The Critical Shortage of Nursing and Other Direct Care Workers in Long Term Care

September 10, 2008
Panelists

Robert E. Burke, The George Washington University
Carolyn Blanks, Massachusetts
Terry Kuzman, Connecticut
Cathy Sena, Florida
Rick Mendlen, California
Daniel Richardson, New York
Disclaimer

The Views Expressed In this Presentation Are Based on Past Work Experience. These Views Are Not to Be Considered as Representative Any Public, Private, Federal or State Agency.
Overview

- The Need for Creative Workforce Options
- National Level Initiatives
- State and Local Initiatives
Long-Term Care Nursing Workforce Shortage

• **Key factors** that must be addressed to resolve the LTC nursing workforce shortage
  – **External factors** that would increase the number of nurses available and interested in LTC
  – **Internal factors** that would decrease the turnover of nurses by improving the relative attractiveness of the LTC workplace
Recruitment and Retention Goals

- Improve recruitment by increasing the number of nurses and aides interested in working in LTC.

- Improve the retention of nurses by re-engineering the LTC workplace to make it more attractive to the nursing workforce.
Nursing Homes are Major Source of Jobs

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Staff Vacancies</td>
<td>96,000</td>
<td>450,000+</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$120 Billion</td>
<td>$215 Billion</td>
</tr>
</tbody>
</table>
American health care is $4.1 billion dollar industry, 16% of the DNP

- Currently, there are 96,000 full-time vacancies in nursing homes; estimated 434,000 in 2010.

- 216,000 more positions due to retirement and turnover.

- During the period between 2010 and 2025, long-term care jobs will be created at a rate of almost six times the rate of overall labor force growth.
Commission’s Recommendations
State and Local Initiatives
State and Local Initiatives

1. Establish broad **State level coordinating committees**
2. Establish **working partnerships** at State level
3. Develop **financial support** for nursing initiatives
4. Promote **metro and regional initiatives**
5. Improve LTC workplace for nurses and aides by assisting efforts of individual facilities
Establish State Level Collaboration

- With health care organizations, educational institutions, nursing education programs, the public workforce, government, and businesses and foundations

- To understand the factors driving the LTC nursing shortage

- To develop a comprehensive set of solutions to the LTC nursing shortage in the state
Create working partnerships

- With individual nursing education, public workforce, and nursing organizations

- To plan and implement specific programs and projects to improve nursing workforce
Secure ongoing financial support

- State Medicaid funds

- State general funds that support nursing education

- DoL Workforce Investment Board funds

- Contributions by long-term care providers
Develop LTC nursing workforce initiatives in individual metropolitan and regions

• Once State level partnerships and programs are established, a major goal should be to initiate local level activities

• **Local activities will be operating programs** involving individual LTC facilities and individual nursing colleges, workforce boards and other organizations
Assist individual facilities to improve their workplace conditions

- State organizations should actively support facility level initiatives to improve nursing workforce retention
Work Force Development Efforts in Massachusetts

Presented by:

Carolyn Blanks

Massachusetts Extended Care Federation
Why WIBs…?

• LTC can’t solve workforce needs alone
• Expertise to identify and secure funding for LTC workforce development
• Knowledge and conveners of area workforce development organizations
• Advocate for LTC in establishing and addressing regional labor priorities
History of Collaboration

1999: In partnership with MECF, Boston Private Industry Council secured a U.S. Department of Labor grant to support a CNA career ladder pilot program-

- 90 CNAs in 10 facilities participated in skills training leading to promotions, pay increases and improved retention
- Facilitated relationships with WIBs and other workforce development agencies who provided TA and resources
- Prototype for statewide Massachusetts Extended Care Career Ladder Initiative (ECCLI)
ECCLI

• FY2001 state legislative initiative to address CNA shortage(\texttt{http://www.commcorp.org/eccli/})

• Administered by Commonwealth Corporation (CommCorp), ECCLI supports career ladders – inc. clinical and soft skills, ABE/ESOL, career coaching, culture change, and supervisory, bridge to nursing and LPN training for LTC workers

• Partners include WIBs, community colleges, One Stop Career Centers, CBOs.

