

# Closing the Care Gap

Opportunities for Employers to Support  
and Grow Colorado's Direct Care Workforce

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NextFifty Initiative is a Colorado-based private foundation dedicated to funding mission-driven initiatives that improve the lives of the older adult population and their caregivers. NextFifty seeks to fund game-changing efforts to improve and sustain quality of life for people in their second 50 years. NextFifty Initiative educates about proven initiatives and advocates for transformational change.<sup>1</sup>

# EXECUTIVE SUMMARY

As Colorado's older adult population grows, so too does the need for caregivers. By 2030, Colorado will be home to 1.2 million people over age 65, many of whom will require assistance with activities such as preparing meals, dressing, bathing, and taking medication.<sup>2</sup> The question is: Who will care for them?

Colorado's current direct care workforce is insufficient to meet the needs of today's older adults. Rampant staff turnover and difficulty recruiting have placed direct care workers and employers alike under enormous stress, and Colorado's "care gap" is only projected to get worse.

There are many challenges to recruiting and retaining direct care workers. Colorado's direct care workers face low wages and limited benefits; difficulty affording housing, child care, and transportation; occupational challenges, such as inadequate training and limited opportunities for advancement; and the social and emotional stress that

## Key Takeaways

1. Colorado's older adult population is growing faster than the workforce many older adults rely on for direct care services.
2. A wide range of issues presents challenges to retaining and recruiting direct care workers, from low wages to the unique social and emotional demands of care work.
3. Colorado's employers are using a variety of strategies to promote retention and recruitment at their organizations and can learn from one another's examples.

comes with isolated work and end-of-life care.

Colorado's care gap underscores the need for employers to better recruit and retain direct care workers. Many employers have already begun deploying creative solutions in their own communities. This report highlights unique struggles faced by direct care workers in Colorado and what employers can do — and in many cases, are already doing — to address them.

## Introduction

About 59,000 direct care workers provide needed long-term care and support services to thousands of older adults in Colorado.<sup>3</sup> By providing a range of medical and non-medical services to the state's aging population, this workforce ensures Colorado's older adults are safe, healthy, and well cared for. And the demand for their services is growing quickly.

An estimated 1.2 million Coloradans will be over the age of 65 in 2030, roughly a 50% increase from 2018.<sup>4</sup> A majority (about 70%) will likely need some level of support from family members, friends, and/or direct care workers at some point in their lives.<sup>5</sup>

The growth of this population is putting pressure on an already short-staffed direct care industry to keep up with rising demand. Care facilities report chronically low staffing ratios, and home care agencies report turning down work because they are short staffed. At the heart of the workforce challenges in Colorado are high employee turnover rates and difficulty recruiting new staff.

A wide range of challenges presents problems for recruitment and retention. Despite the difficulty of their work and the value of the services they provide, direct care workers receive low wages and few benefits. Many workers struggle with finding housing, child care services, and transportation that are affordable and meet their needs. Inadequate training makes it more difficult for workers to do their jobs, and limited career ladders make it less desirable to stay. And the challenges of relatively isolated work and end-of-life care contribute to employee burnout.

These challenges signal a need for creative, multi-pronged approaches to recruitment and retention of the direct care workforce. While policy and regulatory interventions hold promise, employers and other community leaders also have the power to better support and attract the direct care staff with whom they work.

To reflect consumer demand, this report focuses much of its discussion on home care services. Three in four older adults prefer to spend their retirement and later years of life in their homes, referred to as "aging in place."<sup>6</sup>

## Definitions

This report uses the following definitions, which were developed by PHI (formerly the Paraprofessional Healthcare Institute):<sup>7</sup>

- **Activities of Daily Living (ADLs):** Essential activities performed every day, including bathing, dressing, eating, toilet care, and transferring/mobility.
- **Instrumental Activities of Daily Living (IADLs):** Tasks associated with living independently, such as preparing meals, shopping, housekeeping, managing medications, and attending appointments.
- **Long-Term Services and Supports (LTSS):** A range of health and social services provided to individuals who require assistance with ADLs and IADLs. Also described as long-term care.
- **Direct Care Workers:** An aggregate term for workers who assist older adults and people with disabilities with daily tasks and activities across LTSS settings. Direct care workers are typically classified as personal care aides, home health aides, and certified nursing assistants (CNAs). They may also be referred to as personal care workers, caregivers, aides, and direct support professionals. Their specific job titles vary according to where they work and the populations they serve. The distinctions among these roles are described in greater detail on page 10.
- **Home Care Workers:** An aggregate term for direct care workers who provide assistance to individuals in their homes.

The terms home care and home-based care are used to refer to long-term services and supports that are delivered to individuals in their homes. Facility-based care refers to services delivered in institutions such as assisted living facilities, skilled nursing facilities (also known as nursing homes), and continuing care retirement communities.

However, direct care work is complex and fluid. Many workers have multiple jobs across multiple settings or transition between home care and facility-based care over the course of their careers. Similarly, some organizations provide services across a range of settings. Additionally, many data sources do not distinguish between care settings but instead describe the direct care workforce as a whole. This report therefore touches on the experiences of employers and direct care workers providing services across a diversity of settings, even as it remains attentive to the particulars of home care.

### A Closer Look at Counties

In addition to this report, CHI created a set of county profiles looking at direct care workforce supply and demand. These are available at [coloradohealthinstitute.org](http://coloradohealthinstitute.org).

## DEMAND: Needs of Colorado’s Older Adults

In just 10 years, nearly one in five (18%) Coloradans will be ages 65 and older, an increase from one in seven (14%) in 2018.<sup>8</sup>

Some areas of the state will see an even more pronounced shift in demographics. By 2030, Douglas, Elbert, and Garfield counties are expected to see the largest growth in their 65-plus population, with increases of 85%, 75%, and 68%, respectively.<sup>9</sup>

The U.S. Department of Health and Human Services reported that nearly 70% of Americans turning 65 in 2017 will need long-term care services and supports (LTSS) in their remaining years.<sup>10</sup> While people may choose to spend the later years of their lives in a number of settings such as a nursing home, assisted living facility, or an independent living facility, a majority (76%) prefer to age within their own homes for as long as possible.<sup>11</sup>

The preference to age in place, coupled with the likely need for long-term medical and non-medical care, highlights the importance of the in-home services and supports provided by the direct care workforce.

A number of factors inform whether an older adult requires or could benefit from working with a

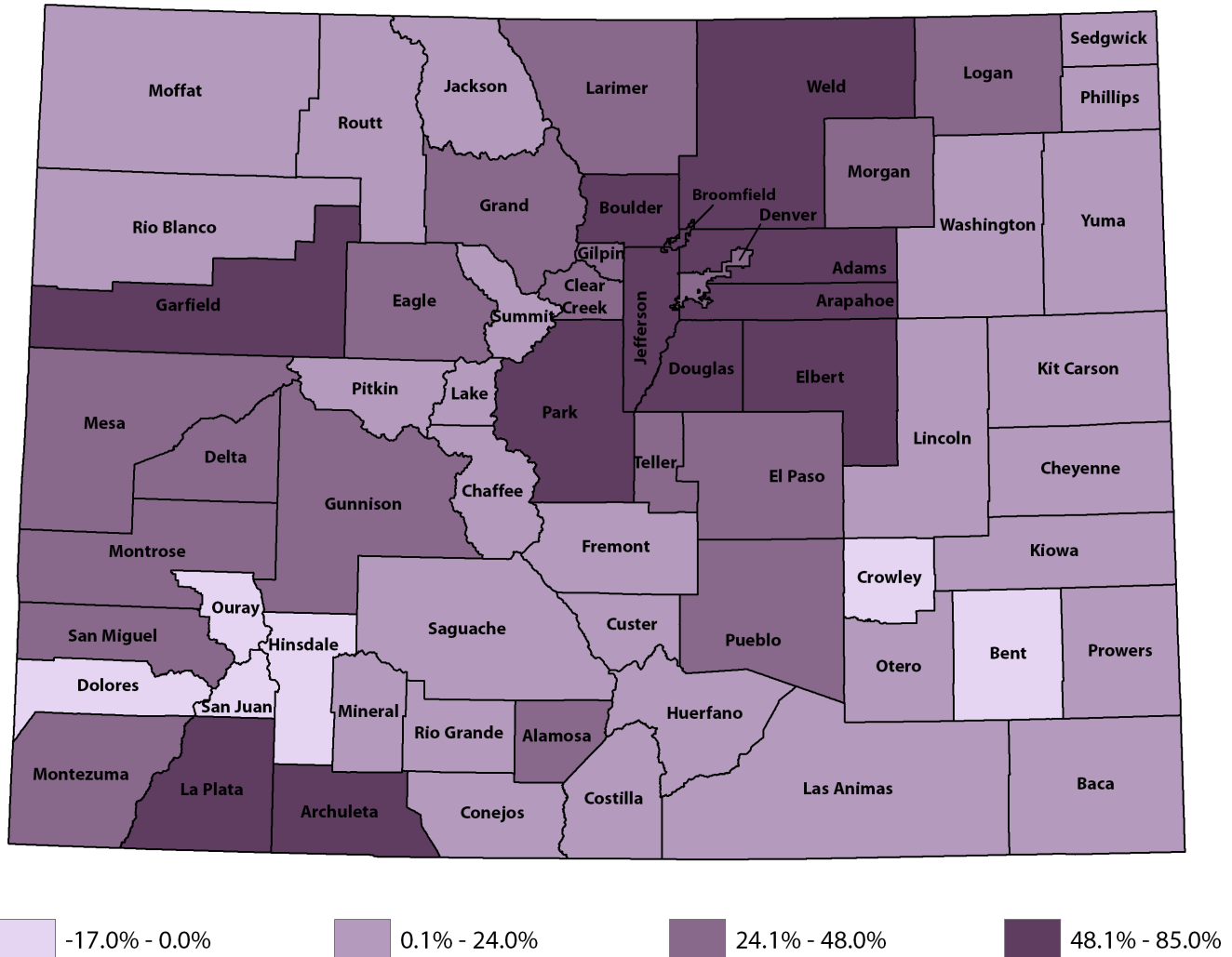
direct care worker, including the availability of informal caregivers in their life, their ability to live independently, and their ability to pay for services.

