

On Site With BJBC Demonstration Projects

North Carolina

Ten years ago, Thomas R. Konrad, a health services researcher at the University of North Carolina Chapel Hill, sent a team of pharmacists to adult care homes to show direct care workers how to administer medications more safely and effectively. At the end of the training, medication errors declined. “But when we went back for a one-year follow-up, we couldn’t find more than a handful of the people we had trained still working in those facilities,” he lamented. “I began to question the sustainability of any educational interventions or care improvements without first increasing the stability of the workforce.”

The need for a more stable, high-quality direct care workforce was one of the factors leading to the Better Jobs Better Care grant application from North Carolina. It intends to promote better retention by offering incentives to providers who can lower turnover rates in various ways.

Backed by a broad coalition of stakeholders, the North Carolina Foundation for Advanced Health Programs will create a voluntary, special licensure category for long-term care providers who successfully recruit and retain direct care workers. “We know that direct care workers are essential to quality of care,” says Susan Harmuth, director of the Better Jobs Better Care project and on staff with the Foundation for Advanced Health Programs. “Now we need to recognize and reward providers who show that they understand this connection.”

High Turnover, Low Pay

As in most states, North Carolina long-term care agencies and facilities experience high shortage and turnover rates among direct care workers who provide necessary care and support for elderly people with chronic diseases or



Susan Harmuth

disabilities. Average annual turnover rates in 2002 were 95% for nursing facilities, 115% for adult care homes, and 37% for home care agencies. Nationally, North Carolina ranks sixth in the estimated number of additional direct care workers needed in the year 2008.

An analysis of the state’s nurse aide registry in 2002 showed that active nurse aides earn on average \$4,000 less per year than “inactive” nurse aides – those still on the registry who left the field to work in other sectors of the economy. “The reality is that direct care workers can make more money in many other occupations,” says Harmuth.

“Many direct care workers have trouble making ends meet, and some must rely in part on public subsidies to get by,” says Konrad, at UNC’s Center for Health Services Research, and a partner in the Better Jobs Better Care project.

North Carolina’s Prior Initiatives

The Better Jobs Better Care grant award builds on a number of activities to promote better pay and more training for direct care workers in the past few years. A grant from the Kate B. Reynolds Charitable Trust helped the North Carolina Department of Health and Human Services establish a uniform method to track and compare annual turnover rates across all types of long-term care facilities. The funds also helped to set up a protocol for matching nurse aide registry data with North Carolina Department of Labor data, making it possible to examine

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Better Jobs



Better Care

Building a Strong Long-Term Care Workforce

Welcome to *Insights*, the newsletter of the **Better Jobs Better Care Program**.

We designed it for you — Better Jobs Better Care grantees, state coalition partners, funding sponsors, and everyone committed to building a stronger long-term care workforce and improving the quality of care for older adults.



Better Jobs Better Care would not be possible without the leadership and support of our sponsors, The Robert Wood Johnson Foundation and The Atlantic Philanthropies. Their goal and ours is to change long-term care policy and practice in ways that help to reduce high vacancy and turnover

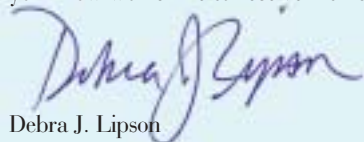
rates among direct care staff —workers who struggle on the frontlines, delivering hands-on care to older people in nursing homes or residential care, and in their own homes.

Through demonstration grants to five state coalitions, and eight applied research and evaluation projects to researchers, Better Jobs Better Care will test new approaches and study what works best to stabilize and raise the qualifications of direct care workers in all types of long-term care settings.

In this first issue, we feature the work of our State Demonstration grantee in North Carolina. We also introduce you to the Applied Research and Evaluation grantees, with a focus on the project directed by Dr. Ted Benjamin at the University of California Los Angeles' School of Public Policy and Social Research. In each newsletter, we will profile Better Jobs Better Care grantees and bring you up to date on their plans, successes and challenges, or findings from their research.


