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VOLUME 6, NO.2

BETTER JOBS BETTER CARE

Building a Valued, Committed Workforce

- > **The Business Case**
- > **Respectful Relationships**
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- > **The Power of Coalitions**
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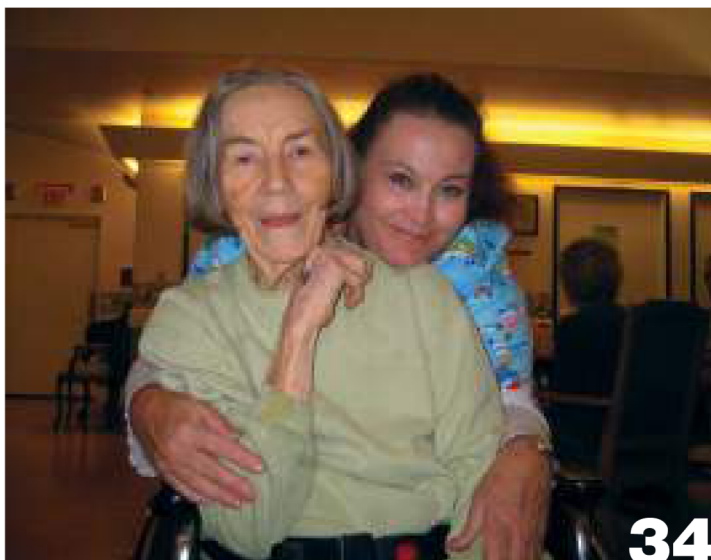
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BJBC: A Smart Investment in Workers and Quality

This issue of *FutureAge* is devoted to the story of Better Jobs Better Care (BJBC), a four-year, \$15.5 million research and demonstration program funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies.

BJBC is built around two simple but powerful concepts. First, quality long-term care is dependent on the availability of a stable, competent and committed long-term care workforce. Second, unless employers can guarantee direct care workers improved working conditions, better training and quality jobs, the epidemic of high turnover and vacancy rates that has plagued the long-term care field will continue.

Now these two concepts seem almost self-evident—widely accepted by many policy makers, long-term care employers and consumers. Over the past decade, the direct care workforce itself dramatically brought them to our attention—as these workers began leaving their jobs in droves for easier, safer, better-paying jobs outside of the long-term care system. By the time the Institute of Medicine issued its 2001 report on long-term care quality, acknowledging that the “quality of (long-term) care depends largely on the performance of the caregiving workforce,” both providers and policy makers were beginning to understand the magnitude of the crisis they were facing.

A Successful Partnership

Better Jobs Better Care was created to support changes in long-term care policy and provider practice that help to ameliorate the instability and chronic shortages of frontline workers across all long-term care settings. The foresight and generosity of our two philanthropic sponsors allowed the Institute for the Future of Aging Services (IFAS) at AAHSA and the Paraprofessional Healthcare Institute (PHI) to make common cause around an issue that was of deep interest to both organizations.

Through our partnership, we brought together complementary perspectives, experiences and skills. At IFAS, we brought a strongly held belief in the importance of building an evidence base that provides employers, workers and policy makers with concrete information about which workforce interventions actually work to reduce turnover and vacancies and increase job satisfaction. At PHI, we brought to bear our “on the ground” experience in developing and implementing workforce improvements and our belief that all stakeholders—providers, consumers and labor—must work together to achieve public policies on behalf of workers and consumers.

Out of our differing but complementary perspectives were born the two halves of BJBC: eight applied research projects to build the evidence base, and five state demonstrations in which key stakeholders would cooperate to improve the quality of long-term care jobs through new public policy and provider initiatives.

It is now four years later, and this phase of BJBC is coming to an end. We have learned a lot from our demonstration and research partners, some of which is shared with you in the articles that follow.

From our perspective, the most important take-away theme is that this unprecedented investment in improving the long-term care

frontline workforce has made a difference. One of our grantees, the North Carolina Foundation for Advanced Health Program and its Partner Team, established the first state special licensure program that rewards providers who have implemented workforce practices that reduce turnover and vacancies.

Other grantees, Karl Pillemer and Rhoda Meador from Cornell University, helped several nursing homes in New York and Connecticut cut their turnover rates almost in half by training a current staff person to become a retention specialist.

Another, the Indiana County Healthcare Careers Consortium, a regional partner of the Pennsylvania grantee, the Center for the Rights and Interests of the Elderly (CARIE), created a talent bank where competing long-term care employers pool resources to recruit and share potential employees so they all can meet their missions.

From Candace Howes, our Connecticut College grantee, we learned what we intuitively believed but rigorous research had not confirmed – that competitive wages and benefits attract new workers into long-term care jobs and improve job retention. We also learned that long-term care employers can be motivated to improve wages and benefits if they understand the cost of vacancies and turnover to their bottom line.



Robyn I. Stone



Steven L. Dawson

The Keys to Workforce Retention

The program also convinced us that better wages and benefits are not enough. Direct care workers who are involved in workplace change and policy advocacy are more satisfied in their jobs and more likely to stay in them. It is also clear from our grantees’ experience that the leadership and management skills of nurse supervisors must be strengthened to achieve a motivated, high-performing direct care workforce. We learned that communication skills, problem-solving and team building are valued by direct care workers and ought to be part of their basic training.

During this decade, an estimated 800,000 new frontline workers will be needed by older adults and people with disabilities, while workers who have traditionally filled these jobs will have many, potentially more attractive, job options. We believe the field is better prepared for this challenge because of the hard work and creativity of our BJBC grantees. Both of us thank the Robert Wood Johnson Foundation and The Atlantic Philanthropies for their willingness to spotlight the direct care workforce where they belong: at long-term care’s center stage.

The articles in this issue will give you more information about Better Jobs Better Care findings and lessons learned. Our message to *FutureAge* readers is that investing in your workforce is the key to workforce retention. It is both good business and your path to quality care. We hope the stories you read will encourage you to continue on this journey. *ifA*

Robyn I. Stone, Dr.P.H., is program director for Better Jobs Better Care, executive director of the Institute for the Future of Aging Services, and senior vice president of research for AASHA. Steven L. Dawson is president of the Paraprofessional Healthcare Institute.

from the editor

The Heart of the Work by Gene Mitchell

When planning began for this issue of *FutureAge*—the first we have ever devoted entirely to one subject—I was nervous about focusing on a single topic. Would there be enough to say about direct care workforce issues? Would we turn away readers who wanted a greater variety of subject matter?

I feel much better now. First, there is most definitely enough to say about these issues. Second, in a people profession like aging services, the work at the heart of our mission is done one-on-one by frontline workers. All that “greater variety” would be irrelevant without the work these dedicated caregivers do, in every part of the continuum. This issue also testifies to the value of AAHSA’s Institute for the Future of Aging Services (IFAS) as it brings applied research to aging services.


In “The Business Case for Investing in Staff Retention” (p. 8), simple calculations reveal how much financial damage is done by high turnover, and how smart spending on retention efforts goes straight to the bottom line. That financial argument segues naturally into “Respectful Relationships” (p. 12), which demonstrates how direct care workers can thrive when they are supported and given opportunities for learning and advancement.

“Workplace Interventions for Retention, Quality and Performance” (p. 16) profiles a BJBC-sponsored program that trains supervisors to implement retention strategies, and another that tailors continuing education to the needs and schedules of direct care workers.

In “The Public Policy Journey” (p. 20), IFAS Executive Director Robyn Stone explains why creative retention practices must be paired with state and federal policy reforms to meet the nation’s needs in the years to come. In a related vein, “Coalitions Harness the Power of Change” (p. 26) looks at the coalitions behind the five BJBC demonstration projects, and how collaboration made those projects possible.

Six direct care workers describe their own empowerment while involved with BJBC programs in “Workers Are at the Heart of BJBC” (p. 33). “Training that Really Works” (p. 34) shows that not all training is good training, and looks at some examples of how it can improve. Finally, “Where Are the Workers?” (p. 40) covers two studies that found untapped pools of potential frontline workers.

I should extend special thanks to Linda Barbarotta, senior communications associate for BJBC and IFAS, without whom this special issue of *FutureAge* would not have been possible. Linda coordinated endless details and guided the editorial process to be sure every aspect of this groundbreaking program was covered.

Speaking of staff development, this is a good time to remind you that any employee of an AAHSA-member organization can receive his or her own free subscription to *FutureAge*. Visit www.aahsa.org/pubs_resources/futureage/default.asp and click on “Subscribe to *FutureAge*” to download a subscription form. Be sure to include each subscribing employee’s name, e-mail, street address and title. 

The Business Case for Investing in Staff Retention

Can You Afford Not To?

by David Farrell and Steven Dawson

High turnover among direct care workers creates a host of problems for aging-services providers and the seniors they serve: reduced quality and continuity of care, increased stress for remaining staff, inefficient use of time due to the need for constant recruiting and training, and truly staggering costs.

This article looks at the last of those problems, as quantified by the Better Jobs Better Care (BJBC) program, and shows how proactive efforts to reduce turnover—some expensive, some simple and cheap—are almost always worth the effort. Providers who solve the turnover problem free up tremendous resources that can be used to improve training, increase wages, boost staff satisfaction and bring in more residents and home care clients.

“**I**nevitable” is what most home care and nursing home providers say when asked about the high turnover of their frontline staff. Within home care agencies, turnover of aides generally runs between 40 and 60 percent. In nursing homes, the turnover rate of certified nurse aides (CNAs) is estimated at 70 percent.

Yet “shocked!” is what providers remark, if they take the time to calculate their annual turnover costs and tally up the enormous expense associated with replacing caregivers each year. When Dorie Seavey, national policy specialist with the

Paraprofessional Healthcare Institute (PHI), reviewed the research on the cost of replacing direct care staff for the Better Jobs Better Care (BJBC) program, she found a minimum average cost of \$2,500 to replace each lost worker.

But there is another important reason for providers to be alarmed at the turnover rate. Keeping staff—leading to more consistent caregiving practices—is associated with improved client and resident satisfaction and quality of care. As Robyn Stone, executive director of AAHSA’s Institute for the Future of Aging Services (IFAS) and leader of the BJBC program, noted after reviewing the findings from the BJBC researchers and others, “Better jobs really mean better care. When facilities and agencies have direct care workers who are empowered to provide services in a stable, healthy work environment and offer continuity of care, providers are much more able to address the needs of residents and consumers.”

The BJBC program, which funded eight research studies and five state demonstration sites, looked at the causes of turnover and found solutions that worked. A number of providers involved in the program successfully reduced their turnover and improved staff and consumer satisfaction.



The Real Cost of Turnover

According to Seavey, the estimated turnover cost per worker, \$2,500, is supported by the existing empirical literature but only represents the direct costs from recruiting and training new employees and from the costs associated with separation and vacancy. Indirect costs, while much more difficult to measure, are just as real. They include lost productivity (until a replacement is trained), reduced quality to clients and lost client revenues (existing and potential) due to deterioration in the provider's image. Indirect costs can also include deterioration in the organizational culture and employee morale, which can adversely impact a provider's reputation and quality of care, leading to further increases in turnover.

There Are Solutions

While these costs may be overwhelming, there are solutions. "All providers can reduce turnover costs by knowing the true cost of turnover, calculating the costs carefully and investing in proven retention strategies," says Seavey.

However, given tight reimbursements, the question for any individual provider remains, "Can my agency afford those investments?"

There is a formula you can use to figure out what you are already spending on turnover. Knowing this data may help you

inescapable: A provider that averages 40 terminations annually is spending approximately \$100,000 each year in additional recruitment, orientation, training, disciplinary and termination costs.

	Projected savings from reduced turnover/vacancies
(+)	Projected income from more clients served
(-)	Additional cost of retention practices
(=)	Net cost or benefit

Plugging numbers into the example above, your calculation might go something like:

\$50,000	Savings from reduced turnover/vacancy
(+)	\$10,000 Net income (after subtracting fixed costs) of serving five <i>additional</i> residents or clients annually
(-)	\$45,000 Additional training, seniority wage increases, peer mentor program, and other personnel costs associated with stabilizing staff, etc.
(=)	\$15,000 Positive net benefit

"All providers can reduce turnover costs by knowing the true cost of turnover, calculating the costs carefully and investing in proven retention strategies."

think about ways to redeploy and redistribute this money to reduce turnover, rather than just pay for it.

Here is a "back of the envelope" calculation: Pencil out the following for your organization: The number of direct care terminations times \$2,500 equals the annual cost of turnover. The math is

If you could cut those terminations in half, you would lower those expenses to \$50,000, and in turn provide not only a more consistent, higher quality of care, but might also—by having fewer vacancies—allow your organization to serve more clients, and therefore increase income.

As always, it "takes money to make

Reduced Turnover Goes Straight to Bottom Line

As a consultant working with Barbara Frank and Cathie Brady of B&F Consultants, I was part of the team that helped Scott West calculate the financial returns from the investments at Birchwood. I was so impressed with West's results that I took the same staff-investment strategy with me to California when I became administrator of the Oakland-based Medical Hill Rehabilitation Center (MHRC), owned by the Ocadian Care Centers.

At MHRC, I found that our average cost of finding and replacing a single CNA was—very conservatively—\$1,961. With an annual CNA turnover rate of 94 percent, MHRC was on track to spend over \$100,000 replacing CNAs in 2006. In addition, our schedule was unstable and our staffing was inconsistent. In response—thanks to the support of Ocadian's CEO, Robert Peirce, and Chief Operating Officer Lynn Blair—I began investing in some proven staff retention strategies, focusing on changing the organizational culture toward more individualized, person-directed care.

Our investments were not unique or expensive, but they were evidence-based interventions that represented a multi-faceted approach. Over the past six months, as staffing stabilized, the results have been dramatic: Our annualized CNA turnover rate has dropped from 94 percent to 29 percent, representing significant savings. Reducing turnover can also lead to a decrease in workmen's compensation, health insurance premiums and health care costs, and lower the indirect costs of turnover from lost productivity and the loss of clients to other agencies, among others.

For MHRC, investing in retention strategies has paid off. We now have no vacant positions. Consequently, our resident occupancy rate has increased from 87 percent to 93.5 percent. And the future continues to look promising: CNA applicants are now waiting in line to be employed here.