### Access to Caregivers

One in four older adults receives assistance from someone else every day.<sup>12</sup> Some get informal care from family, friends, or neighbors. Informal caregivers are unpaid and can help with myriad tasks related to daily activities and medication assistance. Without family and friends to provide LTSS, many older adults would not have the support they need to stay in their community.<sup>13</sup>



**Map 1. Percent Change in the Number of People Ages 65+ By County, 2018 to 2030, Colorado State Demography Office**



However, relying on informal caregiving is not an option for all families. For one, many older adults do not have close friends or family who are able to provide informal care. In Colorado, 42% of older adults are unmarried, and one in three (34%) live alone.<sup>14</sup> Just 15% of older adults report having a child living with them, only some of whom can rely on their child or children for all their care needs.<sup>15</sup>

And informal caregiving comes at a cost. In 2016, CHI estimated that providing informal care costs individuals in Colorado \$3.7 billion due to lost productivity and absenteeism at work.<sup>16</sup>

Direct care workers provide needed supports in tandem with informal caregivers and ensure those without informal caregivers receive the care they need, too.

## Ability to Live Independently

For the 76% of older adults who wish to age in their home as long as possible, physical and cognitive difficulties developed later in life may influence choices regarding housing and caregiving.<sup>17</sup>

Of Colorado's older adult population, about one in five (18.9%) has a physical difficulty and 12.5% report challenges to living independently.<sup>18</sup> One in eight report moderate or major problems with performing regular activities or maintaining their home.<sup>19</sup>

As people age, these difficulties may become more apparent and restrictive.<sup>20</sup> For example, adults in their mid-80s and older are about three times

## PROFILE: KAREN

Karen is a retired nurse who lives alone in the metro Denver area. Karen is in her late 60s, and until recently, she never considered working with a direct care worker. “I didn’t think I needed help,” she told CHI. “I thought, I can do my dishes, I can do my own laundry.” But several medical conditions made some everyday tasks difficult for Karen: Standing for more than a few minutes at a time was challenging, and doing simple chores left her exhausted.

Karen, who is enrolled in Medicaid, was encouraged to try working with a caregiver by her case manager. A personal care aide now comes to her home twice a week to help with cleaning and laundry. Karen explained that working with a caregiver has given her more energy to do things she enjoys, like sewing and crafts.

Karen told CHI that most people she knows want to live independently for as long as possible, and that working with a caregiver helps her remain in her home. “Everybody kind of dreads the day that they have to go to assisted living, and then from there to a nursing home,” she explained. “Some people go live with a family member, but none of us really wants to do that because you feel like you’re more of a burden. So, having a caregiver come in helps you stay [in your home] and feel more independent.”

Karen has recommended working with a caregiver to her friends. “It seemed funny at first, but once you get used to somebody, especially someone you click with, you realize [those daily tasks] took more out of you than you realized.”

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*“It seemed funny at first, but once you get used to somebody, especially someone you click with, you realize [those daily tasks] took more out of you than you realized.”*

more likely to have independent living difficulties than individuals in their mid-70s and early 80s.<sup>21</sup>

While individual situations and preferences may vary, older Coloradans who choose to stay at home as they age may consider seeking or increasing in-home support and services from a direct care worker.

### Affordability of Care

Accessing both medical and non-medical LTSS is a financial challenge for some older Coloradans and their families. Without insurance, caregiving services range from \$20,000 to \$113,000 per year, depending on the type of care needed.<sup>22</sup>

Medicare, which covers most older adults in Colorado, does not pay for LTSS. And while Medicaid does cover LTSS, not all older adults qualify for enrollment. Many of these older adults are forced to use retirement savings, Social Security, or even “spend down” their assets in order to try to qualify for enrollment.

But the high cost of LTSS does not translate to high wages for the direct care workers and other personnel who provide these services. Employers and policymakers must therefore work to create policies that promote affordable care for older adults while also ensuring fair wages for those who care for them.

## The Value of Companionship

In addition to performing concrete tasks such as housework, bathing, and medication assistance, direct care workers bring a sense of social connectedness and companionship to the individuals they care for, which can reduce negative health outcomes associated with loneliness and isolation. Social isolation and loneliness among older adults are associated with increased likelihood of early death, dementia, and heart disease.<sup>23</sup>



## SUPPLY: Colorado’s Direct Care Workforce

Nearly 60,000 direct care workers provide services such as cooking, bathing, or medication administration to older adults in Colorado each day.<sup>24</sup>

While the work can be rewarding, it can also be physically and emotionally demanding. Workers providing these vital services to thousands of Coloradans are often underpaid or inadequately supported in their work, which both drives turnover and deters many from entering the direct care field. (These challenges are described in greater detail in “Retention and Recruitment: Challenges and Strategies,” on Page 13.)

With Colorado’s older adult population continuing to increase, the direct care workforce is needed now more than ever. As one employer put it, “The need for acuity services is significantly higher than 10 years ago. People are pushing the limit of how long they can stay home.”

The direct care workforce is one of the fastest-growing industries in the state. Workers provide needed medical and non-medical services to older adults and individuals with disabilities in both home- and facility-based settings.

**Table 1. Median Wages Among Direct Care Workers vs. All Occupations in Colorado, 2018**<sup>25</sup>

Role	Median Hourly Wage	Median Annual Wage
Certified Nursing Assistant	\$15.38	\$32,000
Home Health Aide	\$12.14	\$25,260
Personal Care Aide	\$11.68	\$24,290
All Occupations	\$20.34	\$42,310

### Demographics

Colorado’s direct care workers are predominantly female. Compared with the rest of Colorado’s workforce, direct care workers are more likely to be Black or Hispanic/Latinx and more likely to live in low-income households. (The impact of discrimination on direct care workers’ wages and labor protections is explored in greater detail on page 15.)

### Wages

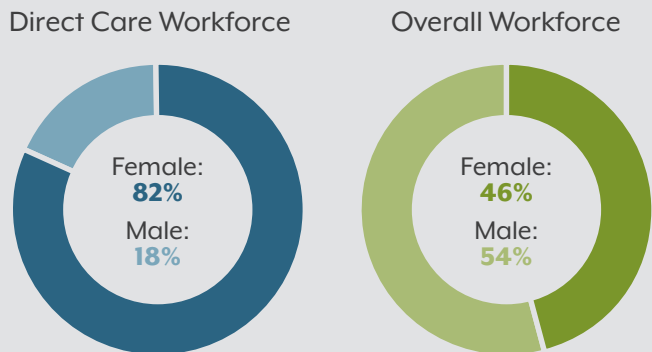
Wages for direct care workers in Colorado have increased slightly in recent years, but pay remains a challenge for employers and employees in the industry. Wages are discussed at greater length on page 14.



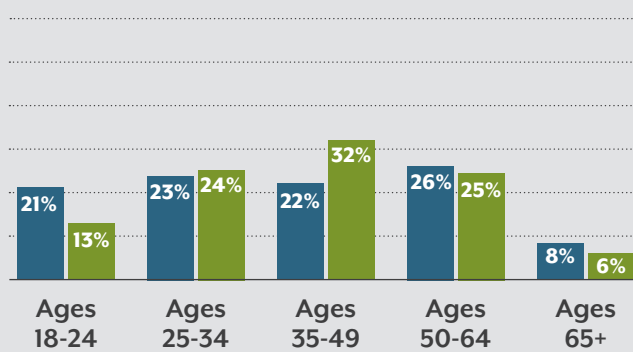
# Colorado's Direct Care Workforce vs. Overall Workforce