These newsletters, which will be produced quarterly, will also feature new resources, reports and events related to long-term care workforce issues. If you have news or stories to share, send them to us using the contact information in the box on page 5.

We want to expand the growing network of people who are working to improve direct care workers' jobs and the quality of care for older adults. Please contact us if anyone you know would like to receive future issues.



Debra J. Lipson
Deputy Director, Better Jobs Better Care

Eight Research Institutes Awarded \$3.8 Million

 On Sept. 17, The Robert Wood Johnson Foundation (RWJF) and The Atlantic Philanthropies announced the selection of eight grantees to conduct applied research and evaluation studies under the Better Jobs, Better Care program.

While many states, providers and worker organizations have undertaken initiatives to attract and retain qualified direct care workers, few have been credibly evaluated. Well-designed studies by this group of highly-qualified researchers will strengthen the evidence base for those seeking effective interventions.

“The studies and program evaluations by these grantees will fill gaps in our understanding of what works in retaining high-quality direct care workers — workers critical to the care of our elderly and disabled,” said Maureen Michael, program officer at RWJF.

“We are confident that these grantees will produce findings useful to decision makers about which policies or programs work best,” said Brian Hoffland, director of the global aging program at The Atlantic Philanthropies.

“These research and evaluation projects have strong potential for adding practical knowledge to the field,” said Debra Lipson, deputy director of Better Jobs Better Care .

Grantees were selected from among over 200 interested applicants, indicating much greater interest than anticipated by the research community in studying what helps to improve the recruitment and retention of quality paraprofessional workers in long-term care. Of these, 40 principal investigators were invited to submit full proposals.

“We were very impressed by the high caliber of proposals overall; it’s an encouraging sign that the field is coming of age,” said Robyn Stone, director of both the Institute for the Future of Aging Services and the Better Jobs Better Care program. “It’s a shame we didn’t have more funds to support more of these worthy research projects.”

Full proposals were reviewed by members of a national advisory committee, comprising experienced researchers and experts in issues related to the long-term care workforce. Although the committee members narrowed the field to make recommendations for funding, the two foundations made the final grant selections.

For a list of all eight grantees, and brief project descriptions, visit the BJBC Web site.



Family and Friends as Caregivers: *Can they help expand the direct care worker labor pool?*

Consumer-directed home care is a growing, but still controversial, model in the delivery of long-term care services. It empowers consumers to hire and fire their own home care and personal care aides and direct how and when they receive care. By so doing, it challenges both the traditional medical model of long-term care and professional control over all care decisions.

month, it serves nearly 300,000 disabled people both young and old, all of whom live on low incomes. More than 90 percent of IHSS recipients direct their own services, which means that they hire, train, supervise, sign the timesheets for, and (if needed) fire their own workers. County government agencies, called Public Authorities, serve as ‘employers of record’. Total IHSS program costs

where few of the workers are friends or family of the people served. Also, since most family and friends enter home care because of a personal relationship and commitment, one assumes there is little chance these workers will pursue careers as paid caregivers.

Yet, the potential for retention of related workers is great and research into factors affecting their career choices could be significant. As A.E.

“Given the substantial size of this pool of experienced home-based workers, we are convinced that interventions with even a modest impact could be significant in increasing the supply of home and community-based service workers.”

Consumer direction also presents a dilemma when clients choose to hire family or friends as their primary caregivers. Some policy makers worry that publicly-subsidized program costs will balloon out of control if they allow family members to be paid for services that might otherwise be provided for “free.” Nevertheless, the widening gap between the demand for care and the supply of frontline caregivers has made policy makers more willing to permit family members to be hired as paid caregivers. As of 2001, 34 states had programs that paid some family members, albeit under limited circumstances, to provide personal care services.

California’s IHSS Program

California’s In-Home Supportive Services program (IHSS) is both the largest personal assistance program and largest consumer-directed program in the country. In an average

have doubled in the past five years, from about \$1.4 billion in fiscal year 1998-99 to \$2.6 billion in FY 2002-03 due to growing caseloads, increases in service hours and rising wages.

