FINDING AND KEEPING DIRECT CARE STAFF

"Ordinary, even familial things happen here, though often unwitnessed. Wounds are healed, muscles strengthened, faces washed, and hands held. Each small movement is tiny in its fruition, huge in its absence."

—Sallie Tisdale
Harvest Moon: Portrait of a Nursing Home

Paraprofessional Healthcare INSTITUTE

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FINDING AND KEEPING DIRECT CARE STAFF

The Catholic Health Association of the United States, St. Louis, MO, and Washington, DC

The Paraprofessional Healthcare Institute, Bronx, NY

The Catholic Health Association of the United States represents the combined strength of its members, more than 2,000 Catholic health care sponsors, systems, facilities, and related organizations. Founded in 1915, CHA unites as ministry engaged to advance selected ministry commitments that are best pursued together rather than as individual organizations. It supports and strengthens the church's healing ministry in the United States by advocating for justice in health care, convening leaders to share ideas and foster collaboration, and uniting with others to transform the health care ministry.

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The nonprofit **Paraprofessional Healthcare Institute (PHI)** focuses on strengthening the direct-care workforce within our nation's long-term care system through developing innovative approaches to recruitment, training, and supervision; client-centered caregiving practices; and effective public policy. Founded in 1991, PHI grew out of **Cooperative Home Care Associates (CHCA),** a highly successful, worker-owned home care agency in the South Bronx. Today, PHI is actively engaged in workplace and policy initiatives in seven states including New York, Massachusetts, Michigan, California, Pennsylvania, New Hampshire, and Arkansas.

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Contents

Acknowledgments

This document is rooted in a welfare-to-work collaboration of the Catholic Campaign for Human Development, Catholic Charities USA, and the Catholic Health Association (CHA). The initiative sought to replicate employee-owned home care organizations affiliated with the Paraprofessional Healthcare Institute (PHI), where attention to the dignity and respect of each direct care worker yielded high-quality care, consumer satisfaction, and low turnover among staff. This *Guide* pulls from the success of employee-owned companies and offers lessons to long-term care and home care organizations concerned about providing both quality care and a quality work environment.

CHA is grateful to Rev. Robert Vitillo, executive director of the Catholic Campaign for Human Development, for his leadership in the welfare-to-work initiative, and to Ruth Dalessandri and Jane Stenson of Catholic Charities USA for articulating their passionate conviction that national and local collaboration can bring life-changing help to the low-income persons our ministries serve.

A dedicated panel of long-term care and home care providers contributed information and stories for this document. They reviewed drafts and gifted us with their wisdom and experience. These members include Sr. Peter Lillian DiMaria, O. Carm, director of the Avila Institute for Gerontology of the Carmelite Sisters of the Aged and Infirm; Monsignor Charles Fahey, formerly with Fordham University's Third Age Center; Brian Forschner, PhD, president of Mercy Franciscan Senior Health and Housing; David Fraser, director of human resources, Covenant Health Systems; Susan McDonough, vice president, elder services, Covenant Health Systems; Robert Morrow, executive vice president, Catholic Health East; Brian O'Toole, PhD, vice president, mission/ethics, Sisters of Mercy Health System; C. Michael Roth, administrator, Alexian Brothers Sherbrooke Village; and Mary Anne Willson, director of operations, Bon Secours Health System, Inc.

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1 Finding and Keeping Direct Care Staff

Introduction

If your job includes recruiting, training, or supervising direct care staff, then you have one of the most challenging jobs in long-term care today. That is why we have written this *Guide* specifically for you.

Direct care health workers—that is, workers with titles such as "certified nurse aide (CNA)," "home health aide," and "personal care attendant"—are increasingly difficult to find; and, once you find them, they are increasingly difficult to keep.[1] We know that makes *your* job even more difficult, because "working short" increases the stress on those who remain on duty, including direct care workers and their supervisors.

As long-term care providers, our desire for high-quality direct care staff is intricately linked to our sense of mission. We want to provide our residents or clients with quality services that respect their dignity, individuality, and abilities, while ensuring health and safety are never compromised. To deliver these services, we need direct care staff who are well trained, compassionate, and eager to form the caring relationships that are at the heart of quality long-term care. This is not work that "anybody can do."

The work we are asking direct care workers to do is difficult but also rewarding. Often those who choose this work feel a special "calling"; their commitment to caring for others comes from deeply held values. Yet, once they become direct care workers, many find that they are undervalued, treated poorly, and provided with little incentive to remain in such a demanding occupation. As a result, the best workers often choose another occupation—one that offers greater rewards in terms of salary, benefits, working conditions, or respect.

Long-term care employers pour resources into recruiting and training a constantly rotating work force that has neither the stability nor the depth of experience necessary to provide truly high-quality care. As employers, how can we change this situation?

We must begin by demonstrating to our direct care work force that we value them as individuals and we value their contributions to our organizations. We can do this in many different ways, including:

- Offering workers a livable wage
- Providing benefits, including access to affordable health care and other supportive services
- Providing high-quality training that prepares workers for the challenges they face on the job
- Offering opportunities for learning and career advancement
- Involving direct care workers in care planning and decision making
- Fostering strong relationships between caregivers and those for whom they care

This *Guide* is designed to help you, at a very practical level—and over the long term—to transform your workplace into one that uses these strategies to sustain a valued and valuable direct care work force. We call this the "employer of choice" strategy—because, by choosing this path, your agency or facility will develop its competitive edge by attracting and retaining a highly competent, caring, and experienced direct care work force.

Purpose of this *Guide*

This *Guide* has four goals:

- To give you immediate, concrete suggestions for how to find and keep direct care staff
- To guide you to resources both within and beyond your local health care and human service systems
- To suggest long-term strategies—because, frankly, direct care staff shortages will not disappear easily or soon
- To offer you an "eagle's view" of the nationwide forces causing the staffing crisis, so you can place in context your own local initiatives to retain a caring staff

This *Guide* was originally published as *Finding and Keeping Direct Care Staff: Employer of Choice Strategy Guide for Catholic-Sponsored Long-Term Care and Home Care Providers*. Recognizing that all home and long-term care providers are facing similar challenges, we have published this version for distribution to a more general audience. Whether faith-based or secular, for-profit or not-for-profit, we believe that your organization is likely to benefit from some of the staffing solutions suggested here.

The Authors

This *Guide* is the result of a partnership between the Catholic Health Association of the United States (CHA) and the Paraprofessional Healthcare Institute (PHI).

CHA represents the combined strength of its members, more than 2,000 Catholic health care sponsors, systems, facilities, and related organizations. Founded in 1915, CHA unites as ministry engaged to advance selected ministry commitments that are best pursued together rather than as individual organizations. It supports and strengthens the church's healing ministry in the United States by advocating for justice in health care, convening leaders to share ideas and foster collaboration, and uniting with others to transform the health care ministry. Catholic-sponsored long-term care programs and services include the following:

- Skilled nursing services in more than 670 locations
- Nearly 400 assisted living or residential care programs
- Nearly 500 other housing programs, including senior, low-income, and special needs housing
- More than 250 adult day-care programs
- Approximately 500 home care programs
- More than 300 hospice programs

PHI is a not-for-profit organization based in the South Bronx, NY, that works exclusively on the recruitment, training, and supervision of direct care staff. PHI has worked with a wide range of provider, consumer, and labor organizations, as well as state and federal agencies, to forge a link between quality long-term care and the quality of direct care jobs.

PHI has fostered a network of employee-centered enterprise and training programs modeled after the highly successful Cooperative Home Care Associates, a worker-owned home care agency that employs nearly 700 staff in the South Bronx. This Cooperative Healthcare Network (CHN) also includes two other worker-owned home health staffing agencies—Home Care Associates, Inc., Philadelphia, and Quality Care Partners, Manchester, NH—along with two worker-centered training programs, the Visiting Nurse Associates Training Institute, Detroit, and Careers in Health Care, sponsored by the Good Faith Fund, Pine Bluff, AR. PHI is also prime sponsor of the National Clearinghouse on the Direct Care Workforce and staffs the Direct Care Alliance (DCA), a national direct care advocacy organization supported by CHA.

The suggestions and recommendations in this *Guide* derive from experiences within CHA's member facilities and from PHI's experience as a provider, trainer, and direct care research and advocacy organization. We hope you find them helpful in your effort to become a long-term care employer of choice.

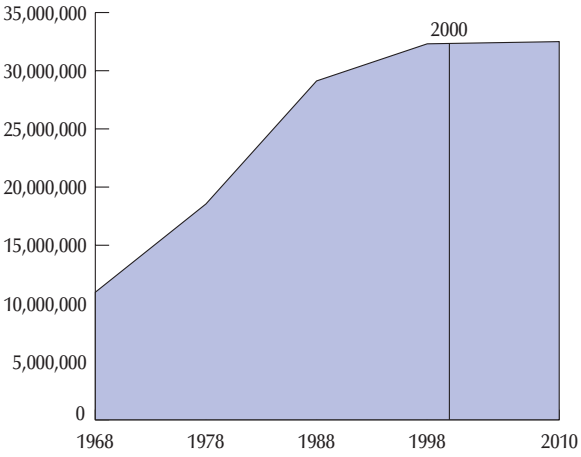
Whether faith-based or secular, for-profit or not-for-profit, we believe that your organization is likely to benefit from some of the staffing solutions suggested here.

The term "employer of choice" speaks to the heart of our strategy: We recognize that long-term care providers now function not just within a highly competitive consumer market but also within a highly competitive labor market. To attract and retain good direct care staff, providers must be the best *employers*, not just the best providers, within their regions.

The hidden source of direct care shortages

A competitive labor market is a new reality. For decades, providers have been able to rely on what seemed to be an endless supply of workers—typically young and middle-aged women—who were willing and able to care for their clients.

How did labor suddenly become such a scarce resource? Take a quick look at the chart below, which traces, over the past three decades, the number of women in the civilian work force between the ages of 25 and 44—that is, the "traditional source" of entry-level direct care staff—and then projects their numbers out to 2010:



Women Aged 25-44 in the Civilian Work Force
1968-2000; projected 2010

Clearly, the primary source of the long-term care direct care work force nearly tripled, from slightly more than 10 million women in 1968 to more than 30 million in 2000. Now, however, in the first decade of the 21st century, this traditional source of workers is predicted by the U.S. Department of Labor to *grow by only 1.25 percent or 400,000 new workers*.[2] Compare this to the 9,857,000 workers from this cohort who entered the labor force in the 1980s; the comparison is stark indeed!

No wonder the number of direct care staffing vacancies is increasing throughout nursing homes and home care agencies across the United States. Since the year 2000, more than 40 states have created legislation in response to, or formed special task forces to study, the long-term care work force crisis.[3] In addition, an increasing number of stakeholder coalitions—alliances between consumers, providers, and labor—have come together, usually at the state level, to explore common ground and propose win-win solutions (see "Changing the Context," p. 48).

The emerging "care gap"

These demographic changes suggest that even in periods of economic recession, we are not likely to see appreciable improvement in the rate of staff vacancies. Furthermore, the chart at left includes projections of immigration levels at moderate to high historic rates, suggesting that new immigrants alone will not solve the problems of our industry.

Given what we already know—that demand for long-term care services will increase dramatically in the coming years because of America's aging population—we must recognize that the emerging "care gap" between the demand for and supply of direct care workers is a long-term structural problem. We have entered an entirely new era in which labor is not only scarce but will become increasingly scarce.[4]

Although a long-term vision is important . . .

By knowing what is likely to occur in the future, a long-term care provider can plot a strategy that combines its mission and its business needs and strengthens both. As providers, we are in the business of caring—and by extending that caring to the direct care work force, we can build caring communities that are better places to live and work. By understanding direct care labor as both a new marketplace of competition and the key to providing quality care, it becomes clear that investing in frontline workers makes good business sense.

Achieving this goal requires a long-term vision, one in which two persons take the center stage of care: the resident or client and his or her caregiver. Both are human beings, and without a stable relationship between the two—clinically, materially, and spiritually—true care cannot occur. In turn, if both persons are truly at the center of care, home care providers and facilities must redesign their "frontline" delivery system accordingly.

. . . a short-term plan is essential

What does this mean practically? In the near term—today—you have a staff roster to fill, a training class to recruit for, or a short-staffed unit to supervise. Therefore, this *Guide* starts at the beginning, with steps you can take and resources you can access now to meet today's staffing needs. Later in the *Guide*, you will find ideas and resources for the longer-term challenge.

We have designed this *Guide* so you know what you are up against and where to turn for help. Just as importantly, we want you to know there are others who both deeply respect the challenges you face and who are ready to work alongside you.

2 Effective Practice

What Is an Employer of Choice?

The overall goal of an "employer of choice" in long-term care is to improve the quality of care by improving the quality and stability of direct care jobs. A corollary benefit of this approach is an improved public image for home care and long-term facilities among both job seekers and residents or clients.

Mission requirements as well as business needs impel employers of choice to address the twin issues of care quality and work force quality. Becoming an employer of choice entails designing programs around those most directly affected—in this case, direct care workers. To address the staffing crisis in long-term care, one must provide a worker-centered workplace and learner-centered training opportunities. When coupled with efforts to provide resident- or client-centered care, this is an unbeatable recipe for providing quality care.

This chapter provides an overview of strategies that can assist employers in creating worker-centered workplaces and learner-centered training programs. These recommendations are drawn from CHA member experiences and PHI's work with CHN members (see p. 2) over the past 16 years, but are applicable to a wide variety of employers that rely on direct care workers to deliver frontline services.

