



**MassAHEC
Network**

*A Commonwealth Medicine
Academic & Community Partnership*

Improving the Direct Care Workforce through Core Competency Training

*A summary of the four-year effort of the
Massachusetts Personal and Home Care Aide
State Training (PHCAST) Program*



Technical Report

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Table of Contents

Introduction	page 2
Massachusetts PHCAST Highlights	page 3
I. Curriculum Development	page 4
A. Adult Learner-Centered Approach	page 4
B. Bilingual Curriculum.....	page 5
C. Skills Video	page 5
D. Website Development.....	page 5
E. Career Lattice	page 5
F. Continuing Education Curriculum	page 7
G. Fundamentals Curriculum	page 7
H. Facilitator Training.....	page 7
II. Curriculum and Training Outcomes	page 8
A. Demographics Overview.....	page 8
B. Written Assessments (English and Bilingual).....	page 8
C. Workforce Retention	page 9
III. Case Studies	page 10
A. Maria’s Story.....	page 10
B. Emma’s Story	page 11
IV. Program Sustainability and Expansion	page 12
V. Conclusions	page 12
References	page 12
Figures	page 6
Figure 1. Direct Care Worker Career Lattice	page 6
Figure 2. Pre- and Post-Test Outcomes for Written Assessments	page 9

Introduction

In 2012, nearly 1.2 million Personal and Home Care Aides (PHCAs) provided care and assistance to elders and people with disabilities across the United States. The U.S. Bureau of Labor Statistics predicts that PHCAs, a type of direct care worker (DCW), represent the fastest-growing occupation with a projected increase of 70.5% by 2020 [1]. This increasing demand is attributed to three factors:

1. Consumers prefer to receive long-term support services in their homes
2. State and federal entities want to contain Medicaid costs
3. States are reallocating their investment from nursing homes to home- and community-based services

Meanwhile, a lack of standardized core competency training for PHCAs contributes to high turnover in this workforce, causing a shortage of skilled workers and possible substandard care for consumers.

In 2010, the Affordable Care Act (ACA) funded six Personal and Home Care Aide State Training (PHCAST) demonstration grants to develop a curriculum that aligned with the ACA core competencies for DCWs. The U.S. Department of Health and Human Services/Health Resources Services Administration (HRSA) awarded funding to the Massachusetts Executive Offices of Health and Human Services and Elder Affairs.

The Massachusetts grant aimed to improve existing training for home care aides (HCAs), offer training for personal care attendants (PCAs), increase transferability of the workforce, and reduce turnover. The state also sought to standardize core competencies and training facilitation for DCWs who provide long-term care in community-based settings for diverse populations.

The demonstration grant was managed by the University of Massachusetts Medical School through the MassAHEC Network, in partnership with the state offices. Representatives from 30 stakeholder organizations formed an advisory group to guide and provide feedback on the development of the PHCAST project and contribute to the project's long-term sustainability goals. Advisory group members represented additional state agencies, trade associations, unions, disability advocacy groups, higher educational institutions, and consumers.

Massachusetts PHCAST Highlights

By the end of the grant period, the Massachusetts PHCAST project team had:

- Trained 882 DCWs
- Developed, piloted, and evaluated a 60-hour, 13-module core competency curriculum, Acquiring Basic Core Competencies (ABCs) for Direct Care Workers, which was continuously assessed and revised to address multiple learning styles then translated into other languages
- Produced nine training videos to visually demonstrate most of the major skills taught in the curriculum
- Trained 178 instructors in the adult-centered learning approach and curriculum, including instructors prepared to teach in Spanish, Brazilian Portuguese, and Haitian Creole
- Created supplemental training materials and delivery options for bilingual students to ensure curriculum comprehension across diverse, multilingual populations
- Partnered with case managers to help students identify and overcome obstacles so they could complete their training, and seek or maintain employment
- Created a career pathway to inform students and stakeholders of potential professional advancement for DCWs (see Figure 1. Direct Care Worker Career Lattice found on page 6)
- Developed and provided a series of continuing education training opportunities for DCWs who completed the ABCs training
- Launched a DCW website (<http://www.madirectcare.com>) to share information with general audiences, offer online learning opportunities, and serve as the central access point for facilitators of the ABCs for Direct Care Workers curriculum

