



# Creating Careers, Improving Care: A Win-Win Economic Advancement Strategy for Certified Nursing Assistants in Long-Term Care

*By Heath Prince*

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**JOBS FOR THE FUTURE**

CREATING STRATEGIES  
for Educational and Economic Opportunity

PREPARED FOR THE JACOB AND VALERIA LANGELOTH FOUNDATION



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### **About Jobs for the Future**

**Jobs for the Future** seeks to accelerate the educational and economic advancement of youth and adults struggling in today's economy. JFF partners with leaders in education, business, government, and communities around the nation to: strengthen opportunities for youth to succeed in postsecondary learning and high-skill careers; increase opportunities for low-income individuals to move into family-supporting careers; and meet the growing economic demand for knowledgeable and skilled workers.

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### EXECUTIVE SUMMARY

The Jacob and Valeria Langeloth Foundation asked Jobs for the Future to examine the links between the quality of care provided in the long-term care industry and the recruitment, retention, and advancement practices for its frontline workforce. One of JFF's most important initial findings has been that the quality of care in long-term care industry is highly dependent upon the abilities and attributes of the frontline worker: the Certified Nursing Assistant, or CNA. And one of the greatest challenges facing long-term care facilities is high turnover among CNAs at a time when demand for new CNAs is projected to rise dramatically.

*Creating Careers, Improving Care* presents the findings from JFF's subsequent research into strategies for recruiting, retaining, and advancing CNAs. Many of these promising practices are financially viable strategies that both increase the scope of opportunities and rewards for frontline caregivers in long-term care and improve the practice and culture of caring in these institutions. Without detailing each and every possible practice, this report suggests some of the most promising directions for administrators concerned about filling the demand for CNAs today and in the future.

### Challenges Facing the Long-Term Care Industry and Frontline Workforce

The long-term care industry expects to face a significant increase in demand for frontline nursing staff, even while turnover among CNAs is very high, making recruitment and retention issues of paramount importance for the industry. Retaining CNA staff is difficult in part because the job is so demanding, but it is also the case that the job may not appeal to most workers in the long term because of low wages, dangerous conditions, unsupportive management practices, the lack of career advancement opportunities, workers' personal challenges, and the availability of job alternatives at similar wages.

A major concern about turnover is its impact on the quality of care: 60 percent of long-term care facilities with high turnover report high numbers of deficiencies, and in one-fourth of the homes deficiencies caused harm to residents or placed them at risk of death or serious injury. This has long been an issue of some concern for policy-makers.

### Strategies for Recruitment, Retention, and Advancement

A small but growing number of long-term care facilities improve the quality of patient care by addressing, on a very practical level, the root causes of turnover. Pioneering facilities have focused on new strategies for recruiting, retaining, and advancing CNAs, and these same facilities report that the strategies are best used in combination.

**Recruitment:** Some facilities, such as Mercy Health Partners and Armenian Nursing and Rehabilitation, take the guesswork out of recruitment. Their strategies include taking greater care in assessing a candidate's ability to take on added responsibilities and grow in the job.



**Retention:** Some facilities are taking extra steps to change the workplace culture. They create supportive learning environments in which CNAs can both pursue training and contribute more to patient care. These efforts are designed to help CNAs feel more valued and therefore more dedicated to their jobs and their employers. Strategies include mentoring, career coaching, and facility culture change, which includes the creation of new work roles or team structures that encourage the use of higher skills.

**Advancement:** Employers and workforce intermediaries define and develop career paths. Some of these advancement opportunities are through CNA-oriented clinical training that links the completion of coursework to increases in pay and responsibility. Many of the projects funded by the Massachusetts Extended Care Career Ladder Initiative have implemented these approaches. Other efforts give CNAs opportunities to gain the education and training needed to move up the career ladder to become Licensed Practical Nurses. Examples include consortia affiliated with the ECCLI, AFSCME's District 1199C Training and Upgrading Fund, and Community College of Denver.

### Is Workforce Development for Long-term Caregivers Financially Feasible and Sustainable?

The shift toward private-pay patients has bolstered the business case for training and career advancement strategies, yet there remains a challenge in making the adoption of these strategies financially feasible in the near term, and in bringing them to a larger scale over the long term. A number of facilities are exploring alternative financing strategies, with significant results. Most of the facilities cited here have relied on some form of public financing beyond Medicaid and Medicare, whether from local, state, or federal sources. Some incorporate employer financing, either through the provisions of collective bargaining agreements or through employer-provided reimbursements for training. Others have adopted an approach that shares the costs and risks over a consortium of facilities. A few combine all of these approaches.

### Summary of Key Findings

Several findings stand out from JFF's examination of the practices of long-term care facilities for recruiting, retaining, and advancing CNA staff:

- Given caps on Medicaid reimbursement rates, the long-term care industry cannot rely on increases in wages and benefits in order to attract, train, and retain a high-quality workforce. It must innovate in order to meet a growing critical need.
- Early evidence suggests that advancement approaches help long-term care facilities reduce turnover and improve quality of care.
- Long-term care facilities that have undertaken comprehensive, "culture change" approaches have tended to produce better outcomes in terms of quality of care and CNA retention.
- Long-term care facilities that invest in comprehensive approaches need not shoulder the burden alone. Many have secured assistance from the public sector. In addition, they can save money by pooling resources with other employers.

### Recommendations for Future Funding

*Creating Careers, Improving Care* offers several recommendations for funders to consider in their grant-making activities:

*The field would benefit from additional resources to document and disseminate convincing estimates on the return on investment in career advancement/quality of care strategies.* With a clear, reliable documentation of these returns, practitioners will be more likely to go beyond short-term, limited approaches to workforce problems.

*Foundation and public investments can leverage employer investment in advancement strategies.* Foundation and public investments could be earmarked to support activities that employers rarely fund, yet leverage greater employer investment in on-the-job skills training in specific occupations.

*Foundation and public support in building the capacity of workforce intermediaries would enable more long-term care facilities to adopt workforce development strategies.*

Workforce intermediaries have facilitated some of the most effective approaches highlighted in this report. Support for the growth and replication of intermediaries would increase their benefit to the health care industry.

# Creating Careers, Improving Care:

## A Win-Win Economic Advancement Strategy for Certified Nursing Assistants in Long-Term Care

### Introduction

Between now and 2030, the nation's elderly population will more than double, and the number of elderly in long-term facilities will surpass five million, nearly triple what it is today. These demographic facts underscore the need to ensure that the long-term care industry has a high-quality, stable workforce.

The Jacob and Valeria Langeloth Foundation asked Jobs for the Future to examine the links between the quality of care provided in the long-term care industry and its recruitment, retention, and advancement practices for its frontline workforce. One of the most important initial findings was that in long-term care—perhaps more so than in any other segment of health care—the quality of care is highly dependent upon the abilities and attributes of the frontline worker: the Certified Nursing Assistant, or CNA.

CNAs provide 80 percent of the long-term care received by the nation's two million nursing home residents. CNAs monitor each resident's health on a daily, sometimes hourly, basis, and they provide an increasingly complex and demanding care regimen that can include not only direct medical services but also housekeeping, toileting, and counseling. The work is physically, mentally, and emotionally challenging, and the clients range from those requiring minimal intervention to those suffering from dementia and other debilitating conditions. By all measures, the occupation of CNA is skilled and intensive—and of crucial importance to the care of the nation's elderly. This makes it all the more troubling that one of the greatest challenges facing long-term care facilities is the high turnover among CNAs.

*Creating Careers, Improving Care* presents the findings from JFF's research into recruitment, retention, and advancement strategies for CNAs. Many of these promising practices are financially viable strategies that increase the scope of opportunities and rewards for frontline caregivers in long-term care, while improving the practice and culture of caring in these institutions.

This report:

- Identifies the most pressing labor market issues challenging the long-term care industry and its frontline caregiving workforce;
- Explores recruitment, retention, and advancement strategies that provide early evidence of measurable benefits, such as reduced turnover rates associated with better care;
- Examines the potential for widespread adoption of the most promising career advancement practices, with a particular focus on financial feasibility; and
- Recommends what funders, both philanthropic and government, can do to encourage broader adoption of promising practices.

The workforce challenges facing the long-term care industry are, of course, complex. On one hand, the demand for high-quality health care will only grow in the coming years. On the other hand, the industry, for a variety of reasons, has had a difficult time attracting and retaining a skilled workforce. The condition of the local labor market, salary levels and benefits, quality control systems, leadership, management styles, and organizational capacity are all important factors. That said, *Creating Careers, Improving Care* describes how career advancement strategies that are designed to address high CNA turnover can benefit long-term care workers, their employers, and the millions of Americans who depend upon these individuals and institutions, both now and in the future.



## Methodology

This report builds primarily on research JFF conducted between January and April of 2005, including conversations with long-term care administrators and representatives of workforce intermediaries specializing in services to long-term care facilities. The goal was to determine which workforce practices influence the quality of care and how different employers have sought to improve those practices.

JFF first identified representatives from workforce intermediaries or consortia of long-term care facilities as possible interviewees on the topic of workforce development practices that improve quality of care. These representatives, in turn, referred JFF to administrators of facilities

with promising practices. In addition, JFF identified administrators through the literature review and contacted them for interviews. In all, JFF staff interviewed 25 practitioners representing approximately 40 long-term care facilities that have made CNA advancement a priority. In addition, we interviewed several health care experts and consulted with them throughout the project. The interviewees represented a mix of for-profit (60 percent) and non-profit (40 percent) facilities. All of their facilities care for Medicaid patients, although the percentage of Medicaid recipients is higher in the nonprofit facilities.

JFF also conducted a comprehensive literature review, including articles in peer reviewed journals, industry publications, industry Web sites, research reports, and newspaper articles.

The cases highlighted in this report profile a subset of the many pioneers working to improve the quality of care in long-term care through implementing career advancement strategies. Thus, the report may not describe each and every possible practice. Nevertheless, they suggest some of the most promising directions for administrators concerned about filling the demand for CNAs today and in the future.





## Challenges Facing the Long-Term Care Industry and Its Frontline Workforce

With CNAs providing 80 percent of the care in long-term care facilities, quality of care issues link inextricably to the quality of the CNA workforce. High-quality care depends on whether CNAs are skilled and experienced—and satisfied with and dedicated to their jobs and employers.

However, the challenges of the industry and of this particular job are many. The industry expects a significant increase in demand for frontline nursing staff, while the normal turnover rates for CNAs are very high, making recruitment and retention issues of paramount importance. Retaining CNA staff is difficult in part because the job is so demanding, but it is also the case that the job may not be appealing to most workers because of low wages, dangerous conditions, discouraging management practices, lack of career advancement opportunities, workers' personal challenges, and the availability of job alternatives at similar wages.

### Increasing Demand for Long-Term Care

While life expectancy and the quality of life have improved greatly for the baby boom generation, the vast majority of this group will require some level of continuous health care within ten to fifteen years. Estimates place this number at just over 5 million by 2030 (Scanlon 2001)—three times today's number.

By 2010, the demand for long-term care will need to be met by an increase of more than 25 percent in the number of CNAs (Fishman 2004). Factoring in the need to replace retiring workers and those who leave the occupation, the nation will need 1.2 million new direct care workers over the first decade of the twenty-first century, as estimated by the U.S. Bureau of Labor Statistics (Hecker 2004). Direct care workers will be among the fastest-growing health care occupations.

