

Better Jobs Better Care: Pennsylvania

Sounding a Clarion Call for the Direct Care Workforce

If all goes according to plan, a lot more people like Missi Dehoff and Nancy Terné, will be leading the direct care workforce advocacy movement in Pennsylvania. As direct care workers with 12 and 16 years of experience respectively, Dehoff of York County and Terné from a suburb north of Philadelphia, are already leaders in elevating the profession of direct care. But nearly everyone with a stake in strengthening the direct care workforce believe that more people like them need to lead the way.

Dale Laninga is a strong proponent of this vision. Currently staff to the Pennsylvania Governor's Office on Health Care Reform, Laninga is charged with creating a plan for



Dale Laninga

rebalancing the state's long-term care system. The aim is to shift resources from institutional to home and community-based care, where most people prefer to receive care. "Along with facilitating better access and providing affordable housing options, expanding and improving the direct care workforce is the third key component of our strategy," says Laninga. "And to be effective, direct care workers need to be out front on the issue."

Tuning In

Policymakers in Pennsylvania realized about five years ago the importance of strengthening the direct care workforce. Ranking second among all states in the percent of people over



Missi Dehoff

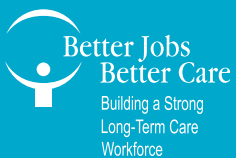
the age of 65 in the country (15.6 percent), the state has begun to confront the urgent need to find enough qualified caregivers to care for seniors with disabilities.

In 2000, Pennsylvania's Intra-Governmental Council (IGC-LTC) on Long Term Care created a workgroup on issues affecting direct care workers. From the start, Laninga, IGC-LTC's Executive Director, was committed to ensuring that direct care workers were given a strong voice in saying what needed to be done. The workgroup commissioned two reports that gathered the opinions of direct care workers across the state. Called "In Their Own Words", the reports captured their joys and frustrations with their jobs. More important, the reports convinced the state to fund some of their recommendations.

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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.

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.



Putting a Price Tag on Direct Care Staff Turnover:

The Cost to Providers, Consumers and Payers

Brian Forschner prides himself on attracting a high quality workforce to his senior housing and long-term care facilities. Like many of his peers, however, sustaining and expanding that workforce over time is a constant challenge.



Brian Forschner

Forschner found part of the solution during a visit to a nearby nursing home, which was up for sale and under scrutiny by the Centers for Medicare Services (CMS) surveyors. He wondered why these high-quality employees, who obviously loved what they did and excelled at it, would choose to remain employed at a failing, less attractive facility instead of coming to work at a newer site with more updated equipment.

When he inquired further, he learned about barriers that prevented workers from considering a job at his organization. For example, one woman said his skilled nursing facility was too far from her home and she would have trouble getting there. If Forschner could help with transportation, she would consider switching jobs. Forschner acted. He enlisted a driver to pick up the workers at a convenient location and transport them to and from work each day.

That's just one example of the many ways in which his organization strives to reduce turnover and attract high-quality certified nursing assistants (CNAs). "When I tell people about the things we do for our employees, they often say, 'Wow, that all must cost a lot of money,'" says Forschner, president of Mercy Franciscan Senior Health and Housing in Cincinnati, Ohio. "If they think that, they really don't understand the cost of turnover," he says.

High Cost of Turnover to Providers

Most long-term care managers know that high turnover rates among CNAs, home health aides, and personal care assistants, which range from 40 percent to 160 percent annually, take a toll on their bottom line. But not all of them realize just how much it costs.

A new Better Jobs Better Care practice and

policy report, "The Cost of Frontline Turnover in Long-Term Care," conservatively estimates the direct costs of frontline turnover to be about \$2,500 per loss of each direct care worker. That includes only the obvious costs associated with frontline turnover: hiring expensive temporary staff or paying overtime wages to current staff until replacements come on board; advertising, interviewing, and background checks; and orientation and training of new employees. Some studies reviewed in the report found that direct costs can run as high as \$5,200 when human resource staff time is taken into account.

The new report also highlights the less-obvious *indirect* costs to providers of frontline turnover. When such factors are taken into account, such as lower productivity of temporary staff and new employees, reduced service quality due to staff shortages, and low staff morale owing to turnover, the average cost to providers is closer to \$3,500 per turnover of each direct care worker.

With about 2.6 million direct care workers across the nation, the cost of turnover among frontline long-term care workers is nearly \$4.1 billion, assuming an average annual turnover rate of 45 percent. Like Forschner, many long-term care providers are trying to find creative ways to reduce turnover rates and control costs. But they need better information on which practices are most cost-effective.



