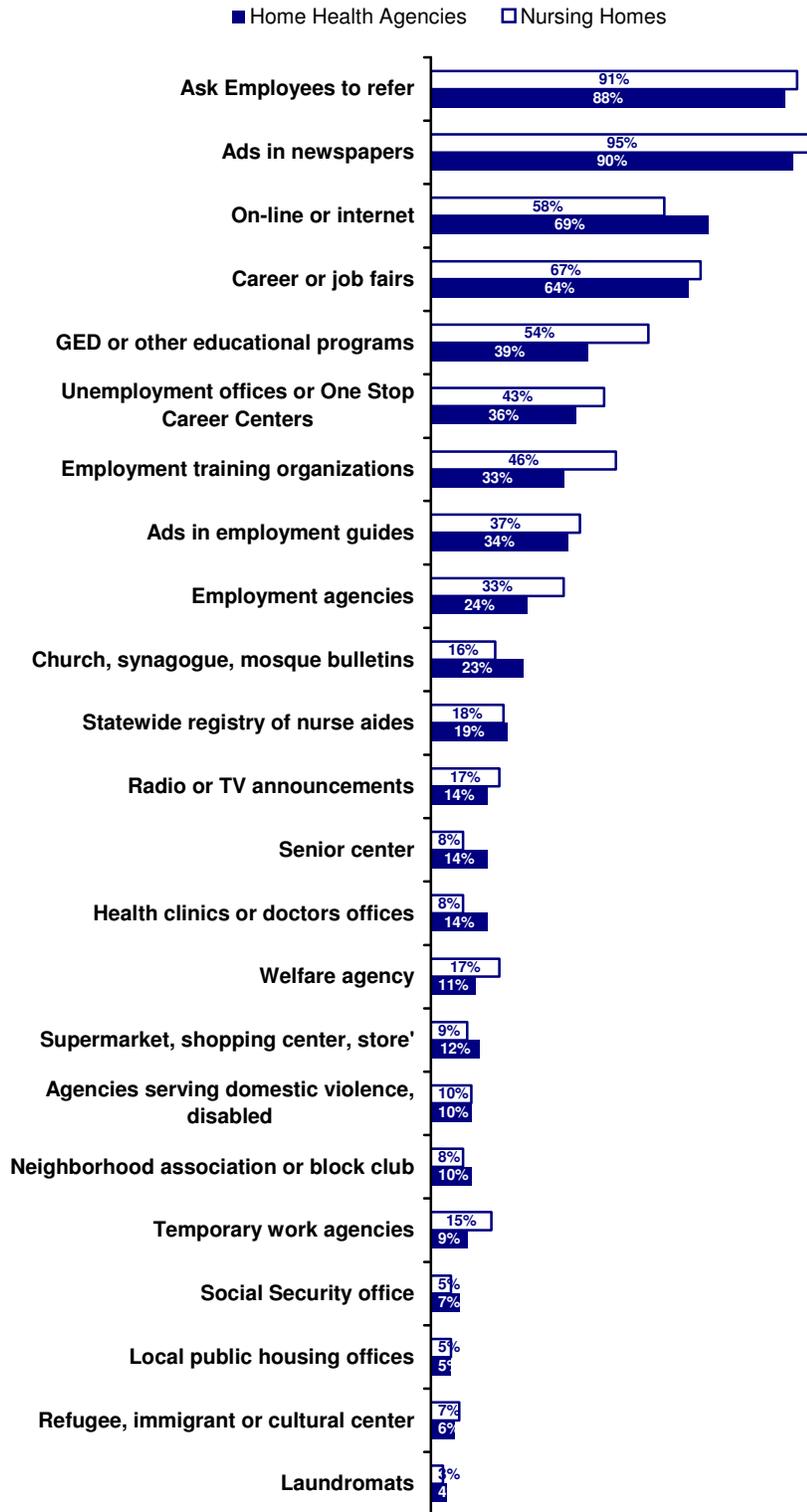
	HOME HEALTH CARE AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Does your agency/home differentially assign clients to direct care workers based on PHYSICAL STRENGTH?	184	48%	385	118	19%	606
Does your agency/home differentially assign clients to direct care workers based on OTHER PERSONAL CHARACTERISTICS?	194	50%	385	154	25%	606

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Employers, both in nursing homes and home health agencies, typically recruit direct care workers by asking employees to refer others, and through ads in the newspaper (see Figure 13).

Figure 13: Places Employers Recruit Direct Care Workers

(NH, N=571 to 606; HHA, N=335 to 336)



The majority are also likely to advertise online or on the Internet, and at career fairs. More of the employers from home health agencies reported recruiting through GED or other educational programs (54%), compared with nursing home employers (39%). More employers from home health agencies reported recruiting through employment and training organizations (46%) compared with nursing home employers (33%). Other places that could be used to recruit direct care workers were rarely used by employers either in nursing homes or home health agencies.

Table 6
Perceptions of Places to Go to Look for Job
55+ Operation ABLE Participants

While in general almost all of the mature workers reported looking for jobs in the same places where most employers advertise, there are some places where workers reported looking for jobs where long term care employers do not appear to advertise. Table 6 shows the percent of mature workers who reported looking for jobs at various places. As the table shows, 80% of the mature workers said that they would be likely to look for job openings at senior centers (compared with 8% of nursing home and 14% of home health agency employers who said they recruit at senior centers, as shown in Figure 13). Employers interested in targeting mature workers might want to consider making presentations at senior centers.

Ads in employment guides (84%), employment and training organizations (83%), and unemployment or one stop centers (86%) are other places almost all of the workers said they would look for job openings that are not used by the majority of employers in either nursing homes or home health agencies.

	%	Valid N
Ads in the newspapers	95%	696
Unemployment or One Stop offices	86%	696
Ads in employment guides	84%	696
Employment training organizations	83%	696
Senior centers	80%	696
Computer web site of employer or employment agency	78%	696
Friends or relatives	77%	696
Employment agencies	74%	611
Career or job fairs	69%	696
Temporary work agencies	68%	696
Church, synagogue, mosque bulletin	66%	696
Supermarket, shopping center, store	64%	696
Listen to radio or watch tv	60%	696
Social security office	58%	696
Neighborhood assn or block club	55%	696
GED or other educational program	53%	696
Health clinic or doctors office	51%	696
Food stamp or other social service	50%	696
Public housing offices	48%	696
Phone calls to potential employers	47%	696
Agencies serving disabled or DV victims	47%	696
Refugee, immigrant or cultural center	30%	696
Laundromats	25%	695

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Table 7
55+ Operation ABLE Participants
Perceptions of More Likely to Apply for Job
If advertising ...

	%	Valid N
Said mature worker	94%	681
Said retirees welcomed	88%	696
Said senior citizen	84%	695
Used pictures of senior citizens	76%	696
Said looking for experienced informal caregiver (has experience caregiving for family, friends or other people)	66%	696

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

As shown above in Figure 13, the majority of both nursing home (58%) and home health agency (69%) employers use on-line or Internet for recruiting direct care workers. Operation ABLE participants appear to be computer savvy with regard to employment searches, as 78% of the mature workers reported that they would be likely to look at the computer web site of an employer or of an employment agency when looking for work. The fact that most workers are able to search the Internet for job openings suggests that *Operation ABLEs provide valuable assistance to seniors who may otherwise be left behind as part of the digital divide.*

Almost all of the workers said that they would be more likely to apply for a job if the advertising said mature worker (94%), said retirees welcomed (88%) or said senior citizen (84%). Slightly fewer (76%) said that they would apply for a job from an ad that used pictures of senior citizens. In contrast, only two-thirds said they would be more likely to apply for a job if the advertising said that the employer was looking for someone who has experience caregiving for family, friends or other people. This difference is not surprising given the fact that fewer than two-thirds of the workers reported having had experience caring for someone physically disabled (53%), mentally impaired (25%), or seriously ill (52%).

Very few employers either from nursing homes (3%) or home health agencies (6%) reported that they target recruiting of direct care workers specifically for those aged 55 or older. However, the majority of employers in the survey said that they would *consider* advertising strategies using words or pictures focused on the 55+ population (see Figure 14). Focus group discussions indicated that *employers are wary of using ads that specifically target 55+ workers because of the perception that this would violate Equal Employment Opportunity Commission rules.*

Most employers in both nursing homes and home health agencies report following healthy internal practices in their recruitment efforts. As shown in Figure 15, close to three-quarters

Figure 14: % of Employers Who Said They Would Consider These Advertising Strategies (NH, N= 606; HHA, N= 385)

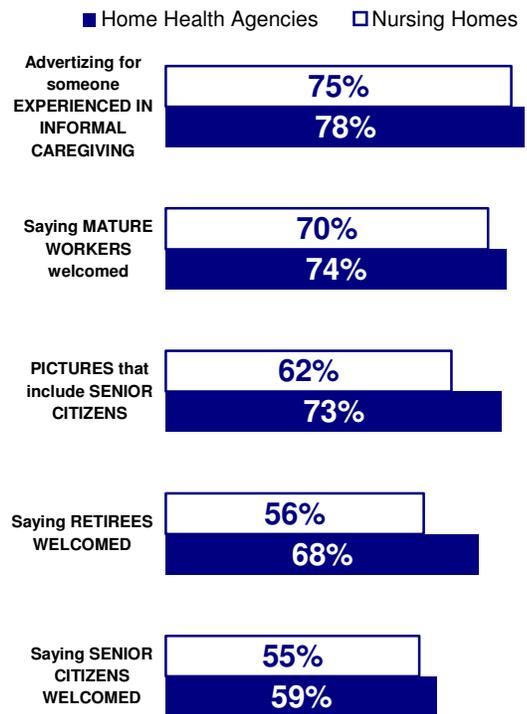
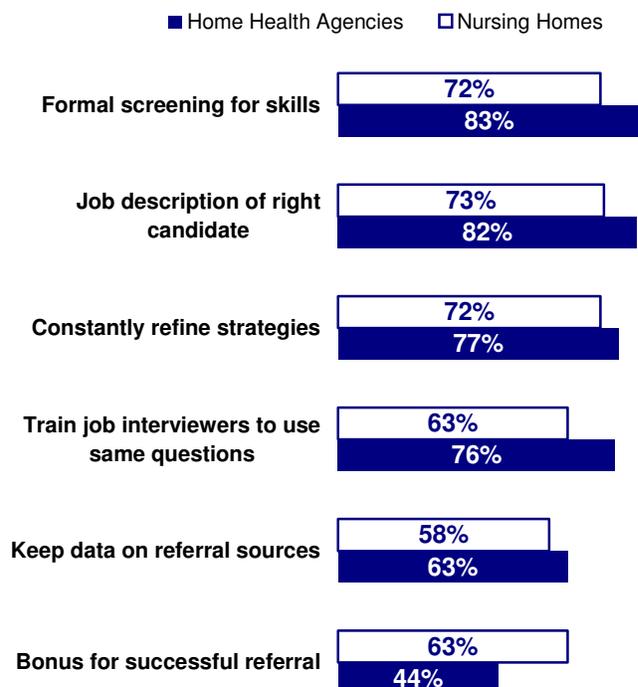


Figure 15: Top Strategies inside an Organization to Recruit Direct Care Workers (NH, N=571 to 606; HHA, N= 385)



of the employers reported having a formal screening process that focuses on workers' skills and abilities, a written job description that specifies the right type of candidate for the job, and a regular review and refining of recruitment strategies. More frequently in home health agencies (76%), but still frequently in nursing homes (63%), the recruitment personnel are trained to use the same interview questions for all job candidates. Less frequently but still the majority of employers record the referral source for each applicant and analyze which yielded good employees. More employers from nursing homes (63%) than home health agencies (44%) reported giving a bonus for current employees who refer a new hire who remains on the job for a certain length of time.

Employers who had formal screening were asked to name what kinds of skills and abilities they focus on in their screening. The majority of their responses could be grouped into four major categories:

- 1. Direct care skills and knowledge.** Twenty-seven percent of the responses of nursing home employers and 30% of the responses of home health agency employers were that they screen for workers' direct care skills and/or knowledge. These responses referred to basic direct care, nursing or clinical skills and knowledge, including skills in transferring. Some examples of employers' responses include:

(Ability to provide) activities of daily living, basic transfers, ambulation techniques, ADL's different aspects, shower, bed bath, adaptive device. (Home health agency)

It focuses on their ADL skills and their ability to properly record patient documents. (Nursing home)

It is on specific standards of care, the HIPPA standards and laws. (Nursing home)

Our process focuses on the way the worker deals emotionally and clinically with blood pressure, bathing, and all of the other clinical activities. (Nursing home)

- 2. Work experience/history or references.** Ten percent of the responses from nursing home employers and 23% of the responses from home health agency respondents were that they screen for work history or references. Some examples of their comments include:

Prior experience with caring for elderly in the client's home. (Home health agency)

Experience in home health care, certificate in direct care. (Home health agency)

Driver, must be licensed by state... CPR. (Home health agency)

References from previous employers. (Home health agency)

Proof of completion of 120 hours nurse aid training, high school degree or GED, experience 1-2 yrs, customer service, get along with patients they serve. (Home health agency)

We focus on their course training and experience, whether or not they have had CNA experience. (Nursing home)

We do reference checks – that tells us the skills. (Nursing home)

We look at their experiences in home health care. We would also look at whether they have had children. If they have raised children they are more likely to have a good temperament for dealing with the elderly. (Nursing home)

We look for people who have had experience in long term health care. They have to be CNA registered. We also look to see if they have additional certifications such as CPR. (Nursing home)

- 3. People skills or appearance.** Twenty percent of the responses from nursing home employers and 12% of the responses from home health agency employers were that workers are screened for people skills or appearance. Some examples of comments include:

Kindness, hygiene, verbal skills and confidentiality. (Home health agency)

They have to really care about other people. They can not just come and put in their hours and get a check. There is a direct care board that asks questions to see if the applicant really cares about other people. The caring shows as the questions are asked. They can determine if the applicant has a caring side and a caring personality. (Nursing home)

We look primarily at people skills, or soft skills, like values and standards. (Nursing home)

They must present themselves properly dressed. They must have acquired skills to deal with the elderly. We hire a lot of first timers. We have not had a problem with hiring CNA's. They must be very kind and gentle with the elderly. (Nursing home)

- 4. Certification required.** Even though the majority of employers reported in another question that all of their direct care workers were already certified when they apply, 9% percent of the responses from nursing home employers and 8% of the responses from home health agency employers mentioned that they screen for certification in their formal screening process. Examples include:

They need to have their certificates, and their certificates need to be accurate and up to date. (Nursing home)

They need to have the skills and abilities that were required to receive their certification for their CNA; and they need to pass a reading comprehension test. (Nursing home)

They have to have passed the 75 hours of training to become certified. They need to know the proper way to lift and transfer patients. Their communication and writing skills need to be understood in the English language. They must be verified on the registry for nurse aides. (Nursing home)

Table 8
55+ Operation ABLE Participants
Perceptions of More Likely to Apply for Job
If job offered ...

	%	Valid N
Paid vacations	95%	688
Paid sick days	92%	688
Health insurance	90%	688
Guaranteed # hours of work	90%	688
Prescription coverage on health insurance	88%	688
Opportunities for advancement or promotion	86%	687
Pension or retirement plan	85%	688
Hiring bonus after being on job certain length	83%	688
Tuition reimbursement	81%	688
Good money compared to other jobs	81%	687
Consistent, predictable work schedule	81%	687
Asked about your job satisfaction	75%	688
Being on a care planning team	72%	688
Profit sharing	71%	688
Employer pays transportation costs	71%	688
Higher pay for weekend or less desirable hours	66%	687
Having to take continuing ed training every year	64%	688
Tokens of appreciation for doing good job	60%	688
Time off (without pay)	58%	687
Counseling available	55%	687
Formal grievance procedures	55%	688
New employees partnered with mentors	53%	688
Support groups for personal or family problems	44%	688
Sharing of vacation or sick days	42%	687
Luncheons or parties for employees	38%	688
Assistance to immigrants, refugees	25%	688
ATM machine on work site	21%	688
Having to work fast	20%	683

Source: SPEC Associates (2005) analysis of Operation ABLE participant

Research Question #2: What conditions are necessary in the work situation to retain older workers?

Mature workers are no different from others in appreciating jobs that have good pay rates, paid vacations, paid sick days, health insurance with prescription coverage and a guaranteed number of work hours (see Table 8). A large percent of 55+ survey respondents are interested in advancement or promotion opportunities (86%) and tuition reimbursement (81%). This indicates that *it is not out of the realm of possibility that 55+ workers could be recruited into direct care work with the “carrot” of knowing that the job could lead to advancement into less physically demanding opportunities such as the nursing profession.*

As shown in Table 9, mature workers are slightly less interested in institutional work settings (57%) than in in-home care (69%).

Transportation is a serious issue for a substantial percent of workers in this sample.

Thirty-four percent of the mature workers reported that they rely on public transportation to get to and from a job. This is considerably higher than the general population of 50+ Americans surveyed in recent AARP research, which reports that only about 5% of the 50+ population rely on public transportation as their primary means of travel.²³ Recall, however, that workers in this sample are living at or below 125% of the poverty level.

Table 9
55+ Operation ABLE Participants
Percent Willing to Work in Different Job Settings

	%	Valid N
Setting where job can be shared by team	91%	696
Setting where you cannot smoke	84%	696
Someone's own home	69%	696
Setting with stairs	65%	696
Setting with pets	64%	696
Setting where people are needed weekends or holidays	60%	681
Nursing home or other institution	57%	695
Setting where workers are needed at night	48%	681
Setting where people are likely to die	44%	696
Setting not as clean as your own home	41%	696
Home where someone smokes	35%	696
High crime neighborhood	21%	696
Setting where coworkers do not get along	20%	696
Setting with bad odors	17%	696
Setting where people drink alcohol	14%	695

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Organizations that employ

team work strategies are likely to retain older workers. Almost all (91%) of mature workers said that they would be willing to work in a setting where the job can be shared by a team, and only 20% said that they would be willing to work in a setting where “coworkers do not get along.” This suggests that socio-emotional relationships on the job are important to mature workers.

