



Partnership for People
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Health Insurance and the Recruitment and Retention of Direct Service Workers in Virginia

Final Report

**A study conducted for the
Virginia Department of Medical Assistance Services by
The Partnership for People with Disabilities at Virginia Commonwealth University**

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Executive Summary

- ◆ This study, “Health Insurance and the Recruitment and Retention of Direct Service Workers in Virginia,” was completed by the Partnership for People with Disabilities at Virginia Commonwealth University, under a contract from the Virginia Department of Medical Assistance Services (DMAS).
- ◆ The two primary purposes of the study were (1) to describe the health insurance status of direct service workers in Virginia and (2) to assess the impact of availability of health insurance on employment and retention of these workers.
- ◆ Survey methodology was used to gather information from four groups: directors of agencies that employ direct service workers, the individuals who were employed by the agencies, consumer-directed service workers, and a group of direct service workers who had received DMAS-sponsored Enhanced Care Assistant Training (ECAT).
- ◆ A small sample of direct service workers participated in two focus groups.
- ◆ Several thousand surveys were mailed or distributed throughout Virginia. The return rate for the survey to consumer-directed service workers was 36%; for agency directors, 72%; and for individuals who received the ECAT training, 62%. (The response rate for surveys that employers distributed to agency-based direct service workers could not be determined.)
- ◆ Both employers and direct service workers rated the availability of health insurance as an important consideration when offering or seeking/accepting employment.
- ◆ The majority of direct service workers (ranging from 51% to 61%) reported that they did have health insurance. However, only about a third of the agency employers (32%) reported that they offered health insurance.
- ◆ Few of the direct service workers who had health insurance received it through their agencies or the consumers who hired them directly (11% and 3%, respectively).
- ◆ Reasons agency employers gave for not offering health insurance were that it is too expensive for the organization, too expensive for the employees, and/or too burdensome to administer.
- ◆ Approximately 17% of the direct service workers received health insurance through Medicaid.
- ◆ On average, individuals who had health insurance worked fewer hours per week than those who did not.

- ◆ The percentage of direct service workers who had health insurance was positively correlated with annual household income (as income increased, the percent of workers who had health insurance increased).
- ◆ The demographics of consumer-directed service workers and agency-based direct service workers differed in several ways.
 - A larger percentage of consumer-directed workers were males (9% vs. 3%).
 - The majority (68%) of consumer-directed service workers described themselves as White, non-Hispanic, while the majority (62%) of agency-based workers described themselves as African-American, non-Hispanic.
 - Consumer-directed service workers tended to have more education than agency-based workers. For 50% of the former group, the highest level of education reached was college; for 73% of the latter, the highest level of education reached was high school.
 - Consumer-directed workers had not had their jobs as long as agency-based workers; the percentage of individuals in the two groups who had been in the field for less than 2 years was 60% and 41%, respectively.
- ◆ In conducting this study, we operated under the assumption that all individuals have a common understanding of what “health insurance” means. However, we learned that not all direct service workers have information about what health insurance is and how it works, or sometimes even have misinformation.
- ◆ A very high percentage (from 94% to 97%) of direct service workers reported that they are happy with their jobs and expect to remain in the field for many years (86% to 89%). Simply put, they like helping people and find their jobs rewarding.
- ◆ The question of the relationship of availability of health insurance to attracting and retaining direct service workers is more complex than it appears on the surface. For example, issues were uncovered that had not been identified prior to the study, and some of the findings appear to be contradictory.
- ◆ The findings of this study suggest that offering health insurance may not be a deciding factor for individuals seeking employment as direct service workers.
- ◆ As is common in community-based research, the conclusions drawn from this study must be qualified because of external influences not under our control, such as the large number of surveys that were not deliverable because of inaccurate addresses, inability to get surveys to the agency-based workers directly, and a smaller than anticipated number of participants in the focus groups.

Introduction

Nationally, the demand for in-home personal care services for individuals who are elderly or have disabilities is increasing dramatically. Causes include: advances in medical technology that have extended the life span of individuals with disabilities and allowed even those persons with the most significant disabilities to be cared for at home (Centers for Disease Control and Prevention, 2003); increased coverage for in-home services through health insurance plans, especially Medicare and Medicaid; and the rapid expansion of the aging population. During this same time period, however, the population of persons traditionally employed to provide direct services in the home (women between the ages of 25 and 54) is expected to remain relatively constant (U.S. Census, 2007).

In recent years, the Centers for Medicare and Medicaid Services have provided grant funds to states to develop demonstration interventions to increase the recruitment and retention of direct service workers. In Virginia, the Department of Medical Assistance Services (DMAS) used CMS funds to develop an enhanced training series for direct service workers, and to offer health insurance incentives, to study the effects on worker recruitment and retention. Concerning the health insurance program, although some employers expressed interest, the project was curtailed when there was little worker interest in the agencies where the option was presented.