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“There may be skepticism about how much savings can be exacted from improved workforce practices, and we are still learning which practices generate the greatest savings and under what conditions,” says Dorie Seavey, national policy

specialist at the Paraprofessional Healthcare Institute (PHI), and author of the BJBC brief. “That being said, there is clear and growing evidence of providers making these changes and realizing reduced turnover. In many cases, the financial savings that result more than offset the initial upfront—or ongoing—investment.”

Di Findley, Iowa Caregiver Association executive director, says solid data on the effect of return on investment for deterring turnover should be a persuasive tool. “We need this type of research to back up the message that ‘it makes more sense to invest in people and retention rather than continuing to pay for a ‘revolving-door profession’.”

Turnover Has Costs to Consumers, Workers and Payers

In addition to the direct and indirect costs of turnover to providers, “Turnover costs are borne by workers, payers, and especially the consumers or residents themselves,” says Debra Lipson, BJBC Deputy Director at the Institute for the Future of Aging Services (IFAS).

“Workers pay a price through greater stress and risk of injury when turnover results in short staffing. Public payers – Medicare and Medicaid – could get more for their money if they didn’t have to implicitly pay for high turnover rates and costs. And, consumers pay the heaviest cost of all when frontline turnover affects the quality of care they receive from too few, too new, or temporary staff.”

As a major third-party payer for long-term care services through Medicaid, states bear much of the burden of turnover costs among direct care workers. In some states, local governments are required to contribute a share of Medicaid costs. In addition, the federal Medicare program pays for about one in every six dollars of long-term care expenditures.

The Cost of Lost Productivity

Lost productivity is a key reason that turnover can be expensive. One study shows that 42 to 66 percent of a provider’s turnover costs are tied to the lower productivity of a new hire. Productivity also is slowed as more experienced staff are forced to compensate for newer hires who are slower or not as competent, or temporary staff who don’t know the organization’s routines or client preferences.

Forschner encourages other providers to stop relying on temporary staff to fill the gap. He recommends putting the same money instead into recruitment and retention. Mercy now screens applicants more carefully, provides new CNAs with “buddies” to help them through the initial employment period, gives employees more flexibility in scheduling, and trains supervisors to better manage staff. Within six months of implementing these changes, Mercy eliminated the need for temporary staff, saving an average of \$60,000 a week, says Forschner.

Policy and Research Implications

Public policymakers have a role in helping to reduce turnover costs, according to the report. For example, public information or state regulations could make the costs borne by consumers and other payers more visible, e.g. turnover that results in lower quality care. Without such information, providers may decide that making investments to reduce turnover are not worth it, if most of the “downstream” costs of turnover are incurred by consumers, families, workers, and third-party payers. Policymakers could also develop incentives or reimbursement policies that reward organizations with low turnover.

More research is also needed to better understand contributors to turnover costs. While reducing turnover itself is the best way to reduce turnover costs, additional research could clarify how different aspects of turnover affect specific cost variables, and which retention strategies are most cost-effective in different environments.

To download the 3-page Executive Summary of the report, go to: <http://www.bjbc.org/content/docs/TOCostExecutiveSummary.pdf>. A copy of the full report (30 pages) can be found at: <http://www.bjbc.org/content/docs/TOCostReport.pdf>.



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In 2002 and 2003, the IGC-LTC secured state monies for a range of direct care worker initiatives. Local area agencies on aging were awarded funds to address recruitment and retention issues, based on input from direct care workers. “We got some of the best ideas from the workers themselves,” says Laninga. IGC-LTC has since supported caregivers taking the initiative to improve their jobs and their professional image. For example, IGC-LTC funded the launch of *Frontline Care*, a new magazine designed by and for direct care workers; Dehoff and Terné are members of the magazine’s editorial board. State funds also supported Pennsylvania’s first conference for direct-care workers in long-term care, which was held last July and attracted 370 attendees.

BJBC-PA: Assembling the Choir

In crafting Pennsylvania’s BJBC demonstration grant proposal, the importance placed on direct care workers’ opinions also stood out. It plays out in each of the BJBC project’s activities — instigating changes in organizational management and workplace design, developing a universal core curriculum for all direct care workers, and creating a new organization to advocate on behalf of direct care workers.

