# Aging Initiative Labor Force Survey II:
## Community Based Services for Older Adults

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## EXECUTIVE SUMMARY

**Background:** California has the largest population of persons over 65 years of age, over 3.9 million persons, and the largest population of ethnic elders in the nation. In 2004, the **California Social Work Education Center (CalSWEC)**, which has served since 1990 as a catalyst to increase the number and quality of social workers in California, created an **Aging Initiative (AI)**. CalSWEC is composed of 18 schools of social work, the California County Welfare Directors (CWDA) and the California Mental Health Directors Association. The AI was formed with an overarching mission to develop a competent social work workforce to meet the needs of aging Californians and their families. Social workers provide services to individuals, families and communities that optimize elders' independence and well-being. **Purpose:** In 2005, the **Archstone Foundation** provided support for geriatric AI labor force development projects. Acknowledging the lack of professional training of persons delivering services to older persons, the **CalSWEC Aging Services Labor Force Survey** was conducted from 2006 to 2008. It aimed to describe current aging service workers in community based organizations and their clients, project future growth in numbers of older clients and workers, and identify the skills required for staff as well as barriers to hiring and retaining qualified aging service workers needed to meet current and potential demand for social workers with geriatric competence. This is the second of two labor force reports: the first focused on public services for older adults.

**Methods:** The survey instrument was developed by the research team for use by both public and community-based organizations. Input was elicited from community-based service organizations (CBOs), specifically the Area Agencies on Aging (AAA), their subcontractors, and adult day health care agencies (ADHC). The survey instrument was field tested by representatives from various AAA programs, subcontractors, and adult day health care agencies. Data were collected primarily online, but hard copies were also available. There were 12 AAAs, 38 AAA subcontractors, and 40 ADHCs that completed the survey.

**Findings:** Clients Served: Agencies varied widely in size reflecting the diversity of the programs. The number of older clients served ranged from 9 to 56,000, possibly including communities using information and referral services. Clients 85 years old or older were typically 28% of all older clients. On average, for all types of programs, 42% were white, 19% Asian/Pacific Islander, 17% Latino, and 14% African American. Of the responding programs, on average, 33% of the older clients had limited or no English skills, with a high of 48% in ADHC programs. Most agencies (79%) reported addressing the language needs of their clients. Staff Characteristics: Many aging service workers are 50 years old or over (40% on average), suggesting that a loss of skilled employees due to retirement will occur within the next five to ten years. This was particularly true in AAAs, where over half were age 50 or over (52%). On average, 47% of the aging service workers were white, 20% Asian/Pacific Islander, 17% Latino, and 12% African American. Staffing Current and Past Fiscal Year: Almost half of all programs (46%) maintained the same number of current aging service staff as the past fiscal year, some programs declined in staff number (8%), while others increased (46%), demonstrating some growth in staff size overall. The overall growth rate based on changes in numbers of staff was 15.1% for the total sample (AAAs reported the highest growth rate, 30.1%). Estimated Staff Turnover: During the last fiscal year, an average of almost one in every five aging service workers left the organization, although one-quarter of the total programs did not lose any workers. The turnover rate varied from 8% for AAAs to 14% for ADHCs and the highest 29% for AAA subcontractors. Job Positions and Social Work: BSW level workers were frequently specified in the job descriptions for aging service workers within ADHCs (81%), in AAAs (50%) and in position descriptions for AAA subcontractors (29%). MSWs were specified

in position descriptions for all (100%) ADHCs, and in AAAs (55%) and AAA subcontractors (29%). Overall, an MSW degree was specified in job descriptions more (63%) than job descriptions specifying a BSW degree (48%). Salary Ranges: The salary range for MSWs specified in the job description was typically between $25,000 and $50,000 for all three types of agencies; MSWs specified in the job description showed modal salary levels at $50,000 to $60,000, with higher salaries in AAAs. Education in Gerontology/Geriatrics: Of the total sample combined, 61% of the agencies reported zero staff with formal t raining in geriatrics or gerontology (AAA 55%, AAA subcontractors 65%, ADHCs 59%). A similar result was reported for staff with MSW/BSW education, but an even larger percent of AAA subcontractors reported zero training in geriatrics or gerontology for MSW/BSW staff (74%). Most programs in the total sample (72%) provided in-service trainings in gerontology and geriatrics. Caseload: In most cases, optimal caseload (under favorable staffing) was a lower number than current caseload, with optimal at 83% of current caseload size for the total sample. Optimal compared to current caseload showed some differences in size and proportion among the programs: On average, AAA programs reported 48 optimal or 83% of 60 current; AAA subcontractors reported 68 optimal or 71% of 143 current; and ADHCs reported 31 optimal or 92% of 37 current for caseload size. Skills for Aging Service Staff: The most important skills for aging service staff were judged to be establishing rapport and maintaining effective relationships, client advocacy, and timely and appropriate service plans (89.5%, 77.0%, and 77.6% judged "very" important respectively). In comparison, 86.7%, 69.1% and 57.3% of the programs judged that "most" of their staff possessed these skills respectively. In contrast, geriatric assessment was viewed as very important by 73.6% and only 56.7% were indicated most of their staff had this skill. Even fewer agencies reported that most staff had skills in identifying service gaps (44.7%) and evaluation of practice (43.2%). Client Projections: With exception of one, all programs projected more (61%) or the same number (38%) of young old clients in the upcoming three years (by the year 2010). Again, in the combined sample, 48% predicted more old old clients and 45% projected numbers would be about the same. Over a third of the total group of programs (37%) projected an increase in clients with little or no English skills. Expected extent of growth was on average 21% for young and 17% for old old populations and 21% for clients with little or no English skills. Projected Hiring: Increases in future hiring was projected by 46% of the programs responding, with 51% projecting no change and a small proportion projecting reduced staff (3%). In terms of hiring MSW/BSWs, new hiring was seen as likely by 30% and no change by 69% of the agencies, with 1% predicting a decline in hiring MSW/BSWs. Barriers to Hiring and Retaining Qualified Staff: Barriers to hiring/retaining qualified aging service workers were primarily low salaries in most programs (75% AAAs, 86% AAA subcontractors, 87% ADHCs). ADHCs also found lack of experienced applicants, and lack of minority applicants to be barriers for 80% or more agencies. In terms of hiring MSW/BSWs, lack of applicants was an important barrier for ADHCs (86%), but not a barrier for either AAAs or AAA subcontractors (55% not a barrier). Different barriers were considered for hiring MSW/BSWs than other degreed workers by over half of ADHCs reporting (57%) and respondents mentioned the need for higher salaries, more bilingual applicants, more experienced applicants, and improved benefits. In contrast, most AAA and AAA subcontractors thought the barriers were the same for MSW/BSWs and other degreed workers. Low salaries were mentioned, but a substantial group of AAA subcontractors expressed little need to hire MSW/BSW workers.

**Conclusions and Implications:** Community based organizations reflect some of the same themes as public agencies. The majority of the agencies in both sectors do not have any staff with formal education in aging. Low salaries were reported barriers for the majority of all agencies. Positive themes were high skill estimates for building working relationships with clients, although a third or more of the agencies said their staff had only some or few of the skills needed for high quality services. Positive was the ethnic representation in aging service staff, corresponding fairly well to client ethnic characteristics. Projections for increases in clients also were fairly close to projections for increases in staff, although more agencies expected increases in young old clients than thought increases in staff to be likely. The optimal caseload for most agencies was typically lower than current caseload. Results suggest overload for many agencies, while some agencies fare better in terms of caseload. The staff characteristics suggest many will retire over the next decade. Across the state a high proportion of staff come to the agency with no formal training in geriatrics or gerontology.

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## 1. INTRODUCTION

### *1a. Objectives and Sponsorship*

In 2004, the **California Social Work Education Center (CalSWEC**), which has served since 1990 as a catalyst to increase the number and quality of social workers in California, created an **Aging Initiative (AI**). CalSWEC is composed of 18 schools of social work, the California County Welfare Directors (CWDA) and the California Mental Health Directors Association. The AI was formed with an overarching mission to develop a competent social work workforce to meet the needs of aging Californians and their families. Social workers provide services to individuals, families and communities that optimize elders' independence and well-being.

In 2005, the Archstone Foundation provided support for specific geriatric AI labor force development projects. Acknowledging the lack of professional training of persons delivering services to older persons, this aspect of the Aging Initiative seeks to:

- Describe the current aging service workers and their clients in select public and community based organizations
- Delineate the roles for professionals in agency-based practice
- Describe the skills required for these positions
- Identify barriers to hiring and retaining qualified aging service workers
- Project future growth in older clients and demands for aging service workers
- Identify educational and policy recommendations for meeting the current and future demands for qualified aging service workers with geriatric competence.

To accomplish this, the CalSWEC Aging Services Labor Force Survey was conducted from 2006 through 2008. The Labor Force Survey is reported in two reports, the first addressing public services for older adults, and this second report addressing community based organizations, including Area Agency on Aging (AAA), AAA subcontractors, and Adult Day Health Care Centers.

### *1b. Growing Needs for Aging Services in California: Longevity, Diversity, and Complexity*

California, as the most populous state in the nation, has the largest population of older adults as well, with over 3.9 million persons over age 65. Additionally, the number of older persons in the state is growing at a faster rate than most other states. By 2020, the number of persons over 65 years of age is expected to almost double to 6.5 million and will almost double again to 12.5 million in 2040 (Berg, 2006). In contrast, California is a young state and ranks 46$^{th}$ in the nation based on the percentage of the population over age 65 (Administration on Aging, 2007). Thus, demands for state resources and for social workers in aging services compete with needs in child welfare and other constituencies.

Other demographics add to the magnitude of the absolute size of the older California population, contributing to increase the need for health and social service professionals and specifically for social workers in aging. California's older people are the most ethnically diverse in the nation (Administration on Aging, 2007). The white, non-Latino older population in 2005 comprises about 64% of the population of older persons in the state. By 2040, that percentage will shrink to 36%, and Hispanic/Latino elders will hold the largest percentage of older persons with 37.5%. The diversity of ethnic background of older adults in California spans numerous countries of origin and language groups. This is manifest, among other factors, by language challenges in accessing services, with 41% having difficulty communicating in English (California Department of Aging, 2008).

Another demographic factor related to the need for social work services is the rate of poverty. Nationally, about 9.4% of those 65 and over were below the poverty level in 2006. This is a historical low. For California, the poverty rate is lower at 8.1%, though 28.6% live at a poor or near poor level. About 20% of California older adults are Medicaid recipients (Department of Health and Human Services, n.d.). Furthermore, the oldest-old in a population are known to need and consume more health and social services. By 2030, the oldest Californians, those aged 85 years and older, will constitute one in five of the state's older residents (Berg, 2006).

Regions within California vary greatly in size from urban to rural, and there is great variance in the number of older persons in residence. Los Angeles, by far the giant in population size, also has by far the largest number of older persons with 926,673 in 2008, followed by San Diego with 313,750 older persons. One small rural county has 120 older persons living there (California Department of Aging, n.d.). However, absolute numbers tell only part of the demographic story. The ratio of persons 65 and older per 100 working population (age dependency ratio) throughout the state does not vary markedly. For California, the average is 18 older persons per 100 working-age adults. In the future, there will be greater numbers of older persons, which may change this ratio. For example, by the year 2040, it is projected that the ratio will be 41 older persons per 100 working age adults in the rapidly aging San Francisco Bay area (Berg, 2006).

# 2. RESEARCH METHODS

## *2a. Description of the Data Source*

As shown in the table below, data were collected from 12 Area Agency on Aging (AAA), 38 organizations that had at least one of their programs funded by AAA (AAA-Subs, hereafter), and 40 Adult Day Service or Health Care Centers (ADHCs). Response rate for AAAs was 36.4%, for AAA subcontractors 11.2% and for ADHCs 11.5%. Although rates were low, particularly for AAA subcontractors and ADHCs, these data provide a first, preliminary view of agency labor force needs in these unique agencies. These participant organizations were located in 22 counties in California. A close look at the counties in which these organizations are located seems to suggest that the 22 counties fairly well represent the diversity of California's counties, in terms of their geographic location and population size.

| | **AAA** | **AAA-Subs** | **ADHC** | **Total** |
|---|---|---|---|---|
| Number of Participating organizations | 12 | 38 | 40 | 90 |

Note: Two ADHCs were also AAA-subcontractor but treated as ADHC in this study.

Specifically, four counties have all three categories of participant organization in the study, six counties have any combination of two of the three, and twelve counties are represented by any one of the three categories. In addition, for several counties, data were received from more than one organization representing the same organizational category of the study, whether AAA-Subs or ADHCs.

- 4 counties: Separate data on AAA, AAA-Subs, and ADHCs
- 6 counties: Separate data on two of the three organizational categories
- 12 counties: Data on one type of organization only

Survey findings in this report will be presented not by the county but by the type of programs. Specifically, data will be presented for each of the three organizational categories (AAA, AAA-Subs, and ADHCs) as well as for the total of 90 organizations.

## *2b. Description of Data Collection and Survey Instrument*

Data collection was primarily through Survey Monkey, an on-line survey form accessible through a web address, with hard copies also available. Data collection involved multiple contacts from the data collection team, initially to the program directors and subsequently to his or her designee. Letters were sent to all AAAs, requested lists of subcontractors from AAAs or obtained subcontractor lists from their webpage. For ADHCs, we sent introductory letters to the program directors, followed by survey instruments. Data collection began in November, 2007 and was completed in April, 2008, a six month data collection period.

The survey instrument was developed by the research team using the strategy of wide exposure and feedback from interested professionals, including presentations at the Aging Initiative, Collaboratives of Southern, Central, and Northern California, and representatives from CWDA. These meetings showed excellent community participation and provided input to the research team on specific recommendations for data collection from the multiple types of agencies that were surveyed. Additionally, the survey was piloted in June, 2007 with representatives of 11 agencies, including representatives from ADHC, AAA, and AAA subcontractors. Direct input from pilot agencies to the research team was through two conference calls.

### *2c. Major Characteristics of the Organizations: Private or Public*

The Table below shows that 36% of the total 90 respondents indicated that their organizations were primarily government funded, 16% primarily privately funded, and the remaining 49% considered their organizations as "mixed" as they relied on both public and private funding sources. A notable difference exists among the three types of organizations in their major funding sources: Three-quarters of AAAs were "public," and two-thirds of AAA-Subs and almost half of ADHCs were "mixed." It also shows that 70 respondents (78%) indicated their organizations as private, and three-quarters of them were non-profit organizations. It is noticeable that among those private entities, none of the four AAAs and only one of 31 AAA-Subs were for-profit, whereas half of 35 private ADHCs were for profit.

**Organizational Characteristics by Funding Sources**

| Variable | AAA | AAA-Subs | ADHCs | Total |
|---|---|---|---|---|
| Organization/program | (N=12) | (N=38) | (N=40) | (N=90) |
| Public, primarily government funded | 9 (75%) | 9 (24%) | 14 (35%) | 32 (36%) |
| Private, primarily privately funded | 0 (0%) | 4 (11%) | 10 (20%) | 14 (16%) |
| Mixed, publicly and privately funded | 3 (25%) | 25 (66%) | 16 (40%) | 44 (49%) |
| Private Programs were: | (N=4) | (N=31) | (N=35) | (N=70) |
| Non-profit | 4 (100%) | 30 (97%) | 18 (51%) | 52 (74%) |
| For-profit | 0 (0%) | 1 (3%) | 17 (49%) | 18 (26%) |

### *2d. Primary Service Fields and Specific Types of Service(s) Provided Directly by the Organization*

A question was asked of the respondents about the primary service field of the organization with four response choices with examples: (1) health care (e.g., hospitals, hospices, adult day health care); (2) social services (e.g., MSSP programs, case management, information & referral); (3) mental health; and (4) other. An additional question was asked about the specific types of services the organization provides directly, not sub-contracted, using a list of 12 categories of services with one "other" open-ended question.

As shown in Table 1, 45% of the total 89 respondents indicated their organization's primary service field to be health care, 32% social services, 24% marked "other," and none of the respondents indicated "mental health" as their organizations' primary service field. Most of the respondents who indicated "other" for their primary service field were from AAA-Subs, and in fact, 51% of AAA-Subs indicated "others" for their primary service field, while 46% checked "social services." In contrast, with one exception, all ADHCs reported "health care" as their primary service field.

The "other" primary service fields included community services and adult with disabilities training for two AAAs. For 19 AAA-Subs with "other" primary service fields, other included legal services, employment services, volunteers for home repairs, health insurance counseling, transportation, nutrition, housing development, assessment and home modification, senior center, home delivered meal, and adult education.

Table 1 further suggests that the three types of organizations provide a wide range of specific services directly to their clients. Information and referral and nutrition and meal services are two most common services provided by all three types of organizations. In addition, Most AAAs (83%) and over half (53%) of AAA-Subs provide advocacy and education, 58% of AAAs and 42% of AAA-Subs offer caregiver services, such as caregiver support training, and respite care, and 42% of AAAs and 32% of AAA-Subs provide case management or MSSP programs themselves. Transportation service was the most common service provided by ADHCs (38%), in addition to information & referral and nutrition & meal services.

Similar to responses to the "other" primary service fields, 21 respondents reported other specific services provided by their organizations, as shown in Table 1. They include Friendly Visitor Program, Long-Term Care Ombudsman, and intergenerational programs from 4 AAAs, Adult Day program, housecleaning, employment and training, Lifeline (Emergency Alert) program, Nail Care Clinic, and recreation and socialization from 14 AAA-Subs, and outpatient rehabilitation, non-medical home care, and personal care from two ADHCs.

**Table 1: Primary and Specific Types of Service(s) Provided by the Organization**

| Service | AAA (N=12) | AAA-Sub (N=37) | ADHC (N=40) | Total (N=89) |
|---|---|---|---|---|
| ***Primary service field:*** | | | | |
| Health care | 0 (0%) | 1 (3%) | 39 (98%) | 40 (45%) |
| Social services | 10 (83%) | 17 (46%) | 1 (3%) | 28 (32%) |
| Mental health | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Other | 2 (17%) | 19 (51%) | 0 (0%) | 21 (24%) |
| ***Specific services directly provided:*** | (N=12) | (N=38) | (N=40) | (N=90) |
| IHSS | 0 (0%) | 1 (3%) | 1 (3%) | 2 (2%) |
| Case management/MSSP program | 5 (42%) | 12 (32%) | 3 (8%) | 20 (22%) |
| Health-related services (e.g., hospital, medical center, clinic) | 1 (8%) | 1 (3%) | 2 (5%) | 4 (4%) |
| Adult Day Health Care | 1 (8%) | 2 (5%) | 40 (100%) | 43 (48%) |
| Home Health Care | 1 (8%) | 1 (3%) | 2 (5%) | 4 (4%) |
| Hospice | 0 (0%) | 0 (0%) | 2 (5%) | 2 (2%) |
| Advocacy/Education | 10 (83%) | 20 (53%) | 8 (20%) | 38 (42%) |
| Caregiver services (e.g., caregiver support, training, respite care) | 7 (58%) | 16 (42%) | 10 (25%) | 33 (37%) |
| Transportation | 1 (8%) | 9 (24%) | 15 (38%) | 25 (28%) |
| Information/ Referral | 11 (92%) | 20 (53%) | 15 (38%) | 46 (51%) |
| Nutrition/ Meal Services | 5 (52%) | 13 (34%) | 15 (38%) | 33 (37%) |
| **Other Services**<br>*From 5 AAAs:*<br>Health Insurance Counseling (HICAP)(2); Employment Program Seniors; Friendly Visitor Program; RSVP Volunteer Program; Long-Term Care Ombudsman; Intergenerational programs; Activities for Elderly<br>*From 14 AAA-subcontractors:*<br>Adult Day program (4); Legal service (3); Ombudsman Services; Volunteers for home repair, yardwork, housecleaning, wheelchair ramps; Employment & Training; Lifeline (Emergency Alert) Program; Nail Care Clinic; workshops, support groups. care planning; removing the barriers to independent living; recreation & socialization<br>*From two ADHCs:*<br>Outpatient rehabilitation (2); Non-medical home care (2); Personal care (1) | 5 (52%) | 14 (37%) | 2 (5%) | 23 (26%) |

# 3. CLIENT CHARACTERISTICS

## *3a. Number of Clients of All Ages Served*

Table 2 shows that the total number of clients of all ages served by the AAA, AAA-Sub, and ADHCs in FY 2006-07 (July 1, 2006 to June 30, 2007) varied significantly within and among the 84 participant organizations with available data. For example, the total number of clients of all ages served by 10 AAAs during the fiscal year varied from the lowest 125 persons in a county to the highest 196,537 persons in another county. For ADHCs, it also varied from 30 clients to 16,267 clients, due in part to the fact that at least one ADHC respondent reported an aggregated data on its multiple ADHC sites operated under the same auspice. It is also notable that at least one ADHCs in the study is only part of several major service areas of its organization, thus providing other services as well. The average number of clients of all age served ranged from 737 persons for ADHC to 8,637 for AAA-Sub and 30,409 for AAA. Overall, the average number of clients served by all three programs was 7,561 persons.

## *3b. Definition of Older Adults and Number of Older Adult Clients Served*

Nearly all AAAs (100%) and AAA-Subs organizations (92%) define 60 years and older as the age criteria for "older adults," as shown in Table 2. On the other hand, 42% of ADHCs define older adults as 65 years and older, while the remaining 58% use 60 years and older as the criteria.

Considering a wide range of services provided by the three types of organizations (particularly AAAs and AAA-Subs), such as information and referral, advocacy and education, and caregiver services, most of the participant organizations were found to serve young adults as well as older adults. The 83 organizations with available data for the FY 2006-07 indicate that the absolute and relative number of older adult clients (60 or 65+) varied significantly among the respective organizations. For example, the total number of older clients served by AAAs varied from 9 persons to 12,210 persons (see Table 2 and Figure 1). Similarly, older adults as a percent of the total clients varied from the lowest 1% to the highest 100% among 10 AAAs with data; 3% to 100% among 35 AAA-Subs; 16% to 100% among ADHCs; and an average of 71% for all reporting organizations. Specifically, older adult clients consisted of an average of 73% of all AAA clients, 67% of AAA-Sub clients, and 75% of ADHC clients (Table 2 and Figure 2). It is notable that 4 AAAs, 9 AAA-Subs, and 4 ADHCs, reported that 100% of their clients were older clients.

Older clients 85 years old and older as a percent of all older clients (60/65+) also varied from the lowest 0% to the highest 82%, with an average of 28%, according to the data provided by 67 of the total 90 organizations in the study. This 85+ age group, on average, represented 13% of all older adults served by AAAs, 25% for AAA-Subs, and 33% for ADHCs (Table 2 and Figure 3).

It is also important to note that many of the 66 reporting organizations also provide services to family caregivers of older adults, while 4 AAA-Subs and 9 ADHCs reported having not served family caregivers during FY 2006-07. As shown in Table 2, the average number of family caregivers served ranged from the highest 15,383 for AAAs, to 285 for AAA-Subs and 153 for ADHCs.

