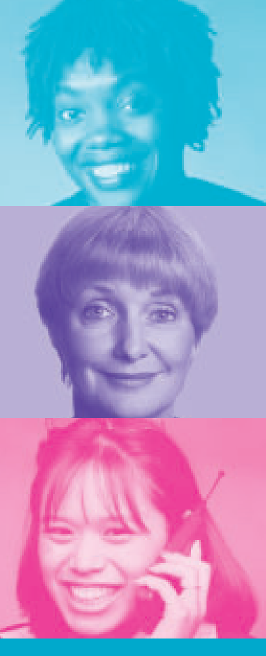
INSIGHTS » BetterJobsBetterCare
QUARTERLY NEWSLETTER
NO 9/SUMMER 2006



BJBC Grantees Celebrate Successes, Look to the Future

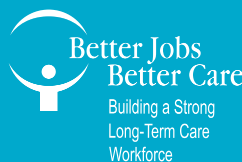
The Better Jobs Better Care (BJBC) grantees gathered in Boston for their final meeting to celebrate their successes and share their experiences, findings and plans for the future with each other and with the project's National Advisory Committee and funders, the Robert Wood Johnson Foundation and The Atlantic Philanthropies.

Beth Stevens, noted researcher from Mathematica Policy Research, Inc., spoke to the grantees about strategies for sustaining their efforts.

Stevens outlined four strategies for sustaining BJBC elements:

- **Ensuring funding**, which involves diversifying funding sources, including offering services for pay, looking for in-kind contributions and looking for public support and external champions.
- **Instilling beliefs**, which requires making the changes that have taken place part of an organization's culture through value statements, rituals and ceremonies, peer mentoring and training.
- **Embedding change in policies** through licensure and connecting the changes to increased reimbursement.

See Look to the Future, page 4



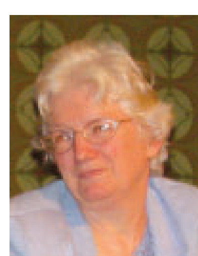
A national program funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies, directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA), in partnership with The Paraprofessional Healthcare Institute.

Workers at the Heart of BJBC

"These very eloquent workers remind us why we are doing this work."

That's how one meeting attendee described a highlight of the Better Jobs Better Care (BJBC) final grantee meeting - the direct care worker panel.

This dynamic group of six women all participated in one of the five BJBC demonstration projects, bringing their years of direct care work (from two to 30 years) with them. They spoke candidly about their work and the effect BJBC has had on their jobs and their lives.


Kathy Lynds

For Kathy Lynds, participating in curriculum development, workshops and legislative forums through BJBC has enhanced her work at a Vermont nursing home. "Being involved in BJBC, my love for the residents and pride in my work all have helped make my job more satisfying and a lot easier to get through during the tough times."

Lynne Marie Villareal, working at a Vermont home health agency, found that her job responsibilities have changed for the better as a result of her involvement with BJBC. She now participates in peer-mentor training, leads training sessions with other staff and has coordinated a skills fair for other direct care workers.

Lynne Marie Villareal

See Workers at the Heart of BJBC, page 2

Workers at the Heart of BJBC, continued from page 1

Cynthia Petree, who works as a resident care director in a North Carolina assisted living facility, found the coaching-supervision training she took through BJBC invaluable. The training teaches supervisors how to help other employees develop their own problem-solving skills while still holding them accountable for their actions. Because of the training, Petree knew what to do when a certified nursing assistant (CNA) suddenly walked off the job.

Cynthia Petree

"The training taught me to first take the time to find out what happened and work with both the CNA and management to resolve the problem. She was able to keep her job. It made all the difference." Petree hopes to take what she learned from this and initiate changes throughout her facility.

Linda Buehler

Linda Buehler started a support group for direct care workers in her Pennsylvania nursing home. The group provides a place where the workers can find mutual support and guidance. To show their commitment, the workers, along with their staff advisor, crafted a mission statement and pledge that they recite at the beginning of every meeting, held twice a month during both the first and second shift. Buehler also sees the need for supervisors and managers to do their part. "Respect, support and acceptance from our supervisors is just as important as pay," said Buehler. At her facility, direct care workers now get to evaluate their supervisors. As Buehler put it, "Every direct care worker should have the opportunity to do this."