The lead agency for the BJBC coalition in the state is the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), a 27-year old consumer advocacy organization that represents seniors. According to Diane Menio, CARIE’s Executive Director, “CARIE is committed to improving quality of life for vulnerable older adults; clearly this can only be done if we support a stable, skilled direct care workforce.”



Diane Menio

To help direct care workers become valued and respected members of care teams, BJBC-PA intends to make a difference where it counts – in their workplaces. But in a state as large as Pennsylvania, CARIE readily admitted that it couldn’t manage the task alone. So, it decided to collaborate with five regional partners to serve as liaisons with provider organizations in their area. The partners were required to work with local coalitions that include consumer and worker representatives.

As of October 2004, the regional partners selected 34 providers from across the long-term care spectrum to engage in intensive workplace change. Each participating provider is expected to form direct care worker committees to plan, coordinate and support site activities. The committees will focus on retention of new workers as well as skill development for long-term direct care staff.

Phoebe Ministries, a large not-for-profit organization with several skilled nursing, assisted living, rehabilitation and independent living communities based in Allentown, PA is one of the 34 organizations. Reverend Rodney W. Wells, President and CEO of Phoebe, says “The values espoused by BJBC were consistent with our own organization’s commitment to staff development. We became involved in the local coalition to ensure we didn’t reinvent the wheel, learn what was worth replicating, and understand what we could do that would be truly innovative.”

The regional BJBC partner for the area, United Way of Greater Lehigh Valley, reports that each participating provider identified an immediate action to show direct care workers they cared about them. “Staff appreciation activities were seen by most providers as a great first step to show their recognition of direct care workers’ value,” says Terry Di Rienzo, project manager for the United Way’s Lehigh Valley Alliance on Aging. “It sets the stage for upcoming culture shifts that will occur as a result of participating in BJBC.”

Meanwhile, BJBC-PA’s training committee has been meeting regularly to develop a universal core curriculum that will prepare direct care workers to work in all types of long-term care settings. The curriculum emphasizes a person-centered approach to care, which builds beneficial relationships between workers and consumers. Though much work remains to develop and test the six curriculum modules, “our progress to date was only possible because of BJBC-PA collaborative members’ generosity in volunteering their time and expertise in developing the type of training that direct care workers have asked for,” says Francine Fineman, Practice Coordinator for BJBC-PA.

Dress Rehearsal in Southwest Pennsylvania

The core curriculum developed by the BJBC coalition may have its first “test drive” in a new state initiative to be launched in 2005. This past



summer, the Department of Labor and Industry and the Governor's Office of Health Care Reform issued a request for proposals for a Regional Direct Care Workforce Center. The center will serve the three counties in the southwest corner of the state, where the state is piloting a new "Community Choice" program that facilitates access to non-institutional LTC services. Early results from the pilot indicate that the percentage of people receiving home and community-based LTC services doubled from the previous year. But to meet the burgeoning demand, there must be enough direct care workers available.

The Regional Direct Care Workforce Center will have a tall mandate to fill. The RFP calls for the center to create a regional registry of direct care workers for consumers seeking home care aides as well as provider agencies seeking employees. Most other registries of direct care workers tend to cater to one group or the other. The center would also handle payroll for consumers wishing to hire their own workers, and scheduling to help workers who want to work full-time.

In addition, the center will offer entry-level training to direct care workers, to ensure that workers listed in the registry have the skill and knowledge to deal with different types of clients. That's where BJBC-PA's universal core curriculum fits in. The RFP specifically requires that the center use the training curriculum for direct care workers developed by BJBC-PA. The center is also expected to create career ladder opportunities through advanced training for specialized skills.

Raising the Volume

Pennsylvania clearly stands out among those states trying to strengthen their long-term care

workforce. But whether it will continue to make progress is an open question.

To expand the supply and skills of the direct care workforce in a state as large as Pennsylvania, the state will have to make a long-term, sustained commitment. Laninga believes that in order to build and maintain political commitment, "We need a state-wide coalition, representing providers as well as direct care workers and consumers."

That's why he supports efforts by organizations and leaders to come together to create a strong coalition that can keep policy-makers' attention focused on direct care workforce issues. "We see Better Jobs Better Care, Pennsylvania as a focal point for sustained advocacy," he says.

While CARIE now sponsors

the BJBC-PA project, it planned from the beginning to spin off the group as a separate organization. Says Menio, "We think that will give advocates more flexibility to take positions on tough issues. While we expect BJBC-PA will be sensitive to the interests of all affected parties, it will be able to put direct care workers' interests first."