Remarkably, by stabilizing our staff, we have been able to increase direct-care wages while our overall payroll has dropped.

—David Farrell

money.” So the second calculation (which might take a bit more pencil work, but is well worth the time) is to figure out how to use the money you would be spending anyway to keep staff rather than replace them.


The specifics for your organization will differ, but the experience of several providers involved with BJBC suggest that a range of investments—some large, many small—make high rates of turnover not inevitable after all. Linda Bettinazzi, executive director of the VNA of Indiana County and a regional coordinator for BJBC in Pennsylvania, led by the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), got wonderful results after investing in her home care workers: “When we started our Extended Home Care Agency, we would have all part-time workers with no benefits, minimum wage. And then we wondered why we not only had massive turnover, but were turning down cases because we had no staff.”

As a result of workforce investments such as providing coaching supervision training to home care workers and supervisors, and creating a career lattice program, VNA’s turnover rate went from 53 percent in 2003 to 11 percent in 2006. Bettinazzi adds, “We have higher revenues than we’ve ever had.”

Scott West, another BJBC participant and administrator at Birchwood Terrace Healthcare in Burlington, Vt., reported on what happened after BJBC in Vermont, led by the Community of Vermont Elders (COVE), helped stabilize his staffing by increasing the percentage of his permanent full-time and part-time staff.

“The most effective change was the wage package. It really helped us stabilize our staffing,” says West. “Stabilizing staffing allows you to ... spend more time speaking to residents and speaking to staff. Other than trying to constantly worry about who is on a schedule, we can actually spend time on doing things that are going to promote better patient care.

“Based on the BJBC work, our RN full-time/part-time permanent staff grew by at least 20 percent. Our LPNs [increased] by almost 20 percent, and our aides [increased] by at least another 17 percent. Being able to spend time on retaining people versus trying to recruit them is huge.”

The BJBC program is showing providers that expending precious resources on retention strategies is an investment, not an expense. In order to make it easier to calculate whether a particular organization can expect to see a return on its investment, PHI (the BJBC national technical assistance organization) is preparing to release a free, Web-based business calculator. The calculator will allow a provider to create different retention investment scenarios specific to his or her organization. This tool, to be released in summer 2007, will facilitate sound decision making and intelligent investments in retention strategies. Look for it at www.directcareclearinghouse.org. 

David Farrell is the administrator of Medical Hill Rehabilitation Center in Oakland, Calif. Steven Dawson is president of the Paraprofessional Healthcare Institute (PHI).

Resources

Better Jobs Better Care

www.bjbc.org. The report, “The Cost of Frontline Turnover in Long-Term Care” by Dorie Seavey, Ph.D., can be downloaded from: www.bjbc.org/page.asp?pgID=27,

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Respectful Relationships:

The Heart of Better Jobs Better Care

by Ingrid McDonald and Karen Kahn

Evelyn Hyman was a direct care worker for 14 years. She enjoyed the relationships and the feeling of success: “When I left my clients and never came back, then I knew that I’d done my job. They were independent again. It was really rewarding for me to see that.” But Evelyn remembers when she first became a certified nurse aide (CNA). She worked in a nursing home, and says that she and her coworkers were not valued at all.

Regrettably, Hyman’s feelings are often echoed by direct care workers across long-term care settings. Workers say that their supervisors—and sometimes those they care for and, many times, their peers—don’t respect who they are or value the work they do. Seen as unskilled workers without a future, many are paid poorly, given inadequate training and offered far too little support to meet the complex challenges of caring for people with multiple physical, emotional and spiritual needs. Add to this the misunderstandings that result from differences in race, culture and class, and it’s not surprising that turnover rates among frontline workers average 70 percent or more in nursing homes and 40 to 60 percent in home care.

Today, these sky-high turnover rates undermine the ability of employers to provide the high-quality services consumers want and

“care gap” makes it imperative that long-term care providers address the challenges of recruiting and retaining direct care workers. Creating a respectful workplace that demonstrates that all employees are valued for their contributions to caregiving is essential to meeting that challenge.

Creating Respectful Environments

BJBC, through its research and demonstration programs, identified multiple strategies for creating workplaces that are more respectful and for reducing turnover. Of course, with an increasingly diverse direct care workforce, improving communication and understanding across differences is critical. But equally important to retaining direct care workers is building a strong foundation of respect through supportive supervision, peer mentoring and team building. Direct care workers need opportunities to grow and learn and become leaders just as nurses and managers do. When treated as valued members of the care team, direct care workers become more valued employees.

Building a Foundation for Respect

There is a saying that goes, “People don’t leave their jobs, they leave their supervisors.” A direct care worker’s relationship with his or her supervisor is often the most

Direct care workers not only have difficult, low-paying, frustrating jobs, they can also face negative perceptions (often from their own supervisors), inconsistent training, poor support and misunderstandings due to race, culture and class differences.

Better Jobs Better Care’s research and demonstration programs, the Paraprofessional Healthcare Institute and others have identified many strategies for creating “respectful workplaces” in which employees are supported and given opportunities to learn and develop leadership abilities.

This article is excerpted from a longer piece with the same title published in the Better Jobs Better Care Issue Brief series. The full issue brief, which includes footnotes, will be available at www.bjbc.org by April 1, 2007.

There are many ways to create respectful work environments, but first it is important to know what “respect” means to the people in your organization.

deserve. According to Better Jobs Better Care (BJBC) researcher Christine Bishop, “A resident’s satisfaction with his/her relationship to nursing staff was found to be significantly related to the proportion of CNAs on the resident’s unit who said they intended to stay in the job.” In addition, CNAs who felt their supervisors were calling on their knowledge of residents and who felt they had control over their work, were more likely to express a strong sense of responsibility toward residents they cared for, and experienced more job satisfaction.

This situation will only get worse as the nation’s population ages. The looming

influential factor in whether the worker feels valued and respected at work and decides to stay in the job. Thus, the National Commission on Nursing Workforce for Long-Term Care recommends long-term care employers adopt “a strong nurse leader/management model based in a less hierarchical approach that relies on coaching, mentoring and building high performing self-managed teams.”

Several organizations are promoting new models of supervision based on these principles, and are thereby laying the foundation for respectful workplaces around the country. For example, the

LEAP program—which stands for Learn, Empower, Achieve and Produce—focuses on “creating person-centered workplaces made up of supportive, empowered care teams,” says program co-founder Anna Ortigara, vice president, Campaign for Cultural Transformation for Life Services Network (LSN), AAHSA’s state association partner in Illinois. Nurses in the LEAP program—which was created by Mather-LifeWays and LSN—are trained to see themselves as “care-team leaders” rather than traditional supervisors.

At the Loveland Good Samaritan Home in Colorado, nurses who went through the



Cathedral Square Corporation

Cathedral Square Senior Living works to bridge cultural differences between its residents and its staff, many of whom are from other countries. Here, staff donned traditional Tibetan dress as part of a Summer Journey Around the World Program.

LEAP program developed better communication with their CNAs. The nursing home also implemented LEAP's level 2 CNA training, providing a career advancement opportunity for frontline staff. Level 2 CNAs, who receive a small pay increase, take on new responsibilities such as training, mentoring and participating in patient care committees and resident care conferences, making the care-team approach even more effective. When asked how being a level 2 CNA made a difference for her, one CNA responded, "I feel that I am important and that my coworkers and the management have trust in me and the job that I do and because of that I feel more empowered."

Northern New England LEADS (Leadership, Education and Advocacy for Direct Care and Support) also focuses on improving supervisory relationships and providing leadership and growth opportunities for direct care workers.

LEADS trains supervisors in a coaching approach to supervision, a model centered on building relationships with supervisees, constructively presenting and addressing problems, and helping workers develop problem-solving skills. The core of the approach is learning to listen attentively in order to understand the perspective of the worker when a problem arises. As a result, workers feel valued and respected, and managers are more successful.

LEADS participant Kathy McCollet, an assistant director of nursing at Edgewood Centre in Portsmouth, N.H., found that the coaching supervision training provided by the Paraprofessional Healthcare Institute (PHI) was invaluable. "I feel confident that I have the tools to help [workers] come to their own solutions. I no longer feel put on the spot to come up with a solution for them." She says she is already experiencing a decrease in the number of problems coming her way. By respecting their ability to find their own solutions, McCollet has given her staff greater confidence and as a result, they are willing to take greater responsibility for decision-making.

One of the most exciting aspects of the LEADS program, according to Ken Sandberg, chief operating officer of the Cedars in Portland, Maine, was the inclusion of direct care workers in each organization's culture change leadership team. "Being involved with LEADS has awakened our organization to the benefits of tapping into the voices and insights of our direct caregivers and support staff," says Sandberg. "It is inspiring to watch empowered staff rise

to the occasion, to get involved in making decisions, and to help shape new and better ways of providing the best quality care."

Both LEAP and LEADS demonstrate that showing respect for direct care staff means more than holding an annual dinner and awards night. It means providing real opportunities for workers to contribute at multiple levels within their organizations.

Promoting Communication and Understanding Across Differences

Providing support and opportunities for direct care workers communicates that their supervisors value their contributions and respect who they are. For these inter-

ventions to be effective, however, organizations must also promote communication and understanding that breaks through the barriers of racial, ethnic and class differences. Many organizations are engaging in this work with their staff, but fewer have taken it on with residents as well. That is what is unique about the work done by Vermont's Cathedral Square Senior Living, a BJBC participant.

As Cathedral Square Senior Living's staff has become increasingly diverse, the organization felt a need to bridge the distance between direct care workers and the residents it cares for. "We thought providing education around cultural diversity for staff and residents would strengthen relationships," says Human Resources Director Kay Jarvis. As a result of these efforts, Jarvis says, staff and residents have "a deeper appreciation and understanding of everyone's differences ... It has helped us enhance our teamwork and made a friendlier work environment."

There are many ways to create respectful work environments, but first it is important to know what "respect" means to the people in your organization.

Maria Elena Del Valle, a New York-based training specialist with PHI, has been helping organizations improve communication, collaboration and cross-cultural communication for more than two decades. Central to her work, says Del Valle, is the understanding that "communication is the heartbeat of an organization and when it fails, the organization is in trouble. People need to make a commitment to get to know each other better."

Del Valle starts her work with long-term care organizations by having people talk to one another about what a respectful workplace is. During brainstorming sessions, Del Valle says, "People are surprised that they use the same language and all want the same thing. Phrases such as 'do unto others as you would have them do unto you' and 'you give what you get' are universal. People from different cultures are delighted when they find out they share these cultural values and ideas about what respect is."

Once organizations have defined respect, interactive discussions and role playing allow people to explore the issues further. "Many times the behavior that causes people to feel disrespected is unintentional," says Del Valle. "Role-plays create an environ-

ment to help people see these behaviors from a different perspective and then talk about what is going on.”

At Cathedral Square Senior Living, role playing helped to tease out the issues at play among workers—many of whom are recent immigrants from Bosnia, Tibet and other developing countries—and the residents, who are low- and middle-income Vermonters. In one case, a humorous role-play opened up a discussion of how certain gestures and language felt disrespectful to staff.

“Humor and playfulness,” says Del Valle, “are an important part of the conversation because they let people’s defenses down and open up discussion.” In this case, staff were able to educate residents about how particular behaviors felt demeaning, even if that was not intended.

Changing Practices to Promote Respect: Practical Suggestions


Putting new respectful practices into operation can be difficult. As part of her BJBC research, Boston University’s Victoria Parker studied how culturally diverse nursing homes go about this process. Parker describes how important it is for facilities to engage in continuous interventions and institutionalize responsibility for this work so that it lies with more than one person.

One of her most important findings showed that for an organization to be truly culturally competent, it must look beyond language and include nonverbal communication, food, music, religious practices and end-of-life customs. Workers feel more respected and valued in an organization they perceive as more culturally competent. Her research also found that managers and frontline workers often have significantly different perceptions of the cultural competence of an organization.

To get started, here are five practical suggestions:

- 1. Take a “relationships inventory.”** Examine the supervisory style within your organization and consider whether change is necessary. Would training in coaching supervision benefit your organization? Can you improve peer-to-peer relationships with mentoring or other team-building activities? Do residents show respect for the staff who care for them on a daily basis?
- 2. Listen to what workers say about respect.** Listening well is critical to laying a strong foundation for respect. Don’t presume you know what workers think. Listen with curiosity and without judgment. Then consider how to make improvements.
- 3. Think in terms of maximizing human potential.** Offer workers opportunities to learn and grow. Education and training are important, but so are opportunities to mentor, to participate in care teams, and to lead change efforts.
- 4. Identify changes necessary to “operationalize” respect.** Review policies and practices and look for ways to show workers they are respected, valued and heard. Pay special attention to how your organization responds to workers who feel they are being discriminated against because of their language, culture or race.
- 5. Commit to making continuous improvements.** There is no single, magic bullet to create a more respectful workplace.

Outside consultants will not “solve the problem.” It takes continued effort to create an environment that encourages people to listen, learn and participate.

Fortunately, one innovation to create a more respectful work environment is likely to lead to another as workers feel more empowered to articulate their needs and interests. An organization that implements the LEAP program or adopts a coaching-supervision model will open new lines of communication with workers that will point to other changes in practice or policy that also will be valuable in creating a culture of respect. Be intentional about making sure that this process is highly inclusive of staff at all levels, is recognized as an organizational priority, and continues over time. 

Ingrid McDonald is a consultant to the Paraprofessional Healthcare Institute (PHI) with expertise in coalition building, long-term care policy and financing and direct care worker training. Karen Kahn is director of communications for PHI.

Resources

Better Jobs Better Care

www.bjbc.org.

Stand Up and Tell Them: Views from the Frontline in Long-Term Care (video)

Produced by Better Jobs Better Care, *Stand Up and Tell Them: Views from the Frontline in Long-Term Care* includes the story of Evelyn Hyman. It is available in videotape (\$15) or DVD (\$25) versions (the DVD includes both 25-minute and 10-minute versions). A discussion guide (\$10) is also available. E-mail Sherry Giles at sgiles@aahsa.org or call (202) 508-1216.

