



# WHEN CARE ISN'T THERE

## The MetroWest Region's Health & Human Service Workforce Crisis

MetroWest is in a healthcare crisis. The region isn't often thought of as lacking resources. And yet, when it comes to the health and human service workforce, this is the reality; On a per capita basis, there are fewer mental health providers in two of the three MetroWest counties, and fewer primary care providers in one MetroWest county when compared to the state.<sup>i</sup> We are not alone - the United States will experience a shortage of up to 122,000 physicians within the next fifteen years<sup>ii</sup>, and the need for home health aides and personal care attendants will grow more than 35% in the next decade.<sup>iii</sup> - In Massachusetts, the urgency is compounded by expectations that the state will face a shortage of workers across most industries by 2025. According to a 2018 report by the Massachusetts Provider's Council:

*"Massachusetts human services providers struggle daily to recruit a workforce capable of meeting the increasingly complex needs of clients, retain workers who are able to earn better wages working for state agencies, be recognized as an equal partner in improving population health, and maintain financial viability while operating on purchase-of-service contracts that have been historically underfunded."*<sup>iv</sup>

The MetroWest region may find itself in worse shape due to higher housing and transportation costs. To better understand the factors contributing to the workforce crisis in MetroWest, we spent several months speaking to key health and social service providers in our region. These organizations range in size from fewer than 100 employees to nearly 1,400 employees and provide a variety of services such as community-based health care, elder care, and healthcare workforce training.

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### CHANGING DEMOGRAPHICS & ECONOMIC LANDSCAPE SHAPE NEEDS

MetroWest has and will continue to diversify in many ways. The region will become more economically diverse, with "significant growth in the region's low-income population" expected<sup>v</sup>; and older, as "nearly a quarter of the region will be 65 and older by 2040". These changes will uncover additional barriers to care and increase demand for age-in-place services. Among younger residents, mental health issues have already intensified with an increasing percentage of youth reporting high levels of stress over the past decade<sup>vi</sup>.

Living expenses in MetroWest may be deal breakers in recruitment, as housing costs alone can subsume a large portion of an entry-level worker's salary or make education debt payments challenging for a highly educated worker. Median monthly housing costs in MetroWest communities ranged from \$923-\$1675 for renters and \$2,060-\$3,685 for homeowners with mortgages, exceeding the state medians in most communities<sup>vii</sup>. With limited and expensive public transportation options, individuals who provide home care must maintain a vehicle, further adding to monthly costs.

The current economic landscape brings challenges to the recruitment and retention of workers. One local agency administrator described it succinctly: “it’s a job seeker’s market”. Massachusetts has one of the lowest unemployment rates in the nation with a statewide rate of 2.9%,<sup>viii</sup> and with one of the highest state-level minimum wage rates at \$12.75/hour, there are opportunities across a variety of sectors for interested job seekers. Recruitment for some of the health and human service positions highest in demand must compete with similar-paid positions in other sectors. Examples from recent job postings in Massachusetts illustrate this:

### REQUIRED EDUCATION AND PAY FOR VARIOUS PROFESSIONS

Sector	Role	Formal education required	Pay
Human Service Agency	Home Health Aide	High school or equivalent	\$15-\$16/hour (~ \$32k/year)
	Program Coordinator	BA in Social Work	Starts at \$34k/year
	Family Clinician	MA in Social Work	Starts at \$45k/year
Other	Dunkin' Barista	High school/GED not required	\$13/hour (~ \$27k/year)
	FedEx Part-time Courier	High school or equivalent	\$20.05/hour (~\$40k/year)
	CVS Store Manager	High school or equivalent	Average \$44k/year

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## RECRUITING IN METROWEST

“We could have 22 interviews and put out 10 offers. Three of those people will actually come to work on the first day.”

Our conversations with health and human service agencies in MetroWest found specific challenges in recruitment, including

- Consolidation and closure of some specialized clinical training programs;
- Multiple credentialing and licensing processes for many positions that lengthen the recruitment timetable and prevent agencies from seeking insurance reimbursement for services provided by newly hired clinicians;
- Low unemployment rates that create increased competition for entry-level positions such as home health aides;
- High housing costs that force workers to live outside the area and add to commuting times and costs;
- Difficulty in finding skilled clinicians that speak languages other than English.

Agencies report difficulty in recruiting a variety of positions, from residential site supervisors to master’s level clinicians, but some also describe great successes. For example, one agency simultaneously celebrated their largest recruited class at the same time as their greatest number of vacancies. Another said, “We are fully staffed but we’re holding our breath.”

Agencies have offered referral or sign-on bonuses and have advertised through professional groups, unemployment offices, healthcare affinity groups, social media, and job-finding websites. Many partner with local universities or workforce development programs for both recruitment and continuing education opportunities for staff. One agency noted that they have “pockets of relationships” with training programs but they would prefer to build stronger connections with potential candidates. This isn’t always possible due to the time commitment required. To entice candidates, agencies emphasize the satisfaction of the work, offer generous vacation packages, provide flexibility for students, and promote work/life balance, such as working from home on occasion. Agencies report exploring

education-related benefits such as student loan repayment or credit towards tuition for an employee or their family member.