Changes in the types of services required by long-term care patients will require increased complexity of care. Long-term care facilities once focused primarily on providing hospice or custodial care, but today these facilities also are responsible for a wide range of personal and rehabilitative care. For example, half of all nursing home patients return to their own homes after a short-term, rehabilitative stay at the facility (Stein 2005). In addition, changes in Medicare regulations aimed at reducing costs

have led to the transfer of ever larger numbers of patients out of acute care hospitals and into less-expensive long-term care facilities for rehabilitation.

These trends require larger numbers of CNAs, and they also place a higher premium on skill development for CNAs (Stein 2005). An increasing proportion of patients need complex care delivered by CNAs with some training in, or at least exposure to, specialty areas. As one director of nursing noted, "There's no [patient] here with just one problem."

### The High Turnover of CNA Staff

Amid the challenges of increased demand and decreasing supply, long-term care administrators are struggling to maintain even the current inadequate supply of Certified Nursing Assistants. According to the GAO (2001), turnover among CNAs working in nursing homes is 18 percent higher than it is for the industry's overall labor force and 20 percent higher than for other service workers. In fact, turnover rates for long-term care CNAs are among the highest of any occupation in any industry, typically topping 100 percent a year. By one estimate, about 56,000 CNA positions are vacant on any given day (Decker et al. 2003). While turnover moderated somewhat during the recent recession, most states still report difficulties with finding and keeping frontline caregivers (Dyson and Harmuth 2003).

Several factors contribute to the high turnover:

**Low Wages.** The long-term care industry is among the lowest-paying in the service sector. Despite the responsibilities entrusted to frontline caregivers, their pay and benefits are commensurate with less-skilled, and less vital, occupations. About 90 percent of facilities offer health benefits, but only one caregiver in ten takes advantage of them, usually due to cost. CNAs rarely earn more than \$10 per hour (about \$21,000 per year); in some states they earn as little as \$7 per hour. In comparison, baggage porters and bellhops earn an average of \$10.46 per hour and receptionists, \$10.91 per hour. (See <http://www.bls.gov/oes/> for data on wages and benefits.)

Normal labor market prescriptions would dictate that employers resolve staff shortages by raising wages and improving benefits, making the positions more attractive

to higher-skilled workers with more experience. But these strategies are largely unavailable to long-term care providers, whose budgets are strained by Medicaid reimbursement rates. In 2002, the last year with audited cost information available for most states, the average reimbursement rate of \$124.09 per Medicaid patient day was \$12.58 short of what it cost facilities to provide care (this shortfall was 9 percent higher than in 2001 and 39 percent higher than in 1999). This represents a \$4.5 billion annual shortfall when extrapolated to all 50 states. In some states, the shortfall is well above this average: in New Hampshire, it was \$28.98 in 2002, in New Jersey, \$27.85, and in Arizona, \$23.19 (BDO Seidman 2005). Typically, a facility makes up shortfalls by private-pay patients, a strategy that leaves many facilities in constant financial risk, because Medicaid pays for most care for most residents in most facilities. Paying higher wages to attract and retain CNAs is simply not an option, given these financial constraints.

***Dangerous Conditions.*** Long-term care is one of the more dangerous industries. In 1999, the workplace injury rate was 13 per 100 employees, compared to 8 per 100 employees in construction (GAO 2001).

#### The History of CNA Training and Quality of Care

That the quality of long-term care suffers as a result of workforce development practices has long been the subject of discussion of how to reform the industry. When the Omnibus Budget Reconciliation Act of 1987 was under consideration, it was clear the issue had caught the attention of Congress. Previously, the federal government had evaluated long-term care facilities receiving Medicare and Medicaid funds on their ability to provide care but paid little attention to quality. Surveys demonstrated that nearly a quarter of the nation's 17,000 nursing homes had deficiencies that caused actual harm to patients or placed them at risk of serious injury or death (Government Accounting Office 1999).

The 1987 act instituted sweeping reform to requirements for CNA training. Today, CNAs at facilities receiving either Medicare or Medicaid funding must have at least 75 hours of instruction, including 16 hours involved in nurse-supervised clinical tasks. Instruction must cover a wide range of topics, including communication and interpersonal skills, basic infection and control procedures, promoting the independence and respecting the rights of residents and patients, basic nursing skills, personal care skills, mental health and social service needs, and basic safety and emergency procedures.

***Management Practices.*** A recent study found that punitive absentee policies, poor training and orientation practices, and low compensation made CNAs feel unappreciated and undervalued, which in turn led to their departure from the job. This study concluded that “professional growth, supervision, involvement in work-related decisions, and communication between management and employees relate strongly to both turnover and overall job satisfaction” (Harris-Kojetin et al. 2004). The reverse is also true: there is evidence that increased respect for CNAs can improve retention. One study found lower turnover in facilities that involved CNAs in patient care planning. Nursing staff in these facilities were perceived to accept advice and suggestions from aides or simply discussed care plans with them (GAO 2001).

An Institute of Medicine study (2000) identified several other management practices as contributing to high turnover. These include inadequate training, inadequate or inappropriate methods for managing workload and schedules, minimal organizational recognition for high performance, inadequate staffing levels leading to excessive workloads, and unclear roles for staff.

***Lack of Career Advancement Opportunities.*** Long-term care suffers from its reputation as an industry that offers few advancement opportunities for entry-level workers. A typical facility has a limited range of caregiving occupations, headed by a director of nursing who oversees Registered Nurses, Licensed Practical Nurses, and CNAs. While it is possible for CNAs to gain additional skills and qualify for the LPN positions, the education gap is significant. The cost and scheduling of education and training activities rarely mesh well with a typical work week for someone who must support herself and perhaps a family on an entry-level wage.

***Personal Challenges.*** CNAs bring with them a host of characteristics that are typically identified as barriers to career advancement; these barriers also play a role in the industry's high turnover. Many CNAs are the primary wage earners in their families. Educational levels are typically low, with few CNAs having more than a high school diploma or equivalent. Compared to other occupations, the CNA workforce is composed disproportionately of minority women, many of whom do not speak English as their first language. Furthermore, low pay consigns perhaps one-third of CNAs to incomes below the federal poverty level (Eaton 2001), and 14 percent of CNAs receive food stamps (GAO 2001). Living paycheck to paycheck can initiate many crises that make it difficult for people to be reliable employees: a transportation failure,

inadequate access to affordable and dependable child care, or difficulties paying rent. As one administrator told JFF, many of these low-income workers are “one bad day, one missed bus, one home crisis, from quitting.”

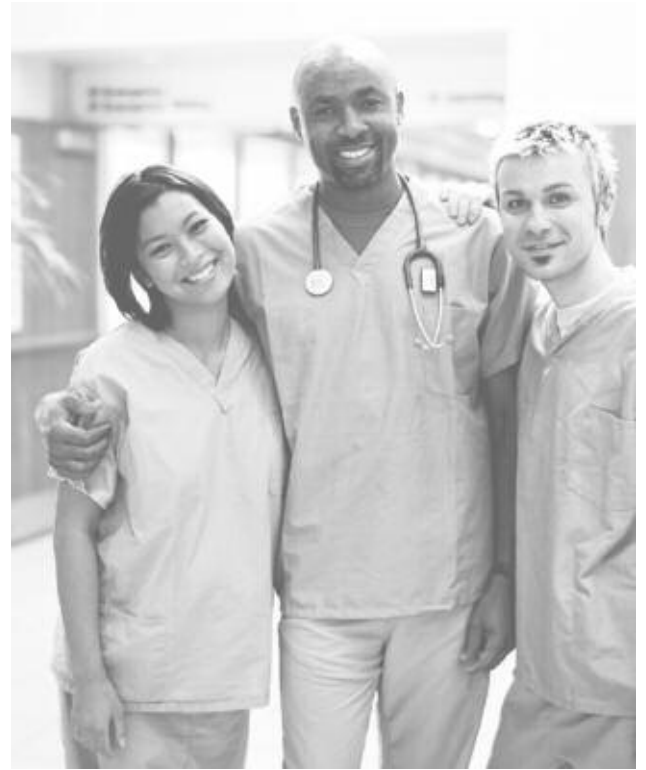
**Availability of Other Low-Skill Jobs.** The relatively low unemployment that has prevailed over the past decade fuels the move away from work as CNAs. While low entry barriers make CNA an attractive occupation for many low-wage, low-skill workers, their desire to remain in the field wanes with a clearer understanding of what the occupation requires. With other opportunities beckoning, dissatisfied CNAs frequently choose to leave. As the industry currently operates, changing jobs appears to be a wise choice. For example, CNAs in North Carolina who had lost their certification—and therefore worked in other fields—earned a median annual wage of \$17,359 in 2003, compared to \$12,877 for CNAs with active certifications (Harris-Kojetin et al. 2004).

### Threats to the Quality of Care

According to many researchers and most facility administrators, high turnover, low pay, and persistent staff shortages and job dissatisfaction are directly linked to decreases in the quality of patient care. High turnover leads to inconsistent quality when patients receive care from new staff who may be unfamiliar with their needs. Three-fifths of long-term care facilities with high turnover report high numbers of deficiencies, and in one-fourth of the homes deficiencies caused harm to residents or placed them at risk of death or serious injury (GAO 1999). This has long been an issue of concern for policymakers (see box, “The History of CNA Training and Quality of Care”).

High turnover and low retention directly affect job satisfaction as well. CNAs frequently state that they often feel overwhelmed by multiple demands on their limited time with patients. In these situations, they say, the tendency is to revert to work practices that seek simply to minimize violations.

In the past, market mechanisms could be relied upon to correct this high-turnover/low-quality of care conundrum. Now, however, average occupancy rates are at 86 percent nationally, with 25 percent of long-term care facilities completely occupied (Eaton 2000). This high demand for care effectively minimized the element of competition:



administrators could count on high occupancy almost regardless of the quality of care. The regulatory system also did little to correct the problem: states have reimbursed facilities offering the legally acceptable minimum level of care at the same rate as those offering top quality care (Eaton 2000).

Demographic changes and other factors may well create incentives to improve quality when both the market and regulation have fallen short. As the relatively affluent baby-boomers retire, the percentage of private-pay patients (patients paying with private insurance or their own money) is rising, making quality-based competition now central to many facilities' financial success and survival. Similarly, a larger number of private-pay patients are entering long-term care facilities for short-term, rehabilitative stays, again stimulating competition based on quality.

## Strategies for Recruitment, Retention, and Advancement

At a small but growing number of long-term care facilities, the quality of patient care has improved as a result of focusing on the working conditions and advancement potential of their frontline staff. Rather than accepting prevailing business model—“hiring and hoping for the best,” as one administrator put it—the staff and administrators of these facilities have begun to address, on a very practical level, the root causes of turnover.

The approaches of these pioneering facility staff and administrators have focused on:

**Recruitment:** Facilities are finding ways to take the guesswork out of recruitment. One such strategy is to take greater care in assessing a candidate’s ability to grow in the job and assume added responsibilities.

**Retention:** To some extent, long-term care employers who pursue recruitment and advancement strategies should see improvements in CNA retention. In addition, some facilities seek to improve retention through extra steps to change the workplace culture. They create supportive learning environments in which CNAs can both pursue training and contribute more to patient care. These steps are designed to help CNAs feel more valued and therefore more dedicated to their jobs and their employers.

