

Building & Strengthening the Direct Care Workforce

Summary Report of the Community Convenings in Greater Cleveland and Southeast Ohio

October 2024



Summary Report Overview

In October 2024, **the AARP Foundation, developed with support from UnitedHealthcare**, hosted two convenings in Greater Cleveland and Southeast Ohio to bring together community stakeholders from across the workforce and healthcare ecosystems to explore the question: How might we build and strengthen the direct care workforce?

Participants began by establishing a shared understanding of the current state of the direct care workforce, including key community assets and barriers. This laid the groundwork for a mini-design lab in which participants brainstormed and prioritized solutions before developing an action framework to bring priority solutions to life.

The following report summarizes the convenings, including the solutions that emerged from the mini-design lab.

Convening Agenda:

- **Keynote: The Current State of the Direct Care Workforce**
- **Panel Conversation**
- **Asset Mapping**
- **Mini-Design Lab**
- **Headline of the Future & Next Steps**

Community Stakeholders of Greater Cleveland and Southeast Ohio

Greater Cleveland

- Age-Friendly Cleveland
- Fund for Our Economic Future
- Cleveland Foundation
- The Ohio State University
- Norwill Healthcare Services
- Cuyahoga County Public Library
- Benjamin Rose Institute on Aging
- Home Instead
- Corporation for Ohio Appalachian Development
- United Way of Greater Cleveland
- LeadingAge Ohio
- LGBT Community Center of Greater Cleveland
- Deaconess Foundation
- Ohio Olmstead Task Force
- Cuyahoga Community College (Tri-C)
- Universal Basic Employment
- Ohio Health Care Association
- Center for Disability Empowerment
- University Settlement
- UnitedHealthcare Ohio Community Plan
- Ohio AARP State Office

Southeast Ohio

- Hopewell Health Center
- Home Instead
- Alzheimer's Association
- Age-Friendly Athens County
- Area Agency on Aging District 7
- Area 14 Workforce Development Board
- LeadingAge Ohio
- UnitedHealthcare Community Plan of Ohio
- Ohio AARP State Office



Attendees during the opening remarks of the Greater Cleveland convening

SECTION 1

The Current State of the Direct Care Workforce

National Perspective on the State of the Direct Care Workforce: The Importance of Skills Training, Career Pathways & Supportive Services

Keynote Presentation by Robert Espinoza, CEO, National Skills Coalition

The keynote presentation by Robert Espinoza set the foundation for both convenings, establishing a shared understanding of several critical areas related to the direct care workforce. These include workforce challenges, demographic shifts, and regional impacts. He also emphasized the importance of investment, training, and support systems to address the current workforce shortage and meet the growing demand for care.



Robert Espinoza delivers the keynote presentation in Athens, Ohio

- **Workforce Challenges:** Direct care workers face significant challenges, including low wages, inadequate benefits, high turnover rates, and burnout. These factors contribute to workforce shortages across various regions.
- **Training & Career Development:** There is a need for improved access to training programs and certifications to create a more skilled, capable workforce. Investing in education and professional development is essential for the growth of the sector.
- **Demographics & Demand:** The aging population is driving increased demand for in-home care and direct care workers. As the population ages, particularly in regions like southeast Ohio, there is a growing need for more trained professionals to provide essential care services.
- **Policy Advocacy:** Stronger policies can support the direct care workforce through wage improvements, better training, and access to career development opportunities. Public investment is crucial to retain and grow the workforce.
- **Regional Impact:** Specific attention needs to be given to regions like southeast Ohio, where geographic isolation, economic hardship, and lack of healthcare infrastructure exacerbate the workforce shortages and make delivering care more challenging.
- **COVID-19 Effects:** The pandemic significantly impacted the healthcare workforce, exacerbating existing shortages and highlighting the essential role of direct care workers in public health.
- **Call to Action:** The presentation concluded with a strong call for policy reforms, investments, and broader societal support to ensure that the direct care workforce is sustainable and capable of meeting future demands.

Context: The Current State of the Direct Care Workforce

Greater Cleveland

***Problem Statement:** The shortage of direct care workers in Greater Cleveland, Ohio stems from a combination of factors, including low wages and benefits, high rates of burnout and turnover, an aging population, lack of access to adequate training programs and certifications, urban disparities in healthcare access, and increased demand for home care services. Additionally, challenges related to transportation and income inequality further exacerbate the difficulty in recruiting and retaining direct care workers in the region.*

Greater Cleveland is a region encompassing Cuyahoga County and its surrounding areas, which have faced long-standing economic and health disparities. Once a thriving hub for manufacturing, the area has seen a decline in industrial jobs, with significant economic shifts that have left pockets of poverty, especially in urban centers.

Approximately 17% of Cleveland's population lives below the poverty line, which mirrors the situation in Appalachian southeast Ohio. Furthermore, certain neighborhoods are recognized as healthcare shortage areas for primary care, dental care, and mental health providers, worsening the challenge of delivering care to those in need.

The COVID-19 pandemic had profound impacts on Cleveland's economy, similar to other regions across the state. More than 200,000 residents lost their jobs in 2020 due to pandemic-induced economic closures.

While the state's overall economy began to recover by mid-2023, Cleveland's urban centers, especially those with high concentrations of lower-income households, have lagged. Even before the pandemic, the Greater Cleveland area was experiencing economic stagnation, with limited job growth in sectors outside healthcare and education, further compounding the region's issues with workforce participation.

Cleveland has long relied on healthcare and education sectors as its economic backbone, particularly with major employers like the Cleveland Clinic and University Hospitals. However, the demand for direct care workers in the city's aging population has outstripped the supply of available workers. Statewide, there are more than 15,000 home health and PCA jobs open today.

