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DIRECT CARE & SUPPORT PROFESSIONAL ADVISORY COUNCIL

EVALUATION REPORT

July 2025

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FOR THE MAINE LONG-TERM CARE OMBUDSMAN PROGRAM

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EXECUTIVE SUMMARY

Summary

Direct care workers are at the front lines in care settings offering thousands of older Mainers and people with disabilities meaningful activities, relationships, and quality of life every day, despite challenging conditions, low pay, meager benefits, and low visibility in society. While many around the state are working hard to improve working conditions, increase pay and benefits, and extoll the critical nature of care work, workers themselves have been largely left out of the policy and programmatic conversations.

In 2021, Maine's Long-Term Care Ombudsman's Program (LTCOP) took initiative to design and implement an innovative model to elevate worker voices and create a bridge between workers and policymakers, forming Maine's first Direct Care and Support Professional Advisory Council. Unique in its design and goals, the model has gained national attention and acclaim with its commitment to inclusivity, training, and direct advocacy and policy influence, and its partnership with national care worker policy experts at PHI.

In three years, Council members have learned about policy, advocacy, and leadership and participated in dozens of policy and media engagements. The Council has hosted a successful inaugural conference that co-mingled workers from around the state with legislators, state officials, and state and national advocates. Council members have gained confidence, visibility, and credibility and are positioned to transition to a member-led model in upcoming years with ongoing LTCOP support.

Member interviews, key informant interviews, and analysis of feedback from the 2024 Council conference reveals wide worker support for the Council and a commitment to ongoing learning and participation in policy conversations. Current Council members offered suggestions for further strengthening their engagement and using their training to advance their advocacy skills. LTCOP has a vision for broadening Council representation around the state to hear from more workers in diverse organizational settings and geographic locations who may face unique challenges or offer unique perspectives on worker concerns. The Council has gathered input from workers about their most pressing concerns, which will form the basis of a forthcoming short term strategic plan.

Despite current system and funding challenges, the Council is committed to growth and meaningful engagement. Three years of Council activities have *lifted the voices* of the Council members and the sector they represent.

INTRODUCTION

THE COUNCIL BEGINNINGS

The COVID-19 pandemic erupted in the United States in a nursing home in the state of Washington and swept across the country's nursing home and assisted living communities with unimaginable loss and hardship for older adults, people with disabilities, and the millions of paid essential care workers devoted to providing daily care and support. Despite grave risk, dedicated care workers showed up to serve the people in their care. Maine's Long-Term Care Ombudsman's Program (LTCOP) staff were at the front lines of the pandemic, serving as a liaison between care settings and the Maine CDC. LTCOP staff and volunteers witnessed firsthand the dedication of Maine's care workers across care settings --- workers who have historically had no meaningful voice and influence in organizational and public policy decisions.

While individuals and groups - public and private - have been working over decades to implement more person-centered policies and practices in long-term care settings and significantly improve the quality of care, the high standards we all expect for our loved ones and ourselves as we age, have been frustratingly elusive. LTCOP is often a "first responder" to a variety of quality issues in care settings around the state. In the midst of the pandemic, LTCOP's Executive Director, Brenda Gallant - a long-standing, respected, and trusted leader in care quality in Maine - wondered whether the lack of worker voice, input, and insight was a key missing element in the state's - and the nation's - quality improvement effort.

Ms. Gallant's reflections led to an epiphanic idea: to establish a statewide advisory council of care workers from diverse settings to learn policy and advocacy strategies and establish an infrastructure for delivering frontline worker concerns to policymakers. In early 2021, LTCOP convened a small group of experts to support development of the council idea and brainstorm a structure, process, and a funding and implementation plan that would support a successful care worker advisory council.

The original and current mission of the AC is: **to bring direct care and support professionals together to create *positive change*** (emphasis in original). Now three years into its existence, the *Direct Care and Support Professional Advisory Council* (AC) is firmly established, visible, trained, and gaining valuable experience in policy advocacy. The Council is now poised to influence policy action to address key concerns of the care work sector in upcoming years.

Evaluation Purpose and Scope

The purpose of the Advisory Council evaluation is to explore how the Council's development, structure, and early implementation can inform structural and process improvements in the future. The evaluation tapped key interested parties to identify the Council's early successes and challenges as a means to examine how to strengthen the AC's effectiveness with legislative and executive branch policymakers and find opportunities to expand the Council's visibility and influence with care workers across the state and encourage their engagement. Throughout the evaluation activities, the evaluation team has sought to hear and incorporate AC members' voices.

The innovative Council model has generated interest from other states, all of which face similar workforce challenges and labor shortages. The evaluation report explored the possibility of replication in other states or as a regional or national entity.

EVALUATION GUIDING QUESTIONS

The guiding evaluation question and sub-questions are as follows:

- 1.** What are the best practices for the formation and implementation of Maine's Direct Care and Support Professional Advisory Council and its effectiveness in providing policy and advocacy pathways for individuals working in long-term care, homecare, and supportive residential settings?
 - a)** What are the views and experiences of program staff, current and former AC members, sector leaders, and other stakeholders regarding the AC, its formation, goals, and early successes and challenges?
 - b)** What are the opportunities for AC improvements, growth, and greater effectiveness in the future?
 - c)** What are the possibilities for replication of the AC to other states and regions?

THE AC INAUGURAL ANNUAL CONFERENCE EVALUATION

During the evaluation process, in September 2024, the AC planned and executed a successful inaugural annual conference. The evaluation team analyzed the results of the conference and prepared a [detailed report](#) setting forth the primary concerns of care workers, articulated during conference discussions, and integrating the list into a framework to accommodate a short and longer term AC strategic plan.

Methods

ADVISORY COUNCIL MEMBER INTERVIEWS

The evaluation team conducted focus groups and 1:1 interviews with all but one of the AC members, focusing on how each of them heard about the Council, what motivated them to join, what their expectations and experiences were around Council activities and meetings, and their ideas about the future of the Council and how it can be improved. Interviews were virtual and recorded and participants were informed that the evaluators would preserve their confidentiality. Members did not receive additional compensation for meeting with evaluators and were assured of confidentiality.¹

KEY INFORMANT INTERVIEWS

Evaluators separately interviewed Brenda Gallant and Nicole Marchesi, the AC’s current Project Manager, along with some members of the initial steering team convened before the AC was officially launched. Evaluators also spoke with several PHI staff who trained the early AC members and continue to offer training and support for Council activities. PHI is a New York-based policy, advocacy, and research organization supporting quality improvements for direct care workers in a variety of settings.

THEMATIC ANALYSIS

The evaluation team read all transcripts and explored key themes related to the evaluation questions within each interview transcript and across all qualitative data. Key themes from AC member interviews are as follows:

KEY THEMES	KEY SUBTHEMES
Background information	Advisory Council meeting experience
Member experience	Employee and employer relationship
Motivation to join	Employer response to joining AC
Suggested improvement	Employment experience
Training	Future AC activities, planning, goals
	Goals of the Council
	Impact on direct care workers
	Member benefits

¹ The evaluation team assured interviewees that their names would not be used and that all transcript data would remain on the University of Maine encrypted Google Drive and would not be available to LTCOP staff.

	Members experience
	Motivation to join AC
	Participant background information
	Process of applying to AC
	Quality of care issue
	Recruitment
	Suggested changes or improvements
	Training benefits
	Training challenges
	Training experience

Key informant data were analyzed for themes aligned with the progression of the Council's formation, implementation, and sustainability, including as follows:

KEY THEMES	KEY SUBTHEMES - KEY INFORMANT DATA
Council concept	Innovative and essential
Council structure & process	Inclusive, member-driven
Recruitment	
Training	Filling knowledge/experience gaps Practical Incorporate feedback
Advocacy and outreach	Members encouraged Diverse outreach
Future of the Council	Broader representation across state Regional ambassadors Member-led Funding gaps

Literature Summary

The evaluation team conducted a high level search of peer-reviewed and grey literature on care worker definitions and topics that intersect with care worker political representation

and policy involvement both in private organizational and public policy domains. The concepts and findings in the literature informed the focus group and key informant interview protocols and contributed to framing the evaluation.

DEFINITIONS OF CARE WORKERS

Care worker settings and corresponding work responsibilities are broad, diverse, and encompasses a wide range of certifications, career pathways, and care recipient populations. The care workforce includes several defined roles in the healthcare sector, including home health and personal care aides, nursing assistants, orderlies, and psychiatric aides (Jumabhoy, Jung, & Yu, 2022). What makes direct care work so diverse is the range of certifications one can obtain related to their focus of care. All certifications center on enhancing direct care workers' training and knowledge in hands-on duties,, including medication preparation and administration, support with activities of daily living (ADLs), and fostering social engagement and interaction – all of which encompass direct care work (Jumabhoy et al., 2022) .

While many professionals acquire additional certifications, making their skillset more specialized, there is not a standard certification that is required of direct care workers across settings and across states. If certifications are required, it is often set by the organization and rarely standardized at the state level. Due to the lack of required degrees or certifications, direct care work is considered a relatively low-barrier profession, typically needing only a high school diploma or GED (Dill et al., 2022). Yet, many who enter this profession can expect to invest in further training and education to obtain certifications required for more specialized and higher-paying roles (Dill et al., 2022).

CARE WORK CHALLENGES: SUPPLY AND DEMAND

The Maine Center for Economic Policy recently estimated that Maine needs an additional 2,300 full time care workers to meet the service needs of individuals entitled to care under publicly funded programs (Maine Center for Economic Policy, 2023). Over 23,000 care hours per week remain unstaffed in Maine and this number is expected to increase as the percentage of Mainers over the age of 65 grows from 22% in 2024 to a projected 29% in 2050. Staffin shortages result in suboptimal care in home and organizational settings and its associated negative health and quality of life impact.