Institute for the Future of Aging Services (IFAS)

www.futureofaging.org.

Paraprofessional Healthcare Institute, Bronx, N.Y.

www.paraprofessional.org or (718) 402-7766.

National Commission on Nursing Workforce for Long-Term Care

The Commission’s final report, “Act Now for your Tomorrow,” can be downloaded from www.futureofaging.org. Click on “Publications” and scroll down to the 2005 listings.

LEAP Program, Mather LifeWays, Evanston, Ill., and Life Services Network, Hinsdale, Ill.

Contact: Anna Ortigara R.N., M.S., FAAN, vice president, Campaign for Cultural Transformation, annao@lsni.org or (630) 325-6170. LEAP on the Web: www.matherlifeways.com/re_leap.asp.

Loveland Good Samaritan Village, Loveland, Colo.

Contact: Marie Moran, R.N., SDC, mmoran@goodsam.com or (970) 669-3101 x276.

Northern New England LEADS Institute

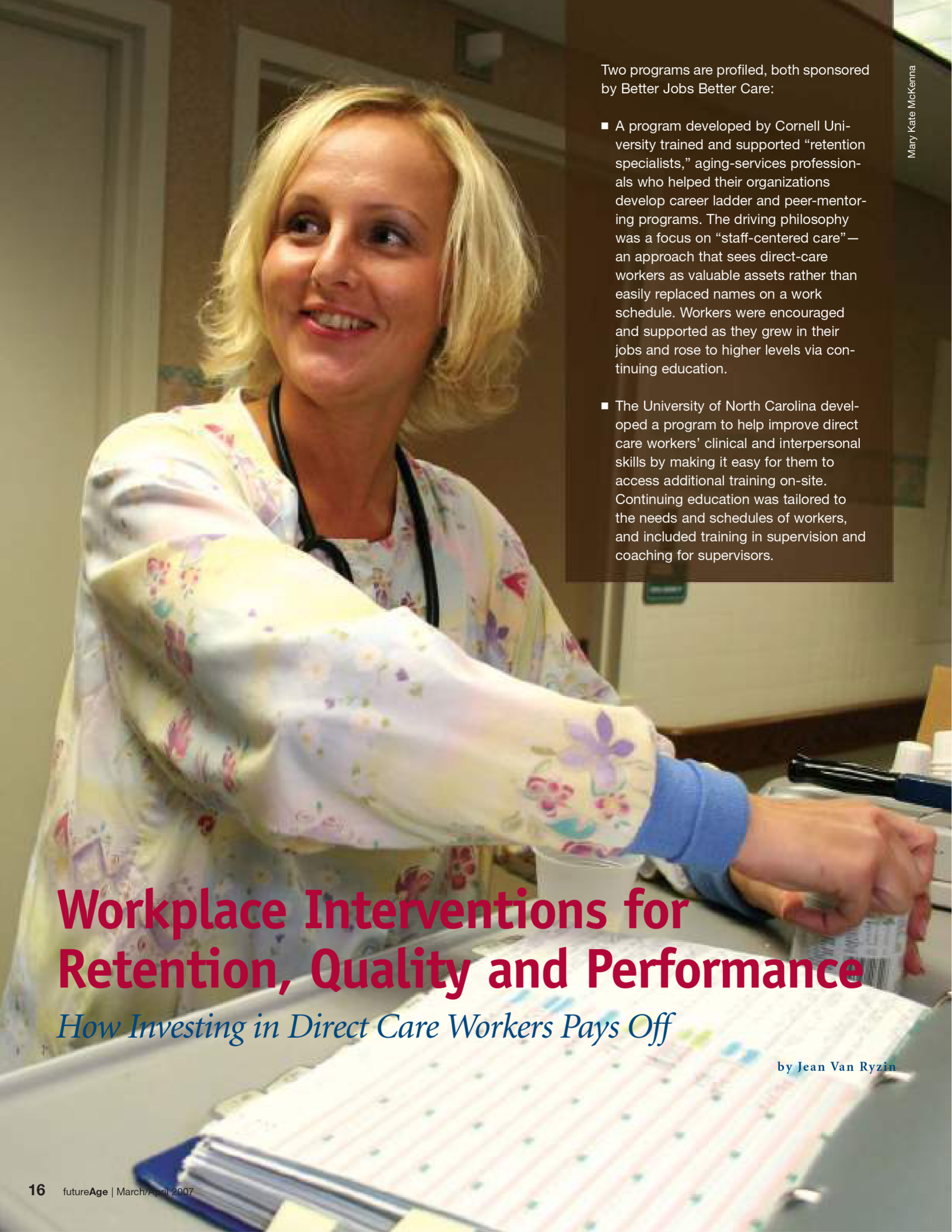
www.paraprofessional.org/Sections/leads.htm

The Cedars, Portland, Maine

Contact: Kenneth Sandberg, chief operating officer, ksandberg@thecedarsportland.org or (207) 775-4111

Cathedral Square Corporation, Burlington, Vt.

Contact: Kay Jarvis, human resources director, jarvis@cathedralsquare.org or (802) 863-2224.



Mary Kate McKenna

Two programs are profiled, both sponsored by Better Jobs Better Care:

- A program developed by Cornell University trained and supported “retention specialists,” aging-services professionals who helped their organizations develop career ladder and peer-mentoring programs. The driving philosophy was a focus on “staff-centered care”—an approach that sees direct-care workers as valuable assets rather than easily replaced names on a work schedule. Workers were encouraged and supported as they grew in their jobs and rose to higher levels via continuing education.
- The University of North Carolina developed a program to help improve direct care workers’ clinical and interpersonal skills by making it easy for them to access additional training on-site. Continuing education was tailored to the needs and schedules of workers, and included training in supervision and coaching for supervisors.

Workplace Interventions for Retention, Quality and Performance

How Investing in Direct Care Workers Pays Off

by Jean Van Ryzin

When Holly Glassford's administrator asked her to participate in a program that would train her to be an expert in retaining direct care workers, she was perplexed.

"I thought, 'I'm not a nurse. I'm not on the units every day. I get people in the door, but it's the nursing department that interacts with CNAs ... not me,'" says Glassford, who is director of human resources at Rosewood Heights Nursing Facility in Syracuse, N.Y. "I didn't see how I could have an impact on staff retention."

Reluctantly, Glassford joined the "retention specialist" program, which was developed by Cornell University's Institute for Translational Research on Aging. Sponsored by the Better Jobs Better Care (BJBC) initiative, Cornell researchers were testing a simple hypothesis: that training one nursing home employee to be a "retention specialist"—with the expertise and ongoing support to systematically address problems of low job satisfaction and resulting turnover—could create a more stable and satisfied direct care workforce.

Despite her skepticism, Glassford listened intently as the instructors in the three-day training talked about various evidence-based methods of retaining direct care staff. She quickly saw the value of two programs for Rosewood Heights:

Several CNAs signed up immediately, and five have since become LPNs. Now, there is a steady flow of two to four CNAs taking classes each semester. While the director of nursing wasn't thrilled with the scheduling changes at first, she has learned to expect that schedules need to be rearranged each semester.

"We're the only facility in the area that works around the nursing school schedule," Glassford says. "We're offering something no one else is. People come here looking for work because they know we will help them ... this program tells them, 'We care about you.'" Better yet, "every one of the CNAs who has earned their LPN has stayed with us," she added.

"If it wasn't for the help I got [at Rosewood Heights], I probably wouldn't have ever gone back to school," admitted Tabitha Montanez, a CNA who joined the career ladder program, completed her LPN and now is waiting to take her boards. "It's hard for someone who is self-supporting and can't afford the tuition to do it on their own. I got the days off I asked for and needed, so I wasn't exhausted from school. It made me appreciate working here more."

A peer mentoring program has had a



Inspired by BJBC-sponsored research, Rosewood Heights Nursing Facility has created successful career ladder and peer mentoring programs for CNAs. Tabitha Montanez (left) has completed her LPN and is waiting to take her boards. Glenda Patrick (right) is part of the peer mentoring program. Holly Glassford (center), Rosewood Heights' director of human resources, has taken on the role of a "retention specialist."

We then had other CNAs also want to become mentors. We now have LPNs who want and receive the same training ... it kind of snowballed!"

"We found that both CNA and coaching supervision training need to happen together; they really enhance each other."

creating a career ladder and offering peer mentoring for certified nursing assistants (CNAs).

Glassford returned to her facility armed with knowledge and enthusiasm. She first set up a career ladder to help CNAs become licensed practical nurses (LPNs) by steering them to nearby nursing schools and—even more importantly—giving them the flexible schedules they needed to take classes while also keeping their full-time jobs and benefits.

It didn't take long for the idea to catch

similar positive effect at the facility. Glassford invited CNAs to attend a mentor training program. Those who completed the workshop had their photos posted in the lobby and received new name badges. The newly minted mentors received so much special recognition, the LPNs soon asked for a mentoring program of their own.

"It started with CNAs not wanting to do it at first," Glassford recalls. "But we made it special—sent out invitations, had refreshments and held the training off-site.

"I feel good mentoring, so I could help somebody in that area," says Glenda Patrick, a CNA who became a mentor through the program. "It makes you do a better job. You set the standard for yourself and the people you are training. No cutting corners!"

A Humanistic Approach

The career ladder and mentoring programs at Rosewood Heights are just two examples of the deep system change needed to make a true impact on the

stability and satisfaction of the direct care workforce in long-term care, says Rhoda Meador, associate director of Cornell's Institute for Translational Research on Aging.

Solving the long-term care staffing crisis is much more than a dollars-and-cents issue, experts agree. It's also about respect, communication, opportunities for advancement and recognition. It's about changing how nursing home administration thinks about direct care staff—from seeing them as workers who can easily be replaced to viewing them as valuable

retention specialists learned how to implement and evaluate a range of proven strategies such as peer mentoring, career ladders, communication skills, work and family support, respect, recognition and supervision training.

"These individuals then went back to their facilities to act as catalysts to facilitate change," Meador explains. "They were charged with making direct care staff the focus of their attention and energy, and they began to recognize that direct care staff is the key to quality care." Retention specialists were expected to devote at least

21 percent to 17 percent, but did not change in the control facilities. In the second six months, the turnover declined even more—from 17 percent to 11 percent—and again did not change significantly in the control facilities.

Moreover, interviews with the CNAs revealed that those at facilities with a retention specialist perceived the quality of care and quality of administration to be better, and felt that their administrations really cared about their employees.

Throughout the participating facilities, "We saw subtle, but very profound

"We're offering something no one else is. People come here looking for work because they know we will help them ... this program tells them, 'We care about you.'"

employees who are worthy of investment.

"We need to refocus on a more humanistic approach to direct care staff," Meador explains. "It's not just about resident-centered care, but also staff-centered care. This is about putting human resources at the heart of the organization. This is especially critical for long-term care, where staff is the service."

Meador and her colleagues discovered that putting a retention specialist in a nursing home can have a positive effect on CNA retention, as well as on CNAs' perception of their facility and its efforts to keep employees.

In the study, researchers trained retention specialists at 16 nursing homes in New York and Connecticut, and compared selected measures over 12 months with 16 other nursing homes without specialists. In each nursing home in the first group, Cornell trained one staff person to be a retention "champion" by building on her capacity to act as a leader and by providing her with technical information on evidence-based programs effective in retaining direct care staff. The individuals selected were typically mid-level supervisors, including staff development coordinators, human resources directors and directors of nursing.

In a three-day, off-site training, the

20 percent of their time to retention efforts.

Throughout the project, retention specialists had access to support and materials through a Web site, telephone contact and print materials. Researchers interviewed them, as well as the CNAs and nursing home administrators at all of the facilities in the study.

In the first six months, researchers discovered that average turnover in the retention specialist facilities declined from

changes," Meador says. "It was really transformative learning, in which everyone in the organization changed and began to imagine possibilities they wouldn't have before."

"The most important thing I learned from being part of the career ladder program is that anything is possible," says Rosewood Heights' Montanez. "You can always reach for your goals, better yourself and get an education."



Well-Spring Retirement Community

A Step Up

Education and training were key elements to another BJBC research project that proved that investing in direct care workers can have an impact on their morale and ability to deliver quality care.

Researchers at the University of North Carolina (UNC) measured the success of an ongoing workforce development program in the state's nursing homes. The program, called WIN A STEP UP, brings a 33-hour curriculum to direct care workers to improve their clinical and interpersonal skills. A key feature of the program is that all participants must commit to attending classes and remaining at the facility for three months after completing the program. The nursing homes also make a commitment to give participants staff time to attend the training and a \$75 retention bonus or a 25-cent-per-hour wage increase to successful participants.

"Many of these workers want to get additional training, but there are just too many obstacles in their way," says Jennifer Craft Morgan, associate director for research at UNC's Institute on Aging. "They're often disadvantaged, have families of their own and some are even working two jobs. They just don't have the time to do it, and there are no real programs out there for them."

WIN A STEP UP solves these issues by bringing education to the workplace and meeting the unique needs of the adult learner, Morgan explains. Classes are small and are scheduled on facility time. Information is presented at the participants' education level and is tailored to individual learning styles. "Being on-site allows there to be teachable moments on the floor, instead of just plunking people in a classroom," Morgan says.

Half of the training is focused on clinical skills, and the other half on interpersonal skills such as being part of a team, being empathetic and fostering good communication—skills few direct care workers learn in school.

WIN A STEP UP also brings CNA supervisors into the picture by offering them a two-day coaching supervision program, provided by the Paraprofessional Healthcare Institute. It's designed to teach nurse supervisors active listening and

problem-solving skills, and to foster an environment of mutual respect.

"It helps supervisors shift their attitude from blaming the direct care staff to helping them help themselves," Morgan says. "We found that both CNA and coaching supervision training need to happen together; they really enhance each other."

Directed by Bob Konrad, co-director of the health professions and primary care program at the Cecil G. Sheps Center for Health Services Research, UNC researchers studied eight nursing homes that implemented WIN A STEP UP, and 10 that did not. In addition to interviewing administrators, supervisors and program participants, researchers looked at CNA performance measures to determine if their clinical and interpersonal skills improved.