■ Direct Care Workforce ■ Overall Workforce

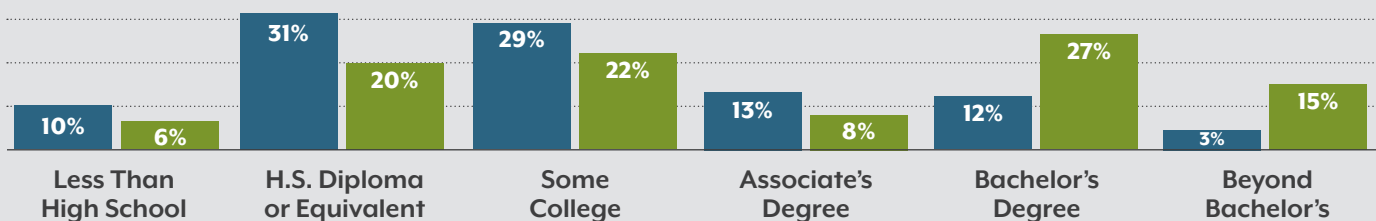
## By Gender<sup>26</sup>



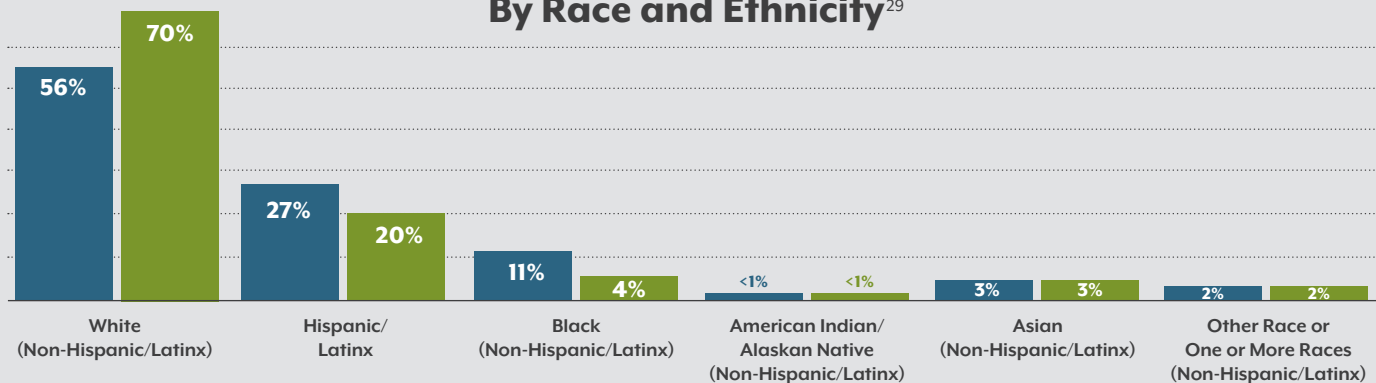
## By Age Group<sup>27</sup>



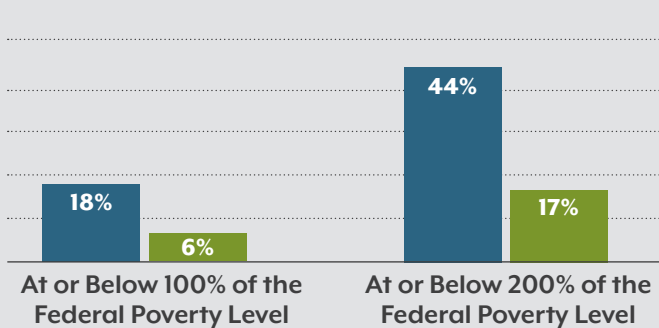
## By Educational Attainment<sup>28</sup>



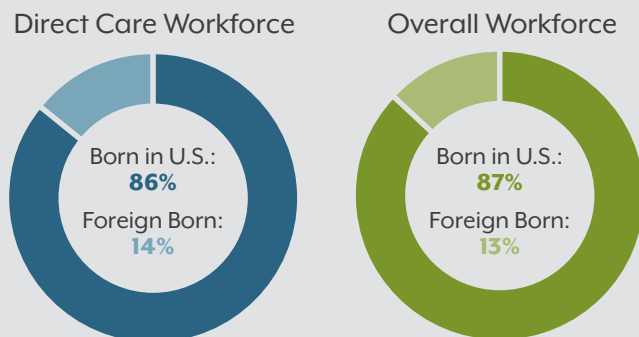
## By Race and Ethnicity<sup>29</sup>



## By Poverty Level<sup>30</sup>



## By Nativity<sup>31</sup>



## Classifications of Direct Care Workers

While terminology and roles can vary across states and employers, direct care workers are typically classified into one of three roles: personal care aides, home health aides, and certified nursing assistants (CNAs). These designations are used by the U.S. Bureau of Labor Statistics, among other national sources.

However, unlike many states, Colorado requires all home health services be provided by a CNA. As such, “home health aide” is not an official designation in the state of Colorado, according to HCPF and the Colorado Department of Public Health and Environment (CDPHE).

Because national data and research frequently define home health aides as distinct from CNAs, home health aides are referenced throughout this report. However, because the term “home health aide” is not formally or consistently used in Colorado, Colorado-specific data on “home health aides” likely include a combination of both personal care aides and CNAs working in home health settings.

This report uses the following definitions, provided by the Colorado Department of Public Health and Environment (CDPHE) and the U.S. Bureau of Labor Statistics.<sup>32</sup> The training requirements listed here reflect information from PHI, CDPHE, and the Colorado Board of Nursing.<sup>33</sup>

### Personal Care Aides

Assist with activities of daily living, including bathing, dressing, eating, transferring, walking or mobility, toileting, and continence care. Personal care aides may also assist with housekeeping, personal laundry, medication reminders, and companionship services. Personal care aides are sometimes referred to as “caregivers,” “personal care workers,” or “personal attendants.”

#### Required training in Colorado:

- All licensed home care agencies must provide an orientation in six broad topics within 45 days of hire.
- Under Medicaid programs, agency-employed personal care aides must complete 20 hours of training in 19 broad topics before providing services.
- The state does not regulate training for personal care aides who are employed directly by consumers under Medicaid programs or through private-pay arrangements.

### Home Health Aides

Assist with activities of daily living in a home setting. They may provide some basic health-related services such as checking a client’s pulse, temperature, and respiration rate. They may also help with simple prescribed exercises and/or with giving medications. Occasionally, they change bandages or dressings, give massages, care for skin, or help with braces and artificial limbs. With special training, experienced home health aides also may help with medical equipment such as ventilators.

#### Required training in Colorado:

- Colorado does not technically use the designation “home health aide.” Direct care workers providing home health care in Colorado are required to be CNAs and are subject to the training requirements described under “Certified Nursing Assistants (CNAs).”

### Certified Nursing Assistants (CNAs)

Assist individuals with activities of daily living and perform health care tasks, including cleaning and bathing patients; helping patients use the toilet and dress; turning, repositioning, and transferring patients between beds and wheelchairs; listening to and recording patients’ health concerns and reporting that information to nurses; measuring patients’ vital signs, such as blood pressure and temperature; and conducting catheter care. CNAs may also dispense medication.

#### Required training in Colorado:

- Colorado requires 75 hours minimum training, including 16 hours of supervised practical or clinical training and an additional 12 hours of continuing education every 12 months, consistent with federal requirements.
- To become certified, CNAs must complete a state-approved nurse aide training program and pass a certification program.
- CNAs must be licensed by the Colorado Department of Regulatory Agencies (DORA) upon completing training and within four months of achieving certification.

# UNMET NEED: The Care Gap

While there is no accepted standard for the optimal ratio of direct care workers to older adults, stakeholders CHI spoke with were clear that Colorado’s current workforce is not large enough to meet the needs of today’s older adults. Population projections suggest that unmet need is only expected to grow.

Colorado’s older adult population is growing fast, and growth of working-age adults is not keeping pace: The number of Coloradans 65 and older is increasing three times faster than the number of 16- to 64-year-olds.<sup>34</sup>

This disparity indicates an increased demand for caregiving services and fewer people able to provide them. Colorado’s 16- to 64-year-old population is projected to grow 14% from 2018 to 2030, while the 65-and-over population is projected to grow 49%.<sup>35</sup>

A labor pool that is being outpaced by the number of older adults means there could be a shortage of direct care workers available to provide needed services to the aging population. Colorado currently has one direct care worker for every 13.6 adults ages 65 and older. In 2030, this ratio is expected to decrease to one direct care worker for every 14.3 adults ages 65 and older.

Rural areas with higher proportions of older adults may face additional barriers as their general labor force is expected to decline and the direct care workforce remains relatively stagnant. Counties on the Eastern Plains and in southeast Colorado are expected to see their labor force decrease by upwards of 13% from 2018 to 2030.<sup>36</sup>



About one in five (22%) older adults report having excellent or good access to long-term care options in their community, but 28% are unsure about access and 50% report it being fair/poor.<sup>37</sup> On the Western Slope and Eastern Plains, as many as 60% of older adults report fair or poor access to long-term care options.<sup>38</sup>

Supporting Colorado’s older adults as they age involves supporting the direct care workers who care for them. Whether employers can effectively recruit and retain direct care workers will ultimately determine whether the direct care workforce can meet the needs of the older adult population.

**Table 2. Population Growth of Colorado’s Labor Force vs. Older Adults, 2018 to 2030<sup>39</sup>**

Population	2018	2030 (2028 for Direct Care Workers)	Percent Change from 2018 to 2030 (2028 for Direct Care Workers)
Adults 16 to 64 years old	3,766,889	4,294,960	14%
Adults 65 years and older	808,540	1,201,182	49%
65 to 74	494,103	641,554	30%
75 to 84	223,546	417,526	87%
85+	90,891	142,102	56%
Direct Care Workers	59,647	83,777	40%

## Impact of Turnover

Staff turnover presents a major challenge to direct care employers across the country. While measuring turnover can be difficult, PHI estimates that nationally, 40 to 60% of direct care workers turn over during the course of a year. Among home care workers, that percentage is even higher.<sup>40</sup>

High turnover rates impact all populations involved: the employers who are scrambling to replace employees, the workers providing these services, and the older adults who depend on this industry.