• To date, CommCorp has awarded $15M in grants to 160 LTC employers benefiting 7,500 workers
ECCLI Outcomes

- Statewide CNA vacancy rates dropped from 15% to 8%.
- Increased statewide CNA retention rates by 25%—over 75% of all CNAs employed by facility over 1 year.
- Jumpstarted CNA to LPN programs for over 50 nursing homes and partnering academic institutions.
- Improved workers’ skills, wages, opportunities for advancement, self-esteem.
- Enhanced workplace relationships, communication, teamwork and morale.
- Advanced residents’ quality of care.
ECCLI Update

- $1.5M in new ECCLI funding in SFY09 state budget
- New “employer friendly” program options include planning, clinical skills, career ladder and innovation grants. WIBs provide outreach and TA.
- Support development of Health Care Learning Network (HCLN) web-based system that provides contextualized college prep and ESOL to prepare LTC workers for post-secondary nursing or other allied health programs. WIBs, educators and healthcare providers lead program development.
- Develop/disseminate skills training and ESOL curricula
Other WIB-LTC Projects

- **North Shore LPN Alliance** – Kindred Healthcare partnered with other providers, WIB, community college, career centers to receive 2 rounds of state funding for proprietary CNA to LPN program that graduated 27 new LTC nurses. Additional state grant awarded $500K to develop and pilot HCLN.

- **Project H.E.A.L.T.H** – Berkshire Healthcare partnered with area WIB, providers and colleges for $500K state grant to recruit/prepare high/middle school students to enter healthcare workforce, and provide college prep, tuition, counseling, etc. for those entering LPN program.
Other WIB-LTC Projects con.

- **CAN DO Partnership** - Collaboration of academic, healthcare employer, foundation and workforce development partners that received RWJ/Northwest Health Foundation “*Partners Investing in Nursing’s Future*” grant to address nursing workforce shortage in Western MA.

  Partners include MECF and Genesis HealthCare. LTC specific *Nurses Succeed* pilot at Genesis’ Heritage Hall campus explored strategies to increase the enrollment and success of Latino CNAs and nurses pursuing or advancing a nursing education.
Building WIB Partnerships

• Establish a relationship: contact your local WIB

• Mutual Education Process:
  1. Ask about what info, resources, programs, etc., are available to you as a LTC EMPLOYER
  2. Educate WIBs on LTC workforce: jobs, skill sets, educational requirements, challenges (Medicaid reimbursement, scheduling)

• Learn how you can connect to existing WIB committees, resources, programs and projects
Building WIB Partnerships

• Highlight impact and value of LTC sector to your state and local economies:
  – Number of LTC employers/workers
  – Current vacancy, retention, turnover rates – include total number of job openings
  – Projected growth in LTC demand and employment – see IOM report
  – Wages/benefits – career ladders and other opportunities (CNA to LPN wage gain)
Building Partnerships

• Participate in existing or create new healthcare or LTC-sector specific initiatives to meet your workforce needs

• Understand YOUR role in the partnership - commitment of both time and resources. Grants may require employer match, paid leave time while in training, and/or wage increases

• Build a LTC constituency – make your voice heard!!
Workforce Development Efforts in Connecticut

Presented by: Terry Kuzman
This organization is the workforce investment board for North Central Connecticut.

**Partners:**
- 4 North Central Community Colleges
- 7 Long-Term Care Facilities
- Connecticut Association of Health Care Facilities, Inc.
- Connecticut Office for Workforce Competitiveness
- Connecticut Association of Non-Profit Providers for the Aging
- Capital Region Education Council
- Vernon Adult Education
- 1199 Training and Upgrading Fund
Department of Labor Grant – $506,836

Provides on-site incumbent CNA training at no cost to participants. The goal is to build academic, specialty skills and personnel management proficiencies of the CNAs who will earn higher wages and prepare for advanced skilled health jobs, including the nursing profession.

Robert Wood Johnson Grant - $425,000

Will support work-based learning with 4 of the 7 clinical specialty courses.
Clinical Specialty Work

- Issues of aging (w/b)
- Dementia and Alzheimer’s (w/b)
- Mental Health (w/b)
- Hospice and Palliative Care (w/b)
- Medical terminology
- Substance Abuse
- Rehabilitation

(w/b = work-based training)
Anticipated Outcomes

• 646 incumbent CNAs will receive training at 10 long term care facilities.
• 431 CNAs receive at least one advance credential to qualify for higher wages.
• 72 CNAs will advance to core college work towards nursing or skilled health.
Current Status