DMAS next commissioned a study, designed and implemented by the Partnership for People with Disabilities (“the Partnership”) at Virginia Commonwealth University (VCU), to obtain information to better understand the issues surrounding health insurance and its impact on recruitment and retention of direct services workers. In addition, although DMAS had already evaluated the enhanced training program, there was an interest in following up with the direct service workers who had received the training, to assess the extent to which it affected participants’ decisions about staying in the direct care field. Accordingly, the Partnership developed a study with five components:

1. Mailed surveys or telephone interviews with directors of agencies throughout Virginia whose employees were direct service workers
2. Distribution of surveys to agency-based direct service workers by agency directors
3. Mailed surveys to direct service workers who had provided consumer-directed support to individuals receiving services through Medicaid waivers as of Spring, 2007
4. Mailed surveys to direct service workers who had participated in the Enhanced Care Assistant Training (ECAT)
5. Focus groups with a limited sample of direct service workers.

These components serve as the basis for the organization of this report.

Note: Throughout this report, the term “direct service workers” refers to individuals who provide personal care services in the homes of people who are elderly, convalescent, or have disabilities. Services might include assistance with routine activities of daily living, such as bathing, dressing, grooming, meal preparation, and eating. Direct service workers may be home health care aides, nursing assistants, personal care attendants, certified nursing assistants, family members, friends, or companions – but not licensed health care professionals such as nurses or physical therapists. The workers are compensated through Medicaid Home and Community-Based Services Waivers. Direct service workers are either employed through an agency (“agency-based workers”) or are hired directly by the individual who is receiving the services (“consumer-directed workers”).

Study of Agency Employers of Direct Service Workers

Survey Distribution and Returns

To obtain the employer perspective on the issues surrounding health insurance (HI), a survey was mailed to directors of agencies throughout Virginia that employed direct service workers (DSWs) and received Medicaid reimbursement for provision of home-based personal care. Of 176 employers who met the criteria for inclusion in the study, 126 participated, for a response rate of 72%. Seventy-six (76) employers returned written surveys, and another 50 responded via telephone interview. Employers were also asked if they would be willing to distribute an employee survey to their direct service workers; those who agreed (103 employers, 82%) received a \$50 gift card.

Survey Results

Agency employers who participated in the survey had differing service areas, but most (111, or 89%) reported that they served one region of the state, and only one served the entire state. In most cases, the employers described their organizations as private, for-profit. The agencies also varied in the number of part-time and full-time DSWs they employed; e.g., although all agencies employed some part-time workers, 24 agencies did not employ any full-time workers. Data relating to these characteristics are shown below.

Regions of Virginia Served¹	Percentage	Number
Northern	17%	21
Northwestern	9%	11
Southwest	22%	28
Central	34%	42
Eastern	36%	45

Type of Organization	Percentage	Number
Private non-profit	15%	19
Private for-profit	80%	101
Government	5%	6

Number of DSWs Agency Employs^a	Part-Time Workers (Range 1 – 400)		Full-Time Workers (Range 0 – 729)	
	Percentage	Number	Percentage	Number
0 employees	0	0	26%	24
From 1 to 10	17%	16	22%	21
From 11 to 40	30%	28	33%	30
From 41 to 70	28%	26	11%	10
From 71 – 729	25%	23	9%	8

^a N = 93 for this question.

¹ Total > 126 because some agencies serve more than one region.

Health Insurance

Of the 126 agency employers who responded to our survey, **only 40 (32%) said that they offer health insurance** to the DSWs in their employ. Of the 86 employers who did not offer insurance, the most frequently cited reasons were the expense to the employer or employee, and the administrative burden.

Reasons for Not Offering Health Insurance	Percentage^a	Number^b
Too expensive for my organization	74%	49
Too expensive for DSWs	62%	41
Too burdensome to administer	18%	12
Additional reasons	39%	25

^a Based on number of employers who answered the question.

^b Percents total more than 100 and numbers total more than 66 because respondents could check more than one reason.

The agency employers were also asked to give their opinions about how important they thought health insurance availability was in recruiting and retaining DSWs; ratings could range from 1 (“Not at all important”) to 10 (“Very important”). Almost all of the employers answered these questions and rated both items highly.

Employers’ Ratings of Importance of Health Insurance	Mean Rating (max of 10)	SD
In recruitment of DSWs	8.04	2.75
In retention of DSWs	8.25	2.65

Agencies That Offer Health Insurance

Directors of the 40 agencies that offered health insurance were asked to answer an additional series of questions. In 31 of the 40 agencies that offered HI, workers had to meet minimum eligibility requirements. Different types of HI plans were available. Results are presented below.