**Advancement:** Employers and workforce intermediaries are finding ways to define and develop career paths. Some of these advancement opportunities are through CNA-oriented clinical training that links successful completion of coursework to higher pay and more responsibility. In addition, CNAs are offered opportunities to gain the education and training needed to move higher up the career ladder to Licensed Practical Nurse.

Although this report profiles each of these strategies separately, the interviewees report that the strategies are best used in combination. For example, it is more effective to offer advancement opportunities in the context of a broader range of changed human resources practices, such as carefully screening applicants and creating a workplace culture that empowers frontline caregivers and makes caregiving more patient-centered. Conversely, the more holis-

tic, culture change practices are difficult to sustain in the absence of the rewards that come with career advancement, such as higher pay and more respect from the administration and higher-skilled nursing staff.

### Recruitment Strategies

Several administrators interviewed by JFF attributed high turnover largely to a mismatch between the skills needed to succeed and the abilities and personal characteristics of those hired. Chief among the characteristics that administrators have sought is compassion for people and comfort with the intimate duties of a nursing home CNA.

Moreover, demand for CNAs is frequently so immediate that administrators often hire all applicants who appear, in the course of the first interview, to want to work for them. As one administrator noted, “We’re aspiring to that point in time when we can be more selective.” And another reminded us that the industry is a low-wage industry and, in her opinion, “not likely to attract a great number of workers with the ideal skill set.”

However, careful screening practices have begun to pay off for some administrators in terms of improved care and reduced turnover.

### Mercy Health Partners

The Catholic Health Association of the United States has made careful screening of CNAs a priority in its facilities. One consortium, Mercy Health Partners, in southwestern Ohio, set a six-month deadline for improving CNA retention by focusing on greater screening at its four long-term care facilities.

A consultant worked with the hiring department heads in each Mercy Health Partners facility to identify the leading causes for CNA turnover. The consultant then worked with the department heads to identify the most valuable characteristics required for success in the CNA position. Vacancy descriptions posted in local newspapers were largely based on these characteristics—chief among them are emotional maturity and a strong desire to help people.

As a result of the new screening process, Mercy Health Partners facilities reported a decline in turnover rates from 32 percent to 25 percent in less than one year. They also moved higher in national rankings of quality and elimi-



nated the use of temporary staff (see [www.directcareclearinghouse.org/practices/r\\_pp\\_det.jsp?res\\_id=47710](http://www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=47710)).

### Armenian Nursing and Rehabilitation

Armenian Nursing and Rehabilitation Center in Boston, Massachusetts, places a high priority on screening CNA applicants. It is among the rare facilities reporting relatively low turnover among CNAs, a success it attributes to a proprietary screening process. Armenian's administrator stated that the most important job qualification for CNAs is that they are "sweet and kind," and so the initial hiring interview uses a specially developed tool to identify applicants with these qualities. The administrator noted that when a CNA has the right personal qualities, training on the job can focus on higher-order skills, such as mentoring and learning how to defuse difficult situations with patients. In her opinion, retaining CNAs and improving the quality of care provided begins with a thorough screening of applicants.

### Retention Strategies

Very few of the facilities highlighted in this report rely on just one workforce development intervention in order to reduce employee turnover; some have adopted a wide range of retention strategies, with the aim of effecting wholesale change in the work and management culture. These strategies, which support and reinforce frontline worker development, include:

- Career navigation supports, such as mentoring and career coaching; and
- Facility culture change, including the creation of new work roles or team structures that encourage the use of higher skills.

Facilities introduce these strategies specifically to improve quality of care by improving the work environment, worker retention, and respect for staff, and they are characterized by the development of a strong "philosophy of care" on the part of management (Eaton 2001). Facilities that adopt a culture change approach ultimately implement practices that result in both locating the caregiving decision-making closer to the patient and equipping frontline caregivers to make more effective caregiving decisions.

### Career Navigation Supports: Mentoring and Career Coaching

Many newly hired CNAs require some degree of assistance in navigating through the workplace and the demands of their jobs. Frequently, facilities use mentors to help them adjust to the work culture and career coaches to help them access advice about advancing in their careers.

Mentoring new entry-level workers is a relationship-based method of helping people gain a sense of acceptance in, and fit with, their workplaces and jobs. Mentors, typically more experienced peers, provide information and advice, facilitate skill development, and help their "mentees" to develop their careers. Effective mentoring programs benefit employers by improving the capacity of new workers to do their jobs well. Mentors play a key role in addressing both immediate, job-specific skills and less-specific "how to move in and move up" skills. This helps new hires to understand both what is expected of them and what they can expect from their employer. It also encourages them to set long-term goals that help in planning next steps along a career path. Success in achieving these objectives is

#### Massachusetts Extended Care Career Ladder Initiative

In 2000, the Massachusetts policymakers recognized that high turnover and vacancies among paraprofessionals threatened the quality of care for long-term care patients. In response, the state adopted the Massachusetts Extended Care Career Ladder Initiative (ECCLI) in conjunction with a broader Nursing Home Quality Initiative.

ECCLI is a publicly funded test of the proposition that the quality of care will improve along with improvements in the quality of jobs and the creation of advancement opportunities for frontline caregivers. By creating partnerships between health care providers and workforce development organizations (including community-based groups, unions, public workforce development agencies, and community colleges), ECCLI aims to create clear, replicable models for both the long-term care industry and the workforce development community. In support of these goals, the Massachusetts legislature has allocated over \$15 million of state funds to ECCLI projects since 2000.

Most ECCLI sites have established formal career ladders to train and reward CNAs for specialized caregiving skills. Some facilities go further and help CNAs to become LPNs. Nearly all facilities report that retention of CNAs has improved as a result of career ladders, as has quality. Some facilities have also improved their ability to recruit CNAs as word of the program spreads.

Several employers profiled in this report participate in ECCLI, including Loomis House, Interacare Alliance, and Genesis HealthCare.

essential to reducing turnover and ensuring that a new employee sees a rewarding future in that workplace and in the industry.

Several of the programs described in this report have also implemented career-coaching strategies that help CNAs succeed and advance. Career coaches provide structured assistance with setting goals, adapting to the workplace, balancing home and work life, and defining career paths. Usually, career coaching is provided by human resources staff.

Career ladder programs often integrate mentoring and career coaching components. These practices are also typically found in facilities that have adopted a culture change strategy to improve the quality of care.

#### *Massachusetts Extended Care Career Ladder Initiative*

Career coaching is central to many projects funded by the Massachusetts Extended Care Career Ladder Initiative (see box on page 8). As described in more detail in the next section on advancement strategies, CNA-to-LPN programs sponsored by Genesis HealthCare and Intercare Alliance offer a sequence of educational steps, coupled with career counseling provided by WorkSource Partners. This approach helps prepare workers to enter and succeed in community-college sponsored LPN programs.

Employers contract with WorkSource Partners to provide a comprehensive set of employee outreach and counseling services. WorkSource staff conduct sessions at all facilities to communicate the employer's commitment to career development and to solicit employee interest in participating. A WorkSource career development specialist then conducts a one-on-one session with each interested employee and helps the employee develop a career plan based on an assessment of his/her academic skill level, career interests, and life circumstances. Workers who enroll in CNA-to-LPN career advancement courses receive ongoing mentoring and academic assistance to help them juggle the conflicting demands of family, work, and school. (See page 12 for more information on WorkSource partnerships with Genesis and Intercare.)

#### *AFSCME District 1199C Training and Upgrading Fund*

AFSCME 1199C's mentoring program promotes student success by assigning an advisor from the Practical Nursing program faculty for individual counseling support. Group tutoring is available throughout the program, as well as individual counseling by appointment with a member of the program faculty. Tutoring and mentoring are also available to PN students through adult literacy programs operated by the District 1199C Training and Upgrading Fund. (See page 13 for more information of the AFSCME District 1199C Training and Upgrading Fund.)

#### *Community College of Denver*

Mentorship and case-management support provided by employers and Community College of Denver help students balance work and family with the requirements of intensive training. CNA and LPN students receive support throughout the program from a college case manager assigned to assist with any barriers the students may encounter.

Depending on each person's needs, the case managers may coordinate tutoring services, assist in accessing the college's financial aid services, and help complete all of the necessary paperwork. Participating employers pair student CNAs with peer mentors who encourage them and address cultural and language issues. CNA mentors receive bonus pay when their students pass the state skills test, another bonus if the student stays on the job for six months, and then a third if the student stays for one year.

#### **Facility Culture Change**

A few long-term care facilities have adopted a comprehensive approach to improving quality and staff advancement opportunities. The ultimate aim is to improve care by changing the work environment for, and the respect afforded to, caregivers. These "culture change" approaches center on a clearly articulated system of human resources practices such as: requiring senior management to make frontline workforce development a priority by funding it adequately; supporting it with appropriate staffing; and reinforcing for top leadership a clear message regarding its objectives. Staff often receive incentives to help ensure the strategy's success.

### *Wellspring Nursing Home Consortium*

The Wellspring Nursing Home Consortium uses a culture change approach to improve clinical outcomes, based on broad-based operational changes at each of the consortium's 11 Wisconsin facilities (Stone et al. 2002). Seeing a need to compete on quality rather than price, the CEOs of the facilities, as members of Wellspring's management team, have committed funding and resources to a comprehensive set of practices designed to improve care through the work environment.

A central element is empowering CNAs to determine how best to implement policies designed to improve care. This is achieved through:

- Training CNAs in specific clinical practices and, in some cases, relying on CNAs to disseminate lessons from the training to other staff members;
- Using Geriatric Nurse Practitioners to teach staff at each participating facility how to apply nationally recognized clinical guidelines;
- Empowering CNAs to make decisions that affect the quality of resident care; and
- Creating “care resource teams,” composed of CNAs, LPNs, Geriatric Nurse Practitioners, and RNs, to implement quality improvements.

As a result of these changes to the workplace culture, Wellspring has reduced turnover among all staff, including CNAs, without increasing the costs of delivering care. The quality of life for residents has improved, as has the quality of interactions between residents and staff (Stone et al. 2002). Wellspring facilities also perform better on the federal nursing home survey that is conducted regularly with facilities that receive Medicaid funding, and the company has reported fewer care deficiencies on annual inspections by the Wisconsin Department of Health Services.

### *Ledgewood Rehabilitation and Skilled Nursing Center*

Ledgewood Rehabilitation and Skilled Nursing Center in Beverly, Massachusetts, addresses high turnover through a combination of practices, including mentoring, career ladders, adult basic education, ESL training, clinical training, and the careful screening of new hires. Instituted with the help of local workforce development agencies, these practices have combined to create a substantial culture change in the facility.

Ledgewood begins with a screening process to identify candidates suited for the CNA position, based on candidates' compassion for the elderly and ability to communicate clearly. New CNAs are mentored by other staff members, who are trained in mentoring strategies by Ledgewood. CNAs have the opportunity to improve their skills and advance along a two-tier career ladder that prepares them to enter an LPN training program. The 12-week CNA career ladder incorporates ESL and clinical training.

Ledgewood's early experience demonstrated that most career ladder participants required substantial basic education to succeed in the program. Through the North Shore Long-term Care Alliance, an employer consortium, Ledgewood collaborated with North Shore Community College to develop a two-year, proprietary, LPN training program. The program includes a module designed to address the CNAs' basic skill needs. Since this program began, nine other providers have sent workers for an initial assessment process. The North Shore Career Center helps with assessments.