This labor shortage is compounded by Cleveland's challenges with an aging workforce, high rates of chronic health conditions such as diabetes and heart disease, and transportation barriers within urban neighborhoods that impede access to both healthcare services and employment opportunities.

Addressing the shortage of direct care workers in Greater Cleveland requires significant investment in workforce training, wage improvement, and expanded transportation solutions to bridge the gap between workers and job opportunities, as well as comprehensive healthcare support to meet the demands of an increasingly aging and medically fragile population.

Context: The Current State of the Direct Care Workforce

Southeast Ohio

***Problem Statement:** The shortage of direct care workers in southeast Ohio stems from a combination of factors, including low wages and benefits, high rates of burnout and turnover, aging population, limited access to training programs and certifications, geographic isolation and transportation barriers, and increased demand for in-home care.*

Additional Background: Southeast Ohio is part of Appalachia, a 206,000-square-mile region that encompasses 420 counties in 13 states from New York to Mississippi. The Appalachian Region is 42% rural compared to 20% of the U.S. as a whole.

Ohio's Appalachian region encompasses 32 counties, of which 16 are designated as economically "at-risk" or "distressed." Here, 17% of the population lives below the poverty line, compared to 11% of the U.S., and four of the top seven counties (i.e., Morgan, Vinton, Athens, Meigs) with the highest poverty rates, ranging from 16.6% to 19.6%, are in southeast Ohio.

The counties in southeast Ohio are designated as health professional shortage areas for primary care, dental care, and behavioral health providers. Furthermore, the people living in southeast Ohio are more likely to be unemployed, have lower educational achievement, and limited access to transportation.

The COVID-19 pandemic has had sweeping impacts on Ohio's economy. In 2020, more than 800,000 Ohioans were forced out of the workforce due to the pandemic.

While the federal recovery policy fully restored lost jobs in Ohio by May 2023, employment growth in the Appalachian region lagged the rest of the state. Even before the pandemic, southeast Ohio (i.e., Athens, Hocking, Meigs, Morgan, Perry, Vinton, and Washington Counties) struggled with limited employment opportunities and industrial diversification.

Historically, Appalachian Ohio has been dominated by extractive industries, including coal mining, natural gas drilling, and timber. Primarily fueled by coal-fired energy production, Appalachian Ohio has experienced a prolonged bust-cycle with the closing of dozens of mining companies and a 77% decline in coal-mining employment from 2015-2020.

The impacts of this decline have had profound negative consequences in the region, with high rates of out-migration among healthy, working-age adults, leaving behind an older, more disabled, less educated, lower-wage workforce with high rates of diabetes and other chronic health conditions. For these reasons, southeast Ohio needs investments in community health support to create sustainable jobs to strengthen the workforce in this region.

SECTION 2

Panel Conversations

Panel Discussion

Greater Cleveland

Experts in workforce development and innovation, health industry solutions, home health, and disability empowerment and outreach participated in a panel discussion about challenges to building a pipeline of direct care workers. The panel included important lived experience perspectives, including that of a care recipient and her direct caregiver.



Panelists: Bishara Addison (Fund for our Economic Future), Marquita Rockamore (Cuyahoga Community College), Maria Mann (Norwill Healthcare Services), Jennifer Kucera (Center for Disability Empowerment)

Key Priorities for Direct Care Workers in Greater Cleveland, Ohio:

- Provide a living wage and career advancement opportunities
- Identify and cultivate partnerships for career pathways
- Provide paid training and incentives
- Emphasize self-care to combat burnout

Panelist Recommendations:

- Foster partnerships for continual educational training, assisting DCWs to gain certifications to increase salary and growth potential
- Provide a livable wage and remove barriers such as transportation and childcare costs to help sustain workforce growth
- Create simpler pathways for DCWs to become independent service providers to help non-traditional potential recipients of services
- Create a culture of career development and longevity, instead of the message of direct care work being a step to something greater
- Offer training not only to direct care workers, but also to recipients of care to create a relationship with clarity of service delivery at the onset of engagement
- Provide transferable credentials from state to state to alleviate burnout from restriction of opportunities to relocate

Panel Discussion

Southeast Ohio

Experts in workforce development, aging, home health, and healthcare participated in a panel discussion about challenges to building a pipeline of direct care workers, strategies to build a pipeline, and recommendations to retain talent.



Panelists: Dr. Dick Wittberg (Hopewell Health Center), Betty Phillips (Home Instead Senior Care), Joseph Frazier (CWDP Director Area 14 Workforce Development Board), Jennifer Carlson (AARP Ohio)

Key Priorities for Direct Care Workers in Southeast Ohio:

- Offer a living wage
- Define career pathway and career ladder opportunities
- Provide resources for direct care workers to get to work
- Make direct care jobs a source of fulfillment

Panelist Recommendations:

- Need to educate the southeast Ohio population about job opportunities because there are more jobs available than job seekers
- Need to place people in positions where they will be rewarded and acknowledged. Find people who are naturally drawn to caregiving
- Collaborate and partner with school systems (e.g., high schools, vocational schools, universities) to develop career pathways
- Expand internship opportunities in the region. Encourage individuals to work with organizations like Building Bridges to Careers. Use organizations like this to fill the role of a guidance counselor after graduation from high school
- Offer training in supervision, given the current gap in the system
- Recognize that this is a transient workforce that does not live by the normal 40-hour work week. Work with this population to meet the employees where they are at. For example, help workers plan the number of hours that they need to work to pay their monthly bills. Reimburse them for training that they complete
- Community health workers may be a new way to approach the direct care workforce in rural regions like southeast Ohio

Impact if southeast Ohio does not address direct care worker shortage:

- Southeast Ohio will not attract new employers, which in turn, will negatively impact the economy

