

### On Site With BJBC Demonstration Projects

## Oregon: Promoting Cultural Competence in the LTC Workforce

In many long-term care organizations and agencies, the arrival of the winter holidays is greeted with excitement and expectation of holiday parties, music concerts, and visits from relatives from afar. Increasingly, anticipation is tempered by anxiety: How should we take into account the needs and wishes of clients of different faiths, religions, or cultures?

Concern about cultural issues is not confined to the holidays. David Fuks, administrator of Cedars Sinai Park, a multi-level retirement community in Oregon, recounts a story about a patient who was experiencing frequent transient ischemic attacks—short “mini-strokes.” Best practice indicates that patients should be restrained during such attacks. In this case, however, the patient’s wife was alarmed, fearful and very angry about the restraints. Staff assumed that any spouse would react in this way. The patient and his wife, however, are Jewish Holocaust survivors, and the restraints brought back to the wife horrible memories of experiments she witnessed in a concentration camp.

“We see the older disabled population becoming more diverse, while at the same time, more direct care workers come from different backgrounds and cultures. In this context, effective caregiving depends more on fostering bridges across cultural divides,” says Jean Tuller, Executive Director of the Oregon Technical Assistance Corporation (OTAC), the lead agency for the Better Jobs Better Care



Jean Tuller

demonstration project in the state, called Oregon Works!

In Oregon, only five percent of those over aged 65 are classified as minorities, but this is expected to grow rapidly as the proportion of Asians (now 4 percent of the total state population) and

Hispanics (7.3 percent) increases faster than that of whites. Just over one in 10 Oregonians speak a language other than English, including Spanish, Russian, Vietnamese, Cantonese, Somali and Serbo-Croatian.

This reflects national trends—what some have called the “browning” of the “graying” of America. In 1990, about 4.2 million persons or 13 percent of the population 65 and over were nonwhite. By 2025, 25 percent of the elderly population is projected to be nonwhite, and that will grow to 35 percent by 2050, based on projections by the U.S. Bureau of the Census. While the trend is most obvious in states like California, New York and Florida, it will occur to some extent across the country.

Ensuring that the long-term care workforce can effectively serve an increasingly diverse clientele in Oregon presents a daunting challenge when only 2.5 percent of RNs and 4.4 percent of CNAs are Hispanic, and those of Asian descent are even fewer in number. One

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A national program supported by The Robert Wood Johnson Foundation and The Atlantic Philanthropies with direction and technical assistance provided by the Institute for the Future of Aging Services, American Association of Homes and Services for the Aging, in partnership with the Paraprofessional Healthcare Institute.



**Better Jobs Better Care** is a four-year, \$15.5 million program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal is to improve the recruitment, retention, and quality of direct care workers – nursing assistants, home health aides and personal care attendants—who provide necessary support and care to elderly people with chronic diseases or disabilities. Through two sets of grants—state demonstrations, and applied research and evaluations—BJBC will test new approaches and strengthen the evidence base for building a stable and more qualified long-term care workforce. The Institute for the Future of Aging Services serves as the national program office, providing program direction and technical assistance in partnership with the Paraprofessional Healthcare Institute.

## Notes from the BJBC National Program Office

This past fall, I had the pleasure of visiting Better Jobs Better Care coalitions in Pennsylvania and Vermont, in events that marked the launch of their BJBC projects. In both states, personal stories and testimony by direct care workers have helped to raise public awareness about the problems they face, both on and off the job. I urged them to continue to find ways to use the stories of direct care workers in efforts to improve conditions for, and increase resources devoted to, paraprofessional workers in long-term care organizations.



Why are stories so powerful? They illustrate our key messages in ways that dry reports and statistics never can. Both are needed to provoke the organizational and public policy changes that will improve direct care workers' jobs. But while reports can inform us about the scope of the problem and effective solutions, stories inspire us to act.