Creative recruitment strategies uncover new opportunities and can bring new challenges: One agency held a job fair in Puerto Rico and recruited four employees. They ultimately moved to a different office because the cost of living was too high in MetroWest. This innovative strategy could open new doors but requires additional support for onboarding.

The market moves quickly, and the stakes are high. Many agencies reported being held hostage to “job shopping,” in which candidates accept multiple offers, then quit any position that conflicts with their needs. Hiring teams gave examples of how they are under extreme pressure to act quickly with limited resources in order to maintain quality care for patients, many of who are in urgent need of mental health care or who cannot complete basic tasks like bathing.

There does not appear to be trouble attracting racially diverse applicants but recruiting those who speak languages other than English remains challenging. On average, 20.7% of MetroWest residents speak a language other than English at home, amounting to roughly 95,000 individuals.<sup>x</sup> One agency reported a constant need for Spanish, Portuguese, Arabic, and Chinese speakers. Some have found success by offering a higher pay rate to multilingual candidates.

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## RETENTION OF EMPLOYEES

Threats to retention are similar across positions. Research from the Home Care Aide Foundation found that despite less than 10% of home care aides reporting some or extreme dissatisfaction with their job, nearly half reported that they were actively or considering looking for a new job. Issues with pay and benefits were the most common complaints.<sup>x</sup> Community-based agencies have limited resources to compete for qualified candidates. According to the Provider’s Council report<sup>xi</sup>: “The model budgets often created by the Commonwealth to pay for human services programs contain salaries that are far lower than what the state pays for similar positions. They are funding positions at provider organizations that are below the market wages they set for their own staff.” Candidates know they can make more money doing similar work. Seeking higher pay or more autonomy, clinicians who start as an entry-level social worker in a human service agency may open a private practice once they earn the Licensed Independent Clinical Social Worker designation. Starting one’s own practice is less common than taking a job with the state, but it does occur in the region.

The nature of healthcare makes retaining employees challenging. Dealing with patients can be demanding and client needs dictate schedules. Furthermore, the field is rife with changing regulations from federal and state governments, and the complexity of work has increased as expectations and documentation requirements change. Agencies say that turnover is often highest among the “front line workers” like case managers, care aides, and nurses, especially those who have management responsibilities in addition to their clients. These front-line workers may stay in a role an average of 18 months; one agency reports that half of their direct care staff won’t stay even six months. These positions tend to comprise the bulk of the positions in the organization, with administrative or upper leadership roles experiencing less turnover overall. Turnover and recruitment cost time, energy, and dollars; increased retention may be a way to lessen these costs.

“Of 10 people who [are hired], 3 will spend longer than 3 years with the organization.”

“The work is not conducive to people with young children. A woman may intend to return after maternity leave, but then will find that the pay or the hours do not allow her to do so.”

Perhaps the biggest direct threat to employee retention is burnout driven by emotional investment or low compensation. Substantial research has been conducted on secondary trauma and compassion fatigue experienced by social service and healthcare workers and is recommended for further reading. Agencies believe it is common for employees earning lower wages to be working multiple jobs or working through school – one agency estimates that 75% of their direct care workers have additional non-family-related responsibilities outside of their direct care role.

The high cost of childcare greatly impacts retention of employees with young families. In Massachusetts, the average monthly cost of care for a 4-year-old is \$1,258<sup>xii</sup>, nearly 60% of a minimum wage worker’s salary for one child. The high cost of childcare is especially relevant in the human services and healthcare industries where the percent of female workers is nearly twice that of all other industries in the state (80%, 77%, and 44%, respectively<sup>xiii</sup>).

Creative benefit offerings are near universal, with agencies reporting strategies like staggered retirement vesting periods or additional vacation based on seniority. Understanding that free training for employees is attractive to candidates, one employer said she has heard of an agency training employees and withholding their certificates for a year to reap the return on their investment. In-house trainings and education opportunities are common, covering topics required for the role but also relevant soft skills such as setting boundaries, de-escalation techniques, and time management, and occasionally ancillary skills like budgeting and avoiding identity theft. Administrators provide a road to licensure for clinical positions when possible, such as coordinating supervision hours for someone looking to sit for the Licensed Clinical Social Worker exam. Some agencies offer tuition benefits for employees and their families. One reported a type of insurance that can help cover a child’s tuition payments at select colleges. Another mentioned a specific program that allows employers to make direct contributions to student loan payments or 529 savings plans and can help employees refinance for more competitive rates.

In addition to financial benefits, agencies have worked to build morale and offer recognition for a job well done. Most agencies mentioned events for staff such as ice cream days, friendly baking contests, and a potluck to celebrate diversity, or other perks like dress-down days or work-from-home days. Agencies believe these perks are important to millennials in particular.