Eligibility Requirements for HI	Percentage^c	Number
Days worked: 30 to 90	75%	21
Days worked: 120 to 365	25%	7
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Hours per week: 25 to 32	53%	16
Hours per week: 35 to 40	47%	14
Type of Insurance Offered	Percentage^c	Number
Individual	90%	36
Family	55%	22
Individual plus spouse	50%	20
Individual plus child	48%	19

^c Based on number of employers who answered the question.

Additional information that was requested of agencies that offered HI included the types of insurance programs, employer and employee premiums, and the percentage of workers eligible for HI who actually received HI through the agency. However, the number of respondents to these questions was too small for appropriate statistical analysis.

Finally, analyses were run to assess whether there were features that differentiated between agencies that offered HI and those that did not. There were no statistically significant differences either for region or for employers' perceptions of the importance of HI. However, there was a statistically significant relationship between the number of full-time employees that the agency had and whether HI was offered.² To illustrate, agencies with no full-time employees and the smaller agencies that had 10 or fewer employees offered HI the least often. In contrast, almost all of the largest agencies (more than 70 DSWs) offered HI. However, we must view these results cautiously because the *Ns* in the various subcategories are very small. The data are presented below.

	<u>Agencies</u>	
	<u>Offering HI</u>	<u>Not Offering HI</u>
◆ <u>Number of Full-Time Employees</u> $X^2(4, N = 92) = 18.77, p = .001$		
○ Zero	8% (n = 2)	92% (n = 22)
○ 1 to 10	29% (n = 6)	71% (n = 15)
○ 11 to 40	43% (n = 13)	57% (n = 17)
○ 41 to 70	33% (n = 3)	67% (n = 6)
○ More than 70	88% (n = 7)	12% (n = 1)

² No similar pattern was found for the part-time employees.

Study of Direct Service Workers Employed through Agencies

Survey Distribution and Returns

Because Virginia does not maintain a registry of agency-based direct service workers (DSWs), we asked direct service agency directors if they would assist us by distributing surveys to their employees. We supplied approximately 10,000 direct service worker surveys to 176 agency directors. Employers who agreed to distribute surveys to their employees received a \$50 gift card, and an incentive of a \$10 gift card was offered to each DSW who completed a survey. A total of 1550 surveys were returned; however, the response rate for this group cannot be determined because we do not have documentation of the number of surveys that were actually delivered to the agency direct service workers. Demographic characteristics of the respondents are presented below.³

Gender	Percentage	Number
Male	3%	43
Female	97%	1496
Race/Ethnicity		
African American, not Hispanic	62%	935
White, not Hispanic	34%	515
Other	4%	60
Highest Level of Education		
Some college, college graduate, CNA	24%	356
High school graduate/GED	56%	831
Some high school	17%	261
LPN or RN	3%	48
Age: Range from 18 to 85		
Under 30	18%	274
Between 30 and 50	50%	754
From 51 to 60	21%	302
Over 60	11%	173
Years as a Direct Service Worker: Range from <1 to 51		
	Percentage	Number
2 and under	41%	604
Between 2 and 5	20%	295
Between 5 and 10	19%	280
Over 10	20%	295

³ Numbers do not always add up to 1550 because not all workers answered all questions; percents are based on the number of people responding.

Hours per Week	Percentage	Number
20 or fewer	20%	298
Between 20 and 40	61%	933
Over 40	19%	292
24 hours/7days per week	<1%	2

As can be seen, of those agency workers who responded to the demographic questions, most were women, with nearly two-thirds being African American and approximately a third, white. Almost three quarters of the group ended their education with high school. About 20% of the respondents had been DSWs for over 10 years. Although about half of the workers were between 30 and 60 years old, there was a wide range of ages, including some individuals in their teens and others in their 80s. There was also a wide range in the number of hours worked in a typical week, with some individuals even providing care around-the-clock. Most of the DSWs (i.e., 75%, $n = 1,116$) provided services to 1 or 2 individuals, with another 16% ($n = 237$) working with 3 or 4 people. Only 11 of the respondents (<0.1%) reported that they were unemployed at the time of the survey.

Survey Results

The survey was composed primarily of checklists and fill-in questions. Results are organized into 2 sections – one describing direct service workers’ status with regard to health insurance, and the second providing descriptive information about the workers’ living and employment situations.

Health Insurance

When asked to rate how important it was that their employer offer health insurance (HI) when they were looking for a job, the large majority of the agency direct service workers (87%, $n = 1,339$) said it was either “Very Important” or “Important.” However, in reviewing the results, it was found that the percentage of workers who actually **had** health insurance was just slightly higher than those who did not, as is shown below.