**Table 2: Total Number of Clients and Percentage of Older Adults Served by Program (FY 2006-07)**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| Total # of clients of all age | (N=10) | (N=35) | (N=39) | (N=84) |
| Lowest | 125 | 14 | 30 | 14 |
| Highest | 196,537 | 100,000 | 16,267 | 196,537 |
| Average | 30,409 | 8,637 | 737 | 7,561 |
| Age criteria for older clients | (N=11) | (N=38) | (N=38) | (N=87) |
| 60 and older | 100% | 92% | 58% | 78% |
| 65 and older | 0% | 8% | 42% | 22% |
| Total # of clients 60/65 & older | (N=11) | (N=35) | (N=37) | (N=83) |
| Lowest | 90 | 9 | 20 | 9 |
| Highest | 56,000 | 12,210 | 12,526 | 56,000 |
| Average | 8,715 | 2,238 | 532 | 2,336 |
| 60/65 & older as a % of total clients served | (N=10) | (N=35) | (N=36) | (N=81) |
| Lowest | 1% | 3% | 16% | 1% |
| Highest | 100% | 100% | 100% | 100% |
| Average | 73% | 67% | 75% | 71% |
| Total # of clients 85 & older | (N=7) | (N=28) | (N=33) | (N=68) |
| Lowest | 12 | 0 | 1 | 0 |
| Highest | 1,583 | 2,100 | 1,275 | 2,100 |
| Average | 488 | 317 | 112 | 235 |
| 85 & older as a % of total clients 60/65 of ages | (N=7) | (N=27) | (N=33) | (N=67) |
| Lowest | 2% | 0% | 2% | 0% |
| Highest | 26% | 75% | 82% | 82% |
| Average | 13% | 25% | 33% | 28% |
| Approx. # of family caregivers of older adults served | (N=8) | (N=28) | (N=30) | (N=66) |
| Lowest | 31 | 0 | 0 | 0 |
| Highest | 121,682 | 1,800 | 935 | 121,682 |
| Average | 15,383 | 285 | 153 | 2,055 |
| % of older adult clients on Medi-Cal | (N=6) | (N=24) | (N=39) | (N=69) |
| Lowest | 0% | 2% | 24% | 0% |
| Highest | 99% | 93% | 100% | 100% |
| Average | 43% | 43% | 87% | 68% |

**Figure 1: Average Number of Clients 60/65 and Older Served by Program Type**

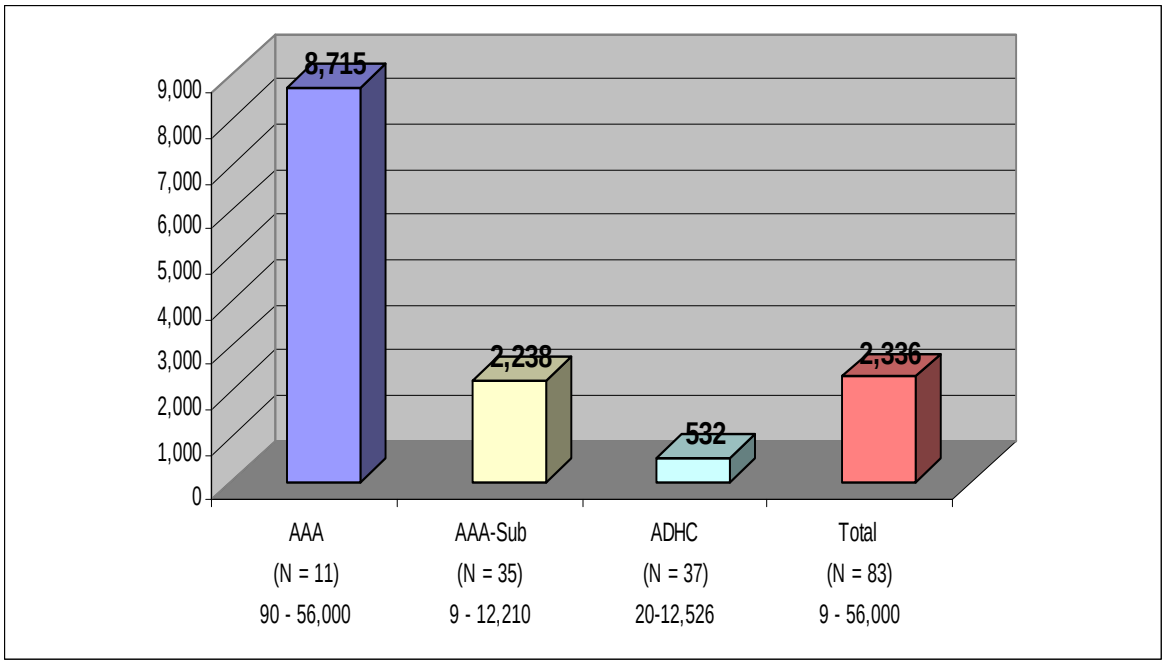



**Figure 2: Clients 60/65 and Older as a Percent of Total Clients Served**

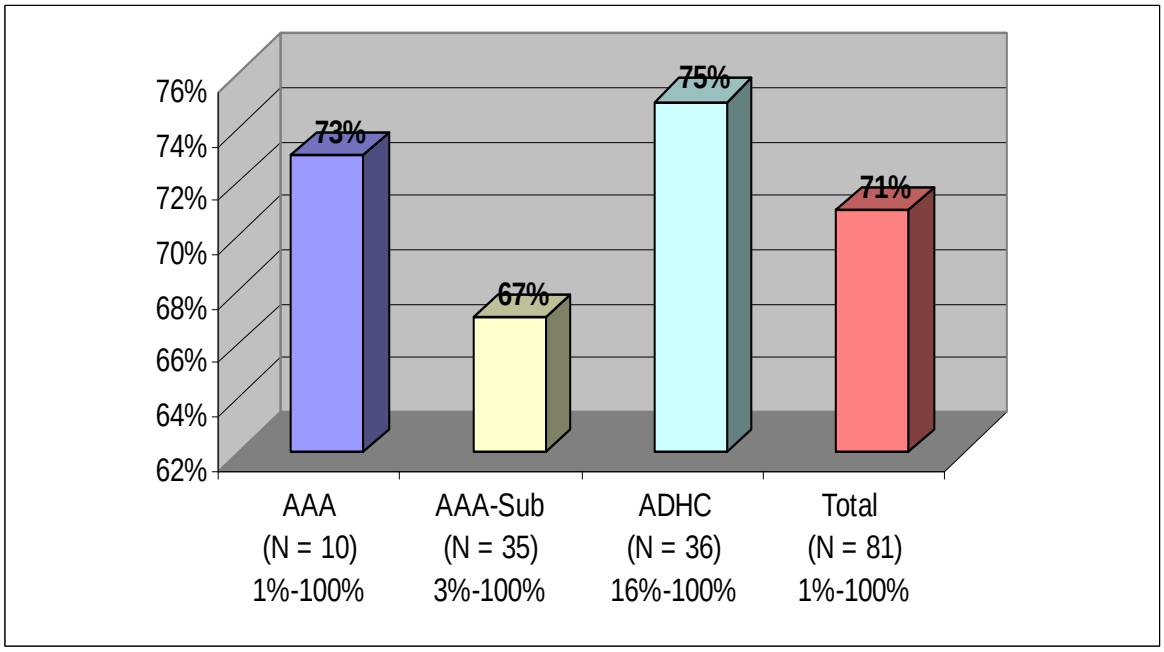
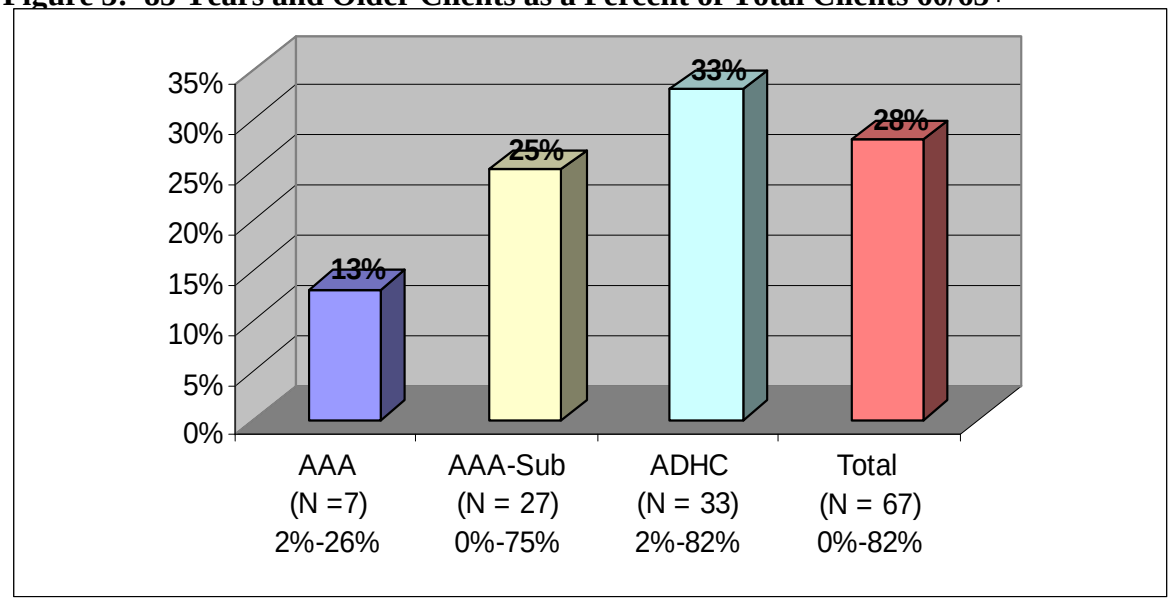


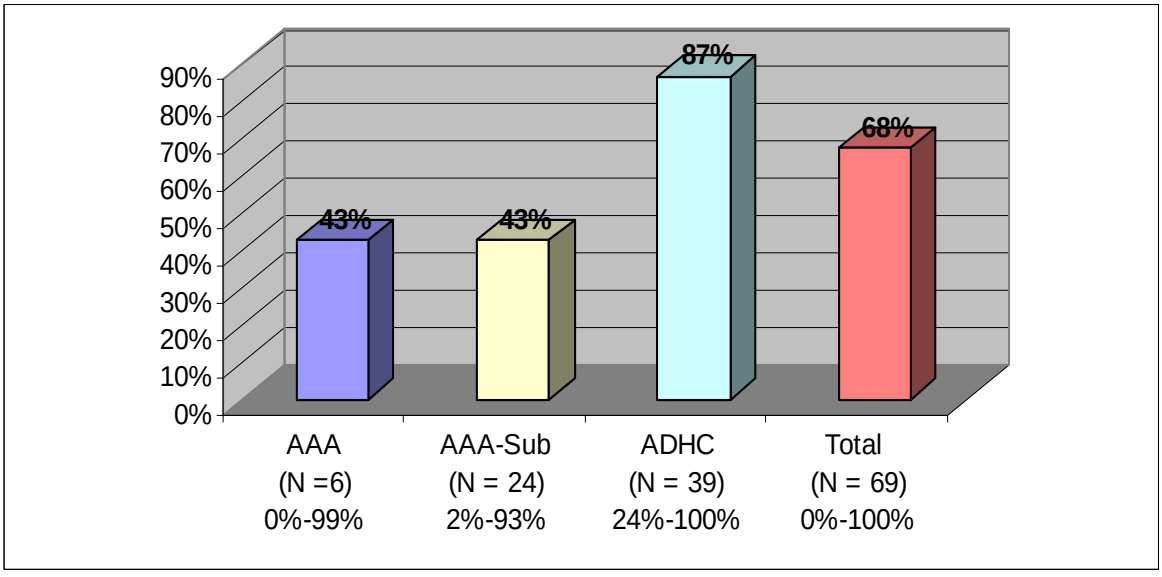
**Figure 3: 85 Years and Older Clients as a Percent of Total Clients 60/65+**




### *3c. Percent of Older Adult Clients on Medi-Cal*

Table 2 and Figure 4 also show that over two-thirds (68%) of the older clients served by 69 reporting organizations were Medi-Cal beneficiaries during the FY 2006-07. However, there is a notable difference in the proportion of older clients on Medi-Cal between the ADHCs, and the other two groups of organizations: While most older clients (87%) attending ADHCs were Medi-Cal beneficiaries, a significantly lower 43% of AAAs and AAA-Subs clients were on Medi-Cal. There also exists a substantial difference within each type of organization, particularly AAAs and AAA-Subs: The proportion of older clients on Medi-Cal varied from the lowest 0% to the highest 99% among 6 reporting AAAs; from 2% to 93% among 24 AAA-Subs; and from 24% to 100% among 39 ADHCs.

**Figure 4: Average Percentage of Older Clients on Medi-Cal**



### *3d. Older Adult Clients' Ethnic/Racial Background*

Table 3 presents findings on older adult clients' ethnic/racial composition, those with limited English skills, and program's ability to meet the language needs of the clients, reported by 82 respondents (91% of the total). Although the participant organizations by no means represent all organizations in their respective service field, the sample of the three types of organizations in the current study shows some interesting findings.

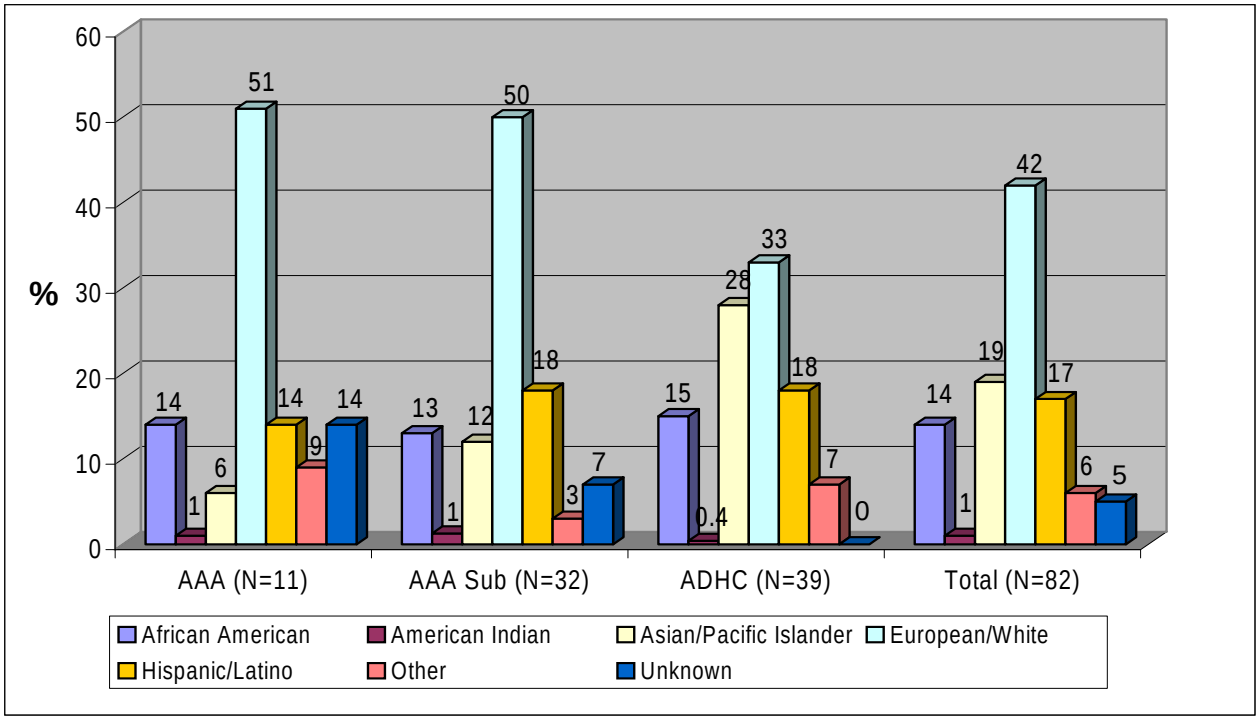
During the FY 2006-07, European whites represented the highest average percent of older clients served by all three types of organizational categories, constituting about half of older clients for AAA (51%) and AAA-Subs (50%), but a considerably lower 33% for ADHCs (also see Figure 5). As a result, they represented an overall average of 42% of older clients. Focusing on the overall average of ethnic clients in all three types of organizations, Asian Pacific Islander clients represented the second highest share of older clients (19%), followed by Hispanic/Latino clients (17%). However, it is interesting to note that Asian Pacific Islander clients were overrepresented in ADHCs (28%) and underrepresented in AAAs (6%), while Hispanic/Latino and African American clients were relatively evenly represented in all three organizational categories (14% for both groups in AAAs, 18% and 13% in AAA-Subs, and 18% and 15% in ADHCs, respectively).

In addition to the fact that 8 organizations did not provide the data on racial/ethnic background of their clients, it must be pointed out that for AAAs' older clients, an average of almost one-quarter (23%) of their racial/ethnic background was reported as either unknown (14%) or "other" (9%) than African American, American Indian, Asian Pacific Islander, European White, or Hispanic/Latino. It is also interesting to note that the average percentage of the "unknown" response was zero for ADHCs and 7% for AAA-Subs.

**Table 3: Ethnic/Racial Background and Language Needs of Older Adult Clients Served (FY 2006-07)**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| Ethnicity/Race of older adult clients (In average percent) | (N=11) | (N=32) | (N=39) | (N=82) |
| African American | 14% | 13% | 15% | 14% |
| American Indian | 1 | 1 | 0.4 | 1 |
| Asian Pacific Islander | 6 | 12 | 28 | 19 |
| European White | 51 | 50 | 33 | 42 |
| Hispanic/Latino | 14 | 18 | 18 | 17 |
| Other | 9 | 3 | 7 | 6 |
| Unknown | 14 | 7 | 0 | 5 |
| Approx. percent of older clients with little or no English skills | (N=6) | (N=30) | (N=40) | (N=76) |
| Lowest % | 0% | 0% | 1% | 0% |
| Highest % | 80 | 90 | 100 | 100 |
| Average % | 19 | 15 | 48 | 33 |
| The extent to which the program has been able to meet the language needs | (N=12) | (N=38) | (N=40) | (N=90) |
| All or most of the language needs | 10 (83%) | 26 (68%) | 35 (88%) | 71 (79%) |
| Some of the language needs | 2 (17%) | 6 (16%) | 5 (13%) | 13 (13%) |
| Little or none of the language needs | 0 (0%) | 2 (5%) | 0 (0%) | 2 (2%) |
| Not Applicable | — | 4 (11%) | — | 4 (4%) |

**Figure 5: Racial/Ethnic Composition of Older Adult Clients (in Average %)**

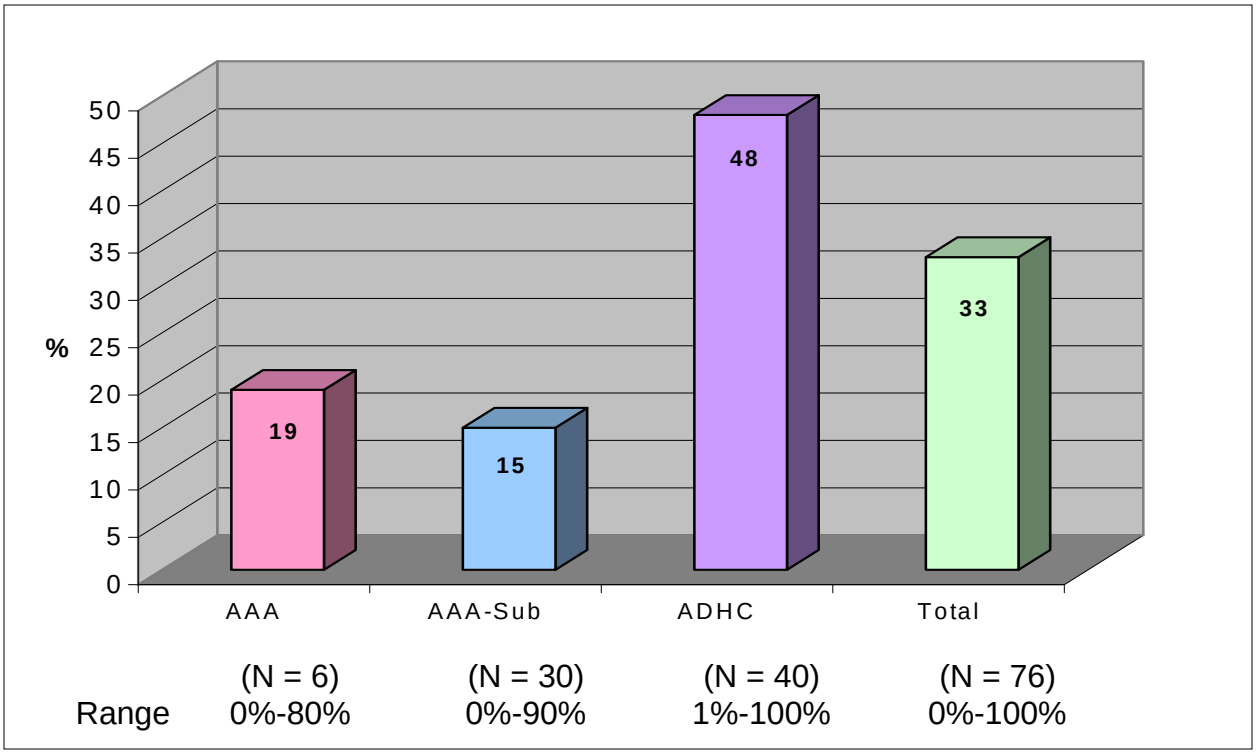


### *3e. Older Adult Clients with Limited or No English Skills and Program's Ability to Meet the Language Needs*

Overall, an average of 33% of older clients had little or no English skills, although the percentage varied considerably between and among the 76 reporting organizations, according to the data provided by only 6 of total 12 AAAs, 30 AAA-Subs, and all 40 ADHCs (also see Figure 6). It ranged from the lowest average of 15% for AAAs to the highest 48% for ADHCs. The variation within each type of organization is even greater, ranging from 0% to 80% among AAAs, from 0% to 90% among AAA-Subs, and from 1% to 100% among ADHCs.

Although one-half of the total 12 AAA respondents and 6 of 38 for AAA-Subs were unable to provide information on their older clients who have little or no English skills, all 80 respondents answered the question related to their ability to meet the language needs of older clients. As shown in Table 3, 79% of the total respondents indicated that their organization had been able to meet "all or most" of the language needs, and 13% reported having the language capacity to meet "some of the language needs." Only two respondents (2%) indicated their organizations being able to meet "little or none" of the language needs of older clients, while the remaining 4 respondents (4%) suggested the question being "not applicable' to them.

**Figure 6: Average Percent of Older Clients with Limited or No English Skills**



### *3f. Special Characteristics or Needs of the Majority of Older Adult Clients Served by the Program*

Table 4 and Figure 7 depict the special characteristics or needs of the majority of older adult clients served as reported (in a write-in question) by 63 respondents representing 7 AAAs, 28 AAA-Subs, and 28 ADHCs. Overall, mental and physical impairment/disability were two most frequently reported special characteristics or needs of older adult clients served by the respondent organizations, followed by language barriers and/or immigration issues. The mental and physical impairments were reported by approximately one-third of the respondents (35% and 33%, respectively), while nearly one-quarter (24%) of the respondents indicated language and immigration issues. Other special characteristics or needs of the majority of older adult clients included dementia issues (19%), poverty and low income related issues (17%), transportation needs (14%), and isolation related issues, including growing number of seniors living alone, inadequate family support and emotional problems (13%), major health issues, including chronic diseases (11%), veterans/ veteran issues (10%), and access needs for public benefits, health insurance/health care (8%).

There are noticeable differences among the three types of organizations regarding the special characteristics or needs of the majority of their older adult clients. Focusing on two most frequently stated characteristics or needs, the majority of the AAA respondents (4 of 7) reported physical impairment (57%) and poverty/low income related issues (57%), while the AAA-Subs' most frequently mentioned were isolation (29%) and poverty/low income related issues (25%), and over one-half of ADHCs respondents indicated mental impairment/disability (54%), followed by physical impairment/disability (39%).