The problem of direct care worker recruitment and retention is complex and involves several larger system-level issues (e.g., inadequate Medicaid reimbursement rates), including long-standing, pervasive ageism, sexism, and racism, and state and regional demographics. For instance, Maine has the oldest median age in the country and the ratio of working age adults to older adults has been steadily increasing, which means there are

fewer workers to provide services and care for all of us as we age into late life.

The physical and emotional difficulty of care work is also a factor in addressing recruitment and retention, and as we learned in the pandemic, despite the commitment and dedication of workers, they remain undervalued by society (Travers et al., 2020). As workers across the country have repeatedly stated, their work is largely invisible to the general public despite the essential nature of the work for the individuals and families who need it.

ORGANIZING AND CARE WORKERS

Discussions continue to circulate regarding whether unionization of direct care workers truly offers benefits that improve working conditions. With this, the impact of unions on direct care workers within the organizational structure that set these conditions remains inadequately understood (Abraham-Aggarwal et al., 2024). To address this gap in knowledge, Abraham-Aggarwal et al. (2024) conducted a systematic review of the literature to investigate the effects of unionization on worker attitudes, financial well-being, and overall patient outcomes. From their review, they found that unionization among direct care workers was consistently associated with higher wages, improved benefits, or even both (Abraham-Aggarwal et al., 2024). Noteworthy, the review also highlighted the disparities in union outcomes among racial and ethnic groups: workers from minority backgrounds received smaller wage increases compared to those from non-minority backgrounds (Abraham-Aggarwal et al., 2024).

When examining sector-related impacts, the authors found that unionized nursing homes were associated with improved job quality for nursing assistants. Overall, the systematic review identified the link between unionization and enhanced wages, better benefits, increased job satisfaction, and improved worker retention (Abraham-Aggarwal et al., 2024). Such findings align with the existing bodies of unionization research, suggesting that unions benefit both employees and employers – promoting better compensation and financial stability, workforce stability, and improved patient outcomes (Abraham-Aggarwal et al., 2024; Jang et al., 2025). However, it is noted that while unionization can lead to organizational structure changes / improvements, it does not eliminate the occupational hazards that are inherently associated with care work (e.g., infection rate, injuries).

PROFESSIONALIZATION & REFRAMING OF CARE WORK

At the start of the COVID-19 pandemic, the FrameWorks Institute (FW) commenced research on the public's perception of care workers. The goal of the research was to understand whether the pandemic shifted about care work and, more broadly, *the deep cultural mindsets that the public uses to think about care work* (FrameWorks Institute, 2021). The [2021 report](#) found that *care work outside a hospital setting is often considered less skilled*

and less important and also that *caring is often thought of as a character trait, not a skill*.

These findings suggest that to shift the public's perception to see care work as skilled labor that entitles workers to professional compensation and benefits, fair and safe working conditions, and supportive and equitable employment policies, there is an important role for the worker voice in public and private policy conversations. Zimmerman et al. (2022) reiterate the need to shift public perception of care work in order to elevate its status. The title "nursing assistant" often fails to recognize or capture the value and essential role the direct care workers play on care teams. Reframing their titles to more accurately depict their contribution is a crucial step towards increasing public recognition of their value – as well as a means for increasing compensation to appropriately account for their roles.

EMPOWERING CARE WORKERS

Direct care work is one of the largest workforce sectors in America, nevertheless, the growing shortage of direct care workers, especially in long-term care presents challenges for an increasingly aging population (Jumabhoy et al., 2022). Current research indicates the need to reframe care work to enhance the visibility and attractiveness of care work. Part of this reframing entails empowering care workers to deliver quality care and have pride in their work. Much of the research details the value and impact empowerment has within the care work field, including increased job satisfaction; lower rates of worker burnout, absenteeism, and turnover; and in turn, better quality care for the patients / clients (Kusmaul et al., 2020; Tourangeau et al., 2010; Scales, 2022). More broadly, the healthcare staff empowerment literature distinguishes between psychological and organizational empowerment - both of which contribute to staff feeling capable and supported in fulfilling their care responsibilities, while feeling that their job duties align with their beliefs and values (Zhang et al., 2018; Silén et al., 2019).

Silén et al. (2019) describe structural empowerment as the organizational environment in which staff operation and function, including whether workplace systems and culture allow for workers to carry out their responsibilities effectively. Compared to psychological empowerment, which refers to the internal experience of the worker, such as feelings of competence, motivation, and role-fit/alignment. This distinction is critical to understanding how staff can feel empowered in their workplace and how staff empowerment can also serve employer interests. The structural-psychological distinction also sheds light on the value of advisory councils – a structurally empowering pathway to advocacy action for improving working conditions. Such councils can help ensure that organizational support workers in performing their job duties and in feeling competent and connected to their work and able to influence positive change. Scales (2022) highlights the importance of empowerment in the direct care workforce, a sector that is facing chronic turnover and

vacancy in positions. The author describes how initiatives that upskill direct care workers and enhance their integration into care teams have led to improved medication adherence and increased satisfaction with care (Scales, 2022). Such outcomes highlight the impact workforce empowerment strategies can have on the quality and delivery of care made possible by empowering staff. Advisory councils are well-positioned to advocate for these strategies, including enhanced training, increased compensation, care team integration (Scales, 2022).

Care Worker Initiatives in Maine (summary)

The Advisory Council emerged to fill the worker voice gap in existing efforts in Maine to address care workforce shortages and concerns. Efforts in Maine align with national strategies to professionalize care work and elevate the status of direct care workers, focusing on shifting public perception and recognizing the essential role they play in the delivery of care across systems. These initiatives are indicative of the importance of the care sector to older Mainers and Mainers with disabilities and policy decisions should consider worker input. The Advisory Council structure is a start to meaningfully including worker voice.

COMMISSION TO STUDY LONG-TERM CARE WORKFORCE ISSUES

“We wanted the Council members to feel that they’ve been seen and heard...We wanted to give them opportunities for their voice to be included in shaping policy.” - LTCOP

Continuous efforts are being conducted throughout the state of Maine to address the workforce development and retention challenges associated with the direct care workforce. An aspect of these initiatives includes Maine’s Commission to Study Long-term Care Workforce Issues. This commission began convening in 2019 and is responsible for developing annual

reports that track the state’s progress in implementing the commission’s recommendations². The [first report](#) was issued in 2021, with the most recent report ([Fourth Annual Report](#)) published in 2024. 2024 updates detail the Department of Health and Human Services (DHHS) and Department of Labor (DOL) collaborative work in engaging with public and private stakeholders to support increased retention among the healthcare workforce, including recruitment efforts. Mentioned in the report is DHHS’ launch of

² <https://www.maine.gov/dhhs/oads/providers/workforce-development-and-retention>

Careers with Purpose in 2024 - a strategic marketing campaign aimed at recruiting and retaining direct service workers in aging, intellectual disability, brain injury, physical disability, and behavioral health. Campaign elements include media promotion to raise awareness and elevate the profession for these workers. Other initiatives include DOLs targeted outreach at job fairs to promote Long-Term Services and Supports (LTSS), where LTSS providers have an increased presence at statewide job fairs. And most notably, Maine's Long Term Care Ombudsman Program's [conference report](#) and the Council's work was highlighted as a 2024 initiative supporting recruitment and retention. The Commission's annual reports and convenings illuminate Maine's ongoing efforts to strengthen the direct care workforce.

ESSENTIAL CARE AND SUPPORT WORKFORCE PARTNERSHIP

Maine's Essential Care and Support Workforce is a well-developed partnership led by the Maine Council on Aging, Maine Center of Economic Policy, and PHI. Their work focuses on transforming how society values care workers and the crucial work they do. They believe that by reshaping public perception and elevating the status of direct care and support workers, Maine will improve access to high-quality care throughout the state. To support this initiative, their work focuses on three main pathways: advocacy, promoting policy change; research, development of data-driven reports highlighting care gaps and reiterating the need for workforce investment; and coalition building, creating networks through bringing together different sectors to champion investments in Maine's "care economy". Maine's Essential Care and Support Workforce believes that professionalizing the direct care workforce requires improved training, enhanced credentials, and competitive compensation.

GERIATRICS WORKFORCE ENHANCEMENT PROGRAM - CNA CREDENTIALING

The Geriatrics Workforce Enhancement Program (GWEP) is designed to provide education and training that strengthens the health and supportive care workforce, with the hopes to improve care quality for older adults³. GWEP's model prioritizes collaboration through community partnerships to build, train, and support the workforce in meeting the needs of older adults. Included in these efforts, the AgingME2 GWEP are developing a new micro credential, which will include a Dementia Care Specialist Badge. Other micro credentials offered include Age-Friendly Care and Resilience, each offering their own badges. These credentials provide a means for care workers to acquire specialized skills and knowledge. Current activities for the Dementia Care Specialist Badge include public input via an online survey to identify the training gaps and inform on the design of the final program offered

³ <https://sites.une.edu/gwep/about/>

to Certified Nursing Assistants⁴.

