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Future Competencies Needed for the Direct Service Workforce

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Future Competencies Needed for the Direct Service Workforce



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Introduction

The aging of the baby boom generation and health care policy changes represented by the Affordable Care act create challenges for the long term care industry in America. In 2011 the first of the baby boomers turned 65 years old. By 2030 a total of 78 million baby boomers, 19% of the population, will be 65 or more years old and eligible for Medicare (U.S. Census Bureau 2010). Discussions of potential health care worker shortages often focus on the need for more physicians and nurses to care for an aging population. These changes are putting pressure on long term care providers to modify and adapt their services and the care provided to patients. Direct service workers (DSWs) play an important role in caring for elderly patients. DSWs are long term care workers who provide direct care to patients and include certified nurse aides, home health aides, personal care attendants and similar titles. DSWs have the most direct contact with those for whom they provide care and are often referred to as the eyes and ears for the health care system (Dawson, 2007). Basic skills and competencies required of DSWs have been identified by the Federal Money Follows the Person grant to Ohio (Austin, Lepicki, & Mullins, 2011). The Institute of Medicine (IOM) Report "Retooling for an Aging America: Building the Health Care Workforce" suggests an efficient use of the workforce requires more delegation of job duties that will allow each worker to be used at his or her highest skill level. This may mean the expansion of the duties and responsibilities of the DSW (IOM, 2008). This would in turn suggest that DSWs who are expected to fulfill expanded roles will need additional training to learn expanded competencies and skills in the near future.

The work of DSWs typically is stressful, poorly compensated, and prone to job-related injuries. These factors make recruitment and retention of workers difficult (Population Reference Bureau, 2010). The IOM report recommends improving benefits and compensation, working conditions, and the quality and quantity of training provided to these workers as ways to enhance recruitment and retention (IOM, 2008). Coogle et al. (2007) report that a training program in geriatric case management using home care personnel showed some support for the impact of training on retention. A follow-up six to 12 months after completion of training showed evidence of improved retention and job satisfaction among DSWs in the study. A study of DSWs' perceptions of their initial and ongoing training in nursing homes, assisted living facilities, and home health agencies shows that between 40 and 50% of DSWs believed they would benefit from more extensive initial training. The findings suggest that methods of providing continuing education and topics covered need to be improved (Menne et al., 2007).

The Affordable Care Act of 2010 contains a number of initiatives that recognize the importance of the direct service workforce, including grants and incentives to improve recruitment, training, and retention of these workers (Alliance for Health Reform, 2011). With the increase in people needing their services and looming shortages of health care professionals, the importance of DSWs cannot be overstated. With the likelihood of fewer professionals to supervise their work, DSWs are working more independently and being asked to take more responsibility, especially in providing home care (IOM, 2008; Dawson, 2007). There is general agreement that how long-term care will be provided will change in many ways in the coming years. Yet, there is little in the professional literature about the skills and competencies that the workers who have the most direct contact with the elderly will need in the future. Evidence suggests that these underappreciated and underpaid workers have both the interest and capacity to contribute in more meaningful ways to the care of the burgeoning senior population in the United States (Dawson, 2007). The current need is not to understand how DSWs will provide care for seniors in 10 to 15 years; those who provide educational services need up-to-date information about the skills and competencies needed within the next three to five years.

Policies, resources and technology in the long-term care industry are in flux as health care undergoes reform. Administrators for facilities and agencies that provide long term care services regularly deal with the changing demands of providing quality care for the aging population with declining numbers of health care professionals. These administrators must adapt their services to meet the needs of their clients, the families of clients, and a changing industry. To retain a competent work force, they must provide appropriate training and find paths for

advancement to retain workers. Key informant interviews revealed that many administrators in Ohio have already begun to modify the skill sets and competencies they require their DSWs to perform. These administrators are a good source of information about the need for the skills and competencies that will be needed by DSWs in the next three to five years.