Another speaker who is helping to tell the story about the lives of direct care workers is Beth Shulman, who just wrote a book titled *The Betrayal of Work: How Low-wage Jobs Fail 30 Million Americans and their Families* (The New Press, New York, 2003). In it, she portrays America's working poor and amasses substantial evidence proving that for them, America's basic promise – that if you work hard, you and your family can live decently – has been broken. Based on the stories of home health workers and other low-wage workers, she concludes:


*If we honor work, we must reward it. Some maintain that it would take too much effort and too much money to make these "bad" jobs into "good" ones. But incremental improvements make fundamental changes in workers' lives – a family-supporting wage, affordable health insurance, an ability to have a few days off for sickness or family needs, predictability in a work schedule, and more control over one's life. These changes can be the difference between workers seeing a future and seeing only despair.*

Shulman's words are certainly inspiring. But BJBC grantees, coalition members and supporters of our program already know that things must change and have made a strong commitment to both incremental changes and bold initiatives. Our job, like Shulman's, is to spread the message to an even broader audience – to help more people "get it."

As you consider your New Year's resolutions, think about how you can help direct care workers raise their voices, tell their stories, and inspire people who make decisions affecting their work and their lives to act on their behalf.



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# Cultural Competence in LTC Organizations:

## *Does it improve worker, patient and family satisfaction?*

**R**ace, ethnicity, culture and language all collide in multiple ways in nursing facilities and other long-term care settings. Differences in beliefs, backgrounds, country of origin, and communication styles can lead to conflicts between supervisors and front-line staff, and between staff and residents or their families.

tend to discount racist comments from residents, especially those with memory problems, they are less likely to excuse racism from families or staff.

### **Managing Diversity**

Differences, properly understood and managed, can contribute to higher quality care. Nursing home staff who devel-

Medical Center, along with colleagues at other institutions, intends to fill this gap in knowledge.

With support from a Better Jobs Better Care research and evaluation grant, Parker will systematically evaluate whether and how organizational self-assessments in cultural competence lead to changes in the way paraprofessional nursing

**To create a more satisfied and stable workforce, long-term care organizations need to learn how to value the contributions of all staff members.**

The consequences of cross-cultural encounters can be damaging not only to workers but to the quality of care provided. For example, a charge nurse in one nursing home once told a researcher that she didn't tell the certified nursing assistants (CNAs) the rationale behind some bathing practices, "because where they [the CNAs] come from, bathing isn't important." When later asked why they omitted certain bathing safety steps, the CNAs reported that those steps had never been explained to them.

The incident echoes the findings of a 1996 study conducted in three urban nursing homes in Illinois where racial conflict was reported to the long-term care ombudsman. Racism was reported by three-quarters of the minority CNAs; foreign-born aides were more likely to report prejudice than African-Americans. While CNAs

op flexibility in communicating with each other across cultural or language divides can apply these skills in their work with residents who are different from them. To create a more satisfied and stable workforce, long-term care organizations need to learn how to value the contributions of all staff members. This is particularly important since native-born people of color and immigrants to the U.S. now comprise about one-third of the nursing and home health aide labor force nationwide, and even more in some urban areas.

Yet, little is known about how organizations can promote cultural competence among health care workers, and even less about how to do so in nursing facilities. Victoria Parker, a researcher at Boston University's School of Public Health and the Bedford Veterans Administration



Victoria Parker

staff feel about their jobs, and how residents and their families perceive the care delivered. They

will also study the effects of organizational cultural competency assessments on quality of care outcomes.

"In a previous research study, we talked with several nursing supervisors who reported huge communication barriers with and among their increasingly diverse CNA staffs," says Parker. "They were quite open about how these barriers served to restrict the flow of information among the staff about residents and their care."

### **Intervening to Promote Cultural Competency**

While more health care organizations  
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of the objectives of the Oregon BJBC project is to raise these numbers. It plans to build on a small program, developed by the state Office of Multicultural Health, which expands nursing education opportunities for minority populations.

Caregiving staff working in eight leadership sites will be able to qualify for scholarships or other subsidies to help pay for career advancement programs. The sites include nursing homes, assisted living facilities, home health agencies and residential care facilities; independent home care workers will be involved as well through the Service Employees International Union local. The BJBC project will also target some training funds to those who because of language, economic or cultural barriers, have not been eligible to work as paraprofessional caregivers, especially in the home and community-based setting.

The Northwest Health Foundation, a private philanthropy based in Portland, recently announced a grant of \$70,000 to OTAC to extend its efforts to build a culturally diverse workforce. NWHF has been eager to increase career opportunities for LTC workers who are bilingual-bicultural. The grant will allow OTAC to add two new leadership sites focusing on recruitment and retention of culturally diverse workers. The NHF grant helps OTAC fulfill its pledge to obtain matching funds for the BJBC project from state and local supporters.