Agency Workers with Health Insurance	Percentage	Number
Yes	51%	780
No	49%	741

For those who did have health insurance, only a small percentage (i.e., 11%) received it through the agency from which they received our survey. Most commonly, their insurance was provided either through another of their employers or the spouse’s employer. Medicaid or Medicare was cited as the sole source of health insurance by 27% of the respondents who answered the question.

If YES, Providers of Health Insurance	Percentage^a	Number
Respondent's Agency	11%	77
Other employer	16%	109
Spouse's employer	26%	179
Private plan	10%	68
Medicaid	20%	141
Medicare	7%	51
Other, including multiple sources	10%	73

^a Percents based on number of respondents who had health insurance (N = 780).

The agency-based workers who did **not** have health insurance were asked why. The two most frequently cited reasons were that insurance was too expensive and/or their employers did not offer insurance.

If NO Health Insurance, Reasons^b	Percentage^a	Number^b
Too expensive	74% ^c	509 ^c
Employer does not offer	50%	345
Not eligible	9%	60
Other	11%	78

^a Percents based on N = 741 for this question.
^b Percents total more than 100 and numbers total more than 741 because some respondents checked more than one reason.

Living Situation

Some basic information about the families and households of agency workers was collected for descriptive purposes. Not all respondents answered all questions.

- ◆ A total of 58% (n = 798) had children under the age of 23 living with them.
- ◆ Approximately 18% (n = 254) had more than 4 people living in their household.
- ◆ Of those agency workers with children in the household, 82% (n = 609) had health insurance coverage for the children.

◆ Annual household income was:

	Percentage	Number
Less than \$9,800	23%	331
Between \$9,801 and \$20,000	43%	626
From \$20,001 to \$40,000	24%	352
Over \$40,000	9%	134

Comparisons of Agency-Based Workers with and without Health Insurance

Because this study focused primarily on issues surrounding direct service workers' health insurance status, we conducted additional analyses to explore whether there were

factors that differentiated agency workers who had health insurance from those who did not. The results are summarized below.

	<u>With HI</u>	<u>Without HI</u>
◆ <u>Mean hours worked per week</u> $t(1469) = 4.02, p = .000$	$M = 33.1, SD = 15.2$	$M = 36.5, SD = 16.5$
❖ On average, agency workers without HI worked more hours/week than those with HI.		

	<u>With HI</u>	<u>Without HI</u>
◆ <u>Mean age</u> $t(1469) = 4.02, p = .000$	$M = 44.8, SD = 14.6$	$M = 42.7, SD = 12.3$
❖ On average, agency workers without HI were younger than those with HI.		

	<u>With HI</u>	<u>Without HI</u>
◆ <u>Annual household income</u> $\chi^2(3, N = 1443) = 92.64, p = .000$	<i>Spearman's rho</i> = .22, $p = .000$ (one-tailed)	
○ Less than \$9,800	41% ($n = 136$)	59% ($n = 195$)
○ \$9,801 to \$20,000	45% ($n = 282$)	55% ($n = 344$)
○ \$20,000 to \$40,000	57% ($n = 202$)	43% ($n = 150$)
○ \$40,000+	86% ($n = 115$)	14% ($n = 19$)
❖ There was a weak but statistically significant positive relationship between annual household income and having HI. As the income level increased, the percentage of people who had HI increased.		

Finally, neither the educational level nor the racial/ethnic background of the agency workers was related to whether the person did or did not have health insurance.

Study of Consumer-Directed Service Workers

Survey Distribution and Returns

DMAS provided the Partnership for People with Disabilities a list of all the direct service workers who had provided support to individuals receiving services through Medicaid waivers as of Spring, 2007. Surveys were mailed to all those CD workers for whom we had current addresses ($N = 3,965$), and an incentive of a \$10 gift card was offered to each person who completed the survey. In order to boost the response rate, a second mailing was sent to a random sample of individuals who had not responded within the initial specified time frame. Through these procedures, 1,429 surveys were returned (a response rate of 36%). However, since 236 of the surveys were received after the data analyses had been completed, the functional N was 1,193, with a response rate of 30%. Demographic characteristics of the respondents are as follows.⁴

Gender	Percentage	Number
Male	9%	92
Female	91%	880
Race/Ethnicity		
African American, not Hispanic	23%	226
White, not Hispanic	68%	658
Other	8%	80
Highest Level of Education		
Some college, college graduate, CNA	50%	498
High school graduate/GED	32%	311
Some high school	11%	126
LPN, RN, or other	5%	46
Age: Range from 17 to 87		
Under 30	21%	203
Between 30 and 50	42%	402
From 51 to 60	26%	246
Over 60	11%	108
Years as a Direct Service Worker: Range from <1 to 51		
2 and under	60%	574
Between 2 and 5	23%	325
Between 5 and 10	10%	95
Over 10	7%	70

⁴ Percents in this section are based on the number of respondents who answered each specific question. In most cases, this was approximately 80% of the total respondents.