The Employer of Choice Framework

In each system or facility, the methods used to implement the employer of choice initiative will vary tremendously. However, by grounding decision making in the following five-part framework, employers of choice demonstrate their commitment to their direct care work force. The framework calls for employers of choice to do the following:

1. Recognize caregiving as a vocation or personal calling that workers pursue because the work has meaning and contributes to the common good.
2. Recognize and respect the need for ongoing personal development for all workers by building community and incorporating learning opportunities in the workplace.
3. Support low-wage workers through the emergencies that often disrupt their lives and work because they have so few resources on which to fall back.
4. Seek to identify and change organizational practices and patterns—including nursing supervisory practices—that undermine direct care staff and the care they deliver.
5. Institutionalize the initiative through use of an ongoing quality improvement management structure that is inclusive of direct care workers.

To address the staffing crisis in long-term care, one must provide a worker-centered workplace and learner-centered training opportunities.

Celebrate Caregivers and Caregiving

PHI hosts an annual "Paraprofessional Assembly," which brings together direct care workers from throughout the Cooperative Healthcare Network. By providing an opportunity for workers to share their experience and concerns, the assembly breaks down the isolation that many direct care workers feel. The event also offers opportunities for learning and leadership development, which demonstrates to direct care staff that management staff respect their skills and abilities and are willing to invest in their personal and professional growth.

The **Carmelite Sisters of the Aged and Infirm**, Germantown, NY, host a conference for CNAs and nonsupervisory professionals each year. During this time, they convene approximately 100 CNAs, food service staff, and housekeeping staff from their facilities, as well as from other health care facilities. The two-day conference emphasizes the spiritual nature of each task that health care workers perform. The participants are invited to attend the Eucharistic celebration and a very special prayer service that includes a "Blessing of the Hands" ceremony. The blessing of the hands serves as a sign of the workers' dedication to their work for the aged and infirm. This conference is inclusive of paraprofessionals of all faiths. For more information, contact the Avila Institute of Gerontology at 518-537-5000.

1. Recognize caregiving as a vocation or personal calling that workers pursue because the work has meaning and contributes to the common good

People (usually women) are drawn to become caregivers by a desire to help and to make a difference in people's lives. Many describe this desire to care for others as a "calling." It may be based in spiritual or moral values.

Caregivers remain in the field because they gain tremendous satisfaction from their relationships with clients and residents. Work structures that (1) value this commitment and (2) respect and encourage strong bonds between caregivers and residents or clients greatly increase job satisfaction (and retention). Conversely, work structures that limit or strain the ability of aides to build relationships undermine satisfaction. The following practices are examples of how you can build work structures that provide a supportive work culture for direct care workers:

- Provide consistent assignments for caregivers that respect personal connections between residents and workers when they develop.
- Include direct care workers in care management team meetings and solicit their input on care planning.
- Celebrate the spiritual or personal calling shared by caregivers. Provide opportunities for retreat or renewal and use these times to build community and reinforce the meaningfulness of caregiving work. Use this shared calling to build connections between aides and nursing staff.
- Look for personal values and experiences that demonstrate a caring nature when recruiting new staff. The best indicator of success for applicants is personal experience with caregiving, usually for a family member or loved one.

What Is Learner-Centered Education?

Learner-centered education is based on understanding how adults learn.

First and foremost, all people are capable of learning, regardless of age. In fact, while adults often resist "education," everyone learns and incorporates new knowledge throughout their lives.

Second, adult learners absorb and integrate information when they are actively engaged in the learning process.

For this reason, we recommend using problem-based learning techniques. This means that rather than "providing information" to passive learners through lectures and demonstrations, instructors facilitate learning by building on what trainees already know, engaging them in critical thinking, and making the direct care worker's job come alive through role playing and other activities that relate all learning to the needs of the job.

For more on Adult Learner-Centered Principles, see p. 14.

2. Recognize and respect the need for ongoing personal development for all workers by building community and incorporating learning opportunities in the workplace

- Use mentors, support groups, and recognition days to build a supportive, caring community among staff.
- Use learner-centered training techniques in every aspect of training: entry-level training, new employee orientation, in-service programs, and supervisory training.
- Recognize that communication and problem solving are critical to direct care jobs and that these skills can be learned. Develop an internal training program that moves beyond clinical and personal care skills and helps entry-level workers do the following:
  - Identify problems
  - Create solutions
  - Appropriately communicate issues to residents or clients and care team members
- Regard "incidents" as opportunities to reinforce problem-solving skills rather than responding with punishment or humiliation.
  - Use a "job coach" (see sidebar, p. 8) to intervene and work with aides to identify issues and work on behavior changes prior to dismissal. Train all employees (from administration, operations, and patient services) in coaching methodology and practice to ensure a uniform approach to applying and enforcing policies.

What Is the Difference Between a Job Coach and a Counselor?

Although a counselor and a job coach can be (and in some cases are) a single individual, the roles are distinct and that fact needs to be clarified.

A job coach (who may or may not be an employee's direct supervisor) works with employees to identify and change personal attitudes and behaviors that result in poor job performance. When a disciplinary problem surfaces, a worker may be referred to a job coach who, while setting clear expectations for job performance, supports the employee in resolving the issues that are getting in the way of successfully carrying out his or her job responsibilities. Workers also may be referred to a job coach on a proactive basis—before any particular incidents occur.

The job coach helps workers understand appropriate workplace behaviors and learn problem-solving skills that will help them stay on the job.

A counselor provides a friendly ear and connects low-wage workers to supportive services such as childcare subsidies or emergency housing assistance. Counselors largely focus on resolving personal problems and accessing public benefits or services, thereby removing external barriers to work.

3. Support low-wage workers through the emergencies that often disrupt their lives and work because they have so few resources on which to fall back

- Develop supportive services for all low-wage workers, including both new and long-standing employees.
- Provide an on-site counselor or contract for counseling services with a community-based human service agency. In either case, make sure the counselor is positioned to connect workers to a broad range of supports that can stabilize workers' personal lives and thereby improve their job performance.

Direct care workers commonly need the following services: emergency housing support, childcare stipends or subsidies, transportation support, emergency loans, mental health services, and domestic violence counseling.

4. Identify and change organizational practices and patterns—including nursing supervisory practices—that undermine or devalue direct care staff and the care they provide

Nursing schools, like all medical institutions, tend to reinforce a hierarchical view of power. Moreover, nurses—whether registered nurses (RNs) or licensed practical nurses (LPNs)—generally are not taught the supervisory skills they need to manage a large staff of CNAs or home health aides.[5] In facilities or agencies facing staffing shortages, the sheer volume of critical issues often overwhelms even the best-intentioned supervisor. Changing the role of direct care workers in your organization can relieve some of this stress, but it also will require changing how nurses work with and supervise direct care workers.

- Invest in improving supervisory skills for RNs and LPNs (both nursing supervisors and charge nurses).
- Train supervisors to use a supportive, problem-solving approach to supervision ("coaching") rather than one that focuses exclusively on discipline.
- Build team structures and activities that increase the value placed on direct care services within the organization and incorporate direct care workers into decision making.

The Pioneer Network

The Pioneers are a network of long-term care providers, elders, family members, CNAs, ombudsmen, educators, and many others dedicated to supporting elders and those that work with them. They are transforming the culture of aging in America by building loving, elder-directed communities. This work includes changing caregiving practices and the role of CNAs within nursing facilities.

Some of the practices that individuals in the network have pioneered include:

- Consistent assignment, whereby nursing aides care for the same residents every day in order to build deep and enduring relationships
- CNA involvement in care planning and organizational decision making
- Redefining the CNA position as resident assistant as opposed to nursing assistant (i.e., the CNA is there to assist and support the resident, not the nurse)
- Redesigning food service programs to allow for more flexibility and a more genuine community dining experience

To find out more about these and other practices that support elder communities where people are proud to live and work, contact the Pioneer Network: www.pioneernetwork.org or Rose Marie Fagan, 585-271-7570.

- Build common ground among all levels of nursing staff by respecting the deep personal commitment individuals bring to this work.

5. Institutionalize the initiative through use of an ongoing quality improvement management structure that is inclusive of direct care workers

- Establish a staff committee to gather information, make suggestions, and monitor program success. We recommend that direct care workers form the core of a committee that also includes nurse supervisors and administration and operations personnel. You will want the committee to be ongoing, but its first assignment should be to define the problems and barriers facing frontline workers.
- Set and communicate goals and objectives to staff at all levels.
- Implement changes slowly and in stages by using a phased rollout strategy to build support throughout the organization.
- Create performance benchmarks and regular management reports on each aspect of the employer of choice program to allow the organization to continually evaluate progress, celebrate successes, and identify new opportunities to innovate. Examples of key performance measures include turnover rates of direct care workers, retention rates of new employees by source of applicant, and attendance and tardiness reports.
- Review and revise goals and objectives. Continue to innovate.

Although a long-term vision is important… a short-term plan is essential.

Sisters of Mercy Supervisory Practice

The Sisters of Mercy, St. Louis, uses materials provided by The Ken Blanchard Companies to explain Blanchard's Situational Leadership® or SLII® leadership model. Using this model, leaders adapt their supervisory style to the developmental stage of the worker. As the employee moves from knowing very little about the work to being able to perform the job competently on his or her own, he or she requires different levels of supervisory support.

Blanchard's SLII® identifies four leadership styles:

1. Directing: The leader provides specific directions and closely tracks a new employee's performance in order to provide frequent feedback.
2. Coaching: The leader explains more about the tasks, solicits suggestions, praises performance, but continues to direct task accomplishment.[6]
3. Supporting: The leader and employee make decisions together through a process where the leader facilitates, listens, encourages, supports.
4. Delegating: The leader empowers the employee to act independently with appropriate resources to get a job done.

To learn more about Situational Leadership® or the SLII® leadership model, contact The Ken Blanchard Companies at 800-728-6000.

Problem: "We get plenty of applicants from our newspaper ads, but there aren't very many good applicants … and they don't stay very long when we hire them."

Prescription: Improve your recruitment outcomes by developing a more targeted approach to finding the ideal candidates for your jobs.

- Establish an interdepartmental team to design, implement, and monitor recruitment strategies and facilitate good decision making.
- Focus on defining and then identifying the right candidates for the job. Look for mature persons with caregiving skills. Try targeting persons who receive public assistance, persons with limited English-speaking skills, and others who have limited job prospects. During in-depth interviews, staff can use a variety of techniques to screen for personal characteristics that applicants must possess to perform well as direct caregivers, such as the following:
  - Maturity: Not necessarily associated with age, but rather with certain characteristics such as independence, self-direction, and self-discipline
  - Concern: A strong desire to care for someone who is sick, elderly, or disabled
  - Sensitivity: An understanding of other people's lives and conditions and a tolerance for diverse groups and points of view
  - Critical Thinking: The ability to think through and solve problems independently
  - Demonstrated Ability to Learn: Accumulated knowledge and skills (generally unrelated to grade completed in school)
  - Pattern of Responsible Decision Making: The ability to make responsible choices at critical life junctures
  - Ability to Communicate: The ability to express oneself well enough to communicate with residents or clients, their families, agency staff, doctors, and nurses, as well as the ability to keep adequate written records of work activities and observations
  - Satisfactory Health: The ability to cope physically with the demands of the job
- Use your organization's mission to attract candidates by emphasizing the meaningful nature of the work and its value to those in need and to the community as a whole.
- Build relationships by developing formal or informal partnerships with public or private human service agencies that serve your target population. Nurture these relationships so that administration and staff of these agencies come to value you as a concerned employer and understand the requirements and specifications for success on this job.

  Start by getting to know the public and private human service agencies in your community (see "Community Collaboration," p. 25). Look for organizations that serve unemployed workers, public assistance recipients, and/or refugees as well as those that specifically link clients to training and employment. Most communities have a loose-knit network or human services coalition, which might be a good place to start. The United Way, or any other participating community group, can provide an introduction for your staff to this network. By participating in this network, employers can learn more about a range of community organizations and begin to identify partners and build relationships.

- Involve frontline employees in recruitment; there is no better recruiter than someone who enjoys his or her job and feels supported in the workplace.
  - Use current or former aides as part of the interview process to describe the job opportunity and answer questions of potential applicants.
  - Establish a (significant and meaningful) bonus for employees who refer successful applicants. Provide training and support to employees so they can become good company advocates, recruiters, and peer mentors.

- Establish a rigorous intake and assessment process structured to ask candidates to demonstrate a high level of maturity, responsibility, and self-motivation. We recommend a three-part assessment process: scheduled group information sessions, followed by individual interviews and pre-employment screenings (including drug and criminal records checks and employment barriers assessments). Key criteria for assessment should be the ability of candidates to adhere to a set of rules that replicate the responsibilities of employment. Throughout the process, ask candidates to:
  - Take initiative
  - Call back to check the status of their applications
  - Arrive on time for all appointments
  - Reschedule appointments ahead of time when a problem arises
  - Dress appropriately
  - Leave children at home

- Incorporate methods of evaluating and refining recruitment strategies on an ongoing basis. Track costs and outcomes of recruitment methods and continually seek out the most effective balance of recruitment methods. Look at retention of workers by specific sources of recruitment.

Effective Recruitment Practices

- Establish an interdepartmental team to design, implement, and monitor recruitment strategies and facilitate good decision making.
- Focus on defining and then identifying the right candidates for the job.
- Use your organization's mission to attract candidates by emphasizing the value of the work to those in need and to the community as a whole.
- Target outreach by building partnerships with public and private human service agencies.
- Involve frontline employees in recruitment—there is no better recruiter than someone who enjoys his or her job and feels supported in the workplace.
- Establish a rigorous intake and assessment process structured to ask candidates to demonstrate a high level of maturity, responsibility, and self-motivation.
- Incorporate methods of evaluating and refining recruitment strategies on an ongoing basis.

Why Use Recruitment Partners?

Broad-based outreach methods (such as newspaper advertising, posters or flyers, and attending job fairs) are successful at bringing in a high volume of potential applicants. However, Cooperative Healthcare Network (CHN) members have found that attrition rates from both training and employment are higher for persons who apply through these routes. Applicants who are referred to CHN training programs by human service organizations or by current employees are much more likely to become successful long-term employees. CHN employers, therefore, place a great deal of emphasis on doing targeted outreach by building recruitment partnerships with public and private human service agencies.