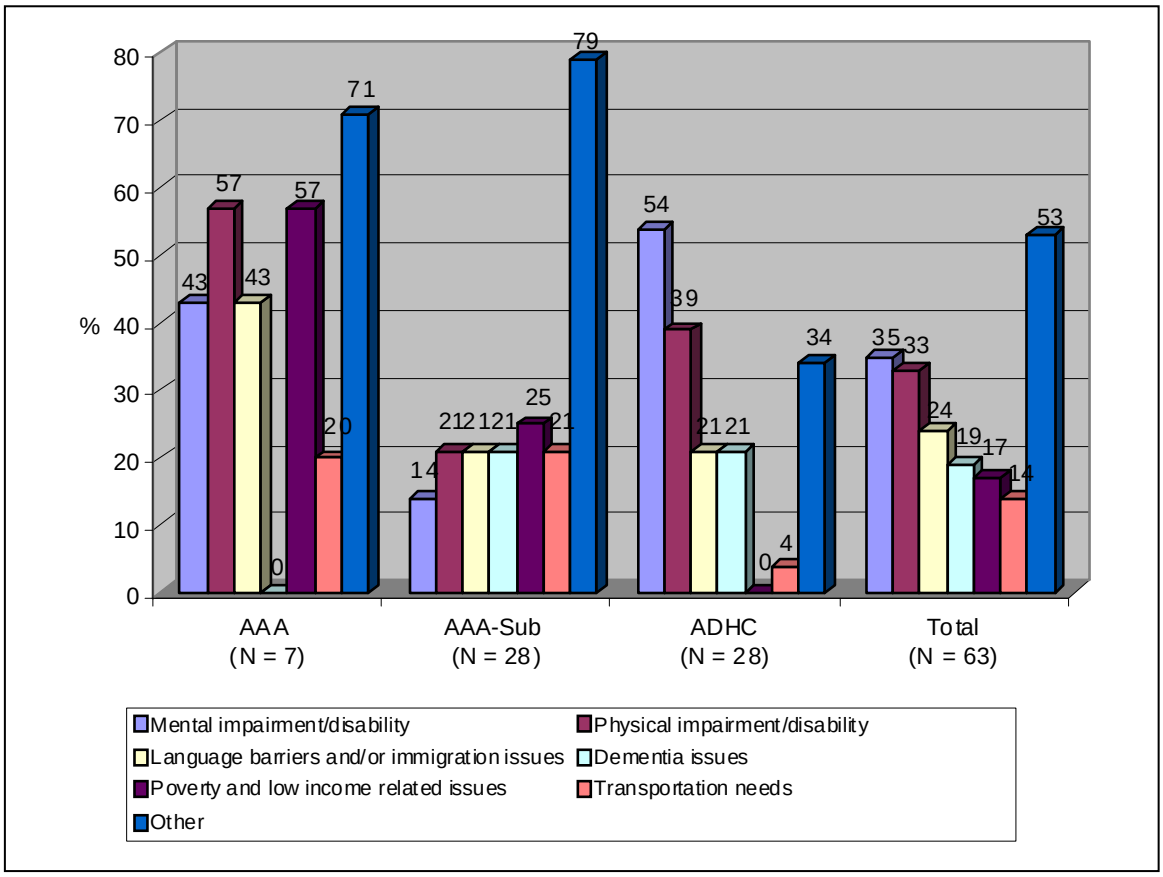
It is also notable that while 21% of both AAA-Subs and ADHCs reported dementia as a special characteristic or need of the majority of their older adult clients, none of 7 AAA representatives mentioned dementia. Similarly, while transportation was reported as a special need of older adult clients served by 29% of AAA and 21% of AAA-Sub respondents, it was mentioned by only one of ADHC respondents (4%).

As shown in Table 4, other less frequently reported special characteristics or needs of older adult clients include kinship caregivers who are home bound raising grandchildren and in need of a range of supportive services (3%), and home-maker service need (3%), respite and caregiver problems (3%), and end-of-life issues (2%).

**Table 4: Special Characteristics or Needs of the Majority of Older Adult Clients Served by the Organization/Program (Multiple responses)**

| Special Characteristics or Needs | AAA (N=7) | AAA-Sub (N=28) | ADHC (N=28) | Total (N=63) |
|---|---|---|---|---|
| Mental impairment/disability | 3 (43%) | 4 (14%) | 15 (54%) | 22 (35%) |
| Physical impairment/disability | 4 (57%) | 6 (21%) | 11 (39%) | 21 (33%) |
| Language barriers and/or immigration issues | 3 (43%) | 6 (21%) | 6 (21%) | 15 (24%) |
| Dementia issues | 0 (0%) | 6 (21%) | 6 (21%) | 12 (19%) |
| Poverty and low income related issues | 4 (57%) | 7 (25%) | 0 (0%) | 11 (17%) |
| Transportation needs | 2 (29%) | 6 (21%) | 1 (4%) | 9 (14%) |
| Isolation, high number of seniors living alone, emotional problems & inadequate family support | 2 (29%) | 5 (29%) | 1 (4%) | 8 (13%) |
| Major health issues/chronic diseases | 1 (14%) | 4 (14%) | 2 (7%) | 7 (11%) |
| Veterans/veteran issues | 1 (14%) | 4 (14%) | 1 (4%) | 6 (10%) |
| Access needs for public benefits, health insurance, and/or health care, including in-home medical care | 1 (14%) | 2 (7%) | 2 (7%) | 5 (8%) |
| Kinship caregiver (home bound and in need of a range of supportive services) | 0 (0%) | 2 (7%) | 0 (0%) | 2 (3%) |
| Home-maker service need | 0 (0%) | 1 (4%) | 1 (4%) | 2 (3%) |
| Respite & Caregiver problems | 0 (0%) | 1 (4%) | 1 (4%) | 2 (3%) |
| End-of-life issues | 0 (0%) | 0 (0%) | 1 (4%) | 1 (2%) |

**Figure 7: Older Clients' Special Characteristics and/or Needs as a Percent of the Respondents (Multiple Responses Question)**




# 4. STAFFING IN AGING SERVICES: PAST FY (2006-07) AND CURRENT FTE STAFF

## *4a. Past and Current Fiscal Year Aging Service Staff: Numbers and Changes*

Table 5 presents descriptive data on the range and average number of past and current fiscal year (FY) FTE aging service staff. As expected, there are substantial variations in both the total number of FTE staff working in any capacity and that of aging service workers within and between the organizations/programs.

The total number of FTE staff in any capacity employed by the organization in the past fiscal year ranged from zero to 591, with an average of 40 FTE workers. It must be noted that one AAA-Sub that provides nutrition services indicated that it has no full time staff, and thus reported zero FTE. The variation of the total FTE staff size was greatest among 38 ADHCs, which ranged from 1 FTE to 591 FTEs (the latter reflects the total number of FTEs employed in multiple agency sites, including ADHCs, managed by the same organization).

**Table 5: Number and Growth of FTE Aging Service Staff during the Past and Current FYs**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| (A) Total number of FTE staff in ANY CAPACITY employed in the organization/program in the **PAST FY** | (N=12) | (N=35) | (N=38) | (N=85) |
| Average | 34 | 38 | 45 | 40 |
| Lowest | 2 | 0 | 1 | 0 |
| Highest | 145 | 210 | 591 | 591 |
| (B) Total number of FTE aging service workers and administrators employed, EXCLUDING supportive staff (e.g., clerical, secretarial) in the **PAST FY** | (N=12) | (N=36) | (N=37) | (N=85) |
| Average | 14 | 12 | 32 | 21 |
| Lowest | 1 | 0 | 0 | 0 |
| Highest | 50 | 50 | 504 | 504 |
| (B) as a percent of (A): | | | | |
| Average | 62% | 57% | 70% | 63% |
| Lowest | 14% | 0% | 12% | 0% |
| Highest | 100% | 100% | 100% | 100% |
| (C) Total number of **CURRENT** FTE aging service workers and administrators employed, EXCLUDING supportive staff | (N=12) | (N=36) | (N=37) | (N=85) |
| Average | 19 | 14 | 36 | 24 |
| Lowest | 2 | 0 | 1 | 0 |
| Highest | 48 | 53 | 591 | 591 |
| (D) Direction of the change in the number of Current FTE aging service staff compared to the Past FY | (N=12) | (N=36) | (N=36) | (N=84) |
| Increase | 42% | 39% | 53% | 46% |
| No change (the same number) | 50% | 53% | 39% | 46% |
| Decrease | 8% | 8% | 8% | 8% |
| **** Two measures of growth in aging service staff :*** | | | | |
| 1. ***Growth rate based on % changes:*** $\frac{(\text{Current FTEs} - \text{Past FY FTEs}) * 100}{\text{Past FY FTEs}}$ | (N=12) | (N=32) | (N=35) | (N=80) |
| Average | 42% | 28% | 49% | 39% |
| Lowest | - 4% | - 33% | - 50% | - 50% |
| Highest | 179% | 400% | 667% | 667% |
| **2. Growth rate based on changes in aggregated numbers of staff by type of program and total:** | (N=12) | (N=32) | (N=35) | (N=80) |
| Total # of FTE staff in the PAST FY | 173 | 439 | 1,155 | 1,767 |
| Total # of CURRENT FTE staff | 225 | 503 | 1,305 | 2,033 |
| Overall growth rate for aggregated # in each program Type | 30.1% | 14.6% | 13.0% | 15.1% |

**Note: One ADHC in the sample reported on multiple ADHC sites and another reported on multiple service programs in addition to ADHC services in the aggregated data.**

In the past fiscal year, the average number of FTE aging service workers and administrators, exclusive of supportive staff, for all 85 respondent organizations was 21 workers, and it varied from 32 for ADHCs to 12 for AAA-Subs. In addition, the number of FTE aging service staff constituted almost three-quarters, or 63%, of the total number of FTE workers employed in the organization in the past FY. The percentage is higher for ADHCs (70%) and lower for the other two (57% for AAA-Subs and 62% for AAAs).

The average number of FTE aging service staff at the time of survey (current FTEs) for 85 respondent organizations was 24, a modest increase from the 21 in the past fiscal year. A similar modest growth was found for three specific types of organization: from 14 to 19 for AAAs, from 12 to 14 for AAA-Subs, and from 32 to 36 for ADHCs (also see Figure 8). It must be noted that four AAA-Subs indicated having zero FTE aging service staff in the past fiscal year, but for the current fiscal year at the time of the survey three reported having at least one FTE aging service staff.

Examination of an individual organization's current FTE aging service workers, compared to that of the past fiscal year, reveals that less than half, or 46%, of the 84 organizations experienced an increase in the number of FTE workers, as shown in Table 5 and Figure 9. Moreover, the same percentage of the organizations, or 46%, reported having maintained the same number of workers, while 7 organizations (8%) currently had a smaller number of FTE aging service workers compared to that of the past fiscal year. The majority (53%) of ADHCs indicated having increased the number of FTE aging service staff, while that of increase was considerably lower 42% and 39% for AAAs and AAA-Subs, respectively.

**Figure 8: Average Number of Aging Service Staff in Current and Past Fiscal Years**

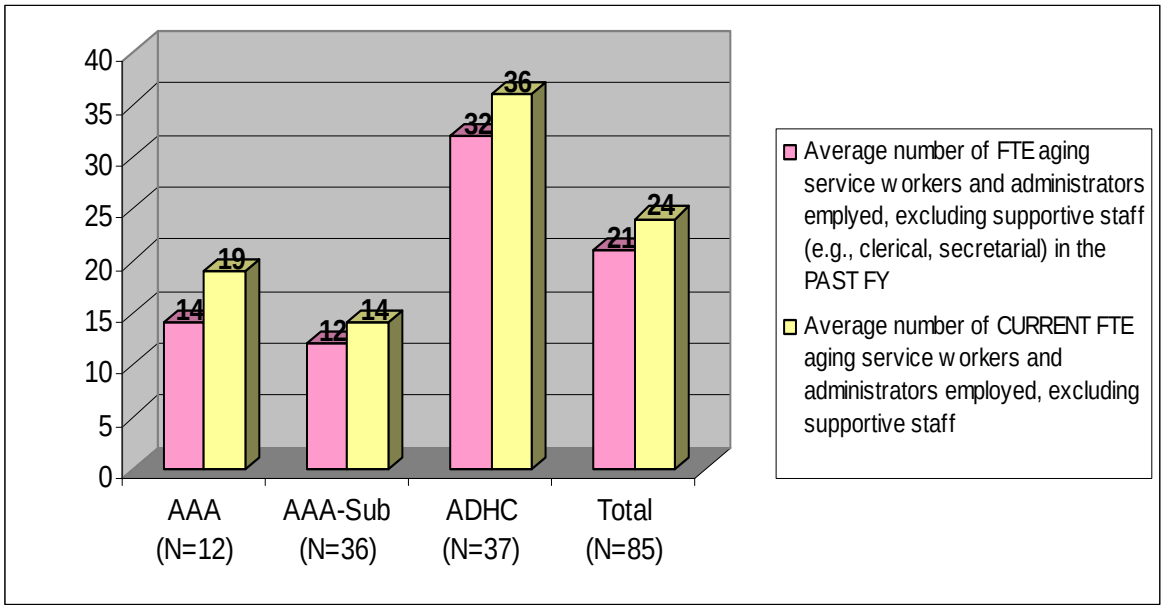


**Figure 9: Direction of Change in Number of Current FTE Aging Service Staff Compared to Past FY**

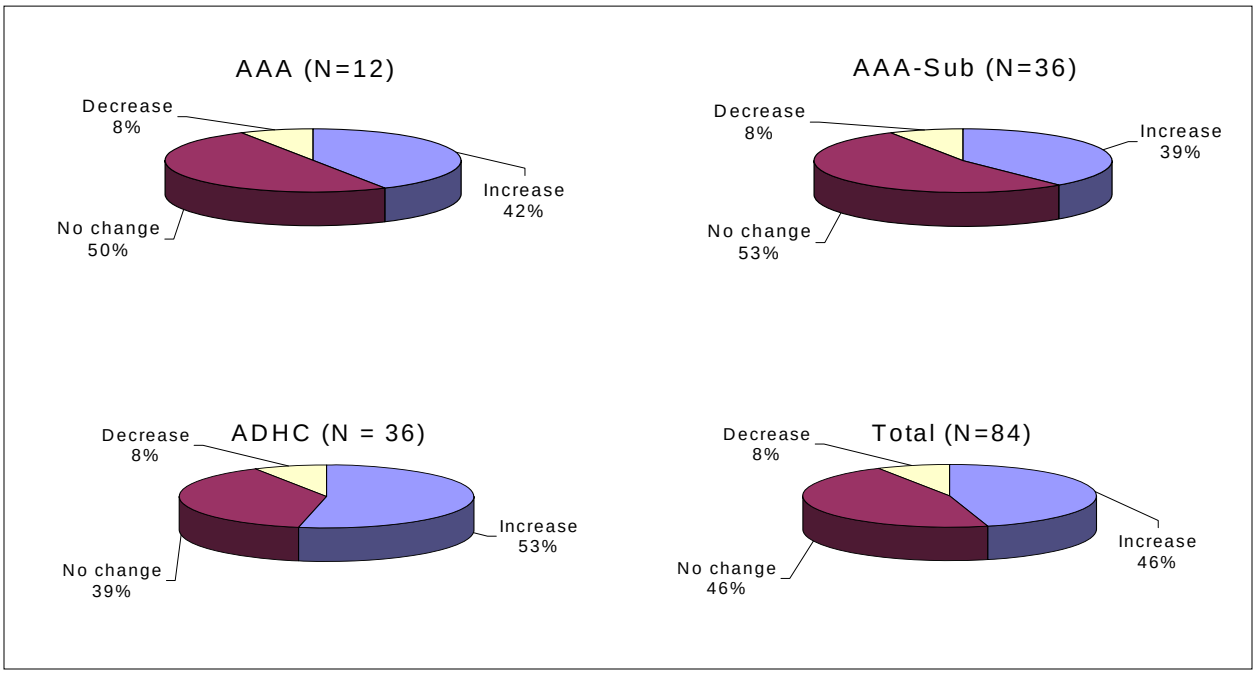
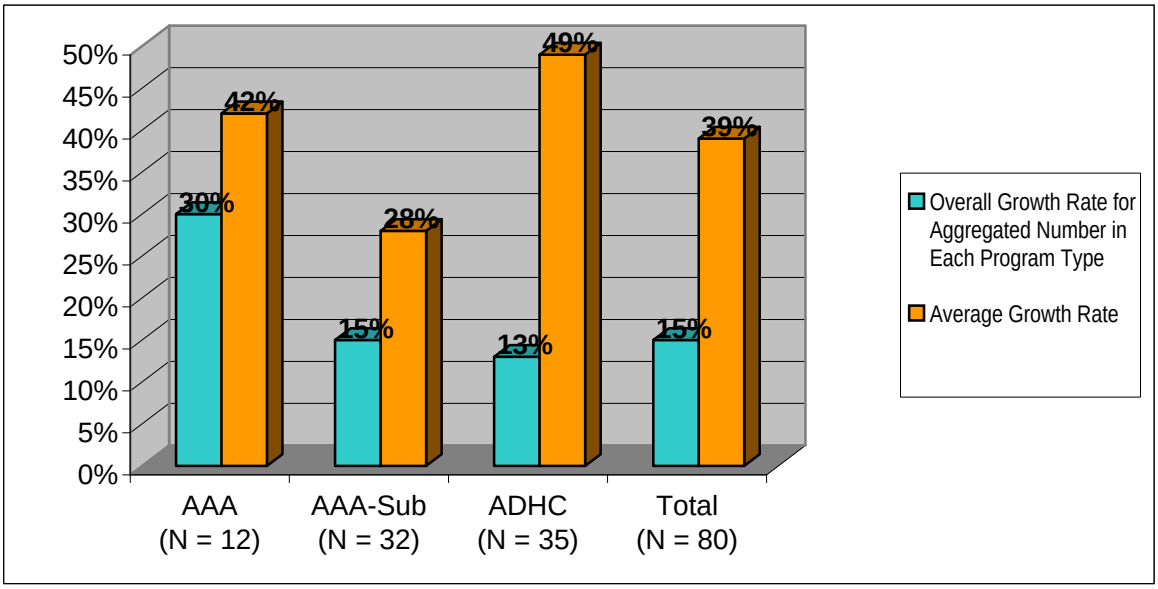



Table 5 and Figure 10 also depict the findings from a further analysis of the growth in the number of current FTE aging service staff compared to that of the past fiscal year, using two measures. One is the average growth rate based on percentage change in staffing in each organization, and the other is the overall growth rate in aggregated number of workers in all organizations by type of organization as well as for the total.

Using the first measure, the average growth rate for the 80 organizations ranged from the lowest -50% (an ADHC's decrease from four FTE workers in the past FY to two workers in the current FY) to the highest 667% increase (an ADHC's increase in FTE workers from 3 to 23) at the average of 39% increase, a substantial increase over a year. The average growth rate of 28% for the AAA-Subs was considerably lower than 49% for ADHCs and 42% for AAAs. It must be noticed, however, that the average growth rates for the AAA-Subs and ADHCs were highly skewed and inflated by over 200% – 667% increase recorded by three AAA-Subs and three ADHCs, four of which had three or fewer FTE workers in the past fiscal year.

The other measure of growth rate examines the changes in the total number of aging service workers for all 80 respondent organizations and by type of organization. It found that the total number of FTE staff in aging services grew by 15%, to the current 2,033 workers from 1,767 in the past fiscal year. Note that the 15% increase is considerably lower than the earlier overall average growth rate of 39%, using the individual organization's change in FTE aging service staff. Also, unlike the findings from the earlier measure, the growth rate was the highest 30% for AAAs with the total FTE increase from 173 to 225, followed by 15% for AAA-Subs with the total FTE increase from 439 to 503, and the lowest 13% for ADHCs with the total FTE increase from 1,155 to 1,305.

**Figure 10: Growth Rates of FTE Staff in Aging Services by Two Measures (FY 2006-07 and Current)**




### *4b. Aging Service Staff Turnover Rates*

This section examines aging service worker turnover rates, as defined as the ratio or percentage of the number of workers and administrators (excluding supportive staff) who left their organization and had to be replaced in a given period to the average number of workers. Given the definition, the following two estimates of aging service worker turnover rate, as shown in Table 6 and Figure 11, offer some useful insights into this important aspect of the aging services labor.

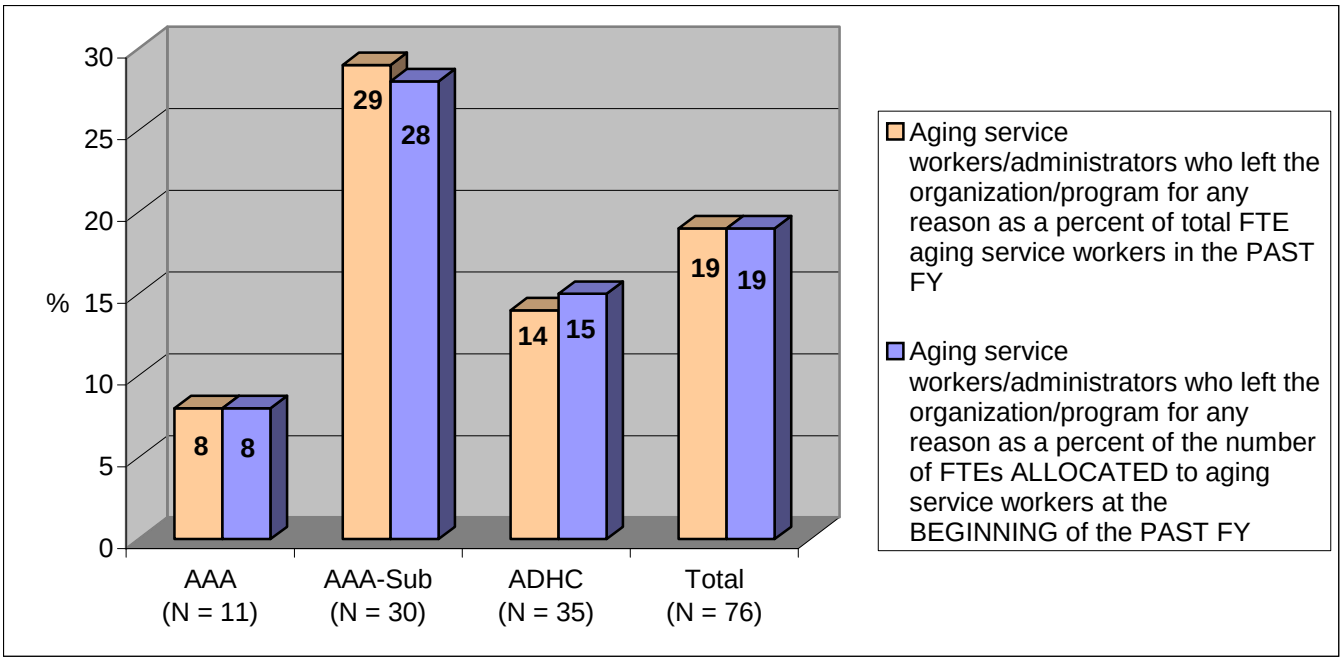
It must be noted that the highest worker turnover rates for both estimates in AAA-Subs was 200% because one AAA-Sub organization had only one FTE aging service worker at the beginning and during the last fiscal year. In this organization, two workers leaving and the positions being replaced during the same fiscal year resulted in worker turnover rate of 200%. In contrast, for 20 of the total 76 organizations (26%), none of the aging service workers left the organization, implying a zero percent turnover.

The first estimate, measuring the number of workers who left against the total number of FTE workers in the past fiscal year, tends to underestimate the turnover rate to the extent to which the latter may include varying numbers of replacements at different times. The other measure, use of allocated FTEs at the beginning of the past fiscal year, may also lead to underestimation of turnover rates if the allocated positions had not been fully filled in that year, while it overestimates the rate if the actual number of workers exceeded the allocated positions.

**Table 6: Two Estimates of Aging Service Worker Turnover Rate: FY 2006-07**

| *Variable* | *AAA* | *AAA-Sib* | *ADHC* | *Total* |
|---|---|---|---|---|
| Aging service workers/administrators who left the organization/program for any reason as a percent of total FTE aging service workers in the PAST FY | (N=11) | (N=30) | (N=35) | (N=76) |
| Average | 8% | 29% | 14% | 19% |
| Lowest | 0% | 0% | 0% | 0% |
| Highest | 30% | 200% | 67% | 200% |
| Aging service workers/administrators who left the organization/program for any reason as a percent of the number of FTEs ALLOCATED to aging service workers at the BEGINNING of the PAST FY | (N=11) | (N=31) | (N=36) | (N=78) |
| Average | 8% | 28% | 15% | 19% |
| Lowest | 0% | 0% | 0% | 0% |
| Highest | 30% | 200% | 67% | 200% |

**Figure 11: Aging Service Worker Average Turnover Rate--Two Estimates (FY 2006-07)**



Focusing on the findings based on the first estimate method, one in every five workers (an overall average turnover rate of 19%) left the organization during the last fiscal year, and the rate was the highest for AAA-Subs, varying from 8% for AAAs to 14% for ADHCs and 29% for AAA-Subs. The turnover rates, on average, were found to be almost identical when the allocated FTE positions at the beginning of the past fiscal year was used, meaning that the allocated positions were almost the same as the actual number of workers reported for the past fiscal year. The turnover rate for 78 reporting organizations varied from a low average 8% for AAAs to a high average 28% for AAA-Subs at the overall average of 19%.