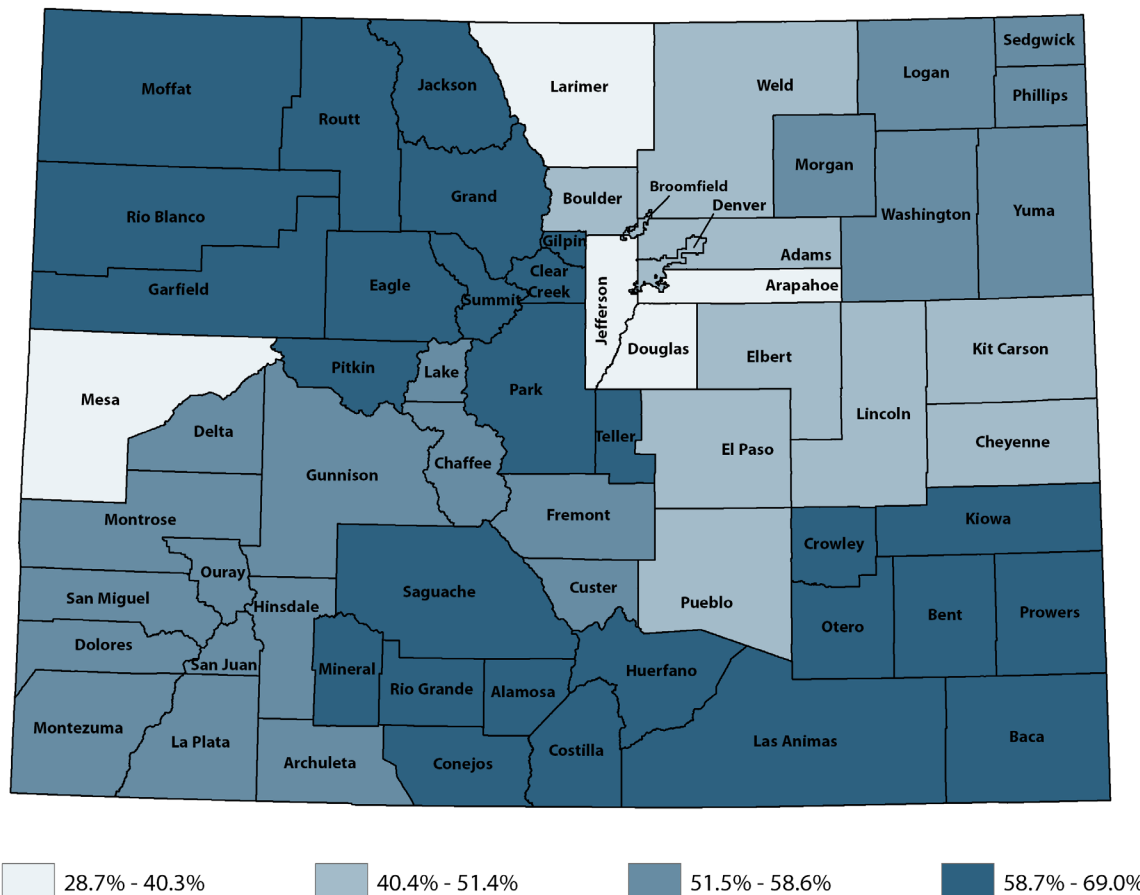
**Impact on employers.** Recruitment and training can be costly and time consuming. Replacing a CNA or home care aide costs an employer an estimated \$2,200 in direct costs.<sup>41</sup> In an effort to reduce the loss of productivity, employers may rely on current staff to pick up extra shifts, often requiring overtime pay, in addition to the increased likelihood of burnout among employees. Two stakeholders

CHI interviewed attributed the closure of their caregiving businesses to the costs associated with turnover.

**Impact on workers.** Employees of home care agencies and facilities feel the weight of constant turnover. Having a revolving cast of workers places additional stress on other staff, forcing them to pick up additional shifts, work with lower staffing ratios, and help get new and less experienced staff up to speed. These issues contribute to stress or burnout.<sup>42</sup>

**Impact on older adults.** Staff turnover also impacts the older adults receiving care. Research has shown that staff turnover and lower staffing levels are associated with worse quality care.<sup>43</sup> Interviewees also reported that turnover is emotionally stressful for clients, causing gaps in care, a lack of privacy, and disrupted relationships with staff. Some say that it can even be dangerous — for example, new staff are more likely to make errors when administering medication to clients.

**Map 2. Percentage of Adults Ages 60+ Who Report Fair/Poor Long-Term Care Options in Their Community by Health Statistics Region, 2018, Community Assessment Survey for Older Adults**



## PROFILE: BARBARA

Barbara, whose name has been changed at her request, is in her late 70s and lives in an apartment in an independent living facility outside of Denver. Barbara lives alone but cares for her mother, who is in her late 90s and lives in a unit just down the hall. Both women have medical conditions that limit their mobility and make it difficult to do everyday activities, such as cooking and laundry. They began working with a caregiver nearly six years ago and have struggled with both turnover and poor quality of care.

Barbara worked with her first caregiver for five years. While the relationship was satisfactory at first, over time the caregiver began having personal problems that started affecting her work. Barbara then switched to a different home care agency in the hopes of finding someone who was a better fit. Over the next six months, Barbara worked with so many different direct care workers, she lost count. One was fired for failing to clock in and out on time. One quit after finding a better position elsewhere. One had a family emergency that forced her to leave. Several were young people who were unprofessional. One was transferred after refusing to perform the tasks Barbara asked of her. “It has been an absolute nightmare,” Barbara told CHI.

The revolving door of care workers has been difficult for Barbara and her mother. It takes

*“I wouldn’t take a shower [while a new person was in the house] because I was afraid. I didn’t know these people. Who gets in the shower with a stranger in the house?”*

time to cultivate trust with a new caregiver, and Barbara felt that lack of trust acutely. “I wouldn’t take a shower [while a new person was in the house] because I was afraid,” she explained. “I didn’t know these people. Who gets in the shower with a stranger in the house?” The constant turnover was also difficult for her mother, who could not keep track of the different people responsible for her care. When Barbara mentioned the name of their current caregiver, her mother would often not know who she was talking about.

Barbara and her mother now work with two different caregivers, who come on alternating workdays. Barbara likes them both. However, she concedes that one caregiver, while nice, is less upbeat and proactive than she would like. Between shifts with Barbara and her mother and work with other clients, “she works seven days a week,” Barbara explained.

## RETENTION AND RECRUITMENT: Challenges and Strategies

The challenges to recruiting and retaining direct care workers in Colorado are numerous and complex.

In many cases, low wages and limited benefits are not enough to meet the needs of direct care workers and their families, making it difficult to retain staff and attract new workers to the field. The rising cost of living and inadequate wraparound supports mean housing, child care, and transportation present major challenges for many direct care workers.

Occupational factors, too, such as inadequate training and limited opportunities for career advancement, mean many workers are less inclined to stay in the field or pursue a career in the direct care workforce in the first place.

Direct care workers also must manage social and emotional stress that is unique to the field. Home care workers perform demanding work with limited supervision and support from coworkers. And direct

care workers working with older adults and higher-acuity cases must navigate the emotions and stress that come with end-of-life care.

However, these challenges also present exciting opportunities to better attract and support Colorado’s direct care workforce. Many possible solutions come in the form of legislation and regulation, such as increasing Medicaid reimbursement rates, creating a new statewide credentialing system, and expanding access to benefits such as health care and retirement plans. Organizations such as the Bell Policy Center and PHI have released policy recommendations along these lines, and a report on training and career advancement for direct care workers from the Colorado Department of Health Care Policy and Financing (HCPF) is forthcoming.<sup>44</sup>

Rather than replicate these efforts, this report highlights strategies that employers can use to promote the retention and recruitment of direct care workers, independent of local, state, or federal policy. The strategies outlined in this report represent opportunities raised by stakeholders interviewed as part of this project, as well as evidence-based strategies described in the literature.

## Wages

### CHALLENGE

#### **Low wages leave many direct care workers struggling to make ends meet.**

Despite the physical and emotional demands of the job, direct care workers typically receive low wages. As one employer put it, inadequate pay is “a terrible burden for the employees, and when they come to work, that comes with them.”

In Colorado in 2018, personal care aides earned an average of \$11.68 an hour, home health aides earned \$12.14 an hour, and certified nursing assistants earned \$15.38 an hour (see Table 1).<sup>45</sup> These wages fall short of the Self-Sufficiency Standard, a county-level measure of annual income needed to cover basic household needs. In Denver County, for example, the income required to cover basic living expenses for one adult and one preschooler is more than twice that brought in by personal care aides and home health aides.<sup>46</sup> (See Figure 1 and CHI’s county profiles for information on other counties.) “It’s not right,” an older adult CHI interviewed said

## Why We Care

In an attempt to identify opportunities to better support and attract direct care workers, this report focuses most of its discussion on the most challenging aspects of care work. However, it is also important to keep in mind the aspects of caregiving that draw people to the field and encourage them to stick with it.

The caregivers CHI spoke to were quick to share the aspects of their jobs they most enjoyed:

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*“The best parts of the job are the people. You build a relationship with these people, and you learn how amazing their lives were. And you change their lives by helping them have a smile every day, because you’re there. It makes your heart feel good.”*

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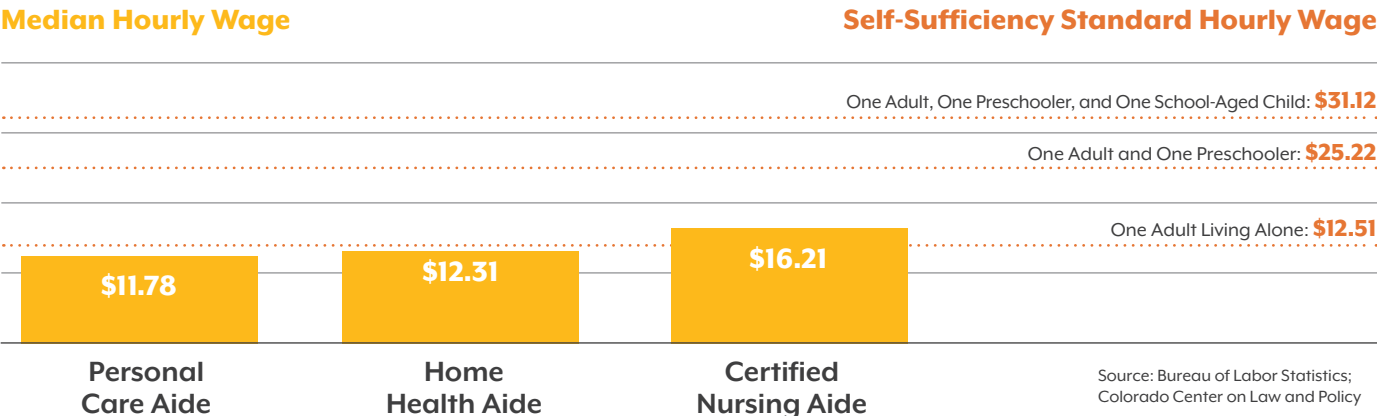
*“I really like both [housekeeping and home health care]. They’re both challenging and rewarding ... I like making sure their house is clean. I like making sure they’re clean for the day and ready to get going ... I might be the only one [my clients] see that day ... When I leave, they’re kind of sad, and so I tell them, ‘I’ll be back tomorrow.’ It makes me happy.”*

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*“The most special things [about the work] are holding someone’s hand in the middle of night ... Hearing stories about their history — things that you don’t get to hear from [the person who’s lived it] very often ... Being loved by residents ... Just knowing you’re making a difference in someone’s life.”*

A study of home care providers found that a commitment to the people they served was the number one reason people became caregivers and among the top reasons they remained in the field.<sup>47</sup> Caregiving can be deeply gratifying work, and understanding the many benefits of the job is a key component of successful recruitment and retention.