• 114 CNAs currently in program
• 1 Adult Education Completed
• 1 Adult Clinical Education Completed
• 6 of 7 specialty courses have been submitted to community college system for review and consideration for academic credit
• Implementation by end of 2nd quarter at facility level
Workforce Development Efforts in Florida

Presented By: Cathy Sena
The Florida TRELLIS Concept
Training for Retention & Empowerment through Ladders & Lattices for Innovative Sustainability

- Through Key Partnerships with FHCA, South Florida Workforce & Local Education Providers, Our Goal was to Create a Sustainable Framework for LTC Career Mobility Opportunities including:
  - Nursing Career Path including CNA I, CNA II, & LPN
  - Supervisory and Coaching Classes
  - ESOL classes – vocational language proficiency
  - Classes for Administrators, RN’s and other employees within a long term care facility (Customized Training by MDC)
Adversity is the Door to Opportunity…TIMTOWTDI

- Our Grant Application was Denied! 😞
  But We Developed **Valuable Relationships**

- Long Term Care Providers/Employers in Miami-Dade continue to access DOL $$$ at local level via South Florida Workforce Investment Board funding streams

- Florida Health Care Association (Continued to Develop CNA II Curriculum)

- Miami Dade College School of Community Education Will provide **customized courses** for employees – even develop specialized ones that have been identified.
FHCA Advanced CNA II Curriculum...

• FHCA has developed a 40 hour CNA II advancement track course beyond the current test prep course. Ten Modules include:
  – Aspects of Aging
  – Managing Pressure Ulcers
  – Restraints
  – Falls Prevention
  – Restorative Activities
  – Compassionate Care at End of Life
  – Dining Best Practices
  – Managing Behavioral Challenges
  – Improving Incontinence Care
  – Residents and Families – Customer Service
Current Status of Project…

• Transitioning our **GOALS to REALITY** in Florida
  – CNA II Curriculum Rolled Out this Past August. $250 for members and $400 for non-members
  – Local WIB Funding Opportunities Readily Available for Facilities Around Florida Utilizing this Tool

• The **OBJECTIVE**
  – Improved Quality & Stability in the LTC Workforce Arena
  – Transportability
Your Local Workforce
Investment Board a Key Partner

• **CORE MANDATES:** Match Employers with Qualified Job Seekers and Train the Workforce to Meet Employer Needs

• **EMPLOYER SERVICES:**
  – Self-Service Hiring
  – Full-Service Hiring
  – Tax Incentives
  – Labor Market Information
  – Training Programs
New Workforce Initiatives in FL

• RTW (State level funds) – “Ready to Work” Credentialing Program
  – Reading for Information
  – Applied Mathematics
  – Locating Information

• Temporary Internship Opportunities (So. Fla. WF)
  – Summer Program for Youth ages 14-18
  – Target High Demand Career Fields
  – No Cost to Facility or Organization (salary & W/C paid)
WIBs Also Offer…

- Pre-screening of employee candidates
- Career Fairs with Healthcare Employers
- Work Experience & Job Shadowing for Youth
- Life Skills & Career Readiness - confidence, skills enhancement, ESOL, soft skills competency, etc.
- One Stop Career Centers
Current Trends & Studies
Driving the Opportunities

• “Retooling for an Aging America: Building the Health Care Workforce” Recent Institute of Medicine report with 13 recommendations for payers, regulators & educators

• Proposed Senate Bill: “Improving and Expanding Care for Older Americans Act of 2008” - Focus on CAREGIVER EDUCATION

• ASSISTIVE TECHNOLOGIES in geriatric care will be next big trend. Provides practical solution to workforce shortage and effective retention tool for Gen Y

• LONG TERM CARE is being recognized as a separate and distinct division within the health care spectrum

• RESULT: Boost in state and federal funds for LTC training and development programs...OPPORTUNITY!
OTHER WORKFORCE DEVELOPMENT STRATEGIES...

- Participate in **Career Days** at your local elementary, middle & high schools. Children have an idea as early as 4th grade what they want to do when they grow up.

- Create partnerships with local schools for **Community Service** hours – help create opportunities for them to bond with the elderly and consider a career in LTC.

- Maximize **Intergenerational** Project Partnership Opportunities with your WIB and Community (LifeBio.com; TRECS Project)

- Sensible **Immigration** Legislation – Be a legislative advocate!