More information about the Massachusetts PHCAST project can be found at:

<http://www.mass.gov/eohhs/consumer/disability-services/living-supports/community-first/>

For more information about the ABCs for Direct Care Worker curriculum, please visit:

<http://www.madirectcare.com>

I. Curriculum Development

The aims of the core competency curriculum development were to meet the needs of a diverse direct care workforce by making trainings easily accessible for a broad population of DCWs and increasing the transferability of skills of workers across human service provider agencies. During the grant period (2010 to 2014), the Massachusetts PHCAST team developed a 60-hour, 13-module, stackable, portable, core competency curriculum, *Acquiring Basic Core Competencies (ABCs) for Direct Care Workers*, addressing:

- Roles & Responsibilities
- Communication
- Culture & Diversity
- Health Care Support
- Infection Control
- Basic Restorative
- Personal Care
- Consumer Needs Specific
- Consumer Rights, Ethics, & Confidentiality
- Nutrition
- Housekeeping
- Safety & Emergency
- Life Skills

A project director and leadership team oversaw the objectives of the PHCAST grant and met regularly to discuss the project's progress and meet HRSA guidelines. The MassAHEC Network directed the PHCAST curriculum development team, which included representatives from the Paraprofessional Health Institute (PHI) National, Bristol Community College, Commonwealth Corporation, Massachusetts Home Care Aide Council, and the Massachusetts Personal Care Attendant Quality Workforce Council. Through their dedication, focus, and flexibility, the team created the ABCs for Direct Care Workers curriculum. This curriculum meets HRSA's guidelines, provides a solid foundation that can be used in various settings, and sets the standards for training various types of DCWs across the state.

A. Adult Learner-Centered Approach

The curriculum incorporates adult-learner teaching methods to strengthen the skills, knowledge, and values and builds on past experiences of training participants. Across all training modules, participants were encouraged to actively engage in trainings through experiential learning, live lecture, discussion, simulation, group work, written materials, visual aids, hands-on activities, and skills demonstrations. Using a variety of adult learner-centered principles, such as these, ensures that trainings meet the learning needs of training participants with diverse backgrounds, levels of education, and experience. The instructors are also called facilitators to model the learner-centered approach.

B. Bilingual Curriculum

The bilingual curriculum was created to address differences in performance found during Year 2 that stemmed from trainees' limited proficiency in English. All curriculum materials (i.e., handouts, videos, assessments, registration forms, etc.) were translated into Spanish, Haitian Creole, and Brazilian Portuguese. In Year 3, bilingual trainings were offered. Class instructors were either bilingual or paired with an interpreter to ensure curriculum comprehension across a diverse population. In Year 4, HRSA granted a no-cost extension that allowed for translation of the ABCs Facilitator Guide into Spanish, Haitian Creole, and Brazilian Portuguese.

C. Skills Video

After receiving feedback from instructors and students that indicated a need for more visual aids, nine closed-captioned videos were created that demonstrate many major skills assessed in the ABCs curriculum, such as hand-washing, oral care, and consumer transfers. A video was also created that showed a career preview for DCWs, as well as the types of work performed by PCAs and HCAs in Massachusetts.

D. Website Development

The leadership team created a website to serve as a central access point for information sharing and a gateway to curriculum materials. The website, <http://www.madirectcare.com>, offers online learning opportunities, job information and career exploration tools, and a complete list of training sites. The complete 60-hour ABCs for Direct Care Workers curriculum is available to trained facilitators via password-protected, secure login entry.