Only 44% of 55+ survey respondents indicated they would be willing to work in a setting where people are likely to die. *Having ways to help employees deal with issues of death and dying may be important to retaining older workers.*

As would be expected from any age population, mature workers are not interested in settings with bad odors, where people drink alcohol or that are located in high crime areas.

Research Question #3: Do long-term care employers have, or are they willing to create, organizational structures, job structures, work settings and/or incentives attractive to older workers?

Many long term care employers offer many of the benefits that mature workers said would make them more likely to apply for a job (see Table 8). Tables 10 through 18 show the percent of employers from nursing homes and home health agencies who reported providing various types of benefits for direct care workers.

Nursing homes and home health agencies are fairly comparable in the benefits they offer their direct care workers. Where there are differences, more nursing homes tend to offer the benefit than do home health agencies.

²³ Ritter, A.S., Straight, A. and Evans, E. (2002).

Table 10 shows the survey results regarding various financial benefits that employers said that they provide. Almost all employers reported paying overtime pay and giving higher wages based on experience. The majority pay higher wages for weekends or less desirable hours, offer annual cost of living pay increases, and give increases for longevity on the job. Fewer than one-third offer profit sharing or hiring bonuses. Nursing homes are more likely (43%) than home health agencies (20%) to pay a bonus for covering the shift of an absentee employee.

Tables 11 through 14 provide detailed information from the three surveys about health insurance. As Table 11 shows, almost all of the home health agencies and nursing homes provide health insurance for their direct care workers, and almost all plans include prescription coverage. However, in almost all plans, employees must pay part of the insurance premium. Table 12 shows that almost all of the health care insurance plans cover both the individual and their families. Table 13 shows that about half of the nursing homes and 60% of the home health agencies reported having health plans that cover both full and part time employees.

TABLE 10
Financial Benefits Agencies Provide for Direct Care Workers'

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Overtime pay	313	81%	385	594	98%	606
Higher wage based on experience	302	78%	385	489	81%	606
Higher pay for weekends or less desirable hours	252	65%	385	429	71%	606
Annual cost of living pay increase	240	62%	385	402	66%	606
Wage increase for longevity	238	62%	385	360	59%	606
Profit sharing or employee stock options in the company	119	31%	385	152	25%	606
Hiring bonus	100	26%	385	204	34%	606
Bonus for covering absent employees shift	76	20%	385	261	43%	606

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

TABLE 11
Health Insurance Coverage

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Does agency provide health insurance?	330	86%	385	578	95%	606
Does the employee pay part of premium?	289	88%	330	549	95%	578
Does the health insurance include prescription coverage?	311	94%	330	553	96%	578

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

TABLE 12
Is Health Insurance for Individual or Family?

	INDIVIDUAL ONLY		FOR THE FAMILY		DON'T KNOW		TOTAL	
	Count	%	Count	%	Count	%	Count	%
Home Health Agencies	26	8%	303	92%	1	0%	330	100%
Nursing Homes	16	3%	562	97%	0	0%	578	100%

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

TABLE 13
Is Health Insurance for Full Time Only or Both Full and Part Time?

	ONLY FULL-TIME		BOTH FULL-TIME AND PART-TIME		DON'T KNOW/ NO ANSWER		TOTAL	
	Count	%	Count	%	Count	%	Count	%
Home Health Agencies	127	38%	199	60%	4	2%	330	100%
Nursing Homes	303	52%	275	48%	0	0%	578	100%

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Table 14 shows that two-thirds of the mature workers reported that they currently have health insurance. This includes those covered through Medicaid or Medicare as well as employer or privately paid. For only 18% of these workers, their primary insurance coverage is through their spouse or partner's job. Thus, *hiring a 55+ DCW could be a bargain for employers since many already have health care insurance.* The survey did not identify the percent of mature workers whose insurance was through Medicare versus Medicaid. It is possible that those workers covered by Medicaid would lose this coverage if they became employed.

TABLE 14
Insurance Coverage
55+ Operation ABLE Participants

	%	Valid N
Have health insurance including Medicaid or Medicare	66%	696
Primary insurance coverage is through spouse or partner's job	18%	455

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Tables 15 through 18 show the other types of benefits that employers reported providing to their direct care workforce. Generally speaking, nursing home and home health care agency representatives reported offering the benefits that 80% or more of the mature workers reported would make them more likely to apply for a job (see Table 8 above).

In terms of fringe benefits such as sick and vacation days, pension plans, and reimbursement for tuition and transportation (Table 15), most of the employers do offer these benefits. Home health agencies (62%) are less likely to reimburse direct care workers for tuition or training costs compared with nursing homes (78%). As would be expected, home health agencies (83%) are more likely to reimburse direct care workers for transportation costs compared with nursing homes (37%).

TABLE 15
Other Fringe Benefits Agencies Offered

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Paid sick days	306	79%	385	571	94%	606
Paid vacation	326	85%	385	598	99%	606
Pension or retirement plan	279	72%	385	450	74%	606
Tuition or training cost reimbursement	240	62%	385	475	78%	606
Transportation reimbursed	320	83%	385	225	37%	606

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Table 16 shows the benefits employers provide related to work structure and opportunities for advancement. As the table shows, virtually all employers pay their direct care workers during the initial training that they receive for the job. Nursing homes are more likely to offer a guaranteed number of work hours (89%) and a guaranteed, predictable work schedule (88%) compared with home health agencies (50% and 57% respectively). Nursing homes (85%) are also more likely to offer career advancement or promotion opportunities compared with home health agencies (67%).

TABLE 16
Work Structure Benefits Agencies Offered

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Pay workers during initial training	361	94%	385	587	97%	606
Career advancement or promotion opportunities	259	67%	385	518	85%	606
Guaranteed, predictable schedule	221	57%	385	536	88%	606
Guaranteed number of hours of work	194	50%	385	542	89%	606

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

As Table 17 shows, employers even report having management practices that are less important to mature workers than the financial and related fringe benefits. Virtually all employers from both nursing homes and home health agencies reported having formal grievance procedures, using open door management styles, giving tokens of appreciation and having luncheons or parties for employees. Almost all employers said that they annually ask their employees about work satisfaction, that the agency head meets with direct care workers at least annually, and that direct care workers are on care planning teams. Almost all employers in both groups report offering both full and part time positions in direct care.

TABLE 17
Management Practices Promoting Retention

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Formal grievance procedures	376	98%	385	599	99%	606
Open door management	379	98%	385	603	100%	606
Tokens of appreciation	365	95%	385	558	92%	606
Luncheons or parties for employees	363	94%	385	599	99%	606
Annually ask employee about work satisfaction	354	92%	385	546	90%	606
Agency head meets with DCW at least annually	352	91%	385	590	97%	606
DCW on care planning team	334	87%	385	545	90%	606

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

While employers are less likely to offer supportive benefits than other benefits to direct care workers, the majority of both nursing home and home health care employers reported that they allow time off without pay, and provide or refer employees to counseling when needed. More than half reported that they help needy employees to get food, clothing, shelter and/or child care. Fewer offer a coworker leave bank, where workers can share their accumulated leave time with each other. Still fewer provide support groups for employees to discuss personal problems, assistance to immigrants or refugees, free or subsidized meals or ATM machines on site.

TABLE 18
Supportive Benefits Agencies Offer

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Time off without pay	347	90%	385	552	92%	600
Provide or refer to counseling	307	80%	385	459	77%	600
Help getting food, clothing, shelter, child care	229	59%	385	342	57%	600
Coworker leave bank	157	41%	385	224	37%	600
Support groups for personal problems	149	39%	385	156	26%	600
Assistance to immigrants or refugees	79	21%	385	136	23%	600
Free or subsidized meals on work days	64	17%	385	260	43%	600
ATM machine on site	62	16%	385	31	5%	600

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Employers who did not offer one or more benefits in any particular category were asked how willing they would be to improve these benefits if it increased the retention of direct care workers. Table 19 shows the responses of nursing home employers to this line of questioning. Table 20 shows the home health agency employers' responses to the same set of questions. As Tables 19 and 20 show, *generally employers are not willing to improve benefits that they do not currently offer to their direct care workers.* In each category, fewer than half of the employers said that they would be "very willing" to improve the benefit, even if it increased retention. For both nursing homes (44%) and home health agencies (46%), management practices was the only category of benefits that close to half of the employers said they would be very willing to enhance in order to retain direct care workers.

TABLE 19
Willingness to Improve to Retain Direct Care Workers – Nursing Homes

	1 – not at all willing		2		3		4		5 – very willing		Valid N
	Count	%	Count	%	Count	%	Count	%	Count	%	
Financial Benefits	36	6%	43	7%	194	33%	119	20%	193	33%	585
Health Insurance	10	36%	4	14%	5	18%	3	11%	6	21%	28
Fringe benefits (other than health insurance)	52	12%	62	14%	189	42%	65	15%	80	18%	448
Work structure benefits	18	10%	28	16%	77	43%	29	16%	26	15%	178
Management practices	5	4%	7	5%	31	23%	32	24%	60	44%	135
Supportive benefits	43	7%	70	12%	205	34%	127	21%	151	25%	596

Source: SPEC Associates (2005) analysis of Nursing Home survey data

TABLE 20
Willingness to Improve to Retain Direct Care Workers -- Home Health Agencies

	1 – not at all willing		2		3		4		5 – very willing		Valid N
	Count	%	Count	%	Count	%	Count	%	Count	%	
Financial Benefits	27	8%	30	8%	103	29%	79	22%	114	32%	353
Health Insurance	17	34%	6	12%	11	22%	7	14%	9	18%	50
Fringe benefits (other than health insurance)	31	17%	28	15%	60	33%	27	15%	37	20%	183
Work structure benefits	32	14%	28	12%	76	32%	49	21%	51	22%	236
Management practices	3	2%	5	4%	24	20%	34	28%	56	46%	122
Supportive benefits	29	8%	39	11%	102	29%	91	25%	96	27%	357

Source: SPEC Associates (2005) analysis of Home Health Agency survey data

Research Question #4: Are there possibilities for mentor relationships with younger workers and would this relationship add value for employers or employees?

Almost all of the nursing homes (93%) and home health agencies (81%) in this study reported partnering new direct care workers one-on-one with more experienced employees who became mentors for them – this is how mentoring programs were defined on the questionnaire. Among those who did not have a mentoring program, 52% of nursing home employers and 43% of home health agency employers believed that their organizations were willing to add a one-on-one mentoring program. Three-quarters of the employers who have mentorship programs believed that mentoring reduces turnover.

Respondents who said that their agencies did not have mentor programs, and who were not willing to add a mentoring program were asked for their reason why. Most frequently, these employers said that there was no need at their agency for a mentoring program. Other responses to this question given by more than two respondents were that their agencies were too small to support a mentoring program, or that they did not have resources for such a program.

Although most employers reported having mentorship programs, they appear to be mostly informal and few offer incentives for the mentors. As shown in Table 21, for example, in only 32% of nursing home programs and in 51% of home health care programs are the duties of the mentors reduced. In only about one-third of the programs do mentors receive compensation. In only 49% of the nursing homes and 35% of the home health agencies is there a job description for the mentor.

TABLE 21
Mentorship Program Characteristics

	HOME HEALTH AGENCIES			NURSING HOMES		
	Yes		Valid N	Yes		Valid N
	Count	%		Count	%	
Are new direct care workers partnered with a buddy?	310	81%	385	555	93%	600
Does mentoring reduce turnover?	225	73%	310	408	74%	555
Is training provided for mentors?	202	65%	310	354	64%	555
Are duties reduced for mentors?	158	51%	310	176	32%	555
Does the agency have job a job description for the mentor?	110	35%	310	273	49%	555
Does the mentor receive compensation?	101	33%	310	189	34%	555
Is there a formal process for selecting mentors?	78	25%	310	240	43%	555
Is there a formal process for matching mentor and mentee?	71	23%	310	160	29%	555

Source: SPEC Associates (2005) analysis of home health agency and nursing home survey data

Research Question #5: What unique attributes can older workers bring to long-term care jobs?

Figures 2 and 3, in Chapter 3 above, show that *most employers from both nursing homes and home health agencies have positive images of the 55+ direct care workforce*. The majority of employers perceive mature workers to be more loyal, independent, self-directed and self-disciplined. At least two thirds of the nursing home employers and at least half of the home health agency employers also believed mature workers were more likely than younger workers to:

- have practical knowledge and skills
- understand clients' situations
- be patient with clients
- be motivated to do a good job

More than half of the nursing home employers and almost half of the home health employers believed direct care workers 55 years or older were more likely than younger workers to:

- solve problems independently
- desire to care for the sick, elderly or disabled
- gain the trust of clients
- communicate well with clients

Similarly, employers reported mature workers to be less likely to have negative work habits. As shown in Figure 3, more than half of the nursing home employers and half or nearly half of the home health agency employers reported that their direct care workers 55 or older were less likely than younger workers to:

- leave within 10 days of training
- leave within 90 days of hire
- have background check problems
- have caregiving responsibilities that interfere with work
- leave to take a job with higher pay or benefits

The only negative perceptions held by the majority of employers was that the 55+ direct care workers are less willing to use technology such as a computer, palm pilot or other device to record information. It may be that since older workers did not grow up with the use of technology, they need more training and encouragement in its use. When shown this study result in the focus groups, some workers agreed with the data, commenting:

“There’s a psychosocial factor you know that they get kind of a stage fright when it comes to going out onto the internet or typing Microsoft word documents and so they never learn. They back off.”

“I think mostly older workers really don’t have the assets that the younger people do. All through school they (younger people) learn the system where as the older workers are learning what skills you got to (have) on computers they need for that company... when you leave that company and go onto another company with a different program you gotta learn it (new computer skills) all over again.”

“I agree, I worked in this computer lab here before and I’ve tried to get people started on the internet, and there are some people, who are older, mostly older people, that are just scared to death (that) they just can’t do it. You can get them started and they’ll be fine as long as you are with them. But they just can’t get out on their own, they’re just scared to death. Like any new technology.”

Some workers commented that they are willing to learn to use technology, but they need to learn in a manner that suits them. *The fact that Operation ABLEs specialize in training older workers in the use of technology could be a selling point to nursing home and home health agency employers.* However, Operation ABLEs in this study report that typically they only offer training on the use of desktop computers. They need to expand the types of technology training that they offer to include devices such as PDAs and laptop computers which are likely to be used in the long term care industry, particularly in home health care.

It is interesting to note that on several characteristics (loyalty to employer, being independent, being a team player, being motivated to do a good job, solving problems independently, desiring to care for the sick or elderly, gaining trust of clients, willing to ask for help, not having background checks, not being absent from work, not taking sick days) although the most frequent response was that mature workers were likely to have these characteristics, the difference between the percent of nursing home and home health agency employers who cited these characteristics was 10% or greater. In each instance, fewer home health agency employers cited these characteristics as being more likely among mature workers compared with nursing home employers. It may be that nursing home employers are more likely to have direct experience observing the direct care workforce than home health agency employers, and therefore had more to say about their exceptional characteristics.

It behooves mature workers to take notice of the positive perceptions long term care employers have of them as employees. *Mature workers can capitalize on these employers’ perceptions during job interviews.*

Other attributes that mature workers can bring to long term care jobs are their care giving experiences. As shown in Table 22, 77% of the mature workers reported having provided care for an infant or small child for a month or more, including raising their own children. More than half also reported having cared, for a month or more on a daily basis, for a family member or friend who was seriously ill, or physically disabled such as not being able to walk or perform daily living functions without help. One-quarter reported having cared, for a month or more on a daily basis, for a family member or friend who was mentally impaired.

TABLE 22
Care Giving Experiences
55+ Operation ABLE Participants

	%	Valid N
Cared for infant or small child	77%	696
Cared for physically disabled	53%	695
Cared for seriously ill	52%	696
Cared for mentally impaired	25%	696

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

While mature workers reported having these caregiving experiences, it does not appear that these responsibilities interfered with their ability to work. Table 23 shows that on average, in the last year of their current or past job, workers in the survey reported missing six days due to their own health problems, two days caring for a sick parent child or other relative, and no days due to lack of transportation or lack of childcare. The median value for all of these was 0 days.

TABLE 23
Days Workers Missed Work Last Year or Last Job and Reason

	Minimum	Maximum	Mean	Median	Standard Deviation
Your own health problems?	0	300	6	0	19
Lack of transportation for yourself?	0	150	0	0	6
Caring for a sick parent, child or other relative?	0	365	2	0	18
How many days did you miss because of lack of childcare for your own children or relatives?	0	30	0	0	1

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Research Question #6: What are the income needs of older workers who are willing to work in long-term care settings?

Many of the mature workers want to work full time. More than half (60%) of the mature workers in this study reported being interested in working 30 or more hours a week. Forty-four percent said that they were interested in working 36 or more hours a week. Tables 24 and 25 show the survey results related to mature workers' interest in employment and the minimum hourly pay they would expect for a job caring for a physically disabled or mentally impaired person.

Table 24 shows that mature workers would expect, on average, to be paid \$11.31 per hour for a direct care job (median=\$10.00). This is in line with the average hourly rate of pay (\$12.30; median= \$10.75) that mature workers reported earning at their last job. Some Operation ABLEs confirmed that many of their participants had lost relatively high-paying jobs (such as with the automotive industry in Michigan). Therefore, it is realistic for them to expect to find jobs paying \$10.00 or more per hour.

