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. 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 then 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 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 different 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 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 and experiential learning through case studies.

"Workers need to be better prepared to give care to the whole person," says Karen Reever, 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

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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

continued on page 47

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 Reever, 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 VACPCP 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.

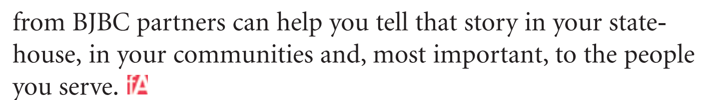
And the changes aren't over yet. Flood is hopeful that the results of programs like BJBC-VT's "CareWell" and "Beyond Basics" curricula will encourage policy makers to investigate the need for more direct care training across the state: "When it comes to the workforce," he says,"I am confident that it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

Written by Sarah Mashburn, AAHSA communications associate.

BETTER JOBS BETTER CARE: THE PUBLIC POLICY JOURNEY • *continued from page 25*

work. You can find contact information for your local WIB at *www.nawb.org*. I urge you to partner with your fellow providers in your community to make the case to the WIB about how long-term care offers tremendous potential for economic development.

National studies can help affirm the arguments you have been making for so long about how to improve quality in the long-term care workforce. The research findings and lessons learned from BJBC partners can help you tell that story in your statehouse, in your communities and, most important, to the people you serve.



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