- **Investing in your Workforce** is a Proactive Step to Counter the possibility of the “Employee Free Choice Act”
Resource Links

• Department of Labor Website (Newsletter – free subscription)  www.workforce3one.gov

• National Association of Workforce Boards (E-clips Newsletter – free subscription)  www.nawb.org

• American Health Care Association  www.ahca.org

• Florida Health Care Association  www.fhca.org

• Amazing Stories  www.thetrecsinstitute.org
Workforce Development Efforts in California

Presented by:
Rick Mendlen
CAHF utilizes its educational foundation, Quality Care Health Foundation to evaluate the workforce and develop grant concepts for submission to state agencies for support. Over the years QCHF has created a number of successful programs and learned a number of hard lessons in the process. To date, our primary partners have been the California Employment Development Department (EDD), the California Employment Training Panel (ETP), the California Department of Veteran’s Affairs (DVA) and state and local Workforce Investment Boards with additional assistance from the State Community College Board and the CA Workforce Association (the advocacy group for the 50+ local WIBs in California).

Relationships Essential to Success!
• Outreach to local manpower sources such as Local WIB “One Stops” make recruitment smoother.
• Local community colleges assist with screening applicants for programs. While many applicants seem perfectly matched to CNA or LVN training they often have language or other cultural barriers to their “social” integration into training.
Recent California Projects

• CTI (California Caregiver Training Initiative) Grant – 2001 – 2004
  – This $10,500,000 grant was intended to train 2000 CNAs, to expand career ladders and recruit “new” caregivers to the industry.
  – The grant was developed through the Governor’s Aging with Dignity Initiative and funded via the Workforce Investment Act
  – Administration was a partnership between QCHF & the EDD
  – Ultimately, nearly 1,800 new CNAs were added to the CA workforce
Recent California Projects

Veteran’s Employment Assistance Program - VEAP

• This $480,000 grant was intended to train approximately 100 former medics retiring and/or separating from the armed services. It was hypothesized that these recently separated servicemen and women would have skills easily translatable to LVN licensure in CA.

• An outside contractor was utilized to assist in recruiting applicants for the program along with assistance from the EDD “One Stops” and their Veteran Placement Counselors.

• Nearly 400 veteran’s applied for the program through mail & the Internet.

• Utilizing a review process developed by QCHF in conjunction with a local LVN training entity the applicant list was reduced to 235.
Recent California Projects

- Of the 235 approximately 100 actually entered into the remedial training process to prepare them for the Licensure Exam.
- The list was further reduced by the need for paperwork and delays with the Board of Vocational Nursing and a real disconnect between the LVN requirements and the medics hands-on experience – these disconnects became real barriers to many of the applicants – they needed employment and were unable or unwilling to deal with the delays imposed by outside agencies.
- Ultimately, even with these barriers we licensed 37 LVNs – most remained in California for employment, but were dispersed throughout long term care, some acute care and agencies such as local fire departments as EMTs.
Recent California Projects

Employment Training Panel (ETP) – CAN to LVN Upgrade Program

- This $180,000 Contract between QCHF and ETP was an effort to identify students in the second half of their LVN training assuming that those who had completed their first 850 hours successfully were more likely to succeed than a class of new enrollees.
- The initial program recruited 37 LVN students working in long term care and attending accredited training programs – the term of the contract was two-years
- Enrollees were expected to complete the second half of training, take and pass their NCLEX exam, become licensed and work for a period of 90-days to qualify.
- We received excellent support from two local WIBs as well as a number of training programs
- Of the 37 enrolled, 33 successfully completed all the requirements and are currently working in long term care in California & 7 have enrolled in RN programs to further their
Lessons Learned

• The latter two programs were successful, but could have been less labor intensive and better positioned for success if:
  – Local WIBs could have been utilized for initial screening of applicants reducing the amount of “hands-on” required by a limited QCHF Staff
  – Stronger ties with local WIBs would have assured better communication with applicants through “One Stops” and reduced some of the lag time encountered when dealing with various state and local bureaucracies

• Additionally, closer ties with local WIBs would bring the “long term care” message to the very people in a position to secure funding and set parameters for the programs we need

• CAHF and QCHF continue to encourage our members to participate with their local Boards. We currently have 5 members on local boards and a member on the State Board. Additionally, we have developed strong ties with a number of state board members to improve communication and to assure that our story is told
Workforce Development Efforts in New York State