Of the first cohort of LPN students, five from Ledgewood graduated from the program in 2005. Students could continue working while in school, often in twelve-hour weekend shifts, for which Ledgewood paid students time and a half. Employer-provided health insurance also continued during this time, and Ledgewood obtained grants to help support tuition costs.

Ledgewood's administrator emphasized that career advancement practices complement broader culture changes—including creating an environment that promotes the empowerment of frontline workers and training management to encourage CNAs to take more initiative. Without a culture that supports career advancement, many CNAs could not have participated or succeeded in the career ladder programs. Similarly, without the rewards of career advancement—especially increases in pay and responsibility—the broader culture change practices would have found little support among CNAs.

CNA turnover has significantly dropped at Ledgewood, and staff reports improvements in the quality of care. Progress has been significant and sustained, reflecting both staff development and the conscious effort to create an environment that encourages leaders to be part of a change process.



## Advancement Strategies

For facilities like the Ledgewood Rehabilitation and Skilled Nursing Center, employee retention is clearly far more than a short-term activity. Indeed, strategies rooted in worker advancement are perhaps the most effective ways to improve retention as well. Training CNAs so they can provide more highly skilled care, take on broader responsibilities, and advance to higher-level jobs is becoming part of the business model of innovative health care employers.

Facilities use two complementary strategies. One is the introduction of tiered CNA structures: additional training results in a step up to a higher tier within a CNA “hierarchy.” With each additional step, a CNA earns higher pay and has additional responsibilities. The second training strategy treats existing CNA staff as a ready pool of candidates for higher-skilled, high-demand LPN positions. The facility provides access to and support for onsite CNA-to-LPN training. This offers a career advancement opportunity for the CNAs, helps increase retention and reduce turnover, and helps facilities fill higher-skilled positions (e.g., LPN, RN) that are expected to face even greater shortages in the coming years.

Both of these strategies help to define and develop “career ladders” that explicitly tie the acquisition of new skills to ascending a career path. They make advancement options transparent and feasible by mapping skill requirements to job advancement, forging connections between jobs at progressively higher skill levels, and counseling workers in the development of individual career plans.

Workplaces pursuing these strategies create formal “rungs” for improving worker skills and compensating individuals accordingly, and they foster an informal culture that makes education central to the experience of work. They motivate workers to invest in their own education and remain with an employer, with the knowledge that each job offers a way up rather than a dead end.

The long-term care facilities profiled here report that improved CNA retention as a result of these practices. Several facilities report that they are a “workplace of choice” among local CNAs because of the career ladders, thereby attracting higher-quality job applicants.

## Tiered CNA Structures

One approach to improving retention and reducing turnover, while improving the quality of care, is to provide additional training to CNAs, tying successful completion to increases in pay and responsibilities. When CNAs have higher skills, nurse supervisors begin to value their input more and are more likely to include them in patient care planning. The value of the job has increased in terms of pay, responsibilities, and respect—all of which help to improve the CNAs’ satisfaction with their jobs and workplaces.

### *Loomis House*

As a participant in the Massachusetts Extended Care Career Ladder Initiative, Loomis House, a long-term care facility in Holyoke, Massachusetts, has created a three-tiered career ladder within the CNA position:

- The first tier is open to Loomis employees from other departments who want to become CNAs; instruction prepares them for the certification exam.
- The second tier, CNA II, provides continuing education and soft skills training, as well as instruction in particular medical conditions, such as dementia and physical rehabilitation.
- The final tier, CNA III, focuses on developing managerial and mentoring skills.

CNAs receive a modest raise upon completion of each tier. In addition, a limited number of CNAs can move on to higher-paying “neighborhood coordinator” positions that come with responsibility for scheduling other CNAs and reviewing weekly care plans for patients. Since implementing this career ladder in 2001, turnover has decreased from 85 percent to 45 percent.

### *Ararat Nursing*

At Ararat Nursing in Mission Hills, California, professional nurses rely on CNAs as critical participants in patient care conferences. CNAs can contribute because of the facility’s “Performance Improvement Quality Improvement” system, designed to increase the individual capacity and overall competence of Ararat staff, as well as to reduce turnover. Ararat builds clinical instruction into each stage of a five-rung CNA career ladder, and it dedicates monthly in-service meetings to the study of research on specific care topics (see [www.directcareclearinghouse.org](http://www.directcareclearinghouse.org)). Administrators report a decline in turnover: the current turnover rate is 1.3 per-

cent per year, down from 50 percent in 1994. Moreover, Ararat reports substantial improvements in patient care, including a reduction in falls and a reduction in the use of sleeping pills and antipsychotic drugs. The number of residents performing little or no activity decreased from 33 percent to 3 percent.

### *Notre Dame Long Term Care Center*

Notre Dame Long Term Care Center, part of the 11-member Intercare Alliance in the Worcester area, incorporates rigorous clinical training into a CNA career ladder. When Massachusetts made ECCLI grants available, Notre Dame and three other Alliance members received funding to develop a CNA career ladder training program. In 2002, its success encouraged the Intercare Alliance to adopt and expand the career ladder approach as a means of improving retention and quality of care.

Notre Dame's career ladder training consists of four rungs:

- The CNA 1 position focuses on restorative nursing care.
- CNA 2s receive instruction on addressing patient issues related to death and dying.
- CNA 3s address care for Alzheimer's patients.
- CNA 4s receive instruction in mentoring and leadership.

Each 16-hour module includes clinical training and also preparation to work with people from different cultural backgrounds. Successful completion of each module qualifies CNAs for career advancement opportunities within the CNA track, with a wage increase of \$.80 to \$1.20 per hour for completing all four modules.

According to Notre Dame administrators, the investment in training is recovered within four months, as measured by how much improved retention and reduced turnover eliminated costs for hiring temporary staff to fill vacant positions. More important, they believe that having staff who are more stable, experienced, and dedicated has directly improved patient care. As one administrator noted, "(Our) experience shows that care works better when staff know their patients and have become familiar with patients' medical conditions, care plans, individual needs."

### **CNA-to-LPN Programs**

Looming shortages of LPN and RN staff challenge many facilities as much as do troubling turnover rates of CNAs. One strategy to address both problems is to develop "grow your own" programs: career ladder programs that help CNAs gain the skills and credentials needed to enter higher-level, better-paid LPN positions.

CNA-to-LPN programs are usually structured to remove a number of barriers that prevent CNAs from making this large step on their own. Training providers come on site in the evening and on weekends to lessen time and transportation barriers. Employers often pay some or all of the training costs, and they frequently offer other supports, such as flexible work hours, peer support groups, or tutoring to help CNAs with very low skills qualify for the LPN training.

During the two to three years that CNAs are training for LPN positions, they are a stable workforce for the long-term care facility, and they are constantly gaining skills that help to improve care. At the completion of the LPN program, the facility has "grown its own" new LPN staff.

### *Shalom Park*

Shalom Park, in Denver, Colorado, faced persistent and large demand for both CNAs and LPNs. One nurse educator stated, "We were using pool (temp agencies), spending a lot of money on agencies to fill vacancies."

Moreover, there were problems with resident care, including increases in number of falls and urinary tract infections, decreases in appetites, and dissatisfaction among family members. Management considered a lack of stable care to be a major contributing factor to these quality issues.

Shalom Park changed this through a CNA-to-LPN career ladder initiated by Community College of Denver. With a grant from the Denver Foundation in 1999, Shalom Park took the first step by recruiting and training higher quality CNA candidates. This resulted in a ten-week, on-site training program that prepares applicants for the state's CNA certification exam. The program begins with two weeks of classroom training; next, CNA students provide care to residents for eight weeks, working one-on-one with a CNA mentor. Since Shalom Park implemented this program, ten classes have produced 50 graduates, helping address the facility's CNA shortage.

One result of the successful training was that the CNAs became interested in pursuing training to become LPNs. In response, Shalom Park developed an on-site LPN training program, structured much like the CNA training. However, all of the first applicants for the LPN program failed at least one part of a basic scholastic aptitude test, usually the English/reading skills portion. Shalom Park responded by hiring tutors to help the students, resulting in a 100 percent passing rate. The initial test failures also prompted peer support within the cohort of CNAs: students helped one another prepare for the test, even outside work hours, which helped overcome some of the cultural boundaries among CNAs.

Most of the instruction for both the CNA and the LPN prerequisite classes is provided by Shalom Park's director of nursing and the nurse educator, who has responsibility for managing nursing instruction. Community College of Denver instructors supplement instruction as needed. Noting the program's beneficial effects on students' self-esteem, administrators have encouraged subsequent cohorts to adopt the first group's group learning and peer support strategies.

A clinical rotations component of the LPN program also takes place on site. According to program administrators, this builds ownership of the training among supervisors. In addition, the success of Shalom Park's clinical rotation component has attracted students from other Community College of Denver programs, and they now come to Shalom Park for part of their clinical training.

The first cohort of 14 LPN students graduated in summer 2005, earning an Associate's degree from Community College of Denver. Although students must pay out of pocket for their LPN coursework, Shalom Park reimburses those who remain on the job for a year after graduation.

Shalom Park reports that its patient care quality indicators have improved due to its CNA and LPN training programs. While turnover is not measured systematically, Shalom Park states that it is lower and has therefore improved the continuity of care. Results on a "family satisfaction" survey (which measures the satisfaction of each resident's family with the quality of care) have improved, and administrators have noticed increased professionalism among CNAs with regard to their interactions with patients. "The CNAs are now thinking like LPNs."

### *Genesis HealthCare, Intercare Alliance, and WorkSource Partners*

The Massachusetts ECCLI has funded two consortia of long-term care facilities: Genesis HealthCare, which is a consortium of five commonly owned or managed facilities in western Massachusetts, and the Intercare Alliance, a consortium of eleven independent nonprofit facilities in Worcester. WorkSource Partners, a workforce intermediary that designs and implements career development and education programs for entry-level workers, has helped these consortia and their community college partners develop a comprehensive CNA-to-LPN career ladder program to fill nursing vacancies. With WorkSource, the employers have established a grow-your-own career advancement model that creates the scale required for community colleges to deliver courses and career counseling at the worksite and to tailor nursing home programs for the long-term care industry.

The career ladder sequence begins with pre-college courses in math and English for workers who need to develop these skills to qualify for college-level studies. Workers who complete these courses or who test directly into college-level work by passing the College Placement Test can enroll in the prerequisite college courses required for entry into the LPN program. After passing these courses, students can enroll in the customized LPN training. CNAs receive counseling and support services on each step of the ladder.

Genesis and Intercare Alliance employers contract with local community colleges to offer employees the full sequence of preparatory educational courses, as well as the customized LPN program. Alliance facilities collectively contract with Quinsigamond Community College to provide a Practical Nursing program that can accommodate 24 students each year. The ten-month program is full-time and has a demanding schedule: students are in class from 4 p.m. to 10 p.m., with clinicals every other weekend from 7 a.m. to 3:30 p.m. Genesis contracts with Holyoke Community College to deliver a similar sequence of courses culminating in a ten-month, evening-and-weekend LPN program. All remedial and prerequisite courses are offered at the worksite for both programs.