Hours per Week	Percentage	Number
20 or fewer	32%	294
Between 20 and 40	39%	358
Over 40	29%	266
24 hours/7days per week	<1%	4

As can be seen, of those CD direct service workers who responded to the demographic questions, women outnumbered men by 9 to 1; two-thirds of the workers were white and about a quarter African American; and almost all had a high school or college education. Most of the respondents had not been direct service workers for very many years, with less than 20% working in the field for over 5 years. Although the majority of the workers were between 30 and 60 years old, there was a wide range of ages, including some individuals in their teens and others in their 80s. There was also a wide range in the number of hours worked in a typical week, with some individuals providing care around-the-clock. Most of the CD workers (i.e., 92%, $n = 873$) provided services to 1 or 2 individuals, and 3% ($n = 28$) were unemployed at the time of the survey.

Survey Results

The survey was primarily composed of checklists and rating scale items. Results are organized into 3 sections, one describing CD workers' status with regard to health insurance and their perceptions about the importance of health insurance; the second, self-reports of job satisfaction; and the third, descriptive information about the CD workers' living and employment situations.

Health Insurance

Of the 1,193 CD workers who completed a survey, **61%** reported that they **had health insurance coverage**. Typically, the insurance was provided either through another of the CD worker's employers or the spouse's employer; the home care employers did not offer health insurance in most cases. Medicare and private plans also were used by some workers, and Medicaid was the sole source of health insurance for 3% of the CD workers (i.e., 34 individuals).

CD Workers with Health Insurance	Percentage	Number
Yes	61%	715
No	39%	459

If YES, Providers of Health Insurance

Home care employer (i.e., the person who is receiving services)	3% ^a	23
Other employer	29%	204
Spouse's employer	30%	208
Private plan	14%	100
Medicaid or Medicare	14%	99
Other, including multiple sources	9%	66

^a Percents based on $N = 715$.

The CD workers who did not have health insurance were asked why. The two most frequently cited reasons were that insurance was too expensive and/or their employers did not offer insurance. Only 2 individuals said they did not need health insurance.

If NO Health Insurance, Reasons

Too expensive	80% ^a	363 ^b
Employer does not offer	64%	290
Not eligible	9%	39
Do not need	<1%	2
Other	7%	26

^a Percents based on N = 459 for this question.

^b Percents total more than 100 and numbers total more than 459 because respondents could check more than one reason.

Several rating scale items on the survey also explored CD workers’ perceptions of the importance of health insurance to their decisions about accepting offers of employment and staying in the field. A total of 972 of the 1193 respondents answered at least one of the rating scale questions. The two factors that CD workers considered highly important in looking for a job were the employer’s (1) offering and (2) paying for health insurance. Having health insurance, especially if it were free or low-cost, was also considered an important factor in remaining with the job, although the levels of agreement were lower than those for seeking a job. This suggests that for the CD workers who responded, availability of health insurance may be more important in recruitment than retention. Results are presented in the table that follows.

Importance of Health Insurance to Decisions about Employment (N = 972)		
<i>When looking for a job, how important is it that...</i>	Very Important/ Important	
	<i>Percentage</i>	<i>Number</i>
The employer offers health insurance	86%	844
The employer pays for health insurance	82%	793
<i>I would probably stay in my job <u>longer</u> if...^a</i>	Strongly Agree/ Agree	
	<i>Percentage</i>	<i>Number</i>
I had health insurance	53%	511
Health insurance was free or low cost	68%	659

^a Percents for these 2 items based on Ns of approximately 800 because of large numbers of missing values or neutral responses.

Job Satisfaction

Results from the rating scale items designed to assess more global worker satisfaction with their jobs are presented below. CD workers expressed high levels of

job satisfaction and intent to stay in the field. Not surprisingly, almost all indicated that they would consider higher pay to be an incentive to remain a CD worker longer. About two-thirds of the respondents wanted more hours of work, and slightly over half reported that they would stay in the field longer if they received more training.

Assessment of Job Satisfaction (N = 972)^a		
<i>General Items</i>	Strongly Agree/ Agree	
	<i>Percentage</i>	<i>Number</i>
I am happy with my job	97%	856
I will probably be a direct support worker for many years	86%	766
I would quit my job if I could (<i>negatively worded item</i>)	13%	97
<i>I would probably stay in my job longer if...</i>	<i>Percentage</i>	<i>Number</i>
The hourly pay was higher	95%	696
I was given more hours	69%	323
I received more training	57%	259

^a Although the base sample size was 972, the number of people responding to any particular item ranged from 456 to 883 (the “valid n”), because not every person responded to each item. Percents are based on the valid n’s.