While increasing the diversity of the long-term care workforce would help in the long run, there are more immediate ways to promote cultural competency. To recruit and retain a competent long-term care workforce, Oregon Works! will facilitate organizational and individual cultural competency in the eight leadership sites. This effort will start in spring 2004 with a seminar on diversity and cultural competency skill building for project coordinators from the eight sites. A month later, the coordinators will organize in-service sessions in their own organizations.



Ann Newhouse

“We see the seminars for leadership site coordinators as the basis for change at each site that meets the needs of the organization and its circumstances,” says Ann Newhouse, Project Coordinator of Oregon Works! at OTAC. “Each seminar will feature evidence-based research and best practices in the topic.”

The seminar on cultural competency will start by explaining what multi-culturalism means. John Capitman, a leading long-term care researcher, says that it requires “recognizing, appreciating and respecting dimensions of diversity, and emphasizes how participants, practices and institutions come to do so.” But achieving cultural competency is hard. Donna Yee, Executive Director of the Asian Community Center of

Sacramento Valley, and a member of the BJBC Research and Evaluation National Advisory Committee, stresses that, “Cultural competence is not a tonic or product that can be dispensed at a workshop or noted on a certificate. . . [it] requires lifelong learning and a disciplined effort to try on new and often uncomfortable behaviors as part of learning.”\*

At each of the leadership sites, BJBC project coordinators will develop or adapt supervisory, peer coaching and mentoring programs to be culturally sensitive. They will also adjust curricula and competencies for specific minority populations represented among their clients and staff.

While BJBC project leaders believe that each site will try hard to apply the knowledge, they recognize that change may be inhibited by external forces. A policy subgroup of Oregon Works! will monitor organizational change efforts at the leadership sites to identify state regulations or policy changes that would help to promote cultural competency in these and other long-term care organizations.

For further information, contact Ann Newhouse at (503) 949-9168, ext. 17 or [anewhouse@otac.org](mailto:anewhouse@otac.org)

\* See articles by D. Yee, J. Capitman, and others in the Fall 2002 issue of *Generations*, “Recognizing Diversity in Aging, Moving Toward Cultural Competence”, published by the American Society on Aging. Visit: <http://www.generationsjournal.org/index.cfm?page=gen26-3/toc.html> to read D. Yee’s introductory article and for ordering information.



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zations recognize the need to manage diversity in their staff and deliver culturally sensitive care to patients, it is not apparent how best to do so. Strategies recommended by some experts include revising organizational mission statements to support cultural diversity, providing staff training in cultural sensitivity, and developing specific hiring targets to increase diversity of the staff or clients.

“The problem with most of these approaches,” says Parker, “is that they capture only the *possibility* that culturally appropriate behavior exists, rather than showing any real evidence that culturally competent care is or is not being provided.”

The better alternative, she believes, is to involve everyone in the organization – staff at all levels, residents, family members, board members, and volunteers – in assessing their perceptions of cultural problems and conflicts, and decide together how they should be fixed. “The process of assessing needs opens up issues for communication that have often been suppressed,” Parker cautions. “While this can be difficult, a culturally competent organization requires that people become more comfortable talking about differences and conflict.”

Parker and her colleagues intend to engage 10 nursing facilities in the Boston area to study how organizational cultural competency assessments can be used to devise appropriate interventions for each

facility. The 10 facilities will vary in size, ownership and staff composition.

Some “diversity audit” tools have been developed for such assessments, says Scott Miyake Geron of Boston University’s School of Social Work, who will also be working on the project. But he warns that most of them focus on structure or process measures that have not been reliably linked with day-to-day employee behavior.

“We plan to use a semi-structured interview guide to help small focus groups within each facility examine cross-cultural encounters and then reach consensus on what can be done to foster positive exchanges,” explains Geron. Qualitative case studies will be prepared describing the process and interventions that occur in each facility.

### Effects on CNA Jobs

To assess CNA perceptions before the start of organization self-assessments of cultural competency, Parker and her colleagues will administer surveys to measure job characteristics, motivation and satisfaction. Survey instruments will be modified to simplify the language or shorten it for respondents with limited English proficiency.

The results will be compared to similar measures after the organizational self-assessments and “corrective action plans” about one year later. “We believe that CNA job satisfaction, motivation and autonomy will be higher after the cultural competency intervention than before,” says Parker.