To help employees meet the demands of full-time study, Alliance employers limit students' work schedules to 24 hours a week, and they provide flexible work schedules, especially around exams. Any full-time employee who enrolls in the LPN program must agree to reduce her or his work hours until graduation.

Since 2003, 69 Genesis and Alliance workers have entered these programs; 60 have graduated. An additional 400 workers have received career counseling and education services since 2001, including 74 who enrolled in pre-college classes to prepare for the LPN program. In 2004-2005 alone, 141 CNAs employed in one Alliance nursing home facility attended a career ladder class.

The grow-your-own approach has yielded significant financial benefits to employers, and it has improved patient care as a result of reduced staff turnover and lower vacancy rates. Genesis HealthCare has stopped using agency nurses to fill LPN vacancies at its five Agawam, Massachusetts, facilities, saving \$500,000 per year since January 2001. Genesis has also significantly increased its CNA retention rate to over 80 percent. Alliance facilities have enjoyed similar benefits: its turnover rates have dropped by 30 to 40 percent in the past two years.

#### **CNA-to-LPN Programs Offered Through Workforce Intermediaries**

CNA-to-LPN programs are not always initiated by employers. In some cases, unions, community colleges, and other workforce intermediaries are designing and offering the programs to benefit the workforce and a region's health care employers. The best of these programs attempt to remove barriers to learning for full-time workers, similar to the efforts of the employer-led initiatives.

#### ***AFSCME District 1199C Training and Upgrading Fund***

A Philadelphia-based Practical Nursing (PN) program run by a union-employer training fund has provided a route to LPN positions for hundreds of CNAs and other entry-level health care workers. The operator is District 1199C Training and Upgrade Fund, the nation's only union-sponsored nursing program. The fund is jointly administered by District 1199C of the American Federation of State, County and Municipal Employees (AFSCME) and representatives of 59 contributing health care employers, of which two are long-term care facilities. The fund opened the PN program shortly after the School District of Philadelphia closed its training program in 1997.

1199C's PN program accommodates the needs of working adults and is accredited by the Pennsylvania State Board of Nursing. It lasts 18 months, with a part-time class schedule. Classes are held two evenings a week, from 4 p.m. to

10 p.m., plus every other Saturday and Sunday. All classes are open to community members as well as union members. (Most 1199C Fund training programs include large numbers of non-union members.)

Applicants must have a high school diploma or GED and demonstrate that they have the academic skills the program requires. They must pass the mathematics, English, and scientific reasoning sections of the Nursing Entrance Test, which approximates a grade level of 11-12 in reading and mathematics. About 400 applicants take the Nursing Entrance Test each enrollment period, and about 100 pass. Those who do not pass can enroll in free preparatory classes in order to reapply for the next session.

Applicants must also meet a state requirement that anyone working with children or in long-term care pass a criminal and child-abuse check. About 90 out of 100 people meet these criteria and qualify for admission; 70 are selected to fill 60 slots. (Five to ten students typically decide not to enter the program after going through the initial phase of training.)

Given the weak educational backgrounds of many entry-level health care workers, the fund designed an initial phase of the training to raise the math and reading skills of its members to the standards required to enter the PN program. This "bridge program" is a three-week, fifty-hour offering that prepares students for the academic and life demands of rigorous training on top of work and family obligations. The curriculum includes mathematics, medical terminology, life skills, and computer skills. The bridge segment also helps identify applicants who have met the PN program's entry requirements but who, after experiencing its time demands, realize that they are not in the position to make the eighteen-month commitment that the full training requires.

Individuals who test at an eighth-grade level in math and a ninth-grade level in reading are eligible to attend a pre-nursing program. This is an intensive, sixteen-week program, with three-hour classes three evenings or mornings a week. For individuals who test below the required grade level, the fund offers basic education and ESL classes to both union members and community residents. The fund has developed four levels of basic education classes to assist students in acquiring the academic competencies needed to advance into the pre-nursing and Practical Nursing programs. Students work at their own pace in these classes. PN faculty and administration work closely with the basic education department to ensure that the curriculum helps students gain the skills needed to



enter—and succeed in—the program. Faculty work to impart the necessary study, test-taking, time-management, and critical-thinking skills.

Since beginning with 31 students in 1999, the PN program has grown steadily and now enrolls 120 students per year (60 students per class, with classes starting every 9 months.) To date, 396 individuals have entered the program upon completing the bridge program. Of those, 185 (47 percent) have successfully completed the PN program, 85 (21 percent) are currently enrolled, and 126 (32 percent) left without completing the program. Eighty-one percent of graduates passed the LPN licensure examination on the first attempt. Of those who entered the program, about 60 percent took preparatory classes in order to pass the entrance examination. CNA turnover at participating long-term care facilities has dropped from 100 percent to 36 percent.

### *Community College of Denver*

Community College of Denver, in partnership with the city's Division of Workforce Development and 35 local hospitals and long-term care facilities (including Shalom Park), has developed a part-time, worksite program to prepare CNAs and other entry-level workers to become LPNs.

The program begins with a nine-hour Nursing Success Course that counsels students on life skills, time management, and study skills. Customized to meet the needs of each student, the program has a Learning Lab that provides accelerated remedial instruction in math, reading, and writing, all required prerequisite courses, and all nursing courses required to sit for the national exam required to become an LPN. The 30-week Learning Lab can help students who enter with as low as a third- to fifth-grade

math, English, or reading levels rise to college-level standards (required for entry into the LPN program) in approximately half the time normally required for developmental education. Tutoring is provided in all Learning Lab courses, and students have access to additional tutoring support at the college campus. Learning Lab courses are offered in three ten-week modules.

CNAs who complete the Learning Lab then take all prerequisite courses required to enter the LPN program, including nutrition, medical terminology, English composition, and anatomy and physiology. Next, they advance to the nursing classes required for licensure, with instruction provided primarily by RNs.

All courses are delivered at the worksites of participating employers, who provide classroom space and coordinate work schedules for employees. Courses meet two evenings per week, and they are offered in a consecutive format so students take one class at a time. In addition, students complete five clinical rotations over fifty-five weeks, with rotations one to two days a week, depending on the specialty. Instructors use health care content as the context for teaching math and literacy skills. Classes for the worksite modules average twelve to fifteen students each. When possible, clinical rotations are scheduled on Saturdays, and the first rotation takes place at the student's own worksite.

The entire program lasts about two and a half years: the Learning Lab takes 30 weeks, prerequisite courses take 23 weeks, and the nursing courses take 74 weeks.

Community College of Denver launched the program in 2002 with one cohort of 21 students. It has grown to 13 cohorts, with a total of 230 students. Of the students in the 11 cohorts currently beyond the Learning Lab phase, 77 percent have graduated or are still engaged in the program. Of the first cohort, 67 percent completed the Learning Labs and passed the LPN licensure exam, 52 percent enrolled in the LPN program, and 33 percent graduated. Looking exclusively at those in the first cohort who finished the Learning Lab program, 78 percent entered the LPN program and 50 percent finished. These results indicate that the program is on track to add several hundred LPNs to the workforce within five years.

During the next two years, at least 76 low-income individuals will raise their incomes as a result of the program: from \$22,000 on average to over \$35,000. Moreover, participating employers report improved morale, reduced turnover, and improved performance among participants, who can serve patients better as they advance in their studies.



## Is Workforce Development for Long-term Caregivers Financially Feasible and Sustainable?

Several administrators JFF interviewed were concerned about the cost of strategies to improve CNA retention. Their perception was that educating staff, particularly supervisors, on the intricacies of any single strategy—never mind the time spent implementing these strategies—would be more expensive than “hiring and hoping for the best.” However, in that model, which is based on the relative ease of entry into the CNA position and the large number of job seekers at the lower end of the labor market, there are also high costs of training new staff as well as threats to the quality of care. Susan Eaton (2001), for example, estimated that turnover costs a long-term care facility \$4,000 per CNA, or approximately three months’ wages. Such drawbacks to the hire-and-hope model support a business case for long-term care facilities to invest in career advancement and other strategies that improve retention, reduce turnover, and move workers up internal career ladders.

Nevertheless, concerns about the costs of these strategies are legitimate. Although the shift toward private-pay patients has strengthened the business case for training and career advancement strategies, there is still a challenge in making the adoption of these strategies financially feasible in the near term, and in bringing them to a larger scale over the long term. As noted, federal funding and state caps on expenditures make for fairly narrow parameters in which long-term care administrators may operate. However, a number of facilities have begun to explore alternative financing strategies, with significant results.

This section profiles promising approaches to financing and sustaining the advancement strategies. Most of the facilities cited here have relied on some form of public financing beyond Medicaid and Medicare, whether from local, state, or federal sources. Some incorporate a degree of employer financing, either through the provisions of collective bargaining agreements or through employer-provided reimbursements for training. Others have adopted an approach that shares the costs and risks over a consortium of facilities. A few combine all of these approaches.

### Public Financing Strategies

Public resources earmarked for worker training frequently result from a need to address a public problem that is either too costly or too risky for the private sector to address on its own. In recent years, because of the looming labor shortages in health care and their potential effect on public health, public resources at the local, state, and federal level have increased for recruiting and training CNAs. The facilities profiled here have used a combination of these resources to offset the costs of their recruitment, retention, and advancement programs.

#### Genesis HealthCare and Intercare Alliance

Programs at Genesis HealthCare and Intercare Alliance have used support from the Massachusetts Extended Care Career Ladder Initiative. ECCLI funding has helped pay program development costs, including design and planning assistance provided by WorkSource and the partial salary of program directors at the Genesis and Alliance sites. ECCLI funds have also paid for the employee outreach and counseling services that WorkSource provides and a portion of the pre-college courses.

In addition, some of the employer costs for the Genesis HealthCare and Intercare Alliance programs are offset through federal Pell Grants for higher education. To help ensure that workers who enroll in the LPN program take advantage of this funding source, Alliance members now require them to apply for financial aid from the community colleges where they study, which is a prerequisite for receiving Pell Grants. Ten out of twenty-four students in the class of 2004-05 received Pell Grants, ranging from \$1,000 to \$1,800.

#### Community College of Denver

Financial support from the public workforce development system is critical to the sustainability of Community College of Denver’s CNA-to-LPN program. Participants from the city’s public workforce system convened representatives from the college and key hospital and long-term care facilities that had demonstrated commitment to and flexibility in accommodating new and diverse populations. With strong interest from the college and employers, the workforce system leveraged multiple funding streams to support the initiative. These funds included

city general funds, Workforce Investment Act discretionary funds from the state for tuition assistance, support from the Piton Foundation for curriculum redesign, tuition assistance from employers, and Pell Grants for students. With this funding in place, the workforce system leveraged additional fiscal support, staffed the collaboration by recruiting new industry partners, and convened monthly partner meetings during the first year of program operation to address logistical and programmatic issues.

#### **1199C Training and Upgrade Fund**

The District 1199C Training and Upgrade Fund, while largely employer-funded, is not limited to union members. The fund's mission is to serve the broader community as well as union members. To do so, it aggressively seeks government and private grants to underwrite the costs of extending services to non-union members. In recent years, Temporary Assistance for Needy Families (TANF), Workforce Investment Act funds, and philanthropic grants have supported several of 1199C's more innovative programs.



## **Employer Financing**

Direct employer support, along with collective bargaining agreements, can help make career advancement practices feasible in long-term care. Such investments result from a strong business case for training and advancing CNAs and the growing need to compete on quality rather than price.

