Direct Care Workforce Data Collection Practices and Recommendations in North Carolina

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January 2023

Introduction

The demand for direct care is on the rise in the United States (McCall, 2021), where seniors and people with disabilities are living longer and where older people will soon outnumber children for the first time in US history (Vespa, 2018). Today, the direct care workforce includes more than 4.6 million workers, and the workforce is projected to add over a million jobs before 2029 (PHI, 2021). In recent years, however, this workforce has faced continuous stability issues and shortages (Campbell et al., 2021).

These labor shortages are felt by communities all over North Carolina and across the country. Through data from the Bureau of Labor Statistics, it is apparent that wages among this workforce are low across the country (PHI Workforce Data Center, 2021), but more current and localized data around workplace conditions, advancement opportunities, turnover rates, and even the numbers of workers by setting, are largely unavailable. To better understand the issues contributing to workforce shortages and instability, current, reliable, and state-specific data is needed, as the lack of information on this workforce can hinder responsive and appropriate policy and practice changes that would improve workforce conditions (Edelstein and Seavey, 2009).

This article focuses specifically on direct care workforce data collection in North Carolina, where there are an estimated 116,600 direct care workers (PHI Workforce Data Center, 2021). To chronicle the current workforce data collection systems and measures across the state, we conducted expert interviews with long-term care providers and provider associations, state officials, and other stakeholders. Augmenting these expert interviews with internet research, we developed a thorough landscape of the data-collection infrastructure in place in North Carolina. The state has a variety of structures in place to collect workforce data, and there are also several opportunities to improve data collection on this workforce as outlined in the Recommendations. Improved and enhanced data collection systems and practices across each segment of the direct care workforce can empower North Carolina to make data-driven decisions on workforce practices and policies, leading to quality, stable jobs in long-term care settings.

Recommendations

Based on the findings from this audit of North Carolina's direct care workforce data system and processes, we offer the following six recommendations.

1. **Make existing data collection practices and structures more transparent, accessible, and clear so that data may be more effectively analyzed and used.**

Across long-term care settings in North Carolina, the most robust direct care workforce information can be found on those workers who have received their Nurse Aide I training and certification and are therefore listed on the Nurse Aide I registry, which is maintained by the North Carolina Department of Health and Human Services Division of Health Services Regulation (DHSR). State-approved testing vendors communicate demographic information to DHSR for inclusion in the Nurse Aide I registry. This information includes name, social security number, gender, date of birth, and contact information.

The Nurse Aide I registry already collects important demographic data like date of birth and gender, but this information is not currently analyzed or made public for use by training programs, employers, and others. By analyzing the data that is already collected and by making it more publicly available and accessible—while protecting the privacy of individuals listed on the registry—employers, training programs, state officials, and others might be able to use this data to track and respond to key workforce trends. Additionally, data is currently being collected through several different surveys, including the NCI-IDD Staff Stability Survey and the Direct Care Workforce Survey that is planned with funding from ARPA. Once these surveys have concluded, the data should be analyzed, and the findings should be made publicly accessible so that the data can also be utilized to inform workforce development efforts.

2. **Enhance the current data collection systems by collecting more data points.**

Another source of data on the direct care workforce, although to a much more limited extent, is the licensure renewal process for providers. All North Carolina providers who are licensed by DHSR are required to renew their licensure through an online system, Enterprise. Nursing homes, adult care homes and home care agencies complete these applications online annually. Home care agencies are required to report the number of aides that worked with clients over the course of the year. For skilled nursing facilities and adult care homes, no workforce data is collected through these renewal application forms, but nursing homes are required to report some staffing data to the Centers for Medicare & Medicaid Services (CMS).

The online licensure renewal applications that providers are required to complete every year pose opportunities for workforce data collection. Providers could be required to report certain workforce data on their applications, such as number of employees and their employment status, turnover rate, vacancies, and wages and benefits, among other examples. Additionally, as mentioned, state-approved testing vendors report basic demographic information to the Nurse Aide I registry, but these vendors could potentially collect and input additional demographic information such as race/ethnicity, education level, language spoken, immigration status and more, as well as reporting where the worker completed their training. Enhanced demographic data collection could help paint a more complete picture of the direct care workforce and trends in North Carolina, while understanding where workers receive training can inform workforce planning and pipeline development. Demographic information, however, must be collected with caution and with every effort to protect workers' privacy.

