



**DEVELOPING
STATE PARTNERSHIPS
AND INITIATIVES**

TO ADDRESS

**LONG TERM CARE
NURSING WORKFORCE
CHALLENGES**

**A Work Plan for the Initial Planning
and Development of
State LTC Nursing Workforce
Partnerships and Initiatives**

**Brian Biles, Robert Burke, Kristin McCloskey,
and Sandra Fitzler**

September 30, 2005

A Report Made Possible Through a Grant From
The U.S. Department of Labor

TABLE OF CONTENTS

Table of Contents	1
Preface	2
Executive Summary	3
Introduction	9
Background	13
The LTC Nursing Shortage	13
Impact of LTC Nursing Shortage	16
Call to Action	17
Initial Planning	18
Industry Commitment to Lead the Way	18
Research and Analysis	19
Identification of Model State Programs	25
Other State-Level Programs	33
Identifying Partners	37
Key Partners	38
State LTC Agencies and Other Key Partners	41
Developing State Initiatives	44
Building Partnerships	44
Program Focus and Specific Projects	49
Conclusion	51
Appendix A: Key Documents	52
Appendix B: Key Websites	54

PREFACE

This Manual, *Developing State Partnerships and Initiatives to Address Long Term Care Nursing Workforce Challenges*: provides state long term care organizations “how to” information needed to successfully deal with nursing workforce challenges. This Manual is a work plan for the initial planning and development of state nursing workforce partnerships and initiatives between the state long term care organization, the state Workforce Investment System, and key organizations.

The United States Department of Labor (DOL), Employment and Training Administration (ETA), through grant funding, supported the work to investigate state-level long term care workforce initiatives and the development of this manual. The ETA also provided periodic review of the manual development as well as technical assistance.

This manual was written by the two organizations involved in a project that assessed long term care state-level workforce initiatives: the American Health Care Association (AHCA) and the Wertlieb Institute for Long-term Care at George Washington University (GWU).

Three state long term care organizations especially provided detailed information on workforce partnership initiatives:

- Massachusetts Extended Care Federation, Newton Lower Falls, MA,
- California Association of Health Facilities, Sacramento, CA, and
- Arkansas Health Care Association, Little Rock, AR.

The impetus behind the project to assess long term care involvement in state-level workforce partnerships and the need to create a “how to” manual stemmed from the findings of the National Commission on Nursing Workforce for Long Term Care. The AHCA and the Wertlieb Institute at GWU were the principal partners responsible for the development and coordination of the national long term care workforce commission.

The authors are very appreciative of the recognition of long term care workforce needs by DOL and their support of this project and manual.

EXECUTIVE SUMMARY

The nation's long term care (LTC) industry faces a major nursing workforce shortage. Over 15 percent of registered nurse (RN), 13 percent of licensed practical nurse (LPN), and 8 percent of certified nursing aide (CNA) positions—a total of over 95,000—are vacant nationwide.

The current LTC nursing workforce shortage is projected to get worse over the next decade. These shortages are projected to increase over the next decade as the population ages. The Bureau of Labor Statistics predicts that this will translate into a 45 percent increase in demand for new LTC workers between 2000 and 2010 alone, the equivalent of approximately 800,000 new jobs.

Vacancies and turnover in the LTC industry compromise quality and increase costs. Studies indicate that the supply of nursing staff is a key factor in the quality of care in a LTC facility. The cost due to staff turnover in nursing facilities is estimated at over \$4 billion a year by one recent study.

Background. Long term care nursing workforce initiatives will, to be most effective, need to be organized at the state level, depend on LTC leadership, be based on strategic partnerships, and focus on direct-care workers who make up the majority of the LTC nursing workforce:

The LTC industry is organized at the state level as a result of the importance of state-administered Medicaid as the largest payer of LTC services and of the state-based certification of nursing facilities. Important workforce resources are also organized at the state level including the workforce investment system and community colleges and state universities. There are model programs at the state level in the states of Massachusetts, California, and Arkansas.

The leadership for the development of initiatives to improve the LTC nursing workforce must be provided by the LTC industry itself. Workforce development efforts need to be based on partnerships that include educating and training providers such as the workforce investment system and community colleges, community economic development entities such as the Chamber of Commerce, and other organizations that have skills and resources devoted to workforce development.

The initial focus of state-level LTC workforce initiatives may be most beneficial when focused on efforts to address direct-care workers, CNAs, and LPNs. These are the most numerous

workers in LTC, and solutions to vacancies and turnover in these jobs would yield important rewards, i.e., improved quality and cost savings.

The sections of this manual provide a background on the LTC workforce problem and its impact and then describe steps for the initial planning, the identification of partners, and the actual development of initial projects for a state initiative.

Initial Planning of Initiatives. In the early stages of development, state LTC associations should be focused on developing an understanding of the workforce shortage in their particular state as well as building internal and external support for the concept of an initiative.

These goals translate into three key steps for the planning of a new program. State initiatives should begin by:

- Securing LTC industry commitment to lead efforts to address the nursing workforce shortage by a major state LTC association;
- Analyzing the nursing staff workforce problems in the state; and
- Identifying model programs in other states that may provide options for the new state initiative.

Model State Programs. A review of comprehensive state programs will serve to give state LTC leaders and potential partners a sense of the possible extent and focus of a state initiative. Model state programs have been developed by long term care leaders in Massachusetts, California, and Arkansas.

Massachusetts. The Massachusetts Extended Care Federation (MECF) serves on the statewide Massachusetts Extended Care Career Ladder Initiative (ECCLI) Advisory Committee and is actively involved in the development of programs, applications, and policies associated with the implementation of the initiative. Other members of the partnership include:

- Workforce agencies at the state and local level, including the Massachusetts Department of Transitional Assistance, the Massachusetts Department of Workforce Development, and the Massachusetts Workforce Board Association;
- Community colleges represented by the Massachusetts Community College Executive Office;

- State agencies, including the Department of Public Health, the Executive Office of Elder Affairs, and the Department of Education;
- Other health care associations, including the Home & Health Care Association of Massachusetts, Mass Aging, and the Massachusetts Council for Home Care Services.

The Massachusetts initiative has created a culture of retention, ongoing learning, and high-quality care giving in Massachusetts long term care facilities. Over 50 Massachusetts nursing facilities are now involved with LPN partnership programs with local community colleges to train CNAs in career ladder programs.

California. The California direct-care worker initiative (CDCWI) is designed to address a current statewide shortage of 30,000 direct-care workers at the CNA, LVN (the term for LPNs in California), and RN levels. The leadership for the CDCWI program has been provided by the Quality Health Care Foundation (QHCF) of the California Association of Health Facilities (CAHF).

The California initiative is based on workforce coalitions. It focuses on training CNAs, LVNs, and RNs through an initiative effort that includes the LTC industry, state and local workforce agencies, and community colleges.

Partners in the California initiative include:

- The Quality Health Care Foundation (QHCF), which provides programmatic support and training related to career ladders and other workforce development with long term care facilities.
- The California Workforce Investment Board (CWIB) and area workforce investment boards;
- Community colleges across the state;
- State agencies, including the California Economic Development Department, California Department of Veteran's Affairs, and the Employment Training Panel (ETP).

The CDCWI works to minimize the shortage of long term care health professionals by developing and building relationships with employers, allied health professionals, governmental entities, and higher institutions of learning.

Components of the workforce initiative have included: a vocational training program in San Diego; a Caregiver Training Initiative (CTI) that trained over 2,500 CNAs and enhanced other long term care employees' skills; and a Veteran's Employment Assistance Project to bridge the employment gap between separating service personnel and civilian health care employers. Over 2,600 individuals have been trained to be CNAs while career ladder programs have helped over 200 individuals.

QHCF continues to develop collaborative activities to diminish the nursing shortage and increase career ladder programs. Overall, valuable relationships between state, local, and private industries have made an important contribution to the reduction of the critical nursing shortage in California.

Arkansas. The Arkansas Health Care Association together with the University of Arkansas Institute on Aging and the Hartford Center of Geriatric Nursing Excellence has initiated efforts to address the "assisted living facility crisis" in Arkansas.

Partners in state initiative include: the Arkansas Workforce Investment Board; individuals from the Office of the Governor and the Arkansas legislature; state officials from the Medicaid program and the Office of Long-Term Care; and the Arkansas Quality Improvement Organization; and representatives from health care associations.

These organizations and individuals created an Arkansas Coalition for Nursing Home Excellence (CNHE). The coalition includes three subgroups – workforce, resident-centered care, and quality improvement – to help formulate a strategic plan for the overall initiative. Coalition leaders are preparing an action plan to present to specific organizations for initial funding.

An Arkansas Health Care Foundation (AHCF) has also been established by the Arkansas Health Care Association to establish continuing public and professional educational programs for the LTC industry. The Arkansas Health Care Association will support frontline caregivers, assisted living facility administrators, and owners so that they can develop and maintain the highest professional standards to provide high-quality care for assisted living facility residents throughout the state.

Other model state LTC nursing workforce programs include the Better Jobs, Better Care (BCBJ) program managed by the Institute for the Future of Aging Services (IFAS) and funded by the Robert Wood Johnson Foundation. BJB works to strengthen LTC practices to reduce high vacancy and turnover rates of direct-care nursing staff. This \$15 million program includes five major state demonstrations and the development of information describing activities to improve the direct-care workforce.

Identifying Partners for Initiatives. The development of a broad, effective, and sustainable state LTC nursing workforce initiative cannot be undertaken by the LTC industry alone. An effective state initiative will require the active participation and support from a variety of partners, including the workforce investment system, community colleges and education providers, state agencies, and other organizations responsible for health care and training in the state.

Efforts to build relationships with potential partners and sources of support should include:

- The publicly funded Workforce Investment System network of state and local resources that assist businesses in recruiting, training, and retaining a skilled workforce. The cornerstone of the system is the One-Stop Career Center, which unifies training, education, and employment programs into a single-service delivery system at the local level.
- Community colleges that provide training for the nursing workforce at the RN, LPN, and CNA level. Over 700 community colleges award degrees in nursing, and almost 50 percent of new RNs are trained at community colleges. Community colleges are major partners of the workforce agencies in a wide range of industries. They, along with the industry and the workforce investment system, are the major elements needed to form an effective partnership for workforce development.
- The state Medicaid agency since state Medicaid programs are the largest source of funding for nursing facilities, with annual spending of over \$50 billion a year. Because LTC constitutes 40 percent of the Medicaid budget, state Medicaid officials are concerned about the costs and quality of LTC and have an interest in the development of workforce recruitment and retention programs. Medicaid administrative funds may be used to support the direct costs of a nursing facility quality initiative, such as a nursing workforce initiative.
- The state LTC survey and certification agency can play an important role in a state workforce initiative by developing certification systems that give providers incentives to reduce vacancies and turnover. Certification staff may also play a role in the consideration of proposals for Medicaid to provide financial support for statewide efforts to improve nursing workforce staffing levels.