## Effects on Quality Outcomes and Resident/ Family Perceptions

The study will also examine whether organizational cultural competence interventions are associated with objective measures of the quality of care. Baseline and post-intervention measures will be selected from items in the Minimum Data Set in three nursing care-sensitive areas: pressure ulcer incidence, problem behavior incidence and declines in late-loss activities of daily living.

Just as important as quality of care, are measures of resident and family perceptions of whether the care received is culturally appropriate. Survey questions will query residents and family members about their perceptions of interpersonal relationships with nursing care staff.

### Not One-Size-Fits All

Because nursing facilities will be starting from different places in their levels of cultural competence, the interventions will vary by site. Parker does not anticipate finding a single approach that can be replicated in every nursing facility. But she says, “We do expect to identify a range of organizational conditions and strategies that are essential for promoting cultural competence among health care workers—such as certain types of communication among staff and between staff and patients—that can be adopted by other facilities depending on their own starting points.”

For further information, contact Victoria Parker at (781) 687-2000, ext. 6054, or [vaparker@bu.edu](mailto:vaparker@bu.edu)



## *The Stars Are Lining Up*

# A Constellation of New Grant Awards for Direct Care Worker Initiatives

**B**etter Jobs Better Care has been joined by two new “sister” grant programs devoted to improving the direct care workforce serving older people or those with disabilities. Grants also were awarded for projects that substantially expand or create new types of training programs for direct care workers. The BJBC National Program Office will follow these beacons of light in search of lessons to share.

### Direct Service Worker Grants, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS)

In October, CMS awarded \$6 million in grants to five organizations to conduct three-year demonstration projects to improve the stability of the direct service workforce employed by organizations serving Medicaid-eligible elderly and disabled people in home and community-based settings.

Three of the five projects, each of which will receive \$1.4 million, will test whether improved health insurance coverage of direct service workers promotes higher recruitment and retention. The **Maine Governor’s Office of Health Policy and Finance** intends to compare the impact of two interventions on recruitment and retention. The first will provide affordable health coverage to direct service community workers and their families through the state’s new Dirigo Health program. Because health insurance may be necessary but not sufficient to impact workforce turnover, the project will test an additional package of services in some sites, such as orientation and training, peer support and mentoring, and employee wellness programs.

**Pathways for the Future, Inc.**, based in Western North Carolina, will study whether the combination of health insurance coverage, career advancement opportunities, and merit-based pay raises can improve recruitment and retention rates. The **New Mexico Department of Health** will test the use of “health reimbursement accounts” – tax-exempt accounts funded by employer and employee premium contributions.

The project will study whether the HRAs in combination with catastrophic health insurance help to lower turnover rates among workers.

Two other grantees will focus on training and education for direct service workers. **Volunteers of America** intends to provide educational opportunities through a local community college and on-the-job training for direct support staff and their supervisors in the greater New Orleans area. The **University of Delaware** will conduct an orientation and mentoring program for new employees, establish career ladders and conduct supervisory training and individualized coaching to employees and people with disabilities who are supervising them. For more information on the CMS projects, contact Maggie Nygren at CMS, (410) 786-2128 or [mnygren@cms.hhs.gov](mailto:mnygren@cms.hhs.gov)

### Paraprofessional Minority Outreach Grants, The Robert Wood Johnson Foundation New Jersey Health Initiatives

RWJF’s New Jersey Health Initiatives, which supports health care projects in the state where the foundation is located, recently decided to focus on the health care workforce due to critical shortages of nurses and other key health professionals.

Two of the nine organizations that were awarded grants under the new Workforce Agenda will focus on paraprofessional workers, and both will focus on minority individuals. **Camden County College** was awarded nearly \$400,000 to recruit and train certified nursing assistants over the next three years, using several long-term care organizations as sites for practical training. An important focus of the project is the recruitment of Hispanic participants and developing cultural competencies. **Community VNA** of Bridgewater, N.J., on behalf of a provider consortium, was awarded \$232,000 to recruit and sponsor individuals for joint training to qualify as nursing aides/home health aides. English as a Second Language (ESL) will be taught to participants with little or no English speaking skills, and the