More than one-third of the 570 paraprofessionals hired by CHN employers in 1999 and 2000 were referred from referral partners, including community and neighborhood associations, human service agencies, GED and other educational programs, public assistance agencies, and unemployment offices. For all new employees who passed the six-month employment mark, only 58 percent of walk-in and newspaper ad applicants were retained, whereas 70 percent of those referred by friends, employees, or recruitment partners still were employed.

Effective Recruitment Programs

In 2000, the **Alexian Brothers Sherbrooke Village** facility, St. Louis, created a recruitment/retention program that virtually eliminated use of temporary staffing, which had reached a high of $50,000 in monthly costs. Elements of the "One Great Unit" program include the following:

- CNA and entry-level staff leadership in identifying problems and proposing solutions
- CNA participation on the interview team for new recruits
- Bonuses of $250 to staff who successfully recruit new employees (paid out as new employees reach 30 days, 60 days, and 90 days of employment)
- A "Small Rewards" program to recognize/encourage perfect attendance within each two-week pay period

Providence Health System in Washington also provides employees with bonuses, ranging from $250 to $500, for referring new employees to a facility. New employees must remain employed for six to nine months and work a minimum number of hours. In one facility, this program led to 20 new hires in one year.

Problem: "Entry-level workers aren't prepared to do the job we need them to do, but we find it hard to find experienced workers."

Prescription: Develop a new (or reconfigure an existing) entry-level training program to ensure that (1) trainees are learning, and (2) they are learning what you need them to know.[7]

To implement a quality training program, we recommend the following steps:

- Apply adult learner-centered training techniques throughout the curriculum. Specific techniques include the following:
  - Case studies
  - Learning team discussions
  - Role playing and other simulations
  - Interactive lectures
  - Homework that stimulates questions and discussion
  - Recycling (repeating) information in different contexts and forms
  - Interactive review and assessment activities
- Adapt clinical and personal care skills curricula to the specific needs of your resident or client base (for example, add segments on wound care or dementia as needed).
- Add work-readiness skills such as communication and interpersonal problem solving to your curricula and assessments (see pp. 16–17). Once these skills are introduced, weave them into clinical and personal care skills units as well. (For example, use the bathing unit to practice communication skills.)
- Integrate learning about appropriate workplace behaviors and understanding company policies throughout the training program. In addition to modeling a respectful workplace culture, use the training period to introduce participants to organizational policies and procedures such as case assignments, hours, expectations for professional dress and behavior, and time sheets. Understanding the mechanics of the workplace helps trainees transition to their roles as employees more easily.
- Incorporate work force policies into the learning process by using problem-solving exercises. Pay attention to ambiguous administrative policies that may cause confusion among new employees.
- Extend the training period into the first 90 days of employment (this may be a probationary period) using close supervision, in-service training sessions, and peer mentoring to reinforce both technical and soft skills.

Adult Learner-Centered Training Principles

You can strengthen your teaching by keeping in mind the following 10 principles of adult learning:

1. Learning is an active—not passive—process.
2. Learners need and deserve respect.
3. Learners have different strengths and weaknesses.
4. People learn in different ways and at their own pace.
5. People learn best when they feel safe and supported.
6. People learn best when what is being taught is relevant to their needs.
7. A range of barriers impedes learning.
8. Learners need clear, high standards and structure.
9. Learners need clear, appropriate, and regular feedback that reinforces success.
10. Teaching and learning are enhanced when perceived as a partnership.

By attending to these principles, trainers are better able to create learning environments that enable participants to become skilled, confident direct care workers. *Note: People remember best what they have said, not what they have heard.*

Elements of a Quality Training Program

- Adult learner-centered training techniques
- Curriculum customized to your resident/client base
- Work-readiness skills component that emphasizes communication, problem solving, and work-appropriate behaviors
- On-the-job training during the first 90 days of employment

Integrating Learner-Centered Training Techniques into a Clinical Training Program

Cooperative Home Care Associates, Bronx, NY, incorporates several critical components of a high-quality training program when teaching body systems to home health aide trainees. Instructors use a two-hour session to orient trainees to the eight body systems and the diseases that most affect each system. First, instructors use a simple introductory game to introduce the concept of a system and how systems work. Trainee volunteers are asked to move 15 objects arranged in a specific pattern from one side of the room to another with the exact same arrangement. The class is instructed to observe the volunteers to discern how they organize themselves and what system they use to accomplish this task. The instructor then leads the group in a discussion about the definition, importance, and roles of systems, and specifically what a "body" system is.

The instructor then creates four to eight small study groups depending on class size. Working with a course textbook as its basic resource, each group receives a set of pictures representing the components for one body system and is asked to label each part. Then the group is provided with a set of index cards describing the function of its system and its various components. An individual group member selects an index card and reads the function. The group decides to which organ the function is attached and records its answers on a newsprint graphic drawing of the body system. Finally, a matching worksheet that associates several major diseases with each body system is distributed to the groups. Trainees decide the appropriate answers to related questions within their small group and add these to the drawing of their system. Throughout this small group activity, classroom instructors provide assistance and support to ensure accuracy. Finally, each small group presents what it has learned about its assigned body system to the full class. The lead instructor facilitates a discussion to clarify/correct facts or provide new information.

Problem: "In the first three to six months of employment, our turnover rate is very high. It is expensive to train workers who don't stay more than a few weeks."

Prescription: Establish an "On-the-Job Training Program" to support workers during their first three to six months on the job.

- Review your **training curriculum** (if you are hiring newly certified workers) to ensure that it builds the technical skills and confidence of new employees and ensures they are "work-ready" with appropriate communication and problem-solving skills.
- If training is provided off site or you are hiring experienced aides, develop a comprehensive **orientation program** that refreshes skills, improves communication and problem-solving skills, and introduces aides to the full range of staff with whom they will interact in the organization.
- Establish a regular schedule of **in-service training** sessions that reinforce problem-solving skills through discussion of actual experiences at the work site. (If possible, hold your in-service training sessions biweekly with peer-support groups on alternating weeks so that new employees receive continual support and encouragement during their first several months on the job.)
- Institute a **peer-support/mentoring program** to support new aides in adapting to the workplace. More experienced peers can provide a comfortable place to go with questions and concerns. Peer-mentoring groups that meet biweekly (alternating with in-service training sessions) during the initial period of employment provide a sense of safety and community. Ideally, an outside facilitator should work with peer-support groups to help identify issues that need to be brought to supervisors or care managers. This method works well for large employers that bring in a large cohort of new workers at the same time. For smaller organizations, where new employees are hired one at a time, a more flexible and informal mentoring relationship can be very valuable. Peer mentoring programs also can provide increased pay and/or leadership opportunities for more experienced aides.
- Connect new employees to a **counselor** (either in-house or by contracting with a human service agency) who can assist workers in identifying obstacles to maintaining employment and resources for overcoming these obstacles. If possible, refer all new hires to a counselor before employment so that transportation, child care, and housing issues can be addressed before they have a negative impact on job performance.
- Be prepared to **support employees** through inevitable crises that could disrupt their ability to maintain their jobs. For example, many nursing homes have formal programs to provide employees with emergency loans.
- **Gather information** from recent hires about what works and what does not work.
  - Clarify your organizational profile of ideal candidates
  - Refine outreach and assessment processes for applicants
  - Refine your "workplace transition" support program

Resolving an Employment Barrier

At Cooperative Home Care Associates (CHCA), Bronx, NY, one experienced aide kept calling out of work, and supervisors reviewing the situation planned to fire her. Supervisory staff asked the on-site counselor to look into the situation before making a final decision. The case manager found that the employee suffered from menopausal depression but could not afford the medication prescribed for her condition. The aide was placed on a leave of absence, and the case manager referred her to a private mental heath organization, which enrolled her in Medicaid and helped her work through her depression. After this experience, CHCA rehired the direct care worker, who remains employed at CHCA today.

The Role of an On-Site Case Manager or Counselor

- Identifying specific employment barriers experienced by direct care workers
- Introducing workers to the benefits and services for which they may qualify
- Providing a connection to the appropriate organization or person who can accept and facilitate an application for assistance
- Troubleshooting, if necessary, with specific programs to ensure that eligible paraprofessionals actually receive benefits
- Supporting employees through the inevitable crises that could disrupt their ability to maintain their jobs

Problem: "We have unreliable and 'difficult' employees who don't understand what it means to be a responsible employee. As a result, there is conflict with supervisors and a high dismissal rate in our facility."

Prescription: Create an environment in which direct care workers learn to use problem-solving skills and supervisors work with them to resolve personal and work-related issues that interfere with high-quality caregiving.

- Improve problem-solving skills of direct care staff by incorporating training activities that focus specifically on communication and interpersonal relationships.
- Train supervisors to use a coaching style that emphasizes responsibility for supporting employee growth and development while setting high standards for performance.

Improving Employee Problem-Solving Skills: The Four Ps

With most entry-level workers, particularly those who are making a transition from public assistance or who have little employment experience, training programs are more likely to be successful when they include "soft skills," or work-readiness training, as well as technical skills training. This is particularly true for direct care workers, because clinically competent workers must be able to draw on good problem-solving skills on a daily basis to respond to unexpected situations, prioritize needs or concerns, communicate effectively with people who may be demanding, and develop strategies to effectively manage the complexities of work and home life.

You can integrate work-readiness skills into your entry-level training and reinforce these skills through in-service training sessions and by using a coaching method of supervision (described in more detail on pp. 18–19).

Critical skills include communication, cooperation, goal setting, and interpersonal problem solving. Although teaching skills such as "problem solving" and "cooperation" may seem abstract, you can develop activities that build specific concrete skills. For example, problem solving can be broken down into a series of sequential steps that trainees can practice and learn. Sometimes called "The Four Ps," these steps are as follows:

1. Pull back: The ability to gain emotional control in a stressful situation

2. Paraphrase: The ability to listen actively and ask open questions

3. Present options: The ability to identify a critical fact, brainstorm solutions, consider consequences, and present options to a client or supervisor

4. Pass it on: The ability to document work or communicate with others about a problem using objective language

To teach the Four Ps, use experiential activities and role playing and focus on each step in a building-block manner. By practicing realistic workplace scenarios, trainees will become increasingly adept at resolving conflicts that arise with clients, family members, supervisors, and other members of their health care teams. You also may want to introduce this problem-solving strategy to supervisors who will be working with trainees when they become employees. When conflicts arise, if both the supervisor and direct care worker are consciously listening and examining options, they are more likely to reach a satisfactory resolution to the problem.[8]

Home Care Associates Institutionalizes Coaching

At Home Care Associates (HCA), Philadelphia, training is extended into the workplace through an intensive job-coaching program that begins in training and extends on a regular basis through the first three months of work and then, as needed, based on supervisory referral. All workers are assigned a job coach who guides, supports, and provides feedback for the employee regarding work culture issues.

The coaching-supervision project was designed to address the organizational consequences of poor problem-solving skills: the relatively high turnover and number of "disciplinaries," that is, punitive actions and dismissals as consequences of policy infractions on the part of home health aides. Although a specific "job coach" intervenes when infractions are serious and/or repetitive, ideally everyone in the organization (including administrative, operations, and caregiving staff) is trained in the coaching method of supervision. In this way, the philosophy of support and encouragement permeates the entire culture and staff learn to expect consistent application of policies and procedures.

Impact: After six months of the coaching project, disciplinary action had become a rare occurrence at HCA. Instead, relationships that had been established with aides through coaching enabled supervisors to address most problems before they escalated. Workers were much more willing than they had been in the past to accept responsibility for their actions and to commit to a plan to address problem areas with the support of their supervisor. Staff were faced with fewer day-to-day problems related to home health aides, and the aides felt supported in addressing issues in their work and personal lives.

Train Supervisors in Coaching Style of Supervision

Coaching is a style of supervision that focuses on supporting the growth of workers, as opposed to the more traditional "discipline and punish" approach to addressing problems. However, a job coach or a supervisor who uses coaching techniques (in some agencies these roles are separate, but most often they are not) still enforces high performance standards.

In addressing job performance concerns, the coach has two goals. The first goal is to be clear and straightforward about the problem and its consequences. The second goal is to help the persons being coached to reflect on their thinking and their behavior, consider different perspectives or possibilities, and actively make decisions to ensure the problem does not recur. The process generally has four stages:

- Present the problem: The coach presents a clear statement, without blame or judgment, of the perceived performance problem.
- Gather information about the problem from the employee's perspective: The coach focuses on the employee's concerns and thought processes.
- Clarify ownership of the problem: The coach works with the employee to establish mutual agreement about what the problem is and what caused it. By this point, the employee must be prepared to accept ownership of the problem.
- Find resolution: The coach pushes the employee to apply problem-solving skills to both the presenting problem and the underlying causes.

The core of the coaching methodology is one-on-one sessions that build a trusting relationship and in which issues to be addressed are identified. In these sessions, the coach seeks to understand how the employee sees his or her world, what his or her thinking and problem-solving process is, what he or she understands as his or her goals, and what barriers might be in the way of achieving these goals. With a clear, empathetic picture of who each employee is, the supervisor is in a good position to work with individuals as job performance issues arise.

It is important to establish a coaching perspective throughout your organization. When a shift occurs from "blaming" direct care staff for problems such as absenteeism or "poor attitude" to supporting growth and development, operations staff, nurses, and supervisors can begin to listen more carefully and improve communication with these critical staff members. Rancor and tension are thus reduced, and direct care workers who might have left the organization may become prized employees.