**Figure 1. Median Wages for Direct Care Workers in Denver County vs. Cost of Meeting Basic Needs in Denver County, 2018**



**Enduring Histories of Discrimination**

Throughout history, labor performed by women and people of color has frequently been devalued and exploited. The direct care workforce is predominantly women and disproportionately people of color, and the low wages and limited labor protections they have been afforded are consistent with this history.

The direct care workforce performs labor that has long been considered “women’s work” — and which is often performed for free by family members and loved ones. Research indicates that occupations that employ a greater proportion of women offer lower pay to both men and women than occupations that employ fewer women.<sup>48</sup> Work that involves care, such as teaching, counseling, or providing health services, has also been found to pay less than work that does not, even controlling for factors such as the gender and educational background of workers.<sup>49</sup>

Furthermore, direct care workers, among other domestic service workers, have repeatedly been left out of labor protections extended to other workers.<sup>50</sup> Direct care workers were not covered by the minimum wage and overtime pay protections of the Fair Labor Standards Act until 2015.<sup>51</sup> Even today, direct care workers who provide predominantly “companionship services” are still not entitled to federal minimum wage or overtime pay.<sup>52</sup>

of the low wages her caregivers receive. “They work hard for us.”

Many direct care workers work multiple jobs to make ends meet — often in addition to their roles as parents and caregivers for other family members.

Financial stress, particularly when coupled with the stress of working long hours across multiple jobs, can impact care workers’ performance. One employer reported that the employees who worked two or three jobs were more likely to arrive late and show lower levels of engagement. Another described staff members who worked a second full-time job on top of their work as caregivers, saying, “It takes a toll.”

Ultimately, low wages contribute to staff turnover and make the job less attractive to would-be applicants. Many employers CHI spoke with described staff members being “lured away” to another caregiving agency or facility for just 10 or 25 cents more an hour. Others described employees leaving the industry altogether, opting for jobs in sectors that offer better job quality, such as higher wages, better hours, opportunities for advancement, or less physically and emotionally intense work.

**STRATEGIES**  
**Provide higher wages.**

Research indicates that when direct care workers are paid more, they stay at their place of employment longer.<sup>53</sup> Some options to increase pay come from state policy, such as Colorado’s

passage of Senate Bill 238 in 2019, which increased Medicaid reimbursement rates and minimum wages for these workers.<sup>54</sup> However, employers are also positioned to increase their pay, independent of state and federal policy measures — often to great effect. Several employers CHI interviewed attributed their relatively low turnover rates to competitive pay.

Of course, some employers have more room within their margins to allow for wage adjustments than others. For employers that rely on Medicaid reimbursements and clients who cannot afford to pay more than their current rate, it is very difficult to increase revenue — and with it, pay — without an increase in Medicaid reimbursement rates. However, many employers CHI interviewed were quick to point out that their ability to offer more competitive pay is undermined by the costs sunk into recruiting and onboarding new staff. For employers who are able, investing in higher wages may be a worthwhile long-term investment, as they may see a decline in costs associated with turnover.

### **Offer raises and bonuses.**

Many employers CHI spoke with use a combination of raises and bonuses to show appreciation for their staff and encourage them to stay. Incentives are typically based on employee tenure and/or job performance.

Some employers issue raises quarterly, rather than annually, to help with retention. One employer observed that most turnover happens in the first six months of a new employee's tenure. “If you can get them through their first six months of work, they’ll stay,” she explained. With this in mind, her company offers a raise after the first 30 days of work and another raise after the first six months.

Many employers also offer bonuses to attract and retain employees, including sign-on bonuses, bonuses for milestones at the company, and gifts over the holidays. One employer told CHI that bonuses have come to be expected by employees — if a bonus structure is not in place, she warned, you’ll be “churning and burning” employees.

But not all employers are currently implementing such incentives. A direct care worker CHI spoke with reported that the only raises she receives are annual adjustments based on the cost of living.

She explained that management sometimes promises bonuses and then fails to deliver, which is worse than not offering them at all.

### **Provide emergency funds or no-interest loans.**

Some employers have systems in place to get cash into the hands of staff members who need it most, such as those facing eviction or unexpected medical expenses. Providing one-time emergency assistance to staff can provide immediate relief from challenges that sometimes precipitate job loss.

One Colorado employer CHI spoke with occasionally issues no-interest loans to employees in need of emergency financial assistance. Issuing the loans through their regular payroll enables recipients to pay back the loan without interest.

## **Workplace Benefits**

### **CHALLENGE**

#### **Direct care workers receive limited fringe benefits, such as health insurance, paid sick leave, and retirement plans.<sup>55</sup>**

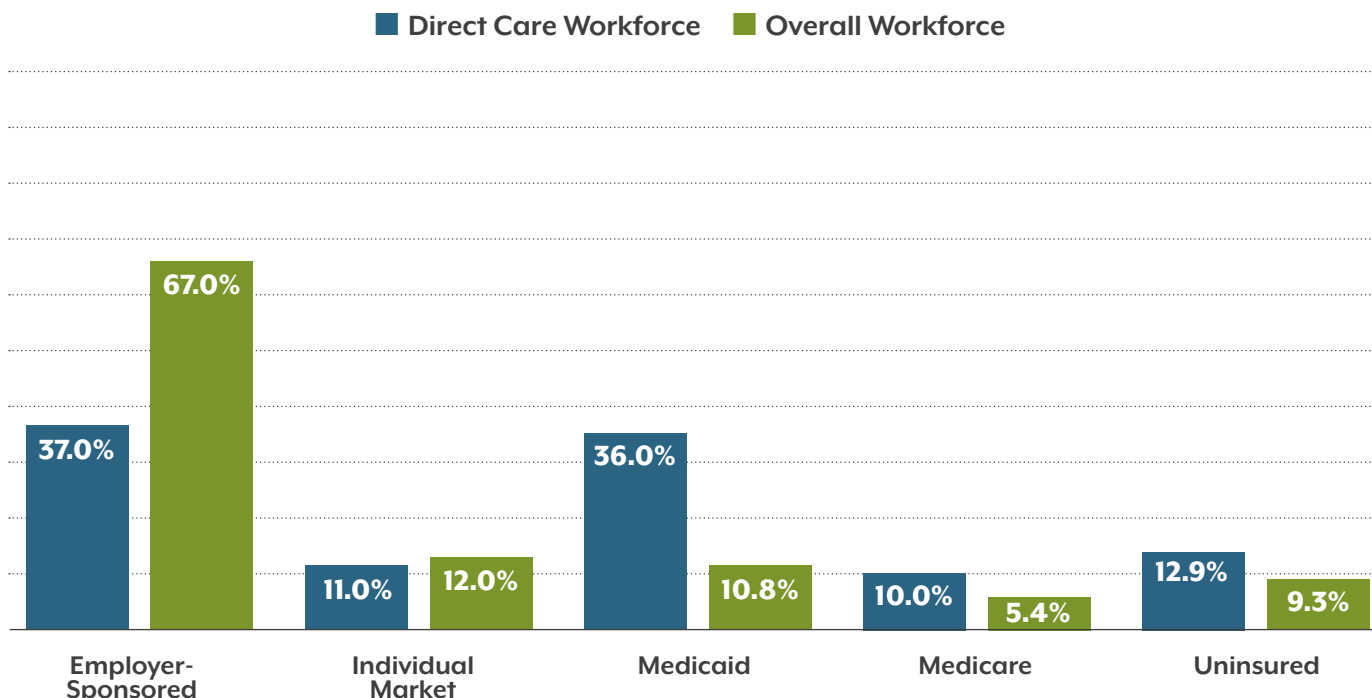
Just over one-third of direct care workers in Colorado are enrolled in health insurance through their employer, compared with two-thirds of Colorado’s overall workforce. Colorado’s direct care workers are 3.3 times more likely to be enrolled in Medicaid than the state’s overall workforce. And direct care workers in Colorado experience higher rates of uninsurance: In 2018, 12.9% of direct care workers were uninsured, compared with 9.3% of the overall workforce.<sup>56</sup>

Limited utilization of employer-sponsored health insurance may be due to relatively few employers offering coverage; relatively high rates of part-time employees, who typically do not qualify for employer-sponsored coverage; prohibitively high costs of employer-sponsored insurance for employees; or a combination of these factors.<sup>57</sup>

Direct care workers are also unlikely to have paid leave during periods of sickness or injury. This is especially concerning due to the weakened immune systems of their aging client base and the high rate of on-the-job injuries experienced by this workforce. In 2016, the overall injury rate across all occupations in the U.S. was 100 injuries per



**Figure 2. Health Insurance Type, Direct Care Workforce vs. Overall Workforce in Colorado, 2018**



Source: 2018 American Community Survey

### Weathering Hardship at Hilltop

Hilltop Community Resources, a service provider based in Mesa County, employs creative solutions to help staff experiencing financial hardship. Hilltop staff in need of assistance are first encouraged to reach out to their supervisor, who can help identify if they qualify for public assistance programs or refer them to other community resources. In some cases, Hilltop also offers flexibility in its paid time off (PTO) policy, enabling the staff member to cash out more PTO than is normally allowed. Finally, Hilltop has a “Make A Difference Fund,” which it can draw upon to provide emergency cash assistance to staff in need. When the fund is being utilized frequently, employees are invited to make contributions to help their coworkers, and Hilltop matches a portion of what is donated. People like to help, a representative from Hilltop told CHI, and the pooled donations are a tangible way for team members to care for and invest in one another.