TABLE 24
Work and Pay Preferences
55+ Operation ABLE Participants

	Average Response	Valid N
# hours per week prefer to work	31	691
Minimum expected hourly pay for care giving job	\$ 11.31	609
% currently employed (including Operation ABLE subsidized employment)	56%	696
Of those employed, % that have subsidized employment at Operation ABLE	49%	389
Current hourly rate of pay (not an Operation ABLE subsidy)	\$ 9.03	125
Hourly rate of pay last job	\$ 12.30	287

Source: SPEC Associates (2005) analysis of Operation ABLE

TABLE 25
Preferred # of hours to work
Categorized

	Frequency	Percent	Valid Percent
1 to 19 hours	32	5%	5%
20 to 29 hours	242	35%	40%
30 to 35 hours	111	16%	56%
36 to 40 hours	274	39%	95%
More than 40 hrs	32	5%	100%
Subtotal	691	99%	
Missing data	5	1%	
Total	696	100%	

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Within the long term care industry, however, mature workers have higher expectations of hourly pay than are offered by employers. Figure 16 shows the median starting pay for certified direct care workers in nursing homes and home health agencies. The figure also shows the median starting pay for non-certified home health workers.

As the figure shows, in all three categories, the starting pay for a direct care worker is less than \$10.00 per hour. Operation ABLEs noted that these are national figures, and some suspected that the starting pay for their states was lower than this national median. In fact, as Table 26 illustrates, there is variation among the seven study states in the wage expectations and starting pay for certified direct care workers in nursing homes and home health agencies.

Figure 17 shows the percent of nursing home employers who reported having other types of direct care work and the median starting pay for these jobs. For each of those job positions, the starting pay was lower than the \$11.31 expected pay of the mature workers.

The starting pay for non-certified home health care workers (\$8.31 per hour) was aligned with the median starting pay for CNAs in nursing homes reported in a 2003 study conducted by AARP.²⁴ This research report found the national median hourly wage for direct care workers to be:

- \$8.05 for home care aides
- \$8.75 for home health aides
- \$9.96 for nursing aides, orderlies and attendants

The wage expectations of mature workers may be a barrier to their entering the direct care workforce.

Figure 16: Median Starting Pay

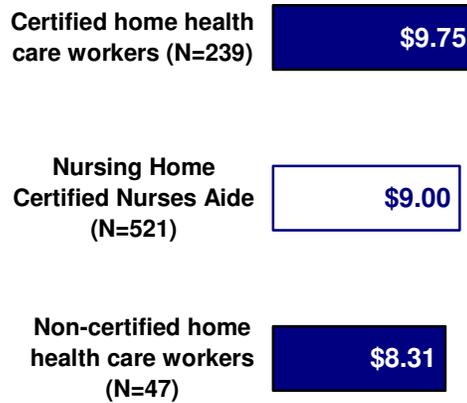
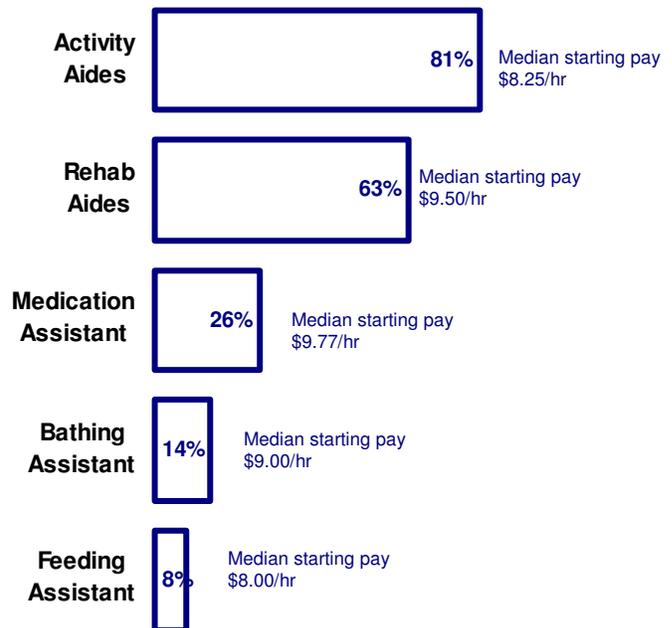


Figure 17: Type of Jobs

Other than Certified Nursing Aides at Nursing Homes
(N= 606 for %'s, N= 33 to 308 for descriptives)



²⁴ Wright, B. (2005).

**Table 26:
Wages and Wage Expectations by State**

		Workers	Nursing homes	Home Health Agencies
CA	Minimum	\$6.75	\$7.50	\$6.75
	Maximum	\$25.00	\$16.26	\$17.00
	Median	\$13.00	\$9.00	\$12.00
	Mean	\$13.84	\$9.60	\$11.94
	Mode	\$10.00	\$9.00	\$12.00
	S.D.	\$5.42	\$1.91	\$2.57
	Valid N	32	68	38
IL	Minimum	\$5.50	\$7.00	\$6.00
	Maximum	\$25.00	\$12.13	\$18.00
	Median	\$10.00	\$8.50	\$8.40
	Mean	\$10.89	\$8.79	\$9.52
	Mode	\$10.00	\$8.00	\$8.00
	S.D.	\$3.79	\$1.04	\$2.88
	Valid N	117	79	53
MA	Minimum	\$6.75	\$8.00	\$7.50
	Maximum	\$30.00	\$13.00	\$17.87
	Median	\$12.00	\$10.00	\$10.00
	Mean	\$12.84	\$10.13	\$10.18
	Mode	\$10.00	\$11.00	\$10.00
	S.D.	\$4.31	\$1.19	\$1.61
	Valid N	85	67	62
MD	Minimum	\$5.15	\$7.50	\$7.50
	Maximum	\$25.00	\$12.75	\$12.22
	Median	\$12.00	\$9.50	\$9.00
	Mean	\$12.70	\$9.61	\$9.38
	Mode	\$8.00	\$9.00	\$9.00
	S.D.	\$5.04	\$1.07	\$1.24
	Valid N	30	73	18
MI	Minimum	\$6.00	\$7.25	\$6.00
	Maximum	\$20.00	\$11.65	\$20.00
	Median	\$11.00	\$10.00	\$9.04
	Mean	\$11.75	\$9.97	\$10.11
	Mode	\$10.00	\$9.50	\$10.00
	S.D.	\$2.92	\$0.93	\$3.38
	Valid N	53	90	74
NE	Minimum	\$5.15	\$6.00	\$6.00
	Maximum	\$20.00	\$10.86	\$14.00
	Median	\$10.00	\$8.25	\$8.50
	Mean	\$9.89	\$8.37	\$8.66
	Mode	\$10.00	\$8.00	\$7.00
	S.D.	\$2.64	\$0.87	\$1.53
	Valid N	124	112	31
VT	Minimum	\$5.15	\$7.50	\$7.00
	Maximum	\$30.00	\$12.00	\$10.05
	Median	\$10.00	\$8.68	\$8.63
	Mean	\$11.03	\$8.88	\$8.66
	Mode	\$10.00	\$8.00	\$7.00
	S.D.	\$3.80	\$0.89	\$1.04
	Valid N	168	32	10

Research Question #7: What aspects of direct care work in long-term care appeal to older workers and why?

Forty-three percent of the mature workers said that they were interested in direct care work, which was defined in the survey as someone who helps with many different tasks such as toileting, bathing, feeding and transferring patients, and might also include housekeeping, meal preparation, shopping and paying of bills. Twenty-eight percent of the mature workers said that they would be interested in taking a job doing hands-on tasks, such as bathing, dressing, helping someone eat, clipping toenails or transferring someone from a bed to a wheelchair. Whether this is higher or lower than the general population’s interest in direct care work is not known.

As illustrated in Table 27, three-quarters of the mature workers expressed an interest in jobs requiring emotional support tasks, such as sitting by someone’s side, calming down an upset patient, or giving someone a hug or touch for support. Sixty-nine percent expressed an interest in jobs requiring supervisory tasks such as teaching someone how to dress themselves, guiding someone to walk somewhere, or reminding someone to take their medication. Operation ABLE representatives indicated that these results are not surprising. Their experience is that the Operation ABLE population tends to be people who are nurturers and who want to be helpful.

Aligned with their interests in more supervisory or emotional support tasks are mature workers’ interest in job positions such as activity aide, medication assistant, rehab aide and feeding assistant. As illustrated previously in Figure 8 and discussed in Chapter 3, while these job positions often exist in nursing homes, employers in focus groups noted that there

are fewer people holding these job positions. Employers also reported that often, these positions are given to direct care workers who have seniority.

Research Question #8: What are the training issues and physical challenges unique to hiring older workers?

Mature workers are willing to be trained and certified in direct care work and employers report that physical challenges are not unique to the 55+ workforce. As discussed in Chapter 3 and illustrated previously in Figure 8, the majority of mature workers reported being able to do the physical functions needed for direct care work such as lifting 25 pounds, walking up and down stairs, walking about a mile and stooping to the floor. Also discussed previously were employers' comments that direct care workers must not only be able to do these functions, they must be able to continue doing them day in and day out. Thus, the study results probably overestimate the functional abilities of mature workers as they relate to doing direct care work.

Figure 18 shows mature workers' reports of medical problems that could interfere with their ability to do direct care work. As the study shows, roughly one-quarter of the mature workers in this study reported having back problems or heart problems/high blood pressure that would limit the kind of work they could do. This study did not examine statistics related to the prevalence of these problems in the general population of 55 and older. As mentioned previously, employers in the focus groups indicated that they were less concerned with the age of the job candidate than with other characteristics that might predict a high risk for work injuries.

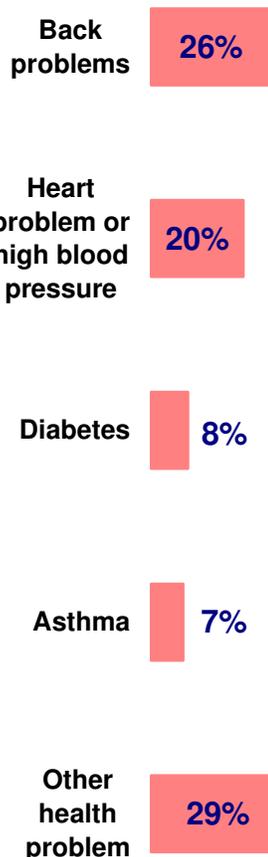
In the surveys, employers were asked if, in their experiences, there were any physical challenges unique to direct care workers who are 55 years and older. Thirty percent of both nursing home

Table 27
Preferences for Job Responsibilities
55+ Operation ABLE Participants

	%	Valid N
JOB TASKS		
Emotional support tasks	76%	696
Supervisory tasks	69%	696
Hands on tasks	28%	696
JOB TITLES		
Activity aide	74%	696
Medication assistant	67%	696
Rehab aide	58%	696
Feeding assistant	52%	696
Direct Care Worker	43%	696
Bathing assistant	27%	696

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

Figure 18: 55+ Operation ABLE
Participants' Reports
of Medical Problems



and home health agency employers responded “yes” to this question. The majority of their responses were related to mature workers’ ability to lift and turn patients, or to their strength and stamina. Most other responses to this question were also related to lifting such as workers having back problems, lacking flexibility, or not being able to bend or twist.

As mentioned previously, comments made by employers in the focus groups were that *many of the functional limitations could be minimized if workers were trained and mandated to use appropriate mechanical devices*. One employer commented that getting employees to always use mechanical devices is difficult, especially when the use of the mechanical device tends to dehumanize the patient.

Table 28 shows that 55% of the mature workers said they were willing to attend a free, 75-hour long training program to become certified to work as a direct care worker. This figure might be the best estimate of the percent of mature workers who are interested in direct care work. While the large majority (81%) of these workers said they would expect to be paid for participation in training, fully 73% said that they would attend training even if they did not get paid.

Table 28
55+ Operation ABLE Participants
Preferences for Training

	%	Valid N
Willing to attend a free 75-hour training to be a Direct Care Worker?	55%	696
(If willing to attend) Expect to be paid?	81%	384
(If willing to attend) Attend even if not paid?	73%	384

Source: SPEC Associates (2005) analysis of Operation ABLE participant survey

During the focus group interviews with mature workers, some mentioned the concern that they would not be able to go back to school (see previous comment). Other workers believed that training should be more tailored to their learning styles. These comments related to the previously cited finding that some employers (28% in the nursing home sample and 36% in the home health agency sample) believed that workers 55 or older are less likely to be able to learn new technologies or complex medical equipment. *Operation ABLEs’ expertise in providing training tailored to mature workers could be a valuable asset to direct care worker certification programs wishing to increase the number of older workers in their student body.*

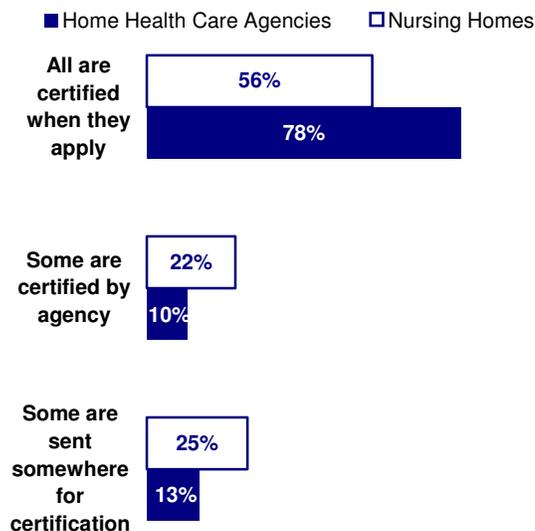
Research Question #9: What do employment and training providers need to do to meet the training requirements of the long term care industry?

For the most part, both nursing homes and home health agencies hire direct care workers who are already certified. As Figure 19 shows, 56% of the nursing home employers and 78% of the home health agency employers reported that all of their certified direct care workers are already certified when they apply for the job.

These results are even more dramatic when looking at the actual percent of direct care workers who are certified when they apply, certified by the agency and sent somewhere for certification. Tables 29 and 30 show these statistics for the nursing homes and home health agencies in the study. As the tables show, on average, 88% of employees were already certified when they applied for their direct care jobs. In home health agencies, 93% of employees were already certified when they applied for their direct care jobs.

Figure 19: Strategies for Obtaining Certified Direct Care Workers

(NH, N=605; HHA, N= 323)



**Table 29
Certification Status of Direct Care Workers at Application for Employment – Nursing Homes**

	Minimum	Maximum	Mean	Median	Mode	Std Deviation	Valid N
% of Direct Care Workers certified when apply	0%	100%	88%	100%	100%	24%	605
% of Direct Care Workers certified by agency	0%	100%	9%	0%	0%	22%	605
% of Direct Care Workers sent somewhere for certification	0%	100%	4%	0%	0%	11%	605

Source: SPEC Associates (2005) analysis of nursing home survey data

**Table 30
Certification Status of Direct Care Workers at Application for Employment – Home Health Agencies**

	Minimum	Maximum	Mean	Median	Mode	Std Deviation	Valid N
% of Direct Care Workers certified when apply	0%	100%	93%	100%	100%	20%	323
% of Direct Care Workers certified by agency	0%	100%	4%	0%	0%	16%	323
% of Direct Care Workers sent somewhere for certification	0%	100%	4%	0%	0%	14%	323

Source: SPEC Associates (2005) analysis of home health agency survey data

More home health agencies may require certification pre employment because these jobs are done in the community where it is more difficult to provide direct supervision compared with nursing homes. Or, since nursing homes, on average, employ three times more certified direct care workers than do home health agencies, and have a higher turnover rate, it may be cost effective for nursing homes to provide certification training in house.

Since most of the certification training is not done by the nursing homes or home health agencies, it appears that there is a role for employment and training organizations in helping workers to become certified. However, directly providing certification training does not seem to be the most efficient way for employment and training organizations to be involved because most employers in this study do not see gaps in training or the quality of training for direct care workers. When asked if they saw any gaps in the current training or the quality of training for direct care workers age 55 years and older, 85% of the nursing home employers and 93% of the home health agency employers responded, “no.”

Employers who reported that they did see gaps in the current training or quality of training for mature workers were asked to explain their responses. Of the 22 who provided an explanation, issues related to technology were by far the most frequent responses.