SECTION 3

Asset Mapping

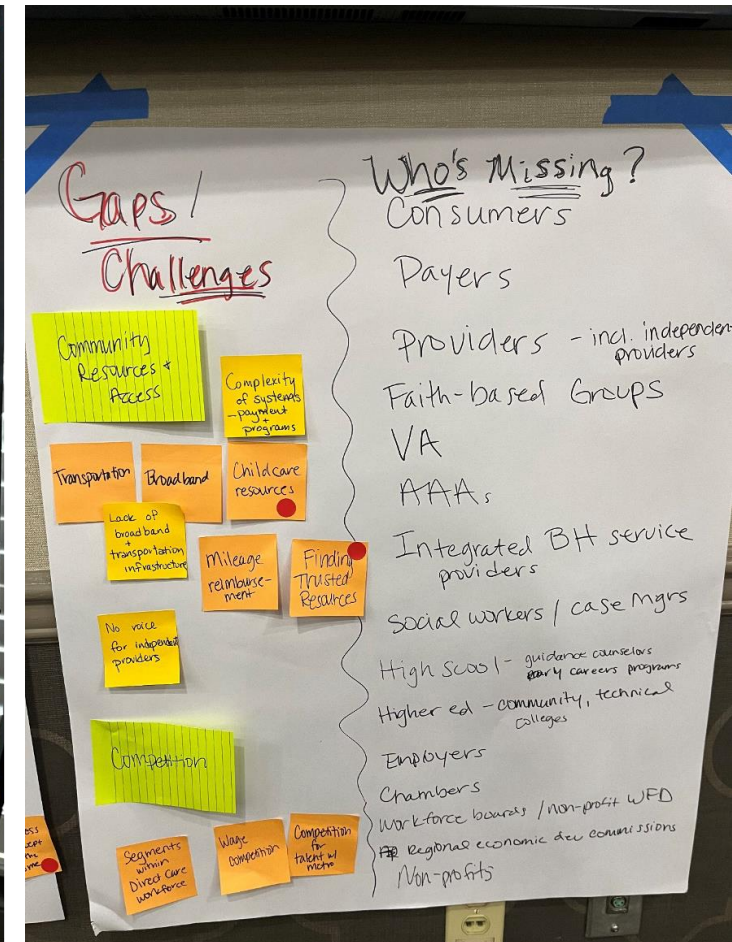
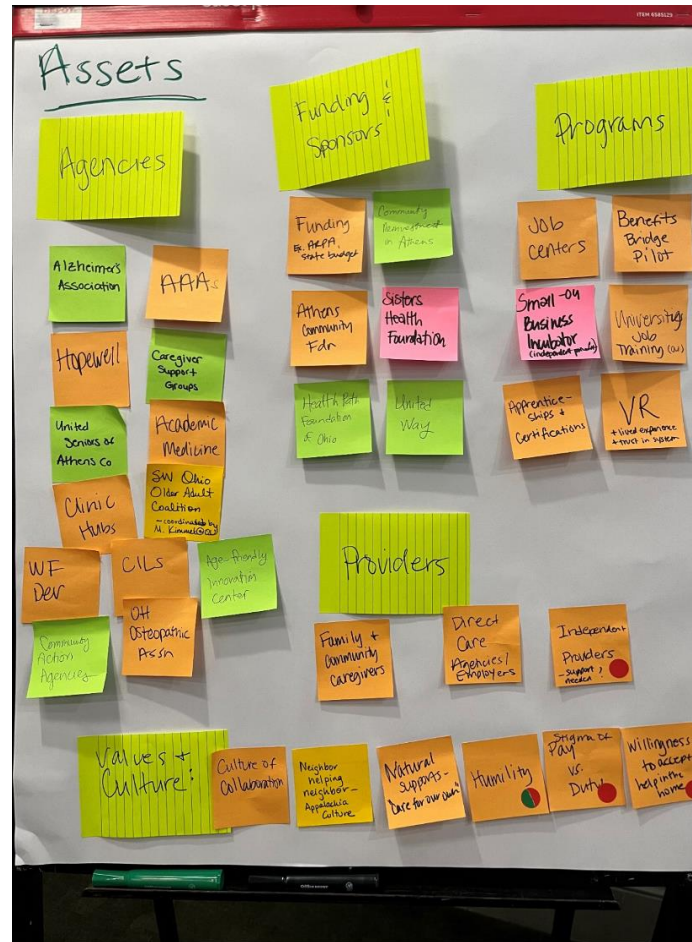
Asset Mapping

Identify and Leverage Key Community Assets

Asset mapping is a process used to identify and document the resources, skills, strengths, and potential within a community, organization, or system.

This approach focuses on recognizing and leveraging existing assets so communities can more easily strategize on how to build on these assets to address community needs and identify gaps and foster a sense of empowerment and community cohesion.

For this activity, two groups were pre-selected to brainstorm and identify assets that can be leveraged in their region for specific topics. The outcome of the brainstorming sessions identified the following critical gaps, priority assets, and priority solutions.



Artifacts from asset mapping and identifying critical gaps/challenges across the community of Greater Cleveland, Ohio

Asset Mapping

Greater Cleveland

Group 1: Building the Talent Pipeline, Preparation (Training) & Credentialing

- Gaps: Policy, messaging and communication, talent pipeline, navigation, access to benefits, flexibility, and choice
- Assets: The city is rich in organizations and resources; Commerce for HHS, interested potential employers/workers
- Solutions: Culture of care, apprenticeships, marketing campaign

Group 2: Sustaining and Strengthening the Care Workforce: Retaining and Advancing Talent through Career Pathways

- Gaps: Policy, Medicare reimbursement, networks (Area Agency in Aging)
- Assets: Community health workers, initiatives, conveners like WIBs, Team NEO, funding collaborators, programs (strong training and education), collaboration between existing programs
- Solutions: Eliminate disparities in workforce programs



Participants share the results of the asset mapping exercise in Greater Cleveland, Ohio