Developing State Initiatives. A solid foundation for a workforce initiative is based on strong leadership commitment from the state LTC association, careful identification of workforce challenges in the state and potential solutions, and the identification of potential partners. The actual development of the initiative builds on that foundation to create an effective, sustainable

solution to the industry's challenges. The development phase involves building the partnerships and selecting the program focus and specific projects.

Building the partnerships that will design and implement the program is the first activity of an operating initiative. The establishment of reliable partnerships and the choice of realistic goals will depend on the organizations that agree to participate and the extent of their administrative and financial support.

The building of state partnerships may include six steps: developing a work group, crafting an agenda, setting goals and objectives, developing a work plan with a schedule and assignments, designing the evaluation of the initiative, and identifying sources of financial support.

With the active participation of all partners, the specific focus for initial projects to be conducted by the initiative should be selected and developed. This work should build on the earlier work group discussions of the LTC nursing workforce problems in the state and should aid in understanding model programs and projects developed across the nation. The selection of projects should, most of all, build on the interests and resources of the partners in the state.

Options for possible projects to improve recruitment and retention of LTC workforce based on the lessons from state model programs include: expanding the pipeline of LTC workers by reaching out to youth and individuals from declining industries; providing a career ladder program to train CNA and LPN workers so they may advance within the LTC field to more senior positions with increased pay; offering distance learning and apprenticeships that may be incorporated into LTC direct-care worker training programs under the direction of a nurse trainer who may be faculty at a community college or an employee of a nursing facility; and transforming the culture of the LTC workplace to make it more patient/resident-centered and worker-centered.

Conclusion. This manual is intended to assist the leadership and staff of state LTC associations interested in the development of nursing workforce initiatives. It assumes that LTC leadership in a state has decided that solving the nursing workforce shortage is important to the industry's future. This work plan is intended to provide state leaders with the outline of a process for planning a state LTC direct-care initiative.

INTRODUCTION

The nation's LTC industry faces a major nursing workforce shortage. Over 15 percent of RN, 13 percent of LPN, and 8 percent of CNA positions—a total of over 95,000—are vacant nationwide.

The current LTC nursing workforce shortage is projected to get worse over the next decade. With the aging of the population, the need for LTC services will increase. At the same time, much of the current LTC workforce will begin to retire. Compounding the future situation, fewer new nurses are projected to be trained than will be needed by the health system due to lack of faculty and other resources at nursing schools.

Vacancies and turnover in the LTC industry compromise quality and increase costs. Studies indicate that the supply of nursing staff is a key factor in the quality of care in a LTC facility. As Senator Charles Grassley stated in 2000: "The single greatest impediment to good assisted living facility care is a shortage of nursing staff." National reporting of nursing staff levels at individual facilities is now being developed by the Department of Health and Human Services (HHS). The cost due to staff turnover in nursing facilities is estimated at over \$4 billion a year by one recent study.

This problem manifests itself at the individual provider level, but, to be effective, solutions need to be implemented on a broader scale. The National Commission on Nursing Workforce for Long-Term Care has recommended that one effective way to tackle this challenge is to develop initiatives at the state level. Coordination of provider efforts at the state or regional level produces stronger solutions. This strategy provides a critical role for state LTC associations to play.

The National Commission, initiated by AHCA in 2003, issued its final report in 2005. The Commission followed earlier collaborative workforce initiatives conducted by AHCA and GWU.

The Commission brought together a diverse group of leaders of health care organizations and health professionals to find solutions to the shortage of long term care workers. The primary goal of the Commission was to develop an understanding of the industry's workforce issues and to identify activities that would develop, nurture, and maintain a well-trained, experienced, and dedicated nursing workforce to care for our nation's frail elderly and disabled. The Commission

was charged to develop a plan that described practical steps for long term care nursing staff recruitment and retention.

In April 2005, the Commission released its report, *Act Now – For Your Tomorrow: Final Report of the National Commission on Nursing Workforce for Long-Term Care*. This report provides recommendations for resolving workforce issues at the national, state, and community levels.

The work of the Commission demonstrated the value of collaboration with key partners. Collaborative partnerships can resolve long term care nursing workforce shortages by drawing on the power of the partners to narrow the gap between what is known and what should be done to develop, recruit, and retain qualified long term care professionals and staff.

The AHCA, the largest national organization representing both for-profit and non-profit LTC facilities, supports state associations in these efforts.

This manual has been created, with the support of DOL ETA as a work plan to guide state LTC associations in the development of LTC workforce initiatives. These initiatives are designed to strengthen both the recruitment and retention of the LTC workforce.

Long term care nursing workforce initiatives will, to be most effective, need to be organized at the state level, depend on LTC leadership, be based on strategic partnerships, and focus on direct-care workers who make up the majority of the LTC nursing workforce:

- **State-Level Initiatives:** The National Commission on Nursing Workforce for Long-Term Care has recommended that an effective response to the LTC nursing workforce shortage will need to include initiatives at the state, individual provider, and national levels.

Of these three levels, perhaps the most immediate opportunity for action lies at the state level. The LTC industry is organized at the state level as a result of the importance of state-administered Medicaid as the largest payer of LTC services and of the state-based certification of nursing facilities. Important workforce resources are also organized at the state level including the workforce investment system, community colleges, and state universities.

There is also experience with model programs at the state level. Broad LTC workforce programs have been developed in the states of Massachusetts and California. The BJBC program funded by the Robert Wood Johnson Foundation supports initiatives in five states.

- **LTC Leadership:** The leadership for the development of initiatives to improve the LTC nursing workforce must be provided by the LTC industry itself. The industry has the most to gain from the improvement in quality and reduction in costs from better recruitment and retention of nursing staff. It also has the most to lose if the current patterns and trends continue in their decline over the next decade.

While leaders in other fields – including workforce, education, and nursing – will need to play an important role as partners in new initiatives, individuals from these fields are not likely to make LTC workforce a priority in their own work in the absence of leadership from the LTC industry.

- **Partnership Based:** Workforce development efforts need to include not only the LTC industry, but also educating and training providers such as the workforce investment system and community colleges, other community economic development entities such as the Chamber of Commerce, and countless other organizations which have skills, resources, and ideas devoted to workforce development. Bringing those resources together through partnerships and using them strategically is a key factor of effective workforce development initiatives.
- **Focus on Direct-Care Workers:** The first focus of state-level LTC workforce initiatives may be most beneficial when directed at efforts to address direct-care workers, CNAs, and LPNs. These are the most numerous workers in LTC, and solutions to vacancies and turnover in these jobs would yield important rewards, i.e., improved quality and cost savings.

There is also greater experience with direct-care worker initiatives as these are the professional levels addressed by many current efforts including the Massachusetts, California, and BJBC programs. Initiatives focused on direct-care workers may also find available partners and funding from the workforce investment systems and community colleges.

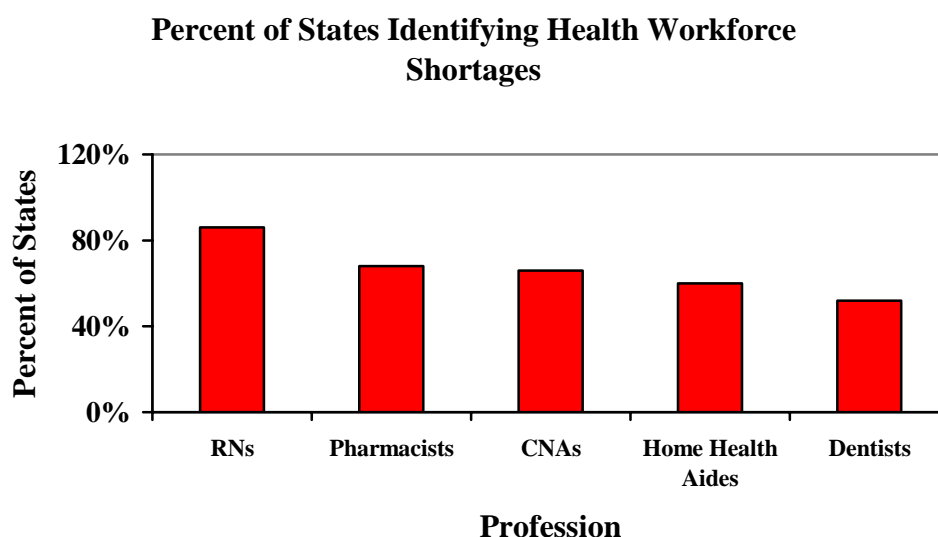
The intended audience for this manual is the leadership and staff of state LTC associations interested in the development of nursing workforce initiatives. It assumes that LTC leadership has decided to tackle the problem and is willing to make an initial investment of time and resources.

The sections of this manual provide a brief background on the LTC workforce problem and its impact and then describe steps for the initial planning, the identification of partners, and the actual development of initial projects for a state initiative.

As a final point, this manual is intended to provide state leaders with a clear path to the process of planning and development of a state LTC direct-care initiative. It is not intended to prescribe the content of the workforce projects that a state should pursue. The 50 states are all different; each has its own problems, interests, and resources. This work plan provides a guide for state leaders and staff on the process for the planning and development of an initiative. It is a work plan for how to decide what to do, but not what to do.

BACKGROUND: THE NURSING WORKFORCE SHORTAGE

The United States now faces a major challenge with a shortage of nurses and other health professionals. The problem is national in scope, with over 80 percent of states reporting a shortage of nurses.



Source: Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care, 2003, published by the Milbank Memorial Fund, p. 12.

THE LTC NURSING SHORTAGE

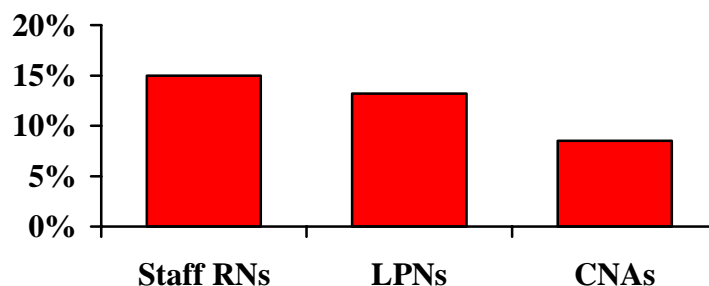
The current shortages are widespread. They affect all of types of nursing staff from RNs to LPNs to aides, and all types of employers, including LTC and hospitals.¹

Much of the formal care for the LTC industry is provided by nursing staff, which include RNs, LPNs, and CNAs.