#### **Genesis HealthCare and Intercare Alliance**

ECCLI facilities have incorporated employer financing as they move toward financial sustainability, as illustrated by the Intercare Alliance and Genesis career ladder programs. Alliance employers pay the full cost of tuition and fees for workers participating in the LPN program in exchange for a two-year work commitment from a participant who earns an LPN license. Genesis employees make a similar commitment: they repay the benefit at a rate of one hour for each dollar of tuition they use. Employers also contribute to the cost of pre-college and prerequisite courses.

Employers make other significant financial contributions to defray program costs. Intercare Alliance employers provide flexible work schedules and continue to pay full medical and dental benefits for participating employees who work a 24-hour-a-week schedule. Employers also contribute classroom space, computers, and a portion of the costs of the program manager. Genesis HealthCare contributes the time of its RNs to serve as adjunct faculty to the Holyoke Community College LPN program.

#### **Community College of Denver**

For Community College of Denver, employer engagement has been vital to financial sustainability at each phase of developing the CNA-to-LPN career ladder.

Participating employers contribute half of the cost, in cash or in-kind, of tuition and supplemental tutoring services, matching the half provided by the program. With a recent reduction in city general funds, some students have had to take on some of the responsibility for their tuition, using employer tuition reimbursement, financial aid, or their own funds.

Employers' in-kind contributions are varied and critical. Employers supply important feedback to the college and workforce system on what is needed to maintain a success-



ful incumbent worker program. They also provide leadership in several areas, including the identification of incumbent workers with the drive and commitment to succeed in the program. In addition, employers make classroom space available for training, coordinate employees' work schedules, and enable qualified nursing staff to serve as instructors and mentors.

### **AFSCME 1199C Training and Upgrade Fund**

The AFSCME 1199C Training and Upgrade Fund, operated by a labor-management partnership, is funded through employer contributions equal to 1.5 percent of the gross payroll of the union's membership, as negotiated in a collective bargaining agreement between the union and the 59 health care institutions in the partnership.

### **Long-Term Care Consortia**

A growing number of long-term care facilities achieve collectively what they could not individually: they pool their resources into consortia or networks of providers.

Accustomed to viewing one another as competitors, these facilities recognize that economies of scale can result from collaboration. Through consortia, they have adopted career ladders and instituted broad-based culture changes that have improved both retention and quality in addition to being cost effective.

#### **The Extended Care Career Ladder Initiative**

ECCLI funds a network of over 140 facilities that share a commitment to improving the quality of patient care by improving career advancement opportunities for frontline workers. Through this network, coordinated by Commonwealth Corporation, a quasi-public Massachusetts organization, ECCLI facilities draw on one another's experiences and share lessons learned from their implementation of the initiative's objectives.

In 2004, Commonwealth Corporation issued findings from outcomes evaluations of the ECCLI facilities. Since July 2001, six-month vacancy rates had declined by 47 percent, and one-year retention rates had improved slightly. Facility administrators reported a commitment to changing the workplace culture to increase the respect afforded to CNAs and the work they do. The adoption of specific career advancement practices, including career ladders, clinical training, adult basic education, counseling and career planning, enabled facilities to improve both the quality of care and CNA working environments (Webb 2005).



The consortia aggregate demand for services, thereby achieving some economies of scale. This has enabled ECCLI facilities to adopt a range of advancement strategies that have reduced the cost of CNA agency fees from an average of \$56,362 per year to \$9,156 per year. Loomis House, for example, has gone from spending \$175,000 per year hiring staff from agencies, to \$20,000 per year (Jackson 2005).

#### **Wellspring Nursing Home Consortium**

Wellspring's 11 long-term care facilities are at the heart of its consortia-based approach, which is similar to ECCLI, although it receives few public resources. Many of the same principles motivating the creation of ECCLI consortia, such as using pooled resources to benefit consortia members, underlie the Wellspring model.

Wellspring's outcomes result from a culture change approach that, on balance, costs each participating facility very little. The savings generated have offset program costs, including equipment, administrator and coordinator time, time for workers to participate in training, in-service meetings, and monthly dues paid for the management of Alliance's administration.

## Summary of Key Findings

Several findings stand out from JFF’s examination of recruitment, retention, and advancement of CNA staff in long-term care facilities:

***Given caps on Medicaid reimbursement rates, the long-term care industry cannot rely on increases in wages and benefits in order to attract, train, and retain a high-quality workforce.***

Other industries can take advantage of the laws of supply and demand and raise wages to fill critical staffing needs. In long-term care, reimbursement limits require long-term care administrators to take a different route: they must innovate in order to meet a growing critical need. While just a few facilities have adopted a comprehensive culture change approach, many have undertaken selective strategies that succeed at relatively little cost. These strategies include creating career ladders, providing mentoring and career coaching, and offering clinical training for CNAs.

***Early evidence suggests that advancement approaches help long-term care facilities reduce turnover and improve the quality of care.***

The various advancement approaches highlighted in this report have helped to reduce turnover among CNAs by providing them with opportunities to build their skills, move up career ladders, increase their responsibilities, and earn better wages. These benefits have also, by design, improved patient care, both by improving worker retention and by increasing the caregiving skills and education of frontline caregivers. Transforming a “dead-end” occupation into one that affords workers the opportunity to advance makes that occupation more desirable to higher-quality applicants.

***Long-term care facilities that have undertaken comprehensive, “culture change” approaches have tended to produce better outcomes in terms of quality of care and CNA retention.***

Approaches that improve the working conditions of frontline caregivers—and give them greater responsibility for caregiving—have improved the quality of patient care. In part, they professionalize the work of CNAs, and they also make a workplace more desirable. These long-term care facilities have taken a holistic approach designed to empower caregivers at every level.

***Long-term care facilities that invest in these comprehensive approaches need not shoulder the burden alone.***

Despite the growing business case for investing in the CNA workforce, many long-term care facilities find ways to offset the direct costs of that investment. In many cases, public funding has reduced the financial burden on employers. These funds are not limitless, but the public sector is clearly aware of the dangers of not addressing the labor shortages in health care, and so training support is likely to continue into the future. In addition, many employers—like those in the ECCLI and Wellspring consortia—have discovered that cost savings can be realized by pooling resources and efforts to serve two common workforce development goals: advancement and retention.



## Recommendations for Future Funding

JFF prepared this report to inform the funding decisions of philanthropic organizations, particularly the Langeloth Foundation, which has supported JFF's research. We offer several recommendations for funders to consider in their grant-making activities:

***The field would benefit from additional resources to document and disseminate convincing estimates on the return on investment in career advancement/quality of care strategies.***

While many long-term care administrators JFF interviewed acknowledge the potential benefits of wholesale changes to how they conduct business, they are reluctant to adopt comprehensive approaches without stronger evidence of a good return on investment. With clear, reliable documentation of these returns, practitioners will be more likely to go beyond short-term, limited approaches to workforce problems. Foundation and public investments in tools to demonstrate the often significant ROI of advancement practices would increase the likelihood of their broader adoption.

***Foundation and public investments can leverage employer investment in advancement strategies.***

Foundation and public investments could be earmarked to support activities that employers rarely fund but are nonetheless important to worker skill development and advancement. These include pre-employment training, pre-college adult basic education, and activities for which the return on investment is not always immediately evident, such as career-coaching. Such funding could leverage greater employer investment in on-the-job skills training in specific occupations.

***Foundation and public support in building the capacity of workforce intermediaries would enable more long-term care facilities to adopt workforce development strategies.***

Many health care providers, particularly in long-term care, lack an internal capacity to design and implement innovative workforce development strategies. However, workforce intermediaries—a variety of entrepreneurial partnerships led by nonprofits, community colleges,



labor-management partnerships, employer associations, Workforce Investment Boards, and others—have facilitated some of the most effective approaches highlighted in this report. These intermediaries:

- Convene multiple stakeholders in support of the advancement strategies of a facility or consortia of facilities;
- Aggregate the demand of several facilities in order to make training costs manageable; and
- Manage specific parts of an advancement strategy.

However, there are too few intermediaries, and they are typically small and underfunded. Support for the growth and replication of intermediaries would increase their benefit to the health care industry.

## Conclusion

JFF's research into the recruitment, retention, and advancement strategies for CNAs in long-term care facilities has shown that these practices can produce significant and measurable benefits to the facilities, to their residents, and to the workers themselves. The benefits come at a price, but many employers are finding net benefits, which makes a strong business case for the investment. Given the growing demand for these workers, and the challenge of current turnover rates, few employers can afford not to make changes that enhance the contributions of CNAs as well as their long-term career prospects.

The larger community, too, would do well to support these strategies. Career advancement programs for CNAs make sense because of their ability to improve the earnings of people who are, for the most part, among the working poor. In addition, such strategies contribute to the common good because of they improve quality of care in long-term care facilities. With a strategic investment in the training and advancement of the long-term care workforce, the public can not only avert a health care labor crisis, but at the same time gain high-quality care.



## APPENDIX I: Additional Illustrations of Recruitment, Retention, and Advancement Strategies

Jobs for the Future's research covered several additional facilities. The information on their practices further illustrates the strategies described in the body of *Creating Careers, Improving Care*.

### Recruitment Strategies

#### Franciscan Health Care

The labor market for Certified Nursing Assistants in Louisville, Kentucky, has been competitive, with several major hospitals and nursing homes offering high pay and good benefits. This led to persistent recruitment and turnover problems for Franciscan Health Care, a long-term care and assisted living facility in Louisville. Its CNAs would frequently move to other employers who offered higher pay, more flexible schedules, or better benefits. FHC's director of nursing felt she had little leeway to compete on wages but a better chance of recruiting and retaining CNAs by offering them a benefit that other, larger facilities could not: a stronger sense of involvement in decision-making.

In 2003, the director of nursing developed a ten-week training course for CNAs who have at least six months on the job and want to advance to the position of CNA II, a job in which they become preceptors for new CNA hires. FHC screens applicants for commitment, attendance, and a willingness to stay after hours for training. Because the CNA IIs act as preceptors, they must have a certain level of professionalism, and one of the training modules addresses this specifically. As a result, CNAs are more involved in decisions related to patient care, and their responsibilities and pay increase. Since 2003, two classes have completed the training.

The training also is a step to further advancement beyond CNA II. It prepares participants to study at Kentucky Technical College to become a Certified Medical Technician or Licensed Practical Nurse, positions in high demand in the Louisville area.

The director of nursing attributes a reduction in staff turnover and a better pool of job applicants and to the CNA II training. She also believes that the opportunity to advance has improved resident care, as reflected in fewer

complaints regarding direct care workers. Staff morale has been boosted by making this advancement opportunity available.

#### Cedar Lake Lodge

Cedar Lake Lodge, Inc., of Louisville, Kentucky, is a non-profit organization that includes The Lodge, which provides intermediate-level residential care, and Cedar Lake Residences, which provides services to people in community-based and group home settings. The Lodge, along with several other Louisville-area employers, participates in a national demonstration project funded by the American Network of Community Options and Resources (ANCOR) and the U.S. Department of Labor to develop a model for recruiting and training direct support professionals.