What they discovered is that this kind of on-site training can go a long way toward boosting workers' confidence, morale and clinical knowledge, as well as fostering their ability to work well as a team, Morgan says. "CNAs said they felt that management was making an investment in them and really cared about them staying," she says. For some, the training was the first step of a career ladder toward special nursing assistant roles or licensed staff programs.

Managers said they saw improved job satisfaction and morale among their CNAs, as well as better teamwork among nurses and CNAs. A review of CNA performance measures found that participants showed significant improvement in both nursing care and supportive leadership compared to CNAs at the control nursing homes.

"The classes improved my care because of the knowledge I gained," says Stacey Proctor, a CNA at Carolina Meadows, a Chapel Hill, N.C., facility that participated in WIN A STEP UP. "I now pick up on little clues I saw before but now I understand that these changes can mean something else could be physically wrong. I have felt new respect from the nurse now that I am able to report findings with more confidence."

Carolina Meadows found WIN A STEP UP to be so successful that it decided to continue the program once the state-funded research project ended.

"Our chief operating officer Bobbie Gray and CEO Kevin McLeod decided to fund the program from within our organization," explains Sharon Smith, director of nursing. "This included \$70 to each participant for each training session completed. The retention incentive of 25 cents per hour after three months was agreed upon as before. A graduation and huge thank-you ceremony at the end was a wonderful celebration. We even made our own diplomas and bought star pins."

What both of these BJBC projects show is that investing in direct care workers not only keeps them satisfied and on the job, but also goes to the heart of long-term care—the residents. Quality workers make for quality care—something everyone can agree on. 

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Resources

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Better Jobs Better Care

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Better Jobs Better Care

The Public Policy Journey

by Robyn Stone

While thoughtful and creative efforts by providers can reduce turnover, improve training and improve quality of care within their own organizations, providers cannot solve all of our nation's workforce problems alone. State and federal policies around reimbursement, consumer protection, training and certification have far-reaching effects on the state of the workforce.

Five Better Jobs Better Care grantees have positively influenced state policy. Innovations include: a new state license program that rewards providers who meet higher standards for workplace culture; development of an occupational profile and core standards for direct care workers; working with state workforce investment boards to create new recruitment and retention programs for providers; and educating legislators on the need for direct care worker training and health insurance coverage.

When the Institute for the Future of Aging Services (IFAS) and the Paraprofessional Healthcare Institute (PHI) launched Better Jobs Better Care (BJBC) in 2002, our goal was to support efforts to change both policy and practice to help reduce turnover among direct care workers. Why? Because the efforts needed to achieve a stable, quality workforce must occur on both the policy and practice level.

From rising health care costs to tightening immigration policies, the issues surrounding our workforce are cross-cutting, controversial and systemic. Providers can't solve these workforce problems alone. State and federal policies, usually beyond the providers' control, significantly affect recruitment and retention. Long-term care costs are largely paid by Medicaid and Medicare and significantly affect provider wages, benefits, certification and training requirements. Regulations that focus on protecting the consumer sometimes do so to the exclusion of worker concerns. At the policy level, BJBC initiatives are addressing more fundamental changes than can be done just at the workplace.

Telling the Story Together: How BJBC's Grantees Changed Policy

Telling the story of policy opportunities and actions around workforce took a band of storytellers. Our demonstration grantees knew that one of the requirements for receiving a grant was to set up a multi-stakeholder coalition to run the project. They learned quickly just how valuable these partners were in helping them make changes in their state. Policy makers are often skeptical of individual constituencies; coalitions that include key stakeholders are usually much more effective in delivering the key messages about workforce. By

bringing long-term care providers together with nontraditional partners such as consumer groups, educators, workforce development boards and direct care workers, policy makers took notice.

Together, these coalitions were able to make significant changes in their state or region. Their work is helping our nation reinvigorate the long-term care workforce, one state at a time.

North Carolina Awards Providers for Workforce Excellence

One of the most exciting policy accomplishments achieved through BJBC was in North Carolina. The BJBC demonstration grantee, the North Carolina Foundation for Advanced Health Programs, created a first-in-the-nation state license program that rewards providers who invest in building a high-quality workforce. The BJBC partner team, made up of all five state provider associations, direct care workers, consumers, regulators and educators, developed this voluntary, raise-the-bar program, known as the North Carolina New Organizational Vision Award (NC NOVA).

The North Carolina Division of Facilities Services awards NC NOVA to nursing homes, assisted living facilities, adult care homes and home care agencies that meet new higher standards for workplace culture.

Providers interested in applying for the license can learn about the license criteria and the application process through a provider manual from the Division of Facilities Services. Two providers have already been awarded this special license.

How did they do it? Susan Harmuth, NC NOVA's project director, believes that the secret to their success was making the connection between common knowledge,

evidence-based practice and innovative solutions: “In our state, we knew the policy makers would not increase the reimbursement rate for the sake of direct care workers alone,” Harmuth said. “That’s why we developed a program that would showcase why providers with exemplary programs should eventually receive extra support.” The vision of the program is to one day tie the voluntary license to higher reimbursement.

Oregon: Planning for the Worker of the Future

Another important element of creating change is building on best practices to make a difference in public policy changes.

because she was sitting at the table. During one session, the coalition was discussing how many CNAs did not want to work in community-based settings, such as assisted living or home care, because it was difficult to accumulate the number of supervisory hours needed to renew their licenses. Buck realized that a change could be made in the definition of supervision that would help eliminate this barrier. She took this idea back to the board of nursing and helped make this change happen without compromising care. It is now easier for CNAs working in the community to get their supervisory hours, helping to bring these trained workers into community settings.

In reflecting on what made BJBC differ-

survey, BJBC-PA, led by the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), set out to create training for new workers that better prepared them for the job. From this came the universal core curriculum (UCC).

The goal of the curriculum is to teach a core set of person-centered skills to every direct care worker that could be used across all settings. These core skills include a lot of what is not usually found in most initial trainings—how to build effective relationships, how to communicate with consumers and staff and how to provide person-centered care. The content is taught using adult learning principles, engaging students in hands-on practice

Susan Harmuth, NC NOVA’s project director, believes the secret to their success was making the connection between common knowledge, evidence-based practice and innovative solutions.

And that’s what leaders of BJBC’s program in Oregon, “Oregon Works!,” did. Their policy committee, made up of a collaborative partnership of more than 20 organizations, took a job profile for direct care workers that had been tested in several providers’ sites and expanded it into the first state occupational profile for entry-level direct care workers across the continuum of care. For the first time, frontline caregivers who were not certified or licensed have a uniform job description and set of core standards. And providers have a best-practice tool to assist them in recruiting and hiring direct care workers and developing training for these workers.

The Oregon policy committee also developed a philosophy statement of person-centered care that could be applied across all settings. The Department of Human Services has endorsed this statement and has already incorporated the language into the newly revised rules for assisted living and residential care facilities.

Oregon’s policy changes also came about through informal ways. Debra Buck of the state board of nursing told a story of one of the policy changes that came about

ent from other groups, Buck noted that “while we all knew each other and were already accustomed to working together, we now had a structure where all the players could be at the table and work as a group to problem-solve. BJBC improved what we already had started.”

BJBC’s policy work also encouraged the governor to include all its public policy recommendations in the latest report of the state’s Long-Term Care Taskforce. Ruth Gulyas, a coalition member and executive director of the Oregon Alliance for Services, AAHSA’s state association partner, believes this policy win is an important step for Oregon’s long-term care system: “The ability to discuss and share these data solidified the need for changes on the facility, local and state level. It’s something we hope we will see continue in the future.”

Pennsylvania: Uniform Training and Partnering with Workforce Investment Boards

Developing a uniform training for direct care workers was also a primary goal of BJBC in Pennsylvania. Cited as a need by Pennsylvania direct care workers in a 2001

and experiential learning through case studies.

“Workers need to be better prepared to give care to the whole person,” says Karen Reeve, project direct of BJBC-PA. “With UCC, workers get the training and education they need, consumers get caregivers that honor them as individuals and providers get a better trained, more stable workforce.”

The curriculum has been successfully tested in four venues and two area agencies on aging have already endorsed UCC to train new workers.

BJBC-PA also found that promoting change in the workforce is not always about creating or improving public policy. It can be about finding an existing program that meets their needs. In Pennsylvania, that meant working with local workforce investment boards (WIBs) to direct people and dollars to the long-term care sector.

Local WIBs, made up of businesses, educators, labor and community-based organizations, are charged with developing the economic growth of a region. According to Dorie Seavey, author of the BJBC issue brief on workforce investment

boards, many local WIBS are putting public dollars in industries that offer communities long-term economic viability. As one of the nation's fastest-growing fields, long-term care is a good match for the investment of these dollars.

In Pennsylvania, the regional BJBC coalition in Indiana County, the Indiana County Healthcare Careers Consortium, convinced the local WIB to identify health care, and long-term care in particular, as one of its industry clusters, a step that would bring in much-needed financial and program support. With this designation, the WIB hired a full-time health care industry coordinator and provided several rounds of funding to the Consortium to help address the shortage of trained direct care workers in the county.

(For more on workforce investment boards, see the sidebar at right.)

Iowa's Strategy: Getting Direct Care Workers to the Table

Iowa's overall policy strategy was simple—keep direct care workforce issues at the forefront of policy discussions and ensure that the direct care worker voice becomes part of decision-making on all levels. Led by the BJBC grantee, the Iowa Caregivers Association, the BJBC coalition was able to move this agenda in several ways. It played a major role in advocating for the Iowa Direct Care Worker Task Force and for funds to maintain and expand the Direct Care Worker Registry. Three direct care workers and two BJBC providers were appointed by the governor to serve on the Task Force. The final report, submitted in December 2006, included recommendations for establishing direct care worker classifications and the functions within each classification and requiring appropriate orientation, education and training.

The Iowa coalition also collaborated with the National Coalition on Health Care, AARP and others to educate legislators, candidates and other policy makers on how the lack of health care affects the Iowa economy and the direct care workforce. This educational effort will continue with a focus on the Iowa Presidential Caucuses in January 2008.

In December 2006, BJBC sponsored Massachusetts Day in Iowa, bringing five key leaders of the health care reform move-

From Obstacles to Opportunities: WIBs and the Long-Term Care Workforce

As the saying goes, opportunity knocks, but you have to listen for it. In the case of long-term care providers, that opportunity is working with their local workforce investment board (WIB).

Part of the U.S. Department of Labor implementation of the 1998 Workforce Investment Act, workforce investment boards encourage workforce development in localities across the United States. These boards, comprising local business leaders and government officials, are responsible for understanding their local economies, listening to the needs of local employers and putting resources into key industries. Boards also establish and oversee a system of one-stop service centers where employers and job seekers can receive services that range from job finding to workforce readiness training, from adult basic education to sophisticated training in technical skills.

What does this program have to do with the long-term care workforce? Just ask Scott Sheely. He is the executive director of the workforce investment board in Lancaster, Pa., Initially, Sheely and his colleagues around the region focused on getting more people involved in health careers. But when the long-term care community shared the need to retain more direct care workers, it became a major priority. As Sheely put it, "When we saw the breadth and depth of this, how could we not act?"

One way the board responded was to improve turnover rates among direct care workers by developing better supervisors. Through a partnership with the Paraprofessional Health Institute (PHI), frontline supervisors from local providers received job coaching and supervisory training while their managers took part in a program on organizational development. PHI trained over 75 people as trainers while the Harrisburg Area Community College provided instruction for more than 150 additional supervisors. Over 30 long-term care providers throughout the region were involved.

After focusing on supervision, the board wanted to explore other ways it could help providers keep direct care workers on the job. "In our informal research with direct care workers, many told us that the training they had received often did not prepare them for dealing with the special needs of dying individuals and the emotional impact it had on them as caregivers," said Sheely.

Using the recommendations of the National Consensus Project for Palliative Care and working with the Hospice of Lancaster County, a training was created that can be delivered virtually or face-to-face to help certified nursing assistants (CNAs) learn how to take better care of their clients and themselves as the person moves toward the end of life. This program will eventually be offered to nurses and other facility staff members.

The board has also worked with local experts to establish the Center for Excellence in Long-Term Care Practice to look for and promote the discovery of emerging ideas for the long-term care practitioner. "The technology that drives this industry is changing rapidly. We want to stay ahead of the technology while, at the same time, promoting practices that keep caring in the forefront," said Sheely.

While not all workforce investment boards around that country provide the same kinds of services, they have many things in common. Most provide free job postings and can bring qualified candidates to the attention of employers. Many offer some level of assessment and pre-employment consultation and coaching and most provide financial support for training qualified individuals in health care occupations such as CNAs or licensed practical nurses (LPNs).

Sheely's advice to providers? "Contact your local board and start by asking about the one-stop centers' services. Talk to them about your need to retain a stable workforce. Most will listen and work with you to find available training resources. Workforce investment boards around the country may be the key to turning an obstacle into an opportunity."

Written by Sarah Mashburn, AAHSA communications associate.



Well-Spring Retirement Community resident Ralph Mullin enjoys a friendly chat with Kesah Jackson, LPN. The North Carolina New Organizational Vision Award (NC NOVA), achieved by Well-Spring, is a great example of a policy accomplishment achieved by coalition building and outreach.

ment in Massachusetts to Iowa to talk with leaders from the health, insurance, business, labor and government sectors about their new plan. As a result, Iowa legislators are now looking at several health care expansion plans that will impact direct care workers and potentially all Iowans.

Data Affirm the Story

While BJBC's state coalition efforts are making a difference now, the BJBC research grantees have provided the information we need to make an impact in the future. Several of our research studies reinforced what our coalitions learned in their explorations: that sustaining a quality workforce requires better compensation packages, benefits for direct care workers and incentives for providers to create better workforce cultures. For example, the

Brandeis University team, led by Christine Bishop, Ph.D., interviewed certified nursing assistants (CNAs) to find out how the management practices of providers support CNA commitment to their jobs. Not surprisingly, the team found that CNAs were significantly more likely not to leave their jobs when they saw pay and benefits as good. This survey finding suggests that empowering frontline workers through efforts such as "culture change" may not reduce turnover without simultaneous improvement in pay and benefits.