The panelists also talked about how BJBC has helped them personally. Kathy Lynds said BJBC has helped develop her public speaking and training skills, while Cynthia Petree feels BJBC has made her a better listener. These feelings were echoed by Joyce King, a home care worker from Iowa, who was a member of the audience. King said she has "gained more confidence in my communication and leadership skills." Michelle Read from Oregon summed it up best when she said, "Thanks to BJBC, we see our value and know our worth."

"Respect, support and acceptance from our supervisors is just as important as pay."

Michelle Read

Despite the difficulties associated with being direct care workers, the panelists agree that what keeps them coming back every day is their relationship with the residents. For Petree, "no matter what kind of day I'm having, the residents make it for me." That sentiment was echoed by Karla Happel from Iowa, who felt that direct care work is "the only job where you really get rewarded every day." Villareal finds the work "healing."

Karla Happel

At the end of the session, Dolly Fleming, program director of the Vermont demonstration project, summed up the feelings of many in the audience when she said, "I am an executive director, but I aspire to be a direct care worker. There is such beauty, dignity and sacredness to the work." This was followed by resounding applause.

Erin King is a National Academy of Social Insurance intern with IFAS and will be working at the North Carolina Division of Aging this fall.

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.

Robyn I. Stone, Program Director
Natasha Stein Bryant, Managing Director
Linda Barbarotta, Senior Communications Associate
Sherry Giles, Program Coordinator

Please contact us at:
Better Jobs Better Care
c/o Institute for the Future of Aging Services
2519 Connecticut Ave., N.W.
Washington DC 20008
PHONE: 202-508-1216
FAX: 202-783-4266
E-MAIL: *bjbc@aahsa.org*
www.bjbc.org

Regulating Assisted Living

As assisted living grows, so do concerns about staffing. Providers tend to focus on staff shortages, noting the difficulty of building a stable workforce while keeping wages low to avoid pricing themselves out of the market. Consumer advocates question whether facilities have enough caregiving staff to provide consistent, high-quality care. They also question whether direct caregivers are given enough training to prepare them for the demands of the job – particularly since there is little supervision from licensed nurses, who tend to be in short supply in assisted living.

In many assisted living settings, direct care workers help with everything from meal preparation to medications, with far less training than home health aides or certified nursing assistants. So perhaps it's not surprising that the most common complaints and deficiencies reported by state assisted living licensing officials in 2002 were related to caregiving staff, according to *State Residential Care and Assisted Living Policy: 2004*,[1] the latest study of assisted living regulations by the National Academy for State Health Policy. The three most often reported were:

- Problems with medication administration (48 percent)
- Problems with staff quality and qualifications (41 percent)
- Reports of insufficient staff (36 percent)

The stress of insufficient training and understaffing is felt most acutely by direct care workers themselves. "We rely heavily on direct care workers in the medication management process," says Nancy Eldridge, CEO of Cathedral Square Corporation in Burlington, Vt., a BJBC site. "This reliance is not comfortable for all direct care workers." Certified nursing assistant John Booker, in *Keeping Assisted Living on the Right Path*,[2] describes how his "dream job" in an assisted living center turned into a nightmare as he was given more responsibilities without more training – and with increasingly fewer co-workers to share the work.

Addressing the Challenges

State policy makers and regulators, consumer advocates and provider groups are all searching for ways to create quality standards for assisted living.

Assisted living was conceived as a reaction against the institutional flavor of nursing homes, and its champions are highly sensitive to the danger of creating restrictive or costly regulations that will make it less idiosyncratic and homey.

Another challenge is that "assisted living" refers to a wide range of living arrangements, including adult foster care, homes for the aged, adult homes and residential care. An assisted living facility may be a board-and-care home that houses a handful of people with disabilities or a faux-Victorian mansion housing 100 or more elders. According to *State Residential Care and Assisted Living Policy: 2004*, there were about 36,000 assisted living residences in 2004.

> "In many assisted living settings, direct care workers help with everything from meal preparation to medications, with far less training than home health aides or certified nursing assistants."

"Basically, they're facilities that provide assistance with ADLs [activities of daily living] and some basic health care that doesn't usually amount to nursing home-level care," says Karl Polzer, senior director of assisted living policy for the National Center for Assisted Living (NCAL) and author of NCAL's *Assisted Living State Regulatory Review 2006*.[3] "There isn't much data available to describe what's going on in this amorphous collection of settings or

See Regulating Assisted Living, page 5

1 http://aspe.hhs.gov/daltcp/reports/04alcom.htm
2 http://www.directcareclearinghouse.org/v_det.jsp?res_id=77710
3 http://www.ncal.org/about/2006_reg_review.pdf

Look to the Future, continued from page 1

- **Nurturing the capacity for innovation**, including budgeting for the changes and including them in performance evaluations and strategic planning.