10,000 workers. Among personal care aides, home health aides, and nursing assistants, the rates were 144, 116, and 337 injuries per 10,000 workers, respectively.<sup>58</sup>

Direct care workers also have low rates of employment-based pension or retirement plans.<sup>59</sup> An estimated one in four direct care workers in the United States has employer-provided retirement benefits, compared with half of the overall workforce.<sup>60</sup>

#### STRATEGIES

##### **Provide staff with affordable health insurance options and other workplace benefits.**

Providing health coverage can be a powerful tool in fighting staff turnover and improving recruitment. Direct care workers who are provided health insurance by their employer are less likely to leave their jobs.<sup>61</sup> Providing health insurance has also been shown to improve the likelihood that prospective workers would decide to become CNAs, an effect that increases when health insurance is coupled with higher wages.<sup>62</sup>

Benefits such as paid time off and pensions are also associated with longer tenure for direct care

workers.<sup>63</sup> Paid sick leave, too, is associated with reduced staff turnover, in addition to promoting better health and safety among both workers and the clients they serve.<sup>64</sup>

Offers of workplace benefits must be paired with information about the advantages those benefits afford. Some employers CHI interviewed described lower-than-expected participation in their benefit programs, particularly among their youngest employees. Organizations like WorkLife Partnership (described on Page 20) can be contracted to help employees navigate their health insurance benefits.

But benefits alone are not enough. One employer described losing staff to an organization that paid slightly more an hour but did not offer 401(k) plans, as they did. Another began offering medical and dental insurance recently but found that most of his staff prefer to forgo the benefits for “cash in pocket.” Their examples demonstrate that the provision of benefits must be paired with competitive wages to be an effective recruitment and retention technique.

## Housing

### CHALLENGE

**Direct care workers’ low wages are not enough to cover the rising cost of housing.**

The rising cost of living in Colorado presents a challenge to direct care workers. In recent years, the cost of housing in Colorado has risen rapidly, outpacing the increase seen nationwide. Between 2010 and 2016, the number of housing options affordable to Coloradans making less than half of the median income dropped by 75%.<sup>65</sup>

Two in five direct care workers (38%) in Colorado are considered housing cost-burdened, meaning they spend more than one-third of their income on housing.<sup>66</sup> The higher the cost of housing, the less workers have to cover other necessities such as food, medical care, transportation, and child care.

In some areas of the state, cost of living is prohibitively expensive, and direct care workers cannot afford to live in the same area as their clients or the facility at which they are employed. An employer in Boulder reported that almost all their direct care staff live outside of the city,

resulting in longer commutes and greater transportation-related costs for those employees.

Several other employers cited challenges around housing security, including staff who experienced homelessness while employed at their organization. Housing instability affects a caregiver’s ability to thrive at work, and loss of one’s housing often precipitates job loss.<sup>67</sup>

### STRATEGIES

**Think creatively about housing solutions.**

While there is no silver bullet to solve Colorado’s high cost of housing, employers can refer staff to organizations that provide rental assistance or other resources for people experiencing housing instability. Employers can also provide emergency cash assistance or no-interest loans to staff facing housing emergencies such as eviction.

Direct care employers can also look for answers in other industries wrestling with affordable housing. For example, Colorado’s ski resort companies have been investing in the development of housing options for their workers, many of whom can no longer afford to live in the mountain communities where the resorts are located.<sup>68</sup> Some facility-based care organizations, including Sevens Residential Memory Care and Serenity House Assisted Living, have started to offer staff quarters on site at low cost to employees.

## Child Care

### CHALLENGE

**Unmet child care needs can keep direct care workers from doing their jobs.**

For many of Colorado’s direct care workers, their clients are not the only people to whom they provide care. Four in 10 (37.1%) have children at home, and 13.7% have a child under 5.<sup>69</sup>

The direct care workforce is also made up predominantly of women, who spend a disproportionate amount of time on caregiving and housework relative to men, regardless of employment status.<sup>70</sup> Eighty-two percent of Colorado’s direct care workers are women.<sup>71</sup>

Additionally, direct care workers are often the sole providers for their families. One in four (24.8%)

direct care workers in Colorado is a single head of household, while just 15.9% of Colorado households are headed by a single person.<sup>72</sup>

Direct care workers, employers, and older adults CHI spoke with identified child care as a major challenge for caregivers in Colorado. Problems with child care present an additional stressor for many direct care workers and often cause caregivers to miss work.<sup>73</sup>

Child care is very expensive. Colorado has the eighth most expensive infant care in the country. The average cost of center-based infant care is \$15,325 a year.<sup>74</sup> For the average personal care aide in Colorado, that represents 64 percent of their annual income — the equivalent of payroll from January through late August.

The high cost of child care presents a challenge for recruitment as well as retention. For some parents in Colorado, it is more cost-effective to stay unemployed than to pay for someone to watch their children while they are at work.

Additionally, many direct care workers have unconventional schedules, including part-time shifts, evenings, and weekends. Direct care workers are also often expected to change schedules or pick up extra shifts with little or no notice. These factors make securing child care difficult, and can sometimes cause direct care workers to miss shifts, arrive late, or forgo extra hours.

## STRATEGIES

### Offer employees child care support.

Some employers CHI spoke with reported occasionally allowing caregivers to leave their child with administrative staff when their child care falls through and they would otherwise need to drop their shift. That multiple interviewees reported having “office babies” is a testament to the compassion and flexibility so often found in this field. However, it also reflects the inadequacy of the child care system on which so many direct care workers rely.

One employer had arrangements with several local day care centers, and would pay for an employee’s child care if something fell through. It was better to cover the cost of child care than have that worker miss their shift, she explained.

Child care presented a major challenge at Columbine Health Systems, a large health care provider that offers home care services, so leadership considered building a day care center on-site for the children of employees. However, after surveying their staff, they found that separating child care from work was an important boundary for many employees, and that staff members generally preferred to find child care within their own networks of friends and family. When parents on staff have difficulty securing child care, Columbine works with consultants from WorkLife Partnership to help meet their child care needs. (WorkLife Partnership is described in greater detail on Page 20.)

Employers who provide child care support report higher employee retention and improved job performance.<sup>75</sup>

## Transportation

### CHALLENGE

#### When transportation falls through, direct care workers cannot do their jobs.

While reliable transportation is important for nearly all of Colorado’s workforce, having a working car is particularly critical for direct care workers, many of whom cannot rely on public transportation to meet their needs.

Many direct care workers provide services in their clients’ private homes, rather than centralized workplaces, and in many cases must transition from home to home over the course of the work day. Some direct care workers also use their cars as part of their regular caregiving responsibilities, such as taking a client to a medical appointment or going to the pharmacy to pick up their medication.

Furthermore, many of Colorado’s direct care workers live and work in areas not served by public transportation. Sixty percent of Colorado’s older adults report living in a community where public transportation is poor or fair.<sup>76</sup> And even for direct care workers where public transportation is technically available, unconventional work schedules, such as short shifts and night shifts, mean public transportation may not meet their needs. Just 5.3% of Colorado’s direct care workers commute to work using public transportation.<sup>77</sup>

Transportation was among the common challenges cited by the stakeholders CHI interviewed. While a dead battery or breakdown can ruin anyone's day, for low-wage workers, car trouble can be financially devastating — and keep them from making their shift as planned. “If their car breaks down, they're done,” one employer told CHI.

### STRATEGIES

#### **Alleviate the burden of transportation costs for employees.**

To help with the everyday burden of transportation costs, employers can provide mileage reimbursements that cover the cost of transportation to and from clients' homes, in addition to providing a livable wage.

Because the demands of direct care work put a lot of “wear and tear” on workers' cars, employers can also use a number of strategies to help with employees' car trouble.

Some employers CHI spoke with have relationships with car repair businesses that offer services to their staff at a discounted rate. Employers can also provide cash assistance to employees who have incurred unexpected car expenses.

When public transportation is a viable option, employers can also step in. Some employers help staff apply for subsidized bus passes, while others offer free bus passes to employees without cars. Another employer CHI spoke with wanted to encourage use of public transportation among their staff, but found that stops were often not located sufficiently close to clients' homes or the sites where staff were taking training classes. They now pay for staff to use a ridesharing service to get them from the closest transit stop to their destination.

## Training

### CHALLENGE

#### **Inadequate training contributes to higher staff turnover, lower job satisfaction, and worse quality of care.**

There is no consensus on the best approach to training direct care workers. Some argue that existing federal regulations on training hours

## Spotlight: WorkLife Partnership

WorkLife Partnership is a Colorado-based nonprofit organization that partners with businesses seeking to better support their employees. WorkLife employs “resource navigators” who meet with employees and help them find solutions to challenges that can affect their ability to thrive at work, such as trouble with housing, transportation, health care, budgeting, child care, and mental health.

Between 2018 and 2019, WorkLife navigators met with 89 CNAs, personal care providers, and caregivers as part of their work with three organizations that provide services to older adults. Navigators worked with employees to identify the most pressing challenges in their lives and strategies for addressing those challenges. The top challenges that direct care workers shared with navigators were related to general financial stress, their ability to afford food, mental health, housing, and health insurance literacy. To meet their clients' needs, WorkLife provided a range of services, including assistance with food, rent, and utilities; counseling referrals; financial and debt counseling; direct cash assistance; and referrals to affordable child care providers.

WorkLife data from those organizations shows that 94% of all employees (across all positions) stayed in their jobs for at least one year after receiving services from WorkLife.

Columbine Health Systems — which provides a range of health services, including home care for older adults — began working with WorkLife Partnership six years ago to improve retention and help their staff be successful at work. A representative from Columbine described WorkLife as a “godsend.”

