

# Caregiver Recruitment and Training Piedmont Virginia Community College

## Introduction

Many older men and women try to maintain their independence by remaining in their own homes and utilizing paid or family in-home care services. With the baby boomer generation on the cusp of old age, the need for caregivers who are trained to care for vulnerable older adults at home grows urgent.

With the aim of supporting the development of caregiver training programs in community colleges, in 2007 MetLife Foundation created the Community College Caregiver Training Initiative, in conjunction with the International Longevity Center and the Caregiving Project for Older Americans. The response to the initiative was strong and the competition keen. Seventy-seven community colleges from around the country applied and twelve were awarded up to \$25,000, either to establish new caregiver training programs or to build upon programs already in existence. They were selected on the basis of program innovation, potential for replication and sustainability, management, local or regional needs, and other factors. All training programs awarded funding under this initiative were required to address care of older people in home settings, and had to contain some component on the needs of family caregivers.

One 2007 grant recipient, Piedmont Virginia Community College Workforce Services (PVCC) received funding to develop a comprehensive, 48-hour curriculum for aspiring home health aides to participate in a noncredit certificate program, and to convene an advisory board of local experts on aging to develop modules for certification in a variety of specialized areas of caregiving.

In a phone interview, we asked Lyn van der Sommen, M.D., director of the program, to give her impressions of its first year and her thoughts for the future. What follows are Dr. van der Sommen's candid answers.

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# Caregiver Recruitment and Training

## Piedmont Virginia Community College

*By Judith Estrine*

### Can you describe a typical student?

In the first semester the average student was female, between the ages of 30 and 50, with a GED or high school diploma. She was a single mother with a part time job, receiving no benefits, and was already working in the long term care field. Even with the grant paying half the tuition, financial assistance was often necessary. These women wanted better training and increased employment possibilities with expectations of increased income.

### Was the student body different in the second semester?

Yes, after more marketing for the program, the number of students increased from 12 to 18 for each class and represented a more diverse population. Students were also coming from farther away, some driving 1½ hours to class. The class consisted of baby boomers who were interested in their family's caregiving needs; current caregivers with no formal training; and students with college degrees looking for a part time or second career. There were more ethnic groups (ESOL or ESL students) represented, and more men in this semester. We had two men in the first class, five in the second.

Many of our guest speakers in the first semester helped to market the program, from such organizations as the Alzheimer's Association, Hospice, Eldercare Legal Aid, local hospitals and home care agencies.

### Can you talk a little bit about the male students?

Of the seven male students in the first two classes, most have been middle-aged and of lower economic status. Three were looking after ill or disabled male family members. Two men wanted to start their own business; two were looking for employment and are now working for agencies. These men expressed the same needs as the female students: better training and more employment options.

### How do you recruit for the program?

We have partnered with many long term stakeholders who have monthly meetings, committees and newsletters. We often share our message in a mutual promotion such as a newspaper ad, flyer or media announcement. I find the best recruitment tool is face to face. I am an active committee member or a guest speaker at functions. I participate in our Chamber of Commerce's long term care initiatives. I ask what our partners need and tell them about our program.

### How do your partnerships with agencies in the area work to make the training programs sustainable in the long run?

Most of our partner agencies have assisted with recruitment. Goodwill Industries, through their SCSEP program (Senior Community Service Employment Program), has training money for their clients. The local senior, nursing and assisted living facilities, and home care agencies, are all in need of trained caregivers and have sent new employees or incumbent workers. Our local Piedmont Works (Virginia Workforce Network) has been working with us to retrain workers who have recently been unemployed.

Local grantees for youth and "Connecting People To Jobs" have been sending us their unemployed and dislocated workers. The Alzheimer's Association, Hospice, the Eldercare Partnership and the Pressure Ulcer Prevention Committee, among others, all work with us.

We have received in-kind support such as supervision of skills practice, the use of clinical sites, instructors, and equipment and materials. We are forming an area long term care consortium this fall to assess needs and provide solutions by sharing resources. We will be establishing scholarships.

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I want to market our program to the long term care insurance companies who will often pay family members to take caregiving training to encourage their clients to remain in their homes.

### **What are some of the challenges you're facing?**

The main challenges for the program are financial, maintaining quality, and outreach. We will continue to need subsidized training and will no doubt be competing for fewer dollars in this tight economy.