IHSS permits the hiring of any family member as provider. Roughly 155,000 or about half of the paid IHSS workers in California are family members, and one-quarter are friends, acquaintances or neighbors. An estimated one in eight of the family caregivers is a spouse or parent of minor children; the rest are other relatives, such as adult children of elderly clients.

Scant Research on Paid Family Caregivers

Little attention has been given to understanding the “careers” of related workers or the recruitment or retention issues they face. Most long-term care workforce research and initiatives focus on agency-based home care providers,



A.E. (Ted) Benjamin

(Ted) Benjamin, professor and chair of UCLA’s School of Public Policy and Social Research,

explains: “We need to find out which strategies might help to retain these related workers, and whether they constitute an important source of workers for the growing field of consumer-directed home-based services.”

BJBC Project to Focus on Career Paths

Under his Better Jobs Better Care applied research and evaluation program grant, Dr. Benjamin and his team at UCLA will track the caregiving “careers” of family and friends of IHSS clients, both before the service

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wages and competing employment sectors for active and inactive nurse aides.

The state also developed a program for nurse aides in nursing homes, called “Win a Step Up”, which provides financial and other incentives for those who complete additional training and commit to stay with their current employer for a certain period of time. Participating employers contribute to the wage increases, bonuses or time

Harmuth says wages and job benefits must be addressed. “It’s the responsibility of individual employers as well as state government, given the extent of public funding for long-term care services,” she notes.

But what is the best way to reward responsible employers, and how can the state target increases in long-term care payments to them? Wage “pass-throughs,” in which the state requires that some portion of Medicaid rate increases be allocated to direct care staff, do not reward the

workplace culture. These criteria may be complemented by outcome measures, such as turnover and retention rates, job satisfaction and consumer perceptions of worker quality.

Registered nurses from the Medical Review of North Carolina (MRNC), the quality improvement organization in the state, will perform the reviews to ensure that the criteria are applied consistently and objectively across all facilities.

Challenges Ahead

At a time when nearly all states are

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off, while state civil penalty fine monies help to pay for the training. The state also supported an initiative by a state nursing home association and the community college system to create Internet-based training and other innovative training programs for nurse aides.

North Carolina’s Real Choice grant from the federal Centers for Medicare and Medicaid Services has also laid the ground for the Better Jobs Better Care project. The grant supported a mentoring program for direct care workers and training models linking wage recommendations to specialized job competencies as part of efforts to create career ladders for direct care workers. Two new job categories for nursing aides – medication aides and geriatric nurse aides – have also been developed and approved by the state Board on Nursing.

Stepping Up to the Plate

While training and giving more respect to direct care workers is critical,

type of culture change within organizations that is often needed to give direct care workers more say in how to care for patients. Nor can wage pass-throughs, which are usually available to all providers, reward better performance by individual organizations.

The Better Jobs Better Care project in North Carolina intends to use the special licensure designation as the basis for awarding Medicaid reimbursement differentials, future Medicaid wage pass-throughs or other types of “labor enhancements.” The project will develop a set of expectations and criteria for assessing the performance of long-term care organizations with regard to direct care staffing policies and practices. Only those agencies or facilities that meet the expectations will win special licensure.

The criteria are likely to include the use of care teams; staff empowerment; effective supervisory practices; staff development and career ladder opportunities; peer mentoring; and

facing budget difficulties, it seems unlikely that the state will soon raise Medicaid reimbursement rates for agencies and facilities that win special licensure designation. But at least providers will be prepared when an economic recovery boosts state coffers. In the meantime, provider groups believe that the special licensure category will give them a marketing edge over their competitors.

Another challenge will be to forge consensus among the many players with a stake in the special licensure designation. The BJBC partner team held its first meeting in August to begin the process of selecting appropriate staffing measures and criteria. “All of the provider associations, and key consumer and worker groups, are at the table”, says Harmuth. “Most of them have worked well together on previous initiatives. That should help everyone to agree on the expectations and criteria ultimately included in the special licensure designation.”