Employers were asked if, in their experiences, there are any training issues unique to direct care workers who are 55 years and older. Overwhelmingly, responses were “no.” Ninety-one percent of nursing home employers and 79% of home health employers indicated that there were no training issues unique to mature workers. Those who responded “yes” to this question were asked to explain their answer. The most frequent issue raised by employers was, again, related to the use of computers and other technology. Comments in this regard included:

Getting them up to snuff on computers, just convincing them they can operate computers.
(Home health agency)

Just computer issues. Sight issues too. Computerized forms can be difficult. (Home health agency)

Computer literacy issue: Application process is computerized. Charting mechanism is computerized. Daily use. Slower process and don't come in with as much exposure.
(Home health agency)

More computer education is needed for older workers. (Nursing home)

Sometimes we have a hard time training them to use the automatic lifts for the patients. Some are like me, not computer literate. So when you introduce them to the computer or electronic scales because they were not brought up like that, they are scared of it.
(Nursing home)

The biggest training issue deals with their computer skills. They tend to have more computer issues. They are more resistant to using them. It takes them longer to learn the necessary programs. They are more apt to use pen and paper to keep record than the computer. (Nursing home)

The only other training issue that was mentioned by more than five employers from both nursing homes and home health agencies was that proper lifting was a unique training issue for mature workers. Comments in this regard included:

Yes, working with complex clients, paraplegics who need lifting equipment, special training is needed to care for these patients without injury to the caregiver. Older workers especially need this training. (Home health agency)

There are more training issues and body issues with older people. (Home health agency)

Yes, hinges directly on body mechanic safety. It is a very physical job. (Home health agency)

Possibly the teaching of the lifts, and the correct use of the equipment. (Nursing home)

Older workers have more trouble with body mechanics, safety, and the use of the new equipment. (Nursing home)

A few employers (seven from nursing homes and three from home health agencies) mentioned that it takes longer for mature workers to learn. Their comments included:

We take longer with them in training, with company policy. (Home health agency)

(We) have a "point of care" electronic system for documentation (that) is harder for older people to learn. (They) need more time to learn. Then (they are) "fine." (Home health agency)

It takes more time to explain what needs to be done correctly. Older workers tend to be more set in their ways, so it is harder to get them to do their job the correct way. (Nursing home)

They take a little longer to train, but once they're here, they're here for good. (Nursing home)

When older direct care workers are in a classroom setting they do not learn as fast as younger workers. They do not do as well on written tests. (Nursing home)

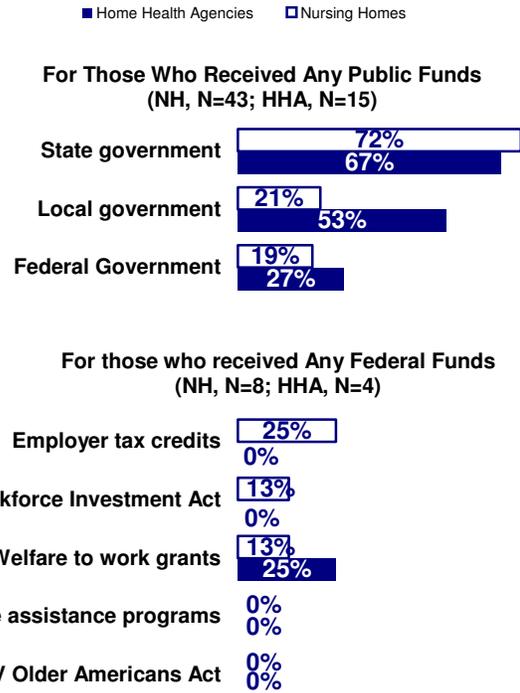
It may be wiser for Operation ABLEs to partner with existing CNA training programs rather than develop certification programs in house, since most employers believe that there are no gaps in the existing certification training programs. These results also suggest, however, that employment and training organizations can have a role in meeting the training requirements of the long term care industry. For example, rather than providing CNA training in house, Operation ABLEs could provide the technology training and add functional assessments to their services. Then, they can refer to CNA training programs workers already trained in the use of related technology who also have appropriate functional capacity. *Bundling the screening of their participants for functional capacity with the teaching of technology skills, Operation*

ABLEs could become an important partner for efficiently finding qualified mature workers interested and able to do direct care work.

Research Question #10: How can long-term care employers coordinate with publicly funded workforce programs to support the employment of older workers?

Very few employers received public funding in the past five years to support recruiting, training or retaining direct care workers. Only 7% of the nursing home employers and 4% of the home health agency employers reported that they had received public funding for these purposes. When they did receive funding, it was usually from state governments and it was usually for certification/training or to support employee wages. As Figure 20 shows, among the 43 nursing homes that received public funding, 72% reported that these funds were from their state governments. Similarly, of the 15 home health agencies that received public funding, 67% reported their state government as their source of funding.

Figure 20: For those who Received Funding, Sources of Funding in Past 5 Years to Support Recruiting, Training or Retaining Direct Care Workers



When asked what the public funds paid for, ten home health agency employers but no nursing home employer said that the funding paid for certification or training. Ten nursing home employers and three home health agency employers said that public funding paid for wages. The only other types of responses offered by more than two employers were that funding paid for agency operations, (mentioned by four nursing home employers), mentoring (mentioned by three nursing home employers), supplies (mentioned by four nursing home employers and one home health agency employer) and equipment (mentioned by two nursing home employers).

It is interesting to note that SCSEP – which supports employment opportunities for older Americans – was not mentioned at all by either nursing home or home health agency employers as a source of funding for the training of direct care workers. It should be noted that these funds are primarily for subsidizing wages in non-profit organizations. It would seem that SCSEP would be an appropriate source for funding the training of mature workers for direct care work.

Similarly, almost none of the public money supporting the recruitment, training and/or retention of direct care workers came from the Workforce Investment Act (WIA). Only one of 43 nursing homes that have public funding mentioned WIA as a source of support for worker training, and none of the home health agency employers mentioned WIA as a source of training funds for workers.

There are great gaps in the awareness of employers and there may be gaps in the awareness of funders of the possibilities of using Operation ABLEs as a conduit for finding mature workers to fill the gap in need for direct care work. Very few employers reported that they were aware of the Operation ABLE in their geographic areas. Only 10% of nursing home employers and only 13% of home health agency employers said that they were aware of Operation ABLE as a source for recruiting potential direct care workers.

Chapter 5: Recommendations for Employment and Training Organizations

One beauty of this study is that the population of workers surveyed are those who want to be retrained and redeployed into the workforce. This population is also “self contained” and easy to access through the network of Operation ABLEs across the U.S. Publicly funded workforce programs could capitalize on this easy-to-access mature workforce, coupled with the technology training provided by Operation ABLEs, to fill the need for direct care workers. The following recommendations relate to how employment and training organizations can become essential partners in this system:

(1) Learn about the technology needs of nursing homes and home health agencies and integrate new technologies into worker training. Study results clearly indicate that the biggest barrier to the use of mature workers in long term care is their limited technology skills.

Employment and training organizations need to learn about the specific technology needs of the long term care industry and train their mature workers in their use. This is likely to require upgrading of technology equipment and software at employment and training organizations. The Operation ABLEs involved in this study indicated that currently their training involves only desktop computers and is generally limited to basic software such as the Microsoft® Office Suite programs.

(2) Learn more about laws related to advertising and promoting the hiring of mature workers, in particular EEOC’s position on targeting advertising to the class of workers protected under the Age Discrimination in Employment Act. This study found that employers were willing to advertise specifically for mature workers, and that mature workers would respond favorably to such advertising. However, only very few employers indicated that they targeted their recruiting efforts to the 55+ workforce. Employers do not have a clear understanding about the issue and many fear that they would be liable under EEOC laws if they targeted recruitment to mature workers. Because workers aged 40 and older are the class protected by the Age Discrimination Employment Act (ADEA), it is not clear whether advertising specifically for mature workers would violate EEOC regulations. There is a need for a policy study relating ADEA protections to EEOC rules.

(3) Educate employers about ways to give the message that mature workers are welcomed without risking the possible violation of EEOC regulations. Even without clear understanding of the relationship between EEOC and ADEA, employment and training organizations can help employers to design recruitment messages that clearly welcome mature workers to apply for jobs in long term care. Operation ABLE organizations have guided employers in the past to use phrases such as “all adults are welcomed to apply, regardless of age” that do not target specific age groups but give the message to older workers that their age will not be held against them. There may be other ways that Operation ABLEs have helped employers to recruit older workers. Operation ABLEs would be wise to share their knowledge of recruitment methods to guide employers in nursing homes and home health agencies about ways to find mature workers.

(4) Educate workers about how to use employers' perceptions to their advantage when seeking employment opportunities in long term care. Study results provide clear evidence that employers appreciate many of the work and personal characteristics of their mature workforce. Mature workers seeking to be redeployed into frontline jobs in nursing homes or home health agencies could be briefed on the characteristics that employers value, and coached in how to bring up these characteristics during job interviews or to include these characteristics on their resumes.

(5) Learn more about insurance regulations related to the increased health care premiums for older workers. Some employers claimed that health insurance premiums increase when they hire mature workers. Others did not understand insurance companies' rationale for increasing premiums based on the age of the workforce. If their claims are true, insurance costs may be the biggest barrier to placing mature workers into jobs in long term care. Operation ABLEs should study the validity of these claims, as well as ways that the Medicare and/or Medicaid benefits could help alleviate health care costs for those who employ mature workers.

(6) There is a role for employment and training organizations to fill the gaps in recruiting, training and retaining mature workers in long term care. Organizations such as Operation ABLEs excel in recruiting, training and placement of mature workers. The gaps in the system for placing mature workers in direct care work appear to be finding the right workers, training them in technology, and supporting them as they become certified. Operation ABLEs can fill these gaps by: (a) developing or identifying a functional assessment tool, based on employer needs, that can screen participants for the ability to do frontline work in nursing homes and home health agencies, (b) teaching participants how to use technology common in the long term care industry, (c) partnering with health care training providers for certification training, and (d) advertising to the long term care industry that Operation ABLEs have workers who are willing and able to do frontline work.

Chapter 6: Recommendations for Policy Makers

There are several ways that policy makers can increase the use of mature workers in filling the gap in frontline jobs in long term care:

(1) Target Senior Community Service Employment Program (Title V) funds toward specialized training of mature workers for jobs in long term care. This study found that most employers in long term care hire workers who are already certified. Mature workers' comments during focus groups indicated that some fear they cannot afford the costs of the 75-hour certification training, and that mature workers may have different learning styles than younger workers. Title V specialized training funds can be targeted to increase the pool of direct care workers who are aged 55 and older by paying the tuition costs of certification training or for the development of certification programs targeted to the learning needs of mature workers.

(2) Use federal faith-based initiatives to target recruiting for mature workers through places of worship. The majority of workers in this study said that they would look for job openings in bulletins at their churches, synagogues, mosques or other places of worship. Employers, on the other hand, are not likely to advertise job openings at places of worship. It seems appropriate for faith based initiatives to encourage long term care employers to place employment ads in their church bulletins.

(3) Develop or strengthen policies requiring employees to be trained and to use mechanical devices. The clear message from this study is that age, itself, is not a deciding factor in employers' decisions to hire direct care workers. It is also clear that there are mechanical devices that can be used both in nursing homes and in the community that can greatly reduce incidents of workplace injuries and allow mature workers with less physical strength to be effective in front line work. Employers voiced that while these devices are expensive, their cost may be offset by the reduction in injury-related costs. This study did not investigate current policies requiring the use of mechanical devices, but it seems that a good use of public money would be to help employers purchase mechanical devices. Good policy would require that employees must be trained in the use of these devices and be required to use them in an appropriate and caring manner.

(4) Identify how state workforce development funds can support direct care worker initiatives. Results clearly show that very few long term care employers have accessed any public money to recruit, train or retain direct care workers. When they did access public money, most often funding came from the state. This study did not investigate whether the state funds originated from federal money. In either case, it appears that direct care worker initiatives may be more successful in advocating for support locally rather than federally. Workforce Investment Boards, for example, might be one mechanism for supporting the costs for screening long term care job candidates and for giving grants to agencies to cover the cost of certification training.

Chapter 7: Future Research

This study revealed a wealth of information about the feasibility of expanding the long term care labor force through the use of older workers. In the process of conducting the study, more questions arose related to the use of mature workers in long term care, including:

(1) How many “ABLE-like” mature workers are there? In many ways, Operation ABLEs are the perfect organizations for helping to fill the workforce gap in long term care through the use of mature workers. Since they specialize in recruiting and redeploying older workers, Operation ABLEs can not only help to fill the gap in need for direct care workers, they could also recruit and retrain for other positions in the long term care industry. For example, Operation ABLEs could be recruiting retired nurses and retraining them to update their credentials. Future research could identify and investigate where there are programs similar to the Operation ABLEs in this study, how many mature workers they represent, and their interest in retraining and redeploying program participants into long term care jobs. Similarly, future research could investigate the general population of retirees with regard to their interest in being retrained and redeployed into the long term care workforce. What is the best way to identify and recruit them? What percent of the need for frontline workers can they fill?

(2) What is the best use of Operation ABLEs in helping interested participants fill the need for frontline workers in long term care? Study results suggest that Operation ABLEs can provide recruitment, screening, assessment, technology training, placement and on-the-job support for mature workers in long term care. Demonstration projects can be established, with strong evaluation components, so that the best methods can be documented for how employment and training organizations can best provide these services for the long term care industry.

(3) What is the need for non-certified workers in long term care and could these jobs also be filled by mature workers? The employer samples for this study came from the Centers for Medicare & Medicaid Services list of certified nursing homes and home health agencies. Early in this study, it became apparent that there is a population of home care agencies who employ exclusively non-certified direct care workers and, consequently, are not on the CMS list. These agencies may also be in need of direct care workers and may find value in employing mature workers. More research is needed about this population of long term care employers, how they may differ from their certified counterparts and what they may offer to mature workers.

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Appendix

(The Technical Appendix of survey statistics is available as a separate document)

- Appendix A: Nursing Home Telephone Survey Questionnaire
- Appendix B: Home Health Care Telephone Survey Questionnaire
- Appendix C: Older Worker Telephone Survey Questionnaire
- Appendix D: Nursing Home/Home Health Agency Survey Design Focus Group Guide
- Appendix E: Older Worker Survey Design Focus Group Guide
- Appendix F: Nursing Home/Home Health Agency Interpretation Focus Group Guide
- Appendix G: Older Worker Interpretation Focus Group Guide

Appendix A:
Better Jobs Better Care Older Workers in Direct Care
Nursing Home Telephone Survey Questionnaire

STUDY ID#: _____

DATE: _____

START TIME: _____

NOTE: In the development of this survey, some survey items were eliminated and others were moved around. Therefore, items do not appear in numerical or alphabetical order. Some (not all) of these moves are noted.

Hello, my name is _____ and I'm calling from SPEC Associates in Detroit. May I please speak with _____?

We are conducting a survey of nursing homes and home health care agencies in seven states across the country. Since there is a great demand for direct care workers, we hope to learn about the benefits and challenges to using workers aged 55 or older as direct care workers. You should have received a letter about the survey a few days ago. Do you recall seeing the letter? [GO THROUGH AGREED UPON PROTOCOL IF NOT] Is this a good time for the interview or should we schedule a more convenient time?

>> IF A GOOD TIME, AND THE RESPONDENT HAS NOT SEEN THE LETTER, GO TO "OPTION A: Informed Consent Process"

>> IF A GOOD TIME, AND THE RESPONDENT HAS SEEN THE LETTER, GO TO "OPTION B: Reminder of Informed Consent"

>> IF A TIME IS SCHEDULED, CALL BACK AT RECOMMENDED TIME.

(OPTION A) INFORMED CONSENT PROCESS:

Before we start, the funders of the study, The Robert Wood Johnson Foundation and The Atlantic Philanthropies, require that we get assurance from you that you are voluntarily participating in this survey. You will be asked questions about your recruitment and retention practices and your opinions about qualities that direct care workers over age 55 bring or do not bring to the job.

There are no known risks to taking part. You can stop the survey at any time. You can refuse to answer any or all questions. Your name and your facility's name will be kept private. Your answers will not be reported in any way that identifies you personally.

Your answers will be valuable to policy makers in designing recruiting, training and retention practices that will help older workers stay in these kinds of jobs.

If you have any questions about the survey, you can contact Dr. Melanie Hwalek the study director at 313-964-0500. By answering any of the questions in this survey you will have agreed to take part in this study. (CONTINUE AT "START OF SURVEY" BELOW)

(OPTION B) REMINDER OF INFORMED CONSENT:

Before we begin, I would like to remind you of a couple points mentioned in the attachment to the letter you received. Mainly, that there are no known risks in taking part in this survey and your answers will not be reported in any way that identifies you or your organization. (CONTINUE AT “START OF SURVEY” BELOW)

START OF SURVEY

May we begin? (IF YES, CONTINUE)

In case you represent more than one nursing home, for the purposes of this survey, I will be asking you to respond just for the (INSERT NAME OF NURSING HOME FACILITY).

For the purposes of this survey, direct care worker will be defined as: Nursing assistants, who provide hands-on care, supervision and emotional support to people with chronic illnesses and disabilities. *Direct Care Workers are CNAs or GNAs who have taken 75 hours of training and passed a state competency exam. We are not talking about licensed professionals such as LPNs, RNs, OTs or PTs. [NOTE TO INTERVIEWER: OT= Occupational Therapists and PT= Physical Therapists]*

We are interested in learning about these Direct Care Workers within your nursing home.

Q0a. About how many Direct Care Workers do you currently have at your nursing home?

_____ DCWs (IF NONE SKIP TO Q40, OTHERWISE, CONTINUE WITH Q0c)

←

Q40. Please explain if your agency does provide nursing home or long-term care services and what types of workers, such as, RNs are performing the necessary functions.

(SKIP TO Q28 ON PAGE 14)

Q0c. Regarding the employment status of your direct care workers, are any:

___ Yes (1) ___ No (2) 1. contractual workers

___ Yes (1) ___ No (2) 2. hourly employees

___ Yes (1) ___ No (2) 3. salaried employees

Q0e. Over the last five years, would you say that your nursing home actively recruited direct care workers often, occasionally or never?

- (1) Often
- (2) Occasionally
- (3) Never (*SKIP TO Q5 ON PAGE 4*)

Q1: In the past five years, at which of these places has your nursing home recruited these direct care workers for permanent employment? These include places where you may have posted openings on bulletin boards. Please respond yes or no to each of the following:

<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	a. Agencies that serve people in need like the disabled, or victims of domestic abuse
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	b. Employment agencies
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	c. Employment training organizations
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	d. GED or other educational programs or schools that teach certification courses
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	e. Health clinics or doctor offices
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	f. Laundromats
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	g. Local public housing offices
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	h. A local welfare agency where someone goes for Medicaid or food stamps
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	i. A local social security office where seniors might go to handle their Medicare or social security check
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	j. Neighborhood associations or block clubs
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	k. Refugee, immigrant or cultural centers
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	l. Senior centers
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	m. Supermarkets, shopping centers or other stores
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	n. Unemployment offices or One Stop Career Centers
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	o. Temporary work agencies

Q2: In the past five years, which, if any, of these media has your nursing home used to recruit these direct care workers?