Through the ANCOR pilot, the Lodge is exploring ways to offer workforce-readiness training and education as a recruiting incentive for CNA positions. The Lodge and its employer partners share training and recruitment-related information with one another, as well as with education and training providers. The Lodge also has revised its internal education offerings to lead to a direct-care certificate program developed by the Kentucky Community and Technical College system. Cedar Lake's director of human resources sees the network of employers and community colleges as one of the most immediate benefits of participation in the demonstration project. She notes that employers in the project do not compete directly for workers, but their efforts are enlarging the general pool of potential job applicants.

In addition, Cedar Lake Residences has been involved with Support Providing Employees Association of Kentucky, a statewide initiative that seeks to professionalize the role of direct support caregivers. The SPEAK initiative, funded by the federal Centers for Medicare and Medicaid Services, is an association of nonprofit, direct care providers. It includes a financial incentive compo-





ment: potential job applicants who participate in and complete a “realistic job preview,” coordinated by SPEAK, receive a bonus. The job preview is not part of an employer interview or selection process. However, those who are hired after completing the job preview are also eligible for ongoing support, networking opportunities, and additional bonuses at six and twelve months after being hired. This program, launched in early 2006, already has helped Cedar Lake to recruit better-informed applicants, which has reduced turnover and turnover costs. The director of human resources believe that, in the long run, it will develop employees who are more satisfied with their work.

### Retention Strategies

#### Apple Health Care, Inc.

Apple Health Care, a for-profit chain, operates 21 nursing homes in Connecticut, Massachusetts, and Rhode Island. It has developed and implemented a training program that focuses on empowering CNAs to be active team members and to contribute more fully to developing care plans for

nursing home residents. Like other models that encourage holistic, system-wide change, Apple’s advancement program “embraces a philosophy that is more participatory and person-centered, closer to the style of assisted-living residences” (Fitzgerald 2006).

Apple’s CNA training is segmented into three courses, each of which meets two hours per week for eight weeks. The first course emphasizes developing a care regimen that accommodates the personal needs of patients. The second course prepares CNAs to serve on workers-resident committees, the task of which is to improve the working conditions of their facilities. The third course focuses on conflict management and peer mentoring (National Clearinghouse on the Direct Care Workforce n.d.).

Apple managers state that the training has paid for itself by reducing turnover and thus the need for temporary staff. The CNA turnover rate declined from 60 percent per year in 1995 to 30 percent in 2005 (National Clearinghouse on the Direct Care Workforce n.d.).

In addition to offering CNAs a career path, Apple includes CNAs in the planning of care. They also have a voice in operations through joint labor-management committees. Apple has made work schedules more flexible to permit CNAs to participate in training, and it has revised the orientation program to be a minimum of two weeks for new aides (Fitzgerald 2006).

#### North Star Community

In 2001, North Star Community, a 70-bed long-term care facility in Denver, Colorado, had received many negative evaluations from federal inspectors and was operating on a conditional license. Many of the quality of care problems related to staffing problems, including high turnover and inadequate training. North Star had begun to address these problems, including completely revising CNA training, when the mayor’s office approached the company with information about the availability of a matching grant from the U.S. Department of Labor for workforce development. In 2003, DOL approved a proposal for a CNA-to-LPN training program, written in conjunction with the Denver Department of Workforce Development.

The first component of training was English as a Second Language. About 80 percent of North Star staffers are Hispanic, and the language barrier had been a significant problem. ESL classes were held on site and open to any staff. The next component offered under the grant was

basic training, including remedial education in math and English and basic communication and work-readiness skills classes. The Community College of Denver faculty teach these classes at North Star. These classes, too, are free and open to all staff—but required for CNAs who wished to pursue LPN training.

LPN training, including clinical rotations at North Star and at area hospitals, is the third component under the grant. North Star nurse managers teach the prerequisite courses to begin LPN training. Out of the eighteen staff members who completed basic skills classes, fifteen passed the test required to take these classes; about eight of this group completed the prerequisites, continued on, and completed LPN training.

North Star considers the clinical rotations to be an important part of LPN training, particularly the apprenticeship component, which includes time management, documentation requirements, and learning how and when a nurse can delegate tasks to CNAs. North Star's training for LPNs focuses on providing CNAs with hands-on experience, strengthening their appreciation of the more complex skills of nursing staff. Nurses who were recruited to help teach in this program found that it was a good experience. However, it was also exhausting, requiring unpaid prep time that was equivalent to the 30 hours of paid class time.

The curriculum that the Community College of Denver uses was developed in collaboration with staff from North Star and eight other area long-term care providers. These providers continue to meet quarterly to discuss staffing solutions and any changes required in the curriculum.

Since initiating its CNA-to-LPN training program, North Star has seen a significant improvement in its surveys of patient satisfaction, reflecting fewer care deficiencies. Management also notes significant improvement in staff skills, along with lower turnover and higher morale.

## Advancement Strategies

### Sunbridge Long Term Care

For Sunbridge Long Term Care in Lawrence, Massachusetts, the need to improve the English language skills of its frontline caregivers was the motivating factor in the decision to apply for a grant from the state's Extended Care Career Ladder Initiative.

Sunbridge Long Term Care has four facilities in and around Lawrence. About 75 percent of the staff in these facilities are Hispanic, and Spanish is their primary language. For many CNAs a lack of English proficiency seri-

ously limited advancement opportunities. From the company's perspective, there was concern that poor English skills can result in poor quality of care. For example, the communication barrier between non-English speaking staff and other staff was a problem. Moreover, staff members have had increasing responsibilities for documentation as long-term care needs have become more complex; again, weak English skills are a barrier to doing the job well. In addition, Sunbridge managers report, dementia patients had particular difficulty with hearing different languages spoken around them (indicating that staff frequently failed to comply with company mandates to speak English on the job).

In 2003, Sunbridge managers surveyed all staff, as well as a number of patients and families, to identify the educational needs of its employees. The company used the results in its application for an Extended Care Career Ladder Initiative grant from the state.

Sunbridge received the grant and in 2004 began its ECCLI Initiative. The effort includes:

Basic skills classes (English as a Second Language, basic English, reading, math, and writing) take place on site and are open to all staff. Spanish language classes also available for all staff, including management, and staff from Northern Essex Community College teach all classes.

CNA II training includes 32 hours of basic skills (including soft skills, such as conflict management), as well as a review of current job skills. Participants are tested periodically to determine which new skills they have acquired. They receive a 40 cents per hour pay raise if they pass the exams, work six months as a CNA II, complete check lists to show they are using new skills, and complete performance reviews.

CNA III training, a 40-hour course, involves more complex skills and includes instruction in mentoring. Classes are held at Northern Essex Community College, using company staff as trainers and faculty. Participants receive a 60 cents per hour pay increase upon completion of CNA III training.

Career counseling is available throughout the program, including information on meeting the prerequisites for a nursing career. Management reports that there is a waiting list for all the training offerings.



Challenges to implementation have included building trust between management and staff, as well as anxiety about returning to school among CNAs. Issues have also emerged around supervision. For example, after the first group graduated from CNA training, not all of the nurses trusted CNAs to check blood pressure. Managers approached this situation creatively, encouraging nurses to review the CNA skills checklists to assure themselves that the CNAs were adequately prepared to perform their new tasks.

The turnover rate among CNAs at the four Sunbridge facilities involved with the ECCLI grant declined from 54 percent in 2003 to 34 percent in 2004. Sunbridge matches each dollar from the grant, so these “bottom line” results have been important to maintaining its commitment to the program. Sunbridge estimates that the cost to train and orient each new hire is \$4,000. The company is examining safety and liability issues and how to measure any changes, such as in the number of worker injuries or resident falls.

Sunbridge is exploring ways to sustain the training initiatives when its three-year ECCLI funding ends. This is one reason it uses in-house staff as teachers for classes at Northern Essex Community College. The initiative has involved a new, higher level of community collaboration,



including work with the college and the Merrimack Valley Workforce Investment Board, which, it is anticipated, will assist in long-term sustainability.

Staff medical and assessment skills have been enhanced through the training. CNAs can better recognize changes in aging residents, and they are quicker to bring their observations to nurses. Management reports that the quality of care has improved because staff are more knowledgeable and can communicate better. Spanish-speaking CNAs report that they understand in-service trainings better, and all CNAs report that they are motivated to participate in training because the company is investing in them.

An English test has been added to the hiring process, so that new hires can enroll in ESL classes right away or be paired with English-speaking staff. Seven CNAs have applied for nursing school; one housekeeper has applied for CNA training.

#### **The Workforce Alliance and Hospital Corporation of America**

The Hospital Corporation of America facilities, in partnership with The Workforce Alliance (the local Workforce Investment Board), have developed an LPN career ladder program for CNAs and other low-income employees and residents of West Palm Beach, Florida. Geared to the needs of working adults and designed to increase the number of LPNs, the two-year program takes place two days a week for nine hours a day, with an optional third day for individual tutoring and remediation. Participants can work part time on non-class days and weekends, with participating employers guaranteeing flexible work schedules that fit student needs.

The catalyst for creating the CNA-to-LPN program was Florida's Career Advancement and Retention Challenge Initiative, a state-sponsored grant program designed to advance TANF recipients and other low-income working adults into well-paying jobs. Funded through state TANF dollars and administered through the Better Jobs/Better Wages Committee (a division of Florida's state Workforce Investment Board), the CARC initiative has underwritten about 55 percent of the cash costs and 40 percent of the overall costs of the HCA effort. Employer tuition payments and federal Pell Grants are also major sources of program funding.

Employers and The Workforce Alliance provide substantial in-kind contributions in terms of staffing and the use of facilities. The program contracts with several nonprofit vendors to deliver different services. The Academy for Practical Nursing and Health Occupations (APHNO), an accredited, nonprofit postsecondary training institute that specializes in serving less formally educated, low-income adults, delivers the LPN training program. ACS State and Local Solutions provides case management services to students, and the Palm Beach County Literacy Coalition provides remedial reading, writing, ESL, and math instruction to help candidates prepare for entrance exams.

The program enrolled its first class of 36 LPN trainees in 2002; 23 of them successfully completed the training. Since then, the program has launched two additional classes, in 2003 and 2004, enrolling a total of 73 students. Of these, 28 graduated in December 2005, and the remainder are expected to graduate in December 2006.

All classes are based at a worksite. Participants from the three participating hospitals attend classes at JFK Medical Center (the largest of the three participating HCA hospitals); employees of Morse Geriatric Center (a non-HCA hospital partner that joined the program prior to the start of the second LPN class) attend classes at their own facility. Clinical rotations take place at participating employer sites.

Several levels of support promote student success and advancement. APHNO faculty provide academic tutoring. A part-time career consultant at ACS provides counseling and job-coaching support and connects eligible students to transitional support services funded by TANF, including transportation and child care assistance and

housing referrals. The program also recruits LPN and RNs to serve as mentors to support and encourage trainees. Peer support is fostered by grouping employees from the same facilities together for classes at the worksite.

To date, over 150 students have participated in skill enhancement classes. Only about 30 percent of participants tested at the ninth-grade reading level or higher upon entry. Of those students who enrolled in one of the first two remedial sessions and attended at least 25 hours of instruction (about three-fourths of participants), 30 percent passed all sections of the TABE test and qualified for admission to the LPN program. An additional 78 students who attended at least 25 hours of instruction raised their reading or math levels.

The tuition, books, and fee costs for the two-year LPN program come to \$11,500 per student. The program employs a half-time coordinator and half-time career consultant, which adds another \$88,000, or about \$2,400 per student. The program also provides a nominal stipend of \$150 a year to each of 20 LPN and RN employee volunteers who serve as mentors.