Currently, 15 percent of nursing facilities' RN, 13 percent of LPN, and 8.5 percent of CNA positions are vacant.² Overall, this translates into nearly 96,000 full-time equivalent nurse and other health care professional vacancies in nursing facilities across the United States.³

¹ *Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care.* Salsberg, Edward. The Milbank Memorial Fund, New York, NY, 2003, p. 1.

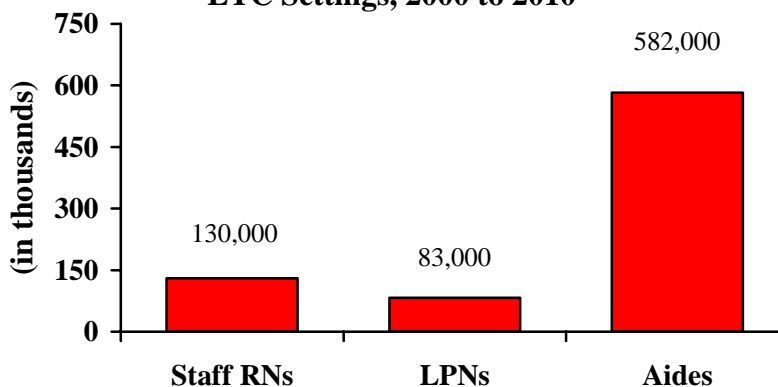
National Vacancy Rates: 2002



Source: Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Facilities February 12, 2003 published by AHCA Health Services Research and Evaluation, p. 5.

These shortages are projected to increase over the next decade as the population ages. The Bureau of Labor Statistics predicts that this will translate into a 45 percent increase in demand for new LTC workers between 2000 and 2010 alone, the equivalent of approximately 800,000 new jobs.⁴

Projected Nursing Employment Increases in LTC Settings, 2000 to 2010



Source: The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation. Report to Congress. U.S. Department of Health and Human Services, Washington, DC, May 14, 2003, p. 10.

² *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Facilities.* American Health Care Association, Washington, DC, February 12, 2003, p. 5.

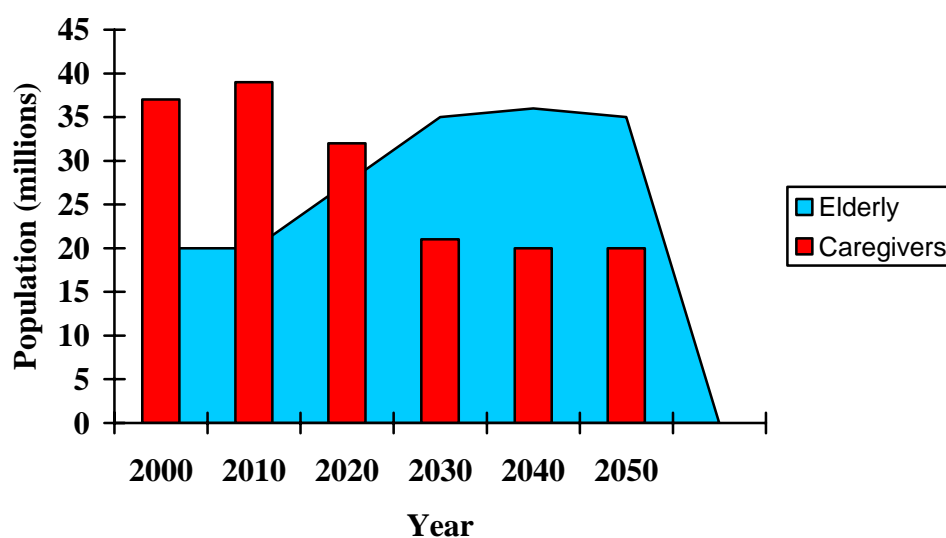
³ *Ibid.*, i.

⁴ *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation.* Report to Congress, U.S. Department of Health and Human Services, Washington, DC, May 14, 2003, p. 3.

The aging baby boom generation is expected to increase the number of elderly needing care by 11 million people by 2050 — a 130 percent increase from 2000.⁵

However, while the demand for nursing staff will grow rapidly, the supply of direct-care workers is unlikely to keep pace. Factors contributing to the shortage of LTC staff include salaries that are lower than the salaries in alternative industries and health care fields like hospitals and labor market competition for women who have traditionally been the primary source of LTC staff.⁶

Aging Population Relative to Workforce



Source: Based on year 2000 US Census data.

Compounding the vacancy issue are high annual turnover rates for LTC nursing workers that exceed 70 percent for CNAs and 48 percent for LPNs nationwide.⁷

Turnover among nurses aides working for facility health agencies and nursing facilities is 13 - 18 percent higher than the overall labor force, and 20 percent higher than other service workers.⁸

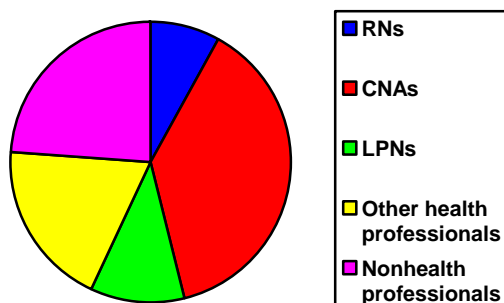
⁵ *Recruiting and Retaining a Quality Paraprofessional Long-Term Care Workforce: Building Initiatives with the Nation's Workforce Investment System*. Fishman, Michael E., Burt, Barnow, Asaph Glosser, and Karen Gardiner. The Lewin Group, Falls Church, VA, May 21, 2004, p. 1.

⁶ *Long-Term Care Financing and the Long-Term Care Workforce Crisis: Causes and Solutions*. Paraprofessional Healthcare Institute, Bronx, NY, January 2003, p. 19. *Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care*. Salsberg, Edward. The Milbank Memorial Fund, New York, NY, 2003, p. 1.

⁷ *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Facilities*. American Health Care Association, Washington, DC, February 12, 2003, p. 5.

The problems with direct-care nursing workforce are especially critical. CNAs and LPNs compose the largest share of the nursing staff and have the largest numbers of vacancies and turnover.

Employment by Profession for Nursing Facilities



Source: Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care, 2003, published by the Milbank Memorial Fund, p. 12.

Factors contributing to the turnover of LTC staff include the culture of the workplace, the lack of opportunities for career growth, the difficulty of the physical work, and salaries that are lower than the salaries in alternative jobs.

IMPACT OF LTC NURSING SHORTAGE

Important effects of staff shortages and high turnover include reduced quality and increased costs of care.

Stretching coverage for patients across too few workers, for example, reduces attention and care for each patient, which adversely affects the quality of their care. The Abt Associates study for the Centers for Medicare and Medicaid Services (CMS) indicates that substantially more CNA, LPN, and RN time per patient per day is needed to maximize the quality of care.⁹ Turnover and regular use of temporary staff contribute to a lack of continuity of care, which affects the services provided to LTC patients and reduces the satisfaction of patients and their families.

⁸ *Recruiting and Retaining a Quality Paraprofessional Long-Term Care Workforce: Building Initiatives with the Nation's Workforce Investment System.* Fishman, Michael E., Burt, Barnow, Asaph Glosser, and Karen Gardiner. The Lewin Group, Falls Church, VA, May 21, 2004, p. 5.

⁹ CMS Report to Congress: *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Facilities*, December 2001.

In addition to the quality concern, there are direct and indirect costs related to high turnover and vacancies. Direct costs include replacement costs such as advertising, interviewing, and screening of new applicants; training and orientation costs; costs due to increased worker injuries; and separation costs such as exit interviews. Indirect costs include lost productivity of new workers; deterioration in workplace environment and employee morale; and client dissatisfaction.

Estimates place the national price tag for the turnover of nursing facility direct-care workers at approximately \$4.1 billion per year.¹⁰

CALL TO ACTION

Given these challenges and their impact on the provider community, it's critical that the LTC community take the lead in new efforts to address these challenges in an organized fashion. In the absence of fresh leadership from the LTC industry, high levels of vacancies and turnover are projected not only to continue but to increase. The nursing workforce shortfall plays a major role in reduced quality of LTC care and increased costs.

¹⁰ *The Cost of Frontline Turnover in Long-Term Care*. Seaver, Dorie. Better Jobs Better Care, Washington, DC, 2004, p. 21.

INITIAL PLANNING

OF STATE LONG TERM CARE DIRECT-CARE WORKFORCE INITIATIVES

In the early stages of development, state LTC associations should be focused on developing a strong understanding of the workforce shortage as it manifests itself in their particular state as well as building internal and external support for the concept of an initiative. These goals translate into three key steps, which are the same as the fundamental steps for the planning of a new program in any area:

- **Industry Commitment to Lead the Way:** Secure LTC industry commitment to lead efforts to address the nursing workforce shortage by a major state LTC association. This commitment should be formalized in a statement reflecting this decision, which should include a definition of the mission and objectives of the initiative;
- **Research and Analysis:** Research and analysis of the nursing staff workforce problems in the state; and
- **Identification of Model Programs:** Identify model programs in other states that may serve as options for the design of the new state initiative.

Following the completion of these three planning elements, the development of the initiative can proceed to the building of partnerships and the design of the overall program and specific projects of the initiative. These will be discussed in the next sections of this manual.

INDUSTRY COMMITMENT TO LEAD THE WAY

The single most important step in the initial planning of a state LTC direct-care workforce initiative is the commitment by the LTC industry to lead the effort. This leadership commitment should be reflected in a clear statement by the governing board of the state association to allocate time and resources to the planning and development of the initiative. This may result in an increase in dues or other payments to support projects to improve the recruitment and retention of the LTC nursing workforce.

The initial decision to explore a workforce initiative may set a limited time for this effort, perhaps six months. If planning and development efforts are successful, the activities of the initiative could continue for a number of years.

Depending on the organization's usual practices and its previous experience and familiarity with the nursing workforce shortage issue, the decision to support the development of an initiative may precede or follow the preparation of the necessary background materials. An organization's decision regarding the commitment may be divided into an initial general commitment that authorizes staff work on background materials and contact with possible partners followed by the approval of the overall specific mission and objectives at a later time.

The organization's initial commitment to plan and develop an initiative should be reflected in a formal statement of the organization's leadership. This statement should include a formal mission statement and the objectives for the initiative.

This commitment should lead to:

1. **Dedicated Staff Time:** Dedicated staff time sufficient to prepare the necessary background materials on the problem, model programs, and potential partners for the initiative. The initial development of a state initiative will require the work of staff to develop the background for detailed decisions on the future work. This work will take at least one full-time equivalent staff person three months with additional time likely to result in a better understanding of the element of the problem and the resources available in the state to address it.
2. **Meetings Between Industry Leaders and Partner Organizations:** The planning of a nursing workforce initiative will also require the senior leadership of the LTC industry to invest time and effort to discuss the problems and options for an initiative with the senior leaders in state agencies and organizations with resources to address the nursing workforce shortage.