Asset Mapping

Southeast Ohio

Group 1: Regional Asset Mapping - Building a Talent Pipeline for the Direct Care Workforce in Southeast Ohio

- Agencies like the Alzheimer's Association and Area Agencies on Aging can offer partnerships for recruitment, training, and community outreach, while Ohio's medical schools and regional healthcare systems can provide training opportunities
- Funding from sources like the American Rescue Plan Act and local foundations support workforce development initiatives, including training and retention efforts
- Programs such as apprenticeships, university job training, and virtual reality simulations create pathways for skills development and career growth in direct care
- Providers like family and community caregivers and direct care agencies play a key role in improving working conditions and pay to improve retention
- Values and the community-oriented Appalachian culture (i.e., neighbor helping neighbor) can be leveraged to enhance the appeal of caregiving as a respected and vital role in the community

Critical Gaps: The rurality of southeast Ohio affects transportation infrastructure, social need resources, and access to broadband connectivity.

Conclusion: These themes highlight the existing resources and cultural strengths that can be leveraged to build a strong talent pipeline for the direct care workforce.



Participants share the results of the asset mapping exercise in Southeast Ohio

Asset Mapping

Southeast Ohio

Group 2: Regional Asset Mapping to Sustain and Strengthen the Direct Care Workforce in Southeast Ohio

- **Training Opportunities:** Institutions like Ohio University and Hocking College along with regional programs (Goodwill Job Training, Trualta Family Caregiving Training) provide opportunities for training, but limited funding restricts access
- **Social Supports:** Caregiver support groups and organizations like the Alzheimer's Association and Athens Healthcare Network offer resources for caregivers
- **Community Collaboration:** Organizations such as healthcare systems, managed care organizations, and public or non-profits collaborate to meet care needs; however, lack of awareness of these programs is a barrier
- **Geographic and Funding Barriers:** The region faces funding limits due to geography as well as wage competition and a temporary employee stereotype of DCWs

- **Retention Strategies:** Onboarding processes like 30-60-90-day plans help integrate workers, and verbal affirmation improves morale
- **Rural Workforce Challenges:** Trainer shortages, workforce competition, and silos are challenges, but residents of southeast Ohio are committed to their communities
- **Stigma:** Stigma around paid caregiving remains a significant issue
- **Independent Providers:** The impact of a rise in independent providers on the direct care workforce is not yet known

Critical Gaps: A critical gap is meeting the social needs of direct care workers and their care recipients. Addressing their needs is essential to sustaining and strengthening this workforce.

Conclusion: Strengthening Ohio's direct care workforce requires expanding training, improving social supports, fostering collaboration, addressing geographic barriers, and enhancing retention efforts.



Participants reflect and provide feedback on the results of the mapping exercise in Southeast Ohio

SECTION 4

Mini-Design Lab

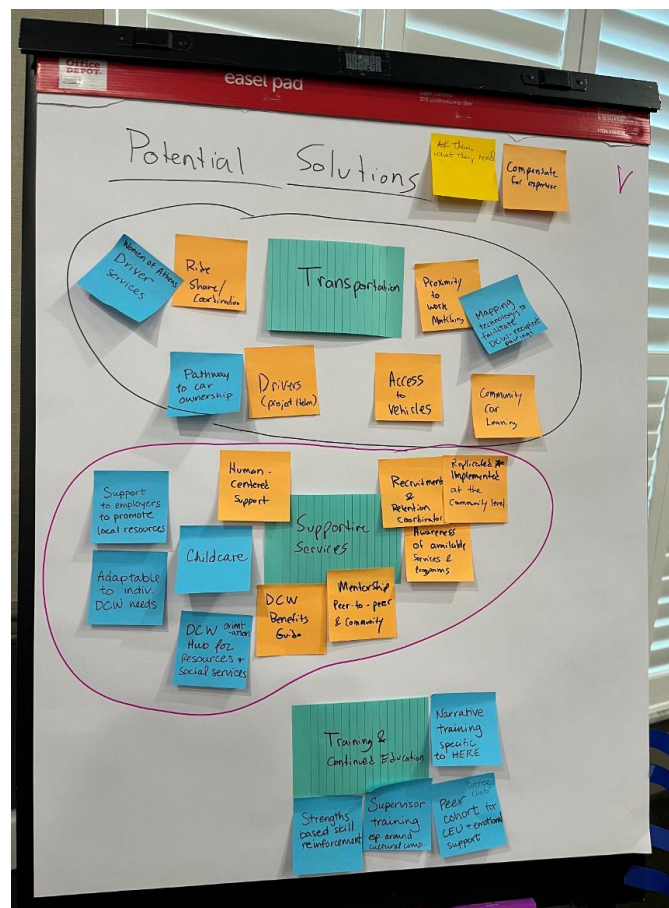
Mini-Design Lab

Translating Our Understanding of the Current State into Solutions and a Vision for the Future

Following the asset mapping, the groups engaged in a mini-design lab to generate creative solutions for addressing the shortage of direct care workers. Groups built on assets that were put forward for solutions to the question of “How Might We...” build and retain a direct care workforce.

Stakeholders were asked to identify access and recruitment strategies, barriers and accelerators to scale, and potential partners. Finally, stakeholders were asked to design a framework for action by developing a structured plan to address the shortage of direct care workers.

The action framework will serve as a start of a roadmap to continue discussions and collaboration, identify key partners, guide decision-making, and alignment with overarching goals.



Artifacts representing potential solutions for building the pipeline and strengthening the pipeline (retention) from the mini-design lab in Greater Cleveland, Ohio

Mini-Design Lab

Greater Cleveland

Group 1: How Might We Build a Talent Pipeline for the Direct Care Workforce in Greater Cleveland?

