

## To Our BJBC Colleagues

This may be the last *Insights* newsletter from Better Jobs Better Care (BJBC), but it's not the last you'll hear from us about the direct care workforce.



From the beginning, BJBC was an innovative initiative. It was the largest national program ever

created to tackle the challenges facing our direct care workforce. And what a difference it has made.

BJBC's state coalitions put workforce issues on the table and changed state policy. It helped stakeholders—who too often compete against each other for resources—become partners in policies and programs that helped them overcome their common workforce challenges.

BJBC offered providers the resources and opportunities to make their organizations inclusive and respectful places for all staff. It helped direct care workers realize their leadership potential, feel pride in their profession and find their voice on management teams and in state capitols. These projects also created a body of evidenced-based research on successful interventions that researchers and providers will continue to use for years to come.

All of this progress and accomplishment came about because of your hard work,

commitment and belief that things could be different for the workers who care for our elders. We continue to be honored to work with each of you and thank you for sharing this journey with us.

During the next several months we will be creating new resources promoting the BJBC findings and will let you know when they are available.

In closing, we want to share what Sandy Spillman, a North Carolina BJBC provider, had to say about her work with the BJBC program—and how it impacted her father. Her words say it all:

*"This project was very important to my Dad. He loved to talk about this more than anything I have ever worked on. When I told him about NC NOVA and the other projects I'm working on, he said that it was finally time somebody did something for old people and the people who take care of them. He would always tell the residents in our assisted living communities, things would be better soon - he had a daughter working on this. Thank you for letting me be a part of this project. It means a lot to our elders and our direct care workers. You could not have picked a better title — Better Jobs Better Care."*

Robyn Stone and Steven Dawson

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## The Ripple Effect

**A**s the Better Jobs Better Care state demonstration projects were wrapping up their activities, they reflected on their accomplishments and the progress they had made.

### Iowa

“We achieved more than we thought we would, particularly in the policy area,” said Di Findley of the Iowa CareGivers Association (ICA), lead agency for the Iowa BJBC coalition.

The group made significant progress on three fronts in its policy work:

- **Improving education**—A state direct care worker education task force was created to find ways to streamline and improve educational standards for direct care workers across settings. Its report to the governor was submitted early this year. Nearly all the major long-term care stakeholders in the state, including the trade associations, are backing the proposed standards, which Findley calls “a major step toward some really significant systems changes.”
- **Expanding the worker registry**—The Iowa nursing assistant registry will be expanded to include other direct care workers, making it easier to gather data on this workforce. The registry will also help consumers find workers, help workers find jobs and likely build support for more standardized training.
- **Promoting health care coverage**—BJBC-IA produced reports on the need for better health care coverage for direct care workers, a set of principles for health care coverage and a video in which five uninsured or underinsured workers tell their stories. (available on the ICA Web site, [www.iowacaregivers.org](http://www.iowacaregivers.org))

Last December, the group invited policy makers and advocates from Massachusetts to discuss their state’s universal health care plan. As a result, Iowa lawmakers began drafting a health care reform bill for consideration during the state’s legislative session.

To keep the momentum going, Findley’s ICA and its BJBC partners will be contracting with a state public policy group to convene key representatives of labor, business and other groups interested in improving health insurance coverage.

On the practice front, the group will continue to work with most of the BJBC providers and with members of the Iowa Healthcare Association, which has asked the ICA to do leadership training for direct care workers at its member sites. “That’s major progress for us,” notes Findley.

### North Carolina

BJBC-NC’s aim was to develop a special state licensure program, applicable across adult care, home care and nursing home settings, which recognizes providers that have supportive workplace practices. It was an ambitious goal, but the group was up to the challenge: NC NOVA was implemented statewide this January.

The program seeks to reduce turnover by recognizing employers that provide appropriate training, supportive workplaces, career development opportunities and balanced workloads for direct care workers. In addition to developing the program standards, BJBC-NC set up a structure for the license application and review

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Better Jobs Better Care’s goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care staff across long-term care settings and contribute to improved workforce quality.

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## Putting Research Findings Into Practice

**W**hile each of the eight BJBC researchers studied a different aspect of recruitment and retention, they all presented findings that will help long-term care providers build a quality and stable direct care workforce. Here are the key findings:

### Older workers are interested in direct care work.

Operation ABLE of Michigan and the research firm, SPEC Associates, surveyed lower-income job seekers 55 years and older and long-term care employers to explore the feasibility of engaging older workers in direct care work.