RESEARCH AND ANALYSIS

Initial research and analysis should be the first area of attention for the staff working to develop the initiative.

The goal of research and analysis is to provide LTC leaders and potential partners with the information they need to understand that:

- The LTC industry faces serious nursing workforce challenges that require immediate and sustained action; and
- There are potential programs that would be both feasible and effective in resolving workforce problems.

This initial effort will require preparation of materials:

- To inform industry leaders and members of the magnitude of the nursing workforce shortage problem and the practicality of an initiative to address it. The precise format for the written products of this work should reflect the usual practices of the organization.
- To inform possible partners of the importance of the LTC industry in the local/state economy and how, as a high-growth industry, it can be an important source of employment and economic development in a state. These materials should be separated into documents that directly respond to the interests of the potential major partners and indicate how the LTC industry fits in with their overall mission and priorities. These partners with different priorities include the workforce investment system, community colleges, and the state Medicaid agency.

This work should focus on the collection and reporting of information on the nursing direct-care workforce problems in the state that constitute the need for the initiative.

The LTC direct-care workforce shortage is a part of a health care industrywide shortage of nurses and nursing staff. It is most directly reflected by vacancies and turnover in direct-care staff. These problems are, in turn, often discussed in terms of problems with the recruitment and retention of the nursing workforce.

Specific information for individual states on the direct-care workforce and its challenges is available from the Paraprofessional Healthcare Institute's (PHI) National Clearinghouse on the Direct-Care Workforce at www.directcareclearinghouse.org/index.jsp.

The description of the direct-care workforce challenges may be divided into three areas:

1. A basic description of the LTC direct-care and nursing workforce challenges with a focus on vacancies and turnover.

This description should include estimated information for CNAs, LPNs, and RNs in the state, and in major metropolitan areas, in each of the following areas:

- The impact of LTC on the economy of the state, including the *number of and the total budgets for LTC providers* in the state;
- The *number of LTC workers* in the state;
- Projected *growth in LTC budgets and staff positions* over the next ten years;
- *Vacancies*, including total number of vacant positions and percentage of total positions;
- *Annual turnover*, including percentage of positions and number of new hires during a year;
- *Wages of LTC workers and comparable workers* in nonhealth industry firms;
- *Training and education requirements* for direct-care workers and other LTC positions; and
- *Sources of training* and number of graduates in recent years.

Much of the needed information on the LTC workforce in a state will be available from state sources:

- The state association may have previously collected or estimated background information on the industry and its workforce. It may be feasible for the association to conduct a simple survey, perhaps by email, of LTC providers or others to gather new information quickly.
- State government agencies will have relevant data. These include: the state workforce investment agency; the LTC survey and certification agency; the nursing and health professions licensing agency; the agency responsible for nursing education in state community colleges and universities; and the state aging agency.
- Useful information on LTC and the nursing workforce may be included in reports published by state university and other health services researchers, local foundations, and elderly advocacy organizations.

Some relevant information, such as projected growth in the number of positions, may not be available at the state level, and it will be necessary to estimate state data from national sources. Sources of national information and data include:

- The national LTC associations including AHCA at www.acha.org and American Association of Homes and Services for the Aging (AAHSA) at www.aahsa.org.
- PHI at www.paraprofessional.org and especially the state activities section on its direct-care website www.directcareclearinghouse.org/r_state.jsp%20.
- IFAS at www.futureofaging.org and the BJBC program at www.bjbc.org.
- The DOL Bureau of Labor Statistics including information on CNAs, LPNs, and RNs at www.bls.gov and the HHS Division of Nursing with information on the nursing workforce at <http://bhpr.hrsa.gov/nursing>.
- CMS, especially information on the financing of the LTC industry at www.cms.hhs.gov/researchers.
- The U.S. Department of Health and Human Services <http://bhpr.hrsa.gov>.

There are a number of articles in the health services research journals regarding the impact of nursing workforce staffing on quality of care although most of this work has focused on hospitals rather than LTC.

2. A description of the impact of vacancies and turnover on the costs and quality of care_of the provision of LTC services.

This discussion of the impact of vacancies and turnover should summarize current understanding of:

- The *increase in costs* to LTC facilities due to the need to recruit and train replacement workers as well as quality of care due to the lack of experience of new workers; and

The increase in costs to the industry is an especially important part of this analysis as it suggests that an industry investment in reducing the turnover could result in net savings rather than additional costs. A recent analysis of the studies of the costs of turnover conducted by the PHI estimated the annual national costs to nursing facilities from the turnover of direct-care workers at over \$4 billion a year.

This is an average of more than \$250,000 per individual nursing facility per year. It is \$80 million per year for all of the nursing facilities in the average state with a population of 6 million people and 300 nursing facilities.

- The impact on *quality of care* as facilities have fewer staff and more temporary staff on service units to meet the needs of residents.

Extensive analysis indicates that improving the number of nursing staff and the stability of the workforce are critical to quality of care in LTC. Improvements in staffing can make a major contribution to the LTC industry's national effort to assure the quality of nursing facility care.

Staffing levels are more visible and have become important since the CMS began to publicly report nursing staffing levels for individual facilities. Future pay-for-performance systems for Medicare and Medicaid may also include a factor for nurse staffing levels.

Two recent reports provide useful summaries of research findings on the impact of LTC staffing vacancies and turnover.

- A summary of studies on the costs of the turnover of direct-care nursing *The Cost of Frontline Turnover in Long-Term Care*, October 2004 available at <http://www.paraprofessional.org/publications/TOCostReport.pdf> .
- A comprehensive report on the current understanding of the relationship between nursing facility staffing levels and the quality of care is included in the *CMS Report to the Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Facilities*, December 2001 is available at the CMS Website: www.cms.hhs.gov with a search for “minimum nurse staffing ratios.” The basic findings of the study are presented in the initial chapters of the report.

3. A discussion of the factors contributing to vacancies and turnover with a focus on workplace conditions, career opportunities, and wages and benefits. These factors include:

- The *culture and organization of the nursing facility workplace* that does not make direct-care workers feel like an important and valued part of the caregiving team;
- The *lack of career ladders* that encourage increased responsibility and pay for employees with increased training;
- The *difficulty of the work* that requires physical lifting and care for frail elders; and
- *Lower wages and benefits* paid to direct-care workers in comparison to positions in other industries that require similar training.

An understanding of these factors is important to the planning of a state initiative as they are the factors that must be addressed to resolve the problems. A new state initiative would generally address more than one, but possibly not all, of these factors.

There a number of reports and papers which describe the causes of and appropriate responses to the nursing shortage. These include:

- The final report of the National Commission on Long-Term Care Nursing Workforce, March 2005 available at www.ahca.org and the www.chsrp.gwu.edu.
- The report of the American Hospital Association (AHA) Commission on Workforce for Hospitals and Health Systems at www.hospitalconnect.com/aha/key_issues/workforce/commission?InOurHands.html.
- Other reports are available from the Paraprofessional Healthcare Institute (PHI) at www.paraprofessional.org and the Institute for the Future of Aging Services (IFAS) at www.futureofaging.org.
- Information on the model programs and projects is available on both the PHI's website www.directcareclearinghouse.org and the IFAS' Better Jobs, Better Care website www.bjbc.org.

IDENTIFICATION OF MODEL STATE PROGRAMS

Model state LTC-directed programs, state demonstration initiatives, and specific workforce projects addressing LTC direct-care workforce problems have been established over the past five years. Some of these are comprehensive programs that address multiple factors while others are more targeted projects that address a single factor. Models include a range of state activities running from large and comprehensive programs to smaller and more focused projects.

Examples of model state LTC nursing workforce programs include comprehensive state LTC-directed workforce programs, especially those in Massachusetts, California, and Arkansas. A review of comprehensive state programs will serve to give state LTC leaders and potential partners a sense of the possible extent and focus of a state initiative. It may also provide an example that the state may adapt as the initial focus of its own activities.

The Massachusetts and California state-level workforce programs are the most developed examples of broad initiatives that have been developed by state LTC organizations. As they have developed over a period of years, these programs have grown from modest origins to substantial size and impact.

The Massachusetts Extended Care Career Ladder Initiative Program

MECF serves on the statewide Massachusetts ECCLI Advisory Committee and associated subcommittees and is actively involved in the development of programs, applications, and policies associated with the implementation of the initiative. The Commonwealth Corporation (CommCorp) is responsible for managing all funds.

Other members of the Statewide Advisory Committee include:

- Workforce agencies at the state or local level, including the Massachusetts Department of Transitional Assistance, the Massachusetts Department of Workforce Development, and the Massachusetts Workforce Board Association.
- Community colleges represented by the Massachusetts Community College Executive Office.
- State agencies, including the Department of Public Health, the Executive Office of Elder Affairs, and the Department of Education.
- Other health care associations, including the Home & Health Care Association of Massachusetts, Mass Aging, and the Massachusetts Council for Home Care Services.
- Other organizations including the Alzheimer's Association, Massachusetts AFL–CIO, Greater Boston Legal Services, and World Education.

Over 140 long term care organizations, primarily assisted living facilities, have participated in ECCLI projects in partnership with local community colleges, One Stop Career Centers, community-based organizations, and other area members from the above organizations.

The partner recruiting process was initiated by the CommCorp who engaged stakeholders from a wide range of perspectives (see list of partners above) to help them develop, evaluate, and support program models to achieve its goals of improving the quality of patient care provided in long term care settings and the quality of work life for long term care employees.

In terms of initiating individual/group meetings, CommCorp and its partners have also hosted conferences and other forums to facilitate partnerships and the sharing of information between assisted living facilities and workforce development organizations. CommCorp staff also meets

directly with individual projects on an as-needed basis and hosts quarterly meetings for all project directors.

The ECCLI program began in 2000, when the Massachusetts legislature enacted the Nursing Home Quality Initiative, a comprehensive \$50 million initiative to address the severe shortage of CNAs in Massachusetts assisted living facilities. This multifaceted strategy included a CNA wage pass through, a CNA training scholarship program, and ECCLI.

ECCLI's goal is to improve the quality of long term care by supporting and stabilizing the long term care workforce via the creation of pathways for skills development and career mobility for direct-care workers. While ECCLI was initially targeted to assisted living facilities, the program was expanded in the second year to include home health and other long term care home-based community agencies.

There have been seven rounds of competitive grant funding to date and one "special projects" application convened by workforce investment boards to develop projects in areas of the state where there was no current ECCLI activity.