Better compensation also had an impact on the retention of home care workers. BJBC research grantee Candace Howes, Ph.D., associate professor of economics at Connecticut College, surveyed 2,200 randomly selected in-home supportive services (IHSS) home care workers from eight California counties to

understand why turnover is so high and how to reduce it. The workers in the survey were selected to represent high- and low-wage earners in rural and urban areas. Despite their geographic and socioeconomic differences, their responses sounded the same: health care benefits, including for part-time workers, higher wages and greater flexibility were the factors that would encourage them to remain in caregiving.

This study also found that in 1997, the turnover rate among San Francisco's IHSS home care workers was 70 percent when the workers were paid close to minimum wage. Only five years later, in 2002, the rate was down to 35 percent. Why? A large part of this reduction was related to a policy change wherein the workers' wages rose to \$10 an hour and health and dental insurance were made available to those who worked 25-plus hours a month. What do these statistics show? That with a growing aging population that wants to stay at home, increasing pay and benefits for home care workers just makes "sense."

"Paying home care workers a decent compensation makes a difference for consumers and states," says Howes. "As seen in California, consumer-directed home care can be provided at half the cost of nursing home care, even if the workers are paid decent wages and benefits."

The Story Continues

Even as the funding for the BJBC program itself comes to an end, the work the grantees have started will continue. For example, BJBC in Vermont, along with the Vermont Association of Professional Care Providers (VAPCP) and others successfully convinced the legislature to set up the state's first "Direct Care Workforce Study." This study will examine a variety of factors facing these workers and more important, ensure that the issue remains on the state's policy agenda even after the grant period ends.

But BJBC participants cannot do it alone. There is also an opportunity for you to help shape public policy affecting your workforce. Share the lessons learned through BJBC to continue this story in your state. State governments especially look to other states for models of success, so programs like North Carolina's can be important examples for replication. If your state is exploring ways to use civil monetary penalty dollars, use the

results of the Brandeis study and findings from some of the other BJBC grantees to consider routing those dollars into training for nurse managers or other workforce improvements.

Workforce investment boards are also a tremendous untapped resource in your

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Resources

Better Jobs Better Care

www.bjbc.org.

Institute for the Future of Aging Services (IFAS)

www.futureofaging.org.

BJBC-VT

Contact: Michelle Champoux, training coordinator, Community of Vermont Elders (COVE), Montpelier, Vt., michelle@vermontelders.org or (802) 229-4731.

BJBC Oregon Works!

Contact: Diana White, Oregon Health and Sciences University, whitedi@ohsu.edu or (503) 494-3886.

BJBC-PA

Contact: Karen Reeve, project director, Center for Advocacy for the Rights and Interests of the Elderly, reever@carie.org or (215) 545-5728 ext. 259

Indiana County Healthcare Careers Consortium

Contact: Linda Bettinazzi, CEO of the Visiting Nurse Association, Indiana, Pa., lbettinazzi@yahoo.com or (724) 463-6340.

NC New Organizational Vision Award (NC NOVA)

Contact: Susan Harmuth, BJBC project director, North Carolina Foundation for Advanced Health Programs, susan.harmuth@ncmail.net or (919) 733-4534.

BJBC-Iowa, Iowa CareGivers Association, Des Moines, Iowa.

Contact: Di Findley, executive director, di.findley@iowacaregivers.org or (515) 241-8697.

Iowa Department of Public Health

The Direct Care Worker Task Force Report, 2006, can be downloaded from: www.idph.state.ia.us/hpcdp/workforce_planning_reports.asp.

National Association of Workforce Boards, Arlington, Va.

www.nawb.org or (703) 778-7900.

How One State Official Changed Policy

More than 30 years ago, Patrick Flood started his first job as a nurse's aide—a job, Flood says, he quickly realized needed to be changed.

"It didn't even take me a week to figure out that things should be different," Flood says. "I wanted a consistent schedule, my own assignment and more time to build relationships with residents. It seemed like a no-brainer. Yet, direct care workers still want those same things today."

That former nurse's aide now serves as commissioner of the Vermont Department of Disabilities, Aging and Independent Living (DAIL). He remembers that first job, and has served as champion for public policies and programs that made some of those same expectations a reality for Vermont's direct care workforce.

To start, in 2001 Flood established a task force to address the shortage of direct care workers and develop an action plan the state could use to tackle these challenges head-on. He then took their recommendations and focused on finding ways to make them happen. One example was earmarking funding in the "Real Choices" waiver from the Centers for Medicare and Medicaid Services (CMS) to create the state's first professional association for direct care workers, the Vermont Association of Professional Care Providers (VAPCP). According to Flood, the state's direct care workers "lacked a public voice" and an association like VAPCP would help them "educate and support one another in their work."

Flood was right. The association now hosts a direct care alliance conference, develops public policy briefs and works with Better Jobs Better Care grantee, the Coalition of Vermont Elders (COVE), to research even more solutions to the problems facing the profession. And to keep their voices heard, Flood and his deputy commissioner, Joan Senecal, now have quarterly meetings with VAPCP, giving the direct care workers an opportunity to discuss their needs and concerns directly with the department.

Another important policy Flood championed was a wage increase for individuals working for Vermont's Medicaid waiver program. While this did not affect all workers, Flood believes it "set a standard that forced other providers to examine their own compensation policies and consider changes to it."

How can other states make similar strides for their workforces? Flood believes it takes teamwork and a willingness to challenge the status quo to make it happen.

First, he advises bringing different groups together to address the issue. In Vermont, that meant a meeting where providers, policy makers, consumer advocates and direct care workers had an honest discussion about the state's workforce. Flood believes this type of gathering "encourages participants to understand how their individual needs and common goals align."

The next step is to focus on how changes to current policies can create opportunities for direct care workers. A great example in Vermont is the focus on home and community-based services. Over 10 years, this shift has saved the state nearly \$60 million in Medicaid funding, a savings Flood believes allowed Vermont's policy makers to investigate issues like staffing shortages and payment options in their aging-services system.

And the changes aren't over yet. Flood is hopeful that the results of programs like BJBC-VT's "CareWell" and "Beyond Basics" curricula will encourage policy makers to investigate the need for more direct care training across the state: "When it comes to the workforce," he says, "I am confident that it is small successes like the ones in our state that will make all the difference."

Written by Sarah Mashburn, AAHSA communications associate.

Coalitions Harness the Power of Change

by Arlene Karidis

Five Better Jobs Better Care grantees, in keeping with the collaborative spirit of the program, formed multi-stakeholder coalitions to develop educational and career-development programs for direct care workers. These coalitions worked to implement principles of culture change, bring direct care workers into the decision-making process, work with state and local government agencies and push for new legislative studies centered on direct-care workforce issues. Here is a look at some of these coalitions, their accomplishments and the lessons participants learned.

Well-Spring Retirement Community resident Frances Lake enjoys an afternoon walk with David Washburn, LPN. Well-Spring was one of the first two North Carolina providers to qualify for licensure under the North Carolina New Organizational Vision Award (NC NOVA) program.



They are the faces of long-term care—nurse aides, companions, personal care attendants and other health professionals who work with elders and people with disabilities in long-term care and community-based settings.

While the population of people in need of care is growing, the pool of well-qualified, committed direct care workers is shrinking. Some states report that up to 70 percent of their long-term care workers voluntarily leave their jobs each year, and the continual upheaval is taking its toll on the industry.

Enter Better Jobs Better Care (BJBC), a national grant program funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies to bring about changes in long-term care policy and practices. The ultimate goal is to reduce high-vacancy and turnover rates among direct care workers in all settings and to improve the quality of the workforce.

As organizations around the country responded to BJBC's call for demonstration proposals in 2002, it was clear from the start that they would need to work with others. Each grantee would need to establish a multi-stakeholder coalition to run the project.

The five award winners brought together long-term care providers, policy makers, professional organizations, educators and others with vested interests in the field. Together, they worked to strengthen and increase support for the direct care workforce.

The coalitions and collaborations have accomplished much. Partners developed and facilitated workshops, offered career ladder programs to participating provider sites and helped push through legislation centered on direct care workforce issues, among other undertakings.

Even now, these stakeholders keep the ball moving downfield as they look for creative, effective ways to close the care gap and see that consumers are well-served.

Some areas these five coalitions focused on were:

- Training programs
- Opportunities for career advancement
- On-the-job support, such as peer-to-peer mentoring and job coaching
- A means to be heard and seen as valued team members



Silver Bluff Village has also earned the NC NOVA designation. The designation recognizes providers for supporting and empowering direct care workers by following specific criteria within four domains.

Empowerment Through Education

BJBC Vermont (BJBC-VT) has done well in developing training and educational modules, having recruited long-term care organizations, a Medicare vendor for Vermont's quality improvement organization and others with technical expertise in this arena to bring the programs together.

Michelle Champoux, training coordinator for BJBC-VT, was primarily responsible for orchestrating activities of the collaborating partners. As a licensed clinical social worker with a background in training, she also played a role in developing and conducting instructional programs.

"We met with 12 provider organizations and developed both centralized and individualized curricula to make sure we addressed the needs expressed by each participating site," says Champoux.

Among the programs BJBC developed were a core curriculum for personal care assistants called CareWell and a continuing education curriculum in palliative care and care for people with dementia called Beyond Basics. Additional trainings included leadership development and peer mentoring.

Other interventions focused on fostering good relationships to help create a positive workplace, with one example being diversity awareness training.

"A wonderful thing that was done at one site was a program called 'Journey Around the World' where staff from different ethnic groups gathered and presented the cultures of their communities. A number of staff and residents have varied, strong heritages. They work closely together and wanted to better understand each other and to gain mutual respect," says Champoux.

If they are to stay the course, they must have an opportunity for career advancement, say the most committed direct care workers, and coalitions kept this in mind as they carried out their missions.

For BJBC in Pennsylvania, the education and training focus was on changing workplaces to become more supportive and inclusive of direct care workers.

But how to do this in a state as large as Pennsylvania? Why, through regional coalitions, of course! The BJBC grantee, the Center for Advocacy for the Rights and Interests of the Elderly (CARIE) divided the state into five regions and each coalition was led by a community agency. Six providers in each region received team building training for their direct care workers, a similar two-day training for management and coaching supervision for their frontline supervisors.

More than 27 long-term care providers

“It costs relatively little to provide direct care worker support compared to the massive money it takes to deliver good care. We need to make policy makers understand the outcome of making these investments.”

across the state benefited from this training, including more than 100 supervisors taking the coaching supervision training. Joint teams of managers and direct care staff were created so the workers could continue to be involved in improving the workplace culture. The results? Just ask Fran Schuda, director of nursing services, and Linda Buehler, certified nurse aide (CNA) about the transformation at Parkhouse, Providence Pointe in Royersford. “My involvement has really made a differ-

ence for me in how I manage the nursing staff. Now I try to solicit much more information, ideas, and suggestions from the direct caregivers,” says Schuda. “They have so many fresh perspectives and so much enthusiasm that was really not being fully appreciated.”

When Buehler talks about the changes at Parkhouse, her face lights up. “Everyone’s come onboard with the support group we formed. The aides come to us with ideas for our meetings. We are asked to be on

focus groups and to help with policy changes that affect us. At Parkhouse, what’s changed is the direct care workers have been given a voice.”

Going Straight to the Source

Direct care workers know as much as anyone what it takes to attract and keep good people. This is one reason that BJBC Oregon Works! included them in groups of representatives from eight long-term care sites who met monthly to share best prac-

tices. These “leadership teams” generated ideas for building a stable, satisfied workforce, such as job shadowing for new employees, orientations and new recruiting strategies.

“So many good things came out of getting the leadership from different sites out to discuss what they are doing and to engage in problem solving. The collaboration that took place was amazing,” says Suanne Jackson, project manager of Oregon Works!

Joining Forces

Devising and implementing best practices has involved pulling in many resources.

The Indiana County Healthcare Careers Consortium, one of Pennsylvania’s regional coalitions, was especially creative in making the most of what they had. By combining the resources of a technology center and a participating provider, the group was able to resolve a problem with training.

“We needed CNA training classes, and the educators were happy to provide them but could not find an instructor,” says Linda Bettinazzi, CEO of the Visiting Nurses Association (VNA) of Indiana County and co-chair of the consortium. “One of our nursing facility members offered a nurse on loan to teach the class. Through this arrangement the school had support while a provider organization could offer a part-time position to one of its staff.”

Bettinazzi also brought in her local workforce investment board (WIB). The organization provided funds used to hire a staff person who coordinated the activities of the all-volunteer grassroots consortium she assembled.

Once the Indiana County consortium fell under the auspices of the BJBC project in Pennsylvania, the WIB stayed on, funding the position that now took on an expanded role, covering a much larger region.

While stakeholders have addressed recruitment, retention and quality care issues at individual sites, they also turned their attention to promoting change on a larger scale. This has meant going to policy makers for support.

Teaming With the State

The North Carolina BJBC demonstration project, NC New Organizational Vision Award (NC NOVA), is a voluntary, “raise the bar” licensure program. Providers are recognized for supporting and empowering direct care workers by following specific criteria within four domains: “supportive workplace practices,” “balanced workloads,” “training” and “career development opportunities.”

NC NOVA has made a point of engaging the state in its initiative. North Carolina’s quality improvement organization, The Carolinas Center for Medical Excellence, reviews applications and conducts on-site interviews with management and direct care workers in all care settings. The state’s Division of Facilities Services issues licenses to qualifying applicants.

There is a systematic process to ensure that criteria are met in each domain. Providers must engage in activities to fulfill a goal, show evidence that the activity was carried out and demonstrate favorable outcomes.

Under the domain of “supportive workplace practices,” for example, providers are expected to elicit input from direct care

workers to ensure that their input influences individualized care planning. The state's on-site reviewers looked for systems in place, and determined outcomes based on staff members' responses to specific questions, such as "Can you give an example of how one of your ideas was incorporated into the plan?"