A Coaching Success

In late 1998, Nichole,* a 28-year-old home health aide who, at the time, had been with her home care agency for five months, talked about the impact of coaching on her work life:

> I got a lot of things going on in my life. You just don't know. And then the scheduler says I can't take this weekend off because I didn't sign out. I been working now 18 days in a row, I haven't seen my son in three weeks. I need to see my son. I have to take three buses to get there [to the group home where he lives]. It takes about two hours; but I got unsupervised visits now for an hour, and I can take him across the street to the mall. I'm tired, and I need to see my son this weekend. So I told D, I wasn't going to work this weekend, no matter what she said. I said some things to her I shouldn't have said; and she didn't say nothing, she just sent me to talk to the supervisor. I thought I was going to be fired and right then, I'm being honest with you, I didn't care.
>
> But she [the supervisor] talked to me about what's going on, just like we talking now, and I feel like she understands about my son; but she also helped me to see how it ain't D's fault that she don't have nobody to cover for me. And it's true, I know I should have signed out for the time, I just forgot, I was so tired. So we came up with a plan that I will work this weekend, but I asked for Tuesday off so I can go out to see my son and meet with his social worker. I also signed out now for the next two weekends so I can get some rest and see him then, too. Then I had to go apologize to D for cussing her out. That was hard, but I did it. I still got my job, thank the Lord. I'm on some kind of probation, and I need to see my supervisor each week now when I pick up my check to show her my schedule, that I have things under control, you know? I know I'll make it through because she helps me a lot.

Nichole is still employed as a home health aide with the same agency.

**Nichole is a pseudonym.*

A Wage Parity Initiative

In 1995, a new administrator joined **Bon Secours Place at St. Clair Shores**, MI, and found constant staff turnover and high use of temporary staffing. His first effort to turn this situation around was to improve recruitment standards and marginally increase wages. After one year, the St. Clair Shores facility still had a 65 percent turnover rate and spent more than $800,000 in agency costs. The facility then adopted a systemic increase in wages and benefits to create parity between the pay of paraprofessionals employed at St. Clair Shores and the pay of those employed in area hospitals. The effort has resulted in the following:

- Paraprofessional wages ranging from $9 to $13 per hour based on a 14-step experience-based pay ladder
- Merit evaluations ranging from 2.1 percent to 6 percent annually
- An annual market survey of wages, which the facility uses to ensure that its wages fall within the top 10 percent; in the past three years, the staff at St. Clair Shores received both merit and market adjustment increases, so their annual raises were between 10 percent and 15 percent
- An increase in the employer contribution to direct care workers' health plans, so CNAs rarely spend more than $25 weekly for health insurance
- A 403(b) pension plan with a 3 percent employer contribution
- A $25 attendance bonus paid monthly to aides who do not arrive late or call out

One year after the pay parity plan went fully into effect at the St. Clair Shores facility, the cost of temporary agency staff plummeted by 60 percent. This year, the facility is on budget to achieve a 70 percent reduction in costs for temporary agency staff. CNA turnover has decreased to 15 percent annually. Most significantly, resident surveys indicate that the facility's quality rating increased from 87.5 percent in 1998 to 93 percent in 2000.

Problem: "We can't attract workers because direct care jobs, in general, and long-term care, in particular, are not seen as rewarding or desirable work."

Prescription: Show your respect for direct care staff by providing competitive wages and benefits and recognizing quality care throughout the organization.[9]

- Deliberately seek caregivers with a strong personal sense of mission and caring.
- Provide competitive pay and benefits; exceed the pay and benefits provided by the competition whenever possible.
- Reward and celebrate caregiving at all levels of the organization.
- Work to remedy the poor public image of long-term care in your community.

Problem: "During the past few years, we have recruited refugees and immigrants to join our direct care work force. They are hard workers and have really helped us meet staffing needs, but language and cultural differences among our staff have led to tension and communication issues."

Prescription: Significant changes in the ethnic composition of your staff will require adjustment on the part of your existing staff and residents, as well as careful orientation for your new workers. An ongoing investment in team-building and communications skills will help reduce these tensions.

As local communities become increasingly diverse, home health companies and nursing homes are finding a ready source of direct care workers in immigrant and refugee communities. Although these workers provide a valuable and welcome relief to staffing shortages, hiring from

ethnic communities also brings new management challenges. Typically, organizations encounter problems that involve communication issues between staff (both among direct care workers and between direct care workers and supervisory staff); communication and language issues between direct care workers and residents; and resentment and tension regarding benefits and support provided to newly recruited refugees that are not provided to other staff.

Managing for diversity is a growing area of management study and consultation; the lessons learned could fill an entire book. In this section, we suggest some simple techniques that are consistent with the overall management approach for this *Guide* (i.e., respect and value your workers, provide access to supportive services they need to succeed on the job, and collaborate with other local organizations that share your concerns and interests).

- Create a bridge between your institution and immigrant communities by developing relationships with community organizations that represent your work force.
- Create bridges among your staff by encouraging them to learn about each other's cultures.
- Hire supervisory and management staff that share the language and ethnic backgrounds of your direct care workers.
- Provide access to English as a second language (ESL) courses for workers who need to improve their speaking and comprehension.
- Cultivate an attitude of equity in the treatment of workers; ensure that supportive services offered to immigrant workers also are available to other employees.
- Contact refugee resettlement organizations in your community, such as Catholic Charities or Lutheran Immigration and Refugee Services, and explore available resources such as housing counseling, job coaching, and general advice and support.

Covenant Health System Addresses Multicultural Issues

To address the needs of immigrant workers who had joined its staff—and the tensions that often arise in a multicultural workplace—Covenant Health System, Lexington, MA, and affiliated facilities have implemented three innovative strategies:

- On-site ESL classes: Hosting English classes on site reduces barriers to participation. In two facilities, 60 hours of instruction are offered over a 15-week period. Employees attend four hours of paid training each week.
- Diversity training: Two facilities mandate diversity training for every employee to help reduce cross-cultural tensions. Through these classes, managers learn to become more effective supervisors with employees from a range of different backgrounds. Classes include conflict resolution, quality improvement, and teamwork/spirituality.
- Collaboration with Catholic Charities: Two facilities have formed strategic partnerships with Catholic Charities to expand assistance to new immigrants in need of jobs and housing.

Additionally, in November 2000, the Covenant Health System sponsored a conference entitled, "Cultural Diversity in Health Care: Enriching Our Heritage." Through this event, Covenant shared with paraprofessional employers throughout New England some of the lessons its member facilities have learned about recruiting and retaining workers from different backgrounds and ethnicities.

Problem: "Even our loyal employees who love working here are leaving for better paying jobs."

Prescription: Create career advancement opportunities for your workers. Design career paths that combine increased responsibility and increased pay and benefits with recognition for leadership skills.

In nursing homes and home health agencies, the educational gap between entry-level caregiving jobs and professional positions is more like a chasm than a ladder. Experienced aides often end up choosing to leave the profession because there is so little opportunity for growth within it. In the best-case scenario, aides are able to move into teaching or administrative positions within long-term care. Otherwise, they leave the industry entirely.

Massachusetts has embarked on a statewide career-ladder demonstration program funded by the legislature (see p. 49). Several other states are considering similar legislation to provide career paths for direct care workers. By providing workers with greater opportunities in their field, these states hope to increase retention of good, caring workers.

Results are not in yet. However, based on prior experiences, we can look at a few ideas that work.

- For senior or specialized aide programs:
  - Build leadership capacity among aides.
  - Involve senior aides in recruiting and interviewing aide candidates.
  - Develop a peer mentor program through which senior aides support new aides in learning skills, understanding performance expectations, and adapting to organizational culture.
  - Support participation in professional organizations, which build leadership skills and confidence.
- For clinical advancement:
  - Make sure the skills you teach are permissible under the Nurse Practice Act in your state.
  - Regardless of the program's focus, make sure that new skills are immediately incorporated into the senior aides' job responsibilities.
  - When aide responsibilities change, make sure all appropriate nursing and administrative staff know and understand the new job structure; help charge and supervisory nurses adapt to these new responsibilities.

Two-Tier Career Path

After six months of employment with good supervisory evaluations, aides at Home Care Associates (HCA) in Philadelphia are eligible to become peer mentors. Peer mentors assist in screening applicants and preparing trainees to begin work in the field. During the new employees' first 90 days, peer mentors participate in formal in-service training sessions and "rap groups," which provide informal support to employees. Participating in those activities gives peer mentors the opportunity to provide an experienced, peer perspective on issues and problems being encountered by new employees.

Peer mentor training focuses on:

- Effective communication techniques
- Observation/feedback
- Coaching

The second stage of the career ladder involves additional training in clinical and personal care skills to better equip aides to work with HCA's most demanding cases: hospice clients and persons who are physically and behaviorally disabled.

HCA trained and upgraded 46 of its 120 aides. Each receives an hourly wage increase when working on cases that require their advanced skills.

St. Peter Villa Nursing Home Career Path

St. Peter Villa Nursing Home, a 180-bed skilled nursing facility in Memphis, has implemented a two-tier career advancement program as part of its effort to reduce CNA turnover. Since the program's inception in 1999, 13 CNAs have progressed to level II, and three have been promoted to level III. No CNAs have left the facility. St. Peter Villa provides a pay increase of 50 cents per hour for each level. Training and advancement is individualized. Level II CNAs have the following additional responsibilities:

- Attend additional in-service training sessions.
- Teach two in-service training sessions.
- Attend unit and CNA meetings.
- Serve on at least one employee committee (e.g., restraint reduction, performance improvement, infection control).
- Mentor new CNAs; assist in competency training and evaluation.
- Develop and implement a "special project" that galvanizes other CNAs to improve the quality of life/care within the facility, such as:
  - Skin-assessment checklist
  - Dehydration

Level III CNAs must meet the above responsibilities plus:

- Assist nurse managers in checking documentation for all CNAs.
- Assist nurse managers in completing their rounds when they assess quality of care/quality of life for residents and evaluate CNAs.

After St. Peter implemented its career path program, CNA turnover decreased from 100 percent to 60 percent. Currently 50 percent of all staff members in all departments have been employed at St. Peter for five or more years.

As a Catholic facility, St. Peter Villa bases its organizational culture on spirituality—continually seeking to extend the "healing ministry of Christ" to residents and staff members. According to the facility's administrator, Kathryn Werkhoven, this focus creates a work culture of respect, which drives the success of St. Peter's Employer of Choice initiatives. Nonreligious facilities can build similar cultures of respect by emphasizing the core institutional values that sustain their caring community.

Conclusion

Fixing a staff retention problem is like plugging a leaky bucket: If there are 11 holes and you plug 10 of them, you still will lose people.

Every facility or home care agency is experiencing the pain of staffing shortages in some way, although the problems are manifested differently. Likewise, there are a variety of opportunities to respond. It is important to find one critical place to start where you can anticipate some real and immediate gain and from which you can build your strategy. Do not be discouraged if your first attempts do not entirely fix the problem. Strengthen those efforts and move on to the next level of interventions.

Remember: The staffing crisis will be with us for at least the next 20 years. Pace yourself for the long term while dealing with the critical issues facing you and your institution today. First-stage interventions should be targeted to:

- Improve jobs for direct care workers.
- Recognize and reward workers.
- Build support mechanisms for low-wage workers.

In the next two chapters, "Community Collaboration" and "Federal, State, and Local Resources," we provide ideas about how to access resources you will need to begin implementing the changes that will make your organization an employer of choice.

Fixing a staff retention problem is like plugging a leaky bucket: If there are 11 holes and you plug 10 of them, you still will lose people.

3 Community Collaboration

Once you understand your staffing problems and have developed some strategies to address them, identify programs and resources in your community that could help support you and your workers.[10] As mentioned previously, if you are not familiar with local human service agencies, contact your United Way. Ask if there are meetings of a local agency network that you might attend to familiarize yourself with the services offered by each agency. Also explore economic development programs in your community. These programs frequently need employment opportunities for low-wage workers.

The most important predictor of success when developing strategic partnerships is the degree to which the partners share a common mission and philosophy. If your facility or agency is part of a faith-based network, you may specifically want to connect to faith-based agencies in your community. However, if you are a secular facility, do not rule out faith-based human service providers. Catholic Charities, for example, is one of the largest networks of human service providers in the United States and is committed to working with people of all religious, ethnic, racial, and social backgrounds.

Health care employers may wish to collaborate with human service or economic development agencies on any number of critical issues that affect the employment of low-wage workers. In this section, we have identified five areas that have proven fruitful to other long-term and home care providers. These include:

1. Work force preparation and development
2. Case management and supportive services for low-income workers
3. Refugee resettlement
4. Joint funding and program development
5. Advocacy for low-income workers

Each area is discussed in some detail later in this chapter. Additional areas of collaboration, such as supporting affordable housing and accessible transportation services, can be found in the next chapter of this *Guide*, entitled "Federal, State, and Local Resources."

Most often, social services and employment services are developed without links to specific employers. Research, however, shows that targeted employment and support services often are much more successful both for workers and employers.[11] Providers and potential partners should begin by examining mutual goals and interests and move on to identifying existing opportunities to collaborate. When confusion or conflict arises later, this investment of time in developing a mutual understanding will pay big dividends.

Work Force Development

Given the steady demand for entry-level workers, long-term care facilities and other health care employers can provide ready employment opportunities for participants in job placement programs. Many types of organizations provide work force development services, often through grants obtained for welfare-to-work or other programs that target unemployed or underemployed people. Potential partners include community action agencies or other anti-poverty agencies such as the National Urban League, community economic development agencies such as community development corporations (CDCs), large social service agencies such as the local agency of Catholic Charities USA or of Lutheran Services of America, community colleges, and even public housing programs.

Work force development programs may provide any of the following services:

- Work-readiness training (including ESL, high school general education diploma [GED], adult basic education, and soft skills training)
- Assistance in searching for a job and job placement (also could be tailored as recruitment and screening for employers)
- CNA training and certification
- Post-employment support and mentoring

Work Force Development Programs

Newark Catholic Charities includes a Work Force Development Division that manages $7 million in contracts from state, county, and federal agencies. Each funding agency serves a particular target group, including refugees, public assistance recipients, and physically and mentally disabled adults. Like many other agencies, Newark Catholic Charities provides job search, job placement, English as a second language (ESL), adult basic education, and computer literacy courses. The agency also runs three occupational training programs: building services, food services, and entry-level CNA. CNA training is held every six weeks, and about 70 persons graduate from the program each year.