Readers can learn more about the services WorkLife Partnership offers at [www.worklifepartnership.org](http://www.worklifepartnership.org).

are not sufficient to meet the needs of direct care workers and the older adults they serve.<sup>78</sup> Others caution that substantially increasing the requirements for direct care workers creates greater barriers to entry and could exacerbate existing labor shortages as a result.<sup>79</sup>

Differences in preferred policy notwithstanding, stakeholders across the board agree that quality training is foundational to direct care workers' ability to perform well at work and provide high-quality care to their clients. Without adequate training, direct care workers manage by "figuring it out in the moment," which, while resourceful, can be both risky and emotionally stressful for workers and clients alike.<sup>80</sup> Inadequate training also contributes to alarmingly high rates of workplace injuries among direct care workers.<sup>81</sup>

Stakeholders CHI spoke with cited inadequate training as a driving force of turnover. Initial training and onboarding were identified as being particularly critical, given high rates of turnover in the first six months of employment.

A direct care worker CHI spoke with also emphasized the importance of being transparent with new hires, so they can better anticipate and learn to manage the challenges of the job. In her experience, employers are not always forthcoming about the difficult aspects of caregiving work. New staff are often surprised by the responsibilities they are tasked with, such as lifting clients, and the challenges they encounter, such as abusive behavior from clients. "They need to know about the hard stuff," she explained. Sometimes, when speaking candidly with new staff, her supervisors have told her, "Don't tell them that! You'll scare them away." But she is adamant that setting clear expectations is essential for new hires to be successful: "They have to know how it is." She explained this is particularly critical for those staff working with clients with dementia, who are often unprepared to manage the unique challenges of working with that population — and frequently leave their jobs as a result.

Inadequate training not only contributes to turnover, it also drives new workers away from the field altogether. As one employer said, "When these caregivers come in, they're excited. They want to learn. They want to be a caregiver. ... But we've lost a lot of our caregiving staff because they're

not prepared. I think we're setting staff up to fail, and when they leave this industry, they don't look back."

## STRATEGIES

### **Invest in quality training when bringing on new staff and throughout employees' careers.**

Quality initial training and continuing education have been shown to reduce turnover and improve job satisfaction.<sup>82</sup>

Robust onboarding processes can help mitigate turnover that happens within the first few weeks of work, and training opportunities throughout one's tenure ensure that staff have formal opportunities to maintain and develop their skills over the course of their careers. Employers that invest in onboarding and ongoing training above what is required of them by state and federal law may improve retention and raise morale among staff.

PHI suggests that the most effective training is "adult learner-centered," just as high-quality care is person-centered. The best trainings are mindful of the educational challenges that trainees may face, such as limited literacy or English proficiency. They leverage trainees' existing knowledge and skills. And they use primarily interactive methods, such as role plays and case scenarios, rather than traditional methods, such as lectures and readings. Trainings should also be centered on practical skills and competencies that are relevant to trainees' work, and they should help trainees develop communication and problem-solving skills, which are foundational to providing quality care.<sup>83</sup>

Many employers rely on web-based trainings for their home care staff who do not regularly report to a central facility as part of their daily work. While web-based trainings offer unique advantages, such as reducing barriers associated with transportation and the time required to attend a training, they are limited in their ability to facilitate interpersonal and hands-on training, which many direct care workers report finding useful.<sup>84</sup> Employers can use staff surveys and post-training evaluation forms to help assess what approaches best meet the needs of their staff.

## Career Advancement

### CHALLENGE

**Limited opportunities for career advancement hinder both retention and recruitment.**

Direct care work offers very few opportunities for workers to move into more advanced roles and earn better wages. Many direct care workers remain in the field for years — even decades — without seeing substantial changes to their responsibilities, title, or compensation. And those interested in formally transitioning into more advanced roles are often required to go back to school, a transition that can be costly in terms of tuition, time, and lost wages. For example, employers reported that programs to become certified nursing assistants typically cost around \$1,000 and can last between three weeks and several months.

Many employers CHI spoke to cited the importance of “promoting from within” when a non-entry-level position opened up — and several had advanced to their current positions that way, having started as caregivers and transitioned into administrative roles. But the number of entry-level positions far exceeds the number of more advanced positions at most organizations, meaning internal promotions are only available to a small minority of direct care workers.

Offering a career ladder with so few rungs presents a challenge for both retention and recruitment.<sup>85</sup> Existing staff who have no concrete opportunities to further learn and grow in their work may be more inclined to shift to another employer or leave the field altogether. Meanwhile, careers with no obvious opportunities for advancement are less attractive to people entering or re-entering the labor force.

### STRATEGIES

**Develop advanced roles for direct care staff.**

Differentiating between different roles that staff can play helps mitigate this problem. Across the country, individual employers have begun offering advanced roles for their staff.<sup>86</sup> For example, direct care workers can build — and receive recognition for — specialized skill sets, such as developing expertise in dementia care or diabetes management. More tenured staff can also

grow into training and supervisory roles as peer mentors for new hires. In other words, retention and recruitment can be improved by providing opportunities for more experienced employees to grow skills and take on more responsibility — and compensating them accordingly.

**Provide financial support for continuing education.**

Several employers also provide financial support staff who wish to go back to school for advanced certifications and degrees, such as nursing assistant certifications or nursing school.

TRU Community Care, for example, offers scholarships for CNAs to become registered nurses (RNs). Doing so helps alleviate the nursing shortage their organization faces and makes an enormous difference in the earning potential of their staff. They estimate that if they can help a CNA become an RN by the time they are 32, they will have a \$1 million dollar impact on that individual’s earnings over the course of their lifetime. The program also has helped with retention: “If you help them with that transition, you have a committed employee,” a member of the leadership team told CHI.

Another employer offers a tuition reimbursement for health-related programs, such as CNA classes, offering to cover 80 percent of an employee’s tuition once they have received their certification. However, at the time of the interview, only three employees had taken advantage of the program. This example underscores the significant up-front costs of enrolling in such a program and may point to a need to provide more robust packages of supports, including tuition assistance at the beginning of the program and stipends to cover the cost of child care and lost wages.

## Expressions of Support and Appreciation

### CHALLENGE

**Workers who feel insufficiently supported and valued are less likely to stay.**

Direct care work is uniquely difficult. Caregivers are responsible for bathing and toileting, for supporting people with dementia, and for monitoring patients with complex medical needs. They navigate difficult family dynamics, manage

unexpected health emergencies, and advocate for care that better meets their clients' needs. Many caregivers work long hours. Many work nights. Many make ends meet by piecing together part-time shifts. "It's really hard work," a CNA told CHI.

While workers encounter these challenges in all care settings, home care workers are left to tackle them largely on their own. Unlike workers who are based in assisted living or nursing facilities, home care workers do not work alongside other care staff. Working remotely can feel isolating, and in some cases, it makes the work more stressful; when home care workers encounter a challenge, they cannot easily turn to a supervisor or coworker for help.

Home care agencies typically arrange for caregivers to be supervised periodically, but the extent and quality of that supervision varies. A direct care worker who works with two different home care agencies reported that in one position, she gets supervised every two weeks, while in the other, she is supervised every three months. She appreciates connecting with her supervisors, who provide her feedback on what she is doing well and where she can improve. These touchpoints are her only regular interactions with other staff. She completes all of her training online and sees other caregivers only when dropping paperwork off at the agency's central office.

Remote work also makes it difficult to build a positive workplace culture, which is a key component of job satisfaction.

A study of direct care workers found that after better pay, work relationships were the top issue workers would change about their jobs. And relative to caregivers based in assisted living or nursing facilities, home care workers were more likely to identify communication as the most important area for improvement.<sup>87</sup>

## STRATEGIES

Cultivating a positive work culture can be difficult for home care agencies, whose staff are geographically scattered and rarely report to a centralized location. But studies show that home health workers who are supported and recognized by their supervisors and organization have greater job satisfaction and are less likely to quit.<sup>88</sup>

## Foster supportive supervisor-employee relationships.

Direct care workers who are supported and recognized by their supervisors have better job outcomes.<sup>89</sup> As one supervisor (herself a former nurse) put it, "Employees want recognition. They want their managers to understand their work and how hard it is. They want mutual respect." Home care employers can promote healthy, supportive relationships between supervisors and the caregivers they manage by organizing regular touchpoints, both in person and remotely. Employers should also facilitate opportunities for supervisors and caregivers to give bidirectional feedback, not only on places where there is room for improvement, but also on things they are doing well.

For employers that provide services across a variety of settings, starting less experienced employees in environments with closer supervision can be helpful. For example, when TRU Community Care hires staff with less experience, it often places them in the care center, rather than in home-based care, to ensure they can learn in a more controlled environment starting out.

Employers who provide exclusively home care services can place new staff with less acute cases and provide more regular check-ins with supervisors, to help ease them into the work.

Technology can also help employers facilitate connections between people who do not see one another in their day-to-day work. Senior Helpers, a home care agency with offices in northern Colorado, uses an app called TigerConnect to form group chats with caregivers, office staff, and/or the clients they serve. The app helps employees ask advice of their supervisors on the fly, encourages caregivers who serve the same client to coordinate with one another, and helps clients communicate with all members of their care team simultaneously.

That said, home care employers must strike a balance between support and freedom. The remote nature of the work is not solely a challenge — it is often the reason workers choose to work in home care in the first place. Many home care workers appreciate that home care offers more freedom and autonomy than facility-based care,

and employers should avoid micromanaging their staff accordingly. Home care workers with a greater sense of autonomy at work have been shown to stay with their employer longer.<sup>90</sup>

### **Promote an organizational culture of support and recognition.**

Employers can promote a positive, supportive workplace culture through both formal and informal channels.

Many employers make a point to recognize high-performing staff. Several employers CHI spoke with have an “employee of the month” program, a number of which reward the honoree with a bonus or gift, such as a free oil change. Others give shout-outs in their organization’s newsletter, organize parties, or hold ceremonies to recognize staff members’ accomplishments, such as when staff complete special trainings, earn advanced certificates, or have perfect attendance.

Employers can also share tokens of appreciation with all their staff. Interviewees described distributing candies and thank-you notes, giving out free turkeys on Thanksgiving, and hosting pizza parties. “It’s not so much giving people things,” one employer explained. “It’s about showing you care and chipping in.”