While the specific requirements for each round of funding have varied somewhat, mandated key elements for all funding include:

- Establishment of partnerships with local workforce development organizations.
- Development of a career ladder for CNAs or other entry-level direct-care workers in which participating employers must provide at least 50 percent paid leave time for participating employees.
- Assistance for participating employees in developing a career advancement plan.
- Increase in employee wages upon completion of each stage of the career ladder program.

In addition, most projects have incorporated a combination of other related activities, including but not limited to management training, English as a second language (ESOL) and/or other adult basic education, "bridge to nursing" programs, culture change initiatives, soft skills training, and assistance with childcare and transportation.

The organization and operation of ongoing initiative activities has been led by CommCorp, which has lead management responsibility, including the administration of funds.

Since 2000, the legislature has appropriated approximately \$15.8 million in funding for ECCLI to cover projects through June 2006. The legislature recently appropriated an additional \$1.5 million in new funding through the state fiscal year 2006 budget. For specific information on staff size and annual budget, please contact Carol Kapolka, ECCLI Program Director, at ckapolka@commcorp.org.

CommCorp manages the overall initiative in consultation with the Advisory Committee with workforce investment boards to providing additional oversight of projects within their respective regions. CommCorp staff arranges meetings of partners and contacts with state government.

CommCorp also establishes funding priorities in consultation with the Advisory Committee. Priorities for remaining funding include expanding the number of home care organizations participating in the project; continuing support for newly funded programs with an emphasis on “bridge to nursing” programs; and supporting the dissemination of ECCLI “promising practices,” curricula, and other information to non-ECCLI homes in Massachusetts. CommCorp and the Advisory Committee are currently evaluating priorities for the new fiscal year 2006 funding.

MECF plays a strong advisory role to CommCorp in the establishment, development, and evaluation of funding priorities, policies, and programs. MECF has directly participated in the selection processes for all but one of the eight rounds of funding to date (one round was devoted exclusively for home-based community organizations) and has acted in a mediator capacity to troubleshoot problems as they arise. MECF also works with individual facilities to encourage participation and plays a leading advocacy role to secure continued funding for the initiative.

ECCLI program outcomes include:

- **Training and Other Programs:** To date, over 140 long term care facilities in Massachusetts (nearly 25 percent of skilled nursing facilities and 11 percent of home care organizations in Massachusetts) have participated in ECCLI, providing career ladders, ESOL and other programs for over 5,500 CNAs and other direct-care workers. Eight hundred managers have participated in training programs related to career ladder development for employees and culture change practices.
- **LTC Workforce Recruited or Retained:** The median CNA vacancy rate in ECCLI homes for 2003 was 1.4 percent compared to 7.1 percent for all Massachusetts assisted living facilities (additional analysis is currently under way). The overall state vacancy rate for CNAs in Massachusetts assisted living facilities declined from nearly 16 percent pre-ECCLI to 7 percent in 2003. The use of nursing pools to fill vacant CNA hours has declined dramatically; the average amount spent annually on purchased CNA

services among ECCLI facilities dropped from \$56,363 pre-ECCLI to \$9,156 post-ECCLI.

- **Changes in LTC Workplace Conditions:** Evaluations of ECCLI projects have indicated dramatic improvements in staff morale and communication/relationships among staff, supervisors, and residents. Some ECCLI sites have implemented workplace improvement practices that are associated with “culture change,” such as CNA involvement in patient care planning and consistent patient assignment.

Overall, ECCLI has created a culture of retention, ongoing learning, and high-quality caregiving in Massachusetts assisted living facilities. While ECCLI facilities are required to pay a minimum of 50 percent of paid leave time for employees in training, many facilities pay 100 percent of leave time, and the total facility match usually equals if not exceeds grant funds received.

ECCLI has engendered valuable partnerships between and among long term care facilities and workforce development organizations, particularly community colleges and workforce investment boards. Over 50 Massachusetts nursing facilities are now engaged in proprietary LPN partnership programs with local community colleges to meet the needs of CNAs graduating from ECCLI career ladder programs who want to further pursue a nursing career.

The California Direct-Care Worker Initiative

CDCWI is designed to address a current statewide shortage of 30,000 direct-care workers at the CNA, LVN (the term for LPNs in California), and RN levels.

The California direct-care worker initiative is based on workforce coalitions. It focuses on training CNAs, LVNs, and RNs through an initiative effort that includes the LTC industry, the state and local workforce agencies, and community colleges.

The leadership for the CDCWI program has been provided by QHCF of the CAHF.

CAHF is the association of long term care providers in California. This organization works with governmental entities and health care providers to address workforce issues, trends, and policy. Members of the association are pivotal in the development and institution of employment programs in the long term care industry in California. QHCF is a non-profit organization associated with the CAHF.

Partners of the initiative include:

- QHC, which provides in-depth educational training opportunities on a multitude of subjects. QHCF also provides programmatic support and training related to career ladders and workforce development within long term care facilities.
- CWIB and the San Diego Workforce Investment Board. QHCF has a developed a working relationship with the Secretary of California Labor and Workforce Development Agency and other workforce and elected leaders.
- Community Colleges including the Modesto Junior College which works to assist the development of with career ladders. Mt. San Antonio College is currently working to develop career ladder programs in southern California through the Regional Health Occupations Resource Center on the community college campuses.
- State agencies, including the California Economic Development Department, California Department of Veteran's Affairs, and ETP, which have participated in the workforce initiatives.
- Other health care associations, including the California chapter of the American Nurses Association.

Recruitment of workforce partners is conducted by CAHF members, educational consultants, and individuals who have previously worked on long term care workforce projects.

Initial meetings to develop the initiative were held with a variety of partners, including consultants, community college faculty members, representatives of the Board of Vocational Nurses, assisted living facility operators, and other interested parties.

The CDCWI's workforce goal is to minimize the shortage of long term care health professionals by developing and building relationships with employers, allied health professionals, governmental entities, and higher institutions of learning. Components of the workforce initiative have included:

- A 15 percent Workforce Investment Act (WIA) Special Projects Funding vocational training grant awarded in 2001. This project was based in San Diego, California, where the nursing shortage had reached critical levels. This pilot project trained more than 90 CNAs with Vocational English as a Second Language. Classes were offered as appropriate.

- A CTI, conducted in conjunction with the governor's office and the Employment Development Department that trained over 2,500 CNAs and enhanced other long term care employees' skills. Participants in this project were economically disadvantaged and met specific eligibility criteria. This project also had a career ladder component that offered qualified candidates education and training to become senior and restorative CNAs.
- QHCF recently began a Veteran's Employment Assistance Project to bridge the employment gap between separating service personnel and civilian health care employers. Medical specialists in the military are eligible for special consideration in health care professions in California.

The QHCF is currently managing a statewide workforce project supported by the California Economic Development Department. Previously, QHCF has led workforce projects both statewide and also in specific areas, such as Modesto and San Diego.

QHCF has two full-time employees and two part-time employees. Large-scale projects such as CTI have required additional staff. The QHCF executive director has direct oversight and management responsibility for workforce projects and joint venture efforts. Grant administrators coordinate the daily operations of the projects. The grant administrators along with the executive director work directly with government officials, subcontractors, and participating member facilities.

The need and focus for CDCWI projects were developed using historical employment and wage data as well as projections for community impact, reduced state and federal financial assistance, and improved standard of living for those completing the programs.

QHCF has ongoing efforts to develop continued collaborative activities to diminish the nursing shortage and increase career ladder programs. Proposals for new projects are being developed for LVN upgrade, RN degree, and community college programs as well as ESL initiatives.

QHCF has achieved the goals set forth by each program, and facilities have continued training of CNAs to eliminate their nursing shortage. Member facilities continue to utilize the CNA and other training programs to educate appropriate staff.

Over 2,600 individuals have been trained to be CNAs. Career ladder programs have also benefited over 200 individuals. Retention numbers after the required follow-up period are hard to determine; however, during the 12-month follow-up, approximately 85 percent of the

participants were still employed in the health care field. Programs to continue the training and education of staff for quality care have been taught to Directors of Nursing Services at participating member facilities.

Overall, valuable relationships between state, local, and private industries have made an important contribution to the reduction of the critical nursing shortage in California. Additional information is available from the QHCF at (916) 441-6400.

The Arkansas Long-term Care Workforce Initiative

The Arkansas Health Care Association together with the University of Arkansas Institute on Aging and the Hartford Center of Geriatric Nursing Excellence convened in 2004 a meeting of stakeholders to begin efforts to address the “assisted living facility crisis” in Arkansas. Arkansas Health Care Association along with University of Arkansas provided leadership and supported this effort financially. These organizations are now working to seek funding for a ten-year effort to change the way assisted living facilities in Arkansas look and operate.

Partners in the state initiative include: the Arkansas Workforce Investment Board; individuals from the Office of the Governor, the Office of Attorney General, and the Arkansas House of Representatives; state officials from the Arkansas Department of Human Services, including the Medicaid program and the Office of Long-Term Care; and the Arkansas Quality Improvement Organization. Health care associations participating in the effort include: the Arkansas Medical Directors Association; the Arkansas Pharmacists Association; the National Association of Geriatric Nursing Assistants; the Arkansas Association Directors of Nursing Home Administration/Long Term Care; and the Arkansas Advocates For Nursing Home Residents.

The partnership was initiated by a former president of the Arkansas Health Care Association in collaboration with senior faculty at the University of Arkansas and the Hartford Center of Geriatric Nursing Excellence. The leaders worked with the leadership of the Arkansas Health Care Association to develop a work plan for the initiative. The Arkansas Health Care Association Board of Directors voted to financially support an initial meeting of stakeholders. This meeting was also supported by the University of Arkansas.

The Arkansas Center for Health Improvement facilitated the stakeholder retreat titled “Future of Long Term Care in Nursing Homes: Creating a Vision.” This retreat led to the establishment of the Arkansas CNHE. Following the retreat, there have been five meetings of the Coalition.

Three subgroups – workforce, resident centered care, and quality improvement – have been formed to develop goals and plans to meet the goals. The work of these subgroups will be used to formulate a strategic plan for the overall initiative.

During its first year, the Arkansas CNHE focused on: creating vision and mission statements and a strategic plan; finding funding sources for the CNHE other than the respective organizations; and educating the stakeholders. The education effort centered on the status of the Arkansas assisted living facility system and efforts in other states to improve the delivery of care to assisted living facility residents and workforce retention. The first year of work also included informing regulatory agencies, government officials, assisted living facility administrators, and directors of nursing about the coalition's vision and mission.

CNHE does not have full-time staff. The coalition relies on the time contributed by the leaders and the staff of their organizations: the Arkansas Health Care Foundation, the University of Arkansas, and the Hartford Center of Geriatric Nursing Excellence. The leaders of the coalition meet on a monthly basis. The representatives of the partners meet every two months. Three subcommittees are developing short-term and long term goals and objectives. These goals and objectives are to be presented for adoption by the coalition in late 2005. Coalition leaders are also preparing an action plan to present to specific organizations for initial funding to support a full-time director.