Methods

The Long Term Care Direct Service Worker Future Competencies Survey was conducted in July and August 2012. Data were collected using a structured questionnaire which was developed in a three-stage process. The research team first conducted a review of peer-reviewed literature about competencies for DSWs. Searches focused on developing trends and future needs of individuals who will be receiving care from facilities and agencies that provide care when other resources (e.g. family) are not available. Based on findings from the literature, a key informant interview guide was developed. The research team conducted key informant interviews with administrators and the heads of work force development in four nursing homes and two home care agencies to learn their perspective about the new skills and competencies that may be needed in the next three to five years to deal with the needs of the populations they serve. The information gained from these interviews confirmed much of what was learned from the peer reviewed literature, but also added new information, such as, many facilities and agencies are using their own resources to create courses to teach skills they consider important to providing care for patients, some of the skills taught are not currently offered in training programs for certified workers. All evidence compiled was used in designing a structured questionnaire to collect information from administrators of long term care facilities and agencies about the skills and competencies DSWs will need in the near future. The structured questionnaire was reviewed by a project review team convened by the Ohio College of Medicine Government Resource Center (GRC). Revisions suggested by the review team were made to the questionnaire.

A list of long term care facilities/agencies licensed in Ohio was obtained from the State of Ohio Long-Term Care Guide, available through the Ohio Department of Aging website (<http://www.ltcoho.org/consumer/index.asp>). These included nursing homes, assisted living facilities, home health care agencies, and developmental disability organizations. The list of home care and developmental disabilities agencies available from this website was refined based on a file provided by Barry Jamieson of the GRC. A randomized list of facilities/agencies was selected by using an Excel random number function. The list of facilities/agencies was sorted in order of the random numbers. Organizations were contacted in this order. Because most behavioral health services were listed as being provided by nursing homes, these agencies were not contacted separately.

Three graduate students were hired to administer the survey to administrative personnel at long term care facilities and agencies. The interviewers received an orientation about the study and the questionnaire and were trained to administer the questionnaire.

Interviews were conducted between July 1 and August 15, 2012. Letters were mailed to organizations to alert the administrator that the survey was being conducted and asking for their participation. Letters were sent in batches of 30 to ensure that letters would be received as close as possible to the time of the initial phone contact. An average of seven phone attempts was made for each completed interview. Telephone contacts with long term care facilities resulted in 100 completed questionnaires. Overall, for phone interviews, there was a 29% response rate: 46% for nursing homes, 24% for assisted living, 23% for home care, and 26% for developmental disability agencies. At the end of July, in order to increase the number of facilities contacted, an online version of the questionnaire was developed and distributed to agencies and facilities that would not be contacted by telephone. An initial e-mail inviting the facilities to participate in the survey and two follow-up reminder e-mails were sent. The response rate to the e-mail request was 7%. This strategy produced another 66 completed questionnaires. A total of 166 long term care administrators responded to the survey. Results of the telephone interviews and the online interviews were compared and found to be similar. Table 1 in the Appendix provides a data collection summary.

Survey Results*

Table 2 shows that most types of organizations provide more than one type of long term care service. Nursing homes reported having services in all areas of interest. Home care agencies reported providing services in all areas except nursing home care.

Administrators were first asked to identify all types of DSWs they employed. Most considered registered nurses (RN) and licensed practical nurses (LPN) to be DSWs. Subsequent to this question respondents were informed that the focus of this survey was non-professional (i.e., non-RN or -LPN) employees such as state tested nurse aides (STNA) and certified nursing assistants (CNA) working with patients providing direct services. A variety of job titles were used to describe these workers. STNAs and CNAs were the most common job titles identified (80%), followed by home health aides (24%). Table 3 provides the distribution of types of worker employed by type of organization. Home care agencies use the largest variety of titles for DSWs they employ.

Current and future skills needed by DSWs

The long term care literature and key informant interviews identified several types of skills and competencies currently needed or likely to be needed by DSWs in the near future. These areas include care of dementia patients, cultural competency, supervisory skills, and proficiency in use of technology (Austin et al, 2011; Hayashi, DeCherrie, The Lewin Group, 2009; Ratner & Boling, 2009; IOM, 2008, Dawson, 2007). Administrators were asked if they currently provide training in each of these areas. Those who do not were asked if they foresee a need in the future to train DSWs in an area.

