

## Attracting and Retaining Talent Frontline Workers in Long-Term Care

By David Altstadt

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“We are entrusted with people’s lives, someone’s parent or grandparent. If you have a team that doesn’t have the tools to do its job, all sorts of bad things can happen.”

—David Kohnstamm, Administrator, Rose Schnitzer Manor, Portland, Oregon

*Part of a series of reports  
on work-based learning in  
specific subsectors of the  
health care workforce.*

**F**ive million Americans are now over the age of 85. With Baby Boomers in their mid-60s and living longer than past generations, America’s aging population is expected to grow rapidly. The number of older adults in the United States will nearly double between 2005 and 2030 (IOM 2008).

More than three-quarters of adults over age 65 suffer from at least one chronic medical condition that requires ongoing care and management (IOM 2008). And many will ultimately experience frailty and dependence due to multiple, complex chronic illnesses and disabilities that will affect their mobility and require the assistance of others to help them with the daily living activities of dressing, bathing, toileting, and eating (White & Cadiz 2010). As a result, America’s aging population is raising the demand for long-term care, whether in nursing homes or, increasingly, in assisted living facilities and through home-based care (Paraprofessional Healthcare Institute 2010). Assisted living facilities offer housing alternatives for older adults who may need help with daily living activities but do not require intensive medical and nursing care.

Home health care enables seniors to live independently for as long as possible by providing a wide range of services, including not only assistance with daily living activities and housekeeping chores but also occupational and physical therapy, speech therapy, and even skilled nursing.

Regardless of the setting for long-term care, the number of older patients with complex health needs is increasingly exceeding the number of health care providers with the knowledge and skills to adequately care for them. As documented by the Institute of Medicine (2008), the United States does not produce enough health care professionals who specialize in caring for the elderly. There are a declining number of geriatricians and geriatric psychiatrists. Also, less than 1 percent of nurses, physician assistants, and pharmacists and less than 4 percent of social workers specialize in geriatrics. The institute attributes the difficulty in recruiting specialists to negative stereotypes of older adults, lower incomes for these professions, high training costs, and limited opportunities for advanced training. The situation is exacerbated by the insufficient training other health care professionals



receive in the common problems of older adults.

Yet as the Institute of Medicine recognizes, delivering better care to the rising population of older adults will take more

than recruiting and training health care professionals. **The health care system must also invest in the skills and careers of direct care staff who work on the front lines of the long-term care sector.**

## The *Jobs to Careers* Model: Focus on the Front Lines

Direct care workers, such as nursing assistants, home health aides, and personal home care aides, provide an estimated 70 to 80 percent of the paid hands-on care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. The rising population of older adults is spawning a massive expansion of direct care jobs. It is expected that 1.1 million additional direct care workers will be needed by 2018—a 35 percent increase from today. In fact, personal/home care aides and home health aides are projected to be the nation's third

and fourth fastest-growing occupations through 2018 (Paraprofessional Healthcare Institute 2010).

However, filling these jobs—and keeping them filled—could prove difficult. Direct care work is emotionally and physically demanding; yet it is rewarded with low wages, few benefits, and limited training to handle patient problems properly. Too often, workers burn out from these jobs: turnover averages 71 percent among nursing assistants, and as many as 90 percent of home health aides leave their posts after just

### The Direct Care Workforce at a Glance

Direct care workers fall into three categories:

- **Nursing assistants** primarily work in nursing homes, although some work in assisted living facilities, other community based settings, or hospitals. They assist residents with activities of daily living (ADLs) and perform clinical tasks such as range-of-motion exercises and blood pressure readings.
- **Home health aides** provide essentially the same services as nursing assistants but do so by assisting people in their homes or in community settings, under the supervision of a nurse or therapist. They also may perform light housekeeping tasks.
- **Personal and home care aides** work in either private homes or group homes, providing assistance with ADLs as well as housekeeping chores, meals preparation, and medication management. A growing number of personal assistance workers are employed and supervised directly by consumers rather than an agency.

The majority of direct care workers are employed in home and community settings. By 2018, it is expected that these workers will outnumber workers in nursing care and assisted living facilities by nearly 2 to 1. Forty-three percent of direct care workers are employed part time or full time part of the year. Accounting for part-time work, the median annual income across the direct care workforce is \$17,000.