E. Career Lattice

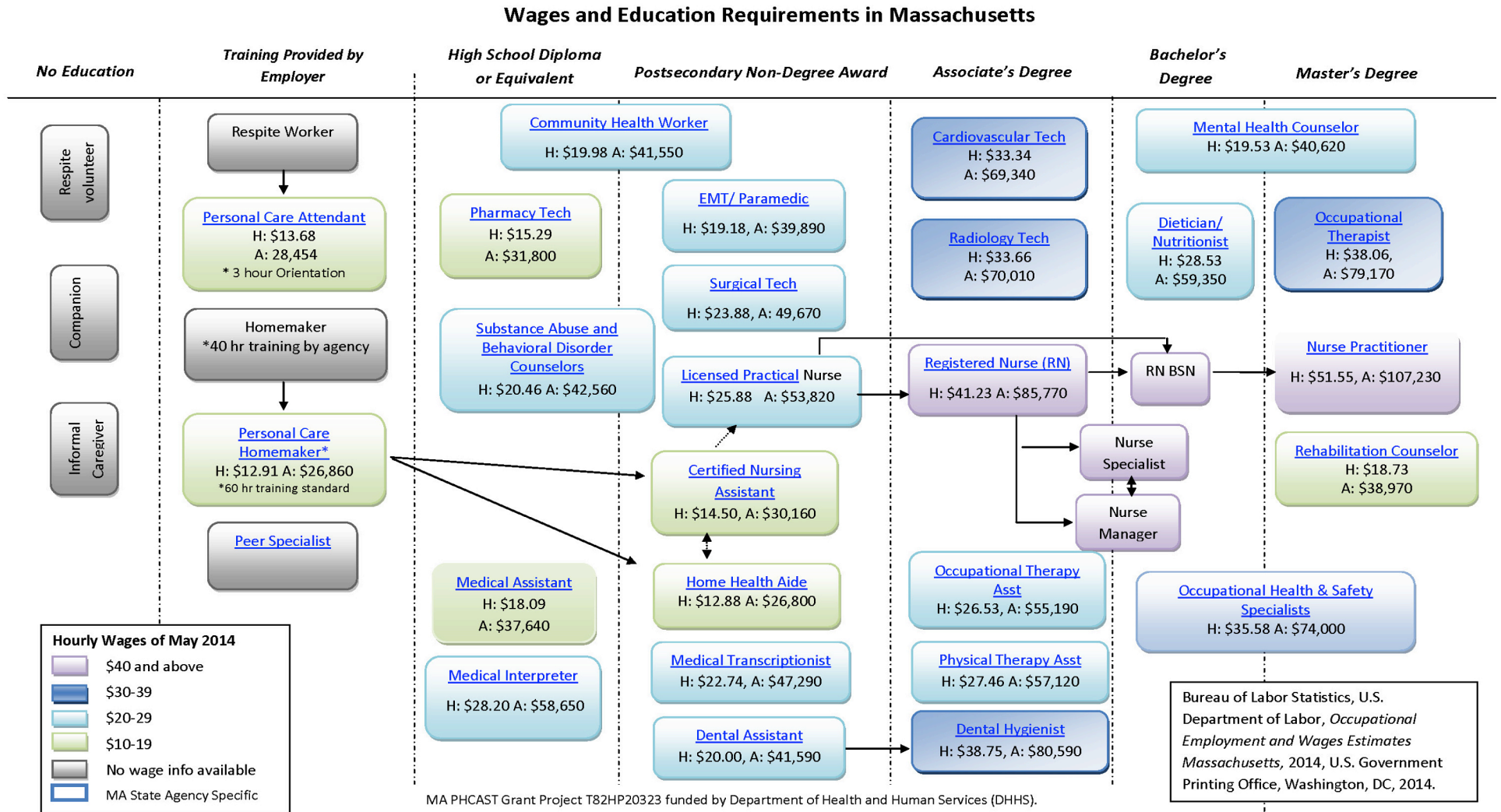
The direct care workforce has historically experienced significant turnover of 60% [2]. The leadership team developed a career lattice (see Figure 1) to aid in recruitment and promote retention. The career lattice increases transparency for career advancement opportunities within the direct care workforce by showing training and education requirements of each role, as well as average wages in Massachusetts.

The career lattice has positively affected:

- Recruitment by showing potential workers a possible career progression
- Training and skills development by informing current DCWs of the skills and education requirements necessary to achieve their career goals
- Retention by showing that many opportunities for career advancement exist within the direct care workforce

A short public service video was also created to aid in recruitment and training awareness. The video can be viewed at <http://www.madirectcare.com>.