In addition to the coalition, a new Arkansas Health Care Foundation (AHCF) has been established by the AHCA to establish continuing public and professional educational programs for the LTC industry. These programs will support frontline caregivers, assisted living facility administrators, and owners so that they can develop and maintain the highest professional standards in order to provide high quality of care for assisted living facility residents throughout the state.

The Arkansas Health Care Foundation has an administrative director. The Arkansas Health Care Association provides support staff for the AHCF. The AHCF is now beginning to provide educational courses for assisted living facility staff. The foundation has received a contract to provide the Arkansas Administrator-in-Training program from the State Office of Long-Term Care.

OTHER STATE-LEVEL WORKFORCE PROGRAMS

Other examples of model state LTC nursing workforce programs include:

BJBC: The BJBC program managed by the IFAS and funded by the Robert Wood Johnson Foundation. The program works to strengthen LTC practices to reduce high vacancy and turnover rates of direct-care nursing staff. This \$15 million program includes five major state demonstrations and the development of information describing activities to improve the direct-care workforce.

A review of these five demonstrations will give state leaders and potential partners a good sense of the variety of issues that a state initiative may focus on. It will also provide an understanding of the time required for the organization and growth of a state-level program.

The five state demonstrations have been designed to serve as models for new programs in nearby and other states. They include:

- An *Iowa Caregivers Association* program that is expanding CNA peer mentor training programs at community colleges and integrating mentors into provider organizations.
- A *North Carolina State government* related program that is developing special licensure and payment policies for LTC agencies and facilities that meet high workforce outcomes, including high direct-care worker retention rates.
- An *Oregon program* in eight provider organizations that is implementing workplace changes to improve working relationships between direct-care workers and supervisors. It is also promoting career ladders for workers.
- A *Pennsylvania organization* is conducting projects to improve working conditions for direct-care workers, including mentoring programs, uniform training requirements, workplace culture change, and wage increases.
- A *Vermont organization* is working to expand and improve training programs for direct-care workers. It is also supporting efforts to encourage workplace culture change to improve worker retention rates.

The BJBC program has an extensive outreach effort to communicate the results of its work to LTC leaders and decision-makers across the nation. It publishes a newsletter on efforts to improve the direct-care workforce and an ongoing series of reports on specific topics important to improving the direct-care workforce. BJBC leaders and staff are frequent participants at national and state conferences of LTC and workforce organizations.

Additional information on the BJBC program and the initiatives in each of the five states is available at www.bjbc.org.

High Growth Job Training Initiative (HGJTI): The HGJTI health care projects supported by the Employment and Training Administration of the Department of Labor. ETA initiated a set of demonstration projects in the health care industry in 2004 that included model projects in the LTC industry to address the nursing workforce shortage.

Two of these projects may be especially useful for the design of statewide initiatives:

- The *Council for Adult and Experiential Learning (CAEL)* is developing a model health care career ladder program for direct-care workers through a CNA and LPN apprenticeship approach based on distance learning. The CAEL model also provides training for LPNs to become RNs through a combination of distance learning and community college education. These CAEL model training programs are well described in detail in materials available at www.CAEL.org. CAEL leaders have devoted extensive time to presenting the model at meetings of health care executives and workforce managers.
- The Evangelical Lutheran *Good Samaritan Society*, a major LTC provider with facilities in 25 states, is developing projects to improve the recruitment and retention of direct-care workers. Activities include recruiting displaced workers, and others from nontraditional labor pools, mentoring entry-level workers and providing management training using an apprenticeship model program. The Good Samaritan program is based in the Dakotas, Iowa, and Nebraska and may be an especially appropriate model for new initiatives in rural states.

The ETA also provided support for the PHI to publish and widely disseminate a series of publications on effective direct-care workforce programs and projects. These materials may be obtained on the PHI websites www.paraprofessional.org and www.directcareclearinghouse.org.

LTC Organizations and State Governments: LTC associations, providers, and state governments across the nation have developed LTC nursing workforce projects. The PHI and the State of North Carolina prepared a summary of many state direct-care workforce projects following a 2003 survey of state initiatives.

- The PHI/North Carolina report describes current activities in 44 states. It begins with a summary table that identifies 35 states where the direct-care workforce is considered a serious issue and 15 states with direct-care workforce demonstrations.

Information on six types of direct-care initiatives and policies is provided for each state: wage/benefit enhancements; training and career ladder initiatives; task forces and commissions; minimum staffing ratios; systems change grant workforce initiatives; and other initiatives.

This report is available at the PHI direct-care workforce website:
www.directcareclearinghouse.org.

- An example of a state initiative is the Nebraska Nurse Articulation program that standardizes nursing course requirements at multiple levels of nurse education. The Nebraska Health Care Association has worked with community colleges, universities, and others to develop nursing competencies for LPN, RN, master's degree and doctorate-level nursing training. In Nebraska, community colleges represent almost 50 percent of the academic partners.

This initiative standardizes nursing course requirements to facilitate easier progression from one nursing level to the next by eliminating the need to repeat coursework because one school's curriculum is not recognized by other educational institutions. The competencies are organized according to three nursing roles: provider of care, coordinator of care, and member of the profession.

IDENTIFYING PARTNERS

FOR LONG TERM CARE DIRECT-CARE WORKFORCE INITIATIVES

The development of a broad, effective, and sustainable state LTC nursing workforce initiative can not be undertaken by the LTC industry alone. A state initiative will require the active participation and support from a variety of partners, including the workforce investment system, community colleges and education providers, state agencies, and other organizations responsible for health care and training in the state.

While LTC leaders must be the driving force behind a state workforce initiative, they cannot carry out an initiative without active help from others. By bringing the appropriate partners to the table, state LTC associations can secure a variety of critical resources that will contribute to the success of the project.

Partners bring with them expertise in the areas of workforce development and training, the implementation of statewide and local projects, and the ability to tap into new or underutilized labor pools. They may be able to provide access to technology and programs that would benefit the initiative.

Partners may have access to financial resources to support the implementation of the workforce initiative once it has been developed. For example, the state workforce investment system partners may have funds available for training or other support services for workers or potential workers, while the support of the state Medicaid program will be a critical partner for achieving comparable pay and benefits for direct-care workers.

Approaching potential partners for the first time can be an intimidating process. Initial discussions should focus on gathering information from organizations and not, during the planning stage of an initiative, on a commitment to participate in an initiative. Follow-up meetings during the development phase should focus on the role of partners in the active implementation of the initiative.

During initial discussions with potential partner organizations, the state LTC association should seek to understand each organization's:

- Available background information on LTC, the workforce, and workforce training in the state;
- Current activities and support for projects addressing LTC workforce problems that might be expanded as part of a workforce initiative; and
- Possible interest and potential for future support of specific programs and policies to strengthen the LTC workforce that might be developed as part of an initiative.

Efforts to identify and build relationships with potential partners and sources of support will include work with:

- **Key partners** including the publicly funded workforce investment systems and community colleges; and
- **State LTC agencies and other potential partners**, including the state Medicaid agency, the state aging agency, organizations of LTC workers, and others.

The identification of potential partners is an essential step that must be completed prior to the actual development of LTC state initiatives.

KEY PARTNERS

Key partners and sources of support for a state LTC direct-care workforce initiative include the workforce investment system and community colleges:

Workforce Investment System: The publicly funded Workforce Investment System is a state and local network of resources to assist businesses in recruiting, training, and retaining a skilled workforce. The cornerstone of the system is the One-Stop Career Center, which unifies numerous training, education and employment programs into a single-service delivery system at the local level. State and local governments provide strategic direction for the operation of the One-Stop system through state agencies and local Workforce Investment Boards (WIBs).

The activities of the One-Stop system and state and local WIBs are becoming increasingly responsive to the needs of local employers. In recent years, the workforce systems in many states have adopted sector-based initiatives focused on developing solutions to workforce challenges in specific industries. Health care is a candidate for

sector initiatives as it is a high-growth sector and is universally located around the country. Many states may already have a health care sector strategy which may include, or is able to accommodate the LTC community.

The workforce investment system operates at the state and local level. At the state level, state workforce agencies and state-level WIBs make strategic decisions about how federal funds will be spent in the state. These strategic decisions are captured in state plans, which articulate 5-year state spending priorities.

State WIB membership consists of leaders from education and training, government, economic development, and industry sectors. Business and industry leaders make up at least 51 percent of every state board and every local WIB.

Based on the strategies outlined in the state plan, state-level WIBs allocate workforce investment act dollars to local WIBs, which also draw their membership from local leaders in education and training, economic development, and business sectors. Local WIBs make decisions about how to invest training resources based on local economic conditions.

One Stop Career Centers are the point of service at the local level that support the employment needs of job seekers and the human resource needs of business. Local One Stop Career Centers carry out the training priorities identified by the local WIB and provide required core services. One Stop Career Centers offer a variety of services to employers and job seekers that may be integrated into any partnership-drive local or regional workforce solution. Examples of services provided include:

Recruitment and Screening

- Recruits, screens, and refers a variety of job seekers, ranging from entry-level workers to highly skilled professionals.
- Recruits full-time, part-time, and seasonal workers.
- Posts job openings and hosts job fairs.
- Partners with businesses to clarify job descriptions and eligibility criteria.
- Screens applicants to ensure that the right workers with the right skills are selected for interviews.

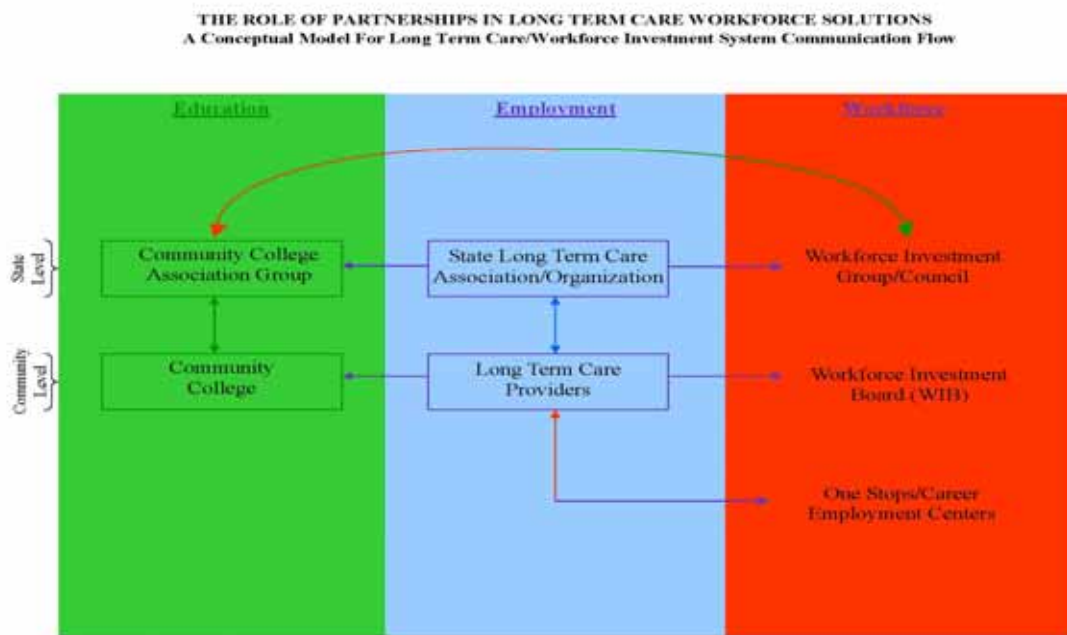
Training

- Provides training that supports the human resource needs of business.
- Provides training services (pre-employment/pre-placement, incumbent worker, apprenticeship, on-the-job, and customized training).