Karen Reever, who came on board this past summer to direct BJBC-PA and steer its transformation to an independent organization, adds: "I've been a provider and a consumer of long-term care and I've supervised direct care workers. Though the perspectives of all stakeholders need to be taken into account, I've found that direct care workers themselves know best what will work to attract and keep people in these jobs. BJBC-PA will offer them a forum to lead the way and amplify their voices."

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Pennsylvania frontline workers inaugurate *Frontline Care* magazine.



WIN A STEP UP:

The Art and Science of Model Program Replication

The quality of child care and senior care are national issues facing similar challenges. Frontline workers in both work settings often lack the necessary training, receive low wages and have high turnover rates, which can affect the quality of care.

In 1990, The Child Care Services Association in North Carolina created the T.E.A.C.H. Early Childhood® Project (Teacher Education and Compensation Helps) to address poor compensation and high turnover rates among child care workers. Program participants are given scholarships for completing coursework in early childhood education and child development. Those who stay with the provider for a specified period of time (usually six months to one year) receive a pay raise or bonus. Turnover for participants averages less than 10% annually. The program is now operating in 23 states and provides more than 18,000 scholarships per year.



Dr. Bob Konrad

If it worked for child care workers, why not long-term care workers, thought Dr. Bob Konrad, professor at the University of North Carolina at Chapel Hill (UNC), and principal investigator for a Better Jobs Better Care Applied Research and Evaluation grant. According to Konrad, “The content of the training would obviously need to change, but the fundamentals of the program seemed readily transferable to frontline long-term care workers.”

Stepping Up

Dr. Konrad designed the program concept in collaboration with the NC Division of Facility Services (DFS), which developed the seven original training modules. The program, Workforce Improvement for Nursing Assistants: Supporting Training, Education and Payment for Upgrading Performance (WIN A STEP UP) won the support of the North Carolina Department of Health and Human Services (DHHS). The concept dovetailed neatly with other initiatives developed by DHHS to enhance the direct care workforce. With the backing of UNC’s Institute on Aging (IOA) and support of the Kate B. Reynolds Charitable Trust,

a pilot program was initiated and evaluated. Similar to the T.E.A.C.H. Project, nursing assistants in long-term care settings received increased compensation upon completing a training program and working for their employer for a certain time period. A trainer from the program or the LTC agency conducts the training for eight to 10 nursing assistants at each site.

The program was conducted in nursing homes, adult care homes, and home health and home care agencies during a pilot phase. Researchers found increased satisfaction and a reduction in voluntary turnover over a six month period for aides in all LTC settings. Program participants experienced a 15% annualized turnover compared to 32% turnover for a carefully selected comparison group of similar frontline caregiver. According to Jennifer Craft Morgan, a pre-doctoral fellow at IOA and researcher on the project, “WIN A STEP UP’s value to both nursing assistants and instructors went beyond the knowledge gained. The interactive style of the sessions helped develop teamwork among the nursing assistants.” For the past three years the program has been supported by DHHS funds and is a collaborative effort between DHHS and IOA, with IOA doing the day-to-day management. Last year the program operated in 19 nursing homes in North Carolina.

Scaling Up—Barriers and Facilitators

Both UNC and the state DHHS want to make sure WIN A STEP UP continues where it is currently in operation, is more successfully implemented, and gets adopted by more nursing homes. They are also interested in implementing a comparable program in home and community-based settings. But how? With funding from BJBC, the WIN A STEP UP project team began to study the factors that impede and facilitate the success of the program and gain insight on management staff’s perceptions of it.

Researchers found two key obstacles to effective program implementation — time constraints and management instability. Heavy patient loads and worker shortages make it hard for participating nursing assistants to leave during their shifts.

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FINDINGS IN BRIEF

Long-Term Care Workers: A Growing International Issue (June 2004)

A study from AARP's Public Policy Institute, "Long Term Care Workers in Five Countries: Issues and Options" examined the demographics and work experience of frontline home-care workers in Denmark, France, the Netherlands, Canada, and Australia. These workers are mostly female and over the age of 45. They face similar problems: lack of adequate training; low wages; little involvement in client care plans; and uncompensated time, e.g. in client to client travel. Most of the work is part-time and hours are irregular. Both Denmark and the Netherlands have relatively high-paid care workers and strong unions, but Denmark has fewer staffing shortages. This may be due to Denmark's efforts to improve working conditions for paraprofessionals, integrate employment with training, and create clear career paths that reward further training. View the full report at http://research.aarp.org/health/2004_07_care.html.