Dementia care for clients

Brookmeyer et al, (2011) estimate that 14% of the population over the age of 70 have a dementia diagnosis. Another 22% have mild cognitive or functional impairment that does not meet criteria for dementia, as reported by the participant or an informant. Dementia care is the area administrators identified where there is the greatest need for DSWs to have additional skills and competencies. Table 4 shows that currently 80% of long term care organizations require their workers to learn about dementia so they can provide adequate care for the elders diagnosed with dementia. Nearly all types of long term care providers require DSWs to learn about dementia care, but assisted living facilities (98%) put the highest priority on this topic. Facilities that provide care for persons with developmental disabilities are the exception, as some of these facilities serve children and young people exclusively. Table 5 shows that of the 20% of facilities and agencies that do not currently require DSWs to learn to provide dementia care, 77% identified a need for DSWs to learn about dementia care in the near future. Nursing homes most often identified the need to address dementia care competencies in the near future.

Helping families deal with problems with their loved ones with dementia

Spouses, immediate family, and other relatives provide most of the support for persons in long term care (The Lewin Group, 2009). As a loved one's dementia advances, families and caregivers may take on additional care responsibilities. Many families may not understand the problems associated with the symptoms of dementia. Table 6 shows that only 58% of administrators indicated that DSWs currently learn to assist families in dealing with problems associated with their loved ones' dementia. Assisted living facilities (78%) are the most likely to have DSWs learn to assist family members in coping with the dementia of their loved ones.

Table 7 shows that of the facilities and agencies that do not currently teach DSWs to help families deal with their loved ones' dementia, 68% identified a need for DSWs to learn in the near future to help families deal with the problems related to their loved ones' dementia. Home care agencies and nursing homes were the long term care providers most likely to identify this as a need to address in the near future.

*The Appendix contains tables cited in the report. Tables show survey results by type of facility or organization.

Helping families deal with their own emotions about dementia

Caring for a family member with dementia is stressful and may overburden caregivers (Hayashi, 2009, The Lewin Group, 2009). When a parent or loved one with dementia does not recognize a family member or behaves in an unusual way it can be disturbing. Learning to accept the behavior and cope with the resulting emotions can be difficult. The understanding and guidance of someone who understands dementia can make a difference. Table 8 shows that slightly over half of administrators currently train DSWs to help families deal with the emotional stress of dealing with their loved one's dementia. The distribution of results by type of organization shows that 71% of assisted living facilities currently teach DSWs to address this problem.

Table 9 shows that of facilities and agencies that do not currently teach DSWs to help families deal with the emotional consequences of their loved ones' dementia, 58% identify a need for DSWs to learn these competencies in the near future. Administrators of assisted living facilities and home care agencies expressed the greatest need to address this concern in the near future.

Expanding the role of DSWs in providing dementia care in the near future

DSWs in many facilities already provide some aspects of dementia care. For this reason it is not surprising that Table 10 shows that only half of administrators in the study anticipate expanding the role of DSWs into providing dementia care in the near future.

Respondent comments about DSWs providing dementia care

Comments provided by a majority of administrators indicate that they offer basic dementia care training to DSWs. The training is offered in orientation and supplemented through in-service training and continuing education. Three facilities noted that dementia care training is state-mandated for DSWs. One respondent said their facility offers a dementia certification program, and two others stated that workers receive additional training once they are assigned to the dementia units. Twenty-two facilities indicated no dementia training is offered to DSWs. Of the 22 facilities, three indicated that other staff are trained in dementia care. Two administrators did not have a dementia unit in their facility and did not foresee a need to train their workers for dementia clients.

Of the 57 facilities that offer some level of dementia care, two indicated that Alzheimer's Association courses are used for dementia care training. Five facilities offer training through online programs such as the PATH program and Silverchair Learning program for dementia care. Three respondents commented that new dementia training programs are being started specifically designed for DSWs. One facility indicated that their dementia training focuses on how to communicate with dementia clients, respond to residents who are stuck in their own fantasies, and respond to combative residents with dementia.