Other Valuable Services

- Increases the potential labor pool, expands job retention, and enhances workforce quality.
- Provides employers with access to the labor pool.
- Provides information about wages and employment trends, as well as national comparisons.
- Provides state demographic and economic information, as well as links to education, cultural, and recreational resources.
- Provides office space for on-site screening, interviewing, and training.
- Assists customers in applying for Work Opportunity and Welfare-to-Work Tax Credits.
- Assists customers with layoff aversion and worker dislocations as needed.
- Supports employee retention by offering services such as transportation, childcare assistance, and mentoring programs.

The workforce investment system uses a similar partnership-based approach to workforce development as the one recommended here by the American Health Care Association. Many state and local WIBs and One-Stop offices may already have partnerships with community colleges and employers that would benefit the LTC community.



State and local workforce investment systems may be a major partner in a state LTC workforce initiative as a source of assistance for the recruitment and the initial training of LTC workers, especially CNAs and LPNs. State and local workforce systems may be partners in career ladder training programs and selected employment training projects. State workforce boards are a major source of information on local workforce patterns and trends.

Information on individual state workforce investment agencies is available at the National Association of State Workforce Agencies website www.workforceatm.org/links.cfm. State information on local workforce boards is available at the National Association of Workforce Boards website www.nawb.org. Local One-Stop offices can be located through www.servicelocator.org.

Community Colleges: Community Colleges provide training for the nursing workforce at the RN, LPN, and CNA level. Over 700 community colleges award degrees in nursing, and almost 50 percent of new RNs are trained at community colleges. Other nurses are educated in baccalaureate programs at universities and colleges.

Community colleges are major partners of the workforce agencies in a wide range of industries. They, along with the industry and the workforce investment system, are the major partners for successful workforce development.

Community colleges will be an important partner in a state direct-care workforce initiative. The community colleges' mission is focused on education and training at this profession level. Community colleges, like LTC providers, are well distributed throughout most states. They are the foundation of CNA to LPN and LPN to RN career ladder programs. They may assist with efforts to improve the training of CNAs, especially at advanced levels, and with efforts to improve the training of nursing workforce supervisors.

Additional information on community colleges and nurse education is available from the American Association of Community Colleges (AACC) website www.aacc.nche.edu under "nursing and allied health."

STATE LTC AGENCIES AND OTHER POTENTIAL PARTNERS

Additional possible partners and sources of support for a state LTC direct-care workforce initiative, depending on the state, may include:

State Medicaid Agency: The state Medicaid agency as state Medicare programs are the largest source of funding for nursing facilities, with annual spending of over \$50 billion a year. LTC accounts for 40 percent of total Medicaid costs. These payments are increasing by 6 percent per year.

As LTC constitutes 40 percent of the budget, state Medicaid officials are concerned about the costs and quality of LTC. They may have an interest in the development of a workforce recruitment and retention program that could reduce costs and increase the quality of LTC. Decisions regarding the expenditure of Medicare funds are generally made at the state level, although waivers and some other policies require federal approval.

Medicaid can be an important partner in a LTC workforce initiative by directly funding increased wages and benefits for direct-care workers as a wage pass-through. Over half of the states have funded a wage pass-through or similar increase in payments to nursing facilities according to the PHI 2003 state survey. A number of states are also considering workforce factors as part of a possible pay-for-performance system.

Medicaid administrative funds may also be used to support the direct costs of a nursing facility quality initiative, such as a nursing workforce initiative. In some states such support has been related to an increase in provider taxes.

With over \$50 billion in annual expenditures for nursing facility care, Medicaid is by far the largest potential source of funds for LTC workforce initiatives. Even a tiny portion of \$50 billion dwarfs any other potential source of support for LTC workforce initiatives.

State LTC Survey and Certification Agency: The state LTC survey and certification agency since nursing facilities are certified by state certification agencies. These agencies are the single best source of data and information on nursing facilities and quality of care. This information will include staffing patterns, including hours and ratios.

The state survey and certification agency can play an important role in a state workforce initiative by developing certification systems that give providers incentives to reduce vacancies and turnover. Certification staff may also play a role in the consideration of proposals for Medicaid to provide financial support for statewide efforts to improve nursing workforce staffing levels.

State LTC Worker and Nurse Organizations: Organizations of LTC workers and nurses that have a direct interest in efforts to address high vacancy and turnover rates. In some states with organized workers, such as New York and New Jersey, management-worker committees with funds set as a percentage of payrolls operate large career ladder and supervisory training programs.

State nursing organizations frequently play a role in state nursing education and licensing issues. They could also assist with the development of support for state funding of expanded enrollment in geriatric and LTC nursing programs.

Consumer and Other Organizations: Consumer and other organizations with an interest in LTC that usually focus on issues of quality of care. They can play an important role in developing support for programs that serve to improve quality of care by reducing workforce vacancies and turnover.

Quality Improvement Organizations: The Quality Improvement Organizations (QIOs) in the state that has responsibility and expertise in the quality of care in nursing facilities. Current QIO LTC efforts are focusing on culture change and workforce.

DEVELOPING STATE INITIATIVES

FOR THE LONG TERM CARE DIRECT-CARE WORKFORCE

The initial sections of this manual focus on building a solid foundation for a workforce initiative based on strong leadership commitment from the state LTC association, careful identification of workforce challenges in the state and potential solutions, and the identification of potential partners.

The actual development of the initiative builds on that foundation to create an effective, sustainable solution to the industry's challenges. The development phase involves two major steps:

1. **Building the partnerships** that will design and implement the initiative. The establishment of a reliable partnership and the choice of realistic goals will depend on the organizations that agree to participate and the extent of their administrative and financial support.
2. **Focus of the overall program and the specific first projects** of the initiative to be implemented by the partnership. The first projects to be initiated will depend on the assessment of the LTC workforce problems in the state and the interests and resources of the LTC industry and its partners.

These two steps will lead to the initial operation of the new initiative when the new projects actually begin to provide services to workers and providers in the state.

BUILDING PARTNERSHIPS

The first step in the development of an operating initiative is the building of partnerships.

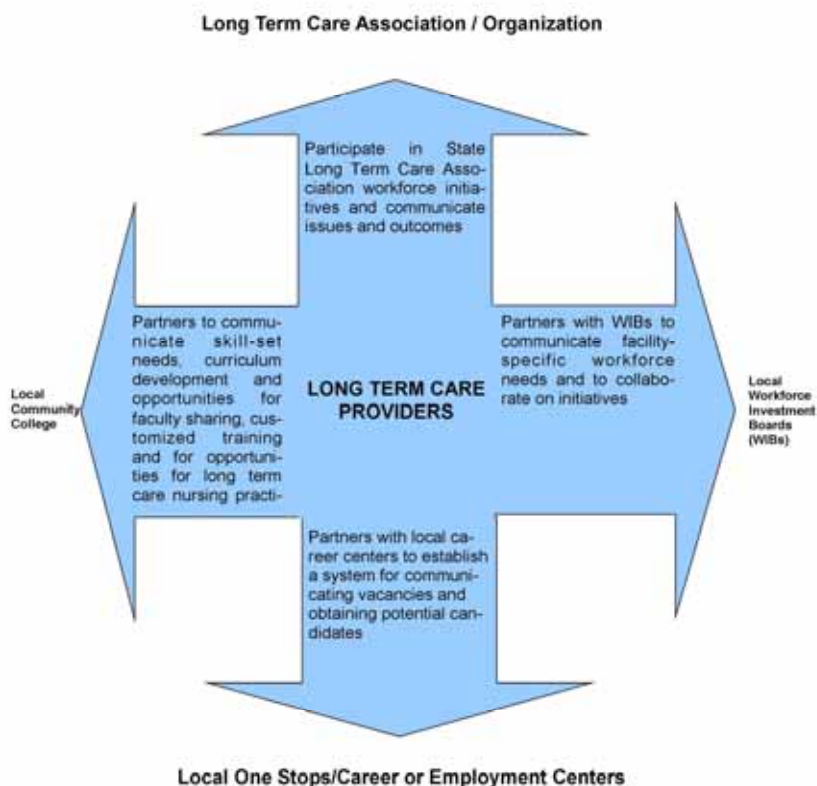
After the completion of the initial planning phase, the discussions with potential partners will need to shift from the background of the problem and the features of model programs in other states to options for specific projects that might be established as part of a new state initiative.

These discussion need to begin to identify the potential responsibilities of the individual partners. Prior to the initiation of active work, the responsibilities of each partner will need to be clearly stated and understood by all of the participants.

The commitments by partners may eventually include memoranda of understanding, the drafting of contracts, the provision of grants, or other formal indications by the partners of commitment to participate in an activity of the initiative. Different partners may indicate their commitment in different ways depending on the practices of the organization and their specific role in the initiative. Government agencies may, in particular, need to make formal arrangements if they are providing financial support for initiative activities.

LTC Workforce Quality and Stability: Key Activities and Partnerships

ACHIEVING LONG-TERM CARE WORKFORCE QUALITY AND STABILITY COMMUNITY PROVIDERS – KEY ACTIVITIES AND PARTNERSHIPS



S. Fitzler, AHCA, September 30, 2005

The building of the partnerships should include six steps:

1. **Develop a Work Group:** The first step in the development in the building of partnerships may be assembling of a work group that meets on a regular basis, perhaps biweekly. The size of the work group may be about 8-10 members from key and other potential partners. Each of the partners should be asked to designate a staff member to work on this project.

A state LTC association will likely need to take the lead to invite the key and other potential partners—identified in the planning process—to the initial meeting of this group. The first meeting is the foundation on which future partnerships will be built.