<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	a. Ads in newspapers
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	b. Bulletins from churches, synagogues, mosques and other places of worship
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	c. On-line or Internet such as a web site
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	d. Radio or TV announcements
<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	e. Ads in employment guides

Q3: In the past five years, has your nursing home participated in career or job fairs as a way to recruit these direct care workers?

Yes (1) No (2)

Q4: In the past five years, has your nursing home used a statewide registry of nurse aides to recruit these direct care workers?

Yes (1) No (2)

Q5: In the past five years, have you used any of these strategies within your nursing home to fill openings for these direct care workers?

- | | | |
|----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. Asking current employees to refer others |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. Bonus for current employees who refer a new hire who remains on the job for a certain length of time |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. A written job description that specifies the right type of candidate for the job |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. Personnel who are trained to use the same interview questions for all job candidates |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. Regular review and refining of recruitment strategies |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | f. Recording the referral source for each applicant and analyzing which yielded good employees |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | g. A formal screening process that focuses on specific skills and abilities |

G1. (IF YES) Can you tell me what skills and abilities it focus' on?



Q6: Has your nursing home tried to target recruiting specifically for workers aged 55 and over for these direct care worker positions?

Yes (1) No (2) *(IF NO SKIP TO Q7, NEXT PAGE)*

Q6a1. What do you do to target recruiting to job candidates 55 and older?

(ASK IF MORE THAN ONE IN Q6a1)

Q6a2. Of these which has been most successful?

Q6a3. Using a scale from 1 meaning “not at all successful” to 5 meaning “very successful” how would you rate the success of your efforts to target recruiting specifically for these direct care workers aged 55 and over?

(Not at all successful) 1 2 3 4 5 (Very successful)

Q7: Would your nursing home consider using any of the following in advertising for direct care workers? Please respond yes or no to each.

- | | | | |
|----------------------------------|---------------------------------|----|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. | Advertising that says “retirees welcomed?” |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. | Using pictures that include a senior citizen worker in job postings? |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. | Advertising for someone who has experience caregiving for family, friends or other people? |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. | Advertising that says “mature workers welcomed?” |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. | Advertising that says “senior citizens welcomed?” |

Q8: Which of these financial benefits does your nursing home provide for its direct care workers? Please respond Yes or No to each.

- | | | | |
|----------------------------------|---------------------------------|----|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. | Higher pay for working on weekends or less desirable hours of the day |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. | Hiring bonus of additional money after being on the job for a certain length of time |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. | Annual cost of living pay increase |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. | Bonus for covering absent employee’s shift |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. | Wage increase for longevity (being at the job for so many years) |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | f. | Higher wage based on experience |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | g. | Overtime pay |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | h. | Profit sharing or employee stock options in the company |

Q8Z. (IF NO TO ANY IN Q8) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your nursing home would be to improve your **direct financial benefits** in order to retain its direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q9a: Does your nursing home provide health insurance for its direct care workers?

Yes (1) No (2)



Q9a1. On a range from 1 to 5, with 1 being “not at all willing” and 5 being “very willing,” how willing do you think your nursing home would be to **add health insurance benefits** in order to retain direct care workers?

Not at all 1 2 3 4 5 Very Willing
(EVERYONE ASKED Q9a1 SKIPS TO Q9, BELOW)

(IF YES) Q9a5. Does the employee pay part of the premium?

Yes (1) No (2)

Q9a2. Is health insurance only for the individual or also offered for the family?

(1) Individual only (2) Also for the family

Aq9a3. Is the health insurance for only full-time or for both full and part time direct care workers?

(1) Full time only (2) Both full-time and part-time

Q9a4. Is prescription coverage part of that health insurance plan?

Yes (1) No (2)

Q9. Which of these other fringe benefits does your nursing home provide for its direct care workers? Please respond yes or no to each of the following.

- | | | |
|----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. Paid sick days |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. Paid vacation |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. Pension or retirement plan |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. Reimbursement for tuition at a college or other training program |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | f. Transportation costs are reimbursed |

Q9Z. (IF NO TO ANY IN Q9) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your nursing home would be to improve your **other fringe benefits** in order to retain its direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q10: Which of these work-structure benefits does your nursing home provide its direct care workers? Please respond yes or no to each of the following.

- | | | | |
|----------------------------------|---------------------------------|----|---|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. | Guaranteeing a consistent, predictable schedule of work hours |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. | Guaranteeing a certain number of work hours each week |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. | Career advancement or promotion opportunities |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. | Paying direct care workers during initial training |

Q10Z. (IF NO TO ANY IN Q10) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your nursing home would be to improve your **work-structure benefits** in order to retain its direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q11: Which of these management practices does your nursing home use with its direct care workers? Please respond Yes or No to each.

- | | | | |
|----------------------------------|---------------------------------|----|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. | Asking employees about their work satisfaction at least once a year |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. | Direct care workers being on the team that plans for the care needs of patients |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. | Your nursing home offers both full and part-time direct care worker positions. |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. | Formal procedures for making grievances or complaints |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | f. | Head of the nursing home meets with direct care workers and talks about the importance of the job at least once a year |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | g. | Luncheons or parties for employees |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | i. | Open-door management where employees can talk to the head of the nursing home at any time |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | j. | Tokens of appreciation like personal thank you notes for doing a good job |

Q11Z. (IF NO TO ANY IN Q11) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your nursing home would be to improve your **management practices** in order to retain its direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q12: Which of these supportive benefits does your nursing home provide to its direct care workers? Please respond yes or no to each of the following.

- Yes (1) No (2) a. Assistance to immigrants or refugees, like English as a second language training
- Yes (1) No (2) b. Provide or refer employees to counseling services (like for substance abuse, domestic violence, or depression)
- Yes (1) No (2) c. Coworker leave bank where one employee can give their paid vacation or sick days to another employee
- Yes (1) No (2) e. Formal or informal help getting food, clothing, shelter or child care
- Yes (1) No (2) f. Free or subsidized meals on days worked
- Yes (1) No (2) h. Support groups that employees can join to discuss personal or family problems
- Yes (1) No (2) i. Time off without pay
- Yes (1) No (2) j. ATM machine on-site

Q12Z. (IF NO TO ANY IN Q12) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your nursing home would be to improve your **supportive benefits** in order to retain its direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q11h. In your nursing home are new direct care worker employees partnered one-on-one with more experienced employees who become mentors for them?

Yes (1) No (2) >>>> [IF NO] Q11h1. In your opinion, would your nursing home willing to add a one-on-one mentoring program?



Yes (1) No (2) Don't know (3)

Q11HTXT. [IF NO OR DON'T KNOW] Can you please explain the reason for your answer?

(EVERYONE ASKED THESE QUESTIONS SKIP TO Q37)

Q13: (FOR THOSE WHO ANSWERED “YES” to Q11H ASK):

With regard to your mentor or buddy program:

- _____ (#) a. How many mentors are currently mentoring other employees?
- _____ (#) i. Typically, how many weeks does the mentorship last? (NOTE THIS IS IN WEEKS)
- Yes (1) No (2) b. In your opinion, does being a mentor reduce either the mentor or mentee’s turnover?
- Yes (1) No (2) c. Does your nursing home have a job description for the mentor/buddy?
- Yes (1) No (2) d. Does the mentor receive a wage supplement or other compensation?
- Yes (1) No (2) e. Does your nursing home have a formal process for selecting mentors?
- Yes (1) No (2) f. Does your nursing home provide training for the mentors about their roles and responsibilities?
- Yes (1) No (2) g. Is there a formal process for matching mentors with mentees?
- Yes (1) No (2) h. Are other duties reduced for the employee who becomes a mentor?

Q37: Does your nursing home differentially assign clients to direct care workers based on the worker’s:

- a) Physical strength?
 Yes (1) No (2)
- b) Other personal characteristics or interests?
 Yes (1) No (2)

Q14: Currently about how many direct care workers at your nursing home are aged 55 or older?

Of these workers, how many have been at the nursing home:

- a. Less than one year: _____ workers
- b. Between one and five years: _____ workers
- c. More than five years: _____ workers

Q15: We would like your opinion about direct care workers who are 55 years or older, compared with younger workers in the same job. With regard to their personal characteristics, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Be a team player?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	Be loyal to their employer?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c.	Be motivated to do a good job?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d.	Be patient with residents?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e.	Be willing to ask for help?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	f.	Desire to care for the sick, elderly or disabled?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	g.	Have independence, self-direction or self-discipline?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	h.	Have practical knowledge and skills?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	i.	Have the ability to think through and solve problems independently?

Q16: With regard to their work on the job, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Be able to learn new technologies or complex medical equipment such as pagers or mechanical lifts?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	Be willing to change their routines?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c.	Be willing to travel to a job site?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d.	Be willing to use a computer, palm pilot or other device to record information?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e.	Cope well with the physical demands of the job?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	h.	Keep good written records of activities and observations?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	k.	Work quickly and efficiently?

Q17: With regard to their relationships with others, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Be able to communicate well with supervisors, doctors, and other staff?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	Be able to communicate well with residents and their families?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d.	Have empathy or ability to understand the resident's situation?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e.	To have the residents like or trust them?

Q18: With regard to the cost to your nursing home, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

- | | | | | |
|---------------------|---------------------|---------------------|----|--|
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | a. | Add high health insurance premiums to your nursing home? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | b. | Be absent from work? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | c. | Get injured on the job? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | d. | Take sick days? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | e. | Need extra time to be trained for the job? |

Q19: With regard to reliability or ease of hiring, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

- | | | | | |
|---------------------|---------------------|---------------------|----|---|
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | a. | Have reliable means of transportation? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | b. | To have background check problems such as for abuse, arrests or drug use? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | c. | To have family caregiving responsibilities that interfere with work? |

Q20: With regard to turnover, in your opinion, are direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

- | | | | | |
|---------------------|---------------------|---------------------|----|---|
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | a. | Leave the job due to changes in health? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | b. | Leave the job due to changes in personal life such as job transfer of spouse or illness of a family member? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | c. | Leave the job during or within a week to ten days after training? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | d. | Leave the job within 90 days of hire? |
| More ₍₁₎ | Less ₍₂₎ | Same ₍₃₎ | e. | Leave to take a job with higher wages or better benefits? |

Q21: Is there a union representing the direct care workers in your facility?

Yes ₍₁₎ No ₍₂₎

Q22: What is the hourly starting pay for a full-time direct care worker who is certified as a CNA or GNA but has no prior work experience as a direct care worker?

_____ hourly pay

Q23: I have a list of different types of workers. Does your nursing home employ any of these types of workers?

- a. Feeding assistants who only help people to eat or feeding people who are unable to feed themselves.

Yes (1) No (2)

(IF YES) What is the minimum starting pay per hour for a feeding assistant?

- b. Medication assistants to only give people their medicine or help people to take their medicine.

Yes (1) No (2)

(IF YES) What is the minimum starting pay per hour for a medication assistant?

- c. Activity aides to only play games or do crafts with people and help the activities director prepare and conduct special events.

Yes (1) No (2)

(IF YES) What is the minimum starting pay per hour for an activity aide?

- d. Rehab aides to only help people with physical therapy like walking or exercising.

Yes (1) No (2)

(IF YES) What is the minimum starting pay per hour for a rehab aide?

- e. Bathing assistants to only help with bathing people who cannot bathe themselves.

Yes (1) No (2)

(IF YES) What is the minimum starting pay per hour for a bathing assistant?

Q24: In your experience, are there any training issues unique to hiring direct care workers who are 55 years old or older?

Q25: In your experience, are there any physical challenges unique to direct care workers who are 55 years old and older?

Q27: Do you see any gaps in the current training or the quality of training for direct care workers age 55 years and older?

Yes ⁽¹⁾ No ⁽²⁾

Q27A. (IF YES) What else needs to be done to better prepare these older direct care workers for the job?

Q26: Thinking about ALL of your direct care workers, about what percent of your Direct Care Worker hirees are:

- _____ % (a) Already certified when they apply
- _____ % (b) Certified by your own nursing home
- _____ % (c) Sent somewhere else for certification

Q28: In the past five years, has your nursing home received any public money to support recruiting, training or retaining direct care workers?

Yes (1) No (2) (SKIP TO Q29)

a. Was the source of the public money...

Yes (1) No (2) (1) the local government?

Yes (1) No (2) (2) the state government?

Yes (1) No (2) (3) the Federal government?

b. [IF Q28a3 = YES, THEN ASK] Was the source of the federal money any of the following?

Yes (1) No (2) (1) (USE EXACT NAME IN EACH STATE) [Workforce Investment Act]

(Massachussets) One Stop Employment & Training Center

(D.C.) One Stop Employment & Training Center

(Illinois) Illinois Employment & Training Center (IETC's) (which are one-stops)

(California) WorkSource California Centers

(Michigan) Michigan Works!

(Maryland) MontgomeryWorks

(Nebraska) Greater Nebraska One-Stop centers

(Vermont) One Stop Employment & Training Center

Yes (1) No (2) (2) Welfare-to-work grants: _____
(GET EXACT NAME OF AGENCY e.g. Family Independence Agency)

Yes (1) No (2) (3) Employer Tax Credits

Yes (1) No (2) (4) Refugee Assistance Programs

Yes (1) No (2) (5) Title V of the Older Americans Act (Senior Community Service Employment Program)

c. [IF Q28a1, a2 or a3 = YES, THEN ASK] What did the public money pay for?

Q29: Are you aware of (NAME OF OPERATION ABLE) as a source for recruiting potential direct care workers?

site#	Organization
1	(Massachusetts) Operation ABLE of Greater Boston
2	(Illinois) National Able Network sm
3	(Vermont) Vermont Associates for Training and Development
4	(California) Career Encores
5	(Nebraska) Operation ABLE of Southeast Nebraska
6	(Michigan) Operation ABLE of Michigan
7	(D.C./Maryland) Jewish Council for the Aging of Greater Washington

Yes (1) No (2)

Q30: Is your organization operated for profit or not-for-profit or publicly owned? (check one)

- (1) Profit: individual, partnership, corporation
 (2) Not for profit: church owned, other philanthropic, other not for profit
 (3) Publicly owned: county, city, village, state

Q31: With regard to policies and procedures, is your nursing home operated:

- (1) as part of a chain of nursing homes,
 (2) as part of a larger system of health care services, such as a hospital, or a municipality; or
 (3) is your nursing home independently operated.

Q38: What is your title: _____

Q39: How long have you been in this position at this nursing home: _____ years

Q50: And how old are you: _____ years

That is the end of the survey. Thank you very much for your participation. At the end of the study, we will send you a summary of the results. Let me make sure that I have your name spelled correctly for when we send you a summary of the study results:

Q35. First Name: _____

Q36. Last Name: _____

Q37. VERIFY ADDRESS ON COVER SHEET OR ENTER ADDRESS (ORG NAME, ADDRESS LINE#1, ADDRESS LINE#2, CITY, STATE, ZIP)

END TIME: _____

INTERVIEWER: _____

NOTES: _____

Appendix B:
Better Jobs Better Care Older Workers in Direct Care
Home Health Agency Telephone Survey Questionnaire

NOTE: In the development of this survey, some survey items were eliminated and others were moved around. Therefore, items do not appear in numerical or alphabetical order. Some (not all) of these moves are noted.

STUDY ID#: _____

DATE: _____

START TIME: _____

Hello, my name is _____ and I'm calling from SPEC Associates in Detroit. May I please speak with _____ (or the Director of Human Resources for home health care services)?

We are conducting a survey of home health care agencies in seven states across the country. Since there is a great demand for direct care workers, we hope to learn about the benefits and challenges to using workers aged 55 or older as direct care workers. You should have received a letter about the survey a few days ago. Do you recall seeing the letter? [GO THROUGH AGREED UPON PROTOCOL IF NOT] Is this a good time for the interview or should we schedule a more convenient time?

>> IF A GOOD TIME, AND THE RESPONDENT HAS NOT SEEN THE LETTER, GO TO "OPTION A: Informed Consent Process"

>> IF A GOOD TIME, AND THE RESPONDENT HAS SEEN THE LETTER, GO TO "OPTION B: Reminder of Informed Consent"

>> IF A TIME IS SCHEDULED, CALL BACK AT RECOMMENDED TIME.

(OPTION A) INFORMED CONSENT PROCESS:

Before we start, the funders of the study, The Robert Wood Johnson Foundation and The Atlantic Philanthropies, require that we get assurance from you that you are voluntarily participating in this survey. You will be asked questions about your recruitment and retention practices and your opinions about qualities that direct care workers over age 55 bring or do not bring to the job.

There are no known risks to taking part. You can stop the survey at any time. You can refuse to answer any or all questions. Your name and your facility's name will be kept private. Your answers will not be reported in any way that identifies you personally.

Your answers will be valuable to policy makers in designing recruiting, training and retention practices that will help older workers stay in these kinds of jobs.

If you have any questions about the survey, you can contact Dr. Melanie Hwalek the study director at 313-964-0500. By answering any of the questions in this survey you will have agreed to take part in this study. (CONTINUE AT "START OF SURVEY" BELOW)

(OPTION B) REMINDER OF INFORMED CONSENT:

Before we begin, I would like to remind you of a couple points mentioned in the attachment to the letter you received. Mainly, that there are no known risks in taking part in this survey and your answers will not be reported in any way that identifies you or your organization. (CONTINUE AT “START OF SURVEY” BELOW)

START OF SURVEY

May we begin? (IF YES, CONTINUE)

“In case you represent more than one home health care facility, for the purposes of this survey, I will be asking you to respond just for the (INSERT NAME OF HHC FACILITY).”

For the purposes of this survey, direct care worker will be defined as: Nursing assistants, home health and home care aides who provide hands-on care, supervision and emotional support to people with chronic illnesses and disabilities. Some Direct Care Workers may be certified by taking 75 hours of training or passing a competency exam. We are not talking about licensed professionals such as LPNs, RNs, OTs or PTs. [NOTE TO INTERVIEWER: OT= Occupational Therapists and PT= Physical Therapists]

We are interested in learning about these Direct Care Workers within your home health care agency’s environment.