Direct care workers are overwhelmingly female. More than half are racial and ethnic minorities, and 20 percent are foreign born. Fifty-eight percent only have a high school diploma or less. Most are not licensed, and even lack formal certification, with the exception of certified nursing assistants (CNAs).

SOURCE: <http://phinational.org>

two years. Replacing direct care workers, factored into the cost of doing business, amounts to an estimated \$4.1 billion annually (IOM 2008).

Building the skills of direct care workers can be a key to reducing turnover and improving the quality of care. Through training, direct care workers gain confidence in their job performance, earn certifications that lead to wage increases and career advancement, and become more aware of their career and educational options. Long-term care employers benefit because worker retention increases, turnover costs decline, and the quality of care improves—all of which can attract new customers. These clients and their families also benefit because caregivers have the skills and knowledge to provide customer-centered care in safe and supportive environments.

*Jobs to Careers* offers an innovative workplace model for training direct care workers at long-term care settings. The initiative has supported three-year demonstration projects at 17 sites nationwide, bringing together employers, education institutions, and other community partners to change the way that low-paid, frontline workers are trained, rewarded, and advanced.

Two *Jobs to Careers* projects have focused on training direct care workers in long-term care:

- In **Hartford, Connecticut**, four long-term care providers offering nursing home care, assisted living, and rehabilitation services have collaborated with the local Workforce Investment Board and a host of education and community partners to raise the skill levels of certified nursing assistants (CNAs).
- In **Portland, Oregon**, five assisted living and residential care facilities have teamed up with the local community college and state health care industry groups to implement a cutting-edge, industry-recognized curriculum to train direct care workers.

A hallmark of *Jobs to Careers* is work-based learning: workers master occupational and academic skills in the course of completing their job tasks and fulfilling their day-to-day responsibilities. While working full time, the employees take college courses and earn academic credit for workplace training. Other learning approaches in *Jobs to Careers* include technology-enabled, experience-based, and traditional worksite and off-site learning.

To realize the unique *Jobs to Careers* approach to learning, educators and long-term care employers reform their own operations to better respond to the needs of working adults and improve access to and success in skill-building programs.

- *At the workplace*, employers develop new job positions and responsibilities, deeply involve supervisors in employee training and career development, and offer paid release time, prepaid tuition assistance, job coaching, and mentoring.
- *At the educational institution*, community colleges and other training providers award college credit for work-based learning, prior learning, and entry-level health care credentials. They also offer accelerated and part-time degree and certificate programs, contextualize college preparatory math and English courses to health care concepts and job tasks, and appoint professional staff from health care employers to be adjunct college faculty.

# Examples from the Field



“The training I received through Capital Workforce Partners and VNA Healthcare Inc. has helped me to perform my job even better than ever,” says Barbara Abel, a home health aide.

## HARTFORD, CONNECTICUT At four long-term care facilities, better-skilled certified nursing assistants are helping improve care for residents.

### Frontline workers targeted for training

- Certified nurse assistants

### Outcomes

- 88 workers have enrolled in work-based learning courses.
- At least 33 workers have received raises as a result of the training.

Four Hartford-area long-term care facilities are engaging certified nursing assistants in work-based learning to improve their clinical skills and better equip them to address the needs of residents.

- **Hebrew Home** provides short-term rehabilitation, skilled nursing home care, and dementia services.
- **Jerome Home** provides a full continuum of services, including assisted living, short-term inpatient and outpatient rehabilitation, and skilled nursing care, as well as specialized care for patients with dementia or memory impairments.
- **Southington Care Center** specializes in a range of rehabilitation services (short-term inpatient, outpatient, and rehab nursing care) and operates a skilled nursing home.
- **Woodlake at Tolland** offers nursing home care, short-term rehabilitation, and adult day care services.

Administrators report that the training has encouraged workers to learn more about their clients by reading residents' charts, asking questions of supervisors and others, and taking more deliberate ownership of their jobs. Consequently, workers have gained the tools to deescalate problems with agitated residents and minimize

falls by residents, a major problem in elder care facilities.

The Hartford *Jobs to Careers* project, begun in 2008, is led by Capital Workforce Partners, a Workforce Investment Board serving 37 municipalities in north central Connecticut. CWP worked with Manchester Community College to convert six clinical specialty courses into work-based learning, including courses on hospice, dementia and Alzheimer's, rehabilitation, and aging issues.