Discussions following the presentation included how to extend the work of individual demonstration grantee organizations, how to continue the efforts to achieve BJBC goals nationally and how to catalyze change and innovation within and across long-term care organizations.

BJBC in Oregon will continue its focus on creating person-centered environments in support of long-term care consumers and the people who assist them. Its policy committee will continue to develop an occupational profile and a set of core standards for an entry-level direct care worker in a home and community-based setting. The goal is to see these become voluntary statewide standards for recruiting and hiring workers.

“I'm amazed at the power that we have collected to move this forward. We need to take responsibility for keeping this alive.”

Iowa BJBC is looking to create an expanded coalition to continue its unique focus on direct care worker policy initiatives. Its goals include securing health care access for direct care workers, establishing educational standards and undertaking other policy initiatives conducive to the recruitment and retention of direct care workers. Leadership and mentor programs, scholarships, newsletters and conferences will continue through the Iowa CareGivers Association, with support from federal and state public and private partnerships, individual contributions and fees for service.

North Carolina BJBC's “raise-the-bar program,” NC NOVA, reached a major milestone when the General Assembly passed a law establishing this special licensure program statewide. Now providers throughout the state can apply for this special award, given to those who actively support and empower their direct care workforce through supportive workplace practices, training and career development opportunities.

“It's very powerful as researchers to hear about the demo projects.”

The **Pennsylvania BJBC** has created a non-profit organization that will continue into the future, looking to make a fundamental change in how our culture values direct care work. It will do this through building a statewide direct care worker association and reporting on trends in the state's direct care workforce.

BJBC-Vermont is looking to continue providing its direct care worker core curriculum, *CareWell*, and its *Beyond Basics* curriculum on dementia and palliative care to providers. It will also continue support of the Vermont Association of Professional Care Providers (VAPCP). The research-based “best employment practices,” brought by BJBC-VT to all four long-term care provider organizations, will continue to be implemented through those groups. The “Direct Care Workforce Study,” passed by the state legislature, will assure that this issue remains on the state's agenda beyond the BJBC grant period.

At the meeting, many grantees not only expressed a commitment to continue working on this issue but also to nurture and maintain the relationships they have built with each other. During a session on sustainability, Rhoda Meador, a Cornell University researcher, spoke for many audience members in her remarks: “It's very powerful as researchers to hear about the demo projects. I'm struck by the vividness of the stories – very powerful, capacity-building experiences. I'm amazed at the power that we have collected to move this forward. We need to take responsibility for keeping this alive.”

Regulating Assisted Living, continued from page 3

which training programs, workplace practices or staffing strategies are effective."

National trends in state regulation

Each of the 50 states and the District of Columbia regulates assisted living to some degree, but there is great variation among them. Some prefer to let the marketplace set its own standards, while others believe rules are needed to protect potential residents and their families.

Even in the most highly regulated states, the people developing standards are taking care not to create a product hobbled by rules and regulations. "You want to have sufficient regulation to have quality services, but if it's excessive it makes it less affordable," warns Polzer.

Maribeth Bersani, senior vice president of public policy for the Assisted Living Federation of America, sees a broad trend in laws and regulations to support "the philosophy and mission of resident-centered, consumer-driven care." Polzer agrees, noting that a growing number of states require facilities to make it easier for prospective residents to compare various options and make an informed choice about where to live. These "disclosure documents" typically must explain what kind of care is included in the monthly fee and the terms under which residents are discharged from the facility.

Regulations affecting direct care workers

Regulations aimed at direct care staff tend to be aimed at safeguarding resident safety and assuring competent care. A number of states require criminal background checks, and some require age minimums – usually 18. But the bulk of the regulations have to do with training.

The authors of *State Residential Care and Assisted Living Policy: 2004* note a trend in regulations that "address the challenges posed by serving frailer and sicker residents and concerns among state licensing staff about inappropriate retention, adequacy of care and the shortage of trained staff," especially for residents with Alzheimer's disease and other dementias.

> "The study found that only three-quarters of unlicensed personnel were required to attend any pre-service training or orientation."

In response to these concerns, a flurry of regulations were adopted in 2003 and 2004 to institute or beef up training requirements for caregiving staff. Nonetheless, the study found that only three-quarters of unlicensed personnel were required to attend any pre-service training or orientation.