NASHP NURSING HOME LEARNING COLLABORATIVE

The Office of Aging and Disability Services (OADS) partners with aging organizations in the community to coordinate and provide services that support older adults aging in place. On a wider-scale, OADS has joined with other states in a year-long collaboration to offer public workshops developed to advance policies that promote healthy communities and increase access to high-quality, affordable healthcare. As part of this effort, Maine is one of the nine states selected to participate in the Nursing Home Learning Collaborative, a partnership between NASHP and West Health. This collaborative was developed to support cross-state learning and networking to equip state leaders with strategies to address the complex challenges of nursing home care and improve care outcomes for residents⁵. OADS collaboration with NASHP and other states facilitates networking and information-sharing, including best practices and emerging challenges within the healthcare workforce⁶.

⁴ https://www.mehca.org/blog_home.asp

⁵ <https://nashp.org/nine-states-selected-to-participate-in-nashps-nursing-home-learning-collaborative/>

⁶ <https://nashp.org/>

PART 1. COUNCIL FORMATION

Origin of the Advisory Council Idea

During the pandemic, it became painfully apparent to Brenda Gallant that of all the work groups, commissions, and convenings that over many years had come together to discuss and strategize around long-term care and home care quality, most had none or very few representatives from the large corps of workers around the state. Providers were represented, government was represented, resident advocates were represented, but not workers -- “the people doing the work should be at the table.” Having workers involved in the strategic and policy conversations would provide the opportunity to hear directly from the field what quality improvements are most needed, most feasible, most aligned with actual workflows.

QUALITY ISSUES

Quality of care in nursing homes was increasingly under the spotlight during the pandemic, and Maine LCTOP was at the front lines functioning as a liaison among long-term care settings and families - who of course had no access to their loved ones living in residential settings - and state government, which was working round the clock to manage covid guidance, deliver personal protective equipment (PPE), and monitor staff and resident covid testing, and the public, which was eager for an inside view and an explanation of the disproportionate deaths among long-term care residents. During the pandemic, improving nursing home and home care quality became a moral imperative for LTCOP and it was uniquely positioned to be influential in improving care quality and elevating worker voices given its long-standing credibility and hard-earned trust among providers, the public, advocates, and state leaders.

Historically, worker “voice” and influence has derived from the presence and efforts of worker unions (Jang et al., 2025) and some states do have care worker unions, such as SEIU 2015⁷, in California, that represents thousands of long-term care workers around the state. Maine has not had a care worker union for care work in nursing homes, assisted living communities, or home care. Consequently, prior to the formation of the AC, there was no existing infrastructure for care workers to discuss working conditions and quality of care issues beyond their own workplace, despite that there have been multiple attempts, over several decades, to significantly improve the quality of care in

⁷ <https://www.seiu2015.org/>

residential settings.

The absence of care workers in policy conversations is not the result of intentional exclusion; indeed, Maine's small size, close-knit aging services community, and genuine desire to achieve quality improvement is likely the reason stakeholders did not notice the gap in worker representation until so late. More likely, the failure to have workers consistently represented in sector discussions is the result of long-standing, systemic marginalization and devaluing of care work, leading to its widespread invisibility around the nation. As noted above, there are growing national and state efforts to professionalize care work and elevate its status, reflecting both the need and importance of care workers.

LABOR SHORTAGES

There has been a shortage of care workers for decades, but the pandemic significantly exacerbated the problem given the health risk to staff, the physical and emotional demands of the work, and in Maine, the ongoing shift in our demographics as the oldest state in the country by median age and the most rural state. Statewide discussions about recruitment and retention of staff have yielded much discussion, but no concrete solutions.

STEERING COMMITTEE SUPPORT

To get feedback on the AC idea and to talk through an AC structure and implementation strategy, LTCOP enlisted the help of a small AC Steering Committee⁸ of stakeholders with expertise in the long-term care and home care sectors, either from a policy, funding, or practice perspective. The Steering Committee offered suggestions including, for instance, collecting needs assessment data through a series of care worker focus groups on their current concerns, and engaging PHI to create an advocacy training program for AC members to support them in developing advocacy, leadership, and related skills.

The Steering Committee remained in place, meeting regularly, during the initial formation of the AC. Once the AC had its inaugural meeting, the group stopped meeting, although individual Steering Committee members remain available to LTCOP through professional networks, to support AC activities, such as the annual conference.

⁸ In addition to LTCOP staff, Steering Committee members include Maine's Office of Aging and Disability Services (OADS), Maine's Division of Licensing and Certification (DLS), Maine Health Access Foundation, Maine Health Care Association, PHI, and Home Care and Hospice Alliance of Maine.

FUNDING

The Steering Committee supported the AC concept, recognizing its potential to leverage worker experiences and insights to inform public and organizational policy, and its long overdue, innovative approach that could serve as a model for other states. The Maine DHHS Office of Aging and Disability Services (OADS) agreed to partially fund the AC implementation and Maine Health Access Foundation offered additional support. The initial funding supported the AC through its first three years, and now LTCOP is actively looking for longer term support to sustain and strengthen the Council (see Part 5 below). For fiscal year 2026, OADS has provided \$10,000 of funding.

The Council's current operational budget is approximately \$100,000 per year. This includes LTCOP staff time, compensation for AC members, training funds for PHI staff and other guest lecturers, web presence, and expenses associated with the annual conference. LTCOP is developing proposed budgets for the upcoming two years based on the Council's growth (see Part 4) and compensating Council members for monthly advocacy responsibilities.

EARLY FOCUS GROUPS (ETHOS)

LTCOP engaged Ethos Marketing to conduct a series of focus groups and issue a [report](#) on job motivation, satisfaction and dissatisfaction, and employment conditions (Ethos, 2022, p.13). Ethos engaged over 50 direct care workers in ten focus groups sessions and found that many workers were intrinsically motivated to do care work, identifying making a difference in people's daily lives as a key motivating factor. Workers did express dissatisfaction with low pay and challenging working conditions (e.g., worker shortage, low pay, inconsistent employer standards), particularly under the then-current pandemic conditions. The report concluded with a recommendation to form the AC and "[e]levate the status of Direct Care & Support Professionals in the eyes of the public [and] employers, policy makers, and payers." The Ethos report also encouraged sharing with employers "how direct care workers think about a quality job and workplace."

Unsurprisingly, the report emphasized the importance of sharing with the public the reality of a "day in the life" of a care worker, which was also a prominent theme at the AC's annual conference in September 2024. The need for care workers to share their day-to-day experiences underscores their view that care work is often misunderstood and devalued by those who lack direct experience with it.

The Ethos report affirmed the benefits of an AC and the desire of workers that their experiences and employment concerns be made visible as a pathway to better align public and organizational policy with actual worker needs.

Formation of the Council

Over the course of several months in late 2021, LTCOP staff planned for and recruited members for the AC through various means. LTCOP felt strongly that an AC that was diverse in age, experience, gender, geography, setting, and also included New Mainers. “We wanted the Council to look like the reality out in the field”. LTCOP staff used an AC application (see Appendix B) process and solicited applicants through word of mouth, targeted invitation (e.g., from the Excellence in Long Term Care Awards), and by disseminating a care worker survey through provider agencies and encouraging interested workers to reach out for more information.

The Steering Committee created a list of key questions for the AC application which reflect the primary AC activities and objectives :

- Why are you interested in being a member of the DCW Council? What excites you about the Council?
- What personal qualities do you have that would make you an effective Council member?
- We know direct care workers deserve a living wage that reflects the critical, skilled nature of their work. Besides higher wages, what other changes would you like to see for direct care workers in Maine? In other words, what do you wish was different about your job?
- What do you think policy makers need to know about what it means to be a direct care worker? What stories or information would you share with them if you could, so they could help create better jobs for caregivers in Maine?

The Steering Committee reviewed all the applications for the initial AC and in January 2022, made decisions based on the content of the question responses and the AC’s overall diversity goals. A review of a sample of applications confirms that applicants are deeply dedicated to their work and to the people they serve but they also recognize the challenges and the physical and emotional toll it takes on them and their peers. Applicants are excited about lending their expertise and skills to participate in change that helps all care workers (See Appendix C).

MISSION AND VISION

The current mission statement for the Council was developed /with input from early Council members and is featured prominently on the Council website:

Our mission is to bring direct care and support professionals together to create *positive change*

The italics and underline are in the original statement to ensure that care workers and the public at large who visit the site understand that the focus of the Council activities remains on change that benefits workers and the care work sector. With three years of Council foundational activities completed and short and longer strategic planning underway, the Council is now poised to develop a formal vision statement to guide its future work.

STRUCTURE AND COMPENSATION

LTCOP and the Steering Committee outlined the essential structure and process for AC meetings. In discussions about AC member compensation, all agreed it was essential that the members were compensated for their time as a way to meaningfully reflect the value of the work they perform every day and, more importantly, the value of the time they spend on council work and the insights they bring to the discussion. The Committee agreed that the initial meetings would be a mix of formal training from PHI representatives and topic-specific guest speakers (e.g., Abby Stivers on the Universal Care Worker training, Maine Women’s Lobby on family leave).

At the inaugural meeting of the AC, the new members agreed on the details of the meetings. They agreed to meet quarterly, via Zoom, for two hours. The members wanted to meet on Zoom since some of them would be working during the meeting hours and would obtain permission from supervisors to attend. Another, for instance, had a separate part time evening job and was able to participate while performing those job duties. Initially, the meetings were not recorded to promote candor, but later were recorded so that any AC member who missed a meeting could listen to the recording.

LTCOP staff created the initial agendas but consistently sought input from AC members regarding topics of interest or concern. “Brenda had 1:1 conversations with members on what works for them, gauging what is best for the members.” This process has remained consistent over the Council’s three years, although discussion is underway (see Part 2

below) to transition to a more traditional committee structure with AC members taking on designated leadership roles (e.g., Chair, Vice Chair).