### *4c. Ethnic/Racial Background and Age Distribution of Current Aging Service Staff*

Table 7 and Figures 12 and 13 present the ethnic/racial background and age distribution of current aging service staff, excluding supportive staff workers (FY 2006-07). Similar to the ethnic/racial background of older clients served by these programs, European American whites made up the highest proportion of aging service staff in all three types of organizations (an average of 56% in AAAs, 57% in AAA-Subs, and 37% in ADHCs) with an overall average of 47%. Again, the Asian Pacific Islander workers made up the second largest category of ethnic workers in aging services at the overall average of 20%, followed by the Hispanic/Latino workers at the overall rate of 17%.

In general, the overall pattern of ethnic/racial background of the aging service staff is similar to that of older clients within and between the programs. However, a closer comparison of ethnic background of older clients (see Figure 5) and aging service staff suggest that European American whites were overrepresented in staffing in all three types of organizations; Asian Pacific Islanders and Hispanic/Latino were overrepresented while American Indians were underrepresented in AAAs; African Americans were underrepresented in AAA-Subs and ADHCs.

Table 7 and Figure 13 also show the average percent of age distribution of aging service workers. Overall, workers ages 50 and older constituted an average of 40% of the aging service staff in all 84 reporting organizations with a considerable variation among the three type of organization. However, an overall closer examination of the age distribution of aging service staff by organization reveals a considerable variation in the age distribution of staff. For example, the 50 and older age group made up over one-half (52%) of aging service staff in AAAs, 46% of AAA-Subs staff, and a significantly lower 33% of staff in ADHCs. These high percentages of older staff suggest that a considerable percent of skilled labor force in aging services, many of whom with great knowledge and experiences, will retire within the next five to ten years.

**Table 7: Ethnic/Racial Background and Age Distribution of Current Aging Service Staff, Excluding Supportive Staff Workers (FY 2006-07)**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| Ethnicity/Race of aging service staff (In average percent) | (N=10) | (N=34/35) | (N=36/38) | (N=80-83) |
| African American | 15% | 11% | 13% | 12% |
| American Indian | 0.1 | 1 | 0.4 | 0.7 |
| Asian Pacific Islander | 10 | 12 | 29 | 20 |
| European American White | 56 | 57 | 37 | 47 |
| Hispanic/Latino | 18 | 17 | 17 | 17 |
| Other | 0.1 | 2 | 9 | 5 |
| Age distribution of aging service staff (In average percent) | (N=10) | (N=34) | (N=40) | (N=84) |
| Under 30 years old | 6% | 12% | 16% | 13% |
| 30 – 39 years old | 12 | 15 | 29 | 21 |
| 40 – 49 years old | 31 | 26 | 23 | 25 |
| 50 – 59 years old | 35 | 28 | 20 | 25 |
| 60 or older | 17 | 18 | 13 | 15 |

Note: Because some respondents did not provide the staff ethnic background information regarding certain ethnic groups, and data for each ethnic background is treated as a separate variable, combined with possible random errors, the data in the table may exceed or not add up to 100%.

**Figure 12: Ethnic/Racial Background of Current Aging Service Staff**

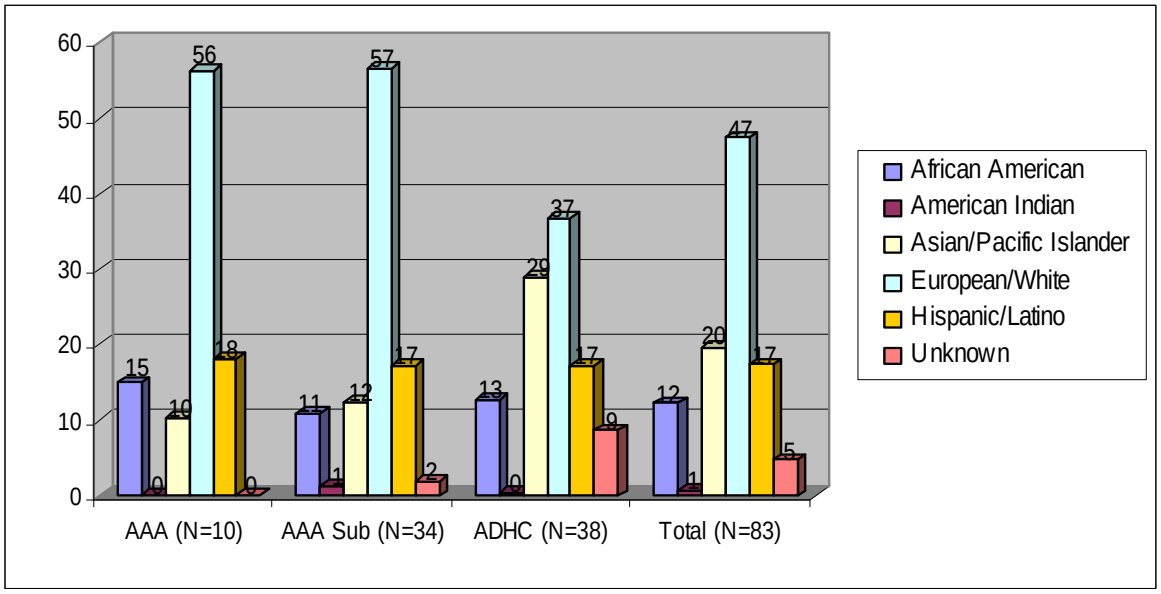
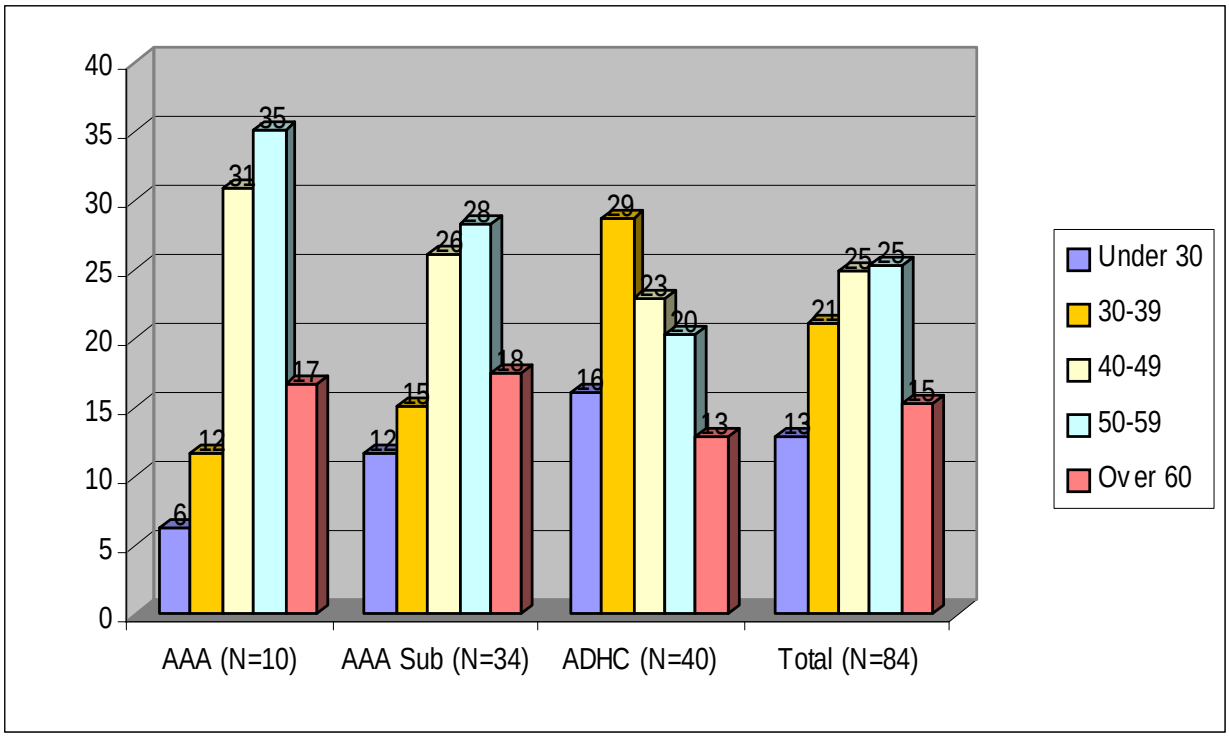


**Figure 13: Age Distribution of Current Aging Service Staff**




### *4d. Aging Service Staff with a BSW or MSW*

Table 8 shows the total number of full-time equivalent directors, managers, and aging service workers in aging Services in AAAs, AAA-Subs, and ADHCs. Of all the agencies reporting, 83.3% (n=65) had one or more director employed. A smaller number of agencies answered questions about directors having a BSW or MSW. The total number of directors was counted based on these data for 57 agencies replying to the BSW question (n= 123 directors) and 56 agencies replying to the MSW question (n=124 directors). Based on these total numbers, the percent of directors that have a BSW was calculated. When asked about their social work education, 11 directors (8.9%) were reported as having a BSW education, while 18 directors (14.5%) were reported as having an MSW education. Because the proportions are based on a subset of agencies that answered questions about education, they may be slightly inflated in terms of the proportion of directors having a BSW or MSW.

With regard to managers and supervisors, 88% of the agencies (n=66) reporting had one or more manager or supervisor employed in their agency with some reporting up to 40 managers in their program. Again, a smaller number of agencies responded to the question about managers having BSW or MSW degrees. The total number of managers/supervisors was counted based on the subset of agencies responding to educational questions: the 53 agencies replying to the BSW question had 149 managers/supervisors and the 56 agencies replying to the MSW question had 159 managers/supervisors. Therefore, 15 managers/supervisors were reported as having a BSW degree (10.1%), while 31 (19.5%) had an MSW degree.

With regard to aging service workers, of 81 agencies reporting, 90.1% had at least one aging service worker. The total number of aging service workers was counted based on these data for 69 agencies replying to the BSW question (n= 605 aging service workers) and 69 agencies replying to the MSW question (n=614 aging service workers). Therefore, 83 workers (13.7%) were reported as having a BSW degree, while 85 workers (13.8%) held an MSW degree.

**Table 8: Total FTE in Aging Services for Directors, Managers, and Aging Service Workers All CBO Groups**

| Variable | N | % |
|---|---|---|
| ***Directors*** | | |
| **Number of FTE Directors (Agencies reporting: n=78)** | | |
| 0 | 13 | 16.7% |
| 1 | 44 | 56.4% |
| 2 | 13 | 16.7% |
| 3 | 4 | 5.1% |
| 5 | 1 | 1.3% |
| Over 5 | 3 | 3.9% |
| **Number of Directors with a BSW (Agencies reporting: n=57)** | | |
| 0 | 47 | 82.5% |
| 1 | 9 | 15.8% |
| 2 | 1 | 1.8% |
| **Number of Directors with an MSW (Agencies reporting: n=56)** | | |
| 0 | 42 | 75.0% |
| 1 | 10 | 17.9% |
| 2 | 4 | 7.1% |
| ***Managers*** | | |
| **Number of FTE Managers (Agencies reporting: n=75)** | | |
| 0 | 9 | 12.0% |
| 1 | 32 | 42.6% |
| 2 | 12 | 16.0% |
| 3 | 7 | 9.3% |
| 4 | 7 | 9.3% |
| 5 | 2 | 2.7% |
| 6-10 | 5 | 6.6% |
| Over 10 | 1 | 1.3% |
| **Number of Managers with a BSW (Agencies reporting: n=53)** | | |
| 0 | 41 | 77.4% |
| 1 | 9 | 17.0% |
| 2 | 3 | 5.7% |
| **Number of Managers with an MSW (Agencies reporting: n=56)** | | |
| 0 | 33 | 58.9% |
| 1 | 18 | 32.2% |
| 2 | 4 | 7.1% |
| 5 | 1 | 1.8% |

**Table 8 (continued): Total FTE in Aging Services for Directors, Managers, And Aging Service Workers All CBO Groups**

| Variable | N | % |
|---|---|---|
| ***Aging Service Workers*** | | |
| **Number of FTE Aging Service Workers (Agencies reporting: n=81)** | | |
| 0 | 8 | 9.9% |
| 1 | 11 | 13.5% |
| 2 | 8 | 9.9% |
| 3 | 12 | 14.8% |
| 4 | 4 | 4.9% |
| 5 | 7 | 8.6% |
| 6 | 9 | 11.1% |
| 7 | 2 | 2.5% |
| 8 | 1 | 1.2% |
| 9 | 2 | 2.4% |
| 10-20 | 16 | 19.9% |
| Over 20 | 1 | 1.2% |
| **Aging Service Workers with a BSW (Agencies reporting: n=69)** | | |
| 0 | 31 | 44.9% |
| 1 | 16 | 23.2% |
| 2 | 10 | 14.5% |
| 3 | 7 | 10.1% |
| 4 | 2 | 2.9% |
| 5 | 1 | 1.4% |
| 6 | 1 | 1.4% |
| 7 | 1 | 1.4% |
| **Aging Service Workers with an MSW (Agencies reporting: n=69)** | | |
| 0 | 27 | 39.1% |
| 1 | 24 | 34.8% |
| 2 | 7 | 10.1% |
| 3 | 5 | 7.2% |
| 4 | 4 | 5.8% |
| 8 | 2 | 2.9% |

## *4e. BSW and MSW Positions Specified in Job Description in Aging Services*

Figure 14 provides information regarding the percentage of agencies or programs within AAA, AAA-Sub, or ADHC services that designate a BSW and it is specified in the job description. Within AAAs and ADHCs, half or more of the participants (50% and 74% respectively) reported that a BSW degree is specified. However a lesser percentage (24%) was reported in AAA-Subs with the majority (60%) not specifying this type of degree in a job description.

**Figure 14: Is BSW Specified in Any Job Descriptions?**

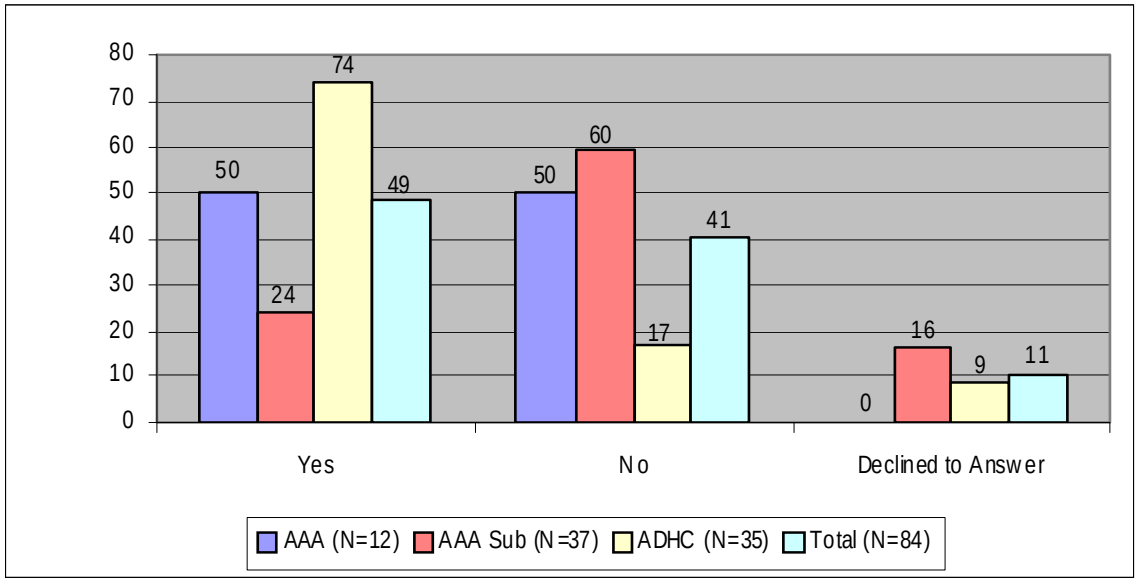
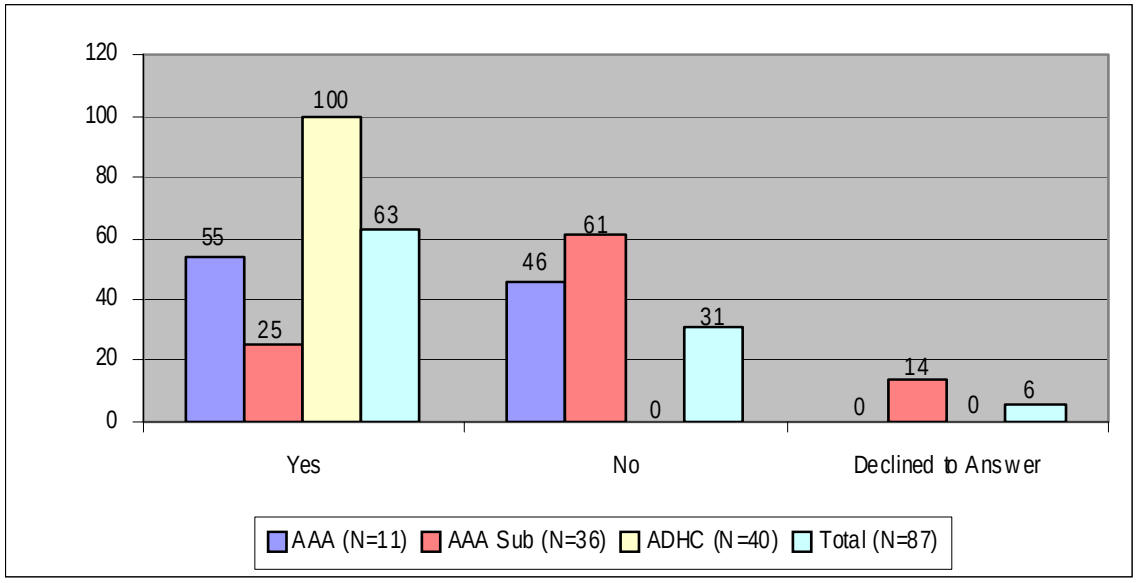



Figure 15 shows the percentages of agencies or programs, which designate an MSW in their job descriptions for aging services workers. Most notably, 100% of the ADHCs reported requiring an MSW for their aging service workers, while only 25% of the AAA-Subs specified this degree with the majority (60%) not specifying this degree in a job description. Over half (54.5%) of the AAAs specified an MSW in their job descriptions.

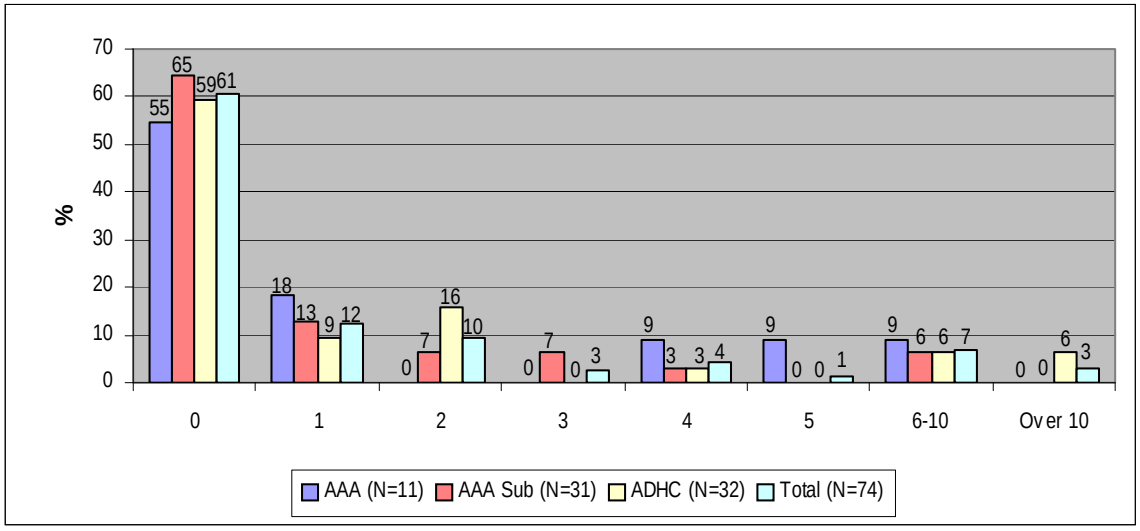
**Figure 15: Is MSW Specified in Any Job Descriptions?**



### *4f. Aging Service Staff with Formal Education or In-House Training in Gerontology*

When agencies were asked about the number of aging services staff who had formal education or training in gerontology or geriatrics, the majority of the agencies reported that they did not have any (N=45, 60.8%). There were 29 agencies (39.2%) that had some staff with formal training in gerontology/geriatrics, with the number of trained workers varying between 1 and 23. These results are shown on Figure 16. Within AAA, of the 11 agencies reporting, over half (n=6, 54.5%) did not have any formal training in working with older adults. However, of those agencies who did report staff with formal training in these areas, one agency (9.1%) reported having as many as eight workers with this type of education. Of the 31 AAA-Subs reporting, 64.5% (n=20) did not have workers with this type of formal training. The remaining eleven agencies had as few as one worker (12.9%) or as many as ten workers (3.2%) with this formal training. The 32 ADHCs reported a similar proportion of workers without formal education in gerontology (n=19, 59.4%). However, three ADHCs reported as few as one worker (9.4%) with this type of formal education and one ADHC reported as many as 23 of their workers had formal training in gerontology.

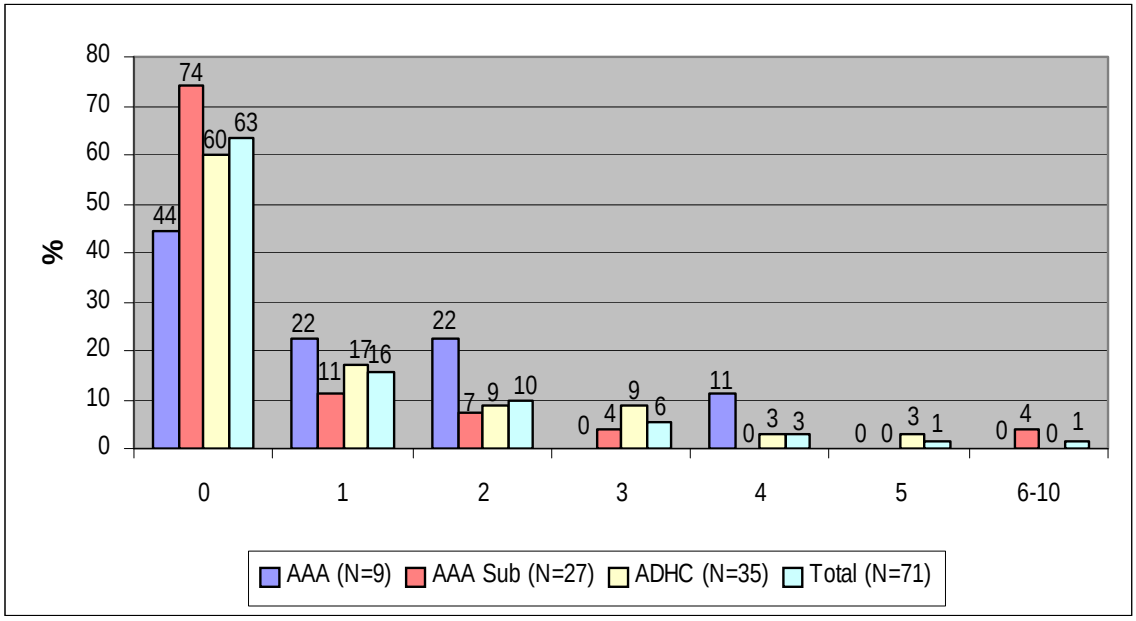
**Figure 16: Number of Aging Service Staff Who Have Formal Training in Geriatrics or Gerontology**




***MSW/BSW Trained Staff in Gerontology and Geriatrics***

When agencies were asked about the number of staff holding a BSW or MSW degree that had a degree in gerontology or geriatrics, the 71 agencies responding showed results that were nearly identical to the previous question applied to all aging service staff in. As shown in Figure 17, there were 63.4% (n=45) of those agencies that had MSW/BSW that reported no formal training in geriatrics/ gerontology. Of the agencies with MSW/BSW that had training, between 1 and 6 staff had formal training. Of 9 reporting AAAs, four (44.4%) indicated that their MSW/BSW workers did not have formal training in geriatrics/gerontology. Within the 27 AAA Subcontractors, 74.1% (n=20) reported that their BSW/MSW workers had no gerontological/geriatric formal training. Finally, within the 35 ADHCs reporting, 60% (n=21) of agencies reported that their MSW/BSW workers had no formal gerontological/ geriatric training.