Figure 1: Direct Care Worker Career Lattice



F. Continuing Education Curriculum

The curriculum development team, along with many experts in the field, developed several continuing education modules that provided additional skills to DCWs who had completed full ABCs training. Topics for the 4-hour curricula included:

- *Awareness and Action*, developed by the Disabled Persons Protection Commission
- *Cleaning for Clients with Asthma*¹, developed by the University of Massachusetts Lowell
- *Enhanced Body Mechanics*, developed by independent physical therapists
- *Effective Supervision*, developed by Bristol Community College
- *Supporting LGBT Elders*¹, developed by the LGBT Aging Society
- *Supporting Children with Disabilities and Working with Surrogates*, developed by Bristol Community College
- *Supporting Consumers Who are Deaf or Hard of Hearing*¹, developed by the Massachusetts Commission for Deaf and Hard of Hearing

G. Fundamentals Curriculum

The fundamentals curriculum was developed as a supplement to the full ABCs curriculum and provides a brief overview of some of the basic skills necessary for DCWs. The 10-hour fundamentals curriculum² serves as an introduction to direct care work for individuals who are: (a) new to the field, (b) current PCAs unable to complete the full 60-hour training, but desire an opportunity for learning, (c) respite volunteers, or (d) informal caregivers.

H. Facilitator Training

To ensure that curriculum instruction was consistent, all facilitators completed a 2-day (16-hour) train-the-trainer session. The train-the-trainer session provided an overview of the grant, discussed the curriculum pilots and ongoing training efforts, explained the adult learner-centered teaching model, provided opportunities for facilitators to practice aspects of the training, and summarized the assessment processes required for grant evaluation and use beyond the life of the grant. To maintain the fidelity of the curriculum, the Executive Office of Health and Human Services requires that facilitators attend a train-the-trainer prior to being given access to the ABCs curriculum.

¹ Also available online at <http://www.madirectcare.com>

² A condensed online version is available at <http://www.madirectcare.com>

II. Curriculum and Training Outcomes

Massachusetts PHCAST project trained 882 DCWs (271 PCAs and 611 HCAs) through the ABCs training, fundamentals training, and continuing education training.

A. Demographics Overview

The Massachusetts PHCAST evaluator collected demographic data in accordance with HRSA guidelines specifying certain race categories, underserved populations, geographic regions, and veteran status on all trainees. A basic overview of demographics data collected for training participants in Years 2 and 3 is displayed in Table 1. Slightly more than half (51%) of participants self-identified as a U.S. minority or recent immigrant. In Year 3, 42% of trainees reported difficulty with English. A significant majority of participants (75%) self-identified as disadvantaged according to federal guidelines, and a sizable number reported unemployment, averaging 37% across the pilot years. Trainee ages ranged between 17 and 80. Trainees who were 50 years and older were categorized as a single group representing the largest cohort (33%). Interestingly, of those over age 50, nearly 40% were over 60 years old.

Table 1. Training Participants Demographics

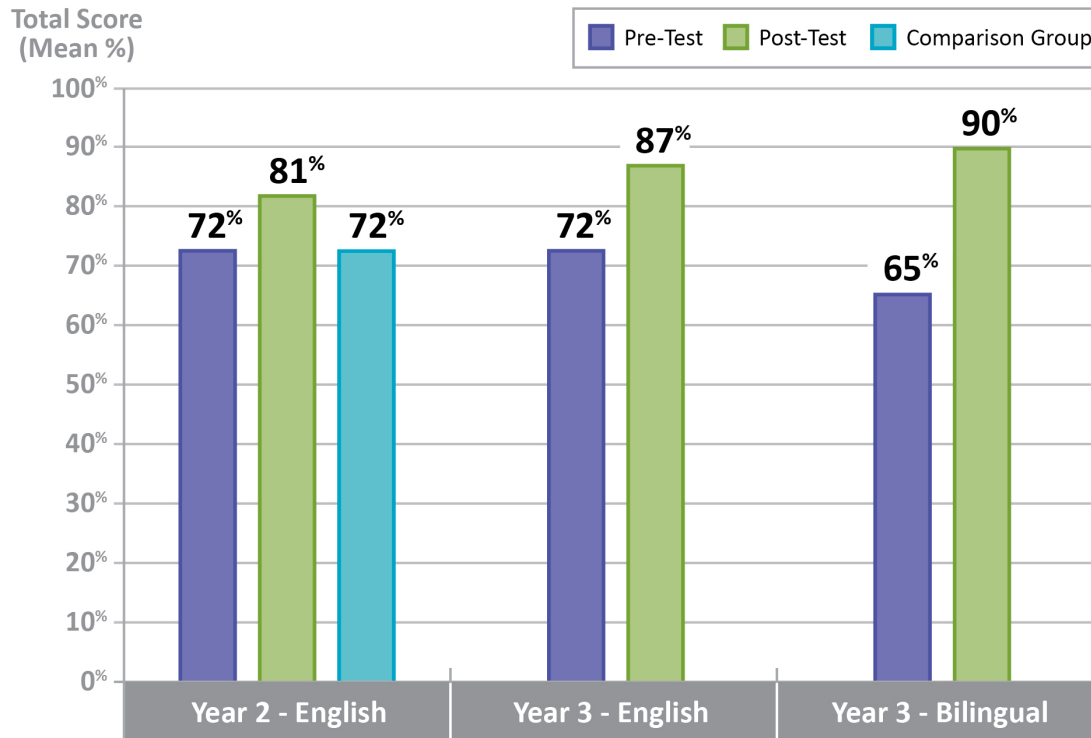
Gender	Year 2	Year 3
Female	92%	89%
Male	8%	11%
Age		
17-19	6%	3%
20-29	27%	14%
30-39	20%	25%
40-49	17%	22%
50-59	20%	19%
60+	9%	16%

