

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

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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!

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

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.