While at work, CNAs learn through an online curriculum. Mentors, who are drawn from the ranks of nurses, managers, directors of nursing, occupational therapists, and, in a few cases other CNAs, offer additional training through “teachable moments” at the workplace. Mentors also assess when workers have acquired needed competencies to fulfill course requirements. Staff mentors undergo training to develop their supervisory skills.

CNAs receive three credits per course, which they can apply toward a 30-credit gerontology certificate and subsequent Associate's degree programs. The project is designed to provide financial benefits to workers who complete the clinical courses and advance through a career pipeline from Level 1 to Level 3 CNAs. Workers who advance to CNA Level 2 receive bonuses of \$100 to \$200; Level 3 CNAs receive a wage increase of up to \$1 per hour. At Southington, 33 workers have obtained raises as a result of the project.

## PORTLAND, OREGON

### Caregivers at five long-term care facilities obtained industry-recognized credentials to better serve elderly patients.

#### Frontline workers targeted for training

- Direct care workers, including resident assistants and medication aides
- Housekeeping and kitchen staff

#### Outcomes

- 86 workers have completed the training and received certificates; 30 workers are in the training.
- 30 supervisors received training to deliver work-based learning at 5 centers; an additional 61 supervisors at 18 other facilities around the state have signed up for training.
- At least 10 percent of the direct care workforce at the 5 long-term care facilities was attending school and training off site to become certified nurse assistants, pharmacy technicians, or nurses. Others were seeking Associate's degrees.

Through the Portland *Jobs to Careers* project, which ran from 2006 to 2009, five assisted living and residential care facilities engaged their direct care staff in a work-based learning curriculum. Workers completing the training received certificates as resident assistants, responsible for helping residents undertake activities of daily living, maintain their emotional well-being, and prevent infections, falls, and skin problems, among other tasks. The training led to a first-of-its-kind, industry-recognized credential and raised the quality of care delivered to residents.

Direct care workers honed their observation skills and gained a better understanding of residents' health and emotional needs. They now play a stronger role in planning and carrying out service plans for residents, which creates the potential for more personalized and sensitive care. As a result, residents have reported higher satisfaction

with the care and services they receive (Wilson & Goldberg 2010). According to managers and supervisors at the participating facilities, direct care workers learned important skills and knowledge in a systematic and consistent fashion, as opposed to the more ad hoc training they received in the past (Wilson & Goldberg 2010).

The five facilities were:

- **Cedar Sinai Park's Rose Schnitzer Manor** offers independent and assisted living.
- **Providence Benedictine Orchard House** offers assisted living at three levels of personal care depending on the needs of residents.
- **Farmington Centers' Farmington Square** offers assisted living, memory care, and respite care. Memory care provides a continuum of services for adults with Alzheimer's. Respite care provides family caregivers with temporary relief through short-term nursing home care for elderly cared for at home.
- **Concepts in Community Living's Taft Home** is a residential care facility. It provides similar services to a nursing home but in a more homelike setting.
- **Marquis Vintage Suites at Wilsonville** provides assisted living services.

The Portland project, managed by Portland Community College, was developed while the state was establishing regulations that would set formal training expectations for direct care staff at assisted living facilities. The new rules require that assisted living staff demonstrate knowledge and proficiency in a wide variety of areas and complete a minimum of 12 hours of in-service training on topics relevant to community-based care. In contrast, skilled nursing care facilities have long had to adhere to training requirements for their staff, evidenced in the employment of CNAs.

Prior to *Jobs to Careers*, Portland Community College had collaborated with several assisted living employers to identify

tasks performed and competencies or skills required for entry-level, unlicensed, direct care positions. This effort codified the first- and second-rung occupations as Resident Assistant I and Resident Assistant II. A curriculum was then developed for training resident assistants in those competencies.

For *Jobs to Careers*, Portland Community College customized the resident assistant curriculum so that it could be delivered through work-based learning. The college's Customized and Workplace Training Department collaborated with the Department of Gerontology to develop the training materials, provide career exploration workshops for direct care workers, and develop opportunities for workers to receive academic credit for participating in the training.