Well-Spring, a continuing care retirement community in Greensboro, and Silver Bluff Village, in Canton, were the first participating facilities to obtain NC NOVA designation. At a recent kick-off celebration for this new program, one of the two awards was presented by the head of the state's survey and certification agency, who acknowledged NC NOVA as a positive, nonregulatory approach to improving quality.

"Because having these resources and systems to promote sustainability was a requirement for licensure, we were all the more motivated to see that these projects did not end up on the backburner," says Lisa Leatherwood, director of nursing for Silver Bluff Village. Having an opportunity to secure special recognition from the state and clear guidelines to help accomplish this goal were among the main benefits that came from their involvement, attests Leatherwood.

"What is key to the NC NOVA program is that it is voluntary, incentive-based for employers and that we are linking practice change to state policy," says Susan Harmuth, North Carolina BJBC project director.

Forging Ahead

Oregon Works! has secured additional funding through a Robert Wood Johnson Foundation grant called "Jobs to Careers" to work with community colleges on a program in which direct care workers earn college credits through on-the-job training.

All the BJBC sites in Oregon will carry on their teamwork, continuing to set goals to change practices and evaluate their efforts, says Crandall. They will share successes and challenges through a statewide coalition called Making Oregon Vital for Elders (MOVE), which holds quarterly education meetings.

BJBC-VT has assembled a multi-stakeholder task force of consumers, providers and state officials to devise a registry of qualified direct care workers to be made available to consumers. The registry will allow workers to list their credentials and availability and will also be available to state health care planners as a source of workforce information.

The Vermont Association of Professional Care Providers, represented on the collaboration's executive committee, will continue to provide leadership and information to its members.

The BJBC Indiana County Healthcare Careers Consortium is in the process of becoming a 501(c)3 organization. The group wants to establish a more formalized structure and to gain increased access to grant opportunities. A marketing plan is in the works to recruit more members and to inform potential health care employees about a clearinghouse where they can learn about careers in the field.

Facing Up to Challenges

The coalitions met their share of challenges along the way. One of the greatest was ensuring consistent participation by all stakeholders despite time constraints. Each coalition found its own way to confront this obstacle. Day-long seminars and other events were planned far enough in advance that providers could arrange schedules to free up staff. Some partners were able to commit to the time expected of them by enlisting more than one representative.


The commitment proved to be well worth the work. One thing the coalitions had going for them was that most stakeholders became energized when they saw what they could accomplish collectively.

Why Join Coalitions?

By coming together in a noncompetitive environment with other professionals who have a shared vision, providers benefited from group problem-solving, access to training and to new ideas, and support in implementing these ideas.

There is a bigger picture: Participants had a chance to interface with policy makers and tell them what they believe it will take to recruit and retain good workers.

"Industry-wide and organizational issues are interrelated, and if each provider tries to change [its] daily operations alone, [it] will be less effective," says Champoux. "It takes a lot of collaborating and sharing to move forward."

Bettinazzi also emphasizes the importance of getting policy makers involved. "It costs relatively little to provide direct care worker support compared to the massive money it takes to deliver good care. We need to make policy makers understand the outcome of making these investments. We've proven what can be done through these initiatives, and we need to stay with it." 

Arlene Karidis is a Maryland-based freelance writer.

Resources

BJBC-VT

Contact: Michelle Champoux, training coordinator, Community of Vermont Elders (COVE), Montpelier, Vt., michelle@vermontelders.org or (802) 229-4731.

BJBC-PA

Contact: Karen Reeve, project director, Center for Advocacy for the Rights and Interests of the Elderly, reeve@carie.org or (215) 545-5728 ext. 259

BJBC Oregon Works!

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Indiana County Healthcare Careers Consortium

Contact: Linda Bettinazzi, CEO of the Visiting Nurse Association, Indiana, Pa., lbettinazzi@yahoo.com or (724) 463-6340.

NC New Organizational Vision Award (NC NOVA)

Contact: Susan Harmuth, BJBC project director, North Carolina Foundation for Advanced Health Programs, susan.harmuth@ncmail.net or (919) 733-4534.

Well-Spring Retirement Community, Inc., Greensboro, N.C.

www.well-spring.org or (336) 545-5400.

Silver Bluff Village, Canton, N.C.

www.silverbluffvillage.com or (877) 902-4748.

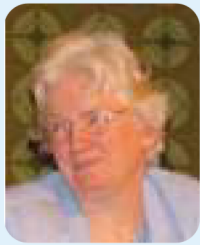
Workers Are at the Heart of BJBC

Direct Care Workers, in Their Own Words

by Erin King

Better Jobs Better Care (BJBC) is all about direct care workers—their empowerment, their training and the culture in which they work.

BJBC is also about the development of direct care workers' leadership qualities. The five BJBC demonstration projects used a variety of ways to achieve this—creating and strengthening direct care worker associations, involving direct care workers in policy and practice changes and implementing leadership trainings. Some of the individual transformations were extraordinary.



Kathy Lynds

At the final meeting of the BJBC grantees in June 2006, six of these remarkable individuals addressed the group, inspiring one attendee to remark, “These very eloquent workers remind us why we are doing this work.”

These dynamic women brought years of direct care work with them. They spoke candidly about their work and the effect BJBC has had on their jobs and their lives.

For Kathy Lynds, participating in curriculum development, workshops and legislative forums through BJBC has enhanced her work at a Vermont nursing home: “Being involved in BJBC, my love for the residents and pride in my work all have helped make my job more satisfying and a lot easier to get through during the tough times.”

Lynne Marie Villareal, working at a Vermont home-health agency, found that her job responsibilities have changed for the better as a result of her involvement with BJBC. She now participates in peer-mentor training, leads training sessions with other staff and has coordinated a skills fair for other direct care workers.

Cynthia Petree, who works as a resident care director in a North Carolina assisted living facility, found the coaching-supervision training she took through BJBC invaluable. The training teaches supervisors how to help other employees develop their own problem-solving skills while still holding them accountable for their actions.



Lynne Marie Villareal

Because of the training, Petree knew what to do when a certified nursing assistant (CNA) suddenly walked off the job.

“The training taught me to first take the time to find out what happened and work with both the CNA and management to resolve the problem,” Petree said. “She was able to keep her job. It made all the difference.” She hopes to take what she learned from this and initiate changes throughout her facility.



Cynthia Petree

Linda Buehler started a support group for direct care workers in her Pennsylvania nursing home. The group provides a place where workers can find mutual support and guidance. To show their commitment, the workers, along with their staff advisor, crafted a mission statement and pledge that they recite at the beginning of every meeting, held twice a month during all shifts. One of their proudest achievements was developing a program to welcome and support new workers. It has made all the difference. Because of Buehler's leadership, the administrator and director of nursing services now include workers in focus groups and policy changes and make a point of


soliciting their ideas and input.

The panelists also talked about how BJBC has helped them personally. Lynds said BJBC has helped develop her public speaking and training skills, while Petree feels BJBC has made her a better listener. These feelings were echoed by Joyce King, a home care worker from Iowa, who was a member of the audience. King said she has “gained more confidence in my communication and leadership skills.” Michelle Read from Oregon summed it up best when she said, “Thanks to BJBC, we see our value and know our worth.”



Linda Buehler

Despite the difficulties associated with being direct care workers, the panelists agreed that what keeps them coming back every day is their relationship with the residents. For Petree, “No matter what kind of day I'm having, the residents make it for me.” That sentiment was echoed by Karla Happel from Iowa, who feels that direct care work is “the only job where you really get rewarded every day.” Villareal finds the work “healing.”

At the end of the session, Dolly Fleming, program director of the Vermont demonstration project, summed up the feelings of many in the audience when she said, to resounding applause, “I am an executive director, but I aspire to be a direct care worker. There is such beauty, dignity and sacredness to the work.” 

This article is adapted from Insights, the quarterly newsletter of Better Jobs Better Care. Erin King is a former intern with AAHSA's Institute for the Future of Aging Services. For more information on Better Jobs Better care, visit www.bjbc.org.

Training That Really Works

by Michele Hayunga

Though everyone agrees on the value of training, not all training of direct care workers—or their supervisors—is as effective as it could be. Here is a look at three efforts to do something to improve training, thereby improving retention and continuity.

- A study by the Margaret Blenkner Research Institute that examined what direct care workers and supervisors need in the way of training, mentoring and communication.
- A look at the LEAP program, developed by Mather LifeWays and Life Services Network (now in place in more than 300 organizations), and how it promotes person-centered care, empowered staff and better communication between supervisors and frontline workers.
- The Iowa Caregivers Association's successful peer mentoring program.

Imagine walking into a stranger's house as a brand-new home care aide and realizing that one of your first tasks is to help your client undress. While it's certainly part of the job description, it's likely an experience for which a classroom won't fully prepare you.

"A lot of the younger girls are very intimidated the first time they need to bathe a male client," explains Roselyn Egan, a veteran home care aide with Home Caring Services in Burlington, Iowa. Fortunately, her employer has a formal peer mentoring program, so newcomers learn first from a more experienced aide how to approach the more delicate aspects of caregiving.

Training strategies like peer mentoring not only make direct care workers more comfortable, but may very well determine whether they will stick around. Research has shown that tailored and ongoing training for direct care workers can go a long way toward improving their job satisfaction.

The question, of course, is: What do workers need?

Views From the Frontlines: What Direct Care Workers Need

One of the first steps to improving training and continuing education is to understand how workers feel about the training they are receiving today. To gain insight into their experiences, researchers from the Margaret Blenkner Research Institute, part of Benjamin Rose, Cleveland, Ohio, interviewed 644 direct care workers and 138 supervisors in nursing homes, assisted living facilities and home health agencies throughout Ohio. The study was part of a research project for the Better Jobs Better Care (BJBC) national grant program, which was designed to find ways to reduce the high vacancy and turnover rates of direct care workers. BJBC

was funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies.

The feedback researchers received revealed substantial room for improvement—both in the content of the training and the way it's delivered. For example, only 59 percent of direct care workers said their initial training had prepared them well for the job, and many felt it should have been longer and more hands-on. They would also like to have seen a greater emphasis on communication and how to deal with residents' problem behaviors.

"A lot of the workers we spoke to felt their initial training was removed from the realities of the job because it was in a classroom setting," says Farida Kassim Ejaz, a senior research scientist who headed the study. "For example, bathing a mannequin is very different from dealing with residents who are combative because they suffer from Alzheimer's disease."

Workers had similar reactions when reflecting on their orientation to the job. Only 54 percent felt their orientation was helpful, and many thought it was too short and didn't include enough time on the floor. They pointed to the need for consistent and good-quality training staff, and the opportunity to work on various units with different types of residents. They also believed that having another aide provide the mentoring would be more useful than if it were provided by a supervisor who primarily does administrative paperwork.

Direct care workers who are certified by the state of Ohio are required to receive 12 hours of continuing education each year. Many workers would like to see more of the training devoted to promoting teamwork and improving communication with residents, families and other staff.

The workers shared concerns not only about the content of the continuing education, but also the way it was delivered.



Paul Omundson, Good Neighbor Care

Thelma Hanson, a resident at Good Neighbor Care, with CNA Sally Goodgion. The organization has implemented the LEAP (Learn, Empower, Achieve, Produce) program and its philosophy of person-centered care, resulting in increased customer satisfaction and much better communication between frontline workers and supervisors.

About half said that lack of staff coverage on their unit makes it difficult to attend in-services. They would like to see continuing education offered more often and during different shifts and days. Most prefer frequent, shorter sessions to a full day of training.

Voices From the Frontlines: What Supervisors Need

The study also revealed shortcomings in the training of nurse supervisors. Almost half of the nurse supervisors said they had not received any formal education on supervision, and of those who had, only 13 percent felt it had prepared them well.

“Some supervisors said they came into work one day and were simply told they had been promoted,” Ejaz says. “There was

no preparation, and they felt they needed to learn leadership skills, how to motivate direct care workers and how to promote team work.”

With respect to job orientation, supervisors would have preferred a longer session that included a formal overview of facility rules, regulations, procedures and expectations. They felt there should be a greater emphasis on teamwork, communication and respect, and they would like one-on-one training from more experienced supervisors.

The supervisors also had suggestions for improving their continuing education. They felt there should be more training on issues such as leadership, supervision, dealing with insubordination and communicating with residents, families and staff.

They also wanted regularly scheduled sessions offered on various shifts and repeated on different days.

For both direct care workers and supervisors, the overriding message was that training should be interactive, hands-on and led by peers, Ejaz explains. “Organizations need to make sure the trainers are people who truly know the ropes—not [people] from an administrative position or a college who can only speak theoretically.”

Making the LEAP

One innovative approach that embodies these principles is the LEAP workforce development program created by Mather LifeWays, Evanston, Ill., and Life Services Network, Hinsdale, Ill. LEAP (Learn,

Empower, Achieve, Produce) is used in more than 300 long-term care communities, many of which are experiencing dramatic reductions in turnover. “We’ve had some organizations come in with 90 percent turnover, and after 18 months it is down to less than 20 percent,” says LEAP Program Manager Joni Gatz-Bauman. Those types of results led the Oregon BJBC demonstration project to sponsor LEAP training for the eight leadership sites participating in its project.

The organizations sent staff to three train-the-trainer workshops led by Anna Ortigara, one of LEAP’s co-creators. There, they gained insight into LEAP’s philosophy of person-centered care, empowering staff and building better

was training direct care workers using Module 2, a seven-week course. The program focused on topics such as person-centered care, communication skills, clinical updates, cultural sensitivity and working with families.

“Direct care workers often know the residents better than anyone, but historically no one has listened to what they have to say,” Gatz-Bauman says. “LEAP talks a lot about the head-to-toe inspection, which means doing more than just taking residents’ vitals. We teach the nursing assistants how to report their observations, and the nurses are receptive because we have laid the groundwork with Module 1.”

For the certified nursing assistants (CNAs), much of the learning occurs

empowered her to provide better resident care. “With LEAP, we’re encouraged to come up with and try new ideas as long as we clear them with the nurse,” she said. For example, she recently discovered, while training a resident to use an assistive eating device, that the resident was more successful when the device was positioned differently. “When I asked the nurse if I could keep doing it, her response was ‘Great idea! Thank you for taking the time to experiment.’”