Living Situation

Some basic information about the families and households of CD workers was collected for descriptive purposes. Not all respondents answered all questions. The fewest responses were provided to the question on annual household income.

- ◆ A total of 32% (n = 379) had children under the age of 23 living with them.
- ◆ A total of 12% (n = 119) had more than 4 people living in their household.
- ◆ Of those CD workers with children in the household, 77% (n = 285) had health insurance coverage for the children.

- ◆ Annual household income was ^a:

	Percentage	Number
Less than \$9,800	10%	65
Between \$9,801 and \$20,000	28%	194
From \$20,001 to \$40,000	35%	234
Over \$40,000	28%	188

^a Based on 57% of all respondents.

Comparisons of CD Workers with and without Health Insurance

Because this study focused primarily on issues surrounding CD workers' health insurance status, we conducted additional analyses to explore whether there were factors that differentiated workers who had health insurance from those who did not. The results are summarized below, with CDW = consumer-directed worker and HI = health insurance.

- | | <u>With HI</u> | <u>Without HI</u> |
|---|-----------------------|-----------------------|
| <p>◆ <u>Mean hours worked per week</u>
 $t(876) = 6.40, p = .000$</p> | $M = 28.6, SD = 18.4$ | $M = 36.5, SD = 17.5$ |
| <p>❖ On average, CDWs without HI worked more hours/week than those with HI.</p> | | |
| <p>◆ <u>Level of education</u>
 $X^2(3, N = 920) = 58.52, p = .000$</p> | | |
| ○ College graduates | 80% (n = 158) | 20% (n = 39) |
| ○ Some college/CAN | 65% (n = 190) | 35% (n = 103) |
| ○ High school graduates | 51% (n = 156) | 49% (n = 149) |
| <p>❖ There was a weak, but statistically significant, relationship between level of education and having HI. CDWs with higher levels of education were more likely to have HI than those with lower levels of education.</p> | | |
| <p>◆ <u>Race/ethnicity</u>
 $X^2(3, N = 924) = 16.73, p = .001$</p> | | |
| ○ African Am., not Hispanic | 55% (n = 121) | 45% (n = 100) |
| ○ Asian/Pacific Islander | 73% (n = 22) | 27% (n = 8) |
| ○ White, not Hispanic | 64% (n = 420) | 36% (n = 231) |
| ○ Hispanic/Latino | 32% (n = 7) | 68% (n = 15) |
| <p>❖ There was a weak, but statistically significant, relationship between race/ethnicity and having HI. The percentage of CDWs who had HI varied across the different racial/ethnic groups, with people from a Hispanic background being least likely to have HI and those describing themselves as Asian/Pacific Islander most likely to have HI.</p> | | |
| <p>◆ <u>Annual household income</u>
 $X^2(3, N^a = 669) = 97.75, p = .000$ <i>Spearman's rho = .40, p = .000 (one-tailed)</i></p> | | |
| ○ Less than \$9,800 | 27% (n = 17) | 73% (n = 47) |
| ○ \$9,801 to \$20,000 | 39% (n = 73) | 61% (n = 114) |
| ○ \$20,000 to \$40,000 | 63% (n = 146) | 37% (n = 85) |
| ○ \$40,000+ | 81% (n = 152) | 19% (n = 35) |
| <p>❖ There was a statistically significant positive relationship between annual household income and having HI. As the income level increased, the percentage of people who had HI increased.</p> | | |

Finally, neither the age of the CD worker, nor number of years worked, nor ratings of job satisfaction were related to whether the person did or did not have health insurance.

Evaluation of the Enhanced Care Assistant Training

Survey Distribution and Returns

Approximately 6 months after the ECAT training occurred, a survey was mailed to all direct service workers who had completed at least one ECAT session and for whom correct contact information was available (187 participants). An incentive of a \$20 gift card was offered to each person who completed the survey. A total of 116 surveys were returned, for a response rate of 62%. Of these, 103 provided valid data, which were used in all subsequent analyses. Demographic characteristics of the respondents were as follows.