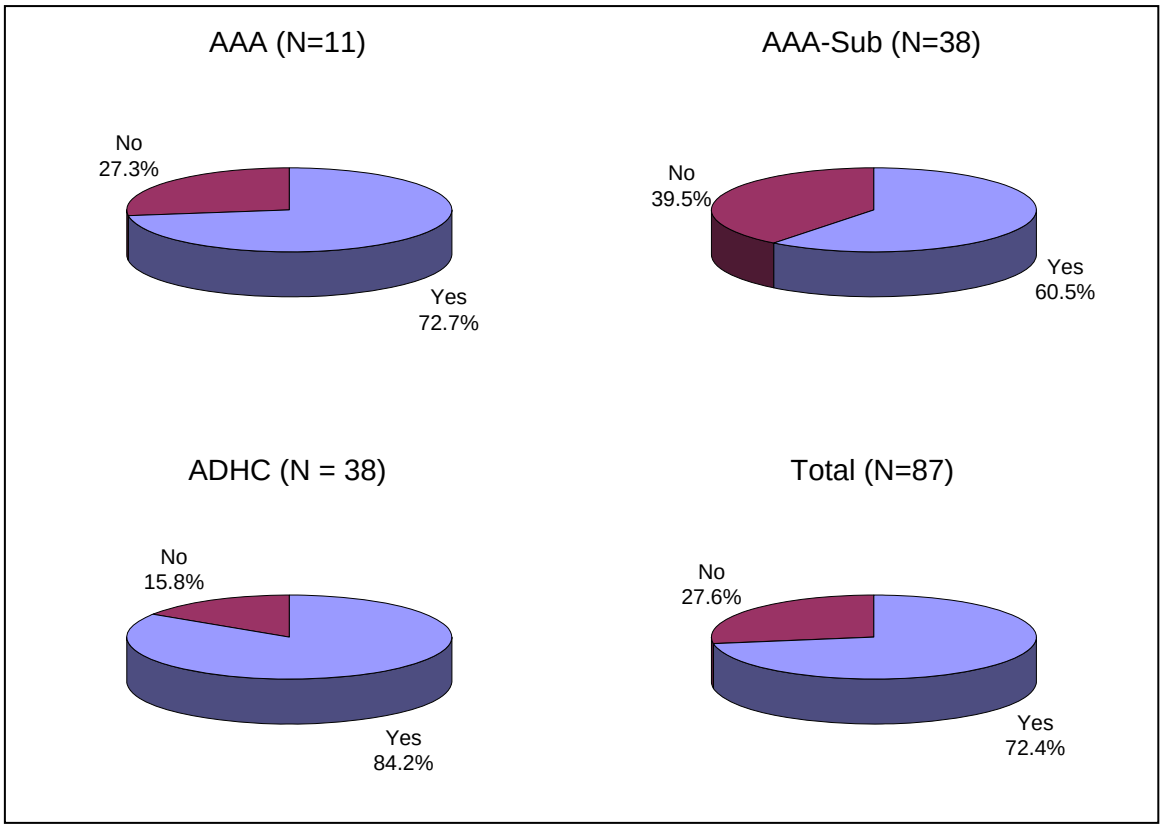
**Figure 17: Number of BSW and/or MSW Staff Who Have Formal Training in Geriatrics or Gerontology**




***Organizational In-House Training on Gerontology and Geriatrics***

Agencies were then asked if they provide in-house trainings or workshops on a regular basis to the aging service staff on topics related to gerontology and geriatrics. As shown in Figure 18, the majority of the total agencies did provide such training to their workers (n=63, 72.4%). This result was consistent throughout the three types of agencies examined. Within AAA, about nearly three-quarters of the agencies (n=8, 72.7%) provided such training on a regular basis. In AAA-Sub agencies, well over half (n=23, 60.5%) provided in-service trainings, and the highest proportion was seen in ADHCs with over 80% (n=32, 84.2%) providing in-house educational opportunities on aging and older adulthood for their staff.

**Figure 18: Does Your Program Provide Regular Trainings/Workshops to Aging Service Staff on Gerontology and Geriatrics?**




## *4g. Estimated Gross Salary in Aging Services*

***Salary Levels for Directors or Executive Directors***

Figure 19 shows approximate salary levels for directors or executive directors within the three types of organizations surveyed. The following is a description of the salary information for each of the specific programs. These data reflect approximately 74% (n=66) of the total sample as salary level data were not provided for this category.

*AAA*

While only 10 of the 12 total AAAs (83%) responded to this item, the modal salary level for directors of AAA programs was over $100,000 (n=4, 40%) with another 30% (n=3) earning between $80,000 and $100,000. The other three AAAs (30%) reported directors earning between $50,000 and $80,000.

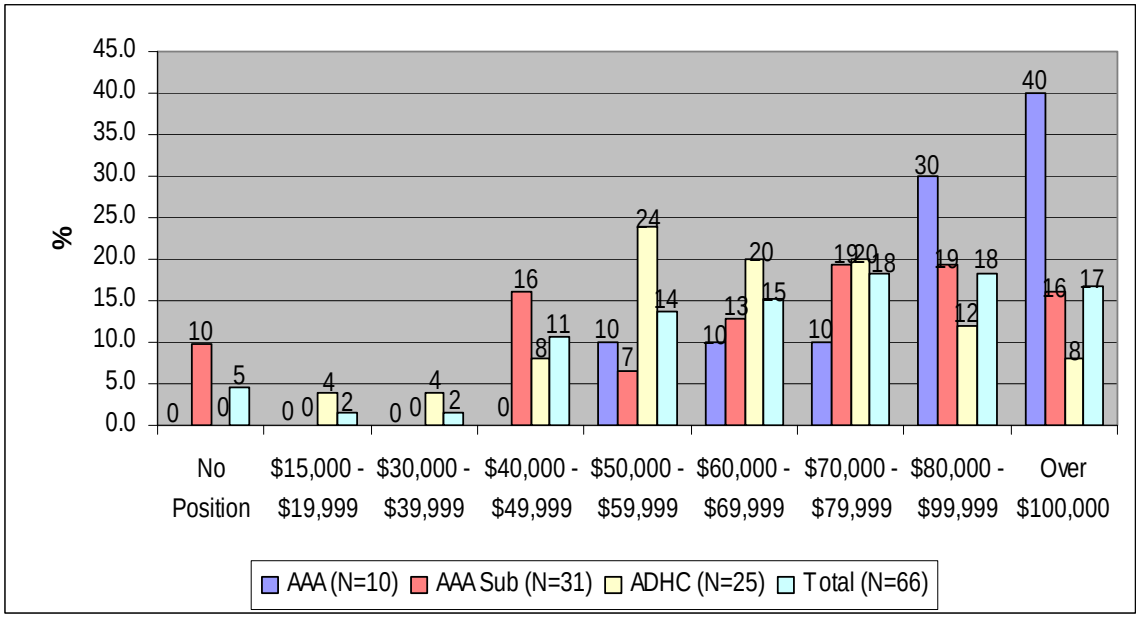
*AAA Subcontractor*

For directors of AAA Subcontracted programs (n=31), there was a wide variation in salary levels reported, ranging from $40,000-$50,000 (n=5, 16.1%) to earnings over $100,000 (n=5, 16.1%). The majority (n=12, 38.8%) earned a salary ranging between $70,000 and $100,000 annually. Three agencies (9.7%) reported no position in this category. Eight agencies (21%) did not provide director level salary data.

*ADHC*

For those directors in ADHCs reporting salary information (n=25), there was again a wide variation in salary levels. These ranged from a part-time director at the salary level of $15,000-$20,000 (n=1, 4%) to salary levels of over $100,000 (n=2, 8%). The modal salary level for directors in this group was between $50,000 and $60,000 (n=6, 24%). Fifteen ADHCs (37.5%) did not provide salary data for directors.

**Figure 19: Estimated Gross Salary for Directors/Executive Directors**




***Salary Levels of Managers and Supervisors***

The average salary level for managers and supervisors is shown on Figure 20. Collectively, data about managers were provided for 65 of the 90 agencies (72%). Salary data for managers and supervisors was not provided by 25 agencies (28%). Of the salary data available, the median salaries appear to reflect a 10%-30% decrease from the directors' salaries reported above. The following is a description of the salary information for each of the specific programs.

*AAA*

The salary levels for managers in AAA programs (n=10) reflected a broad distribution, which ranged from managers who earn between $30,000 and $40,000 (n=2, 20%) to $80,000 to $100,000 (n=2, 20%). The median salary level of the managers was approximately $70,000 to $80,000 (n=3, 30%). Two agencies (16.7%) did not provide manager/supervisor salary data.

*AAA Subcontractors*

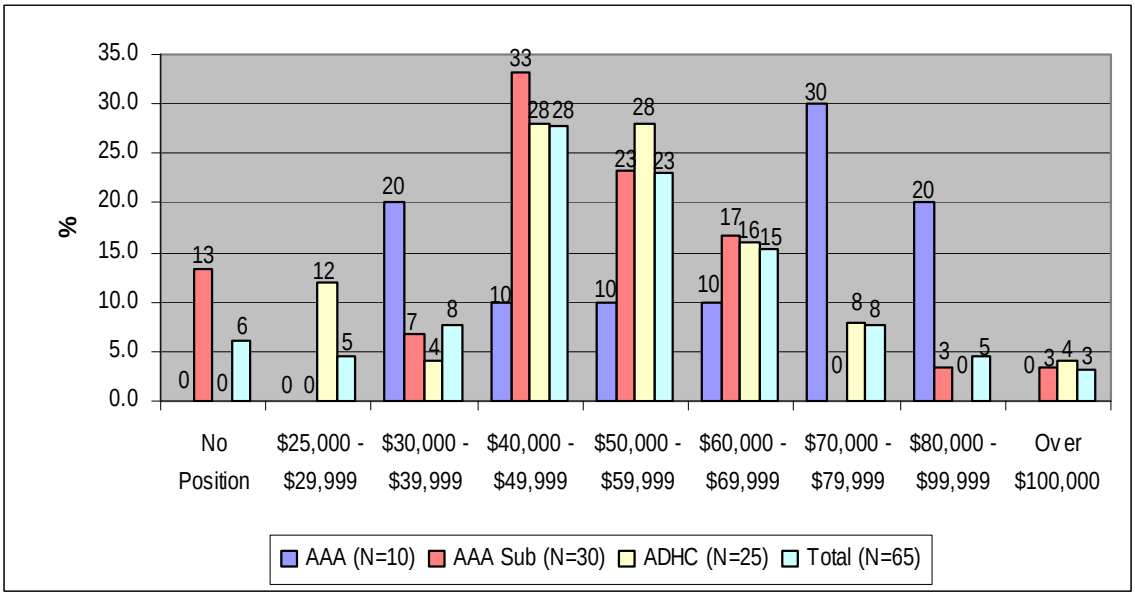
Managers' salaries in AAA subcontracted programs (n=30) reflected a distribution from $30,000-$40,000 (n=2, 6.6%) to salary levels over $100,000 (n=1, 3.3%). The majority of the respondents (n=10, 56.6%) reported their managers earned between $40,000 and $60,000 with the median salary

range reflecting $50,000 to 60,000 annually (n=7, 23.3%). Four agencies (13.3%) reported no position in this category. Seven agencies (18.4%) did not provide manager/supervisor salary data.

*ADHC*

For managers and supervisors of ADHC programs (n=25), the distribution ranged from managers earning between $25,000 and $30,000 (n=3, 12%) to one manager earning over $100,000 (n=1, 4.0%). As shown in Figure 21, the majority (n=14, 56.0%) earned between $40,000 and $60,000. Another six respondents (24%) reported managerial salaries between $60,000 and $80,000. Salary data for managers/supervisors was not available for 15 ADHC agencies (37.5%).

**Figure 20: Estimated Gross Salary for Supervisors/Managers**




***Salary Levels of Aging Service Workers***

The average salary level for all aging service workers is shown on Figure 21. Given the diversity of agency sizes and titles within this category throughout the state, the diversity of salary levels is understandable. Within all programs, the majority (n=24, 36.4%) earn in the range of $30,000 to $40,000 with another 12 responding agencies (18.2%) reporting these workers earn approximately $40,000 to $50,000. The following is a description of the salary information for aging service workers within each of the specific programs. These data reflect approximately 73% of the agencies as aging service worker salary data were not provided by 24 agencies (26.7%).

*AAA*

The salary levels for aging service workers in AAAs (n=9) reflected a wide variation of salaries from $15,000 to $20,000 (n=1, 11.1%) to 70,000 to $80,000 (n=1, 11.1%). The median salary level for workers in AAAs was $40,000-$50,000. Three AAA agencies (25%) did not report workers salary information.

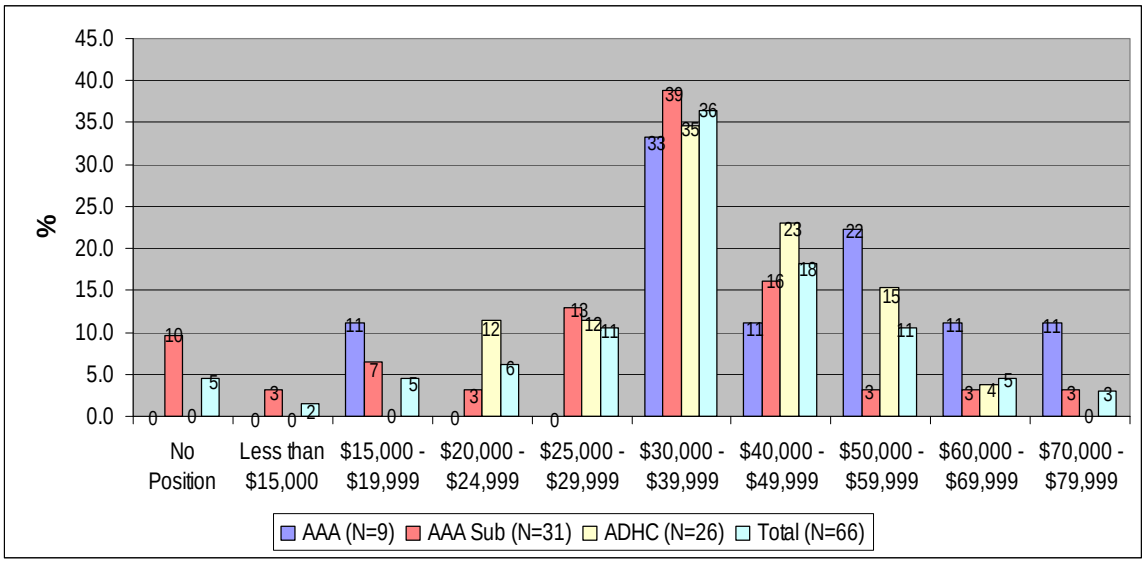
*AAA Subcontractor*

For aging service workers employed in AAA Subcontracted programs (n=31), the salary level distribution was also diverse, but slightly lower than seen in AAAs. The majority of the workers (n=12, 38.8%) earned between $30,000 and $40,000. As with AAA programs, no workers earned over $80,000 despite education, experience, or title. Three agencies (9.7%) reported no position in this category. Seven AAA Subcontractor agencies (18.4%) did not provide salary data for aging service workers.

*ADHC*

Aging service workers in ADHCs (n=26) reflected a salary distribution that was generally equivalent to AAA Subcontracted programs. Most of the workers (n=12, 46.2%) earned between $35,000 and $50,000 with the median salary range being in the category $35,000 to $40,000 (n=6, 23.1%). Five respondents (19.2%) earned a salary greater than $50,000. No workers earned over $70,000 despite education, experience, or title. Over one-third of the ADHCs (n=14, 35%) did not report salary information for aging service workers.

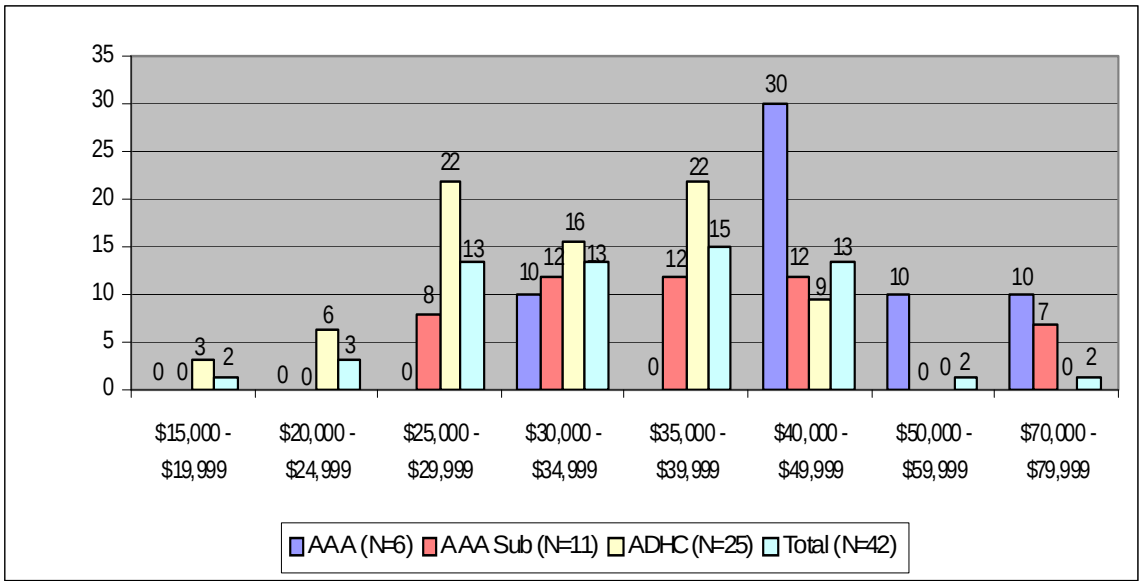
**Figure 21: Estimated Gross Salary for Aging Service Staff**



### *4h. Salary Levels of BSW and MSW Positions*

As shown on Figure 22, less than one-half of the agency participants (n=42) provided salary data for BSW workers based on job descriptions that specified BSWs. The range of salaries for all BSW level positions in all groups (AAAs, AAA-Subs, and ADHCs) was quite wide with the majority of the BSW positions (n=37, 88%) specifying salary between $25,000 and $50,000. Only two agencies reported BSW positions (5%) that had salaries over $50,000, while three agencies reported BSW positions (7%) with salaries less than $25,000 annually.

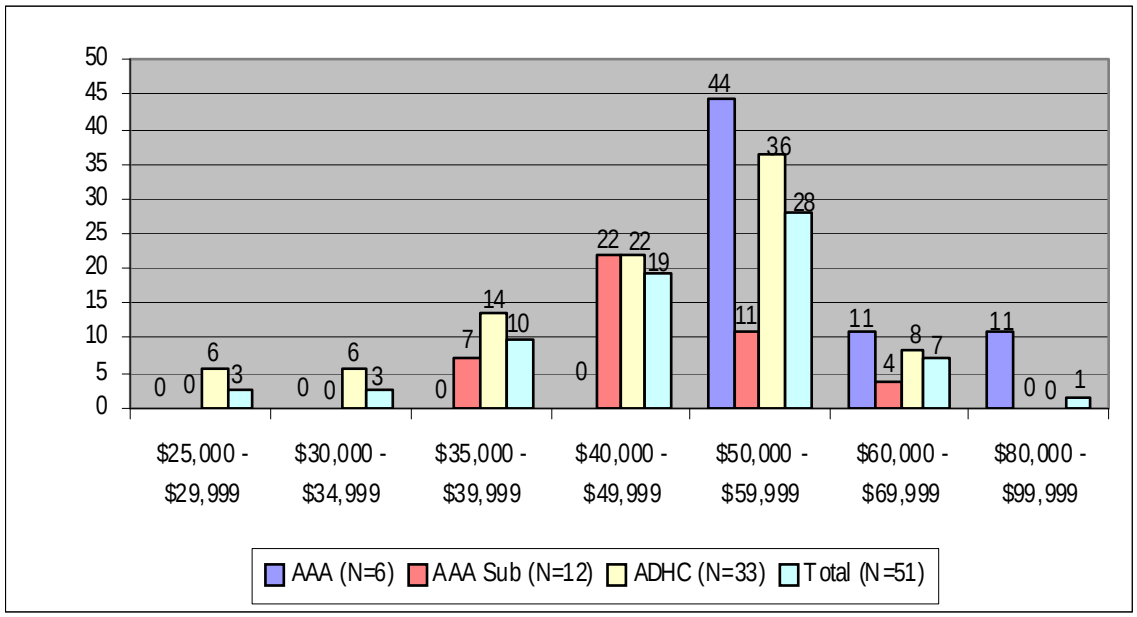
**Figure 22: Estimated Gross Salary for BSW Workers When Specified in Job Description**




*Zero percent noted for $60,000-$69,999

Salaries for positions with MSW specified are shown on Figure 23. Approximately 55% (n=51) of the agencies provided data for this item. Similar to BSW salaries, there was considerable variation in the salaries which ranged from $25,000-$29,000 to over $80,000 annually. However, the median MSW salary level specified in job descriptions (n=20, 39.2%) was in the range of $50,000-$60,000 with slightly fewer (n=14, 28%) agencies reporting positions in the range of $40,000-$50,000. Six agencies reported MSWs (12%) salaries over $60,000 while 11 reported MSW salaries (21.5%) less than $40,000 annually.

**Figure 23: Estimated Gross Salary for MSW Workers When Specified in Job Description**




*Zero percent noted for $70,000-$79,999

## 5. CURRENT AND OPTIMAL CLIENT CASELOAD OF AGING SERVICE STAFF

This section of the report examines various client caseloads and staffing related findings, including the current (actual) and optimal caseload sizes of aging service staff. Table 9 and Figure 24 present findings on the current average size of client caseload per FTE aging service worker (actual) and the caseload size that is deemed to be desirable under favorable staffing (optimal) based on the respondents' knowledge of the characteristics and service needs of their clients. The table further shows findings on two measures of the relationship between the actual and optimal client caseload sizes: (1) optimal size as a percent of current average caseload per FTE aging service worker and (2) the rate of excessive client caseload size.

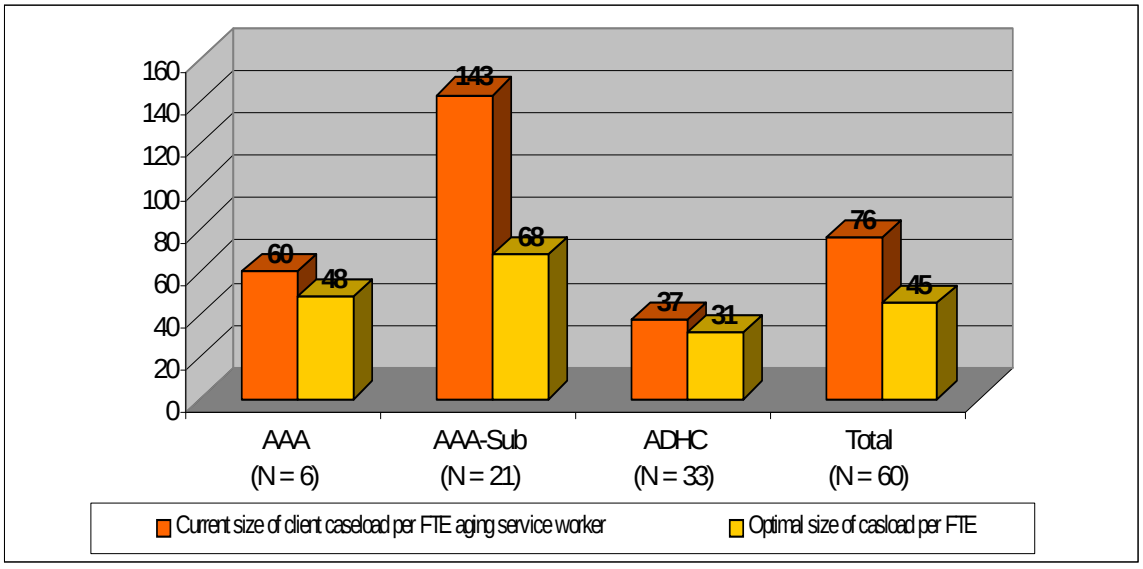
### *5a. Current Client Caseload Size*

It must be pointed out that respondents representing 17 organizations (4 AAAs, 9 AAA-Subs, and 4 ADHCs) indicated that the question on the current and optional caseload per FTE aging service worker was "not applicable" (e.g., an organization has no FTE worker and a number of organizations do not use the concept of "client caseload per worker"). Therefore, excluding those 17 organizations and 13 other organizations with missing data, only 60 organizations' caseload size information was used for analysis and discussion of current and optimal client caseload size.