The situation is improving, but more improvements are needed, according to Eric Carlson of the National Senior Citizens Law Center and the Assisted Living Consumer Alliance. "There is a slowly developing consensus that standards need to be raised in order to keep up with the increasing acuity levels," he says.

In general, Carlson writes in *Critical Issues in Assisted Living: Who's In, Who's Out, and Who's Providing the Care*,[4] "an 'average' state requires that certain topics be covered, but doesn't specify minimum hours of training, doesn't require an examination or any particular qualifications for the trainers. Of those states that specify minimum training hours, most require 24 hours or fewer."

Most states (35) require some specialized training for staff working with people with dementia, though the requirements are often minimal. According to Polzer, about two-thirds of the 35 require between two and eight hours of initial training and a few hours a year of continuing education. The others don't specify any minimum number of hours.

Specialized training for medication aides is also receiving increased attention, as medication is increasingly being administered by direct care workers who may or may not have special training for the job. "Twenty-one states authorize non-nurses to administer medication," writes *Carlson in Critical Issues in Assisted Living*. "These 21 states generally

See Regulating Assisted Living, page 6

4 http://www.nsclc.org/news/05/05/ALreport.htm

Regulating Assisted Living, continued from page 5
require very little training for those who allow for this so-called nurse delegation – but they should be commended for at least being 'honest,'" Carlson believes. "The reality is that non-nurses in assisted living facilities are administering medication, and performing other nursing tasks in all states," he reports. "To its credit, the nurse delegation model at least acknowledges this, and specifies a minimum level of training and oversight."

"There's a general shortage of workers that the industry is very concerned about, but the real issue is economic policy."

Noteworthy examples

Though it's too early to gauge the effects of the new laws and regulations, some states have come up with more rigorous standards than others. For example:

- *New Jersey* and *Connecticut* require more initial training than any other states for direct care workers in assisted living, who must be certified as nurse aides or home health aides.
- *Kansas* and *Washington* require direct care workers to pass state-developed competency exams specific to assisted living.
- *Virginia* requires that a direct care worker either be registered as a certified nurse aide or complete a state-approved curriculum.
- *North Carolina* is developing statewide uniform standards for non-licensed personnel who administer medications.[5] The state also requires direct care staff in homes of seven or more beds to complete an 80-hour initial training program. Those who work on special care units must complete an additional 20 hours of dementia-specific training.
- *Colorado* requires medication aides to complete a state-approved competency and exam.[6]
- *Alabama* requires special care staff to complete the state-approved Dementia Education and Training Act Brain Series Training or its equivalent, as well as initial training and "refresher training as necessary" on a list of required topics. It also specifies minimum staffing levels for each shift in special care facilities.

Other approaches

There's a limit to how much regulations can do to create a qualified, stable direct care assisted living workforce. "There's a general shortage of workers that the industry is very concerned about, but the real issue is economic policy," says Polzer. "It's more an issue of making jobs of that type more attractive and stable for people, making sure their kids can get health insurance."

Meanwhile, some employers are working to improve retention by improving workplace practices. As described in a Better Jobs Better Care issue brief titled *Engaging the Public Workforce Development System: Strategies for Investing in the Direct Care Workforce*,[7] two assisted living facilities in Oregon partnered with a community college to create a curriculum for direct care workers in assisted living. The Oregon BJBC program is using this approach to explore developing core competencies training for direct care workers across all long-term care settings. And Cathedral Square CEO Eldridge is improving conditions for direct care workers through Vermont's BJBC program. "Thanks to the BJBC work, we are engaging direct care workers in more problem-solving that we hope will make their work more gratifying and easier," she says.

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.

5 http://www.ncbon.org/Education-factsheet.asp
6 http://198.187.128.12/colorado/lpext.dll/Infobase 4/17cd9/1a3b4/1b642/1b665/1b6f8?f=templates&fn=document-frame.htm&2.0#JD_12-381-1105
7 http://www.bjbc.org/content/docs/BJBCIssueBriefNo6.pdf

BJBC Provider Profile

Why Work on Recruitment and Retention? A BJBC Home Health Agency Provider's Perspective

Linda Bettinazzi

Five years ago, Linda Bettinazzi was frustrated with the high turnover rates of her own direct care workers as well as reported shortages going on in other places. As CEO of the Visiting Nurse Association (VNA) and its sister organization, VNA Extended Home Care, in Indiana, Pa., she was facing a crisis. "We had part-time, minimum wage workers with no benefits. We had massive turnover and had to turn down cases because we did not have the staff," said Bettinazzi. She added, "You can't expect employees to come in and not be treated fairly and think that you're going to build a business."