They found that older workers are interested in direct care work and more than half of the long-term care employers have positive perceptions of older workers. These employers perceive older workers as more loyal and independent, as having practical knowledge and skills, as being better problem solvers, as more able to gain the trust of clients and as having more of a desire to work in this area than their younger counterparts.

“Employers perceive older workers as more loyal and independent and as better able to gain the trust of clients.”

While employers have concerns about the physical abilities of older workers, many are unfounded. More than half of the older workers report having the physical ability needed for direct care work, and employers reported that age was not a major criterion when assessing physical ability. Employers also reported that mechanical aids could overcome many physical limitations.

“It’s a win-win for both older workers seeking employment and long-term care employers faced with the increasing shortage of frontline workers,” said Melanie Hwalek, Ph.D., of SPEC Associates.

### Formerly paid family caregivers could add to the pool of home care workers.

Formerly paid caregivers who provided care to friends and family could be home care workers for the future. A University of California, Los Angeles study, headed by Ted Benjamin, Ph.D., found that a substantial portion of one-time paid caregivers to families and friends in California’s In-Home Supportive Services (IHSS) program were willing to provide care again. Eighty-two percent of those who were still involved in caregiving were willing to provide care again for family members; 67 percent were willing to care for strangers. Surprisingly, a large percentage (59 percent) of those who were no longer caregivers were willing to provide care again to family members, and 43 percent were willingly to care for strangers.

The numbers are significant. Of 44,000 family caregivers in IHSS who stop caregiving in one year, 4,400 will continue working elsewhere as caregivers; 23,000 of those who left caregiving would be willing to care again for a family member and 17,000 would be willing to care for a stranger.

“There is a pool of family caregivers open to the possibility of long-term care as a career, but they’re unaware of their options. These caregivers need to know more about direct care job opportunities. When a related caregiver finishes his or her job with a family member or friend, the state and counties should provide timely outreach information and incentives to facility recruiting,” said Benjamin.

### Supervisors’ management styles could have major impact on retention.

The culture and management styles of an organization can affect the retention of direct care workers and their commitment to the job. A Brandeis University-led study showed that the management beliefs of supervisors influenced how they worked with their certified nursing assistants (CNAs) and influenced how committed the CNAs were to their jobs.

“We looked at two scales of management

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philosophies – trust of aides and perceptions of the knowledge of aides,” said lead investigator Christine Bishop, Ph.D. “These attitudes influenced how the CNAs were treated in terms of work autonomy and participation in decisions about resident care. Aides who were trusted and viewed as knowledgeable had greater work autonomy and participated more in decisions about resident care.”

The research team also found that the commitment of CNAs is associated with resident satisfaction. Residents are more satisfied with the staff on units where nursing assistants express job commitment.

### Retention specialists can reduce turnover.

Providers can reduce turnover by dedicating just 20 percent of a staff person’s time to retention activities. That was the key finding of Cornell University’s retention specialist program, tested in 16 nursing homes in New York and Connecticut. In the program, a staff person from each of the nursing homes were trained in evidence-based interventions, such as peer mentoring, career ladders and communication training, to address particular retention issues.

The retention specialists who initiated mentoring, leadership training, work/family issues resolution, management strategies and skills training in communication were able to improve direct care workers’ job satisfaction and reduce turnover.

“We found that turnover declined more significantly in the nursing homes that had a retention specialist compared to those that did not [21 percent to 11 percent versus no significant change],” said Rhoda Meador, M.A., who managed the project at Cornell. “There were also positive effects on the perceived quality of the nursing home administration and the CNAs’ perceptions of the effort made by the facility to keep employees.”

### Cultural competency affects job satisfaction.

“Nursing homes are becoming increasingly diverse places within both the resident and staff populations, and this has the potential to affect job performance and quality of care. There is a need to improve the capac-

ity of nursing home staff to effectively work across boundaries of race, ethnicity and language,” said Vicky Parker, D.B.A., from Boston University. Parker and her research team conducted a study to assess cultural competence in 10 nursing homes in eastern Massachusetts.