Q0a1. How many Direct Care Workers at your home health care agency are certified?

_____ certified DCWs

Q0a2. How many Direct Care Workers at your home health care agency are not certified?

_____ non-certified DCWs

(IF NONE IN A1 and A2, SKIP TO Q40, OTHERWISE, CONTINUE WITH Q0c)

←

Q40. Please explain if your agency does provide home health care services and what types of workers, such as, RNs are performing the necessary functions.

(SKIP TO Q28 ON PAGE 13)

Q0b. Since you have more certified / NON-certified Direct Care Workers, when I refer to Direct Care Workers I would like you to answer ONLY for:

[INTERVIEWER CHECK ONE AND INTERJECT THIS IN QUESTIONS. IF EQUAL NUMBER, THEN USE NON-CERTIFIED]

___ (1) certified Direct Care Workers.

___ (2) NON-certified Direct Care Workers.

Q0c. Regarding the employment status of your _____ direct care workers, are any:

___ Yes (1) ___ No (2) 1. contractual workers

___ Yes (1) ___ No (2) 2. hourly employees

___ Yes (1) ___ No (2) 3. salaried employees

Q0e. Over the last five years, would you say that your agency actively recruited ___ direct care workers often, occasionally or never?

___ (1) Often

___ (2) Occasionally

___ (3) Never (*SKIP TO Q5 ON PAGE 4*)

Q1: In the past five years, at which of these places has your agency recruited these _____ direct care workers for permanent employment? These include places where you may have posted openings on bulletin boards. If you could respond Yes or No to each.

___ Yes (1) ___ No (2)	a.	Agencies that serve people in need like the disabled, or victims of domestic abuse
___ Yes (1) ___ No (2)	b.	Employment agencies
___ Yes (1) ___ No (2)	c.	Employment training organizations
___ Yes (1) ___ No (2)	d.	GED or other educational programs or schools that teach certification courses
___ Yes (1) ___ No (2)	e.	Health clinics or doctor offices
___ Yes (1) ___ No (2)	f.	Laundromats
___ Yes (1) ___ No (2)	g.	Local public housing offices
___ Yes (1) ___ No (2)	h.	A local welfare agency where someone goes for Medicaid or food stamps
___ Yes (1) ___ No (2)	i.	A local social security office where seniors might go to handle their Medicare or social security check
___ Yes (1) ___ No (2)	j.	Neighborhood associations or block clubs

- Yes (1) No (2) k. Refugee, immigrant or cultural centers
- Yes (1) No (2) l. Senior centers
- Yes (1) No (2) m. Supermarkets, shopping centers or other stores
- Yes (1) No (2) n. Unemployment offices or One Stop Career Centers
- Yes (1) No (2) o. Temporary work agencies

Q2: In the past five years, which of these media has your agency used to recruit these _____ direct care workers?

- Yes (1) No (2) a. Ads in newspapers
- Yes (1) No (2) b. Bulletins from churches, synagogues, mosques and other places of worship
- Yes (1) No (2) c. On-line or Internet such as a web site
- Yes (1) No (2) d. Radio or TV announcements
- Yes (1) No (2) e. Ads in employment guides

Q3: In the past five years, has your agency participated in career or job fairs as a way to recruit these _____ direct care workers?

Yes (1) No (2)

Q4: In the past five years, has your agency used the statewide registry of nurse aides to recruit these _____ direct care workers?

Yes (1) No (2)

Q5: In the past five years, have you used any of these strategies within your agency to fill openings for these _____ direct care workers?

- Yes (1) No (2) a. Asking current employees to refer others
- Yes (1) No (2) b. Bonus for current employees who refer a new hire who remains on the job for a certain length of time
- Yes (1) No (2) c. A written job description that specifies the right type of candidate for the job
- Yes (1) No (2) d. Personnel who are trained to use the same interview questions for all job candidates
- Yes (1) No (2) e. Regular review and refining of recruitment strategies
- Yes (1) No (2) f. Recording the referral source for each applicant and analyzing which yielded good employees
- Yes (1) No (2) g. A formal screening process that focuses on specific skills and abilities *[FOLLOW-UP QUESTION ON NEXT PAGE]*

G1. (IF YES TO G) Can you tell me what skills and abilities it focus' on?



Q6: Has your agency tried to target recruiting specifically for workers aged 55 and over for these _____ direct care worker positions?

Yes (1) No (2) (IF NO SKIP TO Q7)

Q6a1. (IF YES) What do you do to target recruiting to job candidates 55 and older?

(ASK IF MORE THAN ONE IN Q6a1)

Q6a2. Of these which has been most successful?

Q6a3. Using a scale from 1 meaning “not at all successful” to 5 meaning “very successful” how would you rate the success of your efforts to target recruiting specifically for these direct care workers aged 55 and over?

(Not at all successful) 1 2 3 4 5 (Very successful)

Q7: Would your agency consider using any of the following in advertising for direct care workers? Please respond Yes or No to each.

- | | | |
|----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. Advertising that says “retirees welcomed?” |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. Using pictures that include a senior citizen worker in job postings? |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. Advertising for someone who has experience caregiving for family, friends or other people? |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. Advertising that says “mature workers welcomed?” |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. Advertising that says “senior citizens welcomed?” |

Q8: Which of these financial benefits does your agency provide for its _____ direct care workers? Please respond Yes or No to each.

- | | | | |
|----------------------------------|---------------------------------|----|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | a. | Higher pay for working on weekends or less desirable hours of the day |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | b. | Hiring bonus of additional money after being on the job for a certain length of time |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | c. | Annual cost of living pay increase |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | d. | Bonus for covering absent employee's shift |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | e. | Wage increase for longevity (being at the job for so many years) |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | f. | Higher wage based on experience |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | g. | Overtime pay |
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | h. | Profit sharing or employee stock options in the company |

Q8Z. (IF NO TO ANY IN Q8) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your agency would be to improve your **direct financial benefits** in order to retain its _____ direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q9a: Does your agency provide health insurance for its _____ direct care workers?

Yes (1) No (2)



Q9a1. On a range from 1 to 5, with 1 being “not at all willing” and 5 being “very willing,” how willing do you think your agency would be to **add health insurance benefits** in order to retain direct care workers?

Not at all 1 2 3 4 5 Very Willing
(EVERYONE ASKED Q9a1 SKIPS TO Q9, NEXT PAGE)

(IF YES) Q9a5. Does the employee pay part of the premium?

Yes (1) No (2)

Q9a2. Is health insurance only for the individual or also offered for the family?

(1) Individual only (2) For the family

Q9a3. Is the health insurance for only full-time or for both full and part time _____ direct care workers?

___ (1) Full time only ___ (2) Both full-time and part-time

Q9a4. Is prescription coverage part of that health insurance plan?

___ Yes (1) ___ No (2)

Q9. Which of these other fringe benefits does your agency provide for its _____ direct care workers? Please respond Yes or No to each.

___ Yes (1) ___ No (2)	b. Paid sick days
___ Yes (1) ___ No (2)	c. Paid vacation
___ Yes (1) ___ No (2)	d. Pension or retirement plan
___ Yes (1) ___ No (2)	e. Reimbursement for tuition at a college or other training program
___ Yes (1) ___ No (2)	f. Transportation costs are reimbursed

Q9Z. (IF NO TO ANY IN Q9) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your agency would be to improve your **other fringe benefits** in order to retain its _____ direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q10: Which of these work-structure benefits does your agency provide its _____ direct care workers? Please respond Yes or No to each.

___ Yes (1) ___ No (2)	a. Guaranteeing a consistent, predictable schedule of work hours
___ Yes (1) ___ No (2)	b. Guaranteeing a certain number of work hours each week
___ Yes (1) ___ No (2)	c. Career advancement or promotion opportunities
___ Yes (1) ___ No (2)	d. Paying direct care workers during initial training

Q10Z. (IF NO TO ANY IN Q10) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your agency would be to improve your **work-structure benefits** in order to retain its _____ direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q11: Which of these management practices does your agency use with its _____ direct care workers? Please respond Yes or No to each.

- Yes (1) No (2) a. Asking employees about their work satisfaction at least once a year
- Yes (1) No (2) b. Direct care workers being on the team that plans for the care needs of patients
- Yes (1) No (2) d. Your agency offers both full and part-time _____ direct care worker positions
- Yes (1) No (2) e. Formal procedures for making grievances or complaints
- Yes (1) No (2) f. Head of the agency meets with direct care workers and talks about the importance of the job at least once a year
- Yes (1) No (2) g. Luncheons or parties for employees
- Yes (1) No (2) i. Open-door management where employees can talk to the head of the agency at any time
- Yes (1) No (2) j. Tokens of appreciation like personal thank you notes for doing a good job

Q11Z. (IF NO TO ANY IN Q11) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your agency would be to improve your **management practices** in order to retain its _____ direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q12: Which of these supportive benefits does your agency provide to its _____ direct care workers? Please respond Yes or No to each.

- Yes (1) No (2) a. Assistance to immigrants or refugees, like English as a second language training
- Yes (1) No (2) b. Provide or refer employees to counseling services (like for substance abuse, domestic violence, or depression)
- Yes (1) No (2) c. Coworker leave bank where one employee can give their paid vacation or sick days to another employee
- Yes (1) No (2) e. Formal or informal help getting food, clothing, shelter or child care
- Yes (1) No (2) f. Free or subsidized meals on days worked
- Yes (1) No (2) h. Support groups that employees can join to discuss personal or family problems
- Yes (1) No (2) i. Time off without pay
- Yes (1) No (2) j. ATM machine on-site

[FOLLOW-UP QUESTION, IF “NO” TO ANY, NEXT PAGE]

Q12Z. (IF NO TO ANY IN Q12) Using a scale from 1 meaning “not at all willing” and 5 meaning “very willing,” how willing do you think your agency would be to improve your **supportive benefits** in order to retain its _____ direct care workers?

Not at all willing 1 2 3 4 5 Very Willing

Q11h. [MOVED] In your agency are new _____ direct care workers are partnered one-on-one with more experienced employees who become mentors for them?

___ Yes (1) ___ No (2) >>>> [IF NO] In your opinion, would your agency be willing to add a one-on-one mentoring program?



___ Yes (1) ___ No (2) ___ Don't know (3)

[IF YES, GO TO Q13]

Q11HTXT. [IF NO OR DON'T KNOW] Can you please explain the reason for your answer?

(EVERYONE ASKED THESE QUESTIONS SKIP TO Q37, PAGE 10)

Q13: (FOR THOSE WHO ANSWERED “YES” to Q11H ASK:

With regard to your mentor or buddy program:

_____ (#) a. How many mentors are currently mentoring other employees?

_____ (#) i. Typically, how many weeks does the mentorship last?

___ Yes (1) ___ No (2) b. In your opinion, does being a mentor reduce either the mentor or mentee's turnover?

___ Yes (1) ___ No (2) c. Does your agency have a job description for the mentor/buddy?

___ Yes (1) ___ No (2) d. Does the mentor receive a wage supplement or other compensation?

___ Yes (1) ___ No (2) e. Does your agency have a formal process for selecting mentors?

___ Yes (1) ___ No (2) f. Does your agency provide training for the mentors about their roles and responsibilities?

___ Yes (1) ___ No (2) g. Is there a formal process for matching mentors with mentees?

___ Yes (1) ___ No (2) h. Are other duties reduced for the employee who becomes a mentor?

Q37: Does your agency differentially assign clients to _____ workers based on the worker's:

a) Physical strength?

___ Yes (1) ___ No (2)

b) Other personal characteristics or interests?

___ Yes (1) ___ No (2)

Q14: How many _____ direct care workers at your agency are aged 55 or older?

Of these workers, how many have been at the agency:

a. Less than one year: _____ workers

b. Between one and five years: _____ workers

c. More than five years: _____ workers

Q15: We would like your opinion about _____ direct care workers who are 55 years or older, compared with younger workers in the same job. With regard to their personal characteristics, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Be a team player?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	Be loyal to their employer?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c.	Be motivated to do a good job?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d.	Be patient with clients?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e.	Be willing to ask for help?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	f.	Desire to care for the sick, elderly or disabled?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	g.	Have independence, self-direction or self-discipline?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	h.	Have practical knowledge and skills?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	i.	Have the ability to think through and solve problems independently?

Q16: With regard to their work on the job, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a. Be able to learn new technologies or complex medical equipment such as pagers or mechanical lifts?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b. Be willing to change their routines?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c. Be willing to travel to a job site?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d. Be willing to use a computer, palm pilot or other devise to record information?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e. Cope well with the physical demands of the job?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	h. Keep good written records of activities and observations?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	k. Work quickly and efficiently?

Q17: With regard to their relationships with others, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a. Be able to communicate well with supervisors, doctors, and other staff?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b. Be able to communicate well with clients and their families?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d. Have empathy or ability to understand the client's situation?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e. To have the clients like or trust them?

Q18: With regard to the cost to your agency, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a. Add high health insurance premiums to your agency?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b. Be absent from work?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c. Get injured on the job?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d. Take sick days?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e. Need extra time to be trained for the job?

Q19: With regard to reliability or ease of hiring, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Have reliable means of transportation?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	To have background check problems such as for abuse, arrests or drug use?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c.	To have family caregiving responsibilities that interfere with work?

Q20: With regard to turnover, in your opinion, are _____ direct care workers who are 55 years or older more likely, less likely or the same (that is as likely) as younger workers to:

More ₍₁₎	Less ₍₂₎	Same ₍₃₎	a.	Leave the job due to changes in health?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	b.	Leave the job due to changes in personal life such as job transfer of spouse or illness of a family member?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	c.	Leave the job during or within a week to ten days after training?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	d.	Leave the job within 90 days of hire?
More ₍₁₎	Less ₍₂₎	Same ₍₃₎	e.	Leave to take a job with higher wages or better benefits?

Q21: Is there a union representing the _____ direct care workers in your facility?

___ Yes ₍₁₎ ___ No ₍₂₎

Q22: Now, for this next question, remember that we are talking about direct care workers who are _____ workers. What is the hourly starting pay for a full-time direct care worker who has no prior work experience as a direct care worker?

_____ hourly pay

Q24: In your experience, are there any training issues unique to hiring _____ direct care workers who are 55 years old or older?

Q25: In your experience, are there any physical challenges unique to _____ direct care workers who are 55 years old and older?

Q27: Do you see any gaps in the current training or the quality of training for _____ direct care workers age 55 years and older?

Yes (1) No (2)

Q27A. (IF YES) What else needs to be done to better prepare these older _____ direct care workers for the job?

Q26: Now we are ONLY going to talk about your CERTIFIED direct care workers, and where they were initially certified. About what percent of your certified Direct Care Worker hirees are:

_____ % (a) Already certified when they apply

_____ % (b) Certified by your own agency

_____ % (c) Sent somewhere else for certification

Q28: In the past five years, has your agency received any public money to support recruiting, training or retaining direct care workers?

Yes (1) No (2) (*SKIP TO Q29*)

a. (IF YES) Was the source of the public money the local, state or federal government?

Yes (1) No (2) (1) Local

Yes (1) No (2) (2) State

Yes (1) No (2) (3) Federal

b. [IF Q28a3 IS YES] Was the source of the federal money any of the following?

Yes (1) No (2) (1) (USE EXACT NAME IN EACH STATE) [Workforce Investment Act]

- (Massachussets) One Stop Employment & Training Center
- (D.C.) One Stop Employment & Training Center
- (Illinois) Illinois Employment & Training Center (IETC's) (which are one-stops)
- (California) WorkSource California Centers
- (Michigan) Michigan Works!
- (Maryland) MontgomeryWorks
- (Nebraska) Greater Nebraska One-Stop centers
- (Vermont) One Stop Employment & Training Center

Yes (1) No (2) (2) Welfare-to-work grants: _____
(GET EXACT NAME OF AGENCY e.g. Family Independence Agency)

Yes (1) No (2) (3) Employer Tax Credits

Yes (1) No (2) (4) Refugee Assistance Programs

Yes (1) No (2) (5) Title V of the Older Americans Act (Senior Community Service Employment Program)

c. [IF EARLIER QUESTIONS Q28A1, 2 or 3 IS YES] What did the public money pay for?

Q29: Are you aware of (NAME OF OPERATION ABLE) as a source for recruiting potential direct care workers?

site#	Organization
1	(Massachusetts) Operation ABLE of Greater Boston
2	(Illinois) National Able Network sm
3	(Vermont) Vermont Associates for Training and Development
4	(California) Career Encores
5	(Nebraska) Operation ABLE of Southeast Nebraska
6	(Michigan) Operation ABLE of Michigan
7	(D.C./Maryland) Jewish Council for the Aging of Greater Washington

Yes (1) No (2)

Q30: Is your organization operated for profit or not-for-profit or publicly owned? (check one)

- ___ (1) Profit: individual, partnership, corporation
- ___ (2) Not for profit: church owned, other philanthropic, other not for profit
- ___ (3) Publicly owned: county, city, village, state

Q31: With regard to policies and procedures, is your home health care agency operated:

- ___ (1) as part of a chain of home health care agencies,
- ___ (2) as part of a larger system of health care services, such as a hospital, or a municipality; or
- ___ (3) is your agency independently operated.