Race/Ethnicity	Year 2	Year 3
White (non-Hispanic/Latino)	54%	44%
Hispanic/Latino	21%	36%
Black/African American	18%	15%
Employment Status		
Unemployed	47%	26%
Education Level		
Some high school	<10%	22%
Some college	30%	17%
Socio-economic Status		
Unemployed	47%	36%
Low-income status	78%	85%

B. Written Assessments (English and Bilingual)

PCA and HCA trainees were given written pre- and post-test assessments to evaluate knowledge gain and hands-on skills assessments. Findings are displayed in Figure 2. Overall, trainees performed well across Years 2 and 3, and all years showed statistically significant improvement in pre- and post-test performance. Pre- and post-test findings for trainees completing bilingual trainings showed especially significant improvement between Years 2 and 3, indicating a potentially strong benefit of offering trainings and class materials in multiple languages. Accordingly, 40% of Year 3 trainees completed trainings that were offered in languages other than English.

Figure 2. Pre- and Post-Test Outcomes for Written Assessments



C. Workforce Retention

Because sustainability and reduction of high workforce turnover were key goals of the initiative, trainees were given a survey to gauge overall satisfaction and perception of the training process, while also assessing the trainees' long-term career goals. Approximately 80% of trainees reported desire to attain additional training to become home health aides or practical nurses. Of the trainees who completed the survey, 93% reported current employment in a direct care field, and nearly all reported being hired within a month of completing the ABCs training. In addition, 90% of respondents indicated high levels of job satisfaction, 11% planned to remain as PCAs or HCAs, 46% were seeking CNA/HHA positions, and 32% sought additional training to become nurses, or other health workers. These findings suggest strong potential for programs like PHCAST to reduce high turnover in the direct care field.

"The extensive training assisted the ABCs-trained aides to stay in the direct care field because they hold a true understanding of their role."

- Home Care Supervisor

III. Case Studies

Consumers often describe the care and assistance provided by PCAs and HCAs as invaluable, and as two of the fastest-growing occupations with a projected increase of 70.5% by 2020 [1], the need to increase and sustain a better-trained direct care workforce is critical. The case studies listed here are real-life examples that demonstrate how rewarding the work can be, how important the PCAs and HCAs are to the people they serve, and remind instructors, policymakers, and other stakeholders about the importance of the PHCAST training model.

A. Maria's Story

August 2010 presented new opportunities for Maria. After a 32-year career as an office assistant, Maria entered retirement; however, after 2 years she found she did not like retirement, so at 67 years old, Maria entered a job training program to become a personal care homemaker.

After successfully completing her training, Maria was quickly hired. Her employer started her with one client, working just two days a week. Over the next four years, Maria assisted 12 clients to continue living independently in their home. Maria enthusiastically describes how she assists clients by preparing their meals, helping them with their laundry, and doing their shopping. Some of her clients also need help eating their meals or getting dressed.

"I love all my clients," Maria exclaims. "Each one of them has a different story to tell and we get along really well. It helps that we are about the same age because we understand each other and appreciate the same things."