To improve the quality of the trainee we will need to train a more select population. Some prerequisites are needed, other than a GED, to enter the program. We will start using evaluation tools to assess skills needed such as empathy, critical thinking, and professional demeanor. A pre-course interview would be very helpful but it would be very hard for me to find the time to interview everyone.

I am a one-woman department at this time, and with budget restraints, that is not going to change anytime soon! Retention is the biggest issue for our healthcare facilities, but hopefully a better qualified caregiver will lead to both a higher number of course completers, and improved employee retention rates.

The quality of the training would be improved with a longer course but that needs to be balanced with the cost of the program. We need to make this program more accessible to our outlying areas. To do that, we will begin video streaming our best instructors and transmitting the class to the counties. Each county will provide a local skills site. The challenge here will again be financial for the implementation process.

### **What's the experience been like for you?**

Helping people has always energized me. Providing trained home caregivers for our region has been a very gratifying experience; I feel we are fulfilling a number of community needs.

### **Could you tell us a little bit about your background?**

I was born and raised in Canada. I fell in love with Virginia years ago and vowed to return. I completed my education in Toronto and moved here in 1979 as a family physician. I became the local medical examiner and a long

term volunteer for many organizations like the American Cancer Society. Since January 2007 I have been Program Manager for Healthcare, Workforce Services at Piedmont Virginia Community College, Charlottesville, Virginia. I develop and manage healthcare training programs that are needed in our Central Virginia area. I am now a baby boomer who intends to make the most out of this last career choice.

### **Where you would like the program to be in five years?**

In five years I would like to see classes in all of our outreach areas: the rural counties of Louisa, Fluvanna, Nelson, Greene, Buckingham, Albemarle and the City of Charlottesville.

I would like our community to identify PVCC as a training center they can count on to respond to their healthcare needs quickly and with quality. I want employers to feel confident sending their incumbent workers for advanced training, and for agencies and organizations to send referrals. I want caregivers to be given the respect they deserve for doing an extremely demanding job, and paid accordingly. At this time, caregivers are so poorly compensated it is easy to understand why the turnover is so high, the retention rate so poor.

*The need for long term caregivers is huge; the need for professional training is paramount. I believe the more attention we draw to this field, the more support, respect and employment benefits will result.*

### **Afterword**

With their modest tuition rates, community-based orientation, workforce development experience and collaborative activities, community colleges serve as gateways to expanded opportunities for personal and professional development, and are promising venues for caregiver recruitment and training. Now in its second year, the Community College Caregiver Training Initiative continues to encourage the development of new and novel programs to train both family and professional in-home caregivers for older persons, promote the development of caregiving skills, and advance the quality of care around the country.

The Caregiving Project for Older Americans is an action-oriented collaboration that aims to improve the nation's caregiving workforce through training, the establishment of standards, and the creation of a career ladder. Bolstering support for family caregivers is another major goal of the project. A joint venture of the International Longevity Center-USA (ILC-USA) and the Schmieding Center for Senior Health & Education (SCSHE), the effort combines the talents of a policy research center with a clinical outpatient and health education program.

The Schmieding Center for Senior Health and Education of Northwest Arkansas, located in Springdale, Arkansas, provides older adults and their families with education, health care, information resources and other services for more positive aging. Education services include unique in-home caregiver training programs, public programs on positive aging, and professional programs to improve the geriatric expertise of health care professionals and students. Health care services include comprehensive clinical care and rehabilitation by an interdisciplinary team of geriatric professionals. The Schmieding Center is a partnership of the University of Arkansas for Medical Sciences Donald W. Reynolds Institute on Aging, the Area Health Education Center-Northwest, and Northwest Health System.

The International Longevity Center-USA is a non-profit, non-partisan research, education, and policy organization whose mission is to help individuals and societies address longevity and population aging in positive and productive ways, and to highlight older peoples' productivity and contributions to their families and society as a whole. The organization is a part of a multinational research and education consortium, which includes centers in the United States, Japan, Great Britain, France, the Dominican Republic, India, South America, Argentina, the Netherlands and Israel. These centers work both autonomously and collaboratively to study how greater life expectancy and increased proportions of older people impact nations around the world.



*ILC-USA is an affiliate of Mount Sinai School of Medicine.*



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