The Solution

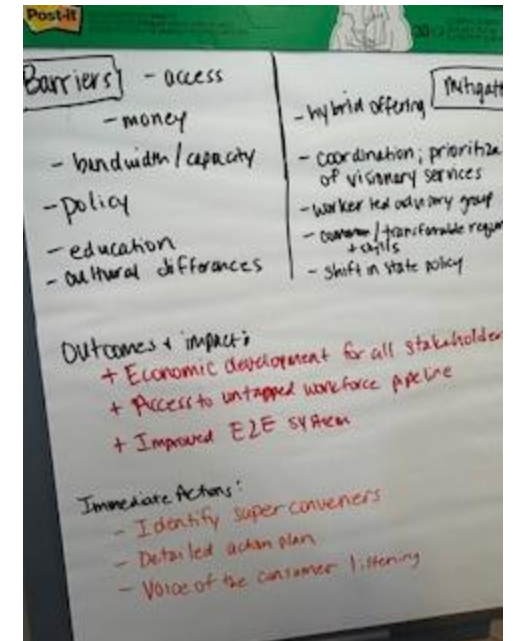
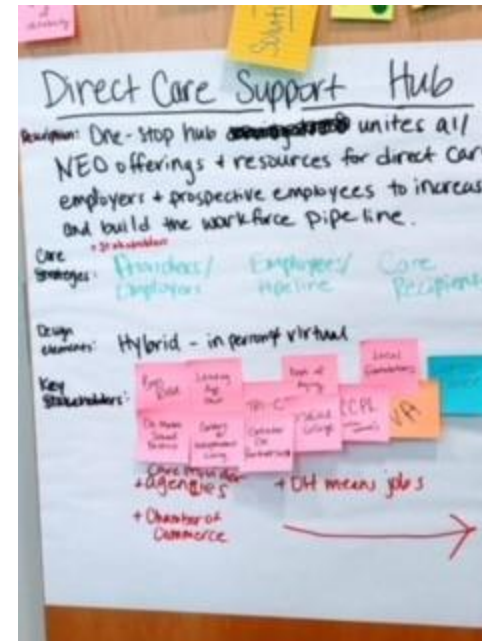
Direct Care Support Hub: One-stop hub that unites all NEO offerings and resources for direct care employers and prospective employees to increase and build the workforce pipeline.

Core Strategies & Design Elements: Collaborate with provider/employers, employees/pipeline, and care recipients

Delivery: Hybrid - in person and virtual

Key Stakeholders

- Benjamin Rose
- CMSD
- Learning Age Center
- Center for Independent Living
- Tri-C
- Greater Cleveland Partnership
- Department of Aging
- Ursuline College
- CCPL (Public Library)
- Local Foundations
- VA
- LGBTQ+ Center
- Ohio Means Jobs
- Chamber of Commerce
- Care Provider Agencies



Artifacts from mini-design lab as participants ideate on different elements of the framework for action for their proposed solution in Greater Cleveland, Ohio

Mini-Design Lab

Greater Cleveland

Group 1: How Might We Build a Talent Pipeline for the Direct Care Workforce in Greater Cleveland?

Short, Medium, and Long-Term Approaches

Short: Phased approach; home and community-based care focuses on people who are aging and living with a disability; identify super conveners in NEO independent providers

Medium: Logistics, framework, infrastructure, logic model

Long (North Star): Drive a robust workforce pipeline that (1) ensures consumers can age in home and community settings, and (2) supports flexible workforce development and retention

Key Resources Needed

- Funding
- Space
- Capacity
- Paid staff
- Access and resources

Barriers

- Access
- Money
- Bandwidth/capacity
- Education
- Policy
- Cultural differences

Potential Outcomes & Impact

- Economic development for all stakeholders
- Access to untapped workforce pipeline
- Improved E2E system

Key Accelerators for Success

- Marketing and communications
- Collaborators/network
- Sponsorships (public/private)
- Developed with providers, direct care workers and care recipients

Mitigation Strategies

- Hybrid offering
- Coordination; prioritization of visionary services
- Worker-led advisory group
- Common/transferrable requirements and skills
- Shift in state policy

Immediate Actions

- Identify “super conveners”
- Detailed action plan
- Voice of the consumer-listening

Mini-Design Lab

Greater Cleveland

Group 2: How Might We Retain and Advance Talent Through Career Pathways?

The Solution

Use local industry partners to form a collaborative to create:

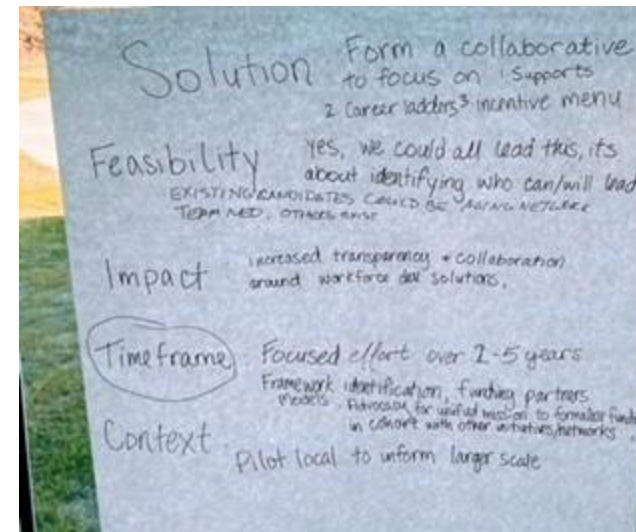
- Workforce support
- Standardized career ladders
- Incentives in private industry, such as reduced childcare for direct care workers or health plans for direct care workers