The **CareAdvantage**, a health care staffing agency, improved its ability to identify new paraprofessional trainees by developing an innovative collaboration with the Richmond Redevelopment and Housing Authority (RRHA) in Virginia.

Through this collaboration, the RRHA informs all public housing residents about the opportunity to receive free training as a CNA. In the program's first year, the program graduated 60 CNAs, of whom 51 secured employment in long-term care.

Before entering the program, participants complete job readiness and basic computer training and receive intensive case management services to address barriers to successful completion. RRHA carefully screens applicants and helps them meet program requirements. Residents who score below the minimum required reading level are enrolled in literacy and/or GED classes, and their names are placed on the waiting list for "Hope for Health Care." All program participants are assigned case managers with whom they develop career goals and assess their need for supportive services. Monthly job retention coaching is an integral part of the program.

The RRHA provides incentives to public housing residents for completing the program by escrowing rent or excluding income from rent calculation while residents establish careers.

Funding for this program is provided by the RRHA, mostly through federal Hope VI and Family Self-Sufficiency grants.

Case Management and Support Services

As noted in other sections of this *Guide*, low-income workers often face tremendous personal barriers to keeping their jobs. An employer that recognizes these problems and helps workers to overcome such obstacles can reap tremendous benefits—both increased stability of its work force and increased loyalty from workers who feel recognized and supported. Any number of human service agencies may be able to partner with your organization in order to provide supportive services. If possible, try to negotiate a contract for on-site services at your workplace. (If your employees meet certain funding criteria, they may be eligible to receive some support services for free.)

Examples of support services include:

- Needs assessment, prequalification for benefits, and assistance in applying for benefits (i.e., case management)
- Emergency assistance (e.g., assistance with food, clothing, rent/mortgage, and utility expenses)
- Transportation assistance
- Child care services or connection to benefits
- Counseling
- Health and substance abuse services
- Immigrant and refugee assistance

Post-Employment Support and Mentoring

A growing number of agencies offer programs that build self-esteem, provide role models, and offer continual guidance to the newly employed to help them retain their jobs and achieve greater independence. For example, Catholic Charities agencies partnered with the Connecticut Council of Family Service Agencies to design and implement the state's Employment Success Program (ESP). This program provides case management and care coordination services that focus on job retention and job improvement for families who are near the end of the state's 21-month cash assistance limit or who are at risk of losing cash benefits. The program's goal is to provide relationship-based services to overcome personal and social barriers to employment.

Child Care

Access to stable, affordable child care is often the key to getting and keeping a job. Despite the infusion of millions of dollars in state child care budgets, the need for additional funding and quality providers persists. Many agencies that work with low-income families are trying to meet growing needs by providing child care services themselves (Catholic Charities USA's agencies serve almost 30,000 children a year); others are training welfare recipients to become providers.

To find out more about child care resources available for your workers, check with local community action agencies, public housing authorities, welfare-to-work programs, Catholic Charities, and child care agencies (see "Federal, State, and Local Resources/Child Care," p. 40).

Child Care Solutions

Cooperative Home Care Associates (CHCA) of the South Bronx employs nearly 700 home health aides, many of whom are mothers with children. To resolve child care issues for its employees, CHCA has entered into a partnership with **Community Childcare Assistance, Inc.**, which will provide emergency child care for CHCA's home health aides who are transitioning from welfare to work. The program is a publicly funded demonstration, so CHCA aides will receive child care services at no charge to the individuals or to the agency for an initial nine-month period. Enrolled home health aides can access emergency child care for up to six times over a six-month period for each child in their family.

Catholic Charities of Denver began offering child care services in 1995 and now serves approximately 1,000 children per year. The accelerated growth of the program is facilitated by the conversion of vacant parish buildings into child care centers.

Refugee Resettlement

The Federal Office of Refugee Resettlement (part of the Department of Health and Human Services Agency for Families and Children) operates several programs, all of which are designed to help refugees enter the United States. Refugee assistance is administered through national "volunteer" organizations with strong human service missions. The two largest national organizations helping with refugee resettlement are the United States Conference of Catholic Bishops (USCCB) Migrant and Refugee Services program and Lutheran Immigration and Refugee Service (LIRS). In 1999, USCCB and LIRS, through their affiliated local agencies, assisted more than 33,000 refugees, representing more than 50 nationalities, with their flights to hope.

One requirement of federally funded refugee resettlement programs is that they must assist new refugees in becoming economically self-sufficient within their first 120 days in the United States. This requirement means refugee resettlement programs can provide a ready supply of workers, some of whom come to this country with previous health care experience. Many of these workers come from cultures that place a high value on caregiving work. Communities with large concentrations of refugees often find these workers are well suited to direct care jobs. In addition to typical barriers to employment, however, these workers also have language barriers.

Refugee Resettlement Programs

United States Conference of Catholic Bishops Migration and Refugee Services

Refugee resettlement offices for this USCCB program are generally located within local Catholic Charities agencies. These agencies typically provide the following services:

- English as a second language courses
- Housing and emergency assistance
- Transportation
- Translation services for job interviews and orientation programs

Information on USCCB refugee programs is available at www.nccbuscc.org/mrs/mrp.htm or e-mail mrspol@nccbuscc.org.

Lutheran Immigration and Refugee Service

LIRS settles refugees, reunites families, and promotes education and employment through 27 affiliates. Through its "RefugeeWorks" program, LIRS:

- Assists states, counties, voluntary agencies, mutual aid associations, employment service providers, work force development boards, employers, and policy makers in their efforts to help refugees achieve self-sufficiency
- Shares strategies and promotes best practices throughout the refugee employment service network
- Provides a forum for analysis and airing of important, timely issues that have an impact on refugee employment and self-sufficiency

Information on LIRS and its affiliate programs is available at www.lirs.org.

For more resources related to refugee resettlement, see p. 36.

Joint Funding and Program Development

As noted in the resource section, most federal and state funding that is available for work force development activities is difficult to obtain and even more difficult to administer. If a human service agency in your community has established a track record in using and managing public funding, it could be an extremely valuable strategic partner. The combination of a well-regarded human service provider and your strength as an employer and health care expert could lead to development of successful proposals aimed at entry-level recruitment, training, retention, and/or career-ladder initiatives.

These programs could be designed to support a specific employer. A stronger approach, however, would be to develop a regional consortium of long-term care employers. Using an agency such as Catholic Charities or a community action agency as an anchor, members of the consortium would work together to address systemic issues facing the field and the needs of low-income workers.

Advocacy

At both national and local levels, there are numerous agencies that serve low-income workers and that advocate public policies that could improve the stability of families and communities. Examples include Catholic Charities, community action agencies, community development corporations, and organized labor. Current advocacy priorities for Catholic Charities USA, for example, include: child care; affordable housing production; immigration, mental health, and substance abuse services; a higher minimum wage; accessibility of Temporary Assistance to Needy Families (TANF) and food stamps; and tax relief for low-income families. Another strong advocate for economic justice, higher wages, and work force development is the Catholic Campaign for Human Development (CCHD), which often has an office at local Catholic Charities agencies.

Catholic Campaign for Human Development

CCHD is the domestic antipoverty, social justice program of the U.S. Catholic bishops. Its mission is to address the root causes of poverty in the United States through promotion and support of community-controlled, self-help organizations and through transformative education. During its 28-year history, CCHD has funded more than 3,500 self-help projects developed by grassroots groups of poor persons. The success of these projects and the relationships developed has significantly changed the lives of the poor in the United States.

- For more information about CCHD, go to the following: www.nccbuscc.org/cchd/index.htm.
- To find the local diocesan director, go to the following website: www.nccbuscc.org/cchd/director.htm.
- Call the CCHD national office at 202-541-3210.

Because CCHD's funding guidelines emphasize control by low-income residents, long-term care facilities or home care agencies are unlikely to receive grants directly. However, community-based partners providing recruitment support or social services may have eligible empowerment projects. Worker- or community-owned businesses also may be eligible for low-interest loans.

Human Service Provider Partners

There is a vast array of potential partner organizations. To give you an idea of the range of services offered by agencies such as Catholic Charities or a well-funded community action agency, we have profiled two of them: Catholic Charities of the East Bay, Oakland, CA, and Action for Boston Community Development (ABCD). Information about each organization comes directly from its website.

Catholic Charities of the East Bay (www.cceb.org/main/index.htm)

- Emergency Services and Housing Program: Provides emergency food, clothing, information, and referral to very-low-income persons and families in crisis.
- Employment and Training: Provides employment services, including vocational training, on-the-job training, job counseling, job placement, and vocational English instruction to adults with limited English-speaking skills and low-income clients receiving public assistance.
- Catholic Counseling Service: Provides counseling and therapy to individuals, couples, families, children, and groups.
- Community Violence Prevention: Provides conflict resolution services to victims and offenders in high-risk communities.
- Resource Counseling and Referral for Seniors: Links elders and their caregivers to available community resources.
- Respite Care for Caregivers: Trains parish and community respite care volunteers and coordinates respite care volunteer services for older adults.
- Refugee Resettlement Services: Provides resettlement services for refugees, citizenship and naturalization services, and social adjustment counseling for newly arrived refugees.
- Immigration Services: Provides legal representation to immigrants seeking asylum, citizenship, court representation, and status adjustment.
- Even Start Family Literacy Program: Provides English instruction, parenting classes, family literacy services, child development services, job search assistance, and benefits advocacy to Southeast Asian and Latino families with preschool children.

Action for Boston Community Development (www.bostonabcd.org/)

- Early Education and Services to Young Families: Head Start and child care services
- Youth Programs/Dropout Prevention: alternative high school and summer work program
- Career Development: welfare-to-work programs, skills training, and adult education
- Higher Education and Access to Opportunity: urban college, learning resource center, student services, and partnerships with University of Massachusetts Boston
- Intergenerational Programs: foster grandparents, adoption, elder services
- Community Development: energy conservation, community services, elder housing
- Crisis Intervention: fuel assistance, water and sewer rate assistance, housing services
- Health Programs: family planning, STD/HIV prevention, professional training

4 Federal, State, and Local Resources

In the previous chapter, we provided some examples of how you might collaborate with human service agencies to support your direct care work force. This chapter of the *Guide* provides a more extensive list of federal, state, and local programs that are available to support your work force development activities.

Resources discussed in this chapter are divided into the following three categories:

1. Work Force Development: Federal Resources
2. Work Force Development: State and Local Resources
3. Supportive Services for Direct Care Workers

Work Force Development: Federal Resources

Temporary Assistance to Needy Families (TANF)

TANF is the program formerly known as "Assistance to Families with Dependent Children" or welfare. In addition to providing direct cash support to needy families, states may use TANF funds to support workers as they move out of public assistance programs or to help those at risk of becoming permanently dependent on public assistance. Under the first TANF legislation, which expired in September 2002, states had considerable flexibility and could use funds for transportation assistance, case management or counseling services, training, or child care subsidies.

Congress is currently debating a TANF reauthorization bill. As yet, it is unclear how much flexibility this bill will provide for states in terms of directing funds toward employment training and/or work force supports. If work requirements are very rigid in the new bill, it probably will be more difficult for welfare recipients to enter even short-term job training programs.

Of particular interest to long-term care providers is a provision in a tri-partisan bill in the Senate that would allocate $200 million for a Business Link Partnership grant to be jointly awarded by the Departments of Labor and Health and Human Services. This grant would fund creation or expansion of programs that improve job skills and/or provide support services to low-income individuals. The funds are aimed at programs administered by not-for-profit organizations, work force investment boards, or localities in partnership with employers.

First Step: Identify a local welfare advocacy group that can provide you with information about state programs. If you identify possible funding but have not accessed these types of funds before, look for a training or human service agency with which you can partner, preferably one with experience in administering federal grants.

Contacts:

- The agency in your state that implements welfare (usually a division connected to the state health and human services department, although sometimes a separate public welfare agency).
  - You can find an internet link to your state welfare agency by going to www.welfareinfo.org/state.htm and scrolling about halfway down the page to find links to state welfare offices.
- Welfare Information Network, a national source of information with connections to state level information and advocates, can be accessed at www.welfareinfo.org. This site also provides links to Work Force Investment Act (WIA) state offices and WIA service delivery areas.
- Nationally, Catholic Charities USA sponsors an advocacy program to monitor welfare reform. Thus, your local Catholic Charities office should be well connected to state and local advocates and informed about how welfare reforms have been implemented. To locate the closest local affiliate, call 703-549-1390 or visit www.catholiccharitiesusa.org/states to see if there is a local website.

Home Care Associates Receives TANF Grant

In Pennsylvania, the State Departments of Economic Development and Public Welfare jointly administer an "industry-specific" training fund that has provided a two-year funding commitment that totals $875,000 to Home Care Associates, Inc., to support training costs for eligible TANF recipients. Types of activities funded under this grant include recruitment, screening, and testing of applicants; direct costs of training (including a stipend for trainees during the four-week course); counseling and job coaching for trainees and new employees; and peer mentoring and in-service training weekly during the first three months of employment.

WARNING

1. **TANF funds are difficult to access and complicated to administer.**
2. **At press time, Congress was debating reauthorization of TANF legislation, which expired in September 2002. It was unclear whether the new law would broaden, or limit, access to job training programs.**

Work Force Investment Act

In 1998, President Bill Clinton signed the Work Force Investment Act of 1998 (WIA). WIA reformed federal job training programs and created a new, comprehensive work force investment system. The reformed system is intended to be customer-focused and to help U.S. companies find skilled workers. Throughout the United States, WIA funding is administered in each county by local work force investment boards (LWIBs). These boards set funding priorities and develop programs to meet the needs of employers and workers in their communities. LWIBs act as a funnel for a variety of federal programs that fund employment services (such as training, job search, and job placement). These funds are available to support local workers and companies through One Stop Career Centers. One Stop Career Centers serve a variety of disadvantaged workers, including economically disadvantaged, dislocated workers, and youth. In large cities, the LWIB may have formed a number of One Stop Career Centers, usually targeted to specific neighborhoods or areas.