In 2003, Workforce Alliance received the First Place “Best Practices” award for this program from Workforce Florida, the state’s Workforce Board.

## APPENDIX II: Organizations Cited

Appalachian Regional Health Care, Hazard, KY  
[www.arh.org/hazard/default.php](http://www.arh.org/hazard/default.php)

Apple Health Care, Inc., Avon, CT  
[www.applehealthcare.com](http://www.applehealthcare.com)

Ararat Nursing, Mission Hills, CA  
[www.ararathome.org](http://www.ararathome.org)

Armenian Nursing and Rehabilitation Center, Jamaica Plain, MA  
[www.armenianhome.org](http://www.armenianhome.org)

Cabrillo College/Santa Cruz Health Careers Partnership, Aptos, CA  
[www.cabrillo.edu](http://www.cabrillo.edu)

Cedar Lake Lodge, Inc., Louisville, KY  
[www.cedarlake.org](http://www.cedarlake.org)

Community College of Denver, Denver, CO  
<http://ccd.rightchoice.org/>

District 1199C Training and Upgrading Fund (AFSCME), Philadelphia, PA  
[www.1199ctraining.org](http://www.1199ctraining.org)

Franciscan Health Care, Louisville, KY  
[www.franciscanservices.com/facilities/fhcc/](http://www.franciscanservices.com/facilities/fhcc/)

Genesis HealthCare and Intercare Alliance, Andover, MA  
[www.geneshicc.com](http://www.geneshicc.com)

Hazard Kentucky Community and Technical Colleges, Hazard, KY  
[www.hazard.kctcs.edu](http://www.hazard.kctcs.edu)

Home Supportive Services, Santa Cruz, CA  
[www.santacruzinhomercare.org](http://www.santacruzinhomercare.org)

Jewish Hospital & St. Mary's Healthcare, Louisville, KY  
[www.jhhs.org](http://www.jhhs.org)

Kentucky Community/Technical College System, Versailles, KY  
[www.kctcs.net](http://www.kctcs.net)

Kentucky Department for Mental Health and Mental Retardation Services, Frankfort, KY  
<http://mhmr.ky.gov/kdmhmrs/default.asp>

Lake Cumberland Regional Hospital, Somerset, KY  
[www.lifepointhospitals2.com/](http://www.lifepointhospitals2.com/)

Ledgewood Rehabilitation and Skilled Nursing Center, Beverly, MA  
[www.ledgewoodrehab.com](http://www.ledgewoodrehab.com)

Lifespan Care Management Agency, Santa Cruz, CA  
[www.lifespancare.com](http://www.lifespancare.com)

Loomis House, Holyoke, MA  
[www.loomiscommunities.org/house/index.html](http://www.loomiscommunities.org/house/index.html)

Massachusetts Extended Care Career Ladders Initiative, Boston, MA  
[www.commcorp.org/programs/eccli](http://www.commcorp.org/programs/eccli)

Mercy Health Partners, Cincinnati, OH  
[www.mercy.health-partners.org](http://www.mercy.health-partners.org)

North Star Community, Denver, CO  
[www.pinonmgt.com/fac\\_north\\_star.shtml](http://www.pinonmgt.com/fac_north_star.shtml)

Norton Healthcare, Louisville, KY  
[www.nortonhealthcare.org/](http://www.nortonhealthcare.org/)

Notre Dame Long Term Care Center, Worcester, MA  
[www.notredameltcc.org](http://www.notredameltcc.org)

Nursing Services Morse Geriatric Center, West Palm Beach, FL  
[www.katzseniorscampus.org/morse/index.htm](http://www.katzseniorscampus.org/morse/index.htm)

RES-CARE, Louisville, KY  
[www.rescare.com](http://www.rescare.com)

Shalom Park, Aurora, CO  
[www.shalompark.org](http://www.shalompark.org)

SPEAK, Louisville, KY  
[www.dspspeak.org](http://www.dspspeak.org)

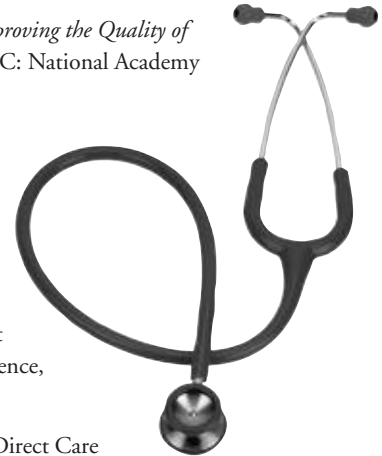
Sunbridge Long Term Care, Lawrence, MA  
[www.sunh.com](http://www.sunh.com)

Wellspring Nursing Home Consortium, Bethlehem, CT  
[www.wellspring.org](http://www.wellspring.org)

WorkSource Partners, Brookline, MA  
[www.worksourcepartners.com](http://www.worksourcepartners.com)

## References

- BDO Seidman. 2005. "A Report on Shortfalls in Medicaid Funding for Nursing Home Care." Prepared by BDO Seidman, LLP, Accountants and Consultants, for the American Health Care Association. April.
- Banaszak-Holl, Jane and Marilyn A. Hines. 1996. "Factors Associated with Nursing Home Staff Turnover," *The Gerontologist*, Vol. 36, No. 4.
- Decker, Frederic H. et al. 2003. "Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes." Health Services Research and Evaluation, American Health Care Association. February. Available at: [www.ahca.org/research/rpt\\_vts2002\\_final.pdf](http://www.ahca.org/research/rpt_vts2002_final.pdf).
- Dyson, Susan, and Susan Harmuth. 2004. *Results of the 2003 National Survey of State Initiatives on the Long-Term Care Direct Care Workforce*. Paraprofessional Healthcare Institute and North Carolina Department of Health and Human Services.
- Eaton, Susan. 2000. "Beyond Unloving Care: Linking Human Resource Management and Patient Care Quality in Nursing Homes." *International Journal of Human Resource Management*, June. Volume 11, No.3.
- Eaton, Susan. 2001. Workshop Brief. Prepared for "Building a High-quality Long-term Care Paraprofessional Workforce: Workshop Brief for State and Local Policymakers." Dallas, Texas. February 9-10.
- Fishman, Michael E. et al. 2004. "Recruiting and Retaining a Quality Paraprofessional Long-term Care Workforce: Building Collaboratives with the Nation's Workforce Investment System." Washington, DC: U.S. Department of Health and Human Services Office of Disability, Aging and Long-Term Care Policy and the Institute for the Future of Aging Service.
- Fitzgerald, Joan. 2006. *Moving Up in the New Economy: Career Ladders for U.S. Workers*. 2006. Ithaca, NY: Cornell University Press.
- General Accounting Office. 1999. "Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards." Report No. GAO/HEHS-99-46.
- General Accounting Office. 2001. "Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern." Testimony of William J. Scanlon, Director Health Care Issues, for Committee on Health, Education, Labor and Pensions, U.S. Senate. GAO-01-750T.
- Harris-Kojetin, Lauren, et al. 2004. "Recent Findings on Front-line Long-Term Care Workers: A Research Synthesis 1999-2003." Washington, DC: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy. Available at: <http://aspe.hhs.gov/daltcp/reports/insight.pdf>
- Hecker, Daniel. 2004. "Occupational Employment Projections to 2012." *Monthly Labor Review*. Vol. 127, No. 2. Accessed at [www.bls.gov/opub/mlr/2004/02/art5full.pdf](http://www.bls.gov/opub/mlr/2004/02/art5full.pdf).
- Institute of Medicine. 2000. *Improving the Quality of Long-Term Care*. Washington, DC: National Academy Press.
- Jackson, Karen. 2005. Director of Operations, Loomis Communities, from June 22 presentation, "In Their Own Voices: The ECCLI Case Study Project Panel." Second Annual Workforce Development Research and Evaluation Conference, Worcester, MA.
- National Clearinghouse on the Direct Care Workforce. n.d. Profile of Apple Health Care, Inc. Accessed May 17, 2005 at [www.directcareclearinghouse.org](http://www.directcareclearinghouse.org).
- Scanlon, William J. 2001. "Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides is a Growing Concern." GAO Testimony, May 17.
- Stein, Charles. 2005. "Nursing Homes Shift into Rehab Services." *Boston Globe*, August 15.
- Stone et al. 2002. *Evaluation of the Wellspring Model for Improving Nursing Home Quality*. New York, NY: The Commonwealth Fund.
- Webb, Marilyn. 2005. "Creating Quality Resident-Centered Care: A Continuous Journey in Culture Change." Case study prepared for the Massachusetts Extended Care Career Ladder Initiative.





## Building the Workforce of the Future in Health Care

A capable, diverse health care workforce is critical to the health of all Americans. Increasingly, the most distinctive activities to create this workforce of the future are emerging through large, multi-sector partnerships, backed by public or private funders. JFF participates in such partnerships and supports initiatives that address two needs simultaneously:

- *Quality Care:* To meet the demand for high-quality health care, employers—hospitals, nursing homes, primary care centers, home care providers—depend upon a well-trained workforce at all levels, as well as a reliable “pipeline” of workers to fill vacancies and address shortages in critical jobs.
- *Opportunity for Advancement:* Health care offers potentially significant advancement opportunities for entry-level workers, including those providing direct care. These opportunities will continue for the foreseeable future, given the high demand for quality services, the difficulty of “exporting” many health care jobs, and the changing demographics in the workforce and the general population.

*Jobs to Careers: Promoting Work-Based Learning for Quality Care* seeks to change the way that health care employers train, advance, and reward frontline workers, contributing to improvements in care and service delivery. This four-year demonstration will fund up to 16 partnerships; a health care employer and an educational institution must be part of each partnership, which can also include unions, Workforce Investment Boards, and community agencies. JFF is the National Program Office for *Jobs to Careers*, an initiative of the Robert Wood Johnson Foundation, in collaboration with the Hitachi Foundation.

*Investing in Workforce Intermediaries*, launched by the Annie E. Casey, Ford, and Rockefeller foundations, is seeding a national support infrastructure for workforce partnerships. The funders have invested in five cities and one state: Austin, Baltimore, Boston, New York, Pennsylvania, and the San Francisco Bay Area. Partnerships in the project sites are improving access to good jobs in health care, improving the quality of these jobs, and helping employers and communities to create good jobs.

*SkillWorks: Partners for a Productive Workforce*, an *Investing in Workforce Intermediaries* site, is investing \$13 million over five years in advocacy for the public policies and systemic infrastructure needed to support quality programming leading to long-term economic benefits for low-income, unemployed, and underemployed individuals in the Boston area. *SkillWorks*, a public/private funders collaborative, supports several intermediaries focused on health care.

### Selected JFF Resources

*Community Health Worker Advancement: A Research Summary* (2006)

*Creating Careers, Improving Care* (2006)

*Invisible No Longer: Advancing the Entry-level Workforce in Health Care* (2006)

*From the Entry Level to Licensed Practical Nurse: Four Case Studies of Career Ladders in Health Care* (2005)

*Creating Pathways to Advancement: A Manual for Project Developers* (2004)

More information on *Building the Workforce of the Future in Health Care* is available on the JFF Web site, where all publications are available for downloading: [www.jff.org](http://www.jff.org)



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