Presented By:
Daniel Richardson
Background

- The Workforce Investment Act was passed by Congress, signed by President Clinton in 1998
- Governors of each state appoint members of a State Workforce Investment Board to set policy, oversee Local Workforce Investment Boards, which oversee the release of funds
- By statute, both State and Local Boards must be composed with more than 50% business members. The Chair must be from the business sector
Purpose

• To streamline the myriad of workforce efforts in existence prior to 1998
• Focus on positive, measurable outcomes for the end-user, i.e. businesses and workers
• More accountability to the federal government
• There are three basic pools of workers targeted for assistance-incumbent, emerging and special populations such as the disabled, youth and veterans
Examples of Existing Opportunities in New York

• Building Skills in New York State (BUSINYS) provided $66 million to 77,000 workers over the past several years
• Career Pathways Initiative- $5 million available to prepare workers for jobs in industries with advancement opportunity and career ladders
• Utilize the Work Eligible Training Providers in your local area
Employment Opportunities Abound within Long Term Care

• Health care and long-term care in particular, are recognized to be one of three major growth areas for jobs in New York State
• In the next ten years, New York State health care providers will add almost 200,000 jobs
• Vacancy rates for professional nurses and nursing assistants are growing
• The job opportunities within a long-term care facility are recognized to be excellent entry level opportunities for new workers
How to Get Started at Your Facility

• Visit the Web to find out which Local Workforce Investment Board (LWIB) operates in your geographic area. Ask your state association for assistance.

• Pay a visit to the LWIB, meet the director. In general, they are actively seeking business partners with job openings, training needs, career ladders.

• Make a list of your vacancies, skills training needs and compare to already existing programs in your area. Compare your needs with other local providers.
How to Get Started at Your Facility (cont’d)

• Establish a collaborative approach with other providers. Workforce monies are more easily located when groups of facilities work together.

• Consider engaging the support of a not-for-profit entity such as a 501 c-3 foundation to receive funding. In New York, our state association has a separate foundation for this purpose.

• Recognize that you are dealing with a consortium of government entities. Be patient, there are usually a variety of methods to obtain funding.
What You Bring to Your LWIB as a LTC Provider

• A stable job base
• Opportunity to develop career ladders, allowing employees to explore new fields of interest, which enhances their skills and earning power and improve retention
• Entry level opportunities for new workers, retraining for existing workers
• Exposure to technology, customer service skills, which are translational throughout the workforce
Next Steps

• Initiatives to improve LTC must be based on:
  – new partnerships with the LTC community and
  – counterparts in the nursing education, workforce, nursing, aging, and health care communities all playing key roles
Next Steps

- Without dedicated and persistent leadership from LTC leaders throughout the nation, the other necessary partners will not focus their attention in this area.

- The leadership for LTC nursing workforce efforts must come from the LTC community itself.
Workforce Challenges

- Increase facility competitiveness and job security through programs that improve incumbent workers’ skills.
  - Training that responds to the changing world
  - Affordable
  - Applicable to better paying jobs
- Integrating workers with limited English proficiency
  - Coordinated combined approach with skills developments – not an English first approach
Workforce Challenges

• Respond to small and medium size facilities (less than 500 employees) recruitment and training needs.
  – Demand Driven and multi-employer
  – Tied to regional economic development

• Meeting employer demand while minimizing effects of layoffs
  – Effective and fast job matching
Workforce Challenges

• Assuring a pipeline of skilled workers
  – Training for higher paid classifications
  – Recognized credential

• Continuing a pipeline of young workers
  – Connected to public schools
  – Evidence that the program works to get high school graduates to enter the field.
For More Information:

**Panel Coordinator:**
Robert E. Burke, PhD  (202)416-0492
Chair, Health Services Management and Leadership
GWU
bobburke@gwu.edu

**Massachusetts:**
Carolyn Blanks,
Vice President of Labor and Workforce Development
Mass. Extended Care Federation
cblanks@mecf.org

**Florida:**
Cathy S. Sena, (305) 759-4046
Florida Health Care Association,
and Mandarin Health Group
CatSena@aol.com

**California:**
Rick Mendlen

**New York:**
- Daniel E. Richardson (585) 225-0910
  X303
  Chairman, Workforce Development Committee New York State Health Facilities Association
drichardson@lattaroadnh.com