Key Stakeholders

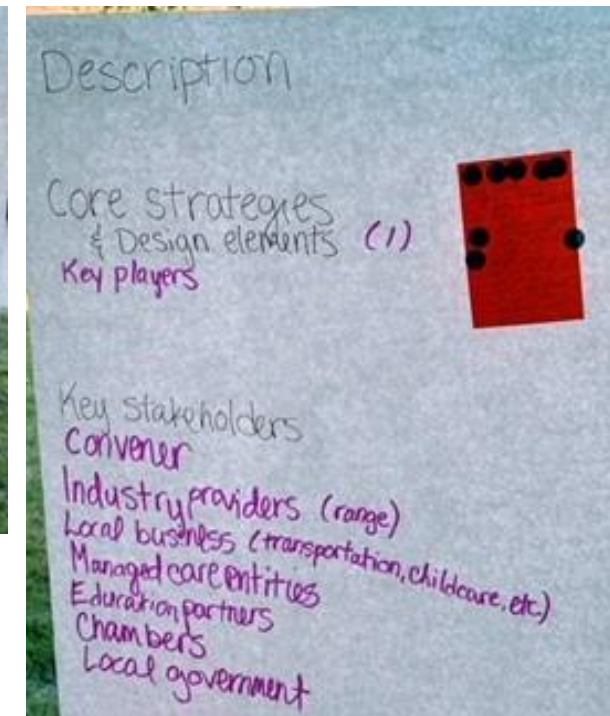
- Convener
- Industry providers (range)
- Local business (transportation, childcare, etc.)
- Managed care entities
- Education partners
- Chambers
- Local government

Core Strategies, Design Elements, and Delivery Methodologies

- Identify key players
- Mission statement
- Roles/responsibilities
- Identify funding
- Identify key outcomes for each area
- VOC/Advisory Council
- Collaborative to provide leveraging benefits available
- Access and recruitment strategy/marketing
- Grassroots/community outreach
- Use employers as SMEs, STNA
- Leveraging other lists, including: (1) HA registry, (2) Ohio Homecare/Hospice, (3) AAAs, (4) Hospital systems



Artifact from mini-design lab as participants ideate on different elements of the framework for action for their proposed solution in Greater Cleveland, Ohio



Mini-Design Lab

Greater Cleveland

Group 2: How Might We Retain and Advance Talent Through Career Pathways?

Short, Medium, and Long-Term Approaches

- Feasibility: Yes, we could all lead this; it's about identifying who can/will lead. Existing candidates could be Aging network, Team NEO; others exist
- Impact: Increased transparency and collaboration around workforce development solutions
- Timeframe: Focused effort over 2-5 years. Framework models identification, funding partners, advocacy for unified mission to formalize funding in cohort with other initiatives/networks
- Context: Pilot local to inform larger scale

Key Resources Needed

- Funding for support services, such as childcare vouchers, education and training benefits, and technology
- Portal to navigate career pathways
- Umbrella for everybody in the collab
- Digital access
- Person who can lead and bring cohesion to the existing resources and strategic advisors
- Awareness building/marketing and communications
- Evidence-based strategies
- Tap into existing partnerships

Potential Outcomes & Impact

- Retention metrics/job satisfaction
- Salary
- Expanded pathway options/clarity around pathways
- Industry growth
- Improved quality care/patient satisfaction
- More people living in the community
- Reduction in reliance on Medicaid
- Lower readmission rates
- Healthier economy of skills

Key Accelerators for Success

- Right people at the table – are aligned
- Pilot, evaluate, scale
- Alignment with existing efforts, such as community colleges and benefits bridge

Barriers

- Money
- Politics
- Silos

Mitigation Strategies

- Advocacy administration
- Research
- Convening
- Supportive Services
- Incentives

Immediate Actions

- Elevator pitch on our solution/goals
- Identify the convener/owner and key partners
- Draft concept on paper
- ID next steps and short-term milestones
- Draft action plan with timeline
- Tapping into aligned and existing initiatives, collaborations, and coalitions
- Determine resourcing needs

Mini-Design Lab

Southeast Ohio

Group 1: How Might We Build a Talent Pipeline for the Direct Care Workforce in Southeast Ohio?

The Solution

Earn & Learn Apprenticeship

A flexible earn & learn apprenticeship program to build a diverse pipeline of care workers to meet the needs of southeast Ohio

Core Strategies, Design Elements, and Delivery

Strategy: Change sentiment about caregiving

- Diverse pipeline
- Seniors helping seniors
- Start earlier

Design elements:

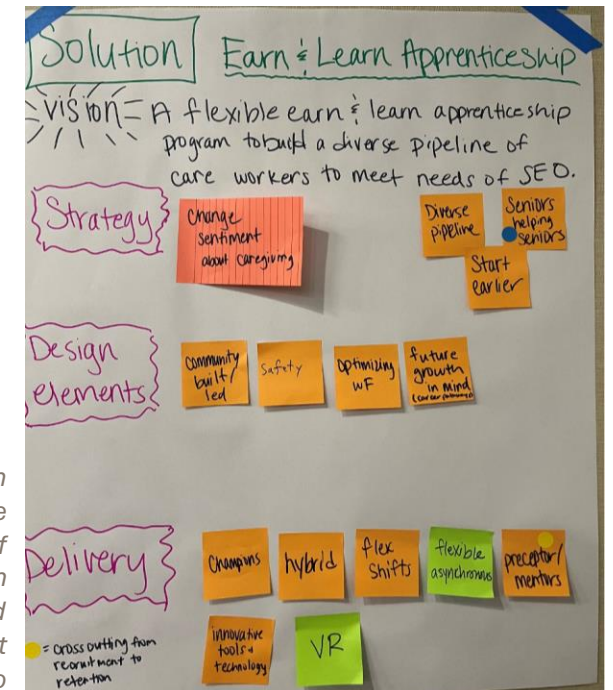
- Community built and led
- Safety
- Optimizing workforce
- Future growth in mind (career pathways)

Delivery:

- Champions
- Hybrid
- Flex shifts
- Flexible asynchronous
- Preceptor/mentors
- Innovative tools & technology
- Virtual reality

Key Stakeholders

- Ohio Department of Education
- Retired & Senior Volunteer Program (RSVP)
- Job centers
- University job training
- Community reinvestment in Athens
- HealthPath Foundation of Ohio
- Workforce Development
- Area Agencies on Aging
- Athens Community Foundation
- High school training
- High schools – guidance counselors
- Ohio University
- Shawnee University
- Providers



Artifact from mini-design lab as participants ideate on different elements of the framework for action for their proposed solution in Southeast Ohio

Mini-Design Lab

Southeast Ohio

Group 1: How Might We Build a Talent Pipeline for the Direct Care Workforce in Southeast Ohio?