Of the facilities offering training in dementia care, dealing with families is covered by 11 facilities. Four facilities offer a support-group setting led by a professional such as a neurologist, medical director, nurse, or chaplain to help families of clients with dementia. Eleven additional facilities indicated that social service workers and other professional staff, not DSWs, help families deal with dementia.

Administrators of developmental disabilities facilities indicated that dementia is not a major concern in the population they serve. Instead, they identified autism as a growing concern among this population and stated that training is offered to deal with clients with autism. At least two facilities stated that their emphasis is on research and diagnosis of autism. Twelve facilities offered training to deal with autism for DSWs; one of these stated that their training covers working with families as well.

Administrators across all types of facilities identified dementia as a growing concern because of the aging population. Sixteen facilities stated that dementia care training for DSWs needs improvement. Lack of funding and resources was given as a recurring deficiency that hinders the improvement of training for dementia care.

One respondent mentioned that dementia care education is state-mandated for DSWs although it is not required for CNAs and STNAs certification.

Culturally competent care

To ensure optimal management of services it is essential that long term care organizations provide culturally competent care (Cohen, 2002). As populations diversify in Ohio, the need for DSWs to be aware of cultural differences becomes increasingly important. Table 11 shows that currently two-thirds of administrators of long term care facilities indicated that DSWs learn to provide culturally competent care.

Table 12 shows that of the agencies and facilities that do not currently require DSWs to learn how to provide culturally competent care, a majority (75%) identified this as a need in the near future. Administrators of assisted living facilities and home care providers expressed the highest level of need for DSWs to learn to provide culturally competent care.

Respondent comments on DSWs providing culturally competent care

Several administrators whose facilities do not require DSWs to receive specific cultural competency training commented that it was unnecessary because the clients they serve are a homogenous group with little population diversity. Two noted that if a client from a different culture is admitted (e.g., Muslim), cultural information is provided to staff by someone familiar with that culture on an ad hoc basis.

The comments of administrators who indicated their facility provides active cultural competence training were analyzed to determine how training is conducted and who is trained. In facilities offering cultural competence training, the training is provided through bulletin programs, in-service training, courses, and modules. Administrators indicated STNAs are the employees most often targeted for cultural competency training. One facility stated that all employees receive training.

Use of technology by DSWs in long term care organizations

The use of technology is growing in health care. The Affordable Care Act encourages the use of electronic health record systems. Administrators of long term care were asked whether DSWs are required to use technology in their job on a daily basis. About 50% of organizations regularly ask DSWs to use some aspect of technology in their jobs.

Tables 13 - 16 show the kinds of technology DSWs use by type of long term care facility. Fifty-four percent of organizations use technology for timesheets and schedules. In 70% of assisted living facilities, DSWs use computers for tracking timesheets and schedules. Fifty percent of all long term care facilities have DSWs document their work using computer technology. Currently in home care agencies, DSWs document their work using technology in only 40% of agencies. Across the long term care industry, electronic health records are used by DSWs in 45% of organizations. Nursing homes and assisted living facilities are somewhat more likely to require DSWs to use electronic health records (50% and 55% respectively). Home care and developmental disability agencies are much less likely to have DSWs use an electronic health record (33% and 35% respectively). DSWs transmit test information by telephone in only 31% of long term care facilities. Forty-five percent of assisted living facilities have DSW perform these tasks.

Expanding the use of technology by DSWs

Table 17 shows that 95% of administrators indicated they anticipate that their organization will expand the use of

technology by DSWs in the near future.

Types of technology administrators predicted DSWs will use in the future include much more use of computers, especially hand held tablets, smart phones, and telephony. Administrators anticipated that technology will be used for many different functions within their organizations. Many expected that most documentation of DSWs' work soon will be through electronic health records soon if they are not currently doing so. One administrator mentioned that Medicaid and Medicare soon will mandate the use of electronic records. DSWs are or soon will be documenting patient vital signs, tasks performed, and test results. The advantages of increased use of technology include increased accuracy, more efficiency, and better communication between team members.