**Table 9: Current and Optimal Sizes of Caseload per FTE Aging Service Staff**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| Current size of client caseload per FTE aging service worker | (N=6) | (N=21) | (N=33) | (N=60) |
| Average | 60 | 143 | 37 | 76 |
| Lowest | 40 | 4 | 3 | 3 |
| Highest | 100 | 1,500 | 115 | 1,500 |
| Optimal size of caseload per FTE | (N=6) | (N=21) | (N=33) | (N=60) |
| Average | 48 | 68 | 31 | 45 |
| Lowest | 35 | 3 | 3 | 3 |
| Highest | 80 | 500 | 72 | 500 |
| Optimal size as % of current caseload per FTE | (N=6) | (N=21) | (N=33) | (N=60) |
| Average | 83% | 71% | 92% | 83% |
| Lowest | 50% | 33% | 43% | 33% |
| Highest | 100% | 109% | 167% | 167% |
| **Rate of excessive caseload size** | | | | |
| Average | 1.3 | 1.6 | 1.2 | 1.4 |
| Lowest | 1.0 | 0.9 | 0.6 | 0.6 |
| Highest | 2.0 | 3.0 | 2.3 | 3.0 |

**Figure 24: Average Current and Optimal Size of Client Caseload per FTE Aging Service Staff**



As shown in Table 9, the current size of client caseload per FTE aging service staff varied significantly within and between the three types of organizations. For the 60 organizations with data, it ranged from a low 3 clients to 1,500 clients at the average of 76 clients. Within each type of organization, the caseload size varied from 40 to 100 clients in 6 AAAs, from 4 to 1,500 clients in 21 AAA-Subs, and from 3 to 115 clients in 33 ADHCs. The average client caseload per FTE aging service staff ranged from a low 37 clients for ADHCs to 60 clients for AAAs, and the highest average of 143 for AAA-Subs.

### *5b. Measures of Optimal Caseload Size and the Rate of Excessive Caseload Size*

The respondents were further asked to indicate the optimal size of client caseload per FTE aging service staff under favorable staffing, given their knowledge of the client characteristics and service needs. The average optimal size per FTE worker for the total 60 organizations with client caseloads was 45 clients, substantially smaller than the current actual 76. Examination of individual organization's current and optimal caseload data reveals that less than two-thirds, or 63% of the respondents reported that the optional caseload size should be smaller than the current. It further indicates that 18 respondents, or 27%, of the total 60, reported the current caseload also being optimal. They are one of 6 AAAs (17%); 2 of 21 AAA-Subs (10%); and a remarkably high number of 15 of 33 ADHCs (45%). It is also interesting to note that three ADHC and two AAA-Sub respondents indicated that the optimal caseload size should be larger than the current size, while none of AAA respondents said so.

As a result, the optimal caseload size as a percentage of the current varied from a low 33% to a high 167%, at the average of 83% for the total, suggesting that overall the optimal caseload size should be lower than the current by an average of 17% points.

The implied desirable reduction in the current caseload size for the optimal level of service varies substantially within each organization, and to a lesser extent, between the three types of organization. For example, the average optimal caseload size per FTE aging service worker in AAA-Subs would be 71% of the current caseload size, while it varied from 33%, implying serious understaffing and/or excessive caseload size per worker, to 100% for two AAA-Subs, indicative of the perfect match between the current and optimal caseload sizes and to 109% for one AAA-Sub, suggesting a slight overstaffing or underutilized staff resource**.**

Another measure of the relationship between current and optimal caseload size, the rate of excessive caseload size, is also shown in Table 9 and Figure 24. While the earlier measure, the optimal size as a percent of the current, is focused on the caseload size with a useful implication for what percent of current caseload should be reduced in order to reach the optimal, the excessive rate offers labor or manpower focused information related to the current caseload. Overall, the overall average rate of excessive caseload size was found to be 1.4, meaning that currently, one FTE aging service staff is handling the caseload size which should be dealt with by 1.4 FTEs under optimal staffing conditions. It varied from 0.6 to 3.0 for the total 60 organizations. The rate of excessive caseload size equal to or larger than 1.5 was reported by 17 respondents (28%) representing one of AAAs (17%), 8 of AAA-Subs (38%), and 8 of ADHCs (24%).

### *5c. New or More Services That Could Be Provided if Workers Had Optimal Caseloads*

Regarding the discrepancies between the current and optimal client caseloads, respondents were further asked, using an open-ended question, what services could be offered that are not possible now, if they had optimal caseloads. The following three tables (Tables 10, 11, and 12) present responses by each type of organizations regarding additional and/better services the reporting organizations could provide had they had optimal caseloads smaller than the current caseloads. Again, some respondents did not answer the question because the use of "client caseload" was "not applicable" to their organizations, or because their current caseloads were at or smaller than the optimal level, and some other respondents simply did not answer the question.

As shown in Table 10, six respondent representing AAAs suggested additional services they could or should be offered if their workers had optimal caseloads, and their responses cover a wide range of services for older adult clients and caregivers. They include "more individual training and counseling," "hot meals for a larger client base," "better referral for housing and other services," "more transportation," "friendly visiting services," "more time to improve self-esteem and teach self-advocacy,' and "more frequent and regular face-to-face contact with clients to assist in the early identification of needs prior to crisis."

**Table 10: Respondents' Suggestions for Services to be Offered that are Not Possible Now if AAA Aging Service Workers Had Optimal Caseloads (N=6)**

| Additional Services that Could/Should be Offered |
|---|
| 1. "More frequent and regular face-to-face contact with clients to assist in the early identification of needs prior to crisis." |
| 2. "More individual training and counseling for clients and caregivers." |
| 3. "All meals served hot, larger client base." |
| 4. "More supportive counseling for client and family caregivers" |
| 5. "Better referrals for housing and other services. More responsive to client needs. More time to improve self esteem and teach self advocacy" |
| 6. "More transportation on weekends and friendly visiting services" |

Table 11 presents the responses from 16 AAA-Sub representatives. It must be noted that the first two on the list of additional services were suggested by multiple respondents among the 16 respondents as noted in the table. Specifically, five respondents (31% of 16) indicated that if their aging service staff had optimal caseloads, their organizations could offer more (intensive) case management services. In addition, four respondents suggested that more one-on-one (in-depth) counseling and interaction with clients could be offered to clients if they had the optimal caseloads.

**Table 11: Respondents' Suggestions for Services to be Offered that are Not Possible Now if AAA-Sub Aging Service Workers Had Optimal Caseloads (N=16, Multiple Responses)**

| Additional Services that Could/Should be Offered |
|---|
| 1. More (intensive) case management services (5 respondents, 31%) |
| 2. More one-on-one (in-depth) counseling and interaction with clients (4 respondents, 25%) |
| 3. "More site visits, job search support" |
| 4. "More crisis prevention, more time to focus on specific issues" |
| 5. "More advocacy" |
| 6. "A volunteer program that provides free services to caregivers who cannot afford it (service tasks) yard clean, up clutter removal, spring cleaning, transportation" |
| 7. "Services arranged and delivered quicker which would allow for faster recoveries and faster stabilization." |
| 8. "More companion type services and specialized custom dietary and personal services" |
| 9. "Same services, better quality" |
| 10. "Psycho-educational groups" |
| 11. "Home visits" |
| 12. "We would have less people on waiting list." |
| 13. "More comprehensive referral and follow-up" |
| 14. "We need more staff and coverage if we were to better fulfill our services" |
| 15. "Better preventative and education services" |
| 16. "More individual attention, outreach, community education" |

Note: Those in parentheses were mentioned by some but not all respondents for the specific response category.

Similar to AAAs' responses, AAA-Sub representatives indicated a diverse range of additional services they wish to provide with optimal caseloads, including individual counseling, psycho-educational groups, specialized custom dietary and personal services, crisis preventive services, home visit, advocacy, job search support, quicker delivery of services, less people on waiting list, outreach, and community education. These services suggest quicker, better, more, preventive and personal services to individual clients, as well as outreach, education, and advocacy at the community level. The responses reflect the diversity of the specific types of services the respondent organizations provide to older adults and their caregivers. The statement made by one respondent seems to summarize the implication of the understaffing: "We need more staff and coverage if we were to better fulfill our services."

Finally, Table 12 shows the findings from 17 ADHC respondents, who provided a total of 29 responses regarding additional services to be offered if their aging service workers had optimal caseloads. Their responses were more homogeneous than those by the other two types of organizations, perhaps due to the fact that they all represent one type of service delivery modality, or ADHC, with greater similarities in service need characteristics of their clients and specific services provided.

**Table 12: Respondents' Suggestions for Services to be Offered that are Not Possible Now if ADHC Aging Service Workers Had Optimal Caseloads (N=17, Multiple Responses)**

| Additional Services that Could/Should be Offered | Frequency (%) |
|---|---|
| More one-on-one (in-depth) counseling and interaction with clients<br>- More time for one on one time spent with individual clients and their caregivers | 11 (65%) |
| More (intensive) case management to older clients (and their caregivers)<br>- More individualized care<br>- Additional case management to clients that are not enrolled in ADHC<br>- More support to clients prior to and after the use of the program | 9 (53%) |
| More group work:<br>- Patient groups, caregiver support group, more process groups,<br>- Better activities programs, additional classes for active seniors | 7 (41%) |
| Other<br>- More home visit<br>- Transportation to clients for shopping | 2 (12%) |

Note: The percentages do not add up to 100 due to multiple responses offered by a number of respondents. Those in parentheses were mentioned by some but not all respondents for the specific response category.

Specifically, more one-on-one (in-depth) counseling and interaction with individual clients and their caregivers was the most frequently mentioned additional service (11 respondents, or 65% of the total 17), followed by more (intensive) case management to older clients, including those who are not enrolled in their ADHC and more support to clients and caregivers prior to and after the use of the program (9 respondents, or 53%). More group works were also suggested by 7, or 41% of the respondents, including patient groups, caregiver support group, better activities programs, and additional classes for active seniors. Two respondents also wished to provide more home visit and transportation service to clients for shopping if their organizations had optimal caseload or staff level to provide additional services.

# 6. ASSESSMENT OF CURRENT AGING SERVICE STAFF

## *6a. Skills Assessment of Aging Service Workers*

Agency representatives responding were asked to assess the skill level and to indicate the importance of eight skills recognized by geriatric social workers as important in effectively working with and on behalf of older adults and their families. Cumulative results for AAAs, AAA Subcontractors, and ADHCs are shown on Table 13.

Clearly the most important criteria is for workers to establish rapport with clients (89.5%), be able to advocate on behalf of older adult clients in their service delivery (77.0%), develop effective care plans for clients (77.6%) and to be able to conduct a comprehensive geriatric assessment (73.6%). The aspect that fewer agencies ranked as most important would be the ability of their workers to identify and develop strategies to address service gaps (65.0%) and their workers' ability to evaluate the effectiveness of their own practice (63.9%). While these were rated lower in relation to "very important," it is important to note that less than 10% of the agencies identified these attributes as "not important" to their workers.

**Table 13: Importance of Skills for Aging Service Staff (All CBO Groups)**

| *How important is this skill for your workers* | *N* | *Very Important* | *Important* | *Not Important* |
|---|---|---|---|---|
| 1. Establish rapport and maintain an effective working relationship with older adults and their families | 86 | 89.5% | 9.3% | 1.2% |
| 2. Client advocacy to help elders obtain quality services | 87 | 77.0 | 21.8 | 1.1 |
| 3. Develop clear, timely, and appropriate service plans | 76 | 77.6 | 18.4 | 3.9 |
| 4. Conduct a comprehensive geriatric assessment | 72 | 73.6 | 19.4 | 6.9 |
| 5. Address cultural, spiritual, and ethnic values and beliefs | 85 | 74.1 | 21.2 | 4.7 |
| 6. Assess and address values and biases regarding aging | 82 | 67.1 | 28.0 | 4.9 |
| 7. Identify and develop strategies to address service gaps, discrimination, and barriers that impact older adults | 80 | 65.0 | 31.3 | 3.8 |
| 8. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults | 83 | 63.9 | 30.1 | 6.0 |

When asked to assess the number of their staff who currently holds these skills, there were some subtle differences. Table 14 shows that the majority of the agencies reported that most of their workers have the ability to establish rapport with clients (86.7%), engage in client advocacy (69.1%), assess cultural and spiritual values of their clients (68.7%) and have the ability to assess and address values and biases regarding aging (63.8%). Similar to assessment of the importance of this skill level noted above, a lesser number of workers possess the skill to identify and develop strategies to address service gaps (44.7%) and their ability for workers to evaluate the effectiveness of their own practice (43.2%). With regard to this last item, over half (56.8%) of the agencies had just some or few that could accomplish this evidence-based practice function.

**Table 14: Skill Assessment of Aging Service Staff (All CBO Groups)**

| *How many workers have this skill?* | *N* | *Most* | *Some* | *Few* |
|---|---|---|---|---|
| 1. Establish rapport and maintain an effective working relationship with older adults and their families | 83 | 86.7% | 10.8% | 2.4% |
| 2. Client advocacy to help elders obtain quality services | 81 | 69.1 | 28.4 | 2.5 |
| 3. Address cultural, spiritual, and ethnic values and beliefs | 83 | 68.7 | 30.1 | 1.2 |
| 4. Assess and address values and biases regarding aging | 80 | 63.8 | 31.3 | 5.0 |
| 5. Develop clear, timely, and appropriate service plans | 75 | 57.3 | 34.7 | 8.0 |
| 6. Conduct a comprehensive geriatric assessment | 67 | 56.7 | 26.9 | 16.4 |
| 7. Identify and develop strategies to address service gaps, discrimination, and barriers that impact older adults | 76 | 44.7 | 42.1 | 13.2 |
| 8. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults | 74 | 43.2 | 39.2 | 17.6 |

## *6b. Skills Not Listed, But Needed (Qualitative)*

*Skills or Competencies Needed but not Listed*
Table 15 shows a summary of open-ended responses provided by respondents regarding specific skills or competencies that are needed by workers, but were not listed in the previous section. A total of 17 respondents provided qualitative data expressing their agency's skill needs by aging service workers. As some agencies provided more than one skill need within their response, totals exceed 17. The skills needed differed by each agency type are detailed below.

*AAA*
Four respondents provided recommendations for skills needed by workers. The most prominent skill needed was improved core social work skills (n=2), which include basic human service skills of demonstrating compassion for the client, respect for the client's condition and expressing empathy (n=1). Another skill needed included basic social work practice skills understanding the person-in-environment relationship and systems theory (n=1), basic knowledge of chronic diseases facing older adults and how these illness impact their functional abilities (n=1). Finally, agency representatives expressed a need for works to understand immigration and ESL skills to assist immigrant clients (n=1).

*AAA Subcontractor*
There were seven respondents from AAA Subcontractor agencies who provided responses to this same open-ended item. Similar to those identified in AAA, nearly all the responses reflect aspects of social work practice skills. The most frequently occurring responses were a need for better communication skills in both written and verbal form (n=2), basic human service skills of compassion and empathy for age-related losses (n=2), an understanding of diseases of older adults (e.g., Alzheimer's and Dementia) (n=1), knowledge of core social work practice skills relating to family dynamics (n=1), as well as regulations relating to food handling skills (n=1).

*ADHC*
Finally, there were six agency respondents employed in ADHC programs who provided information regarding additional skills needed for aging service workers. All were in the arena of social work education. Two respondents expressed the need for core social work practice skills with older adults and their families (n=2), knowledge of public policy affecting seniors (n=1), knowledge of chronic illnesses facing older adults, (n=1), case management (n=1), cultural competency (n=1), and knowledge of geriatric assessments (n=1).

**Table 15: What Are Skills Needed by Aging Services Workers?**

| Characteristic and Category | *f* |
|---|---|
| ***AAA (N=4)*** | |
| • Basic social work skills (compassion, respect, patience, empathy) | 2 |
| • Social work practice skills (person in environment, systems) | 1 |
| • Knowledge of impact of chronic disease and functional disability | 1 |
| • Immigration law issues, citizenship, and ESL skills | 1 |
| ***AAA Subcontractor*** | |
| • Report writing and communication skills | 2 |
| • Basic social work skills (compassion, empathy, grief/loss) | 2 |
| • Understand impact of Dementia/Alzheimer's Disease | 1 |
| • Knowledge of social work practice skills (family dynamics) | 1 |
| • Knowledge of food safety and sanitation standards | 1 |
| ***ADHC*** | |
| • Knowledge of practice skills for older adults and families | 2 |
| • Knowledge of public policy in aging | 1 |
| • Knowledge of typical illnesses of older adults (e.g., Dementia, Alzheimer's, Diabetes, etc.) | 1 |
| • Knowledge of case management and resource linkage | 1 |
| • Knowledge of cultural competency | 1 |
| • Knowledge of comprehensive geriatric assessments | 1 |

# 7. PROJECTED FUTURE CHANGES IN THE NUMBER OF OLDER CLIENTS

In order to gain insights into the likelihood and magnitude of changes in the number of older adults and those with little or no English skills over the next three fiscal years or by the end of June 2010, respondents were asked to make the best estimate of likely increases or decreases or no change in the number and language barrier of older clients based on the experience they had had with their organizations/programs over the past few years. We asked that respondents make their estimate of clients the organization is likely to serve directly. Also, we asked them to not second guess state economic and legislative changes in making their estimate.

## *7a. Projected Future Growth in the Number of Older Clients*

This section presents the findings on the projected future changes in the number of two groups of older clients, "young old" (ages 60/65 to 84 years old) and "old old" (age 85 or older). As shown in Figure 25, for the young old age group of clients, 61% of the total 89 organizations were projected to serve "more clients," while only one ADHC was projected to serve "less clients," and the remaining 38% were projected to serve "about the same number" of young old clients over the next three fiscal years. There exists some notable difference among the three types of organization in their projection for serving "more clients": It varied from a high 83% of AAAs to 60% of AAA-Subs and a low 55% of ADHCs.

Figure 26 shows the findings on the projected future changes reported for the number of old old age (85 or older) clients to be served by the three types of organization over the next three fiscal years. Nearly one-half (48%) of the total 83 organizations were projected to serve "more old old clients, while slightly lower 45% anticipated to serve "about the same number," and 7% projected to serve "less clients" of that age group. For the total as well as for each of the three types of organization, the proportion of the organizations projected to serve more old old clients is consistently lower than for the young old clients. As indicated earlier, about one-half (48%) of the total reporting organizations anticipated an increase in the number old old clients, compared to 61% for young old clients, and for specific type of organization, it was 58% (vs. 83%) for AAAs, 56%% (vs. 60%) for AAA-Subs, and 38% (vs. 55%) for ADHCs. It is also notable that 14% of ADHCs anticipated a reduction in the number of old old clients they would serve over the next three fiscal years.

**Figure 25: Projected Change in Number of Young Old Clients (<85) by End of June 2010**

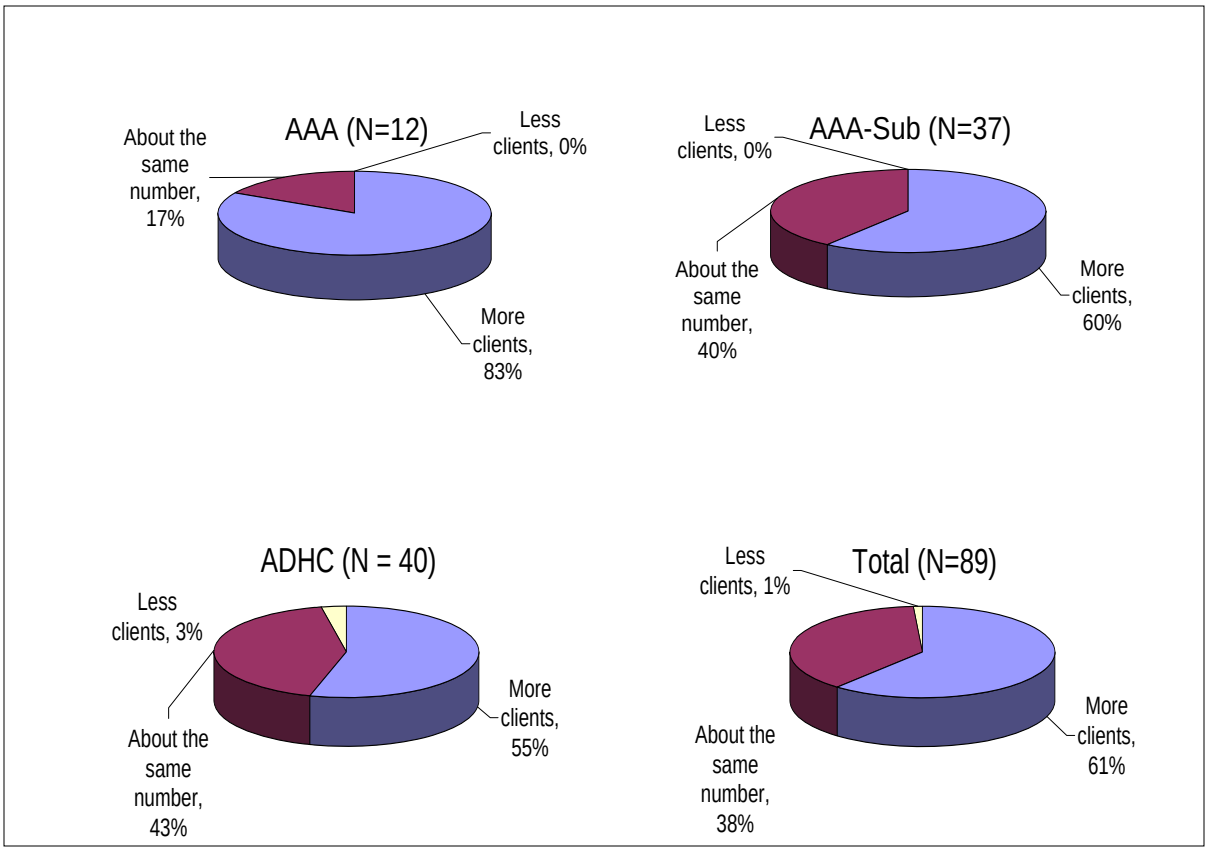
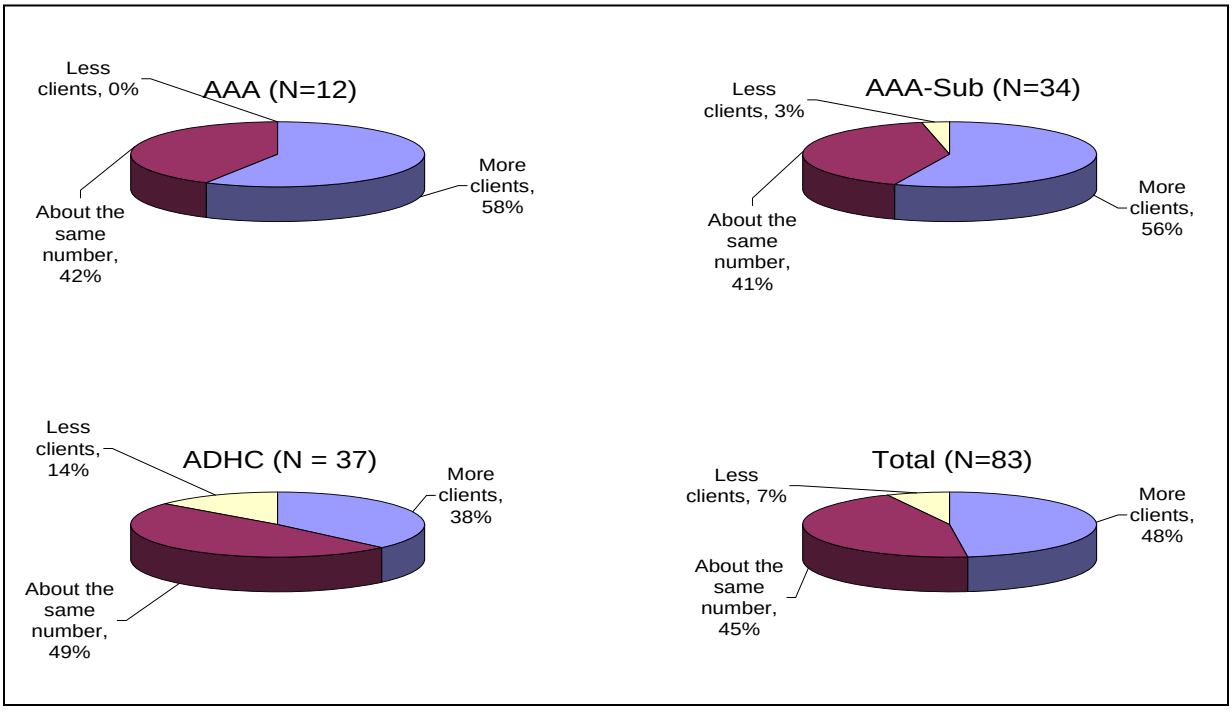