Gender	Percentage	Number
Male	<1%	1
Female	99%	102
Race/Ethnicity		
African American, not Hispanic	58%	60
White, not Hispanic	39%	40
Other	3%	3
Highest Level of Education		
Some college or college graduate	44%	45
Some high school/ h.s. graduate/ GED	56%	57
Age: Range from 19 to 87		
Under 30	8%	8
Between 30 and 50	48%	49
From 51 to 60	29%	29
Over 60	15%	15
Years as a Direct Service Worker: Range from <1 to 34		
Up to 5	32%	32
Between 5 and 10	17%	17
From 11 to 20	34%	34
Over 20	18%	18

ECAT Survey Results

The survey was composed of rating scale items, checklists, and open-ended questions. Results are organized into 2 sections, one that relates to the ECAT training, and the other, direct service workers' job satisfaction and intent to stay in the field.

Evaluation of the ECAT Training

Respondents were first asked to rate the overall quality of the ECAT training sessions. Results indicated that participants considered the training to be of high quality, with 98% of the respondents describing the training as “good” or “excellent.” Responses to the other training evaluation items are presented in the table below.

Evaluation of the ECAT Training (N = 103)					
<i>Satisfaction with Training</i>	Number of Responses				Total Positive Responses^a
	Strongly Agree	Agree	Disagree	Strongly Disagree	
The ECAT training taught me a lot.	50	48	4	1	95%
I want to attend other ECAT trainings.	48	44	5	2	93%
The ECAT training was boring.	1	4	45	52	95% ^b
I really didn't get anything out of the ECAT training.	2	3	37	60	95% ^b
<i>Effect of Training on Intent to Stay in the Field</i>					
The ECAT training helped me see my job can be enjoyable.	33	66	1	2	97%
The ECAT training made me want to stay with my job.	24	64	11	2	87%
The ECAT training helped me to like my job more.	28	62	9	3	88%
Extent the ECAT training improved the likelihood of staying with current job ^c	37	17	9	3	82%

^a *Strongly Agree + Agree.*

^b *These items were reversed-scored so that a higher percent indicates more positive responses.*

^c *Responses for this question ranged from “A great deal” to “Not at all;” only two-thirds of the respondents answered this question.*

All the items in these two sections of the survey received high ratings, with *Satisfaction with Training* having proportionately more “Strongly Agree” and “Agree” responses than *Effect of Training on Intent to Stay* (i.e., an average of 96 vs. 92 per item, respectively). In addition, the responses to open-ended questions about the ECAT training showed that participants valued having an opportunity to discuss real life situations and problem-solving with other direct service workers, and having access to the information, materials, and role-playing activities of the ECAT training. One respondent stated it this way: the ECAT training allowed her to “learn new ways of becoming more professional... [and] able to handle almost every situation.”

Direct Service Workers' Satisfaction

Six rating-scale items assessed direct service workers' job satisfaction and intent to continue working in their field. Results are shown in the table below.

Assessment of Direct Service Workers' Intent to Stay (N = 103)					
<i>Job Satisfaction</i>					
Item	Number of Responses				Total Positive Responses ^a
	Strongly Agree	Agree	Disagree	Strongly Disagree	
I am happy with my job.	46	50	4	2	94%
Home-based care is a rewarding field.	50	46	4	1	95%
I love helping people.	81	20	0	1	99%
<i>Intent to Stay in the Field</i>					
I will probably be a direct service worker for many years.	48	42	8	3	89%
I would quit my job if I could.	4	8	58	33	88% ^b
There is no reason for me to stay in my current job.	0	6	47	47	94% ^b

^a Strongly Agree + Agree.

^b These items were reversed-scored so that a higher percent indicates more positive responses.

Job satisfaction was very high among the training participants. Nearly all agreed that they are happy with their job, that home-based care is a rewarding occupation, and that they love helping people. Most also agreed that they will continue working as a direct service worker for many years. When asked, "Would you recommend your job to someone else?" the great majority of individuals (86%) replied affirmatively. The most common theme that emerged from the written comments was that workers appreciated having the opportunity to help people and make a difference in their lives. They felt good about providing quality health care and making the individuals to whom services were provided feel supported.

Factors Affecting Direct Service Workers' Intent to Stay in the Field

Of the respondents who completed the survey, 94 (93%) reported that they were currently working in the field; 8 were not. Of those individuals who were still in the field, 74 (79%) were working at the same agency as they had been at the time of the training. This latter subset of workers was directed to answer another series of questions.⁵ The

⁵ The survey also posed additional questions to the workers who were no longer in the field to ascertain their reasons for leaving. However, since there were only 8 people in this category, the results are not likely to be representative of the population of workers who resigned, and therefore are not reported here.

first question asked was: Have you considered quitting? Of those who responded, fewer than half said that they “often” or “sometimes” thought about quitting (i.e., 25 individuals, or 46%), and 29 (54%) said they did not. The reasons that were cited most frequently were:

Reasons to Consider Quitting	Percentage^a	Number^b
Low pay	76%	19
No health insurance	64%	16
No vacation or sick leave	64%	16
Poor fringe benefits	56%	14

^a Percents based on N = 25 for this question.