To address this problem, Bettinazzi decided to invite everyone she could think of to a meeting on turnover. Long-term care providers, educational institutions, economic and workforce development representatives as well as public officials all made it onto her list. "I had no idea how many people would come. But when I opened the doors to our conference room, it was packed. Everyone that was invited had come. And there was energy around the table like I have never seen," said Bettinazzi.

> "What I would say to other providers is start somewhere, start with a small change and don't do it alone."

Since that first meeting, there has been total community-wide commitment. The group – the Indiana County Healthcare Career Consortium – agreed to put aside their competitive issues and work on putting more people in the pipeline. They set up different committees and convinced the local workforce investment board (WIB) to identify health care as one of its industry clusters, a step that would bring in much-needed support. The level of cooperation and partnering has been remarkable. Here are a few examples:

- Consortium providers share the names of potential employees to help each other find workers. Once posted, any provider can contact these potential employees.
- Eight licensed practical nurses from one of the consortium's nursing facilities were struggling with nursing school and ready to drop out. Consortium member Westmoreland County Community College and Indiana County Technology Center stepped in to help. They developed a mentoring program that included both academic, personal, self-development and life issues. It turned out to be exactly what the nurses needed. All eight students stayed in nursing school and will soon graduate.
- When a consortium member needed feeding assistance training for its workers, the Indiana County Technology Center offered to develop the curriculum and sponsor the class. With BJBC grant money, five providers were able to send staff to the feeding class and pay their salary while they learned.
- A refresher course was created for registered nurses who had dropped out of the long-term care field. Westmoreland County Community College developed the course and the VNA provided scholarships for four nurses who successfully completed the course and have reentered the workforce.

Why invest in employees? According to Bettinazzi, "People are our company. They are

See BJBC Provider Profile, page 8

BJBC Provider Profile, continued from page 7

who we are and what we do. If we were a trucking company and we needed new trucks, somewhere we would have to find the money to buy the new truck. So we need to make sure that we have the people."

At her own extended care agency, Bettinazzi took additional steps to ensure a stable workforce, building on work the agency had done prior to BJBC. It was able to:

- Provide coaching and supervision training to home care workers and supervisors.
- Create a joint team of direct care workers and managers to shape the agency's efforts in recruitment and retention.
- Provide scholarships for 12 home care companion workers to become certified nursing assistants as part of a career ladder program. All course expenses and salaries were covered.
- Create career lattices for aides who want to make that their profession.
- Provide incentives for home care workers, using resources for rewards and recognition. Workers are rewarded when they are seen implementing a teaching from the team training.

Working on direct care worker recruitment and retention also has affected the supervisors. According to Bettinazzi, "We now have an infrastructure of direct care workers where before we had a revolving door of workers. The supervisors feel better as well because now they're able to build relationships with the direct care workers."

Log on to the new www.bjbc.org

...redesigned and easier to use.

> "The results? Their turnover rate dropped from 53 to 11 percent, the staff went from all part-time workers with no benefits to 50 percent full-time workers with benefits and their revenues are the highest they've ever been."

The work on this issue has not been without its challenges. It can be difficult to maintain focus within the agency and challenging to find ways to free up direct care workers so they can attend the trainings and meetings. Bettinazzi would be the first to agree that investment in direct care workers requires resources.

VNA Extended Home Care had thin margins for a few years, but the investments have paid off. Their turnover rate dropped from 53 to 11 percent in two years. The staff went from all part-time employees with no benefits to 50 percent full-time employees with benefits and the job satisfaction rate among direct care workers increased significantly.

The financial results of these investments? VNA Extended Care's revenues are the highest they've ever been.

The agency's work on recruitment and retention has not gone unrecognized. In May 2006, it received the highest level of accreditation – commendation – from the Community Health Accreditation Program (CHAP) for its work on recruitment and retention. CHAP is a voluntary accreditation agency for home and community-based work.

Bettinazzi's advice to other providers trying to increase retention? "What I would say to other providers is start somewhere, start with a small change and don't do it alone. Work together with other providers, your workforce investment board, community colleges and other stakeholders. It made all the difference in my community."

Natasha Bryant is the managing director of BJBC.