“Managers were more likely than frontline caregivers to perceive their workplace as culturally competent.”

They found that cultural competence goes beyond language. It must include non-verbal communication, food, music, religious practices and end-of-life customs. These aspects of care deserve greater emphasis than they currently receive. Cultural competence is also a factor in the extent to which workers feel respected and valued in the workplace, and whether or not they feel welcome to stay.

“We found that managers were more likely than frontline caregivers to perceive their workplace as culturally competent and more likely to believe they were empowered to act in culturally competent ways,” said Ryann Engle, a researcher on the project. “These perceptions affected job satisfaction since staff who perceived their workplace to be more competent also reported higher job satisfaction.”

The Boston researchers developed cultural competency trainings and workshops that were made available to the nursing homes that wanted them. These interventions were based on the key principles that employees at all levels must be involved; that the institution, not one individual, is responsible for cultural competency; that attitudes, knowledge and behavior skills need to be addressed and that it is important to acknowledge the emotional difficulty of this work.

The results of the intervention were promising. In some facilities, the perceived workplace cultural competency improved significantly. The interventions also improved staff satisfaction, bridged racial and ethnic differences in perception of the organizations’ cultural competency and addressed resident behavioral problems.





## Direct care workers and supervisors need training changes.

Researchers at the Margaret Blenkner Institute, Benjamin Rose asked direct care workers and their supervisors from nursing homes, assisted living facilities and home care agencies throughout Ohio, what was helpful—and not helpful—about their initial training, the orientation to their job and their continuing education.

While the majority of direct care workers felt that their initial training and job orientation were helpful, they wanted training that was longer, more hands-on, had a greater emphasis on communication skills and included how to work with people of all needs.

Most workers felt their continuing education was useful, but half were dissatisfied with the way it was delivered. They wanted staff coverage so they could attend in-service training, the use of a variety of learning methods, more frequent and shorter in-services and a greater emphasis on teamwork and communication skills.

“ Only half of the supervisors surveyed received any supervision training and only 13 percent of those felt well-prepared. ”

Supervisors also found their training lacking and wanted similar changes. Only half had received any initial training on supervision, and only 13 percent of those believed they were well-prepared to supervise.

The supervisors wanted a formal overview of facility rules, regulations, and expectations; training on leadership and supervision; a longer orientation; the chance to work with experienced mentors; and a greater emphasis on staff teamwork, communication and respect.

“Effective training is a sound investment, if it is tailored and offered through employment,” report Farida Ejaz, Ph.D., and Linda Noelker, Ph.D., lead researchers of the study. “Training done right can improve job satisfaction, retention and the quality of care for older adults.”

## The right kind of training improves job satisfaction and team care.

Researchers at the University of North Carolina evaluated eight nursing homes participating in WIN A STEP UP, a workforce development program that requires a strong commitment from all participants.

In the program, nursing assistants commit to (1) completing the 33-hour curriculum, designed to improve clinical and interpersonal skills, such as being part of a team and learning good communication skills, and (2) remaining at the facility for three months after completing the program. The nursing homes commit to giving the workers staff time to attend the training and a \$75 retention bonus or a 25-cent-per-hour wage increase to successful participants. Nurse supervisors commit to attending two days of coaching supervision training to improve their supervisory and active-listening skills.

The evaluation of WIN A STEP UP showed that all three groups—workers, supervisors and administrators—benefited from the training:

- Administrators reported an improvement in the job satisfaction and morale of the nursing assistants and in the teamwork between nurse supervisors and nursing assistants.
- Nursing assistants showed improvement in career rewards and in team care.
- Supervisors’ evaluations of nursing assistants showed improvement in nursing care and supportive leadership.
- The coaching supervision training was highly successful in improving overall team care.

“The tailored trainings used in the WIN A STEP UP program are successful in developing teamwork as well as improving job performance,” said Bob Konrad, Ph.D., lead investigator. “Programs like these can benefit direct care workers, their employers and, most important, the people for whom they care.”

## Wages, benefits and flexibility matter.

How much do wages, benefits and flexibility matter to direct care workers? That’s the ques-

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process. It has also developed a training program for its independent reviewers from the Carolinas Center for Medical Excellence, North Carolina's quality improvement organization.