DSW Supervisory skills

DSWs employees are who receive low pay and little training. They often have low levels of education and are of lower socioeconomic status. They often do not receive health insurance and may suffer racial discrimination and other employment issues. These conditions result in low job satisfaction and high turnover. Despite having positions at the lowest level of long term care, DSWs carry the largest share of the daily care load for long term care patients (Hayashi et al, 2009; Dawson, 2007). By law the work of most DSWs must be supervised by Registered and/or Licensed Practical Nurses. Yet some DSWs are required to work independently and without direct supervision. This is especially true for those who work in home care and must take initiative and be self-directed. Their responsibilities require supervisory skills even though DSWs are not often supervisors (Orthiz, 2011; McGilton, Hall, Wodchis, Petroz. 2007). Administrators were asked about supervisory skills required of DSWs. Table 18 shows that 50% of administrators indicated that DSWs currently have supervisory responsibilities. In 73% of home care agencies and 59% of assisted living facilities, DSWs currently have supervisory responsibilities. In only 35% of nursing homes and 25% of developmental disability agencies are DSWs asked to supervise others. Table 19 shows that when asked if DSWs learn supervisory skills, 50% or fewer of administrators indicated they require their workers to learn supervisory skills. This is fairly consistent across type of long term care providers. Table 20 shows that of those who do not currently teach supervisory skills, between 40% and 55% foresee a need for their employees to learn supervisory skills in the near future.

Table 21 shows 51% of administrators anticipate expanding the supervisory role of DSWs in the next three to five years. Administrators anticipate expanding supervisory roles in 63% of assisted living facilities and 53% of home care agencies. About 40% of nursing homes and developmental disability agencies foresee supervisory roles of DSWs expanding.

Respondent's comments on DSWs providing supervision

Administrators who said that DSWs in their facility have supervisory responsibilities provided 65 comments about those duties. Of the 65, 28 (43%) stated that only RNs or LPNs perform supervision. Eight respondents specifically said that in their facility DSWs supervise other service workers, and another said that the DSW "supervises clients a little bit." Seven administrators defined supervision in general terms, suggesting the workers provide leadership or mentoring. Specific supervisory tasks mentioned included delegating tasks, chairing committees, scheduling, overseeing care of clients, and following up on tests. One administrator emphasized that DSWs in her facility who performed some supervision could not hire or fire, but work only within their own "niche."

Respondents who said that DSWs are taught supervisory skills provided 57 comments. Twelve administrators indicated that supervisory training was very limited or that skills were picked up on the job. Those who listed specific skills also most frequently taught the mentioned skills. Skills mentioned by three or more respondents include leadership/mentoring, communication, problem solving, conflict management, and time management. Other specific skills mentioned were guest relations, teaching skills, evaluation, delegation, standards of performance, and budgeting.

Comments that indicated barriers to using DSWs in a supervisory role were mostly about concerns that this would

create conflict between workers. One administrator noted that, in the absence of formal training in supervisory skills, it would be difficult for DSWs to fulfill supervisory roles. However, several of the administrators interviewed noted potential benefits of putting DSWs in supervisory roles. One remarked that many of their STNAs have an immense amount of experience and leadership skills. Another suggested that transferring some supervisory duties to DSWs would lessen the burden and free RNs to care for more clients.

A few administrators suggested that supervisory responsibilities for DSWs could increase as the need for care expands and/or reimbursement rates increase. Ways that DSWs could provide supervision included as mentors, as team leaders ensuring that tasks are divided among other workers, and serving as champions of programs such as customer care.

On-line education courses for DSWs

About half of administrators reported that their organization requires that their DSWs use on-line courses to learn skills and competencies required for their positions. Table 22 shows that 48% of long term care organizations use on-line education courses for DSW. Assisted living facilities (63%) most often provide access to education through on-line courses. Developmental disability agencies (21%) provide the least access.

Increase in credentialing for DSWs

Table 23 shows that when asked if DSWs will need additional credentialing in the near future, administrators expectations are fairly low. Only 44% of administrators anticipated requirements for additional credentials. Assisted living and home care organizations have the highest expectation (55% and 53% respectively).

Long term care will move to more home care

Table 24 shows that 87% of long term care administrators indicated they anticipate changes in national and state policy will move long term care to more home care. Developmental disability agencies had the lowest expectation at 80%.