Home-Care Workers: Agency Staff and Consumer-Directed Providers Differ (August 2004)

Consumer-directed home-care workers fare as well as agency workers in satisfaction with their jobs and stress. A recent article by A. E. (Ted) Benjamin and Ruth E. Matthias of UCLA, finds that workers in these two service models have different work experiences. For example, con-

sumer-directed workers report a more positive relationship with their recipients and a better understanding of the client-worker roles. Agency workers, in contrast, tend to worry less about the client in the worker's absence and are more able to leave their work behind. Training for consumer-directed workers is more informal and specific to the individual needs. Read the article in *The Gerontologist*, Vol. 44 No. 4, pp. 479-488. For an abstract and ordering information, visit: <http://gerontologist.gerontologyjournals.org/>

What Quality Paid Home Care Means to Family Caregivers (September 2004)

Family caregivers provide their care recipient better quality of life when they receive help from quality paid home care, according to a recent article by two Utah-based researchers. When caregivers have good-quality paid home care, care recipients can live independently, maintain their dignity, and have enhanced quality of life. Family caregivers benefit by learning new skills from the paid home-care worker and receive emotional support and respite from their caring responsibilities. On the other hand, those who receive poor paid home care experience greater stress and workloads. The article by Kathleen Piercy and Gregory Dunkley appeared in *The Journal of Applied Gerontology*, Vol. 23 No. 3, September 2004, 175-194, and is available at <http://jag.sagepub.com/cgi/reprint/23/3/175>



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After work, many have family commitments or second jobs to make ends meet. Program planners need to be flexible and creative to accommodate their schedules.

Turnover among management also undermines program sustainability. Progress tends to stop when the lead manager, either the Staff Development Coordinator (SDC) or administrator, leaves the organization. Regular communication and strong relationships between program coordinators and site managers can partially rem-

edy the situation.

On the other side of the coin, UNC researchers have begun to identify factors that can help the program thrive. Besides administrator commitment, whose support is essential for aides to spend time in training, SDCs turn out to be key to program success. They serve as a bridge between nursing assistants and supervisors, making sure that each group understands the program benefits.

They also help to recognize problems early in

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the process. According to one SDC in the program, “Being in the program allowed me to have a good relationship with the participating nursing assistants so that they could confide in me. That let me facilitate bridge-building between the nursing assistants and the administration.”

Moving Up

Through funding from the BJBC grant and from DHHS, UNC is enhancing the WIN A STEP UP program based on feedback from nursing assistants and management. For example, the program is adding training on coaching supervision to improve the relationship and communication between nurses and nursing assistants.



According to Anne Jackman, project manager of the BJBC applied research grant, “The traditional ‘top down’ supervisory model doesn’t allow for a real exchange of information, just a ‘Do it because I said so.’ It’s no wonder that the nurse-nursing assistant relationship can be strained or even adversarial. We added the coaching supervision program to help supervisors gain insight into the daily lives of their employees, to really listen to them and to take their thoughts and suggestions into consideration, making them a real part of a team.”

Other issues identified as problems are more difficult to resolve: low compensation, poor benefits and the lack of career advancement opportunities. WIN A STEP UP attempts to improve

compensation for nursing assistants by linking higher wages with training and education. But the wage increases are relatively modest.

So, the program plans to encourage facilities to develop career ladders. The WIN A STEP UP program jump-starts the process by enabling nursing assistants to learn new skills and earn higher pay. Because WIN A STEP UP provides training in a small setting, is interactive, and occurs among coworkers with established relationships, it can “motivate self-improvement at work and ignite confidence in learning abilities”, says Jennifer Craft Morgan. Participants can advance to special nursing assistant roles (e.g., geriatric nurse aide) or to licensed staff positions.

Rising Up Together

WIN A STEP UP has proven that it improves the satisfaction and working conditions for nursing assistants. However, unless the program continues over the long term, it may not increase retention of these workers. Sustainability of the program remains one of the greatest challenges facing it and similar programs.

Sustaining the program will likely require that it work in conjunction with other nursing assistant work-life initiatives. Bob Konrad believes that all of the programs in North Carolina need to join forces to create a self-sustaining virtuous cycle: “All long-term care stakeholders need to work together to create positive and long-lasting impacts on the work-life situation of nursing assistants in North Carolina.”

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