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# NEW RESOURCES & EVENTS

## Better Jobs Better Care Annual Kick-Off Meeting

Better Jobs Better Care held its first Annual Grantee “Kick-Off” Meeting in November 2003. The meeting provided an opportunity for representatives of the grantees and National Advisory Committees, as well as foundation, IFAS and PHI staff, to network and discuss common issues and challenges, such as Medicaid payment policies, culture change, training and curriculum development, and health insurance coverage. Presentation slides from some sessions are available from the BJBC Resource and Information Center at: [www.bjbc.org/page.asp?pgID=90](http://www.bjbc.org/page.asp?pgID=90)  
For example:

- Christine Bishop of Brandeis University discussed how research on different aspects of direct service workers’ jobs can help to identify which job design features are likely to produce high-value services.
- Farida Ejaz of the Margaret Blenkner Research Institute discussed issues in conducting surveys and focus groups with direct care workers, and provided tips for increasing their participation.

## Coalition Issue Brief

Better Jobs Better Care released its first issue brief, *Multistakeholder Coalitions: Promoting Improvements in the Long-term Care Workforce*. The issue brief describes the structure, practices, and factors leading to the success of multistakeholder coalitions and ways to measure their success. Download the brief from: [www.bjbc.org/content/docs/BJBCIssueBriefv1n1.pdf](http://www.bjbc.org/content/docs/BJBCIssueBriefv1n1.pdf)

## Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care

This new report describes several options for states to help alleviate health worker shortages, including education and training, increasing

retention, moderating demand, and improving productivity. It also identifies 10 state policies that can address shortages while promoting better health care access and quality of care. The Milbank Memorial Fund commissioned the report at the request of the Reforming States Group, an association of health policy leaders in state legislative and executive branches. The report was written by Edward Salsberg, Director of the Center for Health Workforce Studies at the State University of New York, Albany. The report is available at: [www.milbank.org/reports/2003salsberg/Salsberg\\_Mech.pdf](http://www.milbank.org/reports/2003salsberg/Salsberg_Mech.pdf).

## Home Care Worker Shortage Affects Outcome of Consumer-Directed Care Study

The Cash and Counseling Demonstration project in Arkansas allows some Medicaid beneficiaries to direct their own personal care services by providing them with a cash allowance they can use to hire their own assistants. Results from a recent evaluation of the project showed that consumers who hired their own personal care assistants were more likely to receive services, and more likely to get them in the evenings and on weekends, than those who obtained them in the traditional way from home care agencies. In addition, the consumer-directed care approach cost no more than regular agency home care by the second year after enrollment, due to long-term reductions in spending on nursing home and other Medicaid services. *The results, however, were primarily due to home care agencies experiencing acute worker shortages during the study period.* The authors admit that “results might be quite different for 2003 than they were for the 1999–2002 period studied here, when the labor market was quite tight,” suggesting that more home care workers were available to work for agencies recently. The article is available at: <http://content.healthaffairs.org/cgi/content/full/hlthaff.w3.566v1/DC1>



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program will cross-train ESL and healthcare instructors in the curriculum.

For more information on the New Jersey Health Initiatives Workforce Agenda, contact Gretchen Hartling at (856) 225-6733 or [ghartling@njbi.org](mailto:ghartling@njbi.org), or visit: [www.njbi.org](http://www.njbi.org)

**Direct Care Worker Training Grants**

**Mather Lifeways**, based in the Chicago area, received a five-year grant of \$673,000 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. The grant will support the national expansion of LEAP, a long-term care workforce development and retention program, to at least 90 more LTC organizations serving mostly low-income and underserved older adults. The LEAP program develops and empow-

ers nurses and CNAs by building on what they call the three “Rs” of retention: relationships, respect and recognition. For more information, contact Linda Hollinger-Smith, Research Director at Mather’s Institute on Aging, (847) 492-7500 or visit <http://www.matherlifeways.com/>

The U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, awarded \$2.5 million to the **University of Maryland, Baltimore School of Nursing** for a four-year program that will train home health aides to function as disease management coaches for patients with congestive heart failure or diabetes. The study will examine the impact of training on patient and worker satisfaction, and on use and cost of health care services. For more information, contact the principal investigator, Catherine Kelleher, Associate Professor, University of Maryland School of Nursing at (410) 706-3187 or [Kelleher@son.umaryland.edu](mailto:Kelleher@son.umaryland.edu)



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