First Step: Find your LWIB and ask about specific programs or activities that may help you as an employer. Some LWIBs or One Stop Career Centers have formed committees to target support to important local industries, including health care or long-term care. If your LWIB has this type of committee, you should join it and become an active member. If such a committee does not exist, perhaps you could help form one. These committees can work on recruitment, training, career paths, and other innovations to help health care employers meet the needs of direct care workers and access federal and state resources to pay for the programs. Even if the LWIB does not have a specific health careers focus, meet with the closest One Stop Career Center staff to discuss recruitment needs and find out the best way for your facility to identify appropriate applicants from among One Stop Career Center clients. Also find out how training funds are allocated and whether you (or the training organization with which you work) would qualify for funding.

Contacts:

- For more information about WIA and the One Stop system, visit www.doleta.gov/usworkforce/.
- To find a local One Stop Career Center, visit www.servicelocator.org or call the hotline at 877-US2-JOBS (877-872-5627).

Welfare-to-Work Grants

Established in 1997, federal welfare-to-work grants provide funding to states to help long-term public assistance recipients make the transition to jobs and self-sufficiency. In 1998 and 1999, the Department of Labor allocated $2.2 billion by formula to states. The U.S. Secretary of Labor directly awarded an additional $711.5 million on a competitive basis to local communities for projects that emphasized innovation, collaboration, and sustainable strategies to attain quality employment, earnings, and other successful outcomes for welfare recipients. The grants may be used to fund unsubsidized and subsidized employment, work experience, on-the-job training, and post-employment retention services, such as child care and transportation assistance.

Local organizations that received funding under the competitive grants program may be operating programs that either could support your existing work force (if they were former TANF recipients) or that could refer their clients to apply for entry-level positions to your organization. These programs generally are well funded and offer a broad range of supports to clients.

First Step: Look for any local organizations that have received welfare-to-work grants and learn about their programs.

Contacts:

- Information about state welfare-to-work programs (under both formula grants and competitive grants) is available at wdsc.doleta.gov/sga/awards.

Employer Tax Credits

Two federal income tax credits—the Welfare to Work Tax Credit and Work Opportunity Tax Credit (WOTC)—are available to companies that hire certain categories of workers who need job training or who lack the experience required to gain employment.[12] (Additional credits are available to companies located in and hiring workers who live in a federal empowerment zone or enterprise community.) After a company hires a former welfare recipient or other disadvantaged worker, the employer may be eligible for federal tax credits ranging from $1,500 to $8,500. The amount of the tax credit is based on actual employment of eligible persons over a two-year period. Eligible persons must fill out paperwork within the first 21 days of employment. Employers then claim the credits in their annual tax filings. Many states augment federal tax credits with incentive packages and provide information about how to claim both federal and state tax credits. (Tax credits directly reduce corporate taxes, so not-for-profit organizations cannot benefit from them.)

First Step: Get the necessary forms and program guidelines from state and federal agencies to determine if your facility could benefit from tax credits.

Contacts:

- State employment tax credits are administered through your state office of economic development.
- Federal tax credit information is available from the U.S. Department of Labor Employment Training Administration (ETA).
  - To get ETA Form 9061, the WOTC "Individual Characteristics Form," a brochure, and directories of state and regional coordinators, call FAX-ON-DEMAND at 877-828-2050. To access this free service, you may call from a fax machine or your touch-tone phone.
  - To obtain Internal Revenue Service (IRS) Form 8850, the Work Opportunity and Welfare to Work

Tax Credits Pre-Screening Notice and Certification Request (with instructions), download materials at www.irs.gov/pub/irs-fill/f8850.pdf or call 800-829-1040.

- For information on the work opportunity tax credit, go to workforcesecurity.doleta.gov/employ/wotcdata.asp.
- For information on the welfare-to-work tax credit, go to workforcesecurity.doleta.gov/employ/wtw.asp.
- For information about empowerment zones/enterprise communities (EZ/EC) locations and benefits, visit www.ezec.gov or call 800-998-9999.

Refugee Assistance

U.S. refugee policy is focused on providing intensive assistance to refugees at the time they enter the United States. Typically, refugees must become employed within 90 days of entry into the country. Resettlement programs, therefore, provide a wide range of supports—usually assistance with housing, food, language skills, and job placement—for a short period (see p. 29). Recent immigrants often are interested in caregiving work. However, because of language barriers they initially may be more suited for housekeeping or food service positions. Employers also should note that new refugees often face significant barriers in obtaining transportation to work.

The federal Office of Refugee Resettlement administers its programs through state coordinators and national faith-based and not-for-profit organizations. As mentioned previously, the two largest refugee assistance programs are those administered by the United States Conference of Catholic Bishops and the Lutheran Immigrant and Refugee Service.

Contacts:

- Federal Office of Refugee Resettlement (ORR): The mission of this office is to help refugees, Cuban/Haitian entrants, and other designated groups establish a new life in the United States, including economic self-sufficiency and full participation in American society. The ORR relies on state and voluntary partners to administer local programs. You can find out more on the web at www.acf.dhhs.gov/programs/orr/index.htm or by calling 202-401-9250. For a listing of state refugee coordinators, go to www.acf.dhhs.gov/programs/orr/partners/coordina.htm.
- Catholic refugee resettlement program: To obtain general information, visit the website of the USCCB Migration and Refugee Services Program at www.nccbuscc.org/mrs/mrp.htm. You may also phone 202-541-3208 or fax 202-541-3399. To find Catholic Charities refugee resettlement contacts in each state, go to www.nccbuscc.org/mrs/resettlementoffices.htm.
- Lutheran Immigration and Refugee Service: To find out about programs run by LIRS, including RefugeeWorks, go to www.lirs.org. To contact the national office, phone 410-230-2700 or fax 410-230-2890.
- Immigrant and Refugee Services of America (IRSA): IRSA acts to defend human rights, build communities, foster education, promote self-sufficiency, and forge partnerships through an array of programs. IRSA develops and manages a number of education and assistance programs that help refugees resettle in the United States. Find out if your town is an IRSA "preferred community," by visiting the IRSA website at www.irsa-uscr.org or calling 202-797-2105.

Transportation

In 1998, a federal transportation law (the Transportation Equity Act for the 21st Century, or TEA-21) paved the way for providing unemployed and underemployed people with greater access to transportation. TEA-21 increased funding for public transportation and also created a federal grants program, the Job Access and Reverse Commute program (JARC).

JARC helps states and localities develop new or expand existing transportation services that connect welfare recipients and other low-income persons to jobs and other employment-related services. Job access projects include shuttles, van pools, new bus routes, connector services to mass transit, and guaranteed ride-home programs for welfare recipients and low-income persons. Projects under the Reverse Commute Initiative provide transportation services to suburban employment centers from urban, rural, and other suburban locations for all populations. The JARC program is administered by either local metropolitan planning organizations (in areas with populations of 200,000 or more) or by the state (in less populated areas). Employers may be able to influence the selection of routes or services to benefit their employees and potential workers.

Contacts:

- To find out more about the Federal Transit Administration (FTA), visit www.fta.dot.gov/wtw. The FTA website also lists projects funded in each state on two separate pages:
  - For competitively selected grants: www.fta.dot.gov/wtw/fy01csp.html
  - For congressionally directed grants: www.fta.dot.gov/wtw/fy01cdp.html

Economic Development Agencies

Many states allocate their own funds for training programs, and some states specifically assist direct care workers. For example, Kansas developed a long-term care training program that offers training contracts to entities with successful track records in preparing direct care workers for employment. In North Carolina, the Division of Facility Services expanded the CNA training program in 10 long-term care facilities with a grant from the Kate B. Reynolds Charitable Trust.

Contacts:

- You can find a link to your state's Economic Development Agency's website, which often summarizes available training resources, at www.osec.doc.gov/eda/html/2e1_statelinks.htm.

Other potential work force development partners include local community action agencies, local chapters of the National Urban League, or community-based organizations that serve unemployed or underemployed populations. Community action agencies were established to fight poverty in the 1960s, and many receive public dollars for job training programs. The National Urban League, similarly, was founded as a movement to fight poverty in African-American communities. In its work to build economic self-sufficiency, the Urban League sponsors job training and placement education, housing, and business development programs.

Contacts:

- To identify local community action agencies in your community, visit www.communityactionpartnership.com/about/links/map.asp or call the Community Action Partnership at 202-265-7546.
- To find an Urban League affiliate in your area, go to www.nul.org/affiliate.html or call 212-558-5300.

Community Colleges

Local community colleges generally are well acquainted with state and federal funding for training programs. Many community colleges offer remedial education such as ESL, GED, and adult basic education courses. Community colleges also may have an established training program for CNAs or other entry-level health care jobs. Some are able to tailor specific training courses (like CNA training) to meet the needs of specific employers. Typically, community colleges also are very interested in career-ladder programs that would help individuals move into other community college educational programs, such as LPN or RN training.

First Step: Seek out persons at community colleges who understand your mission and your training needs. Make sure the training offered by community colleges meets your criteria for learner-centered techniques and/or that they are willing to customize training to meet your needs.

Contacts:

- American Association of Community Colleges. Phone: 202-728-0200. Website: www.aacc.nche.edu
- State associations of community colleges or state agencies for higher education

Supportive Services for Direct Care Workers

In earlier sections, this *Guide* describes the importance of linking low-wage workers to supportive services to help them overcome external barriers to maintaining employment. These supportive services include a broad range of social, medical, and personal support, such as:

- Child care
- Transportation assistance
- Mental health services
- Services for victims of domestic violence
- Income supplements
- Emergency short-term assistance
- Housing assistance
- Health care
- Food assistance

Funding for these supportive services can come from many different federal, state, and local agencies. Basic information and contacts for these programs are provided later in this chapter. An excellent resource to provide an overview of publicly funded work force supports is *Making Ends Meet: Six Programs That Help Working Families and Employers*, published by the Center for Law and Social Policy (CLASP). This publication, written specifically for business leaders and policy makers, is available by calling 202-906-8000 or ordering on the web at www.clasp.org/pubs.

Prior to identifying specific supports and services, we want to draw your attention to the importance of case management services. Direct care workers often need case management in order to access the full range of available services.

Human service agencies employ case managers or counselors who are responsible for knowing the rules and regulations for various programs and for maintaining relationships with other human service agencies in the community. If you cannot afford to hire your own case manager or counselor, then consider either contracting for these services with a local human service agency or referring direct care workers to a local agency that receives funds to provide these services. Look for an agency that shares your values and understands your workplace. Finding the right match may take some time but will be worth the effort.

Case Management Service Providers

United Way
As often mentioned, United Way is a good entry into the human service network in your community. To obtain information about local affiliates, call the national office at 800-488-2000 or click on "Find My United Way" at www.unitedway.org.

Catholic Charities
Catholic Charities USA is the largest private U.S. network of people helping people. The 1,400 local agencies and institutions provide social services to more than 10 million people across the country, regardless of religious, ethnic, racial, or social background.

- To locate your local affiliate, call the national office at 703-549-1390 or find local websites listed at www.catholiccharitiesusa.org/states.
- For a directory of pertinent Catholic Charities programs, see www.catholiccharitiesusa.org/programs/advocacy/welfare/resources.htm.

Lutheran Services of America (LSA)
LSA's 280 human service organizations serve more than 3 million people annually, regardless of race, religion, or gender. Services include child care, counseling, employment services, emergency aid, senior services, long-term care, and more. To locate the Lutheran human service providers in your community, go to www.lutheranservices.org/lsambr.htm or call 800-664-3848.

Community Action Agencies
To obtain information about local Community Action Agencies, visit the Community Action Partnership at www.communityactionpartnership.com/default.asp or call 202-265-7546.

Human Service Councils
If none of the organizations we cite can offer case management services for your direct care workers, try attending a local Human Services Council meeting. Human Services Councils help social service agencies share information about local resources and usually include organizations that provide case management services as members.

- Call a local United Way affiliate or Community Action Agency to obtain specific information (such as meeting times or membership) about the Human Services Council in your community.

Satellite Child Care: The Satellite Child Care program helps women provide child care in their homes. People who need subsidized child care can call Satellite Child Care for referrals to well-trained, certified, home-based child care providers.

- Call Rebecca Ross at 212-558-2251 to learn whether a Satellite Child Care program operates in your community.

Specific Resources

Child Care
Without affordable and adequate child care, many direct care workers simply cannot work. Although aides often receive help with child care from friends and family, these "informal" caregivers are not always available when a parent needs to work.

Finding reliable, affordable child care is extremely difficult, especially when aides work erratic hours, weekends, or late night shifts. The first step in finding care for an employee is to determine whether the worker is eligible for subsidized child care assistance. Subsidy programs vary by state and sometimes by county. For example, public assistance recipients may be eligible for child care vouchers issued by the local TANF office. In some states, this benefit is extended to newly employed workers during the first one to three years of employment. Even with subsidies or vouchers, however, families often have to search for child care providers, because the number of available slots often is limited. A case manager can prequalify workers and provide them with a list of possible providers.

Child Care Information Center: The National Child Care Information Center (NCCIC) is a project of the Child Care Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services. NCCIC is a national resource for child care issues. Its website contains detailed information about child care funding and provides a directory of agencies that administer child care programs in each state.

- Call the NCCIC at 800-616-2242 or access www.nccic.org/dirs/devfund.html.