"I can't say which client I like the most," says Maria, "but I can tell you, my first client, Elaine, has made a lasting impression on me." Elaine was a spunky 92-year-old woman. She and Maria quickly formed a bond. Each week, Maria would bring Elaine shopping, do her laundry, clean her house and make her meals; however, Elaine's health slowly began to decline. Soon they were confronted with a decision about Elaine's impending death and whether or not to place her in a nursing home. Elaine had always adamantly refused to leave her home. "I was born in this house," she often said. "I gave birth to my children here, I raised my family here, and I want to die here, in my home," she would proclaim. Knowing this, her family chose to do what they could to keep her at home. At this time, Maria found herself in her most rewarding role: assisting her client to die with dignity at home. Maria tended to the household needs so the family could tend to Elaine's health care needs. Elaine's daughter says it best: "My mom was able to end her life the way she wanted. She died in the same room she was born into, creating a full circle of life."

B. Emma's Story

Without warning, Emma's life changed forever in the summer of 2011. At 23 years old, Emma was working 50 hours a week, earning minimum wage, and trying to make ends meet. "I want to go for my nursing degree, but I have memory problems, and I can't stay focused," she said in frustration. With a shrug of her shoulders, she resigned herself to showing up to work every day, just as she has done for the past eight years, to serve coffee.

At the end of a very long work day, Emma headed to the hospital to visit her sister, Jen, who was terminally ill with breast cancer. "My sister told me I needed to stop working at the coffee shop and get a real job. I completely agreed with her, but I'm not a school person and I can't sit in a class. Then one day I saw an ad in the newspaper about a free training. Jen told me I should call them, but I was hesitant because I thought it was a scam. I actually threw the paper in the trash, but my sister's words pushed me, so I decided to sign up."

Emma completed the PHCAST training, just days before her sister's death. In her sorrow, Emma was able to take her sister's encouragement with her and began working at a home care agency. "It's a great job. I enjoy helping people and making people happy; that's what I do," Emma said. The PHCAST training helped Emma overcome her doubts about learning. Within a year, she had advanced from a personal care homemaker to a home health aide. Her increasing knowledge and work experience afforded her the confidence to successfully enroll and complete a nursing assistant program where she earned her nursing assistant certificate. Emma soon learned that her learning disability didn't hinder her plans to advance in her career; all she needed was a "little boost." With a smile Emma said, "The PHCAST training gives you the boost of confidence to go ahead with what you want to do. Without this opportunity, I would not have been introduced to this field and I would still be serving coffee."

IV. Program Sustainability and Expansion

In 2014, the MassAHEC Network proposed a plan to the Executive Office of Elder Affairs to develop and implement a Massachusetts Direct Care Workforce Development Program (DCWDP). The DCWDP will build upon the PHCAST program to maintain fidelity of the core competency training and offer continued core competency training and professional development to DCWs.

In addition, MassAHEC collaborated with Quinsigamond Community College and Greenfield Community College to bridge the ABCs curriculum to the Massachusetts Department of Public Health Nurse Aide Standards. The ABCs to Nurse Aide Bridge Program aims to offer career advancement opportunities to DCWs.

Recognizing that seniors are an important part of the growing direct care workforce, the Executive Office of Elder Affairs Senior Community Service Employment Program (SCSEP) collaborated with the PHCAST program to offer a series of PHCAST trainings throughout Massachusetts. SCSEP reported that 40 seniors completed the PHCAST training in the first two quarters. Upon completion of the training, 78% had been placed in a position, and 97% remained in their position 6 months after being hired.

V. Conclusions

Massachusetts is taking the lead in developing and sustaining the direct care workforce. Personal and home care aides constitute the fastest-growing occupation in the United States and play a key role in the aging-in-place strategies under development in Massachusetts and across the nation. In 2013, adults age 60 and older comprised 20% of the Massachusetts population. Two-thirds of these adults will require assistance at some point in their lives to meet their long-term care needs, and most will prefer to remain in their homes and communities as long as they are able.

Massachusetts policymakers will be able to support this preference and meet the long-term care needs of its residents by using the PHCAST model and ABCs for Direct Care Workers curriculum to train and sustain a skilled and engaged direct care workforce.

References

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