Key Findings

Shift to home care - A majority (87%) of administrators anticipate policy changes in the U.S. will move more patients to home care. As a result, administrators see the number of jobs for home care DSWs increasing, as jobs within residential facilities decrease. Administrators of residential facilities also anticipate increases in the acuity level of residents remaining in residential care.

Extended functioning for DSWs - The anticipated increase in the aged population needing care and the shift to more home care have led many administrators to speculate that DSWs will need to acquire the skills to perform expanded roles. For instance, half of those interviewed do not currently use DSWs in supervisory capacities. In the near future, 70% of administrators foresee a need for DSWs to learn supervisory skills. Similarly, many commented that they expect DSWs to take on greater responsibility in clinical areas such as medication administration, wound care, nutrition, and therapy.

Greater use of technology - About half of administrators said their DSWs currently use computers and/or the internet to perform functions such as documenting tasks or filling out timesheets. Within the next three to five years, 95% expect the use of technology by DSWs to increase. Administrators mentioned mandates for electronic medical records, more tablet computers, and increased use of telehealth technology to contribute to the greater use of technology.

Dementia care - Dementia care remains a priority for organizations that care for the elderly. While 80% of administrators stated their DSWs learn about working with clients with dementia, many commented that more

training is needed in this area. Administrators were less likely to report that their DSWs currently learn about working with families of dementia patients, but a majority indicated that in the near future DSWs will need skills to help families deal with problems related to having a loved one with dementia.

Current and future training and education for DSWs - A majority of the administrators contacted provide orientation training for skills needed for their facility, in-services to refresh or update skills, and/or specialized courses for their DSWs. Most provide training on-site. On-site training covers many skills and competencies currently needed for their day to day work. The main topics taught include infection control, fire safety, use of proper body mechanics, customer relations, wound care, and other similar skills. Many administrators commented that their organizations would not have the resources to do the training necessary if DSWs are expected to take on expanded roles.

Policy Recommendations

Development of competency guidelines and additional training approaches that reflect the advanced skills needed by DSWs should proceed in alignment with existing methods for educating DSWs, including facility-based training programs and community college and technical school courses.

Associations governing extended care organizations should work together to develop standards for extended-functioning DSWs and mechanisms to ensure that workers have and can demonstrate the necessary skills and competencies.

DSWs who are required to assume more responsibility and demonstrate more advanced skills should be compensated at a higher level. Finding ways to develop supervisory roles may help increase job satisfaction and retention of DSWs. Reimbursement levels may need to change to make this possible.

All DSWs should be supported in using current and developing technology. It is especially important that older, less technologically savvy workers are provided the educational support they need to successfully make the transition to electronic systems.

Table 1. Data Collection Summary

Type agency/facility	Completed			Con- tacted	Total Calls	# of agencies
	Inter- views	On- line	Total			
Nursing homes	32	25	57	70	250	862
Assisted Living	32	10	42	131	202	597
Home care	20	20	40	86	161	348
Behavioral Health	0	7	7	0	0	157
Developmental Disabilities	16	4	22	62	122	64
Total	100	66	166	349	735	2,028

Table 2. Services Provided (select all that apply)

Services Provided	Type of Facility/Agency				
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabilil
Nursing Home	57	0	0	0	0
Assisted Living	18	42	4	0	0
Home Care	1	0	40	0	0
Behavioral Health	6	2	2	7	2
Developmental Disabilities	1	2	6	0	20

Table 3. What types of direct workers does your facility employ?
(select all that apply)

Direct Service Worker	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Registered Nurses	47	35	39	7	8	136
Lic. Practical Nurses	45	34	27	7	8	121
STNA/CNA	57	35	24	7	9	132
Home Care Aide	0	3	18	1	3	25
Resident Assistants	1	6	1	0	0	8
Home Health Aides	0	3	29	2	5	39
Personal Care Aides	0	3	13	2	3	21
Other direct service	5	2	10	2	12	31

Table 4. Do you currently offer training for direct service workers to learn how to:

Work with clients with dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	73.7%	97.6%	77.1%	-	63.2%	80.4%
No	26.3%	2.4%	22.9%	-	36.8%	19.6%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	42	41	27	5	12	127
No	15	1	8	0	7	31
Total	57	42	35	5	19	158

“-“ percent not calculated if the denominator is smaller than 10.