Welfare to Work Partnership: The Welfare to Work Partnership is a nonpartisan, not-for-profit organization created by the U.S. business community to provide innovative work force solutions for companies through hiring, retaining, and promoting welfare recipients and other unemployed and low-income workers. The organization provides a number of quality resources for businesses seeking to support low-wage workers.

- *Smart Solutions: Helping Your New Workers Meet Their Child Care Needs* is available at www.welfaretowork.org or by calling 888-USA-JOB1.

Other Agencies: The following agencies also may directly provide child care services or subsidies:

- Community Action Agencies: 90 percent of Community Action Agencies offer educational services, a category encompassing direct child care and Head Start programs. However, limited funding prevents many programs from accepting new children.
- Public Housing Authorities: Sometimes public housing authorities provide child care for residents through family self-sufficiency programs, resident opportunity and self-sufficiency programs, and moving-to-work demonstration projects (in 28 cities).
- Welfare to Work grantees: Former public assistance recipients referred to their jobs by organizations receiving specific welfare-to-work grants occasionally obtain child care support from the same organization.
- EZ/EC: EZ/EC organizations receive funds for social services and often finance child care for EZ/EC residents.
- Catholic Charities agencies often run child care programs.

The Community Transportation Association of America

The Community Transportation Association of America (CTAA) is an association of organizations and individuals committed to improving mobility for all people. On its website, CTAA provides information about transportation policies and resources, particularly those affecting employment. For example, on behalf of the U.S. Department of Labor's Employment and Training Administration, CTAA has developed the *Linking People to the Workplace* tool kit. This tool kit provides an introduction to transportation terminology and suggests ways employers and human services agencies can assist in getting people to work. For more information, see www.ctaa.org/ntrc/atj/toolkit.

CTAA also is developing a website that provides detailed information about how states use a variety of public funds to support transportation initiatives. For more information, go to www.ctaa.org/ntrc/hall.

Transportation

Lack of adequate transportation prevents many persons from succeeding in direct care jobs, especially in rural and suburban communities. Even in urban areas, home health aides have difficulty arriving on time because of unreliable public transportation. In a recent study of staffing issues in Portland, OR, nursing homes located on public transportation routes had significantly lower staff turnover than did nursing homes in less accessible locations. To address transportation issues, employers can help employees by:

- Teaching them how to access transit passes
- Assisting them in buying automobiles (using public funds)
- Developing car or van pools
- Allying with other nearby employers to develop a para-transit route linking your location to a nearby public transit node

TANF Offices: The local public assistance office can offer transportation assistance directly to TANF recipients. However, the usefulness of these subsidies varies dramatically. Some states provide transportation assistance only through the first week of employment. Others provide cash grants for car repairs or down payments anytime during the first year of employment. The size of these grants ranges from $250 to $2,000. Typically, rural communities place a greater emphasis on transportation programs because of limited public transportation.

The following website summarizes specific transportation programs established by each state, as of June 1999: www.acf.dhhs.gov/programs/ofa/trans2.htm.

Other Agencies: The following agencies also may offer direct transportation assistance:

- Public housing authorities: Public housing authorities can provide their residents with transportation assistance through family self-sufficiency programs, resident opportunity and self-sufficiency programs, and moving-to-work demonstration projects (in 28 cities).
- Welfare to Work grantees: Former public assistance recipients referred to their jobs by organizations and who receive specific welfare-to-work grants sometimes receive transportation assistance from the same organization.
- EZ/EC: EZ/EC organizations receive funds for social services and occasionally finance transportation assistance for EZ/EC residents.

Mental Health Services

Case managers can refer direct care workers to qualified mental health providers and identify programs that can help pay for these services.

- Information about state-run programs is available from state mental health agencies.
- The National Center for Mental Health Services runs Knowledge Exchange Network (KEN), which is accessible by phone (800-789-2647) as well as online. KEN maintains a pull-down menu of mental health facilities, services, and state-level program information at www.mentalhealth.org/default.asp.
- Private Not-for-profit Mental Health Organizations: In some communities, private not-for-profit organizations can offer high-quality mental health services at little or no cost.
- The National Association of Community Health Centers can help identify mental health service providers in your community. It can be reached at 301-347-0400 or at www.nachc.com.

Domestic Violence

Workers who are subjected to domestic violence can receive a wide range of services through community programs. Generally, these programs bundle specific mental health services, emergency housing, and cash assistance services.

- The National Domestic Violence Hotline at 800-799-7233 (SAFE) links individuals to local help through a national database that includes detailed information about domestic violence shelters, other emergency shelters, legal advocacy/assistance programs, and social service providers. You can access its website at www.ndvh.org.

  Confidential help is offered 24 hours a day, seven days a week in English or Spanish, and interpreters are available in 139 languages. The hotline provides the following types of assistance to some 10,000 people every month:
  - Crisis intervention that helps individuals identify problems and possible solutions, including making plans for safety in an emergency
  - Information for persons who want to learn more about domestic violence, child abuse, sexual assault, intervention programs for batterers, and how to work through the criminal justice system

  - Referrals, which help people obtain services from women's shelters, social service agencies, and legal programs

- The Welfare to Work Partnership provides information to businesses on what they can do to support domestic violence victims. *Smart Solutions: Dealing with Domestic Violence in the Workplace* is available at www.welfaretowork.org.
- In April 2001, the attorney general released $55 million to help states combat violence against women. The following website lists state programs that respond to the needs of women who have been, or who potentially could be, victims of violence: www.ojp.usdoj.gov/vawo/stategrants.htm.

Income Supplements

The average CNA earns only $8.29 per hour or, if he or she works full time, $17,240 a year. A typical home health aide makes even less at $8.21 per hour. Home health aides also more often work part time, averaging annual salaries of just $12,808.[13] Constrained by low reimbursement rates, home and long-term care providers often pay low wages to their direct care workers. Consequently, direct care workers usually are eligible to receive income supplements.

Federal Earned Income Tax Credit (EITC): For tax filings for 2001, the maximum EITC was $4,008, but this figure always varies depending on income and family size. To qualify for the credit, income had to be less than $32,121 for a taxpayer with more than one child; $28,281 for a taxpayer with one child; and $10,710 for a taxpayer with no children. See the IRS Publication 596, *Earned Income Credit*, for details.

According to a report issued in 2001 by the Center on Budget and Policy Priorities, the EITC "now lifts nearly five million people, roughly half of them children, out of poverty each year."

Some states have created earned income tax credits that are similar to the federal program. These states include Colorado, Iowa, Kansas, Maryland, Massachusetts, New York, Oregon, Rhode Island, Vermont, and Wisconsin. Indiana and Minnesota have similar benefits with a different structure than that of the federal government.

To help direct care workers claim this benefit, employers can:

Helping Employees Access Their Earned Income Tax Credit

On-site case managers at Cooperative Healthcare Network (CHN) agencies help direct care workers claim "advancements" on their earned income tax credit and increase their take-home pay. Through this program, the federal government gives people their anticipated earned income tax credit in 26 smaller installments throughout the year, instead of in one lump sum.

One CHN agency, Cooperative Home Care Associates, Bronx, NY, receives accounting support for its home health aides through *pro bono* assistance from local accounting firms and also promotes the earned income tax credit in staff meetings and in-service education programs.

- Ask large accounting firms to provide *pro bono* support to low-income workers.
- Contact the Center on Budget and Policy Priorities (CBPP) in Washington, DC, which produces annual information packets about the EITC for distribution during tax season. Order a free copy of the *EITC Outreach Kit* and *Strategy Guide* by calling 202-408-1080, e-mailing eickit@cbpp.org, or downloading information from its website at www.cbpp.org. The CBPP kit includes information and posters in English and Spanish.
- Go to the Internal Revenue Service website, which provides information and the forms required to claim the EITC at www.irs.gov/pub/irs-pdf/p596.pdf.

Child Support Enforcement Programs: Each state runs a child support enforcement program that helps poor mothers secure financial support from noncustodial parents through four major services:

1. Locating noncustodial parents
2. Establishing paternity
3. Establishing child support obligations
4. Enforcing child support orders

Obtaining child support through the state program, however, does not always benefit direct care workers. Since TANF administrators in most states deduct child support payments from a recipient's welfare check, many low-income women arrange under-the-table child support from noncustodial spouses.

To locate contact information for your state program, go to www.acf.dhhs.gov/programs/cse/toc.

Addressing Child Support Issues for Employees Receiving TANF Support

Cooperative Healthcare Network on-site case managers will help direct care workers close their public assistance cases when child support payments exceed their welfare check (because TANF administrators withhold portions of the child support check). At Cooperative Home Care Associates, Bronx, NY, the father of one aide's children paid $215 in child support every two weeks, but the TANF office gave the woman only $109 during the same period. The on-site case manager closed the employee's public assistance case and helped her reapply for food stamps and Medicaid so she could receive her entire child support check.

Emergency Short-Term Cash Assistance: Because direct care workers earn so little, any unexpected cost can plunge a family into a financial crisis. Paying for car repairs or a sick child's medical bills may prevent low-wage workers from paying rent or utility bills, which inevitably leads to eviction or interruption of essential utilities. Case managers can refer aides who are experiencing financial crises to organizations that offer emergency assistance grants. These programs only give one grant per family within a 12-month period and never continually assist the same people. The following organizations may offer emergency cash assistance locally:

- Catholic Charities
- Community Action Agencies
- Salvation Army (national office telephone number: 703-684-5500)
- Local churches of all denominations

Although these organizations usually have relatively simple application processes and genuinely want to help people, their resources usually are limited.

Employer-Sponsored Mini Loans: Some employers offer small emergency loans to employees—in fact, a Catholic Health Association survey of 129 nursing facilities, published in 2001, found that 42 percent of respondents had formal programs offering employees emergency financial assistance. These loans, ranging from $50 to $500, are usually paid back through weekly deductions from the employee's paycheck.

TANF Offices: When other sources cannot provide sufficient emergency assistance, it may be appropriate to refer individuals to local TANF offices. Local TANF offices give the largest emergency assistance grants; but administrators have enormous discretion, and the application process is complex. As a result, it is often difficult for workers to access this money.

Short-Term Cash Assistance

At **Cooperative Home Care Associates (CHCA)**, Bronx, NY, one aide who had been employed for two years faced eviction because she had not been able to pay her rent for 11 months. She owed so much money that no single organization could help her. CHCA's on-site case manager negotiated with numerous organizations willing to give $100 to $300 each and raised enough money to pay the back rent. In addition, CHCA provided budget counseling to prevent recurrence of this problem.

Quality Care Partners (QCP) in New Hampshire offers small employee-sponsored loans to aides experiencing financial crises. Up to $250 is available for employees who have been employed less than one year, and up to $400 is available for persons with more than one year of experience. QCP deducts weekly payments from the employee's paycheck, ensuring repayment. In the two-year history of the company's loan fund, only one employee left before fully repaying her loan.

Housing

Housing, especially in urban areas, is expensive, and rent often consumes more than 50 percent of a direct care worker's income. Aides may be eligible for the affordable housing resources described below.

Rental Assistance: Direct care workers may be able to access affordable housing or rental assistance through the following agencies:

- Public housing authorities
- Community development corporations
- Housing resource centers
- Catholic Charities

Public Housing Authorities: Public housing authorities can help direct care workers who earn less than 50 percent of a county's median income apply for rental assistance through the Section 8 program. Due to limited program funding, most qualified applicants end up on waiting lists, so this option is unlikely to solve an immediate housing crisis.

Program participants receive either a monthly voucher—a grant that equals the difference between what people can afford (generally, 30 percent of their income) and average market rents—or referrals to developers or landlords who reduce their rent in exchange for government subsidies.

Despite their long waiting lists, most public housing authorities make apartments available for domestic violence victims. In general, housing authorities may give preference to families who are (1) homeless or living in substandard housing, (2) paying more than 50 percent of their income for rent, or (3) involuntarily displaced.

Community Development Corporations or Housing Resource Centers: In many communities, community development corporations or housing resource centers develop affordable housing units for low-income persons. Many large urban counties or consortiums of rural counties with high poverty rates refer people to these organizations to access housing assistance financed through federal HOME funds.

- The National Congress for Community Economic Development provides contact information for these organizations in your community and can be reached at 877-44N-CCED or at www.ncced.org.

Community Action Agencies: Forty-six percent of community action agencies have housing assistance programs, many of which offer rental assistance.

Catholic Charities: Local Catholic Charities affiliates help families and individuals keep or obtain permanent housing. In some communities, local Catholic Charities affiliates serve as developers of affordable housing. In 2000, nearly 20,000 apartments were developed, sponsored, or managed by Catholic Charities affiliates.

Home Purchase Assistance

Given high rental costs, some low-income families find buying their own home is cost-effective. However, direct care workers usually need help thinking through this decision or in approaching banks to obtain adequate mortgages.

Case managers can refer interested workers to organizations that offer assistance in analyzing the cost-effectiveness of buying a home and in understanding different low-interest mortgages. Counseling for low-income buyers is available through the following sources:

- Catholic Charities: Twenty-one local Catholic Charities affiliates received funding specifically for providing rental counseling, outreach, pre- and post-purchasing counseling, and mortgage default counseling.
- The McAuley Institute: The institute helps community-based organizations and their partners create affordable, accessible housing for low-income people. The Institute has a history of developing national and local networks of organizations involved in health care, housing, education, economic development, and human services. The Institute also can refer individuals to home ownership counseling agencies that are familiar with their localities' home buyer subsidy and assistance programs. Call the Institute at 301-588-8110.
- Community Action Agencies: These agencies often run first-time home-buyer groups.
- Individual Development Accounts (IDAs): IDAs are matched savings programs that allow low-income people to learn about financial management while saving to purchase an asset, such as a home, an education, or a small business. To learn if an IDA program exists in your area, visit www.idanetwork.org.
- Housing resource centers or community development corporations: County governments often refer low-income home buyers to these agencies.