As a result of LEAP training, some charge nurses have begun using an assessment tool with the CNAs on their units, explains Polly Youngren, Providence Benedictine’s assistant director of nursing. “It has really helped the nurses understand the

“In terms of their peers ... mentors really carry the torch and promote teamwork. They help give direct care workers a voice, because they have the credibility to go to management when issues arise.”

communication between supervisors and direct care workers, and learned step-by-step how to implement it in their own organizations.

In one exercise, for example, Ortigara asked participants to recall their favorite supervisors and describe why they loved working for them. After recording all of the responses on a flipchart, she urged attendees to choose two answers they could begin incorporating into their own supervisory styles. During another session, participants were required to wear a wet brief so they could experience firsthand what life is like for residents who are incontinent.

After returning home, the newly trained LEAP specialists began rolling out Module 1, a six-week course targeted toward nurse managers and charge nurses. “It teaches them how to model excellence in care and build relationships with the entire care team,” Ortigara says. “A lot of the charge nurses, for example, aren’t typically considered management by the organization, but they’re actually the ones who have the greatest impact on direct care workers.”

After the nurse managers and charge nurses finished Module 1, the next step

through role-playing real-life scenarios. For example, in one exercise, a CNA acts as a family member confronting another CNA about her mother’s missing sweater. The two interact, and then the group discusses the best way to handle the situation.

For the Oregon organizations that are implementing LEAP, the reaction has been very positive. “We heard one direct care worker comment that she expected it to be more of the same, but instead the nurse came back from the workshop as ‘one of us,’” says Lynda Crandall, a gerontological nurse practitioner who consulted with the BJBC sites. “Part of LEAP is about basic communication principles, but somehow the presenter packaged them in a way that struck a chord.”

LEAP already has had an impact at Providence Benedictine Nursing Center, in Mt. Angel, Ore., which completed the module for nurses last year and recently held its first round of CNA training. “It has really changed the way the nurses look at us,” says Michelle Read, a CNA and peer mentor. “We go to focus meetings now and are part of the care team, instead of just doing the grunt work.”

Read feels the CNA LEAP training has

nuances of their teams and do problem-solving,” she says. “When staff are more satisfied and working together better, residents are going to get better care.”

Good Neighbor Care’s Eugene community, a residential-living BJBC participant, has seen similar results through LEAP over the past couple of years. Executive Director Bob Papworth credits the tool with helping to boost customer ratings of “very satisfied” to over 95 percent and reducing the number of injuries due to accidents.

“LEAP has given direct care workers a format to talk with managers,” Papworth says. “We have a committee of caregivers who have gone through the program, and they get regular face time now with the administration to share any concerns.”

Joshua Fort initially went through LEAP training as a direct caregiver, and he now teaches others as a human resources LEAP specialist. Many colleagues from his initial class have been promoted as well, and Fort has seen the LEAP philosophy permeate the organization.

“LEAP really emphasizes communication between caregivers and supervisors,” Fort said. “The playing field is leveled, so caregivers feel comfortable enough to

“Some supervisors said they came into work one day and were simply told they had been promoted. There was no preparation, and they felt they needed to learn leadership.”

speak their minds and our managers have been trained to be receptive.”

A Peer Mentoring Approach

Another training approach resonating with workers is the peer mentoring model developed by the Iowa Caregivers Association (ICA). The program has proven successful in reducing direct care worker turnover and facilitating culture change in several organizations.

ICA recently held several workshops to help bring the model to the 13 organizations it's working with as part of the Iowa BJBC demonstration project. Over 130 direct care workers, including 39 home care aides, have successfully completed the training.

“What's different about this approach is that it involves more than just orientation,” explains Heidee Barrett, outreach and education specialist. “The mentoring is ongoing, so mentors work with their peers in addition to new employees.”

ICA introduced the mentoring program with a half-day workshop designed for each organization's administrator and director of nursing. The session covered topics like generating enthusiasm among staff, creating an application process and structuring team meetings.

“We really encouraged organizations to invite anyone who was interested to apply,” Barrett said. “In general, they were looking for people who were dedicated and worked well with others, and who didn't call in sick a lot.”

After the initial session, organizations had six weeks to put together an implementation plan and screen potential candidates. Some organizations had several employees apply, while others appointed workers and offered them pay incentives.

The mentors attended a two-day workshop that focused on leadership and communication skills. In one exercise, for example, they took an inventory of skills

they excelled at in their personal lives and talked about how they could apply them professionally. Another exercise looked at how to lead different types of people and address their individual backgrounds and learning styles.

While each organization adapts the mentor program to meet its needs, mentors generally participate in orientation, continuing education sessions and weekly meetings. “In terms of their peers, the mentors really carry the torch and promote teamwork,” Barrett said. “They help give direct care workers a voice, because they have the credibility to go to management when issues arise.”

Home Caring Services was one of the BJBC participants to successfully launch a peer mentoring program. “We had been experiencing a lot of turnover with our new employees, and a lot of times they would quit after their first visit alone with a client,” said Executive Director Suzanne Russell. “Since we started the mentoring program, our turnover is down to almost zero.”


New employees at Home Caring Services spend their first few days shadowing the organization's two peer mentors. Once they begin visiting clients on their own, the mentors check in with them weekly and are “on call” to offer guidance and answer questions.

“With any new job, it's normal to feel a little inadequate at the beginning,” said Egan, one of the peer mentors. “If you have someone who can explain, it helps to alleviate some of the anxiety, and also makes the client feel more comfortable.”

The mentors also help with in-services and give input on what types of training are needed. They even took the initiative to apply for a mini-grant, which was used to host an employee appreciation event.

“Our mentors usually stop by the office about once a week, so it's an opportunity for us to hear if people are upset about

anything,” Russell said. “The program has really increased communication between the office staff and frontline workers.”

Barrett believes Russell's experience is a testament to what peer mentoring can help achieve. One of the nursing homes she worked with reported a reduction in turnover from 100 percent to 17 percent—a feat largely credited to the peer mentor program. Not every organization will see such dramatic changes, but Barrett is confident that the right training strategies definitely make a difference. 

Michele Hayunga is a Maryland-based freelance writer.

Resources

Margaret Blenkner Research Institute (The Benjamin Rose Institute), Cleveland, Ohio

Contact: Farida Kassim Ejaz, Ph.D., L.I.S.W., senior research scientist II, fejazz@benrose.org or (216) 373-1660.

Life Services Network, Hinsdale, Ill.

Contact: Anna Ortigara RN, MS, FAAN, vice president, Campaign for Cultural Transformation, annao@lsni.org or (630) 325-6170.

Providence Benedictine Nursing Center, Mount Angel, Ore.

Contact: Polly Youngren, assistant director of nursing, pauline.youngren@providence.org or (503) 845-2766.

Good Neighbor Care, Eugene, Ore.

Contact: Bob Papworth, executive director, (541) 607-5025.

Iowa Care Givers Association, Fenton, Iowa

Contact: Heidee Barrett R.N., outreach and education specialist, heidee@netins.net or (515) 889-2270.

Home Caring Services, Burlington, Iowa

Contact: Suzanne Russell, executive director, srussell@homecaringservices.org or (319) 754-6559.

Lynda Crandall, RN, GNP, Salem, Ore.

Gerontological nurse practitioner, (503) 393-5235.

Where Are the Workers?

BJBC Projects Identify Potential Pools of Direct Care Workers

by **Natasha Bryant**

The search for new pools of potential frontline workers is turning to new populations—workers above age 55 and former family caregivers who found fulfillment taking care of their loved ones. Two Better Jobs Better Care-sponsored studies took a closer look at those populations.

Nationwide, long-term care organizations are likely to experience significant shortages of direct care workers in the years ahead. Two Better Jobs Better Care research studies found potential pools of workers to help alleviate the shortage in the long-term care workforce.

Older Adults Can Help Stem the Shortage

A study by Operation ABLE of Michigan, a program to help recruit, train and place older job-seekers who are lower-income, and SPEC Associates, a research organization, found that older workers are interested in direct-care jobs in long-term care. It also showed that long-term care employers believe older workers can provide better quality care.

“This study found a potential pool of workers to help alleviate the workforce shortage,” says Melanie Hwalek of SPEC Associates. “There is real potential for hiring older [people] as frontline workers in long-term care. It’s a win-win for both older workers seeking employment and long-term care employers faced with the increasing shortage of frontline workers. The added benefit is that employers may be able to tap into federal funds available to help train older workers.”

The study consisted of a telephone survey of 615 nursing home representatives, 410 home health agency representatives and 1,250 older job seekers drawn from the seven states that house the Operation ABLE Network (California, Illinois, Maryland, Massachusetts, Michigan, Nebraska and Vermont). The job seekers were at least 40 years old, had incomes at or below the federal poverty level and were participants in ABLE Network employment and train-

ing programs that specialize in recruiting, training and placing older workers. Six hundred ninety-six of the job-seekers were aged 55 or older and were the focus of the study.

The key findings include the following:

- Older workers are interested in direct care work. Forty-three percent of the older workers reported an interest in direct care work and 60 percent wanted to work at least 30 hours per week. Fifty-five percent said they would attend a 75-hour certification training program and most were interested in career advancement opportunities.
- Employers have positive perceptions of older workers. The majority of nursing homes and home health agencies believe older workers are more loyal and independent, have practical knowledge and skills, are better problem-solvers, can more easily gain the trust of clients and have more desire to work in this area than their younger counterparts. Employers also view older workers as less likely to leave within 10 days of training and 90 days of hire, be absent from work or leave to take a job with higher pay and benefits.
- Employers perceive barriers to hiring older workers. Nursing homes and home health agencies expressed concerns that their health care costs would increase if they hired older workers, that older workers would be less willing to use technology and that age discrimination laws would restrict employers’ ability to target recruitment toward this population.

- Many of the perceived concerns about physical abilities of older workers are unfounded. More than half of older workers reported having the functional capacity needed for jobs in direct care work. Employers reported that age was not a major criterion for assessing functional abilities of workers and that the functional limitations could be minimized by the appropriate use of mechanical aids.
- Employment and training organizations can reduce technological barriers and help offset training costs. Federal dollars can help alleviate the training costs of hiring older workers through programs such as the Senior Community Service Employment Program (SCSEP) and the federal Workforce Investment Act (WIA). Some SCSEP dollars can be used to train adults aged 55 and older who are at or below 125 percent of the poverty level. WIA provides employment training dollars through one-stop career centers for individuals at all income levels and various age groups.

Friends and Family Caregivers Expand Home-Care Worker Pool

California's In-Home Supportive Services (IHSS), a Medicaid-funded program, is both the largest personal assistance program and largest consumer-directed program in the country. The program permits the hiring of any family member or friend to provide care to a loved one. Since most family and friends enter home care because of a personal relationship or commitment, one might assume there is little chance these workers will pursue careers as paid caregivers. However, a study by the University of California, Los Angeles (UCLA) finds that former caregivers of family and friends are a potential pool of workers.

UCLA randomly selected a sample of IHSS workers who at one time were paid caregivers to families and friends. The former workers were divided into "stayers" (those still involved in paid caregiving) and "leavers" (those who once worked as family caregivers but now worked in another occupation or were unemployed).

The key findings of the study include the following:

- A substantial proportion of both stayer and leaver groups said they would be willing to provide care again. Stayers more than leavers, as expected, were more likely to report they would care again for family members (82 percent vs. 59 percent) or for strangers (67 percent vs. 43 percent).
- Former family member caregivers could add significantly to the pool of caregivers. With about 44,000 family caregivers in IHSS who stop caregiving in one year, about 4,400 will stay and continue working elsewhere as caregivers. Among those who leave, about 23,000 would definitely or probably care again for a friend or family member and about 17,000 would definitely or probably care again for a stranger.
- Stayers and leavers have different reasons for becoming caregivers. Those staying in paid caregiving were more likely than leavers to report humane reasons for taking the job, such as "to help others" and "to affect people's lives" (32 percent vs. 17 percent). Leavers were more likely to report job-related qualities such as an adequate salary and benefits or having independence or new challenges. Stayers had less formal education than leavers and had slightly larger households with lower household incomes.

"The study shows that paying family members can expand the home-care workforce and this population should be targeted for caregiving recruitment," says Ted Benjamin, who headed the UCLA research team. "The staff who recruit workers should stress the altruistic elements of caregiving."

Access a report of the findings for Operation ABLE and the UCLA studies at the Better Jobs Better Care Web site, www.bjbc.org. 

Natasha Bryant is managing director for Better Jobs Better Care.

“Person-Centered” Standards: accreditation

A Framework for Better Jobs and Better Care

The Better Jobs Better Care Web site, www.bjbc.org, is replete with studies, reports and briefings that focus on the importance of frontline workers in the quality of life and quality of care afforded to the persons we serve. They speak to our ultimate goal of creating a place where elders, as described in CARF’s Person-Centered Long-Term Care Community (PCLTCC) standards, “want to live, where personnel want to work, and where both choose to stay.”

CARF’s PCLTCC standards were introduced in 2006 to help improve the quality of life for nursing home residents. The standards present a framework for creating a safe and secure environment to:

- Build relationships
- Maximize choice
- Help to achieve personal goals
- Involve residents in the external community
- Celebrate life cycle events
- Respect life closure desires

Leadership and Supervision

We know that employee satisfaction and stability go hand in hand—that stability is needed for quality outcomes. Who or what creates this satisfaction? Is it the work itself? Is it the residents?

A recent article in the *Journal of the American Medical Directors Association* (Jan. 2007) states that CNAs’ satisfaction deepens when managers care about them. The research continues to show that the quality of the work environment (i.e., better jobs) correlates with the quality of the management.

Recognizing this, the CARF focus on leadership provides a framework for establishing an environment where the frontline worker is appreciated and cultivated: “Leadership ... cultivates relationships among residents, families/support systems, and personnel. They commit to responsiveness, spontaneity, and continuous learning and growth.”

We may join an organization because of its charismatic leader, its reputation or its benefits, but we will stay because of the immediate supervisor. The leader’s vision must be conveyed to the frontline worker during the recruitment process, as part of orientation, and reiterated throughout the course of in-service education. Annually, caregivers are evaluated based on the organizational vision. However, it is the supervisor who conveys the mission and vision to the frontline caregivers on a daily basis.