**Figure 26: Projected Change in Number of Old Old Clients (85+) by End of June 2010**

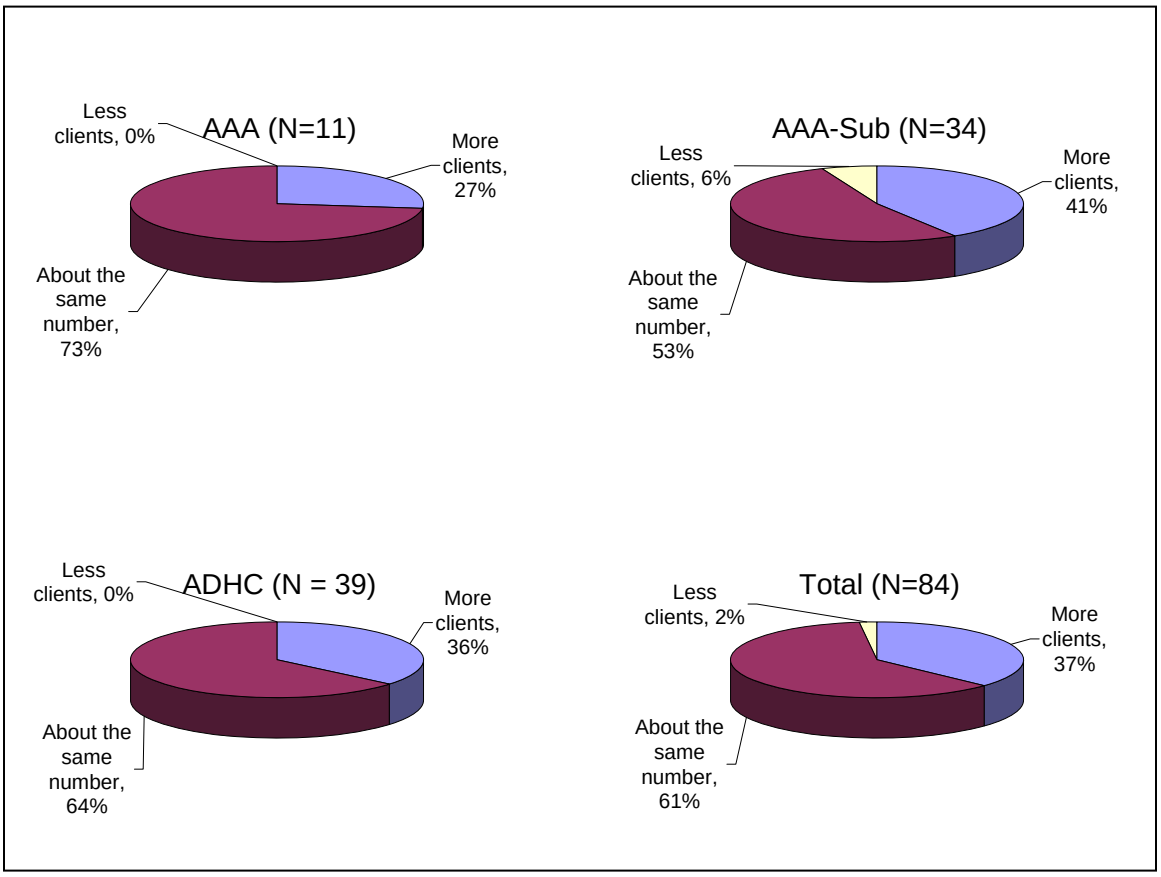


### *7b. Projected Future Changes in the Language Assistance Needs of Older Clients*

Figure 27 depicts the findings on the projected likelihood of increase or decrease in the number of older clients (60/65+) with little or no English skills. The majority, or 61%, of the total 84 reporting organizations were projected to serve "about the same number" of older clients with little or no English skills in the next three fiscal years, while over one-third, or 37%, expected to experience an increase, whereas 2%, (or two respondents from AAA-Subs) anticipated a decrease.

It is notable that the percentage of the total and each type of the organizations being projected for an increase in the number of older clients with language barriers is consistently lower than for the likely increase in the number of two older age groups of clients. For example, for AAAs, 83% of respondents projected an increase in the number of "young old" clients, a lower 58% for "old old" clients, and the lowest 27% for those with little or no English skills. In contrast, AAAs' projection for "about the same number" was only 17% for "young old," higher 42% for "old old," and 73% for English limited older clients,

**Figure 27: Projected Change in Number of Older Clients with Little/No English Skills by End of June 2010**

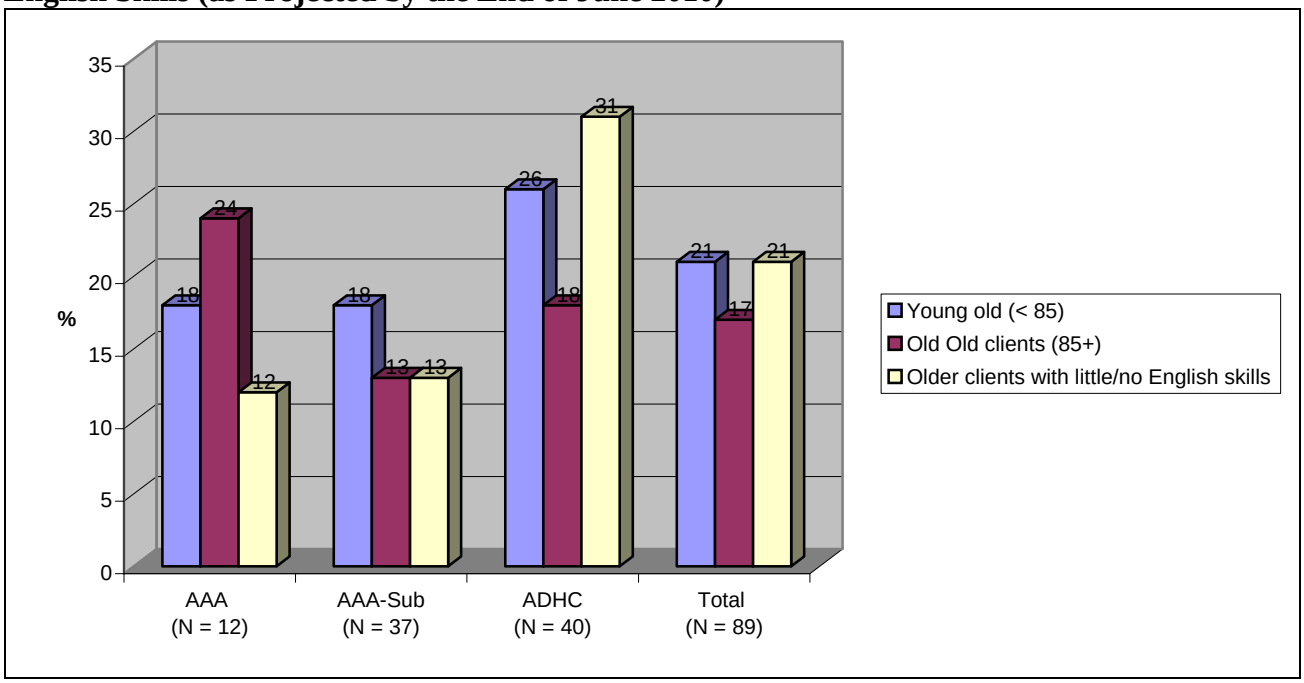


### *7c. Projected Percentage Increases in the Number of Older Clients and Future*

For respondents who projected to serve either "more" or "less" older clients were further asked to indicate "approximately what percent more or less" clients they would anticipate in their projection for the next three years. Considering that most organizations projected to serve either an increased or the same number of older clients and those with little or no English skills over the next three years, Figure 28 only shows the average percent increases projected in the three categories of older clients. Again, those organizations with projected decreases are excluded from analysis, and specifically, they are one ADHC projected a decrease in the number of young old clients, one AAA-Sub and 5 ADHCs for old old clients, and two AAA-Subs for older clients with little or no English skills.

For all three types of organizations combined, the average of estimated increases, in terms of the percentage of current number of clients over the next three fiscal years, varied from 17% for old old clients to 21% for both young old clients and those with limited or no English skills. It is notable that ADHCs' estimated percent increase is consistently higher than the total average for each of the three client groups (26% for the young old, 18% for the old old, and 31% for clients with limited or no English skills.)

**Figure 28: Average of Estimated Percent Increase in Older Clients and Those with Little or No English Skills (as Projected by the End of June 2010)**



Nevertheless, the projected percent increase in the number of older clients varied significantly among individual organizations. Table 16 depicts the lowest and highest estimated increases as well as the average increase among organizations by organizational type and total. The estimated increase in the number of young old clients, for example, ranged from the lowest 5% to 50% among 10 AAAs, from 2% to 70% among 22 AAA-Subs, and from 10% to 90% among 20 ADHCs. In fact, the variation in the estimated percent increase is greatest among ADHCs in all three groups of older clients.

**Table 16: Projected Increase in the Number of Older Clients in Percent of Current Clients over the Next Three FYs (by June 30, 2010)**

| Estimated percent increase | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| ***Young old (<85)*** | (N=10) | (N=22) | (N=20) | (N=52) |
| Average % increase | 18% | 18% | 26% | 21% |
| Lowest % increase | 5% | 2% | 10% | 2% |
| Highest % increase | 50% | 70% | 90% | 90% |
| ***Old old clients (85+)*** | (N=7) | (N=18) | (N=14) | (N=39) |
| Average % increase | 24% | 13% | 18% | 17% |
| Lowest % increase | 5% | 1% | 1% | 1% |
| Highest % increase | 40% | 30% | 50% | 50% |
| ***Older clients with little/no English skills*** | (N=3) | (N=14) | (N=14) | (N=31) |
| Average % increase | 12% | 13% | 31% | 21% |
| Lowest % increase | 5% | 4% | 5% | 4% |
| Highest % increase | 20% | 30% | 95% | 95% |

# 8. PROJECTED FUTURE HIRING OF AGING SERVICE STAFF

Survey respondents were asked to make the best estimates of the number of additional FTE aging service workers their organization might hire or reduce the current FTE allocations in aging services over the next three years. Again, just like the estimates of the projected changes in the number of older adult clients, respondents were requested to make their estimates based on their experience with their organization and programs, rather than second guessing state economic and legislative changes over the next three fiscal years that may affect the budget and hiring of their organization.

As shown in Figure 29, 81 of the total 90 organization representatives (a response rate of 90%) answered the future likelihood of hiring additional FTE aging service workers with or without a BSW or MSW degree or reducing the current FTEs over the next three years. For the total, less than one-half, or 46%, of the respondents indicated either "most likely" (19%) or "likely" (27%) to hire additional FTE aging service workers, and the majority (51%) anticipated "likely no change," and 3% (two AAA-Subs) suggested "likely to reduce current FE allocations." There are some differences among the three types of organization: The majority of AAAs (58%) and AAA-Subs (61%) anticipated "likely no change" in the number of their FTE aging service workers, while the majority (61%) of ADHCs indicated "most likely" or "likely" (25% and 36%, respectively) that they would hire additional FTEs over the next three fiscal years.

**Figure 29: Projected Likelihood of Increasing or Reducing the Current FTE Aging Service Workers over the Next Three Years**

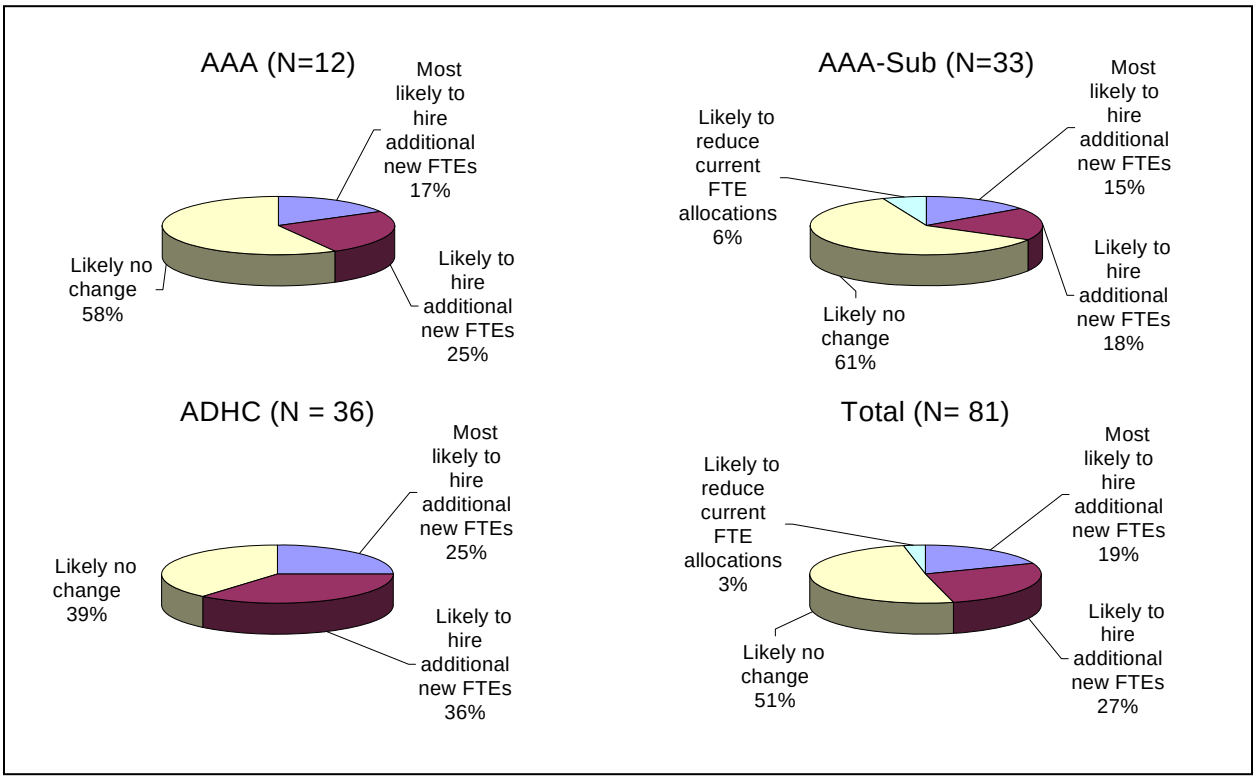


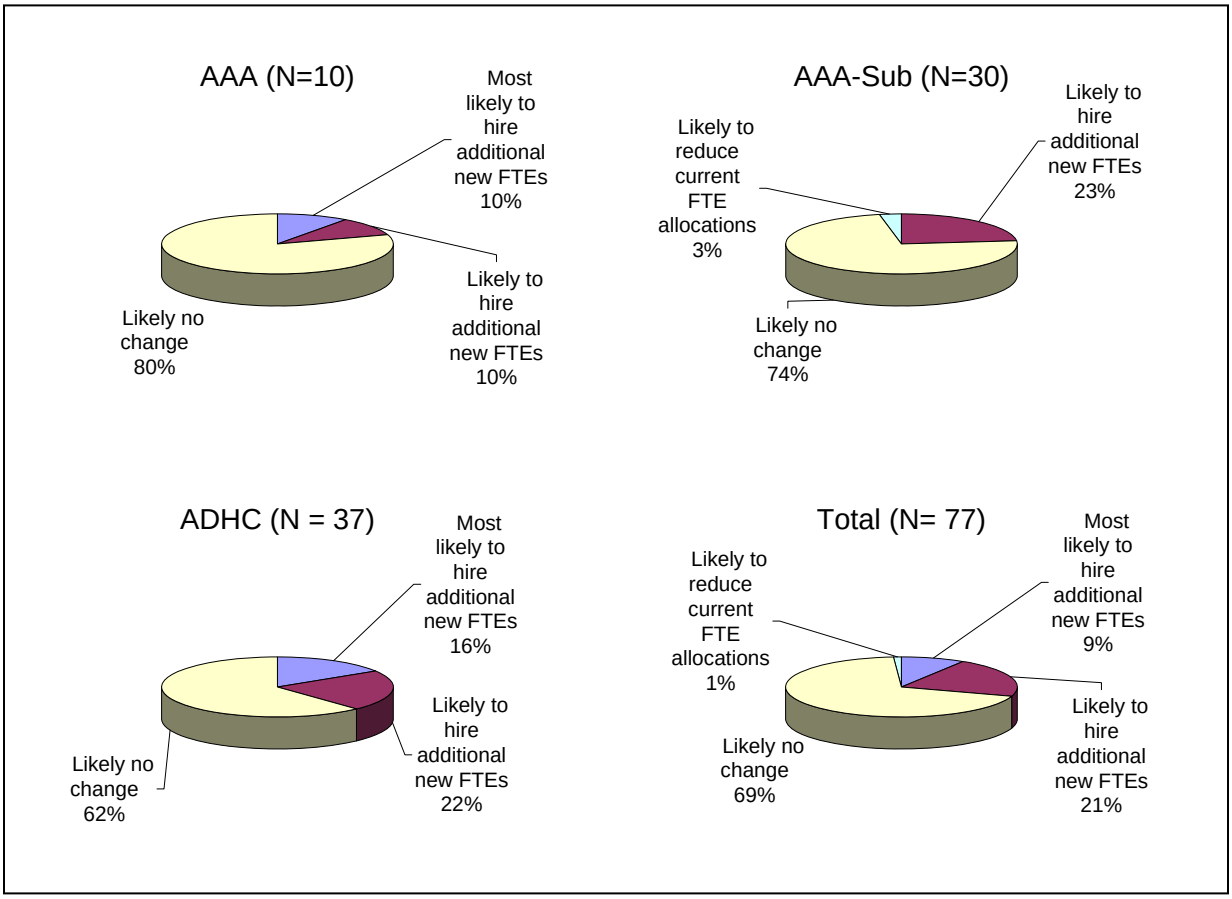
Table 17 further presents the estimated number of likely additional FTEs reported by those respondents who indicated their organizations were "most likely" or "likely" to hire additional FTE aging service workers. The average FTE new hiring ranged from a high 3.9 FTEs for ADHCs, to 2.3 FTEs for AAA-Subs and 2.0 FTEs for AAAs, with an overall average of 3.2 FTEs in additional new hiring.

**Table 17: Projected Likelihood of Increasing or Decreasing the Current FTE Aging Service Workers over the Next Three Years**

| Variable | AAA | AAA-Sub | ADHC | Total |
|---|---|---|---|---|
| *Likelihood of the organization/program to hire additional FTE workers or reduce the current FTEs in aging services over the next three years* | (N=12) | (N=33) | (N=36) | (N=81) |
| Most likely to hire additional FTEs | 17% | 15% | 25% | 19% |
| Likely to hire additional FTEs | 25 | 18 | 36 | 27 |
| Likely no change | 58 | 61 | 39 | 51 |
| Likely to reduce current FTE allocations | 0 | 6 | 0 | 3 |
| Most likely to reduce current FTE allocations | 0 | 0 | 0 | 0 |
| *If most likely or likely to hire additional FTE workers, how many {increase only}?* | (N=4) | (N=11) | (N=21) | (N=36) |
| Average | 2.0(FTEs) | 2.3(FTEs) | 3.9(FTEs) | 3.2(FTEs) |
| Lowest | 1 | 1 | 1 | 1 |
| Highest | 3 | 5 | 30 | 30 |
| *Likelihood of the organization/program to hire additional FTE workers with a BSW or MSW degree or reduce the current FTEs in aging services over the next three years* | (N=10) | (N=30) | (N=37) | (N=77) |
| Most likely to hire additional FTEs | 10% | 0% | 16% | 9% |
| Likely to hire additional FTEs | 10 | 23 | 22 | 21 |
| Likely no change | 80 | 73 | 62 | 69 |
| Likely to reduce current FTE allocations | 0 | 3 | 0 | 1 |
| Most likely to reduce current FTE allocations | 0 | 0 | 0 | 0 |

Regarding the likelihood of hiring new FTE workers or reducing the current FTEs with a BSW or MSW degree, the findings suggest that the overall demand for workers with a BSW or MSW over the next three years is considerably lower than that for general aging service workers without BSW or MSW degree specification. As shown in Figure 30, only 30% of the total 77 respondents anticipated "most likely" (9%) or "likely" (21%) to hire additional FTE workers with a BSW or MSW, while over two-thirds (69%) projected "likely no change," and one AAA-Sub respondent anticipated "likely to reduce the current FTE allocation" of aging service workers with BSW or MSW. For specific type of organization, the combined percentage of "most likely" and "likely" to hire additional FTE workers with BSW or MSW ranged from 20% for AAAs to 23% for AAA-Subs and the highest 38% for ADHCs.

**Figure 30: Projected Likelihood of Increasing or Reducing the Current FTE Aging Service Workers with a BSW or MSW Degree over the Next Three Years**



# 9. BARRIERS TO HIRING

## *9a. Barriers to Hiring and Retaining Qualified Aging Service Workers*

Table 18 provides information regarding the potential barriers to recruiting and retaining qualified aging service workers. For AAA agencies, the most predominant barriers considered as serious or extremely serious were the low salaries (33%). The lack of applicants with experience (27.3%) and the lack of minority applicants with bicultural and/or bilingual experience (27.3%) were both tied as the second most prominent barrier noted. In addition, lack of promotional opportunities (25%), challenging clients (18.2%) and heavy caseloads carried by the workers (18.2%) were also noted as extremely or serious barriers to recruiting and retaining qualified workers. The areas considered "not a barrier at all" were benefit package offered to workers (58.3%), work environment (75%), and recruitment challenges due to a rural work location (83.3%).