NEW RESOURCES & EVENTS

BJBC Issue Briefs Due Out Soon

The Better Jobs Better Care program will release its first two Issue Briefs in the next few months. The first will be on **Coalition Building**—how to organize them and keep them healthy as they grow and evolve over time. It draws on the lessons learned by coalitions of stakeholders that have secured major gains for frontline long-term care workers. The second Issue Brief will focus on **Worker Participation**, and will describe the growing movement of direct care workers who are leading or getting involved in efforts to bring about policies and workplace practices that support their ability to deliver quality patient care. The Paraprofessional Healthcare Institute, the principal technical assistance partner for Better Jobs Better Care, is writing these Issue Briefs. Look for them in your “in” boxes later this fall. They will also be posted in the Resource and Information Center of the BJBC Web site: www.bjbc.org.

Briefing on LTC Research, Policy and Practice—Webcast and Transcript Available

In June, Academy Health, a professional association for health services researchers, policy analysts and practitioners, sponsored a briefing in Washington, D.C., titled **“Long-Term Care Research: A Lifeline for Service Delivery.”** It explored how evidence-based research can help to frame critical issues in long-term care, specifically quality and financing. Research on the paraprofessional long-term care workforce was addressed by several speakers. The briefing featured Peter Kemper, of Pennsylvania State University and co-leader of the BJBC national evaluation, who provided a framework for understanding how LTC research contributes to policy; see his article on the topic in *The Gerontologist*, 43(4):436-446, August 2003. Penny Hollander Feldman and Robert Kane also spoke on “Strengthening research to improve the practice and management of long-term care,” summarized in their article in *Milbank Quarterly*, 82(2):179-220, June 2003. To view a video of the briefing, or download a transcript, visit: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=902.

Direct Care Workforce Measurement Resource under Development

Better Jobs Better Care grantees and colleagues will soon have a new set of measures to assess the effect of initiatives to improve direct care worker retention and quality. The Institute for the Future of Aging Services (IFAS) is developing a measurement resource that will help standardize comparisons of the effects of policy and practice changes. The resource will include measures in 16 areas related to the long-term care workforce, such as employee turnover, staff empowerment and job satisfaction. The resource will illustrate how state agencies, long-term care providers and worker groups can use the recommended measures and data collection methods. A panel of experts met in September to discuss how the resource should be designed to be most helpful to the field. A draft will be available in the fall, followed by a series of workshops on its use. The first workshop will be held as a “pre-conference” at the AAHSA Annual Meeting in Denver, October 26 (visit <http://am2003.expexchange.com/> for more information). The project is funded by the U.S. departments of Health and Human Services, and Labor. For more information, contact Lauren Harris-Kojetin (202-508-9462, lharriskojetin@aaahsa.org) or Kristin Kiefer (202-508-9486, kkiefer@aaahsa.org), both at IFAS.



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Building a Strong
Long-Term Care
Workforce

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period and after. They will ask whether related caregivers continue to work as long-term care providers, or return to prior or new employment tracks. The research will also seek to explain different choices made by related workers after ending their initial IHSS employment term. Does the nature of their IHSS work experience shape future job decisions? What other personal, environmental and career factors encourage and impede the choice to continue home-based caregiving work?

Building on previous research supported by federal and state funding, the team will assemble data on all

IHSS-related workers between 1996 and 2003, and link it with employment data maintained by the California Employment Development Department. From this linked dataset, they will create extended work histories for all IHSS workers. Researchers will then determine the work choices of related workers whose paid service to their relative or friend ended any time during 1999-2003 due to death, nursing home placement, or other reasons for loss of eligibility. A select group of these workers will be interviewed by telephone to identify the conditions that support continued employment in home and community-based long-term care.

The results will be used to develop

recommendations and proposals for pilot interventions that can encourage and support continuing careers in home care by IHSS workers. The primary audience for these recommendations will be county-based Public Authorities in California, which serve as the employer of record for IHSS workers. However, programs in other states that permit family or friends to be paid caregivers could also benefit from the recommendations.

“Given the substantial size of this pool of experienced home-based workers, we are convinced that interventions with even a modest impact could be significant in increasing the supply of home and community-based service workers,” says Benjamin.

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