"We still have quite a bit to do," says Susan Harmuth, project director for NC NOVA. "We need to systematize everything related to NC NOVA so that, in the not too distant future, all the pieces—the communications effort, the Web site, the programs and so on—are combined within a specific program and NC NOVA can run on its own when the grant is over. We also want to find training materials and best practices to share with organizations that are interested in meeting the criteria."

Currently, the group is implementing a communications/education plan to inform providers and the public about NC NOVA and writing a "how-to" document outlining its key aspects for states that might be interested in instituting a similar program.

Ultimately, the BJBC-NC team would like to see the state award additional reimbursement to organizations that earn the special license. To provide ammunition for that request, it is gathering data on the program's "impact outcomes," says Harmuth.

### Oregon

BJBC-OR's focus on practice was evident in the progress its eight practice sites made, and in some cases "just amazing progress," says Diana White of the Hartford Foundation Center on Geriatrics at the Oregon Health Sciences University and the local evaluator for Oregon Works!, the Oregon BJBC initiative.

"Direct care workers are now attending care conferences and doing self-scheduling. Most seem to be reporting that they have greater voice now than they had." Most sites went through the Mather LifeWays and Life Services Network LEAP training. "Everyone who went through that talked about how good it was, how it opened up communication," White says.

Oregon's policy committee was instrumental in developing tools that support direct care worker competencies and empowerment:

- An occupational profile for non-certified direct care workers provides for the first

time a set of core standards for these workers who provide care in their clients' homes, in assisted living and residential care settings.

- A person-centered care philosophy statement and assessment tool was adopted by the state's Department of Human Services and other stakeholders. "If you're actually going to provide person-centered care," says White, "the direct care worker has to be empowered."

White is confident that many of the workplace practices developed in Oregon will be sustained because providers involved have incorporated them into their orientation and training. In addition, she says, all the nursing facilities that were part of BJBC are also part of Oregon's quality improvement organization, which is reinforcing the message by addressing

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person-centered care and clinical practices in terms of workforce issues.

Also supplementing BJBC's work in Oregon is a new Robert Wood Johnson Foundation grant through their Jobs to Careers program. Portland Community College and a coalition that includes BJBC members are creating career paths for direct care workers in assisted living by implementing a curriculum based on the occupational profile. The project may be extended to include home care aides.

### Pennsylvania

BJBC-PA accomplished three objectives, according to Karen Reever of CARIE, (the Center for Advocacy for the Rights and Interests of the Elderly), the lead organization for BJBC-PA:

- **Promoting regional coalitions**—Regional coalitions throughout the state are now stronger and better able to focus on





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strengthening their direct care workforce. The Indiana County Healthcare Careers Consortium has developed a strong commitment from its members to continue, and the Lackawanna coalition is looking to get workforce investment board grants to focus on direct care worker training.

- **Developing a universal core curriculum**—BJBC-PA saw this curriculum, available through CARIE, as “a concrete first step to fuel statewide discussions about how to facilitate training for direct care workers across long-term care settings,” says Reeve. The curriculum includes person-centered skills such as building effective relationships and communicating with clients or residents and staff. Two area agencies have already endorsed the curriculum to train new workers.
- **Facilitating direct care workers’ promotion of their profession**—The workers who first came together as the BJBC-PA worker advisory committee are now the founders of the Pennsylvania Direct Care Worker Association. The association publishes a quarterly newsletter, hosts an annual educational conference and advocates for direct care worker issues. The association is looking for its own funding and hoping to develop hubs in seven regions throughout Pennsylvania.
- **Building supportive workplaces for direct care workers**—Team-building training was provided to direct care workers at more than 27 provider organizations participating in BJBC. The training focused on changing workplaces to become more supportive and inclusive of direct care workers. More than 100 supervisors took the companion coaching supervision training. Joint teams of managers and direct care workers were created so the workers could continue to be involved in improving the workplace cultures, another example of the legacy of BJBC-PA.

### Vermont

BJBC-VT cast its net wide, focusing simultaneously on “big-picture” policy work, organiza-

tional consultation with provider organizations and curriculum development.

In the big-picture, the group supported a two-year legislative study of direct care workforce issues. “That means that, for the next year, direct care issues will be front and center with this legislature, so we feel like that’s a big deal,” notes Michelle Champoux, BJBC training coordinator, at the Community of Vermont Elders (COVE), the Vermont lead agency.