One agency has committed to more touchpoints with employees. They conduct multiple check-ins during the employees’ first few months facilitated by staff members at different levels of the organization. They’ve also committed to doing exit interviews as a practice rather than an anomaly to inform their training strategy.

On diversity in the workforce:

“The higher you go, the fewer people of color there are.”

When possible, agencies try to hire from within their organization or create a career ladder for someone who is a strong employee. A couple agencies mentioned working on career path maps so employees can see how they can grow within the organization. The HR department of one agency recently instituted an internal leadership and mentoring program to provide training to mid-level managers and encourage diversity at all levels of the organization.

Organizational culture plays a role as well. One agency is providing more training to staff as they gain supervisory responsibilities to help address complaints of poor management from departing employees. Another agency takes a different approach: they chose not to

provide additional management training and instead require yearly organization-wide trainings that help employees at all levels learn and grow as a team.

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## SUGGESTIONS & POLICY RECOMMENDATIONS

The organizations we spoke to offered suggestions to tackle these challenges in the region.

Advocacy	<ul style="list-style-type: none"> <li>- Change contract requirements to pay employees at least comparable rates to those providing similar work in state institutions and agencies.</li> <li>- Allow for reimbursement of workers who travel to provide services but are unable to due to lack of communication about the patient/case.</li> <li>- Reform policies that limit immigration of skilled workers and limit work authorizations, particularly among communities that need more representation in the healthcare workforce.</li> <li>- Increase insurance reimbursement rates to provide adequate compensation for clinicians.</li> <li>- Expand loan repayment programs.</li> </ul>
Pipeline	<ul style="list-style-type: none"> <li>- Prioritize diversity in leadership – mentor and encourage people of color to apply for higher level jobs that they are qualified for.</li> <li>- Increase vocational skill training for health and human service sectors.</li> <li>- Coordinate regional investments in training programs.</li> </ul>
Technology	<ul style="list-style-type: none"> <li>- Match caregivers with patients who are local to them to minimize inefficient travel and reduce travel costs.</li> <li>- Utilize telehealth to serve more patients, share patient updates in real-time, and streamline reporting – less expensively than with existing resources.</li> <li>- Explore expansion of online educational tools and training resources.</li> </ul>
Coordination & Collaboration	<ul style="list-style-type: none"> <li>- Share similar positions across local agencies to better utilize resources and reduce turnover.</li> <li>- Streamline credentialing across insurance carriers.</li> </ul>

*This report was prepared by Kate Baker ([kbaker@mwhealth.org](mailto:kbaker@mwhealth.org)). The author wishes to thank the many MetroWest organizations and staff that contributed their insights into the preparation of this report.*

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<sup>i</sup> “2019 Community Health Assessment for MetroWest Region”, September 2019. [www.mwhealth.org/Learning-Insights/Foundation-Publications#68442-community-health](http://www.mwhealth.org/Learning-Insights/Foundation-Publications#68442-community-health)

<sup>ii</sup> AAMC, April 2019. [www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage](http://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage)

<sup>iii</sup> Accessed January 3, 2020 [www.bls.gov/oooh/healthcare/home-health-aides-and-personal-care-aides.htm](http://www.bls.gov/oooh/healthcare/home-health-aides-and-personal-care-aides.htm)

<sup>iv</sup> “Health through Human Services”, May 2019. Provider’s Council, the UMass Donahue Institute, and UMass Dartmouth <https://providers.org/report/health-through-human-services/>

<sup>v</sup> “MetroWest Health Foundation Trends and Projections”, November 2018. [www.mwhealth.org/Learning-Insights/Foundation-Publications](http://www.mwhealth.org/Learning-Insights/Foundation-Publications)

<sup>vi</sup> “2018 MetroWest Adolescent Health Survey”, Spring 2019. [www.mwhealth.org/Learning-Insights/Foundation-Publications](http://www.mwhealth.org/Learning-Insights/Foundation-Publications)

<sup>vii</sup> 2019 Community Health Assessment for MetroWest Region” (above)

<sup>viii</sup> Bureau of Labor Statistics accessed October 2019. [www.bls.gov/news.release/laus.nr0.htm](http://www.bls.gov/news.release/laus.nr0.htm)

<sup>ix</sup> “2019 Community Health Assessment for MetroWest Region” (above)

<sup>x</sup> “Setting the Agenda: Data Driven Advocacy to Address Home Care Aide Policy”, February 2018.

<sup>xi</sup> “Health through Human Services” (above)

<sup>xii</sup> Data from Economic Policy Institute, updated July 2019. [www.epi.org/child-care-costs-in-the-united-states/#/MA](http://www.epi.org/child-care-costs-in-the-united-states/#/MA)

<sup>xiii</sup> “The Face of the Human Services Sector”, December 2018. Provider’s Council, the UMass Donahue Institute, and UMass Dartmouth <https://providers.org/report/the-face-of-the-human-services-sector/>