The work group should develop a name, a structure, a list of members, and a schedule of meetings. This will make the development of the initiative a real process and not just an idea.

A senior member of the staff of the LTC association, possibly the executive director, should be the chair of the work group. The association staff member designed to work on the planning of the workforce initiative should be responsible for making the arrangements for the meetings and keeping the participants informed.

Because the initiative may seek funds from state government and other agencies for training and other programs, the work group may need to identify a nonprofit 501 C (3) organization to administer funded projects. As the initiative matures and develops financial support, it may want to establish its own nonprofit organization.

During the first year of the process, when there is limited time and resources, time should not be spent on the creation of an elaborate organizational structure.

2. **Craft an Agenda:** The agenda of the work group should devote substantial time to the discussion of LTC workforce problems in the state and to model projects and programs in other states. Written materials should be distributed and discussed in detail.

Individuals invited to join state work group discussions should include: the leaders of LTC industry-led state-level workforce programs, including Massachusetts and California; leaders of other state workforce programs like the BJBC state demonstrations; experts on state initiatives such as individuals who conducted the PHI and North Carolina survey of state activities; and leaders of workforce system sector initiatives and the national community colleges nursing initiative.

3. **Setting Goals and Objectives:** An important early task is to set overall goals and objectives for the initiative. These goals and objectives will need to be acceptable to all of the major partners. They may be drawn from lessons from the model projects conducted in other states and from discussions with leaders in these states.

The initial goals and objectives should be feasible. Meeting early objectives will motivate the partners to stay involved with the initiative and to then tackle more and more difficult and complex problems.

The initial goals and objectives should not be permanent. The goals and objectives should be reviewed and updated on an annual basis. This review will keep the partners involved in the leadership of the initiative on an ongoing basis.

4. **Work Plan Schedule and Assignments:** Once the work group is organized and meeting, the chair of the work group and the responsible staff person will likely need to play the role of overall manager of the development process. They will need to work with each of the key partners to prepare a work plan for the development of the initiative with a timetable and specific roles for each of the partners. This work will likely include much individual work with specific partners in addition to the work group meetings.

With a small staff, the effort may want to use management planning software such as Microsoft's Project Manager. This software will assist the initiative to stay on target with their tasks and to identify when the group is falling behind and when there are problems.

5. **Evaluating the Initiative:** The work group should also begin to develop measures of the success of the initiative. A reduction in the vacancy and turnover rates for direct-care workers in participating facilities would be a simple indicator of success. The evaluation measures should not be unrealistic given the resources invested, and should give the initiative's projects adequate time to have an effect.

At the beginning of the initiative, interim and process measures may be used to measure the progress of the initiative. Process measures may be developed from the following questions:

- Are the key potential partners active participants in the initiative? The workforce investment system at the state and local levels? The community colleges?
- Are each of the partners devoting reasonable time and resources to the effort?

- Did the LTC industry contribute the time and resources necessary to the leadership of the initiative?
 - Have sources of funds, especially from Medicaid and other government sources, been identified?
6. **Identify Sources of Financial Support:** While funds and other resources to plan and develop the initiative may be limited, the overall initiative and specific projects will need resources to be effective. The resources may be cash support for new activities and organizations. They may also be in-kind support from organizations with missions that include activities to improve the LTC direct-care workforce. The workforce investment system and community colleges are examples of these types of organizations.

The LTC industry may also be a source of support for workforce projects. Support from LTC providers may be especially appropriate for projects that reduce turnover since turnover of direct-care workers is estimated to cost nursing facilities \$4 billion a year nationwide or an average of \$80 million per state and \$250,000 per individual nursing facility.

Medicaid quality assurance programs and administrative funds may also be a source of support for programs that will increase the recruitment and retention of LTC workforce and increase the quality of care.

PROGRAM FOCUS AND SPECIFIC PROJECTS

With the active participation of the partners, the specific focus for initial projects to be conducted by the initiative should be selected and developed.

This work should build on the earlier work group discussions of the LTC nursing workforce problems in the state and to understand model programs and projects developed across the nation.

The selection of projects should, most of all, build on the interests and resources of the partners in the state.

Options for possible projects to improve recruitment and retention of LTC workforce based on the lessons from state model programs include:

Expanding the Pipeline: LTC providers may work with the workforce system to reach out to youth and individuals from declining industries. In order to recruit workers who are new to nursing facility job opportunities, LTC providers may participate in community job fairs for those who are seeking jobs. A number of workforce boards have developed special training programs for high school students that provide introduction to health care careers and life skills for jobs. The initiative may work with the youth programs of the workforce system so that younger students learn about the career opportunities in nursing facilities.

In addressing nursing faculty shortages, LTC providers may work with educational institutions on nursing program curriculum development, faculty sharing, customized training programs to meet the needs of working students, and developing LTC sites for student clinical rotations.

Career Ladder Program: Career ladder programs in Massachusetts and California are built on partnerships of the LTC industry, the workforce investment system, and community colleges. They provide training for CNA and LPN workers so they may advance within the LTC field to more senior positions with increased pay.

The ECCLI program in Massachusetts addresses the recruitment and retention of direct-care workers in nursing facilities with multiple projects. ECCLI projects provide both CNAs and LPNs with a ladder or a progression to new jobs.

Distance Learning and Apprenticeships: Use of alternative training strategies including distance learning and apprenticeships developed by the workforce system may be incorporated into LTC direct-care worker training programs.

Nursing facility staff may complete a distance learning course under the direction of a nurse trainer who may be faculty of the community college or an employee of the nursing facility who has been certified to conduct such training. The CAEL program, developed with support from the ETA, has shown the effectiveness of apprenticeship learning, especially for nursing assistants and aides.

LTC Workplace: In addition to career ladder and other training programs, state LTC direct-care initiatives may focus on efforts to transform the culture of the LTC workplace to make it more patient/resident-centered and worker-centered, to improve the quality of care and the environment of care delivery. Examples of projects in these areas are demonstrated in model state programs and projects including QIO programs.

Regional Metropolitan Partnerships: State initiatives may develop regional partnerships with local LTC industry leaders, workforce boards, and community colleges to expand the training of direct-care workers. These initiatives would need to create metrowide LTC organizations to create the scale necessary to justify the development of new programs.

CONCLUSION

This manual is intended to assist the leadership and staff of state LTC associations interested in the development of nursing workforce initiatives. It assumes that LTC leadership in a state has decided that solving the nursing workforce shortage is important to the industry's future.

This work plan is intended to provide state leaders with the outline of a process for planning a state LTC direct-care initiative. This process will produce the content of the workforce projects that a state should pursue.

The intention is for many states to develop initiatives and the nation to take a major step toward resolving the LTC workforce shortage and so improve the quality of care and reduce the costs of LTC.

APPENDIX A

KEY DOCUMENTS

Direct-Care Health Workers: The Unnecessary Crisis in Long-Term Care. Paraprofessional Healthcare Institute, Bronx, NY, January 2001.

The Cost of Frontline Turnover in Long-Term Care. Seaver, Dorie. Institute for the Future of Aging Services, October 2004.

Recruiting and Retaining a Quality Paraprofessional Long-Term Care Workforce: Building Initiatives with the Nation's Workforce Investment System. Fishman, Michael E., Burt Barnow, Asaph Glosser, and Karen Gardiner. The Lewin Group, Falls Church, VA, May 21, 2004.

The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation. Report to Congress. U.S. Department of Health and Human Services, Washington, DC, May 14, 2003.

Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis. Joint Commission on Accreditation of Healthcare Organizations, Washington, DC, March 2002.

Health Care Industry: Identifying and Addressing Workforce Challenges. Prepared by Alexander, Wegner, & Associates for the U.S. Department of Labor, Employment and Training Administration, February 2004.

In Our Hands: How Hospital Leaders Can Build a Thriving Workforce. AHA Commission on Workforce for Hospitals and Health Systems. American Hospital Association, Washington, DC, April 2002.

Health Care's Human Crisis: The American Nursing Shortage. Kimball, Bobbi and Edward O'Neil. Prepared by Health Workforce Solutions for The Robert Wood Johnson Foundation, April 2002.

Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. U.S. Department of Health and Human Services, Washington, DC, July 2002.

Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003. U.S. Department of Health and Human Services, Washington, DC, May 2004.

Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Facilities. American Health Care Association, Washington, DC, February 12, 2003.

Results of the 2003 National Survey of State Initiatives on the Long-Term Care Direct-care Workforce. Published by the Paraprofessional Health Institute and the North Carolina Department of Health and Human Services' Office of Long-Term Care, March 2004.

Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care. Salsberg, Edward. Milbank Memorial Fund, New York, NY, 2003.

State Responses to Health Worker Shortages: Results of 2002 Survey of States. University at Albany, SUNY, Albany, NY, November 2002.

Who Will Care for Us? Addressing the Long-Term Care Workforce Crisis. Stone, Robyn I. and Joshua M. Wiener. The Urban Institute and the American Association of Facilities and Services for the Aging, Washington, DC, October 2001.

Improving the Quality of Long-Term Care. Wunderlich, Gooloo S. and Peter O. Kohler (eds.). National Academy Press, Washington, DC, 2001.

Estimates of Current Employment in the Long-Term Care Delivery System. American Health Care Association, Washington, DC, 2004.

The 2001 AHCA Nursing Position and Vacancy and Turnover Survey. American Health Care Association, Washington, DC, February 2002.

Staffing of Nursing Services in Nursing Homes: Present Issues and Prospects for the Future. American Health Care Association. Johns Hopkins National Investment Center Senior Housing and Care Journal, vol IX, 2001.

Nursing Aides, Home Health Aides, and Related Healthcare Occupations—National and Local Workforce Shortages and Associated Data Needs. HRSA, February 2004.

APPENDIX B

KEY WEBSITES

- Institute for the Future of Aging Services (IFAS) <http://www.futureofaging.org>.
 - Better Jobs Better Care (BJBC) program <http://www.bjbc.org>.
- Paraprofessional Healthcare Institute (PHI) <http://www.paraprofessional.org>.
 - Direct-care Alliance <http://www.directcarealliance.org/index.html>.
- Department of Labor High Growth Job Training Initiative (HGJTI) <http://www.doleta.gov/BRG/JobTrainInitiative>.
- Department of Health and Human Services (HHS) Health Resources and Services Administration Division of Nursing (HRSA) <http://www.hrsa.gov/nursing>.
- American Health Care Association (AHCA) <http://www.ahca.org>.
- American Association of Homes and Services for the Aging (AAHSA) <http://www.aahsa.org>.
- National Association of State Workforce Agencies (NASWA) <http://www.naswa.org>.
- National Association of Workforce Boards (NAWB) www.nawb.org/asp/wibdirectory.asp.
- American Association of Community Colleges (AACC) <http://www.aacc.nche.edu>.