3. **Capture information and training credentials on direct care workers that are not currently included in the training registries.**

Many direct care workers employed in HCBS settings are not required to go through the Nurse Aide I training, meaning that a significant portion of the direct care workforce is missing from the state's training registries. Including personal care assistants and others not currently captured in the existing registries would provide the state and providers with a more complete picture of the workforce in North Carolina across settings.

4. **Explore options to link the training registries together using an online platform that is accessible to providers and workers.**

Currently, there are six registries for direct care workers in North Carolina, and these registries do not even account for all of the workers in this workforce. To create more efficiency and alignment, the state should consider utilizing an online platform that links these registries together. Currently, employers can use the registries to look up potential employees using their social security number or Nurse Aide I listing number, but this platform is one-sided and only accessible to the provider. With the registries linked together in one online platform, there could be additional opportunities to invite *all* direct care workers to access the platform, create their own profiles, and (where relevant) link to their Nurse Aide I registry profile.

An online platform with this basic functionality could potentially help accomplish three additional goals. The first is that the state or contracted partners could contact direct workers directly through the platform with surveys and other outreach methods—reaching far more workers than the survey methods explained above. This online platform could also provide an opportunity to aggregate and analyze direct care workforce data across occupational titles and roles. The final possibility with this platform would be the creation of a job board function so that providers and workers, respectively, could easily post and apply to jobs.

The national Connect to Care Jobs website is a model platform that North Carolina could consider (Connect to Care Jobs, n.d.). Having workforce data accessible, consistent, and linked together would foster integrated and coordinated planning approaches for long-term supports and services, as the data could be assessed and analyzed across settings, and larger workforce trends could be observed and responded to accordingly (Edelstein and Seavey, 2009).

5. **Participate in more survey opportunities, particularly the National Core Indicators Aging and Disabilities Staff Stability Survey.**

There are several workforce surveys that either currently, or will soon, provide helpful information on North Carolina's direct care workforce. The National Core Indicators Intellectual and Developmental Disabilities (NCI-IDD) Staff Stability Survey provides a great deal of data on direct care workers that support individuals with IDD (who are known as "direct support professionals). This survey, which is voluntary for states, collects information from providers on the number of direct support professionals they employ, along with their wages, turnover, vacancy rates, and demographic information such as gender and race/ethnicity. This data is analyzed and reported back to each participating state, so that the state may identify concerns and areas for improvement (National Core Indicators, 2022).

North Carolina participated in the NCI-IDD Staff Stability Survey in 2020 and again in 2022, with 137 IDD providers responding in 2020.

To augment the wealth of data that is collected on direct support professionals through the NCI-IDD, North Carolina should encourage more IDD providers to participate in the staff stability survey to expand the scope and sample size of this survey. North Carolina should also opt to participate in the NCI Consumer Survey and the Staff Stability Survey for Aging and Disability providers when that survey launches in 2023. The data collected through this survey will help the state learn more about workforce needs and trends across all HCBS settings.

6. **Learn from what other states have done to improve direct care workforce data collection.**

There are many examples of innovative workforce data collection efforts in other states across the country that North Carolina could learn from. Texas, for example, has mandated that HCBS providers submit data on the size, stability and compensation of the direct care workforce, and states like Michigan and Arizona have funded statewide direct care workforce research studies, just to name a few examples (Scales, 2022). Commissioning a review of workforce data collection efforts in other states could help North Carolina design and implement more effective data collection, analysis and communication strategies and practices in the state.

Conclusion

North Carolina has some systems and structures in place for direct care workforce data collection. However, these structures and systems lack consistency and transparency, and there are many opportunities to improve and enhance them. The lack of information on this workforce, especially as it relates to volume, stability, and compensation, can hinder responsive and appropriate policy and practice changes that would improve workforce conditions and service delivery. The systematic and consistent collection of information about and from this workforce can inform policy on workforce initiatives, help improve workforce conditions, determine goals and priorities for the long-term care industry, and promote workforce pipeline planning. It is imperative for North Carolina stakeholders and state leaders to advocate for and put into place better, and more transparent, data collection practices and policies. These recommendations offer a place to start.

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