Short, Medium, and Long-Term Approaches

Short-Term: Consumer listening, community listening (e.g., educators, community organizations), business case, pilot design, learn from models of success, two pilot locations

Medium-Term: Asset mapping, run pilots

Long-Term: Results and evaluation from running pilots, scale and implement additional pilots, coaching/long-term mentorship, balance public and private pay options, utilize storytelling

Key Resources Needed

- Funding (government, private, community reinvestment)
- Data: identify gaps, evidence base, opportunity
- Strong collaboration with southeast Ohio partners
- Curriculum
- Willing mentors/preceptors
- Pay for apprentices and mentors (increase stipend)

Potential Outcomes & Impact

- Stronger, skilled workforce
- Reduce stigma
- Increase interest in care worker roles
- Older adults able to safely age in place
- More people stay in southeast Ohio
- Increased economic prosperity
- Value-based contracts/arrangements
- Increased sustainability
- Increased individual financial well-being
- Greater health and less emergent healthcare needs

Key Accelerators for Success

- State sponsorship (Government Office, funding, HHS, Department of Education, Workforce)
- Remove stigma
- Tuition reimbursement
- Caregiver supports/benefits

Barriers

- Competition
- High touch/burnout role
- Stigma around caregiving

Mitigation Strategies

- Make it cool
- High technology tools
- Communications strategy
- Create a brand

Immediate Actions

- Identify lead agencies
- Draft business case
- Detailed project plan, workstreams, timeline
- Target 2025-2026 school year

Mini-Design Lab

Southeast Ohio

Group 2: How Might We Retain and Advance Talent Through Career Pathways?

The Solution

Integrated Direct Care Worker Resource and Support Hub

- Workforce support
- Standardized career ladders
- Incentives in private industry, such as reduced childcare for direct care workers or health plans for direct care workers

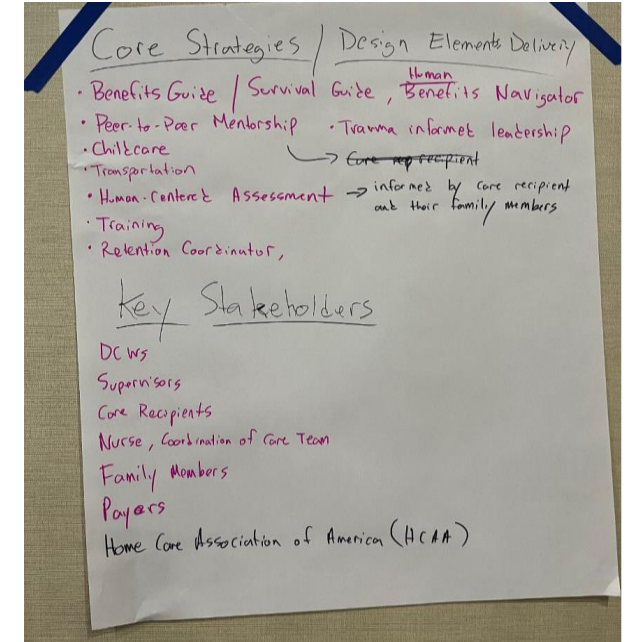
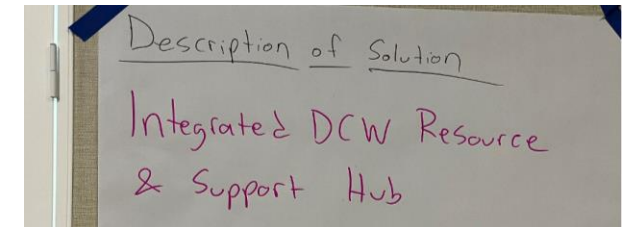
Key Stakeholders

- Direct care workers
- Supervisors
- Nurse coordinator of the care team
- Care recipients and family members
- Payers
- Home Care Association of America

Core Strategies, Design Elements, and Delivery Methodologies

- Benefits guide/survival guide
- Human benefits navigator
- Human-centered assessment (informed by care recipient & family)
- Peer-to-peer mentorship
- Trauma-informed leadership
- Retention coordinator
- Training
- Childcare services
- Transportation services

Artifact from mini-design lab, as participants ideate on different elements of the framework for action for their proposed solution, in Southeast Ohio



Mini-Design Lab

Southeast Ohio

Group 2: How Might We Retain and Advance Talent Through Career Pathways?

Short, Medium, and Long-Term Approaches

Short-Term: Identify an anchor organization through an RFP

Medium-Term: Identify and centralize resources

Long-Term: Develop resources to guide employees through career pathways

Key Resources Needed

- Funding
- Education to understand benefits and supports together
- Education to develop standards of practice
- People (e.g., care professionals, trainers)
- Time to bring people together and develop the hub
- Guidance from organizations (Ohio Home Care Organization)

Barriers

- Competing healthcare systems
- Safety of DCWs

Mitigation Strategies

- Neutral coordinating body to organize hub
- Providing additional supports (e.g., de-escalation training techniques, reporting procedures for safety concerns, creating a culture of open communication to report concerns)

Potential Outcomes & Impact

- Development of Standards of Practice or Best Practices

Key Accelerators for Success

- Collective buy-in
- Champion of the DCW Resource and Support Hub
- Funding
- Communication strategy
- White paper to educate, inform and encourage support for hub

Immediate Actions

- Identify an anchor organization and release Request for Proposals (this may require funding or other forms of recognition/accolades)
- Identify local resources and supports
- Identify existing models through landscape analysis. If no existing models, showcase this model

Who is Missing at the Table?