^b Percents total more than 100 and numbers total more than 25 because respondents could check more than one reason.

The reasons for thinking about quitting that **none** of the respondents selected are also of interest. The 4 items that fit this description are as follows.

- ◆ Clients require too much care
- ◆ Clients’ needs are too big
- ◆ Too many patients
- ◆ Do not enjoy the work

These data validate the results from earlier sections of the survey regarding reasons direct service workers like their jobs; i.e., they get satisfaction from the work, and they like to provide quality services to people. Another finding worth mentioning is that only 2 respondents cited “Not enough training” as a reason for thinking about quitting. It is important to note that the results based on the subset of 25 individuals who reported thinking about quitting should be viewed with caution, since we do not know the extent to which they are representative of the larger population of direct service workers.

Health Insurance and Direct Service Workers

The individuals who said they considered leaving the field cited lack of health insurance as one of the reasons. Indeed, in reviewing data from the entire group of respondents to the survey, the large majority said it was either very important or somewhat important that their employers offer health insurance. However, only slightly more than half reported that they actually had health insurance, as shown below.

Respondents	Percentage	Number
Who think employer-offered health insurance is important	91%	92
Who have health insurance	56%	57

Furthermore, although the way direct service workers obtained health insurance most frequently was through their employer or their spouses’ employer, most of the time the employee or spouse was responsible for paying all or part of the premiums. Ten DSWs reported that Medicaid or Medicare was their source of health insurance.

Focus Groups Conducted with Direct Service Workers

In Summer, 2007, two focus groups were conducted to obtain first-hand information from direct service workers (DSWs) about their views on issues related to health insurance. Participants were recruited from the list of the DSWs in the Richmond area who had participated in the ECAT training, and the CD workers who had been registered through the Medicaid waivers. An incentive of a \$50 gift card was offered to encourage participation.

Participants

A total of 14 people – 13 women and one man – participated in the focus groups. Approximately half of the participants had health insurance, although not typically through their direct service employer. Most of the other participants did not have health insurance and were not enrolled in Medicaid or other public programs.

Findings

Many of the focus group participants were not aware of health insurance options, and in fact, some did not really understand what health insurance is and how it works. For example, some workers thought that they had health insurance, when in actuality they were enrolled in a financial assistance and payment plan for low-income patients. Individuals who did understand the specifics of how health insurance operates were those who already had insurance. Some participants did not actively seek out affordable health insurance (e.g., Medicaid, FAMIS) because they perceived available plans as being cumbersome and they did not have the financial resources to pay up-front and then get reimbursed for their expenses. Instead, these workers spent extensive amounts of time looking for free clinics or health programs that charged the lowest rates, or went without medical treatment until they were in crisis.

It seems that the most important thing we learned from these focus groups was that not all individuals use language in the same way. We presume that people know what we mean when we talk about health insurance, but it was obvious from talking with the DSWs in the focus groups that not all of them knew what health insurance is. Consequently, if offering health insurance as an incentive to attract and retain direct service workers was not as successful as hoped for, part of the reason may be that individuals did not have the information they needed to evaluate its benefits.

Conclusion

This study provides descriptive information about individuals who are employed as direct service workers in Virginia; in particular, their status with regard to health insurance. Also examined are the relationships between availability of health insurance and employment and retention of direct service workers, and the effects of an enhanced training series on direct service workers' intent to stay in the field.

Study results indicate that both employers and direct service workers view the availability of health insurance as an important consideration when offering or seeking/accepting employment. Although a majority of direct service workers who participated in the study did have health insurance coverage, 39% of consumer-directed workers and 49% of agency-based workers did not. Few of the direct service workers who had health insurance obtained it through their agencies or the consumers who hired them directly; more typically, their coverage came through another employer and/or through their spouse's employer. Further, only about a third of the agency employers reported that they offered health insurance. Thus, it appears that having health insurance offered through the direct service job was not a decisive factor in accepting a position and remaining in the field.

The large majority of the direct service workers said they were happy with their jobs, found the work rewarding, and intended to continue in direct service work for many years to come. Those who participated in the ECAT training reported that it had a positive effect on satisfaction with their jobs. However, for the broader groups of direct service workers surveyed, training was not considered to play an important role in retention.

Finally, it became obvious through the focus group discussions that different people have different understandings of what health insurance means, and how it works. Some direct service workers lacked information – or even had misinformation – about health insurance. The findings of this study, coupled with the numbers of direct service workers who were uninsured, indicate that the question of the relationship of health insurance to employment in the field of direct service is a complex one, requiring further investigation.