**Table18: AAA: Perceived Barriers to Hiring and Retaining Qualified Aging Service Workers**

| *Types of Barriers* | *N* | *Extremely/ Serious barrier* | *Somewhat of a barrier* | *Not a barrier at all* |
|---|---|---|---|---|
| 1. Low salaries | 12 | 33.3% | 41.7% | 25.0% |
| 2. Lack of applicants with experience | 11 | 27.3 | 36.4 | 36.4 |
| 3. Lack of ethnic minority applicants, including lack of bi-cultural and bilingual applicants | 11 | 27.3 | 36.4 | 36.4 |
| 4. Lack of promotional opportunities | 12 | 25.0 | 58.3 | 16.7 |
| 5. Difficult clients that discourage applicants | 11 | 18.2 | 18.2 | 63.6 |
| 6. Heavy caseloads that discourage applicants | 11 | 18.2 | 9.1 | 72.7 |
| 7. Lack of professional development opportunities (e.g., conferences/workshops) | 12 | 16.7 | 16.7 | 66.7 |
| 8. Low benefits to offer applicants | 12 | 8.3 | 33.3 | 58.3 |
| 9. Difficult work environment (e.g., bad neighborhood) | 12 | 8.3 | 16.7 | 75.0 |
| 10. Hard to attract candidates to a rural work location | 12 | 8.3 | 8.3 | 83.3 |

Table 19 depicts the barriers to recruiting and retaining qualified workers at AAA Subcontractor agencies throughout the state. The most prevalent barriers noted by these respondents were again the low salaries offered to the workers (43.2%). The other significant barriers noted were the lack of applicants with experience (27.8%), the lack of an attractive benefit package to offer employees (24.3%), and the lack of ethnic minority candidates with bicultural and/or bilingual experience (22.3%). The areas considered "not a barrier at all" were the professional development opportunities (61.1%), large caseloads (63.9%), challenging work environment or neighborhood (61.1), and challenging clientele in their work environment (72.2%).

**Table 19: AAA Subcontractors: Perceived Barriers to Hiring and Retaining Qualified Aging Service Workers**

| Types of Barriers | N | Extremely/ Serious barrier | Somewhat of a barrier | Not a barrier at all |
|---|---|---|---|---|
| 1. Low salaries | 37 | 43.2% | 43.2% | 13.5% |
| 2. Lack of applicants with experience | 36 | 27.8 | 36.1 | 36.1 |
| 3. Low benefits to offer applicants | 37 | 24.3 | 32.4 | 43.2 |
| 4. Lack of ethnic minority applicants, including lack of bi-cultural and bilingual applicants | 36 | 22.3 | 41.7 | 36.1 |
| 5. Lack of promotional opportunities | 36 | 19.4 | 47.2 | 33.3 |
| 6. Hard to attract candidates to a rural work location | 35 | 11.5 | 2.9 | 85.7 |
| 7. Lack of professional development opportunities (e.g., conferences/workshops) | 36 | 8.3 | 30.6 | 61.1 |
| 8. Heavy caseloads that discourage applicants | 36 | 8.3 | 27.8 | 63.9 |
| 9. Difficult work environment (e.g., bad neighborhood) | 36 | 5.6 | 33.3 | 61.1 |
| 10. Difficult clients that discourage applicants | 36 | 2.8 | 25.0 | 72.2 |

As shown on Table 20, the respondents from ADHC programs illustrated barriers to their unique program. Consistent with what was seen in AAA and AAA Subcontractors, the most predominant barriers noted were the low benefits to offer employees (48.7%), the lack of ethnic minority clients who have bilingual and/or bicultural experience (46.2%). Tied for the third most challenging barrier were low salaries (43.6%) and lack of applicants with experience (43.6%). Other barriers noted were the lack of promotional opportunities (25.7%) and lack of professional development opportunities (23.0%). The areas that were "not a barrier at all" to applicants were the rural work location (65.8%), a difficult work environment (66.7%), and the difficult clients who might discourage applicants (46.2%).

As shown on Table 21, for the entire sample of private agencies (AAA, AAA Subcontractor, and ADHC), the most commonly identified barriers to aging service worker recruitment were the low salaries offered by these types of agencies (42.1%), the lack of applicants with experience (34.9%), and the lack of ethnic minority applicants (33.7%). However, those areas that were identified as "not a barrier at all" in the total sample included rural work location barriers (76.5%), the challenging work environment (65.5%), and challenging clients to discourage applicants (59.3%).

**Table 20: ADHC: Perceived Barriers to Hiring and Retaining Qualified Aging Service Workers**

| Types of Barriers | N | Extremely/ Serious barrier | Somewhat of a barrier | Not a barrier at all |
|---|---|---|---|---|
| 1. Low benefits to offer applicants | 39 | 48.7% | 25.6% | 25.6% |
| 2. Lack of ethnic minority applicants, including lack of bi-cultural and bilingual applicants | 39 | 46.2 | 38.5 | 15.4 |
| 3. Low salaries | 39 | 43.6 | 43.6 | 12.8 |
| 4. Lack of applicants with experience | 39 | 43.6 | 41.0 | 15.4 |
| 5. Lack of promotional opportunities | 39 | 25.7 | 53.8 | 20.5 |
| 6. Lack of professional development opportunities (e.g., conferences/workshops) | 39 | 23.0 | 38.5 | 38.5 |
| 7. Heavy caseloads that discourage applicants | 39 | 12.8 | 41.0 | 46.2 |
| 8. Hard to attract candidates to a rural work location | 38 | 10.5 | 23.7 | 65.8 |
| 9. Difficult work environment (e.g., bad neighborhood) | 39 | 7.7 | 25.6 | 66.7 |
| 10. Difficult clients that discourage applicants | 39 | 5.2 | 48.7 | 46.2 |

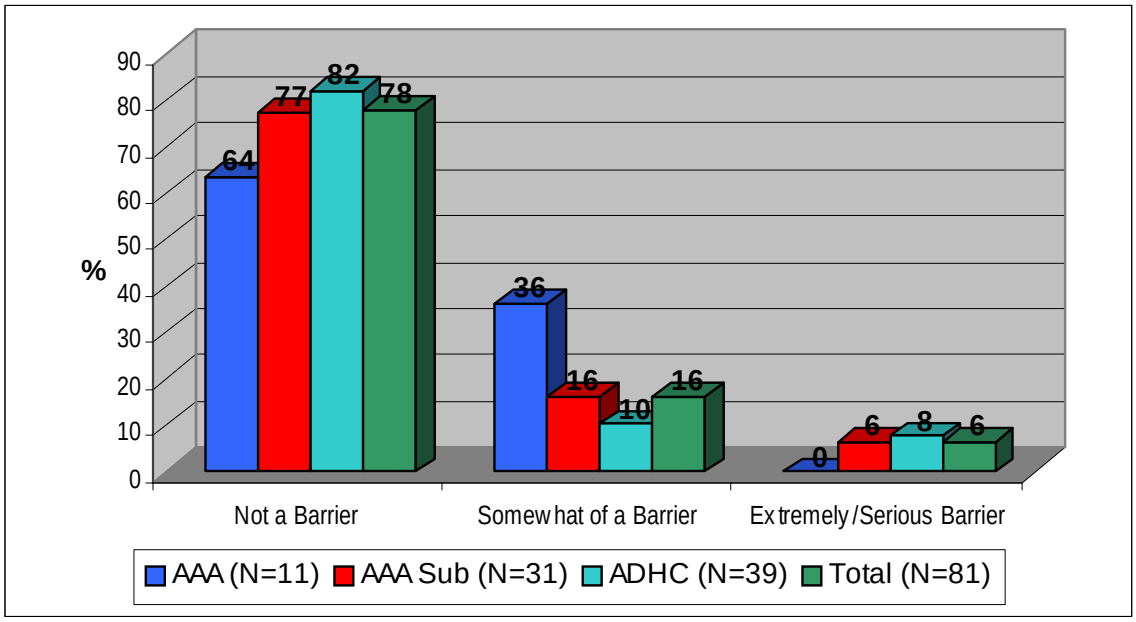
**Table 21: Total Sample: Perceived Barriers to Hiring and Retaining Qualified Aging Service Workers**

| Types of Barriers | N | Extremely/ Serious barrier | Somewhat of a barrier | Not a barrier at all |
|---|---|---|---|---|
| 1. Low salaries | 88 | 42.1% | 43.2% | 14.8% |
| 2. Lack of applicants with experience | 86 | 34.9 | 38.4 | 26.7 |
| 3. Lack of ethnic minority applicants, including lack of bi-cultural and bilingual applicants | 86 | 33.7 | 39.5 | 26.7 |
| 4. Low benefits to offer applicants | 88 | 33.0 | 29.5 | 37.5 |
| 5. Lack of promotional opportunities | 87 | 23.0 | 53.8 | 20.5 |
| 6. Lack of professional development opportunities (e.g., conferences/workshops) | 87 | 16.1 | 32.2 | 51.7 |
| 7. Heavy caseloads that discourage applicants | 86 | 11.7 | 31.4 | 57.0 |
| 8. Hard to attract candidates to a rural work location | 85 | 10.6 | 12.9 | 76.5 |
| 9. Difficult work environment (e.g., bad neighborhood) | 87 | 6.8 | 27.6 | 65.5 |
| 10. Difficult clients that discourage applicants | 86 | 5.9 | 34.9 | 59.3 |

### *9b. Barriers to Hiring and Retaining Workers with a BSW and MSW*

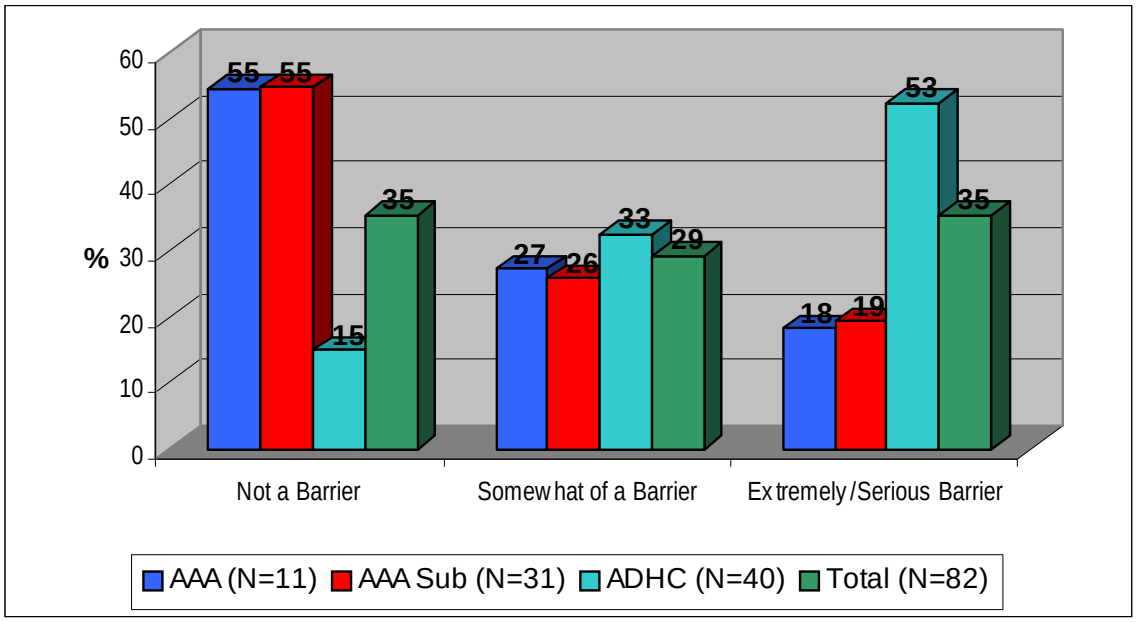
Respondents were then asked about the potential barriers to the recruitment of workers at the BSW and MSW level. The first item was regarding the absence of specification in a job description for workers at the MSW or BSW level. When examining all community-based organizations, the overwhelming majority (n=63, 77.8%) did not perceive this as a barrier at all. This lack of MSW/BSW specificity in a job description was consistently perceived as not a barrier for AAA (n=7, 63.6%), AAA Subcontractors (n=24, 77.4%), and ADHC (n=32, 82.1%). Only two AAA Subcontractor respondents (6.4%) and three ADHC respondents (7.7%) perceived the lack of MSW/BSW in the job description as a serious or extremely serious barrier. These results are depicted on Figure 31.

**Figure 31: No Specification in Job Description to Hire MSW/BSW**




The next perceived barrier to hiring and retaining MSWs and BSWs was if there was a lack of applicants with this type of degree. These results are depicted on Figure 32 below. Agency respondents provided some revealing data on this issue. For AAA, the lack of degreed candidates was not considered to be a barrier at all by slightly over half of the respondents (n=6, 54.5%) while only three respondents (27.3%) considered this somewhat of a barrier. Only two agency respondents (18.2%) considered the absence of a degree to be a serious barrier. Similar results were revealed by AAA Subcontracting agencies. Again, over half (n=17, 54.8%) did not consider this to be a barrier to recruitment of aging service workers. Another eight respondents (25.8%) regarded this as somewhat of a barrier, only less than 20% (n=6, 19.3%) identified lack of BSW/MSW applicants with a degree to be a serious or extremely serious recruitment barrier. Within ADHCs, the reverse was true. Only 15% (n=6) perceived the lack of degreed applicants to not be a barrier. The majority (n=21, 52.5%) viewed the lack of applicants with a BSW/MSW to be a serious or extremely serious barrier. Another 13 respondents (32.5%) identified this as only somewhat of a barrier.

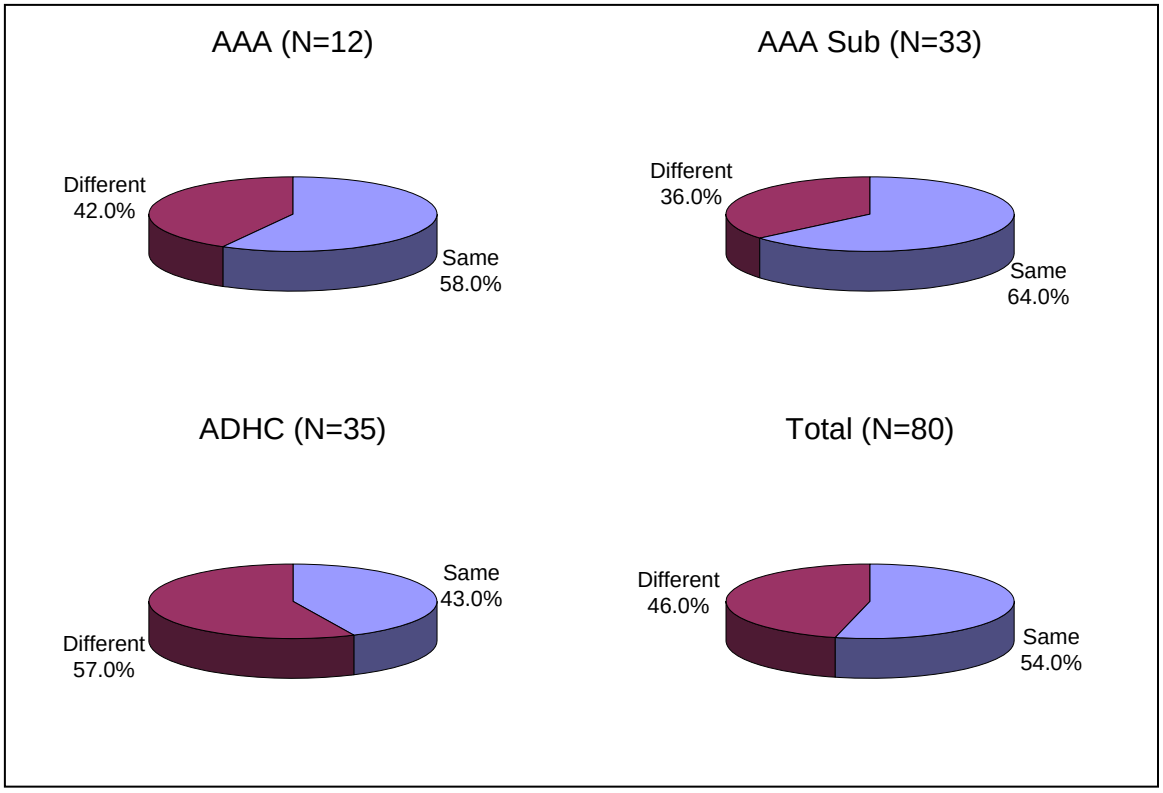
**Figure 32: Lack of Applicants with MSW/BSW**




*Are Barriers to hiring BSW/MSWs Different from Hiring Other Degreed Workers?*

As a follow-up question to potential barriers to hiring MSW and BSW level workers, respondents were then asked if they perceived barriers to hiring MSWs and BSWs different or the same as hiring other degreed workers. Within AAA, slightly over half of the respondents reported that the barriers are the same (n=7, 58.3%) and similar findings were reported for AAA Subcontractors (n=21, 63.6%). However, the majority of the respondents (n=20, 57.1%) from ADHC agencies reported that the barriers were different than recruiting and hiring other degreed workers. Some of the qualitative responses explaining these differences for AAA included the absence of applicants that hold an MSW or BSW (n=1), and the challenge of hiring at the MSW/BSW level at established salary levels (n=2). For AAA Subcontractors, responses included the inability to provide a competitive salary (n=2), and the lack of gerontology focused MSW/BSW programs (n=2). ADHC agency respondents expressed a need for bi-lingual/bi-cultural workers at the MSW/BSW level (n=5) and the lack of applicants with MSW/BSW degree (n=4). These results are depicted on Figure 33.

**Figure 33: Are Barriers to Hiring BSW/MSWs Different From Hiring Other Degreed Workers?**




### *9c. Factors that would facilitate the recruitment and hiring of BSWs and MSWs (Qualitative Responses)*

Table 22 shows a summary of open-ended responses provided by 49 respondents regarding factors that would facilitate the recruitment and hiring of aging service workers with BSW/MSW. The most frequently reported factor by all three types of agencies (AAA, AAA-Sub, and ADHC) was the "higher salaries" which would increase their competitiveness for recruiting and hiring BSW and MSW workers. In fact, almost one-half (47%) of the total respondents indicated higher salaries as a prominent factor. The second most common factor was "improved or more BSW/MSW internship opportunities," indicated by 7 respondents, or 14% of the total (2 AAAs, 2 AAA, and 3 ADHCs). In addition, ADHC respondents identified "more bilingual applicants" (n=5), "more applicants with experience with older adults" (n=4), and "improved benefits" (n=4) as factors that would facilitate recruitment and hiring of BSWs/MSWs. Other factors included "decreased workload" and "agency reputation."

**Table 22: Factors That Would Facilitate the Recruiting and Hiring of BSWs or MSWs at Your Agency**

| Characteristic and Category | *f* |
|---|---|
| ***AAA*** | |
| Higher Salaries | 4 |
| Improved BSW/MSW Internship Programs | 2 |
| ***AAA Subcontractor*** | |
| Higher Salaries | 13 |
| More Internship Opportunities through Universities | 2 |
| Decreased Workload/Stress | 1 |
| Agency Reputation to Enhance Recruitment | 1 |
| ***ADHC*** | |
| Higher Salaries | 6 |
| More Bilingual Applicants | 5 |
| More Applicants with Experience with Older Adults | 4 |
| Improved Benefits | 4 |
| More Internship Opportunities through Universities | 3 |
| Agency Reputation | 3 |
| Lower Caseload | 1 |

## 10. RECOMMENDATIONS FOR EDUCATION AND PUBLIC POLICY (QUALITATIVE)

Respondents were then asked to provide open-ended responses to a question regarding their recommendations for any state policies or programs for development of future personnel needs in aging services. A summary of these qualitative responses is provided on Table 23. A total of 29 respondents answered and offered some insightful responses. Most evident in all three types of service groups were a need for increased funding, need for improved geriatric training of social workers, and a call for more stipend programs as an incentive for students studying gerontology in schools and departments of social work. The recommendations offered by each agency type are detailed below.

*AAA*

Six respondents provided recommendations for public policy. The most prominent recommendation was for the need for more gerontology programs in universities and/or social work programs throughout the state (n=2). Other recommendations include increased funding on AAA programs (n=2), offering stipend programs for social work students in aging (n=1), and more attention to marginalized groups such as older immigrants (n=1).

*AAA Subcontractor*

There were 11 respondents from AAA Subcontractor agencies who provided responses to this same open-ended item. Recommendations included a need for more funding for AAA Subcontractor programs to remain competitive in recruitment (n=5). Other responses include the need for increased educational opportunities for college students in aging (n=2) and more/better use of volunteers in agencies (n=2). Other responses included a need for increased emphasis on ethical work with older adults (n=1) and more courses for certified nursing assistants (n=1).

*ADHC*

Another 11 respondents from ADHC programs offered the following recommendations. The majority stated there was a need for improved geriatric training in communication and writing as well as counseling skills to improve patient care (n=5). There was also an expressed need for more Adult Day Health Care agencies to serve the growing older adult populations (n=3). Other recommendations included improved health benefits for older adults (n=1), stipend programs for students in gerontology/geriatrics (n=1), and accepting BSW as social workers in ADHC programs.

**Table 23: Are There Policies or Programs that You Would Recommend for the Development of Future Personnel Needs?***

| Characteristic and Category | *f* |
|---|---|
| ***AAA (n=6)*** | |
| Increased Aging/Social Work Programs in Universities | 2 |
| Increased Agency Funding | 2 |
| Stipends for Students in Gerontology Programs | 1 |
| Increased Attention to Marginalized Groups (e.g., older immigrants) | 1 |
| ***AAA Subcontractor (n=11)*** | |
| Increased Funding for Programs | 5 |
| More Educational Opportunities in Gerontology | 2 |
| Increased Use of Volunteers / SCSEP Workers | 2 |
| Improved Skills on Ethics | 1 |
| More Certified Nursing Assistant Courses | 1 |
| ***ADHC (n=11)*** | |
| Improved Social Work Geriatric Training (e.g., counseling, compassion, & communication) | 5 |
| More ADHCs | 3 |
| Increased Health Benefits for Older Adults | 1 |
| Stipend Internships for Professionals in Aging Services | 1 |
| Accept BSWs as Social Workers | 1 |

* Respondents could provide more than one response

*Ways to Increase the Supply and Quality of Aging Service Workers*

In this last section of the survey, respondents were requested to provide open-ended responses regarding additional thoughts regarding how to increase the supply and quality of aging service workers. These findings are presented on Table 24.

*AAA*
Although not as many AAA respondents completed this item (n=9), there was a strong recommendation for stipend programs such as Title IV-E for gerontology or gerontological social work programs (n=5). Recommendations also included careers in aging awareness programs (n=2), mentoring programs at the high school level in preparation for college (n=2), financial incentives for MSW to attract workers to gerontological social work (n=2), and a media campaign to shift perceptions of social work with older adults.

*AAA Subcontractor*
Recommendations by AAA subcontractors (n=12) included a call for improved funding for worker salaries (n=6), additional education at schools and colleges on aging-related issues (n=3), a greater emphasis on aging issues in social work curriculum (n=2) and the needs for decreased caseloads (n=2).

*ADHC*
Survey respondents from ADHCs (n=11) strongly recommended more gerontological social work at universities/colleges (n=6) as well as a Title IV-E stipend option for gerontological social work (n=2). In addition, there was a recommendation for mentoring and recruitment at high schools in order to help youth have a better understanding of gerontological work as an option in their future (n=2).

**Table 24: Recommendations to Increase Supply and Quality of Aging Service Workers***

| Characteristic and Category | *f* |
|---|---|
| ***AAA (n=9)*** | |
| Stipends for students in gerontology programs | 5 |
| Careers in aging awareness in schools/colleges | 2 |
| Mentoring and recruitment in high schools | 2 |
| Provide financial incentive for workers with MSW | 2 |
| Change how older workers/older adults are viewed | 2 |
| Develop policies to attract younger workers | 1 |
| Increase funding for social services | 1 |
| ***AAA Subcontractor (n=12)*** | |
| Improved funding for salaries | 6 |
| More overall education on aging issues | 3 |
| Include aging services in social work curriculum | 2 |
| Decreased caseloads | 2 |
| More internships opportunities at the bachelor level | 1 |
| Title IV-E option for gerontological social work | 1 |
| Change how older workers/older adults are viewed | 1 |
| ***ADHC (n=11)*** | |
| More gerontological social work at universities/colleges | 6 |
| Title IV-E stipend option for gerontological social work | 2 |
| Mentoring and recruitment at high schools | 2 |
| Educate professionals need for aging service workers | 1 |
| Quality programs attract good workers | 1 |
| Reduce fear of layoffs in ADHC programs | 1 |
| Increase funding for social services | 1 |

* Respondents could provide more than one response

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