Greater Cleveland

- Voice of the people utilizing care
- Ohio Dept of Health, ODM/Medicaid, ODD
- Elementary and middle school systems
- Childcare advocates
- The Next Generation
- Ohio Means Jobs
- Chamber of Commerce
- Jobs Ohio
- Health systems/foundations
- Elected Officials
- Funders
- Workforce organizations/unions
- Nursing schools/training programs
- MCO's
- Policy makers, G.A., government officials
- Regulators, Depts. of Medicaid, Aging, OHMAS, DoDD, Dept. of Education, Board of Commissioner, Dept. of Health
- Team NEO
- Employers – nursing homes
- Private industry – investment in communities
- Chambers
- Research for case-making
- HOSA

Who is Missing at the Table?

Southeast Ohio

- Consumers
- Payers
- Providers (including independent providers)
- Faith-based groups
- Veterans Affairs
- Integrated behavioral health service providers
- Social workers/case managers
- High school guidance counselors and early career programs
- Higher education (community, technical, colleges)
- Employers
- Chambers
- Workforce boards/non-profit workforce development
- Regional economic development commissions
- Non-profits
- Funders
- Training and educational partners (family caregiving training)
- Employers and learn & earn agreements
- Career navigation & job placement (workforce development support)
- Government
- Caregiver supports (i.e., transportation, childcare, workplace flexibility)

SECTION 5

Headline of the Future

Headline of the Future

Envisioning the future state of the direct care workforce

Attendees were asked to write a newspaper headline for the year 2050, if we were to succeed in building solutions to building a talent pipeline and sustaining and advancing the direct care workforce.



Participants concluding the convening in Greater Cleveland by considering a stronger and healthier future state for the direct care workforce

“Caregivers are Our National Heroes and it Started Right Here in Ohio”

“Aging is Better Through Help at Home from Home Care Workers”

“How Appalachia Solved the Caregiving Crisis Two Decades Ago”

“Southeast Ohio Residents Continue to Age in Their Homes with New Graduates from the Southeast Ohio Care Apprenticeship”

“Is the Direct Care Job the Best Job in Ohio? New Data Says Yes”

“Southeast Ohio Cares for Their Neighbors”

“Thriving Careers with Livable Wages, Retirement Security, and Robust Mentorship Transforms the Industry”

“Ohio – Best Place to Age in Place”

“15,000 Job Vacancies Filled in Direct Care Workforce”

“We Care about People in the U.S.”

“No Longer Home Alone!”

“NEO: A Place for Health, Wealth and Recovery”

“Ohio Ranked #1 for Retirement!”

“Age the Way You Want to Age”

SECTION 6

Summary

Key Themes from the Convenings

Greater Cleveland:

Culture of care

- Valuing workforce and honoring the passion for the role
- Community of caring across multiple sectors in the region

Asset-rich community, though not always focused on DCW priority

- Talent exists in the region
- Resources and investment underway
- Multitude of navigator programs
- Opportunity to coordinate across sectors

Human-centered support and solutions for strong workforce

- Recognizing full range of need for training, beyond basics
- Enable individuals to age in place, as their choice

Emphasis of choice

- Career Pathways options
- Consumer agency in HCBS, including self-direction
- Recruitment

Southeast Ohio:

Building and optimizing the direct care workforce

Moving towards a truly caring economy

- Livable wages
- Financial wellbeing
- Individual wealth

Culture of collaboration

- Neighbor to neighbor
- Organization to organization
- Desire for public solutions that honor cultural humility

Person-centered choice

- Choice to age in place the way we want to
- Choice profession; building passion and fun into DCW careers
- Investment in human capital
- Benefits hub/human centered needs assessment

Looking Ahead

From the two-day convenings, AARP Foundation, UnitedHealthcare, and participants heard about strong assets, innovations, partnerships, and programs in each region and examples from the community on existing efforts, concrete actions, and future solutions that could transform the direct care workforce.

As next steps, AARP Foundation and UnitedHealthcare are reconvening in the coming weeks to discuss the solutions that came out of the convenings and will communicate our future direction.

In the meantime, we encourage you to continue the conversation and consider bringing others to the table to work towards building and strengthening the direct care workforce in your communities. As you do so, please stay in touch with AARP Foundation and UnitedHealthcare. Below is our contact information.

Mindy Feldbaum

Vice President, Economic Mobility
AARP Foundation
mfeldbaum@aarp.org

Phoebe Chastain

Director, Community Partnerships
UnitedHealthcare
phoebe.chastain@uhc.com

Additional Resources

[Putting it All Together: Ohio Addresses the Direct Care Crisis](#), Ohio Olmstead Task Force (2021)

[Why Care Workers and Families Need Better Policies Now](#) - National Skills Coalition, L. Reichlin Cruse, R. Espinoza (2024)

[Immigrants and the Direct Care Workforce](#), R. Espinoza (2017)

[Ohio Direct Care Expansion Working Group: Final Report](#), Ohio Direct Care Task Force (2022)

[Paid4Care™ Hub](#), AARP Foundation (2024)

[National Family Caregivers Month: Exploring the caregiver experience and impact](#), Michelle Morse Jernigan, Executive Director of Long-term Services and Supports for UnitedHealthcare Community Plan of Tennessee (2024)



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