Q38: What is your title: _____

Q39: How long have you been in this position at this agency: _____ years

Q50: And how old are you: _____ years

That is the end of the survey. Thank you very much for your participation. At the end of the study, we will send you a summary of the results. Let me make sure that I have your name spelled correctly for when we send you a summary of the study results:

Q35. First Name: _____

Q36. Last Name: _____

VERIFIED ADDRESS ON COVER SHEET: YES NO
(Note: If needed, correct the address on the cover sheet)

END TIME: _____

INTERVIEWER: _____

NOTES FROM INTERVIEWER:

Appendix C:
Better Jobs Better Care Older Workers in Direct Care
Older Worker Telephone Survey Questionnaire

NOTE: In the development of this survey, some survey items were eliminated and others were moved around. Therefore, items do not appear in numerical or alphabetical order. Some (not all) of these moves are noted.

STUDY ID#: _____

DATE: _____

START TIME: _____:_____ **a.m. / p.m.**

Hello, may I speak with _____? This is ___ from (**SURVEY COMPANY NAME**), calling on behalf of SPEC Associates regarding the national study of Operation ABLE's. I believe you were expecting my call at some point regarding a telephone interview. Do you recall speaking with someone at (**READ AGENCY NAME**) about participating in the Robert Wood Johnson Foundation and The Atlantic Philanthropies study?

(IF NO) Maybe I can tell you more about it that may help you recall. Have you participated in any programs at (**READ AGENCY NAME**)? It is my understanding that sometime during last month [**they/staff at that agency**] asked you either in person or over the phone whether you would be willing to participate in a telephone interview as part of a study funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. The study is to learn about how workers like you feel about jobs that involve working directly with people in nursing homes or people receiving care from home health agencies. Does that ring a bell? **(IF YES, CONTINUE BELOW. IF NO, ASK IF THEY WOULD BE WILLING TO PARTICIPATE AND CONTINUE)**

(IF YES) Would this be a good time for you?

(IF NO) Can we schedule a time to call that would be more convenient for you?

(IF YES, CONTINUE)

Great. As you were already informed you can stop the survey at any time. You can refuse to answer any and all questions. Your decision to participate or not participate will in no way affect the services you are eligible to receive from (**INSERT AGENCY NAME**). If you do participate and complete the interview, you will be sent a check for \$25. Do you have any questions before we begin? **(ANSWER QUESTIONS)**

The first question is...

Q1: Please tell me, if you were looking for a job today, which of the following places would you **be likely** to call on the phone or go to? The first is: _____. **Would you be likely to use _____ when looking for job openings? (REPEAT FOR EACH OPTION BELOW)**

- Yes (1) No (2) b. Career or job fairs
- Yes (1) No (2) c. Employment training organizations
- Yes (1) No (2) d. Friends or relatives
- Yes (1) No (2) o. Unemployment offices or One Stop Career Centers
- Yes (1) No (2) p. Temporary work agencies
- Yes (1) No (2) q. Employment agencies

Q1B: Now lets think about places where different types of job openings may be posted for a variety of jobs within your community, and not necessarily for job openings at the place mentioned. Now, if you were looking for a job today, would you **be likely** to go to the following places to find notices for job openings within your community? The first is... **(REPEAT “Would you be likely to go to _____ to find notices for job openings within your community?” FOR EVERY OTHER ITEM)**

- Yes (1) No (2) a. Agencies that serve people in need like the disabled, or victims of domestic abuse
- Yes (1) No (2) e. GED or other educational programs or schools
- Yes (1) No (2) f. Health clinic or doctor’s office
- Yes (1) No (2) g. Laundromats
- Yes (1) No (2) h. Local public housing offices
- Yes (1) No (2) i. Neighborhood associations or block clubs
- Yes (1) No (2) j. Refugee, immigrant or cultural centers
- Yes (1) No (2) k. Senior centers
- Yes (1) No (2) l. The social security office
- Yes (1) No (2) m. Food stamp or other social services offices
- Yes (1) No (2) n. Supermarkets, shopping centers or other stores

Q2: Please tell me which of the following you would **be likely** to read when looking for a job. The first is: _____. **Would you be likely to use _____ when looking for job openings? (REPEAT FOR EVERY OTHER ITEM)**

Yes (1) No (2) a. Ads in the newspapers

Yes (1) No (2) b. Bulletins from churches, synagogues, mosques and other places of worship

Yes (1) No (2) c. Computer web sites of employers or employment agencies

Yes (1) No (2) d. Ads in employment guides

Q3: When looking for a job, would you be likely to just pick up the phone and start calling potential employers?

Yes (1) No (2)

Q4: When looking for a job, would you be likely to listen to the radio or watch the TV for announcements of job openings?

Yes (1) No (2)

Q5: Would you be **more** likely to apply for a job if the notice: **(REPEAT FOR EACH)**

Yes (1) No (2) a. Said “retirees welcome”

Yes (1) No (2) b. Used pictures of senior citizens

Yes (1) No (2) c. Said “looking for someone who has experience caregiving for family, friends or other people”

Yes (1) No (2) e. Used or said the words “mature worker”

Yes (1) No (2) d. Used or said the words “senior citizens”

Q6: What would be the best thing for an employer to say to advertise their job openings to you?

Q7. I will read a list of job aspects that may or may not be important to you. For each aspect, please tell me if you would be “*more likely to take the job,*” “*less likely to take the job,*” or that it “*wouldn’t matter*” in your decision to take the job.

(NO ITEM “A”)

M₍₁₎ L₍₂₎ WM₍₃₎ b. New employees are partnered with more experienced employees who become mentors for them

M₍₁₎ L₍₂₎ WM₍₃₎ c. Having to work fast

M₍₁₎ L₍₂₎ WM₍₃₎ d. Having to be on a work team that makes decisions together about the work to be done

M₍₁₎ L₍₂₎ WM₍₃₎ e. Having to take more training every year for continuing education

Q9. Now I will read a list of *job atmosphere* characteristics. Again, please tell me if you would be “*more likely to take the job,*” “*less likely to take the job,*” or that it “*wouldn’t matter*” in your decision to take the job.

M₍₁₎ L₍₂₎ WM₍₃₎ a. Employees get tokens of appreciation like personal thank you notes for doing a good job

M₍₁₎ L₍₂₎ WM₍₃₎ b. There are luncheons or parties for employees to voluntarily go to

M₍₁₎ L₍₂₎ WM₍₃₎ c. There are support groups that employees can voluntarily join to discuss personal or family problems

M₍₁₎ L₍₂₎ WM₍₃₎ d. There is an ATM machine at the work site

M₍₁₎ L₍₂₎ WM₍₃₎ e. There are formal procedures for making grievances or complaints

M₍₁₎ L₍₂₎ WM₍₃₎ f. There is a system where one employee can give their vacation or paid sick days to another employee

M₍₁₎ L₍₂₎ WM₍₃₎ g. You are asked about your satisfaction with your job

Q11. Now I will read a list of possible *financial benefits*. Again, please tell me if you would be “more likely to take the job,” “less likely to take the job,” or that it “wouldn’t matter” in your decision to take the job.

M ₍₁₎	L ₍₂₎	WM ₍₃₎	a. Higher pay for working on weekends or for working during less desirable hours of the day
M ₍₁₎	L ₍₂₎	WM ₍₃₎	b. Hiring bonus of additional money after being on the job for a certain length of time
M ₍₁₎	L ₍₂₎	WM ₍₃₎	c. Making good money compared with other jobs you could get
M ₍₁₎	L ₍₂₎	WM ₍₃₎	d. Paid sick days
M ₍₁₎	L ₍₂₎	WM ₍₃₎	e. Paid vacation

(NOTE: “F” IS NOW AFTER “J”)

M ₍₁₎	L ₍₂₎	WM ₍₃₎	g. Profit sharing or employees can buy stock in the company
M ₍₁₎	L ₍₂₎	WM ₍₃₎	h. Reimbursement for tuition if you take classes at a college or other training
M ₍₁₎	L ₍₂₎	WM ₍₃₎	i. The job offers a pension or retirement plan
M ₍₁₎	L ₍₂₎	WM ₍₃₎	j. The job offers health insurance
M ₍₁₎	L ₍₂₎	WM ₍₃₎	f. Prescription coverage is part of the health insurance plan
M ₍₁₎	L ₍₂₎	WM ₍₃₎	k. The employer pays your transportation costs
M ₍₁₎	L ₍₂₎	WM ₍₃₎	l. Guaranteed number of work hours each week

Q13. Now I will read a list of possible *non-financial benefits*. Again, please tell me if you would be “more likely to take the job,” “less likely to take the job,” or that it “wouldn’t matter” in your decision to take the job.

(NO ITEM “A”)

M ₍₁₎	L ₍₂₎	WM ₍₃₎	b. Assistance is given to immigrants or refugees, like English language training
M ₍₁₎	L ₍₂₎	WM ₍₃₎	c. In addition to paid personal days, employees can take time off without pay
M ₍₁₎	L ₍₂₎	WM ₍₃₎	d. There are opportunities for advancement or promotion
M ₍₁₎	L ₍₂₎	WM ₍₃₎	e. Counseling services are available (like for substance abuse, domestic violence, or depression)
M ₍₁₎	L ₍₂₎	WM ₍₃₎	f. There is a consistent, predictable schedule of work hours

Q15: Do you have health insurance coverage for yourself, including Medicare or Medicaid insurance?

Yes (1) No (2)

IF YES (WD15a): Is your primary insurance coverage through your spouse or partner's job?

Yes (1) No (2)

Q16: Have you ever cared, **for a month or more on a daily basis**, for a family member or friend who was: **[REPEAT ENTIRE QUESTION FOR EACH]**

Yes (1) No (2) a. Physically disabled, such as not being able to walk or perform daily living functions without help?

Yes (1) No (2) b. Mentally impaired?

Yes (1) No (2) c. Seriously ill?

Q17: Have you ever provided care for an infant or small child **for a month or more**, including if you raised children of your own?

Yes (1) No (2)

Q18: Would you have to rely on public transportation to get to and from a job?

Yes (1) No (2)

Q19: Has a doctor told you or do you feel that you have to limit the kind of work you do because of any of the following medical problems. Please answer "Yes" or "No" to each.

Yes (1) No (2) a. Diabetes?

Yes (1) No (2) b. Heart problems or high blood pressure?

Yes (1) No (2) c. Back problems?

Yes (1) No (2) d. Asthma?

Yes (1) No (2) e. Any other health problem that I did not mention that would limit your work?

Q20: I will read a list of activities. We want to know if you are **able** to do any of the following. For each of the following activities tell me whether you would have “no difficulty,” “some difficulty,” “a lot of difficulty” or you “cannot do it at all”:

(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	a. Walking about a mile?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	b. Standing for about an hour?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	c. Walking up and down stairs?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	d. Lifting something about 25 pounds?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	e. Stooping to pick an object off of the floor or to tie a shoe?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	f. Reaching up overhead such as to reach something off of a shelf?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	g. Using your fingers to hold something like picking up a glass from a table or a pencil to write?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	h. Seeing even with glasses or contact lenses?
(1) No D'y	(2) Some D'y	(3) A lot of D'y	(4) Cannot do at all	i. Hearing even with hearing aides?

Q21: About how many hours per week would you prefer to work? (*Note: Obtain one number, not a range*)

_____ hours per week

Q22: If you took a job right now caring for a physically disabled or mentally impaired person, what is the minimum hourly rate of pay you would expect for that job?

\$ _____ minimum hourly rate

Q23: Are you currently working? ___ Yes (1) ___ No (2)

IF YES (a): Who is your employer?

[DO NOT READ THESE ITEMS]

- ___ (01) OPERATION ABLE OF GREATER BOSTON..... => SKIP TO Q23A2
- ___ (02) NATIONAL ABLE NETWORK OR OPERATION ABLE-CHICAGO => SKIP TO Q23A2
- ___ (03) VERMONT ASSOCIATES FOR TRAINING AND DEVELOPMENT => SKIP TO Q23A2
- ___ (04) CAREER ENCORES OR WORK SOURCE..... => SKIP TO Q23A2
- ___ (05) OPERATION ABLE OF SOUTHEAST NEBRASKA => SKIP TO Q23A2
- ___ (06) OPERATION ABLE OF MICHIGAN..... => SKIP TO Q23A2
- ___ (07) JEWISH COUNCIL FOR THE AGING OF GREATER WASHINGTON => SKIP TO Q23A2
- ___ (09) ILLINOIS EMPLOYMENT AND TRAINING CENTER => SKIP TO Q23A2
- ___ (10) CHICAGO WORKFORCE CENTER => SKIP TO Q23A2
- ___ (08) OTHER: _____ (Continues to next question, Q23A1)

<p>a1. <u>IF NOT (NAME OF OPERATION ABLE), ASK:</u></p> <p>What is your current hourly rate of pay?</p> <p>\$ _____ current hourly rate of pay</p> <p>[INTERVIEWER: IF UNABLE TO GIVE AN HOURLY RATE, PROBE FOR BEST DESCRIPTION OF PAY AND DESCRIBE IT HERE: _____]</p>	<p>a2. <u>IF WORKING AT (NAME OF OPERATION ABLE), ASK:</u></p> <p>What was your hourly rate of pay for the job you had <u>before</u> working for this agency?</p> <p>\$ _____ last hourly rate of pay</p> <p>[INTERVIEWER: IF UNABLE TO GIVE AN HOURLY RATE, PROBE FOR BEST DESCRIPTION OF PAY AND DESCRIBE IT HERE: _____]</p> <p>a2.1. What year did that job end? _____</p>
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IF NO (b): What was the hourly rate of pay at your last job?

\$ _____ rate at last job (hourly)

[INTERVIEWER: IF UNABLE TO GIVE AN HOURLY RATE, PROBE FOR BEST DESCRIPTION OF PAY AND DESCRIBE IT HERE: _____]

(b1): What was the last year you worked? _____ (4 digit year)

Q24: Think about the last year of your job (or the last year of your last job). **About how many days of work did you miss because of: [REPEAT FOR EACH]**

_____	a.	Your own health problems
_____	b.	Lack of transportation for yourself
_____	c.	Caring for a sick parent, child or other relative
_____	d.	Lack of child care for your own children or relatives

Q25: Which of these kinds of caregiving jobs would be of interest to you? I will read a description for each. The first is...

- a. Hands on tasks such as bathing, dressing, helping someone eat, clipping toenails and transferring someone from their bed into a wheelchair. Would you be interested in doing these tasks for a job?

__ Yes (1) __ No (2)

- b. Supervisory tasks such as teaching someone how to dress themselves, guiding someone to walk somewhere, or reminding someone to take their medication. Would you be interested in doing these tasks for a job?

Yes (1) No (2)

- c. Emotional support tasks such as sitting by someone's side, calming down an upset patient, or giving someone a hug or touch for support. Would you be interested in doing these tasks for a job?

Yes (1) No (2)

Q26: There are different types of job titles that involve caring for a disabled person, usually elderly.

- a. Feeding assistant jobs involve working in a nursing home or other institutional setting, only helping people to eat or feeding people who are unable to feed themselves. Would you be interested in taking a job as a feeding assistant?

Yes (1) No (2)

- b. Medication assistants help people only with their medicine, giving it to them or helping them take it. Would you be interested in taking a job as a medication assistant?

Yes (1) No (2)

- c. Activity aides play games or do crafts with people and help the activities director prepare and conduct special events. Would you be interested in taking a job as an activity aide?

Yes (1) No (2)

- d. Rehab aides help people only with physical therapy like to practice walking or exercising. Would you be interested in taking a job as a rehab aide?

Yes (1) No (2)

- e. Bathing assistants help people only with bathing when they cannot bathe themselves. Would you be interested in taking a job as a bathing assistant?

Yes (1) No (2)

- f. Direct Care Workers help with many different tasks such as toileting, bathing, feeding and transferring patients. **Some types of direct care workers might also do** housekeeping, meal preparation, shopping and paying of bills. Would you be interested in taking a job as a Direct Care Worker?

Yes (1) No (2)

Q27: In the past five years, have you ever felt discriminated against at a job, or felt that you did not get a job you wanted, because of your age?

Yes (1) No (2)

IF YES (27a): What kinds of things happened that made you feel discriminated against? (*Note to interviewer: In writing the situation, please ensure you note what part of the hiring/job process that age discrimination was felt (i.e. interview, promotion, etc.), and be clear in describing it that they are referring to age discrimination*)

Q28: Think about the physical setting of a job that might interest you. **Would you be willing to work:** [REPEAT FOR EVERY OTHER ITEM]

Yes (1) No (2) a. In a setting that had pets?

Yes (1) No (2) b. In a setting where there were stairs to climb?

Yes (1) No (2) c. In someone's own home?

Yes (1) No (2) d. In a nursing home or other institutional setting?

e. (NO ITEM E)

Yes (1) No (2) f. In a setting that was not as clean as you keep your own home?

Yes (1) No (2) g. In a setting where coworkers do not get along very well?

Yes (1) No (2) h. In a setting where the same job can be shared among a team of workers?

Yes (1) No (2) i. In a home where someone smokes?

Yes (1) No (2) j. In a neighborhood where there is a high crime rate?

Yes (1) No (2) k. In a setting where there are bad odors?

Yes (1) No (2) l. In a setting where people are drinking alcohol?

Yes (1) No (2) m. In a setting where you cannot smoke?

Yes (1) No (2) n. In a setting where workers are needed nights?

Yes (1) No (2) o. In a setting where people are likely to die?

Yes (1) No (2) p. In a setting where workers are needed weekends or holidays?

Q29: Would you be willing to attend a free, 75-hour long training program to become certified to work as a Direct Care Worker?

Yes (1) No (2)

IF YES, ASK BOTH OF THESE NEXT TWO QUESTIONS:

WD29a. Would you expect to be paid for your time attending this training?

Yes (1) No (2)

WD29b. Would you be willing to attend even if you didn't get paid?

Yes (1) No (2)

That is the end of the survey. Thank you for your participation. Please know that you will be sent your check for \$25 by the 15th of next month. I would just like to verify the address we have to mail the check to, I have ... (READ THE NAME AND ADDRESS and CORRECT IF NEEDED ON COVER PAGE). Thanks again for your participation... Goodbye.