Relationships and Satisfaction

No one has so eloquently dealt with the issue of the relationship between the frontline caregiver and the resident as Carter Williams, one of the founders of the Pioneer Network. Perhaps this quote from her best summarizes her writings in this area:

“I hope for the day when everyone who lives in any long-term care situation knows there is someone waiting for him or her each morning after the long journey of sleep one takes each night. And I yearn for the day when each staff person, especially

the CNAs, know that there are people waiting for a morning greeting, interested in knowing how the CNA fared in the hours they were apart.”

The very first of the PCLTCC standards addresses the importance of relationships: “Leadership takes measures to ensure that there are opportunities for ... developing relationships between residents and personnel.”

One recognized way to build relationships is to see that frontline workers are consistently assigned to care for the same residents. The CARF standards address this process: “Persons served have the benefit of consistently assigned personnel to meet their needs.”

Education, Orientation and Involvement

Several of the projects in the BJBC program provided education, mentoring, coaching and career ladders. All of these point to the importance of education for the frontline caregiver. Although some do choose to leave their position for higher education, the majority choose to stay and provide hands-on care. CNAs have told me, “Just because I don’t want to go on to school to be a nurse doesn’t mean I don’t want to learn ... I want to be the best caregiver I can be.”

Orientation is key to helping people begin their career in an organization: understanding their mission, vision and goals, and being informed about the special needs of the residents they will serve. Ongoing education is essential to ensure that they receive current information about how to provide care, how to deal with crises, how to keep residents safe, and how they can best handle their own job stress. CARF standards provide an excellent framework for managers and those providing education to staff.

Lessons learned from BJBC highlight the importance of frontline involvement, of including direct care workers in an organization’s decision-making process. Frontline workers involved in projects, care planning, setting goals and providing feedback show greater satisfaction, and the organizations show better outcomes. Again, CARF standards address this issue: “Personnel have opportunities to provide input into things that impact their daily lives and the lives of those they serve.”

Organizations whose leaders foster a culture where personnel receive the appropriate orientation and education, are supported to develop relationships with the residents and are involved in the lives of the residents and the practices of the home are more satisfied. They will remain as devoted caregivers and provide quality of care and quality of life to the residents.

CARF’s PCLTCC accreditation standards are one key to providing better jobs that will result in delivering better care and having an organization “where residents want to live, where personnel want to work, and where both want to stay.”

For more information on CARF’s PCLTCC standards and accreditation, call CARF–CCAC toll-free at (866) 888-1122 or visit www.carf.org/aging. 

Written by Mary Tellis-Nayak, MSN, MPH, former business development executive for CARF-CCAC.

Menu of Lifestyle Programs May Hold Keys to a Sharp Mind

Laurel Lake Retirement Community, Hudson, Ohio

Contact: Susan Busko, director of wellness,
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Laurel Lake Retirement Community in Hudson, Ohio, has received a three-year, \$90,000 establishment grant from The Reinberger Foundation to launch Keys to a Sharp Mind, a pilot project to design “brain healthy” lifestyle programs for older adults.

In 2006, the National Institutes of Health assembled a panel of experts to review the latest findings on cognitive aging. Aside from genetics, the four factors that appear to predict people’s ability to stay mentally sharp are physical activity, cardiovascular fitness, mental stimulation and social engagement. Laurel Lake hopes to raise the bar for wellness programming in a retirement community setting by taking a balanced, whole-person approach that will help older adults learn, grow and function at optimal levels for the rest of their lives.

Over the next three years, the grant will enable Laurel Lake to:

- Research and formulate a “supercharged” menu of lifestyle program options appealing to active older adults. Programs will encompass multiple interests such as music, drama, poetry, literature, sculpture, painting, university coursework, computers, movement programs such as dance and Tai Chi, and more.
- Enlarge its network of professional and volunteer educators.
- Enhance its current learning environments, equipment and materials to meet increased demand.
- Recruit study participants among Laurel Lake residents and seniors in the greater community.
- Measure improvements over time in memory, mood, cognitive function, health outcomes and overall quality of life.

Laurel Lake’s project partners in Keys to a Sharp Mind are Dr. Paula Hartman-Stein, director of geriatric psychology at Summa Health System in Akron, Ohio; Luther Consulting, an Indianapolis-based research and program evaluation company; and the Aging and Behavioral Health Alliance of East Central Ohio.

“This program not only raises awareness of the importance of staying mentally fit,” says David Oster, Laurel Lake’s executive director, but will offer a practical strategy for successful aging, which is a major concern for today’s society.”

Resident Pain Support Group

Masonic Village at Elizabethtown, Elizabethtown, Pa.

Contact: Rosene Dunkle, R.N., organization training and development, rdunkle@masonicvillagespa.org or (717) 361-1121.

For some long-term care residents, participating in a support group is like being on a bridge that is being built under their feet just as they take the next step. Everyone involved must trust the process and be willing to step into the unknown, fully believing that the act of attending and participating will ensure solid

ground underneath with each succeeding footstep taken.

Good support groups provide residents with the understanding that others live with similar problems, provide opportunities to create self-determined goals, educate in specific areas and create a vision of a life worth living.

At Masonic Village at Elizabethtown, a monthly “Living with Pain: Resident Pain Support Group” routinely accomplishes these outcomes. By bonding in a group meeting of eight to 10, residents listen to each other’s stories of physical pain, experience the validation of their situations and support one another.

The “Living with Pain” support group members use four approaches in their monthly meetings: 1) the power of shared narrative and storytelling; 2) the wisdom of repetitive education; 3) the engagement into community and 4) the awareness of the spiritual.

The group is facilitated by a registered nurse, a social worker and a pastoral thanatologist. Speakers have come in to make presentations on music, exercise and art relative to pain. Particular effort is placed on promoting feelings of self-worth among the group members. A healthy balance between living in the world and exploring the inner world is highlighted. More than anything, these people need the opportunity for shared conversation. It is in these moments that they realize that pain need not be a barrier to relationships.

Masonic Village’s pain support group is a follow-up to an earlier effort by its pain task force, a “traveling road show” that used humor as a vehicle to educate and raise awareness about pain. For an account of that effort, see the May/June 2003 *Best Practices* magazine. Visit www.aahsa.org/pubs_resources/futureage/default.asp.

Written by Tim Nickel, pastoral thanatologist for Masonic Village at Elizabethtown.

Care Center Offers Window on the World of Children Schowalter Villa, Hesston, Kan.

Contact: Judy Friesen, director, Hesston Intergenerational Development Center, judyf@southwind.net or (620) 327-3775.

At Schowalter Villa, residents have something much better to watch than TV: infants and toddlers at play. That’s because at the Hesston Intergenerational Development Center on the Schowalter Villa campus, large, one-way windows are part of each child-care classroom. Residents can sit by the window and observe the children without distracting them, since the classroom windows are mirrors on the inside.

Although a few residents are content just to observe, the center has an abundance of older volunteers and foster grandparents with ample time, energy and desire to lavish attention on the 64 children, ages six weeks to five years, for whom the center provides daily care.

The day care center is connected to the retirement center by a “Main Street” area featuring a gift shop, bank and ice cream parlor, where groups of residents and kids have been known to gather for a sweet treat. College students from adjacent Hesston

College get involved, too, so the center's programming is truly multigenerational.

The intergenerational center received glowing, front-page newspaper coverage and TV coverage in January and February. "We have so many wonderful stories that are happening each week between seniors, college-age students and children," notes James Krehbiel, Schowalter Villa's president and CEO. "[I]n June, we will be adding 36 more children. This means we will have 100 children and 105 residents in our skilled nursing communities, which is nearly a one-to-one ratio."

Parkinson's Residence Embraces Technology to Provide Practical Help With Daily Tasks

Presbyterian Home for Central New York, Inc., New Hartford, N.Y.


Contact: Anthony E. Joseph, administrator, ajoseph@presbyterianhome.com or (315) 272-2201.

A 40-bed residence at the 242-bed Presbyterian Home for Central New York is uniquely designed for residents with Parkinson's disease and movement disorders. Special equipment in one resident's room, for example, includes a power-lift chair plus motion- and voice-activated sensors that offer practical help with daily tasks such as washing hands, opening doors, turning lights on and off and closing shades.

Throughout the unit, a variety of tools, techniques and training

help the home's Parkinson's residents deal with progressive loss of muscle control and mobility. Adaptations include larger beds to accommodate restlessness and reduce falls. If a resident does fall, softer floors cushion the landing. A KAT-balance system allows therapists to track an individual's balance via computer and follow his or her progress on screen.

More than 1.5 million people in the U.S. have Parkinson's disease, and 50,000 new cases are diagnosed each year. To address this growing need, the Presbyterian Home consulted people with Parkinson's during the planning phase of the unit for direct information on what would improve the quality of their lives. Already a model of current medical and design technology, the unit is ready to incorporate new advances as they develop, says Administrator Tony Joseph, who has identified a local network of technology experts intent on helping people cope with limited mobility. He notes that his is among the first facilities in the country to have focused care, therapy and educational services on the Parkinson's population, from adult day health services to outpatient rehabilitation to residential living.

In addition to its Parkinson's unit, the facility, which is part of the 25-acre Presbyterian Homes and Services campus, specializes in Alzheimer's disease and dementia care and short-term rehabilitation, as well as providing skilled nursing, adult day health care and a variety of outpatient therapies. 

Tell Your Story; Apply Now for a 2007 AAHSA Award


Has someone in your organization created an innovative program? Do you know a leader whose management or governance ability merits special recognition?

Now is the time to tell the story. Apply for a 2007 AAHSA award by April 15, 2007.

The AAHSA awards honor organizations and individuals who have made a commitment to Quality First, who embody excellence in leadership, care and service innovation, and who are making outstanding contributions to their communities and the field of aging services. The nine award categories are:

- Award of Honor
- Excellence in Leadership Award
- Excellence in the Workplace Award
- Leading-edge Care and Services Award
- Hobart Jackson Cultural Diversity Award
- Dr. Herbert Shore Outstanding Mentor Award
- Excellence in Research and Education Award
- Public Trust Award
- Outstanding Advocacy Award

Winners will receive a handsome plaque, national recognition, free registration for the AAHSA Annual Meeting & Exposition in Orlando this fall and coverage in *FutureAge*.

To apply for this professional honor, see the awards brochure mailed to AAHSA members in February, or access full details and nomination forms online at www.aahsa.org/shared_learning/awards. For more information, contact Deborah Cloud at dcloud@aaahsa.org or (202) 508-9458. 



New Workforce Report to National Commission for Quality Long-Term Care

Robyn Stone, executive director of AAHSA's Institute for the Future of Aging Services (IFAS) and senior vice president of research for AAHSA, presented a report on the long-term care workforce to the National Commission for Quality Long-Term Care on Jan. 26.

The report offers an overview of the current workforce crisis, lays out a range of options for ensuring an adequate supply of competent long-term care professionals and paraprofessionals and identifies how new research and demonstration projects can give policy makers better information about the needs of the workforce. The full report is available on the IFAS Web site, www.futureofaging.org.

The National Commission for Quality Long-Term Care is a nonpartisan independent body charged with improving long-term care in America. Convened in October 2004, it grew out of the Quality First Initiative.

BJBC Video Shares Real Stories, Solutions to Workforce Problems

This spring, Better Jobs Better Care (BJBC) will release a new video and discussion guide, *Partners in Quality: Long-Term Care Workforce Solutions*. The 12-minute video features real stories of providers who have significantly reduced turnover by implementing creative workforce recruitment and retention programs. You'll hear firsthand about best practices and solutions you can explore in your organization. An accompanying discussion guide provides provoking questions to help motivate staff and determine programs right for you. Visit www.bjbc.com.

AAHSA Victorious on Therapy Caps, Provider Taxes and Imputed Interest

Your legislators heard you! Before ending its 2006 session, Congress passed a bill that addresses three pressing issues for aging-services providers:

- Medicare therapy caps: extends the exceptions process through the end of calendar year 2007.
- Medicaid provider tax: prevents cuts in federal Medicaid funding by codifying the maximum allowable provider tax rate at 5.5 percent. In 2011, the rate will return to the current six percent. This provision prevents the administrative three percent reduction in the allowable rate that is called for in President Bush's 2007 budget proposal.
- Imputed interest tax relief for continuing care retirement community (CCRC) residents: builds on a law that eliminated imputed interest taxes for CCRC residents through 2011.

Thanks to all who participated in our advocacy efforts on these issues. You and your residents told your story to your legislators, and Congress could not help but hear. Together, we have achieved a tremendous success!

AARP Report Finds Growing Shortage of Affordable Senior Housing

A recent AARP report found that an average of 10 individuals are on the waiting list for every unit of affordable senior housing in America. On average, these seniors spend more than a year (13.4 months) on this list, and 10 percent of property managers have closed their waiting lists entirely.

The report, "Developing Appropriate Rental Housing for Low-Income Older Persons," also includes information on the size, growth and scope of this vital program.

"Subsidized housing not only provides an affordable place for low-income seniors to live, but also a platform for services like meals, transportation and home health that allow seniors to receive the services they need, when they need them, in the place they call home," says AAHSA President and CEO Larry Minnix. "Our country must expand production of senior citizen apartments so more seniors can take advantage of housing with services, which provides more living options for low-income seniors and decreases long-term care costs."

Together, AAHSA and AARP will call on elected officials to expand production of affordable senior housing.



The Advancing Excellence in America's Nursing Homes campaign steering committee, chaired by AAHSA President & CEO Larry Minnix, updated Leslie Norwalk (front row, with scarf), acting administrator of the Centers for Medicare & Medicaid Services (CMS), about the importance of the campaign in improving quality of life for residents and staff in nursing homes. For more information about the campaign, see www.aahsa.org

AAHSA Members Eligible for Discount on Housing Journal

The Journal of Housing for the Elderly® aims to serve the needs of gerontological professionals in architecture and housing, urban planning and public policy.

The *Journal* covers the latest efforts of housing researchers and policy experts, from research on energy conservation or privacy needs to policy implications of home equity conversion. It also