The curriculum consists of 27 work-based learning modules covering such topics as roles and responsibilities, resident service plans, personal care, self care, and diabetes care. It also incorporates a wide variety of skills associated with ensuring the emotional well-being of residents, such as emotional care, verbal communication, problem solving, and written communication. On average, workers completed 30 hours of training over the course of several months.

The college trained professional staff at each facility to become workplace instructors for the program. Professional staff, including nurses, administrators, and experienced direct care workers, attended a three-day workshop where they learned how to teach workers with different learning styles and with varying levels of English language skills. They had the discretion to teach the modules as they saw fit, but they typically delivered the training in small group settings during regular work hours.

PCC authorities agreed to grant two credits for those attaining Resident Assistant I status and an additional credit for those attaining Resident Assistant II status. The college also worked with project partners to develop short-term credentials in specialized topics of aging, including

activities assistance and advanced behavioral and cognitive care, to prepare graduates for jobs in elder-serving settings, such as assisted living, and also to pursue further academic studies. Both certificates articulate with Associate's and Bachelor's degrees in gerontology.

Portland Community College and the long-term care providers implemented several other strategies to help frontline workers succeed in the program. Employers prepaid tuition rather than reimbursing workers after completion of courses, allowing more workers to take advantage of education opportunities. The community college also offered career development workshops for frontline workers and supervisors, which addressed coaching and peer support needs and provided information on resources and opportunities available to attend college.

The state's two major associations of long-term care employers—the Oregon Health Care Association and the Oregon Alliance for Senior and Health Services—recognize the Resident Assistant certifications. After the *Jobs to Careers* project officially ended, the team began meeting with state funders and regulators of community-based care to gain recognition for the resident assistant curriculum and work-based learning model as a statewide standard. To date, 18 other long-term care facilities have signed up professional staff for training to become instructors.

## Next Steps

Since 2006, *Jobs to Careers* has demonstrated what works—and what is needed—for transforming the skills and careers of frontline workers. Long-term care facilities can take the following steps to benefit from and contribute to successful practices going forward:

- **EDUCATE:** Learn more about *Jobs to Careers*. Practice briefs, research reports, tools, and other resources on what makes for a successful work-based learning program are available at [www.jobs2careers.org](http://www.jobs2careers.org).
- **PARTICIPATE:** Join Jobs for the Future's *Health Care Affinity Group*, a virtual network for those interested in facilitating the advancement of new and incumbent low-wage workers across the health care sector. To sign up, email [gausick@jff.org](mailto:gausick@jff.org).
- **REPLICATE:** Talk with potential education and workforce development partners and funders in your community about establishing work-based learning programs and implementing other successful components of the *Jobs to Careers* model.
- **ADVOCATE:** Join other health care providers, education partners, funders, and other stakeholders in advocating for state and federal investments and policy reforms that will promote the adoption of work-based learning and other components of the *Jobs to Careers* model.

*Jobs to Careers* projects provide a foundation for creating and scaling up innovative and effective work-based learning models at long-term care facilities and in other health care institutions. But given the size and complexity of the health care sector, advancing the frontline workforce will require serious investments—of funds and other resources and in the attention and commitment of policymakers and stakeholders. To move a “health care workforce agenda” forward, Jobs for the

Future has recommended a number of goals for improving state and federal policies, such as:

- Improve the understanding of trends in the frontline health care workforce through dedicated funding for local, state, and national data collection, analysis, and dissemination.
- Ensure that knowledge about the frontline health care workforce reflects current and projected labor market information on trends in supply, demand, skill needs, skill gaps, employment, and earnings.
- Identify, evaluate, disseminate, and replicate “best practice” models of health care workforce development to employers, educational institutions, and other stakeholders.
- Provide federal matching funds to state and local governments, private employers, and labor-management partnerships that invest in the recruitment, retention, and training of frontline and mid-level health care workers in the public and private workforces.



For more information on the role of public policy in advancing the frontline workforce in health care, see *Rx for the Health Care Workforce: Promising Practices and their Implications for State and Federal Policy*, by Randall Wilson.

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**Jobs to Careers  
National Program Office**

c/o Jobs for the Future  
88 Broad Street, 8th Floor  
Boston, MA 02110

TEL 617.728.4446  
FAX 617.728.4857

[www.jobs2careers.org](http://www.jobs2careers.org)

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