Offering robust benefits packages can also help demonstrate the value employers place on their staff. Alongside health insurance, a 401(k) plan, a flexible paid time off policy, and an employee wellness program, Hilltop Community Resources offers all of its employers a “sabbatical plan.” All employees, from caregivers to dining hall staff, are eligible for at least one month of paid time off after 10 years with the organization, in addition to their regular paid time off. A member of the leadership team says he is not sure how much the plan encourages people to stay, but that knowing the program is out there, and that their peers are being rewarded for their hard work, makes a difference.

Finally, soliciting employee feedback can help employers promote a culture where staff feel heard and cared for. Many employers conduct exit interviews to understand why staff are leaving. While important, employers must also hear from those who are still employed at the

organization, to help meet their needs before they head toward the door. Employers can administer annual employee surveys, as well as solicit feedback throughout the year, such as circulating a one-question survey about a policy change they are considering or asking staff to evaluate a training they completed.

Whether through formal programming or simple day-to-day interactions, employers emphasized that the quality of relationships is what makes a difference for staff. As one employer put it, “If you treat them like family, they will stay.”

## **End-of-Life Care**

### **CHALLENGE**

**Grief following the death of a client contributes to burnout. The loss of a client can also disrupt workers’ schedules and wages.**

Providing care to people at the end of their lives presents a unique set of challenges for caregivers, including the difficulties that come with the death of a client. Direct care workers experience a range of emotions when a client passes away, including grief for having lost someone they are close to. Feelings of sadness and frustration following the death of a client have been shown to contribute to employee burnout.<sup>91</sup> One stakeholder CHI spoke with described this phenomenon as “vicarious trauma.” Grief following a client’s death can also lead to cynicism and detachment, which inhibit a staff member’s ability to provide compassionate care to their other clients.<sup>92</sup>

For home care workers, the death of a client also disrupts their established work schedule and the reliable wages it provided. Both caregivers and employers interviewed reported that it can take upwards of two weeks to pair a caregiver with a new client whose needs align with the caregiver’s skills, availability, and desired hours. But for direct care workers with limited financial resources, forgoing wages in the interim is not a viable option. As a result, it is not uncommon for home care workers to switch employers following the death of a client, preferring an agency that can connect them with a new client immediately, rather than wait for their existing employer to line up new hours.



## STRATEGIES

### Create environments that help staff to manage grief and burnout following the death of a client.

Research indicates that several factors influence the impact client death has on staff, including work-related stress, job satisfaction, and degree of support provided by supervisors.

Employees who experience less work-related stress and report higher levels of job satisfaction are more resilient following the death of a client.<sup>93</sup> Direct care workers who report higher levels of support and trust with their supervisor are also less likely to withdraw following the death of a client.<sup>94</sup> Efforts to reduce stress, promote job satisfaction, and cultivate supportive staff-supervisor relationships are therefore not only helpful in reducing burnout more generally, but also have observable effects in reducing burnout related to end-of-life care specifically.

One employer CHI spoke with requires all staff to complete an online training module about coping with death and asks about comfort with end-of-life care before placing staff with a critically ill client. Another employer, who runs an assisted living facility, described caregivers connecting with an on-site chaplaincy program on an informal basis. While the chaplaincy staff are present to provide support to residents and their families, staff have sought support from them in times of hardship, too.

Employers can further help staff manage clients' deaths by providing in-person training on coping strategies and facilitating psychological and social support programs, such as support groups composed of direct care workers and their supervisors.<sup>95</sup>

### Provide supports for home care staff who lose hours following the loss of a client.

Employers can mitigate the financial stress that losing a client poses by providing home care workers with stipends during periods of reduced hours. When employees can make ends meet as they transition to a new client or schedule, they are less likely to leave out of financial necessity.

## Recruitment

### CHALLENGE

#### Direct care employers cannot keep up with their hiring needs.

Direct care employers across Colorado are chronically understaffed. Many employers are always looking for new staff. When asked if they were currently hiring for any positions, one employer told CHI, "Yes, anything and everything."

Constantly investing in recruitment and hiring is costly. One employer contracts out for home health aides and personal care aides because paying for an external contractor was cheaper than covering the cost of recruitment themselves.

Employers that are desperate for new staff are also more likely to hire candidates they might not have selected otherwise. "If they show up for the interview, then we hire them," one employer told CHI.

Many care organizations use a combination of traditional recruitment strategies, including posting on online job platforms, advertising on social media, and putting listings in the local newspaper. These strategies yield many applications, but few interviews, fewer hires, and even fewer staff who stay. For many of Colorado's care organizations, the need to hire is both urgent and never-ending.

### STRATEGIES

#### Solicit referrals from existing staff.

Existing employees can be a great resource to employers looking to recruit new hires. After tracking its recruitment outcomes, one home care agency found that it hired 44% of personal referrals, nearly 15 times its hiring rate for online recruitment, 3%.<sup>96</sup>

One employer CHI spoke with reports that when they have a particularly difficult time filling a position, they offer bonuses to staff who recruit successful hires. Employees receive a bonus for recruiting a friend or family member to the position and receive an additional bonus if the contact they recruited stays for at least six months.

**Develop strategic partnerships with community-based organizations in your area — and get creative.**

Employers can leverage relationships with organizations in their community to connect with possible candidates.

- **Local workforce centers.** Local workforce centers offer one of the easiest ways to connect with job-seekers in a given area. Work centers can help employers connect with candidates via job postings, job fairs, internships and assistantships, and referrals.
- **Local colleges and universities.** College students can work as capable employees over the summer or part-time during the school year. Connecting with young people while they are in college can also encourage them to pursue a career in long-term care. Employers can connect with college students at job fairs and career events, in the classroom, or through faculty and staff at their school. Employers can also conduct targeted outreach to students enrolled in programs in relevant fields, such as nursing, home health, and social work.
- **Local middle and high schools.** If young people are to join the direct care workforce, they must first know a career in caregiving is an option for them. Employers can work with local schools to teach students about jobs in older adult care, organize field trips to local facilities, and coordinate internships for older students.

**Think creatively about reaching populations not traditionally represented in Colorado’s direct care workforce.**

Recruiting workers from “nontraditional” backgrounds can be a powerful tool to help close Colorado’s care gap. LeadingAge, a national care organization, recommends that employers conduct outreach to men, older adults, displaced workers, immigrants and refugees, veterans and military spouses, and people interested in pursuing second careers.<sup>97</sup> When employers and community leaders broaden their understanding of who can be a successful caregiver, the recruitment pool for Colorado’s direct care workforce becomes much larger.

**Supporting Caregivers-To-Be in Mesa County**

The Mesa County Workforce Center in Grand Junction offers training and financial support for low-income residents in need of career assistance through the federally funded Workforce Innovation and Opportunity (WIOA) grant. The program serves people across a variety of occupations, including those pursuing personal care aide and CNA positions, by helping cover training and licensing fees that may pose a barrier to entering the workforce. People who qualify for assistance are also connected to local partnerships, such as child care facilities, and receive guidance on applying for public assistance programs, such as Medicaid and Temporary Assistance for Needy Families (TANF). The program benefits not only participants entering the workforce, but local employers as well.



**Student Outreach in Practice: Eaton Senior Communities**

For Eaton Senior Communities, an independent living facility in Lakewood, outreach to students is a key component of recruitment efforts. Eaton hires students from local colleges and universities over the summer and provides bonuses to students who can stay on into the school year. Eaton also offers internships to high school students who are in a health careers track. Staff at Eaton describe young people coming into the program thinking they want to work with children but changing their minds after having a positive experience working with older adults.

## Looking Forward

In 2030, 1.2 million older adults in Colorado will need a wide range of services — from housekeeping to assistance with medication to skilled nursing care — and it is up to employers, policymakers, advocates, and other community leaders to make sure the direct care workforce is equipped to meet those needs.

Today's direct care workforce faces a slew of challenges that make it difficult to thrive at work and to draw new workers to the field. While some challenges might feel more immediately actionable, such as an employee needing help with a bus pass, many others might appear

insurmountable, such as the rising cost of living across the state.

But employers across Colorado are deploying promising strategies — large and small — to help support and attract workers. From help with child care to employee feedback surveys to school outreach programs, organizations are chipping away at the obstacles that make it difficult for direct care workers to stay at their jobs or enter the field in the first place.

These community-based solutions, in combination with state and federal policy interventions, can transform direct care work into an occupation that not only supports existing workers but attracts talented new workers to the field.

## Appendix

### Methodology

The Colorado Health Institute employed both quantitative and qualitative methods to reach the findings presented in this report.

#### **Understanding Demand, Supply, and the Care Gap**

CHI analyzed data from the U.S. Census Bureau's American Community Survey (ACS), the U.S. Bureau of Labor Statistics (BLS), and the Community Assessment Survey of Older Adults (CASOA) to describe Colorado's older adult population and direct care workforce.

Data from these sources were available at varying levels of geographic granularity. ACS data was analyzed at state and county level. BLS data was available by metropolitan and non-metropolitan areas. CASOA data was available by the 21 Health Statistics Regions developed by the Colorado Department of Public Health and Environment (CDPHE). For county-level analyses, BLS and CASOA data were cross-walked to their corresponding counties.

#### **Identifying Workforce Challenges and Opportunities**

In order to identify the most pressing challenges and most promising opportunities for direct care in Colorado, CHI conducted key informant interviews with 27 stakeholders, including direct care workers, employers, and older adults who receive home care services. Possible interviewees were initially identified by soliciting recommendations of contacts from AGES members. In several cases, interviewees then suggested additional contacts to whom CHI reached out. Over 80 percent of individuals who were contacted about an interview agreed to participate.

Interviews were conducted between January and March 2020. Interview notes and transcripts were coded and analyzed to identify common themes and narratives.

CHI then conducted literature reviews on topics identified by interviewees. Studies pertaining to interviewees' comments are cited throughout the "Retention and Recruitment" section of the report.

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