Table 5. If no, do you see a need in the future for training direct service workers to:

Work with clients with dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	76.9%	-	-	-	-	76.9%
No	23.1%	-	-	-	-	23.1%
Total	100.0%	-	-	-	-	100.0%
Yes	10	1	4	0	5	20
No	3	0	2	0	1	6
Total	13	1	6	0	6	26

“-“ percent not calculated if the denominator is smaller than 10.

Table 6. Do you currently offer training for direct service workers to learn how to:

Help families deal with problems with dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	48.2%	78.0%	55.9%	-	50.0%	57.5%
No	51.8%	22.0%	44.1%	-	50.0%	42.5%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	27	32	19	1	9	88
No	29	9	15	3	9	65
Total	56	41	34	4	18	153

“-“ percent not calculated if the denominator is smaller than 10.

Table 7. If no, do you see a need in the future for training direct service workers to:
Help families deal with problems with dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	70.4%	60.0%	78.6%	-	-	68.3%
No	29.6%	40.0%	21.4%	-	-	31.7%
Total	100.0%	100.0%	100.0%	-	-	100.0%
Yes	19	6	11	3	4	43
No	8	4	3	0	5	20
Total	27	10	14	3	9	63

“-“ percent not calculated if the denominator is smaller than 10.

Table 8. Do you currently offer training for direct service workers to learn how to:
Help families deal with their own emotions about losing contact with their loved one with dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	46.3%	70.7%	52.9%	-	43.8%	53.7%
No	53.7%	29.3%	47.1%	-	56.3%	46.3%
Total	100.0 %	100.0%	100.0%	-	100.0%	100.0%
Yes	25	29	18	1	7	80
No	29	12	16	3	9	69
Total	54	41	34	4	16	149

“-“ percent not calculated if the denominator is smaller than 10.

Table 9. If no, do you see a need in the future for training direct service workers to:
Help families deal with their own emotions about losing contact with their loved one with
dementia?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	57.7%	66.7%	66.7%	-	-	58.5%
No	42.3%	33.3%	33.3%	-	-	41.5%
Total	100.0%	100.0%	100.0%	-	-	100.0%
Yes	15	8	10	2	3	38
No	11	4	5	1	6	27
Total	26	12	15	3	9	65

“-“ percent not calculated if the denominator is smaller than 10.

Table 10. Do you anticipate expanding the role of direct service workers in providing dementia care in the near future?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	30.6%	63.4%	44.4%	-	55.6%	47.8%
No	69.4%	36.6%	55.6%	-	44.4%	52.2%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	15	26	12	3	10	66
No	34	15	15	0	8	72
Total	49	41	27	3	18	138

“-“ percent not calculated if the denominator is smaller than 10.

Table 11. Do you currently offer training for direct service workers to learn how to provide: Culturally Competent care?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	66.0%	56.1%	75.0%	-	75.0%	66.9%
No	34.0%	43.9%	25.0%	-	25.0%	33.1%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	33	23	24	4	15	99
No	17	18	8	1	5	49
Total	50	41	32	5	20	148

“-“ percent not calculated if the denominator is smaller than 10.

Table 12. If no, do you do you see a need in the future for training direct service workers on how to provide: Culturally competent care?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	52.9%	94.1%	90.0%	-	-	74.5%
No	47.1%	5.9%	10.0%	-	-	25.5%
Total	100.0%	100.0%	100.0%	-	-	100.0%
Yes	9	16	9	1	3	38
No	8	1	1	0	3	13
Total	17	17	10	1	6	51

“-“ percent not calculated if the denominator is smaller than 10.

