

Final Grant Evaluation
The University of Wisconsin, Madison, Wisconsin
“Improving the Quality of Care and the Retention of Direct Care Workers In
Community Based Long-Term Care”

I. Progress

In this, the final year of a three year effort, project staff successfully completed an important demonstration project, which aimed at improving quality of care in assisted living (AL) through an intervention designed to improve the quality of the workforce and the quality of the workplace. The original objectives of the project have been met: the Worker Education, Training and Assistance (WETA) program was developed and implemented; a careful evaluation of that effort is in the final stages of analysis; and the results of the project have been shared with all key stakeholders.

In many ways the work actually completed in this last year has, in my opinion, far exceeded the expectations of a year ago, when the project's viability was threatened by the unexpected exit from the project of 39 facilities, members of a major for-profit chain of assisted living facilities. The principal investigator, Mark A. Sager, M.D., acted quickly to recruit new participant facilities to replace more than half of those lost, and adapted the research design to reflect the new reality.

More importantly, because of the problems the program was experiencing, Dr. Sager strengthened his relationship with key state agencies which, from a dissemination perspective, constituted the critical audiences for his work. If one views the project simply as research, it definitely ended by being quite a different study than that originally proposed. However, to the credit of Dr. Sager and the research team, the information that was collected and the lessons learned as a result of the project have already been used as the catalyst for system level change as discussed below.

II. Impact/Dissemination

The WETA study has broken new ground on several fronts: it is one of the first projects of its kind to tackle the problem of quality in assisted living and it is also one of the first to do so in the AL sector through the medium of workforce. If one considers the WETA intervention narrowly one might say it failed—it has not succeeded in establishing itself as an ongoing, state sponsored program, participating AL facilities did not experience a precipitous drop in turnover rates and the outcomes for individual participants compared to non-participants were not significantly different in the short term. Its success however lies in the lessons learned, chief among which are that:

- The AL industry is essentially indifferent to staffing turnover and accepts the quality trade-offs high turnover rates engender. Turnover costs are passed along to consumers, there are no penalties for poor quality and no rewards for good quality. From the industry's perspective there is no incentive to change;
- Turnover is endemic at all levels—direct care workers, supervisory staff and managers. Programs aimed at only one or two levels of staff never take hold;
- The job itself is not a deterrent to recruitment and retention. These are not the same people who work in the fast food industry—caregivers like being caregivers even while feeling under-paid and under-appreciated;
- There are no advantages to seniority or special expertise and the longer workers stay in a job the more unhappy they become with the workplace environment hence there are no monetary rewards for remaining in a job or in acquisition of new knowledge or skills.

These lessons have not been lost on state policy makers who have been active partners in this project from the outset, one of the particularly effective dissemination devices utilized by Dr. Sager. These lessons had a direct role in the design of the Wisconsin Department of Health and Family Services' new Family Care Program, one

component of which is the establishment of a managed care organization for long-term care. This demonstration project will improve wages and benefits by tying a portion of provider rates to quality indicators, including worker retention as a proxy for quality, and will improve levels of training for direct care workers to improve selected consumer health outcomes. The WETA program will probably be resurrected at that point, albeit in another guise, as the template for training curriculum and activities. In conclusion, when evaluating the degree of success of any grant, a major criterion must be, did the funded project make a difference? In this instance, certainly the answer is an unqualified yes.

III. Recommendations

Dr. Sager will probably need some assistance to think about a strategy for communicating the results of his work beyond Wisconsin both to the academic community and to policy makers more broadly. Likewise, the Hartford Foundation might consider entertaining a proposal for evaluation of Wisconsin's new Careers in Caring program, part of the program referred to above, since it is a direct outgrowth of the WETA initiative, and one with a much higher probability of institutionalization.

Mary Jane Koren, M.D. January 23, 2003