[INTERVIEWER: PLEASE ADD ANY NOTES THAT MAY BE IMPORTANT TO CONVEY – THANKS.]

End Time: _____:_____

Interviewer: _____

Appendix D:
Better Jobs Better Care Older Workers in Direct Care
Nursing Home/Home Health Agency Survey Design Focus Group Guide

My name is _____ and I will be the focus group facilitator today. With me is _____ who will be taking notes during our meeting.

First, let me tell you what a focus group interview is. A focus group is a discussion among people with something in common. In this case, you are all directors of nursing homes/home health care agencies who have hired or are interested in hiring older workers for direct care positions at your agency.

This focus group is part of a larger study of the feasibility of using older workers to increase the pool of direct care employees to work in Nursing Homes (NH) and Home Health Care Agencies (HHCA). By direct-care workers we mean job titles such as:

- Nursing Assistant
- Home Health Aides
- Home Care Aides
- Personal Care Workers
- Personal Care Attendants

We are interested in learning about challenges, incentives, unique training needs and preferred working conditions that can help to recruit, train and retain older workers in direct care jobs in nursing homes and home health care agencies.

This interview is confidential. That's why we asked you to use only a first name – any name you choose for me to call you.

The interview is being tape recorded. This is to help us when we prepare our reports. Nobody else will hear the tape. The tape will be destroyed at the end of this study.

There are only four rules to the focus group:

1. Only one person should talk at a time.
2. Please speak up loud and clear.
3. Everyone should have the opportunity to talk.
4. There are no right or wrong answers.

Are there any questions? (ANSWER ALL QUESTIONS).

If we can start by going around the table and saying: (1) your name, (2) the total number of years you have been director of a nursing home/home health care agency, and (3) your experiences, good and bad, with older workers in direct care positions at your nursing home/home health care agency.

(NOTE, ITALICS REFERS TO THE ORIGINAL QUESTION IN OUR GRANT PROPOSAL. BOLD MEANS THE QUESTION THAT IS ACTUALLY ASKED IN THE FOCUS GROUP. BOLD AND ITALICS MEANS THAT THE ORIGINAL QUESTION WILL BE ASKED, AS IS, IN THE FOCUS GROUP.)

There seem to be three different categories of tasks involved in direct care work in nursing homes/home health care agencies. Please tell me, what would be the specific tasks involved in each of these three categories:

Hands On Tasks: What would these include? (probe, e.g.: bathing, feeding, changing a soiled Depends)

Supervisory Tasks: What would these include? (probe, e.g.: giving medication, guiding someone toward a particular room)

Emotional Support: What would these include? (probe, e.g.: sitting and chatting with a patient, talking with someone who is dying)

RESEARCH QUESTION # (5) What unique attributes can older workers bring to long-term care jobs?

For the purpose of this discussion, by “older worker” we mean those aged 55 years or older. What are the advantages of hiring older workers in direct care positions? (Probe: Is there...Lower absenteeism? Lower turnover? More motivated? Better work attitudes? More Loyalty? Better job skills? Fewer workplace accidents?)

What are the disadvantages to hiring workers over age 55? (Probe: Hard to get due to low wages? Hard working conditions? Heavy workloads (bathing, cleaning)? Stigma of job title (unpleasant, maid service, care of incontinent unaware old people)? Higher health care costs? Less flexible? Less accepting of new technology? Less willing to learn new skills?)

RESEARCH QUESTION # (1) What recruitment strategies work best in attracting older workers to long-term care?

What special or creative ways have you used in RECRUITING older workers for direct care jobs at your NH/HHCA? (Probe: Job bank for older workers?)

RESEARCH QUESTIONS # (2) What conditions are necessary in the work situation to retain older workers? (3) Do long-term care employers have, or are they willing to create, organizational structures, job structures, work settings and/or incentives attractive to older workers? (4) Are their possibilities for mentor relationships with younger workers and would this relationship add value for employers or employees? (6) What are the income needs of older workers who are willing to work in long-term care settings?

RESEARCH Q# (7) What aspects of direct care work in long-term care appeal to older workers and why? (ask as is)

What do you think is necessary to retain older workers in direct care jobs?

Research shows that older workers seek more than money in their jobs. How do you think each of these can be designed to attract and keep older workers in direct care jobs in NHs/HHCA's? (Probe: How would that work?) WHEN NO MORE ANSWERS FOR THE UNDERLINED WORDS, SHOW OVERHEAD AND FOLLOW UP WITH... What about these aspects? Could these work in your NH/HHCA to attract or keep older workers? Which ones? How would they work?

a. Organizational policies:

Guaranteed # hours of work?
Ability to work from home?

b. Social Environment at work:

Friendly work environment?
Co-workers like family?
Feeling respected?
Mentor relationships where older employees mentor new employees?

c. Physical surroundings:

Plants or animals in the work setting?
Children interacting with elderly in the work setting?
Homes without too many stairs to climb?

d. Job design:

Part time?
Part year?
Flexible hours?
Time off?
Help with employee's own care giving responsibilities?
Job sharing?
Customized schedule?
Job autonomy?
Easy commute to work?
Career ladders?

e. Job management/supervisor:

Supervisors with people skills?
Promotion opportunities?
Accept direct care worker's advice?
Review care plans with direct care workers?
Explains connection between intervention and outcome?
Direct care worker is part of the care planning team?

f. Monetary rewards:

Workers owning shares in business?
Fair compensation?

g. Non-monetary rewards that have a cost to employers:

Health insurance?
Retirement plans?
Payment for transportation time?
Co-worker donated paid leave bank?
Continuing educational opportunities?

h. Non-monetary personal rewards that do not have a cost to employers:

**Peace of mind?
Sense of purpose?
Enjoyment?
Ability to balance work and personal life?
Personal fulfillment?
Contributing to society?
Learning something new?
Feeling productive?
Sense of belonging or community?
Opportunities to use skills?
Helping others?**

RESEARCH QUESTION # (8) What are the training issues and physical challenges unique to hiring older workers?

Is there anything in particular that you include in TRAINING for older workers?

Is their learning style any different from younger workers? (e.g. Take into account vision, hearing, reaction time, memory differences) If so, how do you accommodate their learning differences?

Many older workers need their self-esteem boosted as part of job training. Is this typically part of your training? Could it be? How would it work?

Are there any differences in training older workers to use Technology at your nursing home/home health care agency? (e.g. computer, new medical equipment)

RESEARCH QUESTION # (9) What do employment and training providers need to do to meet the training requirements of the long term care industry?

Are there certain training requirements that you MUST provide to direct care workers, regardless of their age?

Are there any requirements for training specifically older workers?

RESEARCH QUESTION #(10) How can long-term care employers coordinate with publicly funded workforce programs to support the employment of older workers?

Do you know of anywhere you can get public moneys to support the employment of older workers in direct care jobs? (e.g. federal, state or local government dollars)

Appendix E:
Better Jobs Better Care Older Workers in Direct Care
Older Worker Survey Design Focus Group Guide

My name is _____ and I will be the focus group facilitator today. With me is _____ who will be taking notes during our meeting.

First, let me tell you what a focus group interview is. A focus group is a discussion among people with something in common. In this case, you are all participants in the Operation ABLE program looking to be retrained and placed in jobs.

This focus group is part of a larger study of the interest of Operation ABLE participants in working as direct care employees in Nursing Homes (NH) and Home Health Care Agencies (HHCA). By direct-care workers we mean job titles such as:

- Nursing Assistant
- Home Health Aides
- Home Care Aides
- Personal Care Workers
- Personal Care Attendants

We are interested in learning about challenges, incentives, unique training needs and preferred working conditions that can help to recruit, train and retain people such as yourself in direct care jobs in nursing homes and home health care agencies.

This interview is confidential. That's why we asked you to use only a first name – any name you choose for me to call you.

The interview is being tape recorded. This is to help us when we prepare our reports. Nobody else will hear the tape. The tape will be destroyed at the end of this study.

There are only four rules to the focus group:

1. Only one person should talk at a time.
2. Please speak up loud and clear.
3. Everyone should have the opportunity to talk.
4. There are no right or wrong answers.

Are there any questions? (ANSWER ALL QUESTIONS).

If we can start by going around the table and saying: (1) your name, and (2) the three most important reasons why you are looking for work.

(NOTE, ITALICS REFERS TO THE ORIGINAL QUESTION IN OUR GRANT PROPOSAL. BOLD MEANS THE QUESTION THAT IS ACTUALLY ASKED IN THE FOCUS GROUP. BOLD AND ITALICS MEANS THAT THE ORIGINAL QUESTION WILL BE ASKED, AS IS, IN THE FOCUS GROUP.)

Tell me what you think you would be doing if you had a job caring for a disabled person.

Would your job be any different if the person were in a nursing home vs. living in their own homes? How would it be different?

There are three types of tasks in direct care jobs. What does each of these mean to you?

Hands On Work: What would these include?

Supervision of Patients: What would these include?

Emotional Support to Patients: What would these include?

RESEARCH Q# (7) What aspects of direct care work in long-term care appeal to older workers and why?

What aspects of these types of tasks (hands-on, supervisory, emotional) appeal to you and why? That is, which of these kinds of things would you like to do if you had a direct care job in a NH or HHCA?

RESEARCH QUESTION # (5) What unique attributes can older workers bring to long-term care jobs?

What reasons would you give for directors of NHs or HHCA to hire you in a direct care job like Nursing Assistant, Home Health Aides, Home Care Aides, Personal Care Workers, or Personal Care Attendants?

Can you think of any reasons why a director of a NH or HHCA might not want to hire you?

RESEARCH QUESTION # (1) What recruitment strategies work best in attracting older workers to long-term care?

What would be the best strategy for NHs or HHCA to advertise their job openings to you and to convince you to take a direct care job at their place?

RESEARCH QUESTIONS # (2) What conditions are necessary in the work situation to retain older workers? (3) Do long-term care employers have, or are they willing to create, organizational structures, job structures, work settings and/or incentives attractive to older workers? (4) Are their possibilities for mentor relationships with younger workers and would this relationship add value for employers or employees? (6) What are the income needs of older workers who are willing to work in long-term care settings?

Research shows that there are more things than money that keep people in their jobs. Think about having a direct care job in a NH or HHCA. I'm going to show you a list of different things that might keep you at the job even if the pay wasn't as high as you'd like it to be. I want you to tell me which, if any, of the things on each list might convince you to stay working for a NH or HHCA, and what that thing MEANS TO YOU in your everyday life.

a. Organizational policies:

Guaranteed # hours of work?
Ability to work from home?
Anything else?

b. Social Environment at work:

Friendly work environment?
Co-workers are like family?
Feeling respected at your job?
Mentor relationships where older employees mentor new employees?
Anything else?

c. Physical surroundings:

Plants or animals in the work setting?
Children interacting with elderly in the work setting?
Homes without too many stairs to climb?
Anything else?

d. Job design:

Part time?
Part year?
Flexible hours?
Time off?
Help with employee's own care giving responsibilities?
Job sharing?
Customized schedule?
Job autonomy?
Easy commute to work?
Career ladders?
Anything else?

e. Job management/supervisor:

Supervisors with people skills?
Promotion opportunities?
Accept direct care worker's advice?
Review care plans with direct care workers?
Explains connection between intervention and outcome?
Direct care worker is part of the care planning team?
Anything else?

f. Monetary rewards:

Workers owning shares in business?
Fair compensation?
Anything else?

g. Non-monetary rewards that have a cost to employers:

Health insurance?
Retirement plans?
Payment for transportation time?

**Co-worker donated paid leave bank?
Continuing educational opportunities?
Anything else?**

h. Non-monetary personal rewards that do not have a cost to employers:

**Peace of mind?
Sense of purpose?
Enjoyment?
Ability to balance work and personal life?
Personal fulfillment?
Contributing to society?
Learning something new?
Feeling productive?
Sense of belonging or community?
Opportunities to use skills?
Helping others?
Anything else?**

RESEARCH QUESTION # (8) What are the training issues and physical challenges unique to hiring older workers?

Is there anything in particular that you would want to be included in TRAINING you for a job in direct care? What do you think you'd need to know?

Are there any PARTICULAR WAYS that you like to be trained, that work better for you (e.g. lectures, things to read, discussion time, showing videos, working on the job next to someone who has the same job)?

Many people need their SELF-ESTEEM boosted as part of job training. Do you think this would be important for a job training program you were in? How would that work? How can training boost the self-esteem of a potential employee?

What about training you to use TECHNOLOGY like computers or new medical equipment...are there any special things employers should do for you to be successful in learning new TECHNOLOGY?

Appendix F:
Better Jobs Better Care Older Workers in Direct Care
Nursing Home/Home Health Agency Interpretive Focus Group Guide

My name is _____ and I will be the focus group facilitator today. First, let me tell you what a focus group interview is. A focus group is a discussion among people with something in common. In this case, you are all directors and Human Resource managers of (nursing homes/home health care agencies) who participated in a telephone survey that we conducted related to recruiting, training and retaining direct care workers.

This focus group is part of a larger study of the feasibility of using older workers to increase the pool of direct care employees to work in nursing homes and home health care agencies. By direct-care workers we mean (1) Nursing Assistants, (2) Home Health Aides, (3) Home Care Aides, (4) Personal Care Workers, (5) Personal Care Attendants, and (6) CNAs.

We are ready to share some of the survey results with you. After we explain our findings, you will be asked for your interpretations of what the data mean to your agency for recruiting, training or retaining older workers in direct care positions. This interview is confidential. That's why we asked you to use only a first name – any name you choose for me to call you.

The interview is being tape recorded. This is to help us when we prepare our reports. A transcript will be made of the tape, but only for the researchers to use in reporting study results. The tape will be destroyed at the end of the study, and neither the Operation ABLEs nor the funders will have access to the transcripts.

There are only four rules to the focus group: (1) Only one person should talk at a time. (2) Please speak up loud and clear. (3) Everyone should have the opportunity to talk. (4) There are no right or wrong answers.

Are there any questions? (ANSWER ALL QUESTIONS).

If we can start by going around the table and saying: (1) your name, (2) your position at your (nursing home/home health care agency), and (3) your recollections, if any, about things you may have learned or thought when you participated in the telephone survey.

Now, I'd like to go over the two packets of research findings you will find in front of you. [INDICATE THAT THESE WILL BE COLLECTED AT THE END OF THE SESSION]

Let's go over each of these reports. As we talk about them, tell me what comes to your mind about:

- a. Whether or how to recruit mature workers (over 55) as direct care workers at your organization
- b. How to train mature workers (over 55) as direct care workers at your organization
- c. How to retain mature workers (over 55) as direct care workers at your organization
- d. Whether and how you think public money should be spent for recruiting, training or retaining mature workers (over 55)

(Facilitator will explain findings. The following questions will be posted on large paper or a PowerPoint slide:

- (1) Should (nursing homes/home health care agencies) recruit mature workers as direct care workers? (If yes, why? What is the best way to recruit mature workers?)
- (2) What is the best way to train mature workers as direct care workers?
- (3) What could (nursing homes/home health care agencies) do to retain mature workers in direct care positions?
- (4) Should public money be spent on recruiting, training or retaining mature workers for direct care positions? (If yes, what is the best way to spend public money on recruiting, training or retaining mature workers?)

Facilitator allows free-flowing discussion as results are presented. If no responses are given, as each section is reviewed, facilitator will draw participants' attention to the four sets of questions and ask if anyone has comments.

Appendix G:
Better Jobs Better Care Older Workers in Direct Care
Older Worker Interpretive Focus Group Guide

My name is _____ and I will be the focus group facilitator today. First, let me tell you what a focus group interview is. A focus group is a discussion among people with something in common. In this case, you are all current or recent participants in the Operation ABLE program looking to be retrained and placed in jobs.

This focus group is part of a larger study of the feasibility of using mature workers to increase the pool of direct care employees to work in nursing homes and home health care agencies. By direct-care workers we mean (1) Nursing Assistants, (2) Home Health Aides, (3) Home Care Aides, (4) Personal Care Workers, (5) Personal Care Attendants, and (6) CNAs.

We are ready to share some of the survey results with you. We had interviewed nursing home and home health care agencies. After we explain our findings from the nursing home and home health care agency surveys, you will be asked for your interpretation of what the data mean to you if you were looking for a job as a direct care worker in these types of facilities. This interview is confidential. That's why we asked you to use only a first name – any name you choose for me to call you.

The interview is being tape recorded. This is to help us when we prepare our reports. A transcript will be made of the tape, but only for the researchers to use in reporting study results. The tape will be destroyed at the end of the study, and neither the Operation ABLEs nor the funders will have access to the transcripts.

There are only four rules to the focus group: (1) Only one person should talk at a time; (2) Please speak up loud and clear; (3) Everyone should have the opportunity to talk; and (4) There are no right or wrong answers.

Are there any questions? (ANSWER ALL QUESTIONS). If we can start by going around the table and saying: (1) your name, and (2) whether or not you participated in the telephone survey.

Now, I'd like to go over the two packets of research findings you will find in front of you. Let's go over each of these reports. As we talk about them, tell me, if you were looking for a job as a direct care worker in a nursing home or HHCA, what does this data tell you about:

- a) How to find a job?
- b) Where or how to get yourself trained for this job?
- c) What agencies need to do to keep you happy in the job?

(Facilitator will explain findings. The following questions will be posted on large paper or a PowerPoint slide:

- (1) What is the best way to find a direct care job?
- (2) Where or how could you get trained for direct care positions?
- (3) What do agencies need to do keep mature workers happy in direct care positions?

Facilitator allows free-flowing discussion as results are presented. If no responses are given, as each section is reviewed, facilitator will draw participants' attention to the questions and ask if anyone has comments.)