Table 13. Time sheets and schedules

Currently do your direct service workers use computers, the Internet and/or telephones to complete:

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	48.1%	70.0%	45.5%	-	50.0%	54.0%
No	51.9%	30.0%	54.5%	-	50.0%	46.0%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	25	28	15	3	10	81
No	27	12	18	2	10	69
Total	52	40	33	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 14. Documenting task performed and other work

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	50.0%	47.5%	39.4%	-	60.0%	50.0%
No	50.0%	52.5%	60.6%	-	40.0%	50.0%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	26	19	13	5	12	75
No	26	21	20	0	8	75
Total	52	40	33	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 15. Electronic health records/charts

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	50.0%	55.0%	33.3%	-	35.0%	45.3%
No	50.0%	45.0%	66.7%	-	65.0%	54.7%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	26	22	11	2	7	68
No	26	18	22	3	13	82
Total	52	40	33	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 16. Transmitting test information - BP, pacemaker tests, etc.

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	36.5%	45.0%	21.2%	-	5.0%	31.3%
No	63.5%	55.0%	78.8%	-	95.0%	68.7%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	19	18	7	2	1	47
No	33	22	26	3	19	103
Total	52	40	33	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 17. Do you see the use of technology by direct services workers expanding in the next 3 to 5 years?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	100.0%	87.5%	93.9%	-	95.0%	94.7%
No	0.0%	12.5%	6.1%	-	5.0%	5.3%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	52	35	31	5	19	142
No	0	5	2	0	1	8
Total	52	40	33	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 18. Do your direct service workers currently have supervisory responsibilities?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	36.5%	58.5%	72.7%	-	25.0%	49.7%
No	63.5%	41.5%	27.3%	-	75.0%	50.3%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	19	24	24	3	5	75
No	33	17	9	2	15	76
Total	52	41	33	5	20	151

“-“ percent not calculated if the denominator is smaller than 10.

Table 19. Do direct service workers currently learn supervisory skills?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	40.4%	48.8%	46.9%	-	50.0%	46.0%
No	59.6%	51.2%	53.1%	-	50.0%	54.0%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	21	20	15	3	10	69
No	31	21	17	2	10	81
Total	52	41	32	5	20	150

“-“ percent not calculated if the denominator is smaller than 10.

Table 20. Do you see a need in the future for direct service workers to learn supervisory skills?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	39.4%	55.0%	35.3%	-	45.5%	43.4%
No	60.6%	45.0%	64.7%	-	54.5%	56.6%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	13	11	6	1	5	36
No	20	9	11	1	6	47
Total	33	20	17	2	11	83

“-“ percent not calculated if the denominator is smaller than 10.

Table 21. Do you see the supervisory role of direct service workers expanding over the next three to five years?

Response	Type of Facility/Agency					All Types
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	
Yes	44.2%	62.5%	53.1%	-	38.9%	51.0%
No	55.8%	37.5%	46.9%	-	61.1%	49.0%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	23	25	17	3	7	75
No	29	15	15	2	11	72
Total	52	40	32	5	18	147

“-“ percent not calculated if the denominator is smaller than 10.

Table 22. Does your organization offers on-line courses to direct service workers?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	49.0%	63.4%	41.4%	-	21.1%	48.3%
No	51.0%	36.6%	58.6%	-	78.9%	51.7%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	25	26	12	3	4	70
No	26	15	17	2	15	75
Total	51	41	29	5	19	145

“-“ percent not calculated if the denominator is smaller than 10.

Table 23. Do you have an expectation that direct care service workers will need additional credentialing in the near future?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	38.0%	55.0%	53.1%	-	22.2%	44.1%
No	62.0%	45.0%	46.9%	-	77.8%	55.9%
Total	100.0%	100.0%	100.0%	-	100.0%	100.0%
Yes	19	22	17	2	4	64
No	31	18	15	3	14	81
Total	50	40	32	5	18	145

“-“ percent not calculated if the denominator is smaller than 10.

Table 24. Do you anticipate changes that move the U.S. towards more home based care as a result of changes in policy?

Response	Type of Facility/Agency					
	Nursing Home	Assisted Living	Home Care	Behav Health	Dev Disabil	All Types
Yes	88.2%	91.9%	82.9%	100.0%	80.0%	87.1%
No	11.8%	8.1%	17.1%	0.0%	20.0%	12.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	45	37	25	5	15	127
No	6	4	5	0	4	19
Total	51	41	30	5	19	146

“-“ percent not calculated if the denominator is smaller than 10.

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