Low-Cost Financing Provided by Banks (in conjunction with Fannie Mae): Local bank branches can provide low-income individuals and first-time home buyers with information about the following low-cost loans:

- The Community Home Buyers Program (CHBP), a mortgage offered to persons earning no more than 100 percent of a county's median income
- The CHBP mortgage with a 3/2 option, the same mortgage described above but with a lower down payment requirement
- The HomeStyle Remodeler, a mortgage offered to existing homeowners, often with minimal equity, who need up to $50,000 for home improvements

Health

Offering paid health insurance for direct care workers and their family members is the best way to ensure access to care. However, if your employer-sponsored plan requires copayments and premium contributions, direct care workers may find participation in the plan unaffordable. Remaining on Medicaid may be an option for them. In addition, children of direct care workers are probably eligible for free or low-cost health care coverage through your state's Children's Health Insurance Program (CHIP).

Medicaid: Workers can apply for Medicaid through specific Medicaid offices located in each county or health maintenance organizations (HMOs) with state Medicaid contracts.

Because welfare is no longer an entitlement program, Medicaid does not automatically enroll eligible public assistance recipients. Ensuring that eligible persons obtain Medicaid usually involves aggressive case management. Even retaining Medicaid benefits for children requires frequent recertification.

In some states, TANF offices help individuals obtain Medicaid. The following states extended Medicaid eligibility to poor working families using TANF funds: Wisconsin, Rhode Island, California, Missouri, and Ohio. The following states extended Medicaid eligibility to former AFDC recipients who found jobs using TANF funds: North Carolina, South Carolina, and New Jersey.

State Children's Health Insurance Program: The CHIP program offers low-cost health insurance to families ineligible for Medicaid but who still cannot afford private health insurance. Typically, states create a separate program to insure poor children or they expand Medicaid's eligibility criteria so children in higher income families qualify for assistance.

- For links to information about your state's CHIP program, access cms.hhs.gov/schip/statepln.asp.

Catholic Charities USA publishes a resource guide that contains information about each state's Medicaid requirements, outreach efforts, and suggestions to facilitate enrollment in your community. This publication helps local agencies administer the Children's Health Matters program, a Catholic collaboration that promotes enrollment of poor children in Medicaid and CHIP.

- For more information on the Children's Health Matters program, visit www.childrenshealthmatters.org or www.childrenshealthmatters.org/pages/resourcekit/resourcekit.html.

Other not-for-profit organizations that provide information on accessing health benefits for your workers include the Welfare to Work Partnership and the Center on Budget and Policy Priorities.

- Welfare to Work Partnership publishes *Smart Solutions: Helping Your New Workers Access Health Care*, available at www.welfaretowork.org.

- Center on Budget and Policy Priorities distributes the *Start Healthy, Stay Healthy Campaign Kit*, at www.cbpp.org/shsh.

Food Security

Food Stamps: County food stamp offices provide eligible residents with vouchers (or an electronic debit card) redeemable for food. A family's monthly income and expenses determine the amount of their food stamp benefit. Many people do not realize that they are eligible for this important benefit. In fact, statistics indicate that about 10 million eligible people have not applied for food stamps.

- For information about the program or to find the nearest food stamp office, call the national hotline at 800-221-5689 or check the list of state hotline numbers online at www.fns.usda.gov/fsp/menu/contacts/hotlines.htm.

Women, Infants and Children (WIC) Food Program: WIC offers vouchers redeemable for specific nutritious food to pregnant or postpartum women, infants, and children up to age five who are at nutritional risk and with incomes under 185 percent of poverty. Many hospitals and health clinics help women apply for WIC.

- The administrator of each state program is listed at www.fns.usda.gov/wic/Contacts/statealpha.htm.

Food Pantries: When people use up their food stamps, limited incomes, and public assistance before the end of each month, they often cannot afford food. In these situations, the following organizations offer food from emergency pantries:

- Catholic Charities
- Community Action Agencies
- Local churches of all denominations
- Salvation Army

In this chapter, we have provided you with a variety of resources on which you can draw to support your work force. By utilizing these resources, we hope you can help your direct care workers improve the quality of their lives while remaining productive, compassionate, and caring employees.

In the next chapter, we suggest that home care and long-term care providers are constrained by the larger political context in which they operate. Many providers across the United States are joining forces with consumers and labor advocates to lobby for changes in public policy that will support a stable, valued, and well-trained direct care work force that can provide the quality care consumers deserve. You, too, can join in that effort to transform our long-term care delivery system.

5 Changing the Context: Politics of the Staffing Crisis

Public Policy

"All politics is local"

Changing public policy sounds like a long-term strategy. It is, and yet it isn't. Later in this section we will urge you, or someone within your agency, to consider participating in state and national long-range efforts to "change the rules of the game," because only so much can be accomplished given current reimbursement laws and regulations.

Changing public policy is also immediate and as close at hand as your local mayor or your nearest welfare office. Public policy is not only about which laws are passed; it is, just as importantly, about how those laws are locally interpreted and implemented. As former Speaker of the U.S. House of Representatives Tip O'Neill was famous for saying, "All politics is local."

You are a powerful local actor . . .

Earlier sections of this *Guide* directed you to a range of local resources, from welfare-to-work training dollars to transportation assistance. We concede that actually getting your hands on those resources can be a competitive and time-consuming process. Therefore, we have already stressed that working in partnership with a human service organization is essential for leveraging your limited time and capacity.

When approaching potential agency partners or political leaders, remember that you, too, play an important leadership role in your community. You probably are a major employer, if not for your entire city or region, then at the very least within your neighborhood. If you are located within a low-income neighborhood, employment may be critical to community stability. When you seek support from local agencies and political leaders, present yourself not as someone in need of a hand-out, but as a potential partner that provides two powerful benefits to the community: high-quality health care services and good jobs.

. . . but don't always go alone

At times, approaching local political leaders and program administrators directly makes the most sense, particularly when your agency, facility, or health care system already has strong, long-standing relationships. Within that atmosphere of trust, your needs can be fairly and powerfully articulated.

Yet, the health care and employment issues you bring to local leaders also are centrally important to the needs of a variety of other potential "policy partners." Most obvious are health care consumer groups or groups representing older Americans, such as a local chapter of the Alzheimer's Association or the AARP. Many others could join with you to amplify your message. Low-income employment and training agencies, local labor leaders concerned about high-quality jobs, and community organizing groups are all potential allies, both in dramatizing the staffing crisis in long-term care and helping you secure resources from within your local agencies.

We recommend that you reach out to the organizations in your neighborhood or region that are natural policy allies. Not only is there strength in numbers, but the political leaders you are addressing will be less able to dismiss the needs of your facility or agency as simply "narrow self-interest."

The long-term strategy: state and national alliances

State and national decisions can have a negative—and significant—impact on your "local politics." The current state and national "rules of the game" within long-term care and work force programs often punish the health care providers that are genuinely attempting to ensure both quality jobs and quality care. Therefore, as a long-term strategy, we urge you or someone else from your facility to consider participating in alliances at the state and national levels that are advocating on behalf of direct care workers.

Direct Care Workers' Initiative in Massachusetts

The Massachusetts statewide Direct Care Workers' Initiative (DCWI), headquartered in Boston, is one example of a broad coalition of concerned providers, consumers, and labor advocates. They joined together in response to the critical staffing crisis within the state's long-term care and home care facilities; vacancy rates in the state in the years 2000 and 2001 were reported to be at about 15 percent among direct care staff.

The DCWI members include the following:

Provider associations: Home and Health Care Association of Massachusetts, Massachusetts Council of Home Care Aide Services, Massachusetts Extended Care Federation, and the Massachusetts Aging Services Association

Consumer associations: Alzheimer's Association, AARP, Greater Boston Legal Services, Cape Organization for Rights of the Disabled, Massachusetts Association of Older Americans, the Massachusetts Senior Action Council, the Medicare Advocacy Project, and the Personal Assistance Coalition

Labor associations: Service Employees International Union, Locals 285 and 767

The DCWI is staffed by the Boston office of the Paraprofessional Healthcare Institute and also is supported by the Women's Educational and Industrial Union.

The DCWI has a five-part platform that calls upon the Commonwealth to do the following:

- Pay a Living Wage: Provide wage levels that allow caregiving staff to provide for their families and reflect the social and market value of caregiving work.
- Provide Health Insurance Coverage for Health Care Workers: Provide affordable public or employer-based health insurance for workers and their families.
- Give Caregiving Work a Future: Establish career-ladder programs to create pathways for advancement, with work site supports and educational opportunities to develop better caregiving skills.
- Make Long-Term Care a Gateway to Employment: Provide supports for people transitioning from welfare into direct care jobs and scholarships to encourage enrollment in entry-level training courses.
- Ensure an Adequate Number of Staff, Now and in the Future: Establish a Long-Term Care Work Force Commission to set staffing levels in nursing homes, assess how much nursing home and home-based care we will need as our population of elders and people with disabilities increases, and recommend ways to attract and retain the quality work force we will need.

Statewide examples of this "coalitional" approach to the staffing crisis are growing. One example is the Direct Care Workers' Initiative (DCWI) in Massachusetts (see sidebar, p. 49), which includes representatives from providers, consumer groups, and organized labor. In fiscal year 2001, DCWI members helped to secure $35 million in additional state resources for wages and benefits for CNAs, as well as $5 million for a special "culture change" demonstration program to improve staffing and care quality within the Commonwealth's nursing facilities, and another $1 million in training and adult basic education for prospective CNAs.

Despite an increasingly difficult fiscal situation, the Massachusetts legislature renewed funding for this initiative in FY02 and FY03. In FY02, at the urging of the DCWI, the legislature took another important step: Lawmakers established the Commission on the Future of Long-Term Care in the Commonwealth, which will study the Commonwealth's long-term care sector, including the status of the work force, and make policy recommendations to ensure the work force meets the needs of Massachusetts' aging population over the next two decades. In FY03, wages were given an additional boost, with the implementation of a $50 million "bed tax," dedicated to increased direct care worker staffing and compensation.

Nationally, advocates have formed a new coalition called the Direct Care Alliance (DCA), sponsored by the Paraprofessional Healthcare Institute with encouragement from CHA, the American Medical Directors Association, and the Pioneer Network (a coalition of nursing home providers dedicated to changing the culture of aging). The DCA is built through representation from the three key stakeholders affected by the staffing crisis—concerned providers, consumers, and workers.

Direct Care Alliance

To find out more about the DCA, contact Christine Rico at 718-402-7446 or e-mail her at info@directcarealliance.org.

You also can visit the DCA website at www.directcarealliance.org.

If you would like to know about coalitions in your state or region, contact Vera Salter, director of the National Clearinghouse on the Direct Care Workforce, at 718-402-4138 (toll free: 866-402-4138), or e-mail her at vera@paraprofessional.org. You also can look for state-by-state initiatives at the website www.directcareclearinghouse.org.

NOTES

1. In 2002, the American Health Care Association (AHCA) reported that vacancy rates of certified nursing assistants (CNAs) within its member facilities averaged 11.7 percent, and the annual turnover rates averaged 76.1 percent.

2. Why is this true? The past three decades saw two trends multiply upon each other: During those 30 years, an increasing number of women from the Baby Boom generation came of adult age, while at the same time a sharply increasing percentage of those women became first-time participants in the work force. Now, however, a decline of those women in the work force has started because the Baby Boom work force has begun to pass through this age range, leaving a smaller, post–Baby Boom work force to follow—and the percentage of those post–Baby Boom women who want to participate in the economy has nearly peaked.

3. See *Results of the 2002 National Survey of State Initiatives on the Long-Term Care Direct Care Work Force*, Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services Office of Long-Term Care, June 2002.

4. The Bureau of Labor Statistics (BLS) projects that by the end of the decade in 2010, direct care jobs in long-term care will require 780,000 net new paraprofessional positions—an increase in demand for paid caregivers of 39 percent. These numbers are more staggering when they take into account those leaving the profession. BLS predicts that the total new job openings in direct care (growth plus replacement workers) will reach 1,048,000 by the end of the decade.

5. CHA's *Living Our Promises, Acting On Faith* program for performance improvement for the Catholic health ministry acknowledges this gap in supervisory training: "There is a huge development deficit in health care where many managers are virtually management illiterate." *Living Our Promises, Acting on Faith: Performance Improvement Collaborative: Employee Satisfaction with Involvement in Decision Making,* Catholic Health Association, St. Louis, 2001, p. 13.

6. "Coaching" as referred to here is more narrowly defined than as we use it throughout this *Guide*. As we use the term, "coaching" would be an approach applied across these types of leadership styles.

7. This section is largely condensed from PHI's *Guide to Creating an Employer-Based Training Program for Home Health Aides*, which is available with consultation from PHI. Please contact Peggy Powell, PHI's director of work force strategies, for more information at peggy@paraprofessional.org.

8. The 4Ps are described in more detail in PHI's *Relational Skills Curriculum: Teaching Communication and Problem Solving Skills to Direct Care Workers.* Please contact Christine Rico at 718-402-7446 or consulting@paraprofessional.org for more information.

9. See *Living Our Promises, Acting on Faith: Performance Improvement Collaborative: Employee Satisfaction with Involvement in Decision Making*, Catholic Health Association, St. Louis, 2001, p. 12.

10. In a survey of Catholic nursing facilities, CHA found that 43 percent of the 129 facilities in the study partnered with Catholic Charities or other human service agencies.

11. See *Working with Value: Industry-Specific Approaches to Work Force Development*, Aspen Institute Economic Opportunities Program, 2002.

12. Low-income workers also are eligible for the Earned Income Tax Credit. This individual tax credit is described on p. 43.

13. See *Cheating Dignity: The Direct Care Wage Crisis in America* by the Paraprofessional Healthcare Institute, AFSCME, 2001.

The Catholic Health Association of the United States, St. Louis, MO, and Washington, DC

The Paraprofessional Healthcare Institute, Bronx, NY