BJBC-VT worked with providers across long-term care settings, conducting workplace interviews, identifying common needs and conducting trainings on peer mentoring and leadership development for all sites. It also held specialized trainings upon request and created a resource guide of best practices for residential care and assisted living facilities.

The group worked with the Vermont Health Care Association and the state Department of Disability, Aging, and Independent Living to expand the reach of the Gold Star program. The program, administered by the association, rewards those who achieve certain standards in workplace practices by designating them Gold Star employers for the year. BJBC negotiated the introduction of a financial incentive to the program, so becoming a Gold Star employer is now one of five criteria providers must meet to be considered for a \$25,000 annual prize. BJBC also adapted the Gold Star model for home health agencies, completing its first home health pilot this January.

In its curriculum work, BJBC-VT developed a 40-hour course for personal care attendants (PCAs) and two special educational curricula, one in dementia care and one in palliative care, for experienced nursing assistants and PCAs. The two special trainings will continue to be taught at a statewide technical center. BJBC-VT is also working on an assessment tool to lay the groundwork for PCA certification.

Other accomplishments include giving visibility and staffing support to the Vermont Association of Professional Care Providers, planning a pilot for sharing staff across long-term care settings and heading up a task force, which will soon issue a study recommending



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that Vermont establish a worker registry. The group also published a white paper that describes the state's long-term care reimbursement and rate-setting practices in unprecedented detail and, says Champoux, is "being used every day."

Champoux believes the most significant effect of BJBC-VT's work may be the extent to which it put direct care worker issues on the state's agenda. "We're involved in all the long-term care studies going forward; we're on the workforce councils and partnerships. We've

really made room at the table for direct care worker issues in all of these discussions," she says.

"We're hearing that there's a distinct momentum in Vermont around these issues, that enough saturation has happened over the last few years that there's a real momentum, and the beginning of an understanding."

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Elise Nakhnikian is a communications specialist at the Paraprofessional Healthcare Institute (PHI) and editor of *Quality Jobs/Quality Care*, the biweekly e-mail newsletter of the National Clearinghouse on the Direct Care Workforce.

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tion BJBC research grantee Candace Howes, Ph.D., associate professor of economics at Connecticut College, was trying to find out.

Howes surveyed 2,200 randomly selected in-home supportive services (IHSS) home care workers from eight California counties to understand why turnover is so high and how to reduce it.<sup>1</sup> The workers in the survey were selected to represent high- and low-wage earners in rural and urban areas. Despite their geographic and socioeconomic differences, their responses sounded the same: health care benefits including for part-time workers, higher wages and greater flexibility were the factors that encouraged them to remain in caregiving.

In one example, the turnover rate among San Francisco's IHSS home care workers was 70 percent when the workers were paid close to minimum wage in 1997. Only five years later, in 2002, the rate was down to 35 percent. A large part of this reduction in turnover was related to a policy change in which the workers' wages rose to \$10 an hour and health and dental insurance were made available to those who worked 25+ hours a month.

Job flexibility was also important to many of the workers. Forty-two percent reported that they took the job and stayed with it because they were looking for a flexible job. Because wages were so low (half earned less than

\$1,000 a month), many had to work another job; the flexibility of home care enabled them to do so.

Paying workers a decent wage benefits everyone, and can still save money. "Paying home care workers a decent compensation makes a difference for consumers and states," says Howes. "As seen in California, consumer-directed home care can be provided at half the cost of nursing home care, even if the workers are paid decent wages and benefits. With a growing aging population that wants to stay at home, increasing pay and benefits for home care workers just makes sense."

Christine Bishop from Brandeis University also found that pay and benefits were a key factor for frontline caregivers who work in nursing homes. In her study, CNAs were significantly more likely to say they were not intending to leave their jobs when they saw pay and benefits as good. This survey finding suggests that efforts, such as "culture change," designed to empower frontline workers, may not reduce turnover without simultaneous improvement in pay and benefits.

*For more information about these research studies, visit [www.bjbc.org](http://www.bjbc.org).*

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<sup>1</sup> Unlike other states, where home care is largely provided through agencies, California home caregivers are usually hired directly by the recipient through the IHSS program