Training in Advocacy and Leadership - PHI

At the suggestion of the Steering Committee, LTCOP reached out to PHI about offering a series of trainings on advocacy and related topics for the new AC members as a way to inform them of the policy structures and processes and develop leadership skills, including technical skills such as public speaking. PHI was immediately supportive of the Council structure and worked with LTCOP to adapt existing PHI “Coaching Communications” and other trainings to be Maine-specific.

As policy advocates, educators, researchers, PHI staff are a natural fit for coaching the Council members. PHI has deep knowledge of the sector across states and understands the historic invisibility, disenfranchisement, and low status of care workers and it is committed to righting past wrongs through its support of innovative models such as Maine’s AC.

The earliest PHI training included “team building, goal setting, and visualizing what it was that [Council members] wanted the council to be. And then through those initial trainings, they decided what skills that they wanted.” In their key informant interviews, PHI staff underscored that the Council members drove the training topic decisions and were co-creators of the training program. “Everyone very much wanted to participate and learn and engage.”

PHI noted that at each subsequent training Council members debriefed from earlier training the ways in which they were able to use the information and skills they were acquiring (e.g., use of social media and “pitch” training). Council members, however, mixed experiences on

“[Council members] asked a lot of questions and were all very much involved in the activities we were doing, and always looking for more information. It seems like they always were asking more questions and wanted to be engaged and wanted to be part of the training. And that's how it felt at pretty much every step.” - PHI

this topic.

PHI emphasized that new Council members should receive an orientation from existing members and cover key topics related to, for instance, how to talk to employers about Council activities, how to recruit new members, and general principles of public speaking as a way to build confidence. PHI noted that the diverse personalities and skills of Council members can be leveraged to match with the many advocacy activities that are needed over sustained outreach.

PHI staff also pointed out that some - or all - AC members could, with the training they have received, become part time policy advocates poised to provide the “face - the human narrative - attached to the [policy] problems and solutions” the sector generates. AC members are connected to many workers doing care work every day and can “raise up their voice...and work together towards a policy goal.” They note that “it is vitally important to have groups like this so that policymakers can hear those voices from a larger humanist or moral argument. These are important people doing important work, and they're not being heard.” PHI believes this is also a pathway to the increased professionalization and respect for care work which may, in turn, lead to improved recruitment and retention in the sector.

In an effort to spread the word about Maine’s AC, PHI highlighted the Council in an April 2025 opinion piece, [*A Seat at the Table: Creating Direct Care Workforce Advisory Groups*](#). In the article, author Jake McDonald, spotlights the importance of “engaging workers

“You have to pay workers to allow them to time [to be advocates]. You need to train them on how to work together and how to speak to policymakers. You need to have some type of mechanism that allows those workers to speak to policymakers. You know whether that's the right to join a committee meeting once a year, or whatever that mechanism is. And we think it's important that states actually involve these workers in assessing policy decisions.” - PHI

directly in this process” of strengthening the direct care workforce. Advisory groups can offer relevant and compelling care experiences that textualize policy discussions - a key aspect of crafting “smarter policies and better outcomes for workforce challenges.” Mr. McDonald cites Maine’s AC as a replicable model for other states undertaking initiatives to support care workers and respond to their many serious concerns. The Maine model creates a roadmap for other states wanting to tell worker “stories directly to policymakers through op-eds and reports.”

PART 2. MEMBER EXPERIENCES

Evaluators spoke with ten AC members, including two new members who joined in late 2024 and early 2025. Members were willing to speak to the evaluation team, although unsurprisingly, some interview sessions were challenging to schedule due to the variability in workers' own schedules and job responsibilities. The following are the primary themes from the conversations.

Motivation to Join

HAVING A VOICE

All members spoke about the need for direct care workers to be more visible to the public and to policymakers and to have a voice in the decision making that impacts their work lives and the quality of life of the individuals they serve. AC members overwhelmingly emphasized the importance of their work in service to others and how meaningful it is to them that they are making a difference in the lives of others. They feel a keen sense of duty and responsibility to provide excellent care, but they need the support of sound policies to support, for instance, a living wage, adequate training, and appropriate staffing levels to ensure person-centered care and care quality.

PASSION FOR THE WORK

Many AC members had a long history of care work in their families and expressed their interest in care work as a "passion" and "getting back to my roots". They recognize the value of their work and the relationships they develop with the care recipients and they want to be able to do their best. They want to "advocate" for their fellow workers *and* for the opportunity to do the best job they can for the people they serve. Many members expressed the concern that the public and policymakers see care workers as "glorified babysitters" when in reality "we allow [care recipients] to have a high quality, meaningful life. [The

"So it was exciting, just thinking that maybe I could have a voice and share the passion for taking care of people, and what an amazing gift that is for us that we're being entrusted to take care of other human beings and see them flourish."

work] is much more difficult than they believe.”

INCREASING VISIBILITY AND RESPECT FOR CARE WORK

In light of current staff shortages, AC members hoped their involvement in the AC would highlight the need for more workers and support current or new recruitment and retention strategies and thereby improve working conditions. Of note, while members identified worker visibility as a goal of joining the AC, many spoke of the physical and emotional demands of the work, which is very likely an impediment to recruitment and retention. AC members stated, for instance, that the work is “physically, mentally, emotionally very draining.” Members emphasized wanting to help generate greater respect and professionalism for care work and expressed the view that care work is often a vocation, not necessarily an interim stop to other work.

Member Experiences - Council Meetings

All members enjoyed attending the AC meetings and felt they had adequate opportunities to say what was on their mind. They all felt included in discussions and

“Most DSPs want to be respected for what we do and [we want people to] understand that what we do matters and it's important, and we deserve to be treated like professionals. That has always been my frustration that - people don't treat us like a professional job. They treat it like [our work] is a jumping off point until you get to your real job. And there's lots of us that enjoy what we do and are happy where we're at, and we want to continue to do it.”

that their fellow AC members interacted with each other and with LTCOP staff professionally and with respect. “Everybody on the Council shows each other respect and tries not to talk over each other.” “We've had quite a voice in being able to direct where we go.” Another emphasized that I “leave feeling excited about what we're doing next, and what we're trying to do. It gives me hope that we can make change.”

Council members have confidence in Ms. Gallant's and Ms. Marchesi's leadership and appreciate the guidance they provide on

A couple of members felt that there should be more attention paid to Council member issues and another thought there should be more frequent meetings to “keep the momentum going” and do more brainstorming. “Sometimes we're left wanting

more time, because we're on a roll." One member stated, "we don't have much time to ask questions...[maybe] the trainings and the meetings can be done separately."

Council members appreciate the opportunity to serve and they are eager to identify and work on critical issues. One noted that sometimes issues arise that should be dealt with before the next scheduled quarterly meeting (e.g., a legislative issue). Another stated "I feel like we're missing a lot." This sense of urgency likely arises from council members feeling responsible to keep on top of sector issues, along with the enormity of sector issues and the multiple avenues for addressing sector issues, including legislative action, advocacy activities, provider, and national efforts. One stated "it feels like we could be meeting more and be more productive." Another said, "I know everybody has busy lives, and it's hard to really follow along on our own because we're all working so hard."

"My love for helping others really started in my teens, when I started caring for [a relative] and helping a single mom in our neighborhood. So when I found this job I was like, yes, this is what I want to do. I like this."

Council members were mixed about taking on greater responsibility for the meeting planning and facilitation. Some felt comfortable with LTCOP staff continuing to lead the meeting facilitation, noting that "[i]f Brenda weren't there the meeting would not be the same." These AC members felt the limits of their own policy knowledge and experience and the very real challenge of staying updated on the latest policy action both at the state and federal levels.

"[Brenda and Nicole] are big supporters of us, and they know what they're doing, and we don't

really." A few suggested a period of transition to increased responsibility by AC members, such as "stay present but kind of step back." And still others expressed confidence in their ability to take on the traditional roles of Council leadership since they have "grown so much that I can see that being a very positive change."

This spectrum of views demonstrate the appreciation and value of LTCOP's experience and expertise in AC facilitation, the emerging confidence that AC members have acquired about their own knowledge and skills, and the keen sense of responsibility that AC members feel about achieving Council objectives. AC members appear well poised to take on leadership roles, continue learning about policy and advocacy processes, and develop strategies for upcoming work.

AC Membership Benefits and Challenges

Council members identified myriad benefits and a few challenges related to their Council membership. Over its three year existence, the Council has seen 54% turnover primarily the result of life and work obligations that conflicted with the time and attention Council membership deserved. Importantly, however, nearly half - 5 of the 11 current members - have been on the AC since its inception.

CONFIDENCE AND SKILL BUILDING

Most Council members mentioned that the learning opportunities and the opportunities to address the Legislature and the media have developed their self-confidence and raised their awareness of the systems and structures that influence long-term services and supports policy in Maine and in the country.

Members noted the importance of connecting with each other, with other people, and having many opportunities to showcase the work they do. “We feed off of each other and we brainstorm, and that part is really good.”

“I have found that through this I have a lot more confidence to be able to speak up. Before last year if you put a microphone in front of my face you would never have heard my voice. But this year, I did offer to get on the microphone at [named event].”

RAISING AWARENESS

AC members noted that creating the Council and publicizing its existence, its goals, and publicly highlighting the issues and concerns of care workers through op-eds, legislative testimony, and media interviews has drawn positive attention to the importance of care work and helped recruit more workers. One mentioned that “the direct care workforce is suffering for quality people”; another stated “we don’t [yet] have enough people in the workforce.”

COMPENSATION FOR AC TIME

In discussions around the development of the AC, it was important to LTCOP that AC members be compensated for their time spent doing Council activities. Doing so demonstrated the value of worker time -- a particularly critical point for a workforce sector that has been historically undervalued. In focus group conversations, workers expressed satisfaction and gratitude for the payment: “considering what I make as a

DSP, it is absolutely worth it.”

TRAINING BENEFITS AND CHALLENGES

All AC members confirmed that they learned a lot from the PHI and other training offered to the Council. Most members were unfamiliar with the policy and advocacy landscape and needed foundational information about its structures, its essential

“So it was exciting, just thinking that maybe I could have a voice and share the passion for taking care of people, and what an amazing gift that is for us that we're being entrusted to take care of other human beings and see them flourish.”

processes, and how to work within those structures and processes to achieve sought-after policy change. They understood that these were some of the skills they would need to amplify the voice of their care work colleagues and achieve their policy goals. “These are the skills that we were learning, because now we're going to be able to apply them to people who are coming to the [care worker] conference.”

A few members commented that they need more guidance on how they would use the training content since all of the information

was new. “It was a little difficult for me to follow along, just because the information is just so new, and I've never really done anything at the State House.” And a few felt there could have been greater focus on how they would be using the information.” “When we were doing the trainings there wasn't really, in my mind, a goal for this training. You know, what we are...we going to get out of the training. And how we're going to use it.” AC members mentioned that the trainings were not recorded initially so there was no opportunity to go back and revisit the content or offer it to new AC members.

TRAINING TOPIC	PRESENTER
Advocacy best practices	PHI
Public speaking	PHI
Workforce in Maine updates	Abby Stivers, OADS
Legislative and policy process in Maine	Laura Harper, Moose Ridge Assoc.
Age-friendly health systems	Susan Wehry, MD, Angela Hunt, The Cedars

Social media for advocacy	PHI
Recruiting new council members	PHI
Expanding membership	PHI
Perfecting your pitch	PHI
Economic policy updates (care sector)	Arthur Phillips, MECEP

EMPLOYER SUPPORT

Most members did not ask their employers for permission to join the Council, nor did they feel they needed to, though one stated “I didn’t want them to feel blindsided...so it was more of a heads up.” A few AC members specifically mentioned the support they received from their employer about membership in the AC and that their employers were interested in what happens with the Council; “[s]he reached out to me several times about how the meetings go.” Another stated, “My director of nursing will ask, because she, too, really loves it. She reached out to me several times on how the meeting went and what did I take away from it.”

Still others AC members weren’t sure their employer even knew about it. “I didn’t tell them I was going to join the Direct Care Advisory Council, so I don’t think they know about it.”

“My [employer] sponsored an event at [employer location] to invite DSPs to come, find out what the Advisory Council was about, and if people were interested in joining. One of the women that was there heard my stories and my information and decided to join...They’ve been very supportive of what we are doing.”

SENSE OF CONNECTION AND COMMUNITY

When speaking with AC members about their experiences participating in meetings, many reflected on the meaningful interactions they had with one another. While the meetings served a crucial role in informing members about current events, issues, and providing training, a strong sense of community and connection also emerged. Many describe interactions positively, emphasizing that spending time with like-minded individuals was a meaningful benefit of their membership. One member specifically noted that “camaraderie” was a significant value the meetings, and overall experience of

being on the council, had brought them. Such comments reflect the potential of advisory councils to foster connection and shared support among workers.

"I think mostly it has been camaraderie. And being able to talk to people like minded, because we're all invested in the care of people and being able to have each other support and know that [they're] there, you know. But what I've gotten out of it is knowing that there are still people like myself who really care about what we're doing and want to see people living quality lives."

CHALLENGES AND ATTRITION

AC members identified a few challenges associated with membership on the Council, but most were related to external life factors such as family or work obligations. Interestingly, one noted that it was sometimes a challenge to separate their role as a care worker and their role as a council member .

A few members expressed frustration that their work responsibilities or their employer's policies sometimes made it difficult for them to fully participate in AC activities. For instance, one stated "I know some of the [Council] events I couldn't go because it was on a workday, and I really

can't afford to take any days off " Another member told us "[n]ot getting the backing and the support from the agency was difficult - like for the conference, I had to take a paid day off. And yet another: "I just couldn't [attend a legislative opportunity]. I'm not available to go if I don't have a while to plan it out. I supervise [two] programs, so it's hard."

The relatively high turnover of Council members appears to be a function of workers' life and work obligations rather than any dissatisfaction of the Council experience. We know that many direct care workers are already struggling to manage work, family, social, and civic responsibilities; adding advocacy work on top can be unmanageable for some. This reality is support for reimbursing Council members for consistent additional hours of advocacy work so they are able to cut down on paid care work.

Advocacy Opportunities

From its inception, the Council adopted a fundamental goal of involving Council members in consistent, direct outreach to legislators and executive branch

policymakers, in advocacy events, and reaching out to mainstream and social media. LTCOP’s vision for the Council included maintaining a constant presence in policy conversations so that the concerns of care workers remained visible, increasing the likelihood that key issues would be included in policy agendas.

When the Council was first established in early 2022, Brenda Gallant delivered a paper copy of the [Ethos Marketing report](#) in an effort to call attention to the Council and set the stage for Council members’ increased presence on issues of importance to care workers. She introduced AC members to the Caucus on Aging and the HHS Committee, and she and Council members returned in subsequent years to gain an audience with key legislators. “The more [legislators] know these workers, and can relate to them, the more they can represent their interests.” This kind of hands-on guidance has been key to the AC members’ feeling increasingly comfortable and confident offering testimony and conducting interviews.

In just three years, the Council members have assembled an impressive list of legislative and media outreach, speaking engagements, and networking events. They have steadily acquired experience and skill in representing their sector. LTCOP staff regularly reach out to AC members to ask if they are interested in submitting or presenting testimony.

ADVOCACY / LEGISLATIVE ACTIVITY AC MEMBERS PARTICIPATED IN	DATE
Presentation: AC member presented before the Joint Standing Committee on Health and Human Services of the Maine Legislature	February 2, 2023
Events: AC Members participated in the Caucus on Aging at the State House	February 2, 2023
Testimony submission on LD1718: An Act to Encourage Participation in Maine’s Essential Support Workforce through Higher Education - on behalf of AC Members	May 2, 2023
Testimony submission on LD 1521: An Act to Support the Essential Support Workforce by Promoting Enhanced Reimbursement and Benefits and Encouraging Information Sharing - on behalf of AC Members	April 20, 2023
Networking: Council provided the House and Senate copies of a Lewiston Sun Journal article, “Patience Success Juwah and Gail True offer Care and Love as Direct Support Professionals”, article about AC members	January 1, 2024

Events: AC Members attended, in partnership with Maine Health Care Association, a press release at the Hall of Flags on the workforce shortage; AC Member Justin Dyer provided testimony, providing insight into his role as a DSP	January 11, 2024
Public Speaking: AC Members were guest speakers on Maine Center on Economic Policy webinar, "Closing the gap on Maine's Direct Care Shortage"; AC Members Emily Curry and Stephanie Hatcher spoke about their experience and provided perspective of being a Direct Care and Support Professional	June 6, 2024
Events: AC Members, in collaboration with the UMaine Center on Aging, held a virtual press launch of the conference report; attendees included legislators	January 17, 2025
Testimony submission on LD210: An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027 – AC Members Stephanie Hatcher and Patience Success Juwah provided testimony, emphasizing the importance of restoring Annual Cost of Living Adjustments (COLAs)	February 12, 2025
Networking: AC Members met with Health and Human Service Committee's Executive Director, providing an overview of LTCOP and the Council	February 25, 2025
Collaboration Session: AC Member met with the House Speaker staff to collaborate on how to campaign House Speakers bill: Workforce Omnibus Bill	February 25, 2025
Networking: AC Members met with Governor Mills during a visit to the statehouse, promoting important workforce-related issues	February 25, 2025
In the Media: AC Member Stephanie Hatcher featured in the Portland Press Herald in the article, "Direct Care workers fight for restoration of cost-of-living increases in Maine Budget"	March 6, 2025
In the Media: AC Member Aubri Slaugh published op-ed in the Lewiston Sun Journal, "Aubri Slaugh: Care for the Caregivers"	March 7, 2025
Testimony submission on LD979: Resolve, Regarding Legislative Review of Chapter 113: Assisted Housing Programs Licensing Rule, a Late-filed Major Substantive Rule of the Department of Health and Human Services – AC Member Aubri Slaugh provided testimony	April 4, 2025

Testimony submission on LD1720: An Act Regarding Benefits and Training for Long-Term Care Workers – AC members provided written testimony	May 2, 2025
Public Speaking: AC Member Emily Skyers provided statement at press conference on COLAs and the importance in including it in the Governor’s budget	June 5, 2025
In the Media: AC Member Emily Skyers featured in WAB15 news, titled “Direct support professionals stress importance of cost-of-living adjustments”	June 6, 2025

Member Suggested Improvements & Future Activities

COUNCIL MEETINGS

- Several members are ready for increased meeting facilitation responsibilities with a period of gradual transition, while still maintaining clear access to LTCOP’s expertise, government contacts, and state and national sector updates
- Even though AC members are spread out around the state, a couple mentioned getting together in person annually in the warmer months at a location that is convenient for all
- Meet more frequently to stay more connected to sector activities and updates
- Separate training from meeting time to give adequate time for meeting discussions

TRACK OUTCOMES

- Track how Council work is influencing change for workers

EXPAND THE COUNCIL

- “I would like to see the Council bigger”

SHARE COUNCIL ACTIVITIES

- Encourage AC members to share Council activities with peers
- Create an AC online newsletter housed at the AC website to increase visibility and generate Council interest

CREATE A CENTRALIZED PLACE TO ACCESS COUNCIL-RELATED INFORMATION AND MATERIALS

- Create an online repository for all Council-related information would be helpful, especially for orienting new members and for those who join meetings late or have missed meetings
- Record meetings and trainings for current and future members to access as needed

STRENGTHEN ADVOCACY ENGAGEMENT

- Offer regular advocacy updates to AC members to deepen their understanding of state and national issues (e.g., proposed legislation, national advocacy efforts)
- Work with Council members on a process to offer advocacy opportunities equitably
- Expand advocacy opportunities for AC members; “give us Council members a little more”

“I think we should be more involved...and should be able to either speak to [the issues] or have the option to put in written testimony, because that's part of what we do is advocate, and if we don't know the information, we can't tell them directly how it's going to affect us and the people we work with.”

PART 3. THE ANNUAL CONFERENCE

From the earliest conversations about the AC, LTCOP envisioned an annual conference focused on topics of interest to workers and that the AC members would plan and participate in. In the spring of 2024, conference discussions began for a September 2024 inaugural annual conference. The full conference [report](#) is linked here on the [LTCOP website](#).

Conference Vision & Planning

INAUGURAL CONFERENCE

LTCOP's and the AC's goal for the conference was to convene as large an audience of workers as possible in light of demands on their time and schedules and to include state and national policymakers to hear and discuss worker experiences and concerns.

Neither LTCOP nor the AC thought it would be constructive to include provider leaders given the risk that in roundtable discussions, provider presence would likely have a "chilling effect" on candor and forthrightness. Conference planners did ask providers to contribute to conference expenses and to cover the cost for some of their staff to attend (i.e., pay them wages for the day). Several providers did support the conference in this way and ultimately 87 workers from around the state were able to attend, along with 35 policymakers, including leaders from Maine DHHS and state legislators. State and national worker advocates and representatives from higher education also attended.

The conference featured a keynote address, panel presentations, AC member presentations, and robust afternoon roundtable discussions on key questions the AC crafted in advance on the topic of staff recruitment and retention and policy support. Notably, conference evaluation forms indicated an average presenter rating of 4.69/5 and 93% of evaluation respondents said they will attend or are very likely to attend the conference again next year.

2025 UPCOMING CONFERENCE

Planning for the 2d annual conference in September 2025 is underway and has the theme of *Policy in Action: Driving Change for Direct Care and Support Professionals*. While the objective of the inaugural conference was to introduce workers to policy and policymakers, offer information on how policy currently supports the direct care workers sector, and provide opportunities for discussion, the 2d annual conference theme represents the work of the sector in the years ahead: moving to action and

meaningful change. The conference discussions will leverage the strategy work the AC has accomplished since last year and allow workers to weigh in on priority areas for new and updated policy. In addition, workers will discuss options for growing the AC by designing and implementing an ambassador program so more workers around the state and in a variety of settings can participate in AC strategy conversations. The group will also discuss options for longer term sustainability of the AC and how the AC website can function as a practical repository of information for workers.

Conference Outcomes

The 2024 conference [report](#) provides detail on both the roundtable discussion themes and the key themes from the conference evaluation forms.

KEY THEMES

Themes related to access to better pay and benefits such as paid leave far outpaced other key themes. Workers do feel that when viewed in the context of the physical and emotional demands of the work and the value of their work to individual clients, residents, and family members, workers are significantly undercompensated and undervalued. Further, due to chronic staffing shortages, they are often requested or mandated to work overtime and sometimes double shifts in a single day, leading to burnout, exhaustion, and frustration.

Another often-mentioned key theme is that workers feel that leadership, policymakers, and the public are unaware of workers' day-to-day work experiences and they voiced strongly that others should "spend time doing the job" to get a realistic idea of how workers can be better supported by private organization leaders and by state government. Workers expressed how important their relationships with clients and residents are and that those relationships are at the core of why they continue to do care work. Workers want more and better training and job shadowing and they want to learn more about how public policy impacts their work.

Strategic Planning Options

The 2024 conference conversations resulted in a helpful list of strategies to address many of the worker concerns. The conference report aligned the suggestions and strategies with the key themes and organized theme according to whether a public or private – or both – policy change could address the concern. Armed with this list, the AC has discussed how the list can be prioritized and who needs to be involved in next step

discussions to address the policy issues surrounding the top priorities. LTCOP and the AC will also discuss who can be enlisted as champions for the policy work and what tactics are likely to be most effective to craft and advance policy options and solutions.

PART 4. KEY TAKEAWAYS

Overall Success Factors

LTCOP'S CREDIBILITY, VISIBILITY, AND DETERMINATION

The fact that LTCOP could have an idea for the Council at T-1 and just a few months later at T-2 have the support of experts around the state, the commitment for funding, a contract for training and support from PHI, and a plan for recruitment outreach, speaks to LTCOP's credibility, trustworthiness, long-standing expertise, and its reputation for success in policy, programming, and project undertakings. And it is notable that LTCOP was taking these formative steps during a global pandemic when everyone was distracted by COVID-19 risks, especially in the long term care and home care sector.

Brenda Gallant's firm belief in the value of elevating the concerns of care workers and creating a path for their participation in policy conversations and her determination to make the Council a success is largely responsible for the Council's current strong position for growth. Ms. Gallant and Ms. Marchesi succeeded in inspiring past and current AC members that positive change is possible through consistent, high-touch outreach focusing on the narratives of care workers' daily lives. Their willingness to include AC members in advocacy and learning opportunities has generated AC member confidence and inspiration. When LTCOP and one AC member presented on the Council at the LeadingAge conference, their presentation received a standing ovation.

LTCOP and AC leadership is responsible for increasing visibility for policymakers, evidenced by, for instance, House Speaker, Ryan Fecteau, appointing an AC member to service on the Essential Workforce Advisory Committee and by Council members' participation in worker recruitment efforts such as the *Careers with Purpose* initiative. These events underscore for AC members that their contributions can make a difference.

Remarkably, there has been no pushback by providers nor any undermining of the Council's advocacy efforts. And while this may be due in part to the mutual respect among Maine providers and other sector stakeholders, it is likely also the result of LTCOP's long and trusted relationships with the care community.

TIMING: DIRECT CARE WORKER STATE AND NATIONAL PRESSURES

While the COVID-19 pandemic posed communication and convening challenges for a new venture, it also widely exposed the pressing need for an infrastructure for care worker policy representation. Anyone paying attention to the pandemic stories out of nursing

homes was aware of the difficult and risky work conditions and the workforce shortages that increased risk to residents and staff. Everyone in the healthcare sector, including long term care and home care, in Maine and across the country was aware of the need to retain existing workers and recruit new ones -- a need that long predated the pandemic but which was severely exacerbated by it. Most health systems and states were looking for answers to the healthcare workforce crisis, including Maine.

MEMBER COMMITMENT AND DRIVE

The AC member interview data and applicant responses confirm the passion and energy they have for care work and, more importantly, for worker advocacy. While there has been high attrition in membership, half the current Council have been members since its inception and have demonstrated strong leadership and commitment to the cause. They have pushed themselves beyond their comfort zone to be in the spotlight at legislative hearings, in the press, and at conferences and workshops. And by their own admission, they are eager for more learning, more outreach, and greater visibility and success -- essential elements for the Council's continuation.

STATE AND STAKEHOLDER SUPPORT AND FUNDING

Maine's Office of Aging and Disability Services, Maine Department of Labor, Maine Health Access Foundation, Maine's AgingME Geriatric Workforce Enhancement Program, Maine Center on Aging, PHI, and provider organizations all supported the establishment and operations of the Council in various ways - through direct funding, sponsoring webinars, promotion, evaluation support, training support, annual conference support, and overall strategy support. Broad stakeholder investment through contribution of time, money, and expertise is evidence of the strength of Council's mission and increases the likelihood of its longer-term success.

LTCOP's and the AC's relationship with the Maine Department of Labor resulted in a partnership to create three *Day-in-the-Life* videos featuring AC members and the clients they serve. These videos are an important reminder to public audiences and prospective direct care workers of the essential nature of care work and the supportive relationships workers develop with clients and residents.⁹

⁹ Certified Nursing Assistant (CNA) <https://www.youtube.com/watch?v=V6jmf7nNDXE>
Personal Support Specialist (PSS) <https://youtu.be/Oep7f2VZgi4?si=L9NUwND0snCmF9IV>
Direct Support Professional (DSP) <https://www.youtube.com/watch?v=ndX32IKatw0&t=7s>

Formation of the Council:

Takeaways & Considerations for the Future

RECRUITMENT

Now that the Council has taken root and has the experience of two waves of recruitment, it is equipped to formalize recruitment and applicant review processes by creating a formal outreach campaign and decision infrastructure. The strategy might include specific recruitment timing, geography, platforms, and messaging. The application review structure and processes might include a sub-committee that meets on a schedule and makes applicant recommendations based on a decision rubric that promotes objectivity and transparency.

MANAGING ATTRITION

High rates of turnover on any board can interfere with efficiency, effectiveness, and create administrative burdens for staff and board members. This may be particularly the case for the Council, which had limited opportunities to train new Council members since the PHI training was not recorded and the materials not available. Council attrition reflects the demands placed on care workers in society; it is a struggle for many to balance work and life obligations, often on meager pay and benefits. When stress is high, making time for volunteer activities - despite the passion - is likely viewed as a luxury one cannot afford.

LTCOP and the current Council members might consider:

- Holding formal exit interviews¹⁰ with departing members to learn the reasons for leaving the Council and whether there is any possibility of offering accommodations (e.g., periods of leave)
- Having members sign a commitment letter at the beginning of their membership to encourage commitment fulfillment
- Creating a structure of well-timed term limits so members don't feel their commitment is endless

PLANNING FOR FUTURE MEMBERS

To make training materials readily available for new Council members and those who missed a training session, LTCOP could arrange with PHI to either record training sessions or make training videos or reading material available. In addition, guest speaker presentations at Council meetings can be recorded and archived for later use.

¹⁰ LTCOP currently tries to meet with departing AC members to understand their reasons for leaving, but does not have a formal process for doing so.

Now that many Council processes are in place, it is an optimal time to create orientation materials for new members. PHI suggested that an existing member(s) can be responsible for onboarding new members. Orientation materials can include a brief history of the Council, access to training content, basic review of the structure of government, copies of previously submitted testimony and op-eds, and Council strategic planning information, all of which will provide new members with a sense of the essential Council activities.

Council Operations: Recommendations to Consider

DEFINED ROLES AND RESPONSIBILITIES

Several current Council members expressed confidence in their ability to begin taking on greater responsibility for Council meeting facilitation and agenda setting. A few mentioned working with LTCOP staff to implement a gradual transition of responsibilities so that a learning curve for members is accommodated. LTCOP might consider a strategy conversation to create such a transition plan and agree on an equitable and transparent process of choosing Council leadership roles, duties, terms, and expectations. It is clear from member interviews that the Council relies on the subject matter knowledge and skills of LTCOP staff and their network to state government, external advocates, PHI, and care worker initiatives in other states. Accordingly, discussion should include options for the future roles of LTCOP staff.

FORMAL STRATEGIC PLANNING

A couple of Council members posed questions about the direction and outcomes of Council activity and one suggested formally tracking outcomes as a way to boost credibility and visibility of the Council's work. Now that the Council's existence is established, it can engage in a formal process of strategic planning to consider short and longer term goals and flexible action plans to achieve those goals. While there may not be resources currently available to pay for external strategic planning facilitation, PHI may be able to offer support and with LTCOP's guidance, members can begin the process, using the 2024 annual AC conference data to direct their discussions.

The 2024 annual AC conference produced a long and important list of worker concerns and various public and private policy options for addressing concerns. The conference evaluation report provides a detailed, organized list of worker concerns and suggestions according to whether they can be addressed with public or organizational policy action, or both. AC members can discuss prioritizing the list of concerns based on existing policy action criteria (e.g., urgency, feasibility, effectiveness, etc.) and begin constructing detailed

action plans.

STANDARDIZING MEMBER ADVOCACY OPPORTUNITIES

To bring greater transparency to the choice of which Council members participate in which advocacy or outreach opportunities, the Council might create and maintain a spreadsheet, accessible to all Council members, that tracks past, current, and future opportunities by year. This spreadsheet can also be used to support and advance strategic planning action plans. The Council members, with LTCOP's guidance, can discuss and agree on a process of signing up for or being assigned advocacy opportunities.

TRAINING ON POLICY PROCESS THEORY AND FRAMEWORKS

Understanding policy process from the perspective of studied theories and frameworks (e.g., Multiple Streams Framework, Diffusion of Innovations, Punctuated Equilibrium Theory) explains so much about how and why public policy works - or does not - to address the needs and preferences of the citizenry. A short course on the fundamentals (e.g., 15-20 minute video segments on the primary theories) would deepen Council members' knowledge and understanding of public policy and support strategic and tactical advocacy efforts and reduce or eliminate members' frustration when desired results do not occur. For example, the Multiple Streams Framework (MSF) explains that for policy activity to occur, the three streams of *problem*, *policy*, and *politics* must be operationalized. If AC members can use elements of the framework to create their action plans, the likelihood of success increases. Training material can be created on the Council's YouTube channel for easy access.

COUNCIL WEBSITE AS RESOURCE HUB

As the Council widens its reach to engage more workers in diverse settings around the state, the existing Council website can function as a resource repository for Council agendas, minutes, training materials, advocacy efforts, legislative updates, and information on national trends. Again, while there may be insufficient resources currently to maintain a dynamic website, early steps can be taken to upload existing static resources. Council members can weigh in on what materials will be of interest to care workers and best practices for informing workers of the existence of the resource hub.

PART 5. THE FUTURE OF THE COUNCIL

LTCOP's vision for the Council was - and continues to be - innovative, inclusive, ambitious, and forward thinking. Over these first three years, LTCOP and the Council members have laid the structural groundwork for visibility, credibility, and strategic growth in upcoming years. LTCOP staff and AC members have demonstrated commitment to processes for continued learning and skill development and are now poised for sustained, incremental growth within Maine and, if desired, expansion of the model beyond Maine.

Strengthening the Council

IN MAINE

Formal strategic planning

As noted, the 2024 annual conference resulted in a clear agenda of worker issues and suggested public and organizational policy action to address those issues. The Council will use the Summer of 2025 and the 2d Annual Direct Care and Support Professional Conference in September 2025 to prioritize the issues and develop specific advocacy action plans to advance policy solutions, enlisting and coordinating with state and national policy, economic, and care worker experts as necessary.

Increase advocacy opportunities for Council members

Current AC members confirmed they are ready to learn more, do more, recruit more (“We can take more of an active role”). They recognize the importance of being visible to policymakers; “we want to build our credibility in the State House more so they say the Council stands for this [issue].” “We have the backing of the Council because we're all members, but there's power in numbers. We can use [this] opportunity to give more credibility to the Council.”

Raise awareness and create regional presence

Now that the Council is firmly established and an accessible online presence, and systematic processes for conducting operations, the Council is ideally situated to organize a broad outreach campaign to:

1. Make the website a “hub” for worker resources
2. Drive traffic to the website to raise awareness of the Council and of worker issues
3. Design and start implementing a regional presence for the Council

After the September 2025 annual conference, LTCOP staff and AC members noted a

significant uptick in interest in learning more about or joining the Council. Growing statewide interest can pave the way for creating regional “sub-groups” or “ambassadors, using a hub and spoke structure. Importantly, a hub and spoke model would establish an infrastructure for soliciting ideas from greater numbers of workers in a wider variety of care settings and it would deepen worker investment and participation in advocacy and the opportunity for beneficial policy change.

Identify Legislative Champions

Well established policy process theory (Kingdon, 1984) and innovation diffusion theory (Rogers, 2003), confirm that influential individuals and champions are essential for generating visibility of and interest in a particular policy agenda and an innovative advocacy structural model like the AC. Even when, as in this case, other essential elements are present - a clear societal problem and several policy solutions - politicians who are willing to support a policy agenda and deliver consistent messaging on the salience of the care work-related issues, despite their complex and dynamic nature. LTCOP has worked with several legislators who are supportive of the Council and recognize the importance of the issues; however, in a volatile national political environment and under constrained state budget conditions, sustaining issue-relevance is a considerable challenge.

CROSS-STATE CONNECTIONS

Maine’s AC is unique but other states have designed different ways of reaching out to direct care workers and involving them in policy conversations. LTCOP has met with Indiana, Colorado, and New Hampshire, all of which expressed interest in Maine’s model. LTCOP has advanced the idea of creating a cross-state working group to exchange ideas and reflect on successes, challenges, and to discuss the possibility of establishing a wider regional or national organization. With seed funding, a small cross-state group could study current state specific models to determine the feasibility of a cross-state effort. Continued collaboration with PHI, which has strong ties in other states, could further support cross-state work.

FUNDING CHALLENGES

In its current structure, the Council does not generate revenue and relies on state and philanthropic support. With planned growth, LTCOP has contemplated other avenues for generating revenue (e.g., provider contributions) but many would create potential conflicts of interest or pose barriers to worker participation. While the Council can, as part of a long term sustainability strategy, consider programs that would generate revenue (e.g., education and training, technical assistance), in the shorter term it must continue to invest in developing and deepening its roots among workers across the state and more firmly establishing a policy presence. In the wake of federal funding elimination, the competition

for private funding has become increasingly competitive, posing a challenge for LTCOP and the Council.

Replication of the Model

Program replication requires a structure and processes that are sufficiently settled such that a replicating entity can be assured of making replication decisions that maintain fidelity to the original model (Tomioka & Braun, 2013). LTCOP is in a strong position to begin replication planning with a goal of articulating and organizing its internal processes for compilation in a replication guide for adopting states or entities. In collaboration with other partners, LTCOP could develop a replication manual and pilot test it in one state. Doing so would identify those program structures or processes that are likely to change from state to state and where deviation from the original model may be appropriate. PHI is a natural partner for this work since it has existing relationships with states and could support replication strategies that would be effective and efficient and encourage fidelity. LTCOP might also explore options for scaling the model to include regional partners while still maintaining autonomy for Maine's current Council.

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APPENDICES

ADVISORY COMMITTEE MEMBER DEMOGRAPHICS*

*responses provided by members via a Google form

N=10

DIRECT CARE WORK ROLES *	RESPONSES
Director of Training and Onboarding	1
Personal Support Specialist	3
Community Support Professional	1
Certified Support Professionals	1
Direct Support Professional	5
Program Manager of Community Support	1
Certified Residential Medication Aide	3

*Some members held two positions

YEARS IN DIRECT CARE FIELD	RESPONSES
More than 10 years	6
3 - 10 years	3
1-3 years	1

LENGTH OF ADVISORY COUNCIL MEMBERSHIP	RESPONSES
Since the beginning	2
3 years	1
2 1/2 years	1
2 years	2
1 year	1
Less than 1 year	3

AGE RANGE	RESPONSES
55 - 64 years old	1
45-54 years old	4
35 - 44 years old	3
25 - 34 years old	2

CARE-RELATED CERTIFICATIONS OBTAINED*	RESPONSES
Direct Support Professional	7

Certified Residential Medication Aide	5
CPR/First Aid	3
Safety Care (trainer)	1
Mental Health Rehabilitation Technician	1
Mental Health Support Specialist (trainer)	1
Personal Support Specialist	3
Mental Health Rehabilitation Technician / Community	2
Qualified Brain Injury Support Provider	1
Mental Health Rehabilitation Technician I	2
Employment Specialist and Job Coach	1
Safety Care Instructor	1

* Some members hold multiple certification

ADVISORY COUNCIL APPLICATION (FROM WEBSITE)

Join the Council



Only *action* enacts change.

Join the Council and help shape the future of direct care in Maine. Become a driving force for change by ensuring the voices of those on the front lines are heard and valued.

Personal Information

Name *(Required)*

First

Last

Employer *(Required)*

Title *(Required)*

Years in Industry *(Required)*

Contact Information

Email *(Required)*

Primary Phone Number *(Required)*

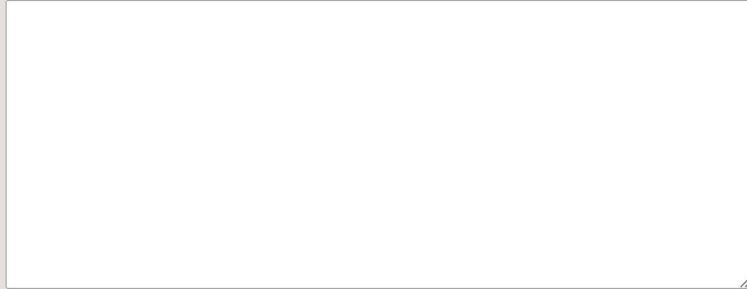
Preferred Communication Method *(Required)*

- Email
 Phone

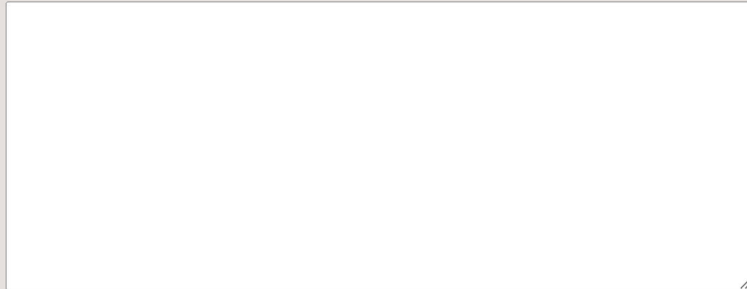
Questions

Why are you interested in being a member of the DCW Council? What excites you about the Council?

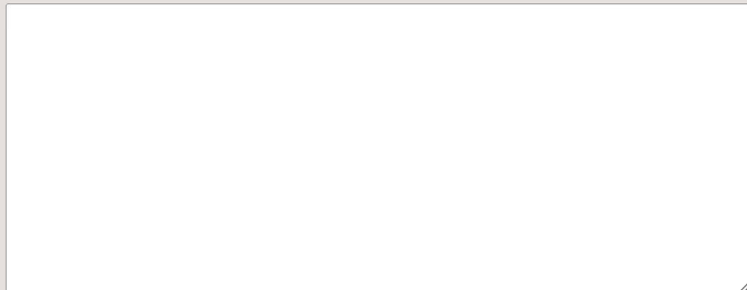
(Required)

A large, empty rectangular text box with a thin black border and a small icon in the bottom right corner, intended for the user's response to the first question.

What personal qualities do you have that would make you an effective Council member? *(Required)*

A large, empty rectangular text box with a thin black border and a small icon in the bottom right corner, intended for the user's response to the second question.

We know direct care workers deserve a living wage that reflects the critical, skilled nature of their work. Besides higher wages, what other changes would you like to see for direct care workers in Maine? In other words, what do you wish was different about your job? *(Required)*

A large, empty rectangular text box with a thin black border and a small icon in the bottom right corner, intended for the user's response to the third question.

SAMPLE COUNCIL MEMBER APPLICATION SUBMISSIONS

Application Question <i>Applicant Questions and associated responses submitted</i>	Response
Why are you interested in being a member of the DCW Council? What excites you about the Council?	<p>"I've always felt there should be a group of DSPs at work hands on to help with making choices and decisions to better the clients work field and living independently. I feel we need to have a group of DSPs to be able to be the voice of the other DSPs. I feel that I can have great input and help be the voices of other DSPs with the years' experience that I've have"</p>
	<p>"The ability to help make a difference In how the industry of Direct Care can be bettered for the worker and our patients. Patients deserve the right to be able to stay in their homes. Yet, low wages, double stepping politics, lack of training opportunities, and lack of direction is harboring many from filling the vacancies in our direct care field. I feel that this council can help make some of those changes needed to make the system work for the patients and their caregivers."</p>
	<p>"I want to help make a change I have held a few leadership roles and I have been on a few Councils. It helps to keep involved and I get to help. I love to be able to share my ideas and opinions as well as hear what everyone had to say."</p>
What personal qualities do you have that would make you an effective Council member?	<p>"I have worked in this field for 15 years. I don't just have my DSP certification but I have my 40 CR me and my MGRT-1. I have a passion for what I do. I work with Rockland police with the homeless and many have mental health and intellectual disabilities. I'm also going back to college for case management in Jan"</p>
	<p>"I have performed duties in the care of patients for 35 years in one form or another. I would bring my experience in working with politicians, doctors, administrators, policy makers, and in training others to the table. It is hoped that my unusual and lengthy experience could help to provide insight into jobs not performed in a facility."</p>
	<p>"24 1 /2 years in a group home setting working with 19 different bosses and 100+ employees. I believe in being a strong advocate for the people we support and that the way to make a difference in this field is to speak up and bring new ideas to the table."</p>
We know direct care	<p>"Better communication. Better way to get paperwork to the destination it needs to get to. And supports for companies to supply laptops or iPads for DSPs to do electronic documentation instead of paperwork. I believe there</p>

<p>workers deserve a living wage that reflects the critical, skilled nature of their work. Besides higher wages, what other changes would you like to see for direct care workers in Maine? In other words, what do you wish was different about your job?</p>	<p>should be a monthly in person or zoom meeting with all DSPs for each company as well for good communication and I feel that we have better support than we do”</p>
	<p>“It would be wonderful if someone could offer more training for individuals in this field. It cannot all be laid on the families to train their aids. Agency aids are so restricted that they aren't much more than glorified maids. With a small amount of training these aids can not only help their clients better, but they may also be able to provide lifesaving information to first responders.”</p>
	<p>“Communication, more workers, managers and HR to walk a mile in our shoes, the ability to pass medication and give minor care when it's needed. Have more in home help such as 2 workers instead of one more would get done and when it's a 2 person job you would already have the people needed there. The more help the better.”</p>
<p>What do you think policy makers need to know about what it means to be a direct care worker? What stories or information would you share with them if you could, so they could help create better jobs for caregivers in Maine?</p>	<p>“Will you just not a body to be in a place we are human beings I actually care about people I want to make a difference in people’s lives. A story I'd like to share is a gentleman that was on a waiting list to live in his own apartment and thought it would never happen. Working with him for six years he's now living on his own working part time and doing amazing and just seeing the smile on his face as one of the best feelings ever. We are not just a DSP we are Case Worker CNA's who might not hold his certification for these titles besides a DSP but we do the same type of work that they do. I feel that we hold many titles to our job not just the DSP Title.”</p>
	<p>“The population as a whole is, unfortunately, falling through the cracks at a lot of healthcare sources (hospitals, rehab facilities, nursing homes, etc.) The care that should be given is lacking at many times due to staffing issues. I think that if something could be done to encourage employment and programs that rewarded employment stability rather than rewarding bad behavior with monetary incentives - possibly our facilities would bounce back to some sort of normalcy rather than remain in a stagnant situation of demise.”</p>
	<p>“Working in home care can be very stressful depending on what kind of household you work in, how many hours you work, or if the person has mental health issues. What many people don't understand is that this work is hard. You can get burnt out on this type of work just as much as you can with any other type of work.”</p>
	<p>“The PSS should go away or give those people the same training that you provide for the individual that is taking the CNA course. The individuals who have taken the PSS a lot of them don't know how to run the Hoyer lift or how to use a sit to stand. Some don't know how to reposition someone who can no longer get up from bed. Having physical therapists coming in to not only work with their clients but help the</p>

caregivers know how to transfer correctly by using the proper body mechanics. Having the physical therapist being a part of the care plans would be beneficial along with the staff who are taking care of those individuals. Having more trainings that can help with learning techniques to help assist the caregiver with caring for the resident would be helpful.”

Membership Tracking (2022-2025)

MEMBER CATEGORY	COUNT	NOTES
Founding Members (2022)	12	5 are still serving (see below), 7 have left
Newer Members (2023-24)	6	Joined after Council was established, only 1 has left from this group
Recently Joined Members (2025)	1	Most recent addition to Council
Current Members	11	Includes 5 of the founding members
Former members	13	Includes 7 of the founding members and 6 of the newer members who joined in 2023-24 range
Total individuals